ECHO® MOLST & ECHO® eMOLST: Honoring Preferences at End-of-life

COVID-19: Why It Matters

IPRO
Better healthcare, realized.

MOLST
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT
A POLST Paradigm Program

Project ECHO®
Excellus New York

Session 9
eMOLST: Digital Transformation of MOLST Program

Presenter

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Define eMOLST
- Discuss why eMOLST represents “best practice”
- Explain the value to patients, families, providers and health systems
- Recognize why physicians, NPS and PAs found eMOLST to be the ideal tool for documenting patient-centered goals and the ethical legal requirements for making end-of-life decisions during the COVID-19 pandemic

NYSeMOLSTregistry.com

- Secure website, free public health service, available statewide, patient-centered, integration with EMRs available but *not* required
    - Standardized process for **online** MOLST completion
    - Combines 8-Step MOLST Protocol & 7 Checklists
    - **Registry** of NYeMOLST forms across NYS
    - Provider can print a PDF of MOLST form
- Improves quality, patient safety, accuracy and provides access to MOLST & discussion in an emergency
- Promotes coordinated, person-centered care by improving workflow **within and across** facilities

8-Step MOLST Protocol

Developed for NYS MOLST, Bomba, 2005; revised 2011

1. Prepare for discussion
   - Understand patient's health status, prognosis & ability to consent
   - Retrieve completed Advance Directives
   - Determine decision-maker & PHL legal requirements
2. Determine what the patient/family know
3. Explore goals, hopes and expectations
4. Suggest realistic goals
5. Respond empathetically
6. Use MOLST to guide choices & finalize patient wishes
   - Shared, informed medical decision-making and conflict resolution
7. Complete and sign MOLST in eMOLST
   - Follow PHL and document conversation
8. Review and revise periodically

MOLST Instructions and Checklists Ethical Framework/Legal Requirements

Checklist #1 - Adult patients with medical decision-making capacity *(any setting)*

Checklist #2 - Adult patients without medical decision-making capacity who have a health care proxy *(any setting)*

Checklist #3 - Adult hospital or nursing home patients without medical decision-making capacity who do not have a health care proxy, and decision-maker is a Public Health Law Surrogate (surrogate selected from the surrogate list); includes hospice

Checklist #4 - Adult hospital or nursing home patients without medical decision-making capacity who do not have a health care proxy or a Public Health Law Surrogate (*+/- hospice eligible)*

Checklist #5 - Adult patients without medical decision-making capacity who do not have a health care proxy, and the MOLST form is being completed in the *community*.

Checklist for Minor Patients - (*any setting)*

Checklist for Developmentally Disabled who lack capacity – *(any setting)* **must** travel with the patient's MOLST

http://www.nyhealth.gov/professionals/patients/patient_rights/molst/

Value of Advance Care Planning and NY eMOLST During COVID-19 Crisis

End-of-life Conversations Pre-COVID-19

- Face-to-face
- Include family, medical decision-maker
- Team-based approach within scope of practice
- Authority & accountability
- May require a series of conversations

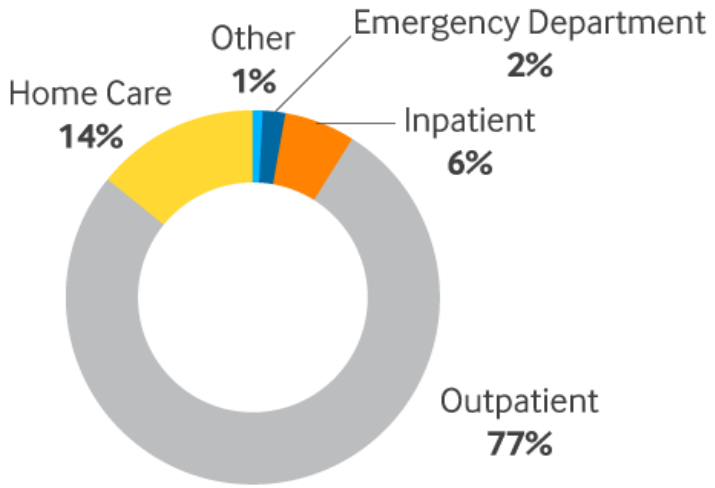
Shift to Telemedicine

Interest in eMOLST escalated with rapid adoption of telemedicine.
Urgent Access to eMOLST grew exponentially with COVID-19 crisis.

Rapid Implementation of eMOLST During COVID Crisis Mount Sinai Health System

Practice Location When eMOLST Completed

Virtually all of these visits were completed using telehealth.



Source: Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York

Baharlou, S, Orem, K, Kelley, A, Aldridge, M, Popp, B (2020) Rapid Implementation of eMOLST Order Completion and Electronic Registry to Facilitate Advance Care Planning: MOLST Documentation Using Telehealth in the Covid-19 Pandemic. NEJM Catalyst Commentary November 3, 2020

Lessons Learned:
Rapid Implementation of eMOLST During COVID Crisis

1. If we did not act, many patients at highest risk for the worst outcomes of Covid-19 would arrive in the ED with no relevant information available about their wishes and be at risk for goal-discordant care.
2. Understanding the value of medical orders in ACP made eMOLST the best tool to solve this problem.
3. Crises demand rapid system evolution, collaboration, and leadership: don't let the perfect be the enemy of the good.
4. Interdisciplinary team engagement is needed when a crisis requires "all hands on deck."
5. Use bite-sized training and education and make experts available in a time of crisis.
6. Seize the opportunity to change and incorporate telehealth workflow.
7. Patients understand a crisis, are willing to adapt, and are willing to have difficult conversations using telehealth.

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NYSeMOLSTRegistry.com 12/31/2020

- More than 56,000 users (45% ⇧)
- Approximately 50,000 live patients (24%⇧)
- Median age: 82
- Resuscitation Preferences
  - 82% DNR; 18% Attempt CPR
- Intubation & Ventilation
  - 72% DNI; 19% Trial; 9% Intubate
- Hospitalization
  - Do Not Send 21%; Send 44%; Decision Deferred 35%

Rapid Implementation Mount Sinai 2020 COVID-19 Crisis

- 193 patients
- Median age: 86
- Resuscitation Preferences
  - 87.43% DNR; 12.57% Attempt CPR
- Intubation & Ventilation
  - 67.76% DNI; Trial 25.68% Intubate 4.37%

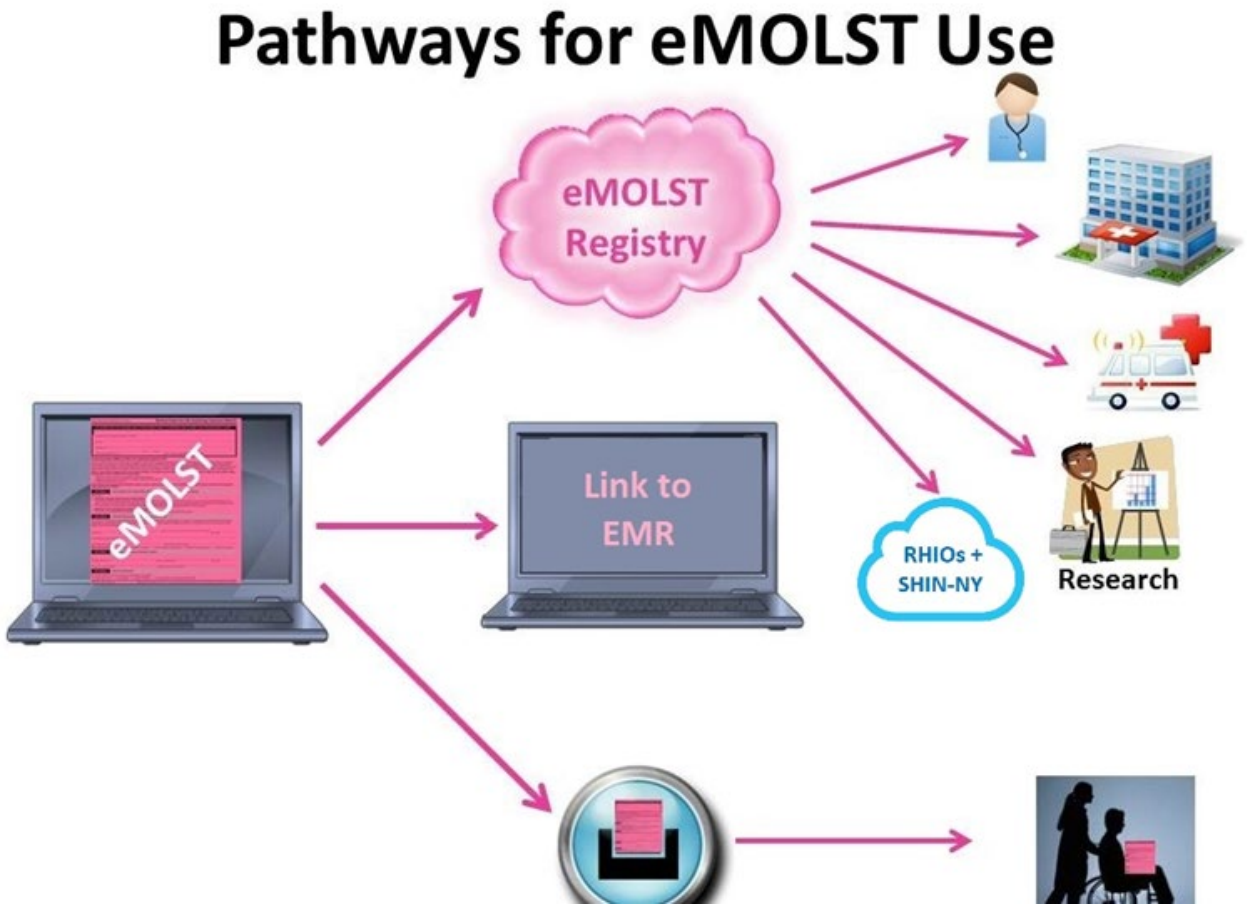
Baharlou, S, Orem, K, Kelley, A, Aldridge, M, Popp, B (2020) Rapid Implementation of eMOLST Order Completion and Electronic Registry to Facilitate Advance Care Planning: MOLST Documentation Using Telehealth in the Covid-19 Pandemic. NEJM Catalyst Commentary November 3, 2020

eMOLST Data

System Implementation

Quality Improvement Activity

Tools Available



- Single-Sign On (SSO): allows eMOLST user to log into eMOLST automatically when their login credentials are passed to eMOLST from an authorized source
- Single Sign-On with Patient Context: allows SSO plus automates the search for a patient during the login process by sending information on the patient inside the special message.
- Application Programming Interface (API): allows a trusted system to query eMOLST for relevant information on a specific patient or to see if a patient matching those details even exists in the eMOLST registry. More granular information such as order status can also be delivered.

Pathways for eMOLST Use Integration Options

Electronic End-of-Life and POLST Documentation Access through HIE. (2019). The Office of the National Coordinator for Health Information Technology. (NYeMOLST, pp14-19) link

eMOLST Tools

- eMOLST Program Manual – Explains the eMOLST system. Read in its entirety. See page 4 for the "Getting Started" checklist.
- eMOLST Participation Agreement & BAA – Should be reviewed, signed by facility legal representative at your facility & returned. We will co-sign and return a copy to you for your records.
- eMOLST Project Planner – Workplan can be customized to meet your facility's needs.
- eMOLST Team Template – Identify team members essential to a successful eMOLST launch. In addition to a physician & system eMOLST champion, include the CIO, Chief Nursing Officer and Head of Social Work, etc.
- Model Policy & Procedure for Different Settings – P&P includes ACP, Advance Directives and MOLST. *N.B.* document last updated in 2017 and does not include recent legislative changes for NPs & PAs.

eMOLST Videos Demonstrate eMOLST Value

- eMOLST Overview – Gives a general overview of eMOLST and the benefits to eMOLST use
- Nursing Home Physician's View – A LTC physician gives insights into the benefits of eMOLST
- NYSDOH Attorney's Perspective – Benefits of eMOLST from a legal perspective

References

Baharlou, S, Orem, K, Kelley, A, Aldridge, M, Popp, B (2020) Rapid Implementation of eMOLST Order Completion and Electronic Registry to Facilitate Advance Care Planning: MOLST Documentation Using Telehealth in the Covid-19 Pandemic. NEJM Catalyst Commentary November 3, 2020

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For additional articles, see: https://molst.org/implementation-tools/research-references/

Websites: MOLST.org and CompassionAndSupport.org and NYSeMOLSTregistry.com

Effective MOLST/eMOLST Implementation Requires a Multidimensional Approach to Advance Care Planning

1. Culture change*
2. Professional training of physicians, clinicians & other professionals*
3. Public advance care planning education, engagement & empowerment*
4. Thoughtful discussions*
5. Shared, informed medical decision-making*
6. Care planning that supports MOLST
7. System implementation, policies and procedures, workflow, quality improvement
8. Dedicated system and physician champion
9. *Leverage existing payment stream (CPT codes 99497 and 99498) to encourage upstream shared, informed, decision making**
10. Standardized interoperable online completion and retrieval system available in all care settings to ensure accuracy and accessibility (i.e. NYSeMOLSTregistry.com)*

FUTURE: Sustainable payment stream based on improved compliance with patient goals, preferences for care & treatment, improved patient/family satisfaction, reduced *unwanted* hospitalizations/ED visits

*Recommended by the 2014 IOM *Dying in America* report

Overcoming Barriers

ACP CPT Codes 99497/99498 and eMOLST

- 99497- Explanation, MOLST discussion, completion (when performed), by physician or qualified providers
  - first 30 minutes (*at least 16 mins* of time spent performing services described in the code)
  - face-to-face with patient, family member(s), HCA and/or surrogate (2016)
  - conversations are billable under telehealth benefit (2017)
- 99498- each additional 30 minutes
  - *at least 16 mins* beyond the first 30 mins
  - may be billed as many times as needed to cover time spent
  - list separately in addition to code for primary procedure
- Additional:
  - *No limits on number of times it can be reported*
  - If required minimum time isn't spent, bill a different E&M code, providing the requirements are met.

ACP Covered Services and eMOLST
CPT codes 99497 and 99498

- Discussion of goals and preferences for care
- Complex medical decision-making regarding life-threatening or life-limiting illness.
- Explanation of MOLST, including (but NOT requiring) completion of eMOLST
- Thoughtful MOLST discussions may require more than 1 visit before completion
- Engaging patients, family members, HCA and/or surrogate decision makers, as clinical situation requires, including review & renewal eMOLST

Qualified Providers under Medicare Part B & eMOLST

- Physicians (MD/DO), NPs, PAs – have authority and accountability for MOLST under PHL; only physicians under SCPA 1750-b
- Other team members via applicable ‘incident to” requirements
- Other providers (SW, psychology, chaplains) **may not** report codes independently.
- Aligns with authority & accountability for MOLST under PHL
- Can use codes in **any** clinical setting (inpatient, observation, ED, clinic, home, adult care facilities, SNF, LTC)

Why eMOLST: Aligns with Value Based Payment Models

- *Improves quality* of discussion of patient values, beliefs and goals for care to drive choice of LST
- *Honors individual preferences* by providing MOLST orders and copy of discussion across care transitions
- *Reduces unwanted* hospitalizations, ED use, service utilization & expense
- CNY case example

eMOLST Case
Central NY, 2014

- Elderly gentleman with multiple medical problems, including COPD with recurrent acute respiratory exacerbations & recurrent hospitalizations
- Has Health Care Proxy, MOLST form
- Presents to ER with acute respiratory insufficiency; MOLST form left on refrigerator
- Patient evaluated & treated
- Plan: intubation & mechanical ventilation and transfer to SUNY Upstate
- MD in ER signed into eMOLST – goals for care: functionality, remain at home. eMOLST: DNR & DNI
- Patient admitted, treated conservatively, discharged home. Patient died peacefully 2 months later.

Key Points: Why eMOLST?

- eMOLST use is strongly encouraged for all appropriate patients, including individuals with I/DD.
- eMOLST integrates the 8-Step MOLST Protocol, DOH Checklists and OPWDD Checklist.
- When the physician, NP or PA signs eMOLST, it is immediately part of the eMOLST Registry.
- A PDF of eMOLST & copy of the discussion and ethical/legal requirements can be printed on “pulsar pink” paper from the eMOLST registry for use across care transitions. EMS needs a copy.
- Using eMOLST will ensure all documentation is seamlessly completed.

Key Points: Why eMOLST

- Only way to ensure quality and patient safety and be sure MOLST is done correctly.
- Too often, discussions are poorly done or done outside scope of practice.
- Incompatible medical orders (CPR + DNI) exist and put health systems at risk.
- NHs send patients against their wishes, if they do not use or check MOLST and/or have not developed an adequate care plan to support treatment in place.
- Messages we hear from health systems who are doing MOLST correctly and using eMOLST.

eMOLST Demo

NYSeMOLSTregistry.com