Using Technology to Align Treatment with End-of-Life Goals

Session ID 105, February 13, 2019

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Conflict of Interest

Kathy Blanton, RN, BSN, CPHQ, CPHRM

No real or apparent conflicts of interest to report.

Ryan Van Wert, MD

CEO, Co-founder and Chairman of the Board, Vynca

Conflict of Interest

Ryan Van Wert, MD

Salary: Yes
Royalty: No
Receipt of Intellectual Property Rights/Patent Holder: No
Consulting Fees (e.g., advisory boards): No
Fees for Non-CME Services Received Directly from a Commercial Interest or their Agents (e.g., speakers' bureau): No
Contracted Research: No
Ownership Interest (stocks, stock options or other ownership interest excluding diversified mutual funds): Co-founder, CEO and Chairman of the Board, Vynca
Other: None

Agenda

- The value of advance care planning (ACP)
- Physician Order for Life-Sustaining Treatment (POLST) form
- POLST/ACP state registries
  - California eRegistry Pilot
- Sutter
  - The need for an ACP solution
  - Evaluation process
  - Key change management strategies
  - Implementation
  - Learnings
  - Metrics for success
- eRegistry value prop and success
- A look at Oregon

Learning Objectives

- Explain the purpose and goals of implementing an EMR-integrated eRegistry ACP technology platform across the health system and state registry
- Assess the value proposition of a dedicated ACP technology to coordinate the sharing of POLST information across the medical community
- Show how the use of a dedicated ACP technology improves patient engagement, system utilization, ACP document capture rates and impacts unnecessary admissions and ICU utilization
- Define the implementation and change management strategies needed for success
- Identify organizational readiness for participation in a POLST eRegistry

What is Advance Care Planning?

Advance care planning (ACP) *is a* ***lifelong*** *process of* ***personal reflection*** *to determine and document future care preferences.*

To be successful, ACP must:

- Help the individual accurately reflect on their **values**
- Provide sufficient health-related information from the care team to fit values within a **specific context**
- Be **documented** in a way that is **legal** (usually at the state level)
- Be conducted in **appropriate settings**

≠

- Be available in **appropriate settings**

The Current State of Advance Care Planning

THE WALL STREET JOURNAL.

POLITICS AND POLICY

End-of-Life Care in U.S. Is Lacking, Report Says

Conversations About Dying Should be Held Throughout Life To Save Costs, Improve Care

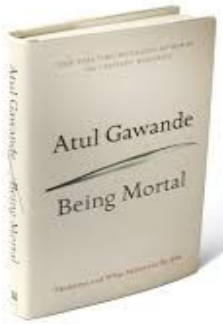
By STEPHANIE ARMOUR

Sept. 17, 2014 8:06 p.m. ET

SCIENCE

Panel Urges Overhauling Health Care at End of Life

By PAM BELLUCK SEPT. 17, 2014



POLITICO

End-of-life instructions find no place in electronic health records

I saved an old man's life. He didn't want it.

People are choosing to die in their beds over a hospital

The Patients Were Saved. That's Why the Families Are Suing.

Barbara Bush's End-Of-Life Decision Stirs Debate Over 'Comfort Care'

What is the Value of ACP?

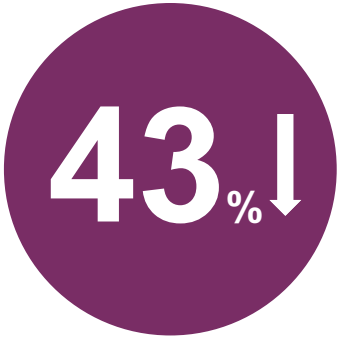
A rare opportunity to:

- Improve quality care at an important time of life
- Improve family experience
- Reduce unwanted utilization
- Achieve quality and value metrics
- Achieve cost savings

ACP Supports Quality and Value Metrics

Reduction in-hospital deaths

Increase in hospice use



Reduction in hospital admissions through systematic post-acute ACP program

Teno et al. JAGS 2007; 55:189-194; Molloy et al JAMA 2000; 283(1437-1444)

ACP Improves the Patient Experience

34% → 51%

Primary care: 686 patients over 75 years old, or over 50 with chronic illness

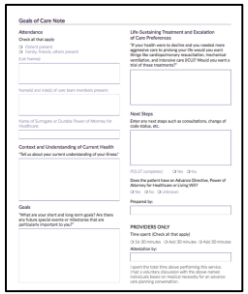
65% → 93%

Hospitalized patients: 309 elderly patients randomized to ACP or usual care

J Gen Intern Med. 2001 Jan;16(1):32-40, Detering et al., BMJ. 2010 Mar; 23(340):c1345

ACP Document Types

STRUCTURED GUIDES

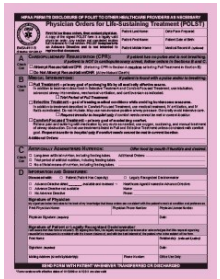


- Form to guide conversations and communicate goals for patients and providers
- Self-developed or third party

ADVANCE DIRECTIVES

- Specifies actions if patient is no longer able to speak
- Living will, medical directive, advance directive

LIFE SUSTAINING TREATMENT FORM



- Form to capture and honor treatment preferences of seriously ill
- POLST, MOLST, MOST, etc

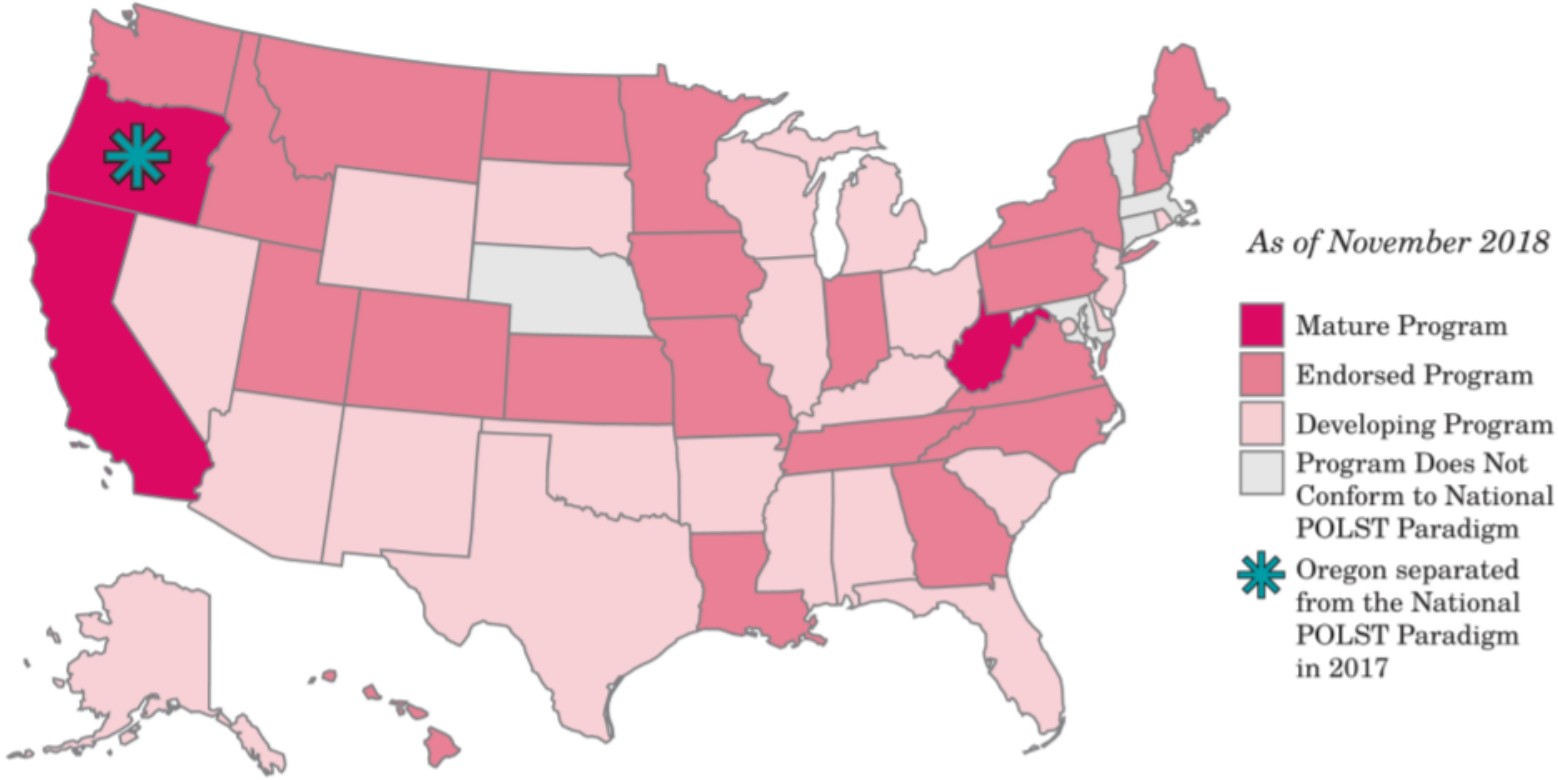
Value of the POLST Form

- Serious illness or frailty
  - Generally used when death is expected within a year
- Communicates treatment wishes valid in the outpatient setting
  - Attempt CPR or not; if no pulse or breathing
  - Other medical intervention/treatment:
    - Full – Selective – Comfort Focused
  - Artificial nutrition wishes
- Designed to ensure care concordant with patient wishes
  - Emergency medical services personnel
  - Emergency Department personnel
    - MD with patient makes final call
  - Nursing facility staff
  - Clinic staff
  - All other providers

National POLST Paradigm
www.polst.org

National POLST Program Designations

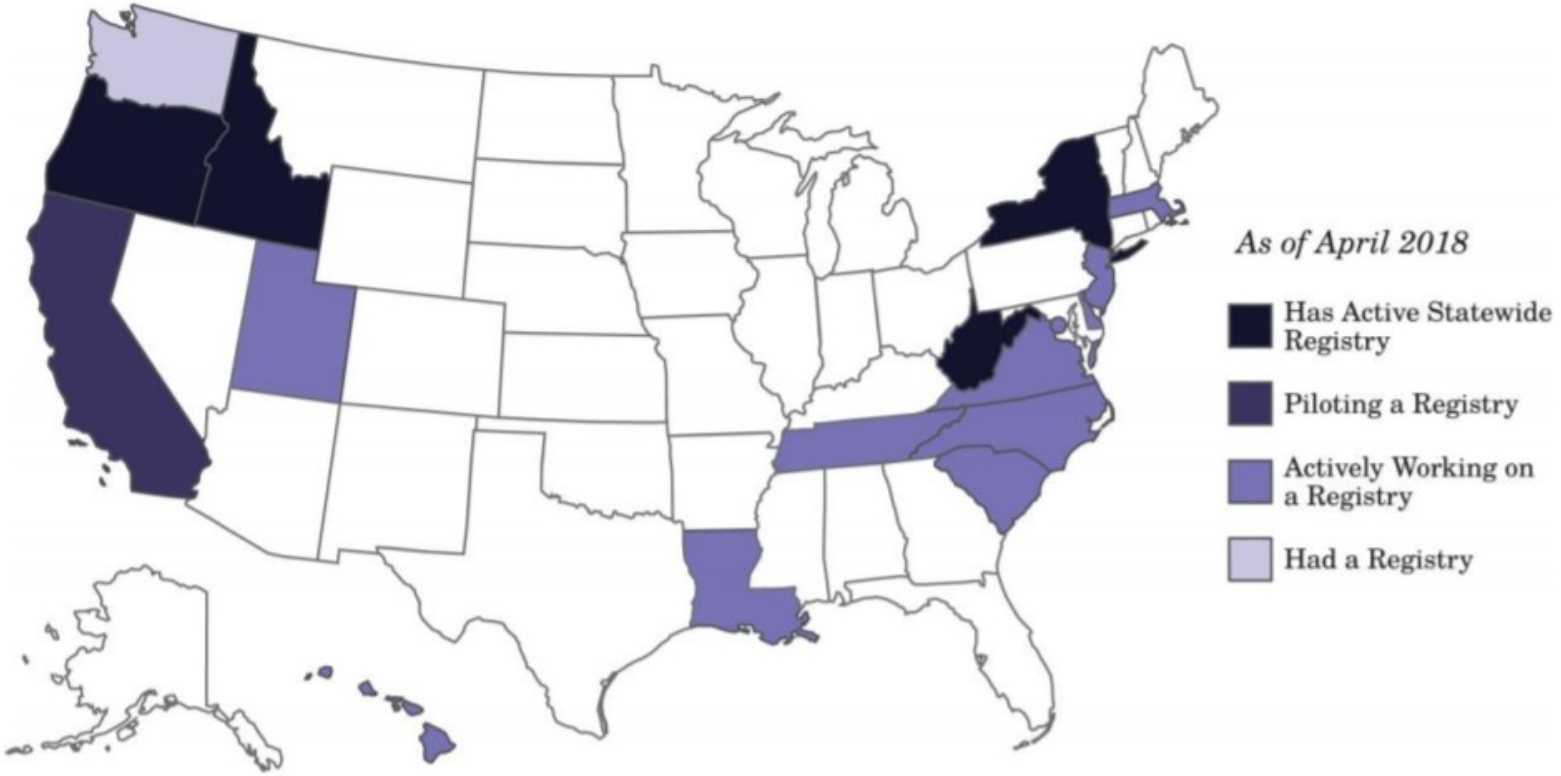
As of November 2018



National POLST Paradigm
www.polst.org

National POLST Registry Information

As of April 2018



Technical Components of a State Registry

- ADT/FTP
- Web portal
- HL7

- Electronic completion
- Centralized, HIPAA compliant database
- Patient matching

- Call center
- ED eFax
- Web Portal

Sutter Health – Sacramento, CA

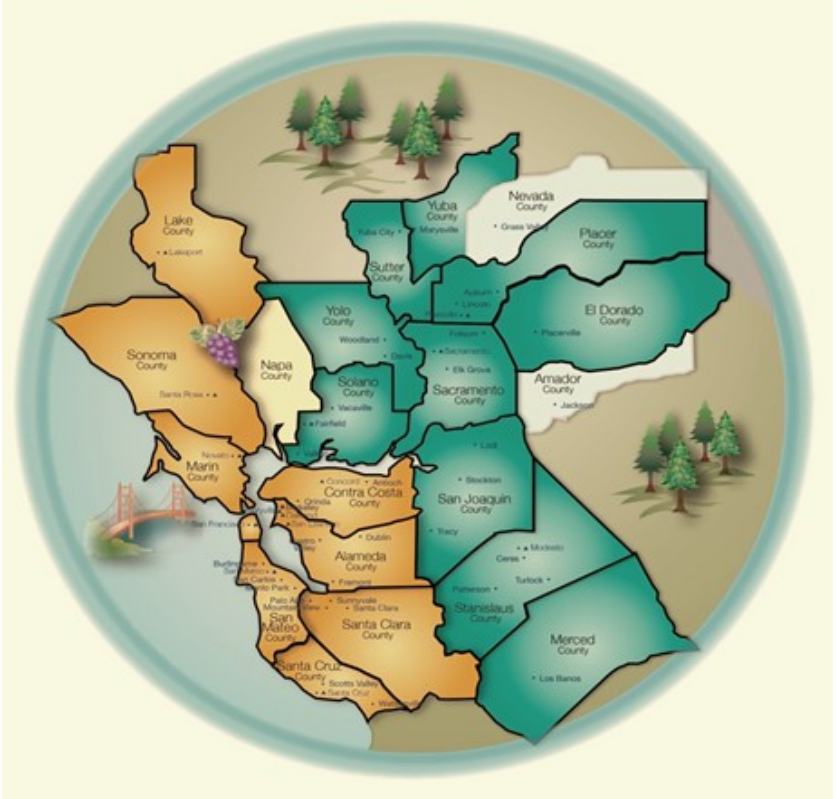
- Not-for-profit Integrated Healthcare System

Numbers

- Large ambulatory network: Ambulatory Surgery, Urgent Care, Walk-in centers, Home Health, AIM, Hospice
- 24 hospitals and 4,259 Licensed Acute Beds to include 5 trauma centers
- 191,000+ Discharges 2017
- 868,000+ ED visits 2017

People Make the Network

- Partner with more than 12,000 doctors
- 53K staff and 5K volunteers
- 3 Million Patients in 22+ counties across 100 California communities



California Story

- POLST introduced through legislation in 2008
- Became effective January 1, 2009
  - Widespread use of POLST across the state
- At Sutter year-end 2017 (just prior to go-live):
  - 150,000+ POSLT forms on file
  - 2,700 new forms each month
  - 40% of patients aged 65+ with a POLST or advanced directive

At Sutter, We Could Do Better…

- Key Challenges – Inappropriate care due to:
  - Paper form and reliance on human processing
    - Scan to wrong document type – **POLST lost in record**
    - Scan to wrong chart – **POLST lost in another record**
    - Delay in scanning of form in record – **POLST not available**
    - Form does not contain all elements to be legally valid – **POLST not legal**
    - Form contains conflicting wishes – **Cannot interpret POLST**
    - Form legibility and/or scan quality poor – **Cannot read POLST**
    - Multiple forms with no known signature date – **Most current POLST unclear**
  - 87% paper forms not available in an emergency [1]

Not viewable by clinicians outside the Sutter network, and in some cases inside our network

[1] *The Journal of Emergency Medicine, Vol. 44, No. 4, pp. 796–805, 2013*

Organizational Readiness

Participation in an eRegistry

- **Clinical Care:**
  - **Concordance of Care: wherever the patient receives care**
  - Improved timely access to POLST forms in an emergency
  - Enable just-in-time quality assurance for patients admitted to ICU with a POLST that states comfort care only

- **Business Acumen:**
  - Reduce healthcare legal risks
    - Non-concordant care or following orders on a non-legal form
  - Improve organizational reputation
    - Delivery of care concordant with patient wishes even when patient is outside the organization network
  - Align with patient/population health strategy

Organizational Readiness

Participation in an eRegistry

VALUE PROPOSITION

- **Engagement**:
  - Increase patient and provider satisfaction
  - Increase community collaboration

- **Quality Data**:
  - Ability to cull detailed data related to POLST use, choices made and impact on care
  - Allow transparency of how often a POLST form is viewed appropriately for targeted educational purposes
  - Mitigation or elimination of inherent issues with paper forms
  - Quality metrics

- **Education:**
  - Improve organizational culture associated with quality end-of-life conversations

Solution Focused Goal

Securely house uploaded POLST forms on a cloud platform accessible by providers across the state

The EMR could not accomplish this goal

- In 2014, determined we needed to use an external vendor (build vs. buy)
  - Internal requirement was to allow for concordance of care ***outside our network***
  - Committed to solving with an EMR integrated solution
  - Leverage technology to improve:
    - Advanced Illness Management (AIM) and palliative care programs
    - Integration with the state registry pilot
    - Outcomes:
      - ACP conversation/informed decision making
      - ACP document preparation and storage rates
      - Readmission rates ICU utilization
      - Concordance of care

We now know what to do…. but how to do it?

- Began work to procure funding for project and seek a vendor
  - All knew this was ‘the right thing to do’ but not sure a priority of senior leaders
  - Defined correlation to strategic goals and key change management strategies
  - Selected Vynca
    - Patient matching
    - eSignature
    - Quality checks
    - EMR flexibility
- California SB 19 (2015) requires POLST eRegistry Pilot in two counties
  - Allowed us to finalize funding and gain approval to move forward with pilot
  - California also selected Vynca as their “vendor of choice” for state registry pilot

Change Management
Six Strategies for Success

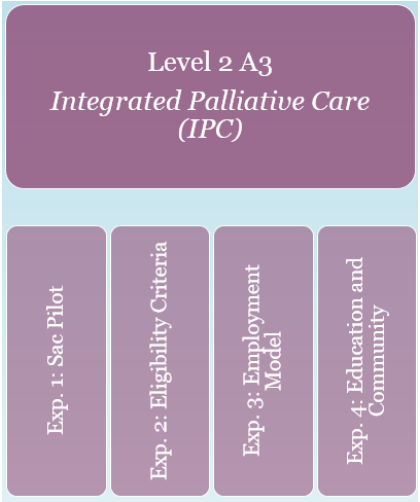
#HIMSS19

Key Change Management Strategies

1. **Correlation to strategic goals**

   2013 Strategic Level 1 A3: Coordinate Care Across the Continuum

   - Level 2 A3: Integrated Palliative Care
     - Design and pilot scalable patient-centered Integrated Palliative Care Model – Experiment #1:

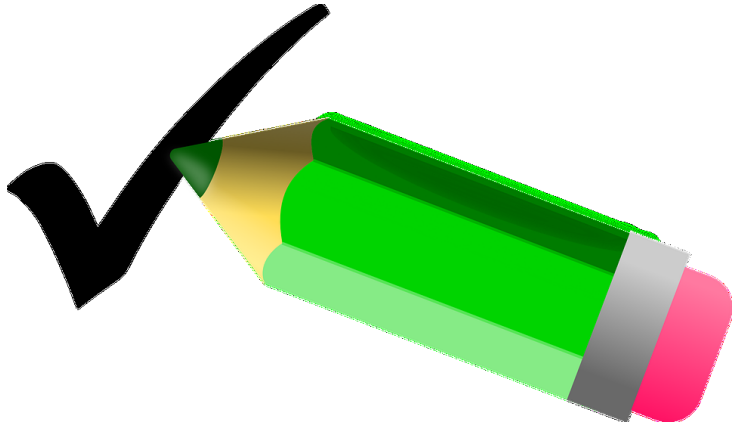


     - Model requirement impact:
       - Address clinical, operational and infrastructure gaps to deliver enterprise wide PC
         - ✓ **ACP strategies**
       - Improve quality of care for patients/families
         - ✓ **Driving to full concordance of care**

Key Change Management Strategies

2. Robust vendor choice requirements:

- PHI protection
- Safety
- Ease of use
- Adoption
- EMR integration
- Fit into clinical workflow
- Quality
- Cost
- Performance improvement



Key Change Management Strategies

3. **Leverage state legislation SB 19 2015**
    - Stay ahead of the coming requirements
    - Have a say in the rule making
    - Lead the healthcare community in your state

4. **Stakeholder involvement**
    - Blind spot identification and proactive solution generation
        - Processes such as Release of Information
        - Reporting methodology for ACP metrics
    - EMR decisions – ensure future state matches current workflows
    - Testing and feedback
    - Training

Key Change Management Strategies

5. **Human Error Proofing**
   - Decision to close the scan doc type POLST to all but HIM after a period of both pathways being open

6. **Robust training tools and communication planning**
   - Cannot rely on the cascade method of communication

Go live February 2018

Training & Support Plans

- Special Challenges
  - Big bang vs. pilot
  - Affects POLST access workflows for clinicians
  - ***Can potentially impact concordance of care for one or more patients***
- Getting the word out!
  - Direct marketing to providers
  - Cascade methodology
  - Other tools for individual education
  - IT support

Access: User Roles
Default Configuration

Signer:

- Physicians, NPs, and PAs, who can legally sign and confirm POLST forms as valid

Preparer:

- Clinical Staff such as Nurses, Social Workers

Uploader:

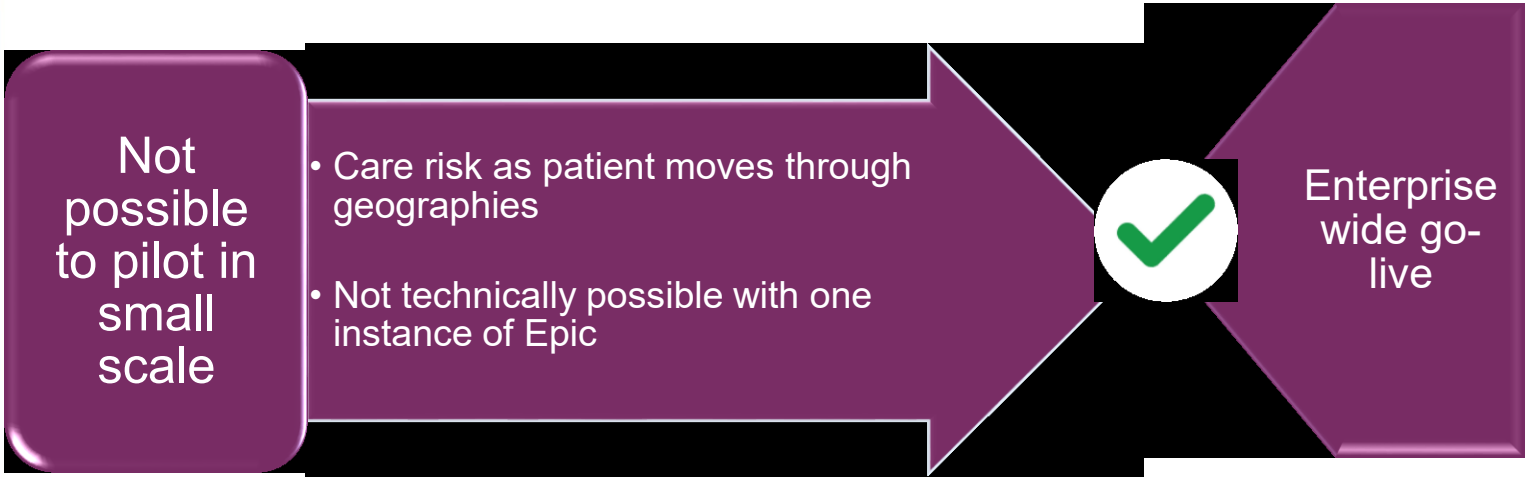
- HIM Staff

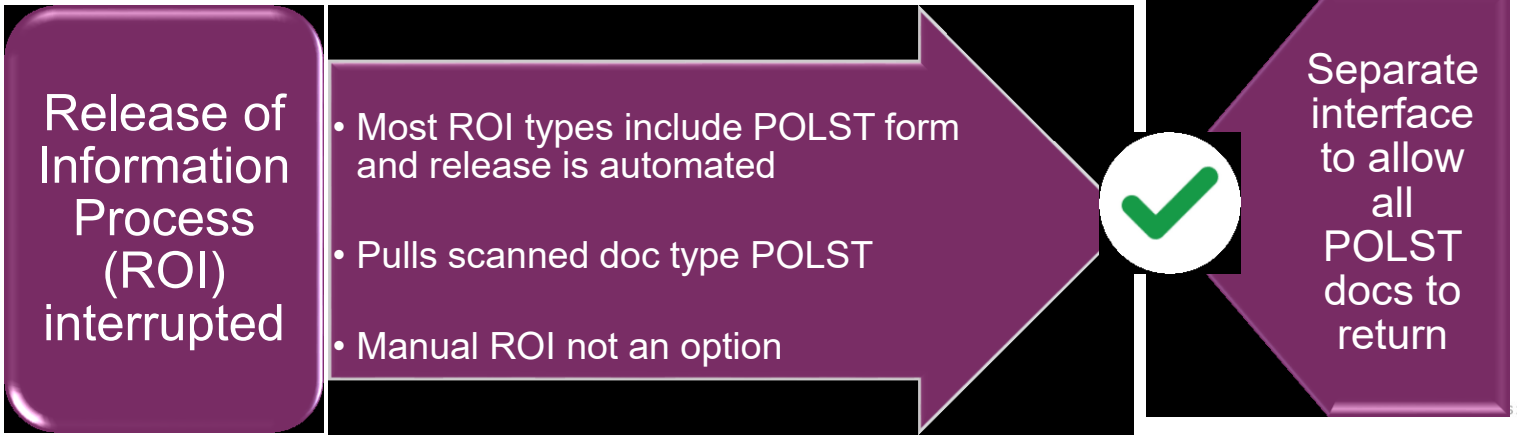
View Only:

- Users with a valid EMR User ID but no specific permission setting sent to Vynca

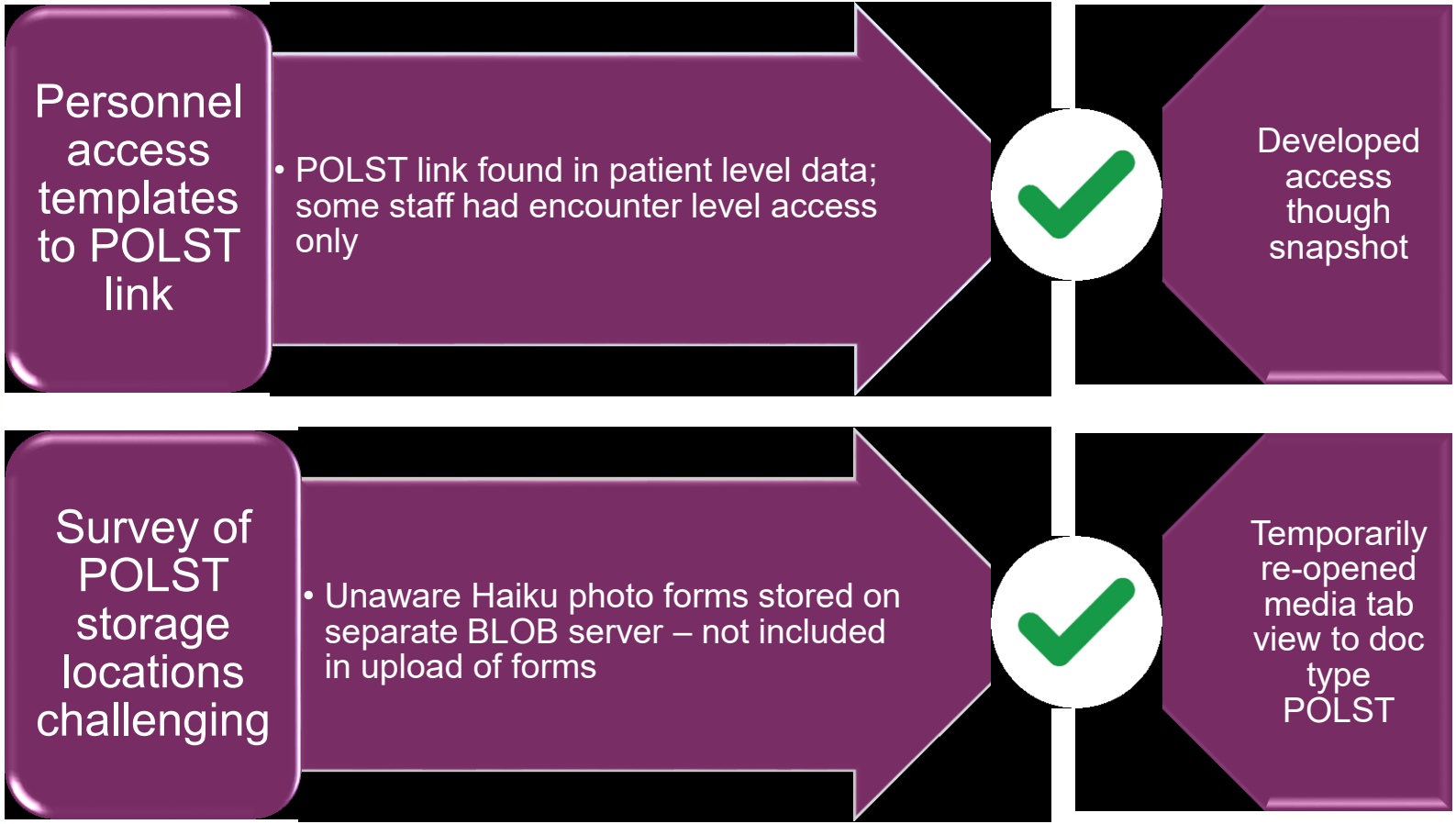
	Signer	Preparer	Uploader	View Only
View Active & Historic POLSTs	X	X	X	X
Complete ePOLST Content	X	X		
Compete "Prepared By" Section		X		
Sign & Submit	X			
Void	X			
Report Errors	X	X	X	X
Remove Incorrect Form	X	X	X	X
Upload			X	

What we Learned





What we Learned



What we Learned

Hyland OnBase did not allow for signature dates

- Entered signature dates when scanning form would allow software to identify most current valid form
- One Touch+ (inpatient) had this functionality; only an issue in ambulatory setting.

eTool use is the solution

Elusive concordance of care rate

- Still many paper forms used which cannot be read for content
- Care at end-of-life requires manual chart review which is not feasible

Plan development in process

What we Learned

Messaging to providers at this scale

- Change in high-value low occurrence workflow requires deep communication penetration
- Risk: providers use old POLST viewing method, do not see a POLST, assume patient does not have a POLST: Potentially results in care not concordant with wishes

Short messaging

Prioritize messages

Many platforms/venues

Champions

Tool kits

Utilize vendor expertise

Face-to-Face, simple fun posters, fliers, and "2clicks" sheets best methodology

Metrics for Success – Sutter

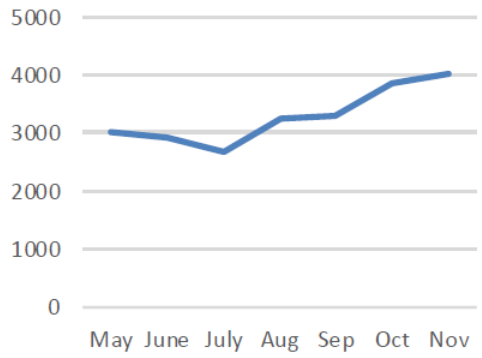
- 2017: Before Go Live:
  - 150,000+ POSLT forms on file
  - 2,700 new forms each month
  - 40% patients 65 years and over with an ACP document

- Post Go Live February 2018:
  - More than 180,000 existing POLST were located and back-loaded
  - Electronic access to all of these forms within the EMR
  - In first 14 weeks, 764 ePOLST documents were completed
  - Now track who is engaging with POLST forms
    - Majority of forms were completed by providers who are able to legally sign the forms
    - Initial results – 3% of forms having nurses/social work involvement in preparation

Metrics for Success – Sutter November '18

4029

Number of System Accesses

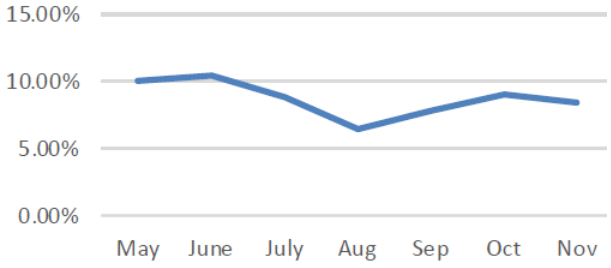


222

ePOLST

8%

ePOLSTs of total



% ePOLST trend

2297

POLSTs Scanned

2619

Total POLSTs Captured

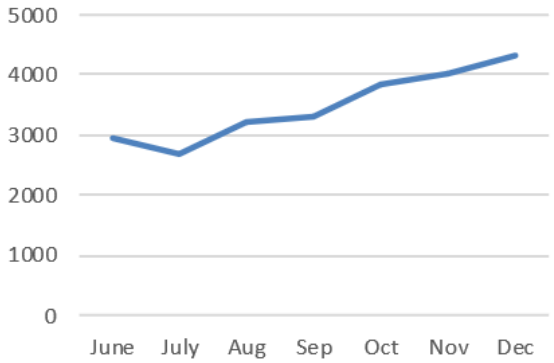
214,004

Total Cumulative POLSTs

Metrics for Success – Sutter December '18

4323

Number of System Accesses

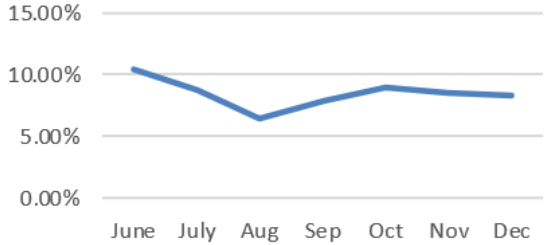


228

ePOLST

8%

ePOLSTs of total



% ePOLST trend

2490

POLSTs Scanned

2718

Total POLSTs Captured

216,826

Total Cumulative POLSTs

Next Steps for Sutter

- Final closure of historical workflow in EMR
- Awareness and Utilization Campaign *to drive eForm use*
  - Benefit awareness
  - Data use (form access count by provider type, medical group, clinic)
- Optimization
  - Associated EMR functionality
    - Yes/No form presence flag
    - Auto complete of MD/NP credentials
  - Metrics
  - Just-in-time patient intervention review
- Continue sharing Sutter experience
  - Community
  - State
  - National

Community Considerations

- **Critical in building a sustainable and comprehensive approach:**
  1. Widespread confidence in concordance of care
  2. eRegistry well integrated throughout the medical community
  3. POLST data collection

- **Key Stakeholders:**
  - Strong network of engaged stakeholders who support the POLST eRegistry initiative
  - Address privacy and security in process of data sharing forms
  - Lead organization communicates clearly and frequently with community entities
  - Understanding of how to participate, value, timing, and resource requirements.

Organizational readiness

Participation in an eRegistry

Self-assessment Tool

- **Purpose:**
  - Explore topics which influence successful approach to an eRegistry
  - Explore the value prop
  - Identify areas which need special attention/change to be ready
  - Provide supportive evidence of organizational readiness to leaders
- **Self-assessment questions to address:**
  - Technical, policy and operational elements
  - Where opportunities are identified, an internal POLST project team should convene to discuss possible approaches
- **Community involvement key:**
  - Tool should be distributed for use by other members of the healthcare community
  - Community members may then use the completed assessments to identify and review areas of organization and community-wide need that may require collaborative effort

Assessment Tool

- Health Information Technology & Data Exchange Capacity
- POLST Input Readiness
- POLST Retrieval Readiness
- POLST Project Staffing and Administrative Capacity
- Community Considerations

Please take a picture of the sample tool at your table

Sample of Tool

	Element	Yes	No	Uncertain		tions
1.4	Do you have policies that limit sharing of scanned documents with other Covered Entities if allowed by the patient?				☐ 4-6 m ☐ >6 mo ns	ere are no barriers to sharing a canned per POLST form eases the pathway for capturing POLST data that may be shared with permissible third parties.
1.5	Does the organization feed specific data to County, State or Federal registries?				☐ 0-3 months ☐ 4-6 months ☐ >6 months	Organizations already sending data to other registries may have reduced burden in establishing a process and connectivity to a POLST registry
1.6	Does the organization participate in a regional health information exchange organization, by sharing and retrieving on-demand data?				☐ 0-3 months ☐ 4-6 months ☐ >6 months	Participation in health information exchange may help to address some of the external data transmission issues that could arise with a POLST eRegistry initiative.
1.8	Does your EHR vendor provide single sign on (SSO) with context with other applications from within the electronic patient record?				☐ 0-3 months ☐ 4-6 months ☐ >6 months	SSO capabilities reduce the burden on end users of having to log in to separate systems and should be explored if the registry is not fully integrated into the EHR.
1.9	Does the organization use and/or permit electronic signature capabilities within clinical documentation applications?				☐ 0-3 months ☐ 4-6 months ☐ >6 months	In the event the organization explores electronic completion of a POLST form, electronic signature(s) and policies associated with this approach will be needed.

What Ensures Long-term Success of a State Registry?

- ✓Needs to be tied to a local group or coalition
- ✓Integration into clinical workflow
- ✓Mandatory submission of documents
- ✓Easy access to data in emergency settings
- ✓Electronic documentation
- ✓Marketing and awareness
- ✓Sustainable funding
- ✓Participation and adoption by health care organizations

California eRegistry Pilot

- A look at the pilot in Contra Costa county
  - 218,000+ POLST forms
  - Submissions portal
    - Available to all providers with NPI number
    - 1,122 forms uploaded
  - PointClickCare integration with five SNFs
  - American Medical Response MEDs ePCR
    - 43 active EMS users

A Look at Oregon

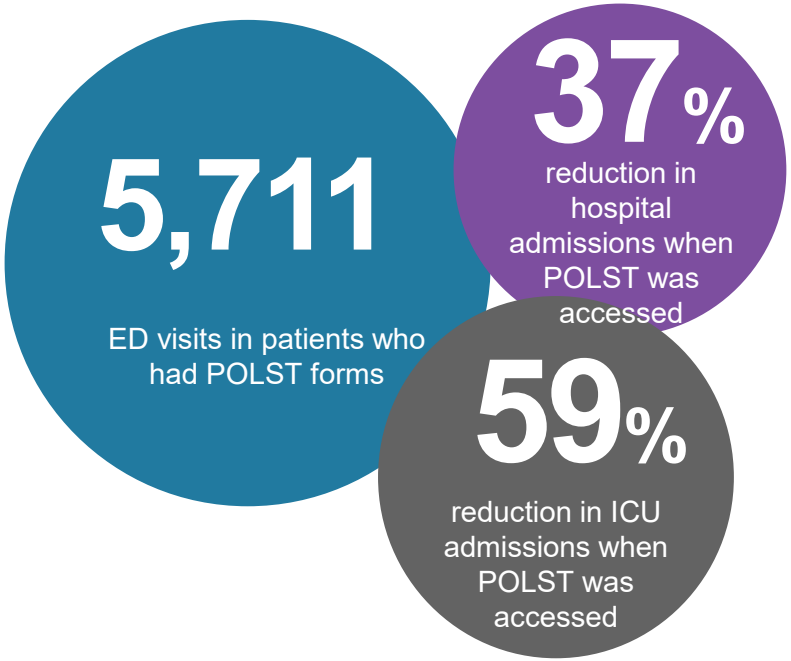
Oregon POLST Registry (OPR) live since 2009

- Oregonians who died that had a completed POLST form
  - 45% 2015-2016
  - 31% 2010-2011
- When POLST forms had been completed
  - 21 weeks from death 2015-2016
  - 5 weeks from death 2010-2011
  - Alzheimer's and Parkinson patients completed forms earlier
- Opted for more aggressive treatment
  - 13% requested CPR
  - 11% requested full medical treatment

https://www.liebertpub.com/doi/10.1089/jpm.2018.0446

Impact Across the State

IMPACT (April 2015 – July 2017)



Questions

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- Ryan Van Wert, MD
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#HIMSS19

Sutter Health

VYNCA
Advance Care Planning Solution

Appendix

Standard User Workflow
Signer

Submit & Complete

- Log into EMR
- Access patient - Click Vynca/POLST button
- Discuss POLST with Patient & Family in the Clinic or Hospital
- Complete ePOLST with Patient & Family present to confirm/sign
- **Sign & Submit POLST -POLST is Now Active-**
- Print form for Patient/Family

Access

- Log into Epic
- Click POLST-YES button
- View & Review POLST Information
- Act on POLST Information

Then:

- Care for Patient
- Void Form
- Remove Incorrect Form
- Identify Matching Error
- Identify Other Error

VYNCA

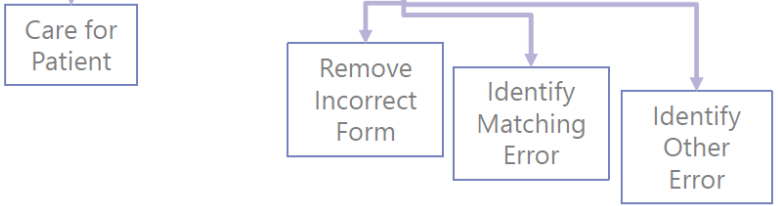
Standard User Workflow
Preparer

Submit & Complete

- Log into EMR
- Access patient - Click Vynca/POLST button
- Discuss POLST with Patient & Family in the Clinic or Hospital
- Complete ePOLST with Patient & Family present to confirm/sign
- Contact a Physician/PA/NP to Sign & Submit POLST
- Go to Signer Workflow

Access

- Log into Epic
- Click POLST-YES button
- View & Review POLST Information
- Act on POLST Information



VYNCA

Standard User Workflow
Uploader

Submit & Complete

- Log into EMR (HIM View)
- Access patient - Click Vynca/POLST button
- Select Scanned POLST file & Upload to Vynca POLST user interface
- Review uploaded document for errors & enter "Date Signed"
- Confirm & Submit form -POLST is Now Active-

Access

- Log into Epic
- Click POLST-YES button
- View & Review POLST Information
- Act on POLST Information
  - Remove Incorrect Form
  - Identify Matching Error
  - Identify Other Error

VYNCA

Standard User Workflow
View Only

Submit & Complete

No Abilities

Access