POLST
Pennsylvania orders for life-sustaining treatment paradigm

NOTES ON POLST
August 2015

POLST: Doing it Better

A new video provides a clear overview of the National POLST Paradigm. This educational tool for health care professionals describes POLST, clarifies to whom POLST should be offered, emphasizes best practices for POLST and corrects some common misconceptions. Susan Tolle, MD, Chair, Oregon POLST Task Force, oversaw the creation of the video. Take a look at the video, share it widely, and help health care professionals understand the role and importance of POLST! It can be viewed at http://www.polst.org/polst-doing-it-better/ or https://www.youtube.com/watch?v=zlqQgCBChn0.

Advance Care Planning Discussions

For the first time, CMS will provide reimbursement for advance care planning discussions. Beginning January 1, 2016, two new CPT codes are included in the payment fee schedule to reimburse for this service.

HCPCS	Long Descriptor	Fianl CY 2016 work RVU
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	1.5
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	1.4

These codes will be separately payable to the billing physician or practitioner in both facility and non-facility settings and are not limited to particular physician specialties. It was foreseen that ACP discussions would be initiated in conjunction with the management or treatment of a patient's current medical treatment. It is also anticipated that such services will become an optional element of the Annual Wellness Visit (AWV) for both the first visit and subsequent visits. This rule creates an annual opportunity for beneficiaries to access ACP services should they elect to do so.

Serious Illness Conversation Guide

The document found as an attachment may be useful to practitioners in developing ACP conversation skill. It was created at Ariadne Labs: A Joint Center for Health Systems Innovation (www.ariadnelabs.org) and Dana-Farber Cancer Institute. Our coalition has been informed we are allowed to use and share as long as the Ariadne Labs name, logo and copyright remain on all versions of the document.

POLST Train-the-Trainer Course

A review of the course was recently completed by a curriculum workgroup. To better meet the needs of POLST partners in Pennsylvania, the group recommended the current course will be modified to consist of three parts: 1) Implementation; 2) Facilitator Training; 3) Training for Trainers. Presenting partners will have the option of presenting any or all segments. Intention is to offer CME and CEU credits for each portion. The revised course should be available by the end of the first quarter of 2016.

Pennsylvania POLST Activities

Within many Pennsylvania communities, POLST activity is expanding. Knowing that we can learn from each other, would like to present in Notes on POLST, the activities of organizations that are actively engaged in advancing the effective use of POLST. We encourage other organizations who would like to share their story with other Pennsylvanians, to notify the POLST coordinator at PAPOLST@verizon.net so it can be featured in an upcoming communication.

This time we are recognizing the POLST Collaborative of the Greater Lehigh Valley who had 103 individuals attend their training program. Six months after its POLST course, the collaborative conducted a survey and it was learned that as an outcome of that course, those who attended trained a minimum of 605 others. Going forward all course presenters will be encouraged to utilize a Survey Monkey to further evaluate the program outreach. Anyone interested in viewing the survey, may contact the POLST coordinator.

We hope to continue to feature work being done throughout Pennsylvania to advance goals of care conversations and the use of POLST in our state. If you have any information you would like to share, please let me know.

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Attachment

Serious Illness Conversation Guide

CLINICIAN STEPS

☐ **Set up**

- Thinking in advance
- Is this okay?
- Hope for best, prepare for worst
- Benefit for patient/family
- No decisions necessary today

☐ **Guide** (right column)

☐ **Act**

- Affirm commitment
- Make recommendations about next steps
  - Acknowledge medical realities
  - Summarize key goals/priorities
  - Describe treatment options that reflect both
- Document conversation
- Provide patient with Family Communication Guide

CONVERSATION GUIDE

Understanding

What is your understanding now of where you are with your illness?

Information Preferences

How much information about what is likely to be ahead with your illness would you like from me?

FOR EXAMPLE:
Some patients like to know about time, others like to know what to expect, others like to know both.

Prognosis

Share prognosis as a range, tailored to information preferences

Goals

If your health situation worsens, what are your most important goals?

Fears / Worries

What are your biggest fears and worries about the future with your health?

Function

What abilities are so critical to your life that you can't imagine living without them?

Trade-offs

If you become sicker, how much are you willing to go through for the possibility of gaining more time?

Family

How much does your family know about your priorities and wishes?

(Suggest bringing family and/or health care agent to next visit to discuss together)