

# Peer Talk

by Patricia Bomba, MD, FACP

Clinical research confirms what the hospice and palliative care community knows. Thoughtful end-of-life discussions are associated with less aggressive medical treatment near death. Furthermore, patients who had end-of-life conversations can live longer with better quality of life and are referred to hospice earlier. Most importantly, the care received is based on what matters most to patients and is achieved through a shared medical decision-making process that is well informed. This is the essence of New York's Medical Orders for Life-Sustaining Treatment (MOLST) program, a key pillar of palliative care.

MOLST is a clinical process that starts with a discussion of the patient's values, beliefs and goals for care and shared medical decision-making between health care professionals and patients who are seriously ill or frail, for whom their physician would not be surprised if they died within the next year.

The MOLST process results in portable medical orders that must be followed by all health care professionals in the community and in all clinical settings. MOLST is the ONLY form approved by NYSDOH for both Do Not Resuscitate (DNR) and Do Not Intubate (DNI) orders.

The 2014 Institute of Medicine (IOM) Report Dying in America encourages states to develop and implement a Physician Orders for Life-Sustaining Treatment (POLST) paradigm program in accordance with nationally standardized core requirements. MOLST is New York's endorsed POLST paradigm program and New York has helped lead this national effort.

The IOM Report recommends the use of interoperable electronic health records that incorporate advance care planning to improve communication of individuals' wishes across time, settings, and providers, including medical orders. New York is leading the nation with availability of eMOLST, an electronic system that guides clinicians and patients through a thoughtful discussion and MOLST process to be sure it is completed correctly. eMOLST serves as the registry of NY eMOLST forms to make sure a copy of the medical

orders and the discussion are available in an emergency. eMOLST may be used with paper records, integrated in EMR or hybrid system, allows for electronic signature for providers eMOLST allows the clinician to print a copy of the eMOLST form on bright pink paper for the patient.

With an 84% response rate, the results of the 2014 MOLST Telephone survey results indicated only 38.1% of hospices use MOLST and none had implemented eMOLST. New York's eMOLST represents "best practice," ensures quality and patient safety by preventing incompatible medical orders, reduces patient harm and achieves the triple aim.

All hospice patients should have a thoughtful discussion about life-sustaining treatment and have the opportunity to complete a MOLST form. Using eMOLST ensures that those orders are accessible.

eMOLST is available statewide and accessed at [NYSeMOLSTregistry.com](http://NYSeMOLSTregistry.com). To get started on implementation, contact Dr. Patricia Bomba, eMOLST Program Director, at [Patricia.Bomba@lifethc.com](mailto:Patricia.Bomba@lifethc.com) and Katie Orem, eMOLST Administrator, at [Katie.Orem@excel-lus.com](mailto:Katie.Orem@excel-lus.com).

