



The GIFT (Giving Instructions For Tomorrow) Project

was made possible by a grant from



Advance Care Planning "The Conversation."

The subject no one wants to talk about...



ADVANCE CARE PLANNING



Advance Care Planning (ACP)



- A process of communication between healthcare providers, patients and their families/medical power of attorney or healthcare proxy, with a purpose of identifying individualized goals of care that will shape future clinical care, through informed decision-making based on what fits the patient's personal values and preferences.
- Advance care planning is NOT about making immediate decisions.

Headline on "The Onion"

"Death rate holds steady at 100%."

Why talking matters

Consider the facts....

90% say that talking to their loved ones about end of life care is important...

27% actually do

Source: The Conversation Project National Survey 2013

70% of people say they would like to die at home ...

70% of people die in a hospital, nursing home, or long-term care facility.

Source: Survey of Californians by the California Healthcare Foundation 2012

80% say that if seriously ill they would want to talk to their doctor about wishes for medical treatment at the end of life...

7% report having this conversation with their doctor

Source: Survey of Californians by the California healthcare foundation 2012

82% say it is important to put their wishes in writing...

23% have actually done it

Source: Survey of Californians by the California healthcare foundation 2012

ACP leads to better outcomes

Earlier conversations about patient's goals and priorities in serious illness are associated with:Improved quality of life

- higher patient satisfaction
- Goal driven care based on preferences and values
- fewer hospitalizations
- better patient and family coping
- an eased burden of decision-making for families

CMS encouraging ACP discussions

Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) pays for voluntary Advance Care Planning (ACP) under the Medicare Physician Fee Schedule (MPFS) and the **Hospital Outpatient Prospective Payment** System (OPPS). ACP enables Medicare beneficiaries to make important decisions that give them control over the type of care they receive and when they receive it.

- □ January 1, 2016 Medicare began to reimburse healthcare professionals for having ACP conversations. This is a time based element for billing w 2 different codes
 - □ first 30 minutes of ACP (code 99497)
 - every 30 minutes of ACP discussion after the initial code, documentation needs to reflect that there is progression with the ACP conversation (code 99498)

Common barriers to discussing advance care planning

- Healthcare Providers
 - Time
 - Skill
 - Clarity

- Patients
 - Feeling it's "too soon"/fear of the subject
 - Poor communication between patients and family
 - Health literacy
 - Cultural, racial, and historical influences



ACP conversations may look different based on whether or not patients are living with an illness or medical condition

If patients DO NOT have a serious illness or condition:

Advance care planning conversations are "insurance" for unexpected events

If patients live with a chronic illness or condition:

Provide information about the condition and what challenges patients may face in the future

If patients are facing late stages of a serious illness:

Hope for the best AND prepare for what to expect if the illness worsens.

You can plan your own path





Conversation starter kit

- Finish this sentence: What matters to me at the end of life is:
- Who do they want to talk to?
- □ When would be a good time to talk the next big holiday, a family meal, an evening phone call?
- Where would they feel comfortable talking at the kitchen table, a restaurant, on a drive or walk?
- What do they want to say?

It's a Jungle out there!

by HAGEN



promise me Doc: If I don't make it, don't let my family anywhere near me...

Hagen Cartoons: http://www.hagencartoons.com

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Have you completed your own advance directives?

A recent survey of nearly 900 health care workers at a nonprofit Florida hospice found that fewer than half had completed advance directives.

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Advance Directives

Completing advance directives is one way for you to make your wishes known about medical treatment before you need such care. There are three kinds of advance directives in Texas:

<u>Directive to Physicians and Family or Surrogates (Living Will)</u>: This form allows you to tell people what kind of medical care you would like to have or avoid if you cannot speak for yourself.

<u>Medical Power of Attorney/Health Care Proxy</u>: This form allows you to appoint someone you trust to make health care choices for you if you are unable to do so for yourself.

Out-of-Hospital Do Not Resuscitate (OOHDNR) Order for Adults: An order signed by a doctor allowing you to refuse life-sustaining treatments when outside the hospital

Directive to Physicians and Family or Surrogates (Living Will)

What is it?

The Directive to Physicians and Family or Surrogates (DTP) is a legal document that allows you to direct physicians to administer or withdraw life-sustaining treatment when you have a terminal or irreversible condition and are unable to speak for yourself. You may also specify which treatments you would like, and which you would not.

What you should know:

- Decide for yourself what treatment you will and will not accept. Talk with your family, clergy and/or friends and then complete the document.
- A Directive to Physicians goes into effect only when you have a terminal or irreversible illness.

Health Care Proxy



Who would you want to make medical decisions for you, if you were unable to make them for yourself?

- A health care proxy (also called a Medical Power of Attorney or a health care agent) is the person chosen to make health care decisions for a patient should that patient becomes unable to make decisions for themselves.
- A health care proxy can talk to doctors, consult medical records,
 and make decisions about tests, treatments, and other procedures.

When is the right time to choose a health care proxy?

Up until 18, parents or legal guardians usually serves as the healthcare proxy. This changes once an individual turns 18. Everyone age 18 or older should have a completed medical power of attorney form – even if they're perfectly healthy.

It's good practice to review your choice of proxy at the start of each decade

AND

at every major life event – when you go to college, get married or divorced, have kids, become eligible for Medicare, newly diagnosed with a serious illness

Remember: It always seems too soon, until it's too late.

Choosing a Health Care Proxy

Some important questions to ask when choosing a health care proxy:

- Will the person make decisions that are in line with my wishes, even if his or her own wishes are different from mine?
- Will the person be comfortable speaking up on my behalf to health care providers no matter the situation?
- Will the person be good at making decisions in changing circumstances?
- Will the person be able to make hard decisions?

Out-of-Hospital Do-Not-Resuscitate Order

What is it?

The Out-of-Hospital Do-Not Resuscitate Order is a physician's order that tells health care and Emergency Medical Services (EMS) providers not to use specific medical interventions to try to revive you. This does not prevent medical interventions for comfort.

What you should know:

- > EMS cannot honor this order unless it is signed by both you and your physician.
- If you are unable to complete this document, your Medical Power of Attorney or a qualified relative may complete it on your behalf.
- Once complete, post the Out-of-Hospital DNR Order in your home. Keep a copy with you and gives copies to your health care providers.

Questions

Completing Your Advance Directives

If you would like assistance completing your advance directives:

- ❖ The GIFT Project is hosting advance directive sessions from 12:00 1:00 pm on the first Thursday of the month at 4107 Spicewood Springs Road.
- * If you've already had conversations with loved ones and are ready to complete your directives now, we can help you after this session.





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For questions or to schedule a presentation, please contact:

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Visit <u>www.HospiceAustin.org/AdvanceDirectives</u>