

Advance Directive and Care Planning

Advance care planning (ACP) is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. Goals include improving autonomy, dignity, peace and intimacy at the moment of death for the individual. Families are better supported through the death of their loved one. The health care system is utilized in a manner chosen by the patient, and can often decrease resource utilization and cost. Although ACP is ideal for those likely to pass away in the next 12 months, the unpredictable nature of life makes ACP important for most adults to consider.

An Advance Directive involves counseling, and completion of one of the following durable power of attorney, living will, POLST, 5-wishes, or a Durable Power of Attorney for Health Care (DPAHC).

What is Quality Advance Care Planning?

Studies indicate that successful and effective ACP require repeated discussions, decision aids, and targeting multiple stakeholders. To be effective, ACP discussions need to lead to specific, actionable medical treatment orders that reflect a person's treatment preferences and current medical condition. Advanced directives should be written in a standardized format that is readily understood by health care professionals during an emergency. Examples include details for DNR wishes, Living Will (LW) specifics and identification of a DPAHC.

Reason for this metric

In prospective studies and randomized trials, ACP has significantly improved multiple outcomes, particularly for patients with serious illness. These include:

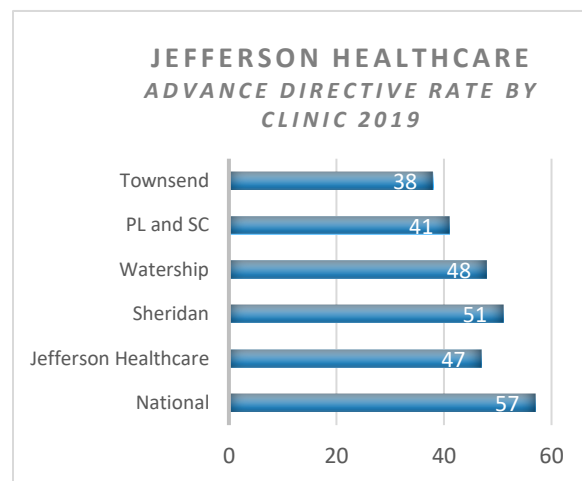
- Decreased rates of hospitalization and the chances of dying in the hospital (two out of five studies)
- Decreased use of life-sustaining treatment (10 out of 22 studies)
- Increased use of hospice or palliative care (five out of seven studies).

For further information, please contact:

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Approximately 37% of Americans have an advance directive with approximately 78% in residential care having advance directives. Fifty-two percent over age 65 have an advance directive. The Centers for Medicare and Medicaid Services (CMS) has identified advance care planning as a means to promote delivering patient-centered care. As such, having an advance directive is a national quality measure which healthcare organizations are reporting. Primary care providers at Jefferson Healthcare have advanced directives for 47% of their patients over 65 with a range from 29% to 67%.



Billing

The two CPT codes describing advance care planning (ACP) services are:

99497 – First 30 minutes of 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 professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate.

99498 – Each additional 30 minutes of advance care planning by the physician or other qualified health professional. List separately in addition to code for primary procedure.



Supports

Community Collaborations

Carrie Andrews, Certified Patient Advocate and Advanced Care Planner. Individual consults and on-line Q&A

Thursdays. carrie@olympus.net

<http://peaceofmindpt.com/index.html>

Documents

- DPAHC & AD: “combined directive”
<https://endoflifewa.org/wp-content/uploads/2014/03/EOLWA-Advance-Directive-12-18.pdf>
- Five Wishes (<https://fivewishes.org>)
- POLST (<https://polst.org/>)
- Dementia Directive (<https://dementia-directive.org>) downloadable document.

Letter to patients

- JHCPCLetterAdvancedDirectivesCOVIDINTRO

Online resources for providers

- One of the **best** websites to help clinicians specifically with COVID-19 and advance care planning for clinicians is the Respecting Choices COVID-19 Resource Page Respecting Choices: <https://respectingchoices.org/covid-19-resources/>
- Vital Talk: “COVID-Ready Communication Skills. A playbook of VitalTalk Tips. <https://www.vitaltalk.org/guides/covid-19-communication-skills/>.
- End of Life Washington's Advance Directive page has a 5-minute video/animation explaining POLST and Advance Directives): <https://endoflifewa.org/choices-and-planning/advance-directives/>
- Honoring Choices Pacific Northwest Advance Directive Page: <https://www.honoringchoicespnw.org/>
- National Institute on Aging <https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives#what>
- CDC
 - Provider: <https://www.cdc.gov/aging/advancecareplanning/about.htm>
 - Patient: <https://www.cdc.gov/aging/pdf/acp-resources-public.pdf>
- Medicare Learning Network (MLN) fact sheet: <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf> (Pages 5 and 6)

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