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## *Advisory Committee Update*

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*Date: 10/2/23*

*Subject: Advance Care Planning*

Patient case: 80 year old woman is brought in by her son and daughter for worsening dementia. They had previously promised their father when he died 10 years previously that they would “always take care of their mother,” but with her worsening cognitive function, this was becoming increasingly impossible and disruptive to their lives. Fortunately, she had filled out a Health Care Proxy, so I was able to invoke the proxy that day. Once invoked, her family was able to find the best situation for her. Without the HCP, it would have been a mess!

Thank you all for continuing to discuss Health Care Proxies (HCP), MOLST forms, and end of life decision making with your patients. The ACP Committee would like to review some of the details.

I typically begin this discussion by saying “We are going to talk about your thoughts about your HCP and end of life decision making. This is the beginning of a conversation that we will revisit until the end of your life. We will continue to review and revise this as you get older and the circumstances of your life continue to change”.

### **Health Care Proxy**

- Work flow: For annual wellness visits age 18+, MA checks social history to see if HCP has been completed. If not, gives the HCP form. If patient completes, MA leaves out for provider to discuss with the patient. Copy of HCP given to designated receptionist to scan and document.
- HCP needs to be signed by a competent adult. There was an example of a patient signing an HCP the same day the HCP was invoked. NOT KOSHER! If the patient is deemed to lack capacity, they are no longer able to sign forms.

### **MOLST forms**

- Medicare gives the option to have a medical visit only about Advance Care Planning but is also often discussed during wellness visits. If the ACP template is pulled up, the billing area will populate with 99397. This means 15 or more minutes were spent with the patient and there is a documented discussion about it.
- It is NOT appropriate to have a patient fill out a MOLST form themselves (though I have often given patients a blank copy to discuss at home and to then bring back for further discussion).

- When the ACP template is used, the drop-down menus MUST be completed; the line about the discussion lasting more than/less than 15 minutes is critical for billing; if you did not discuss for more than 15 minutes, you can't bill it! If you can bill, remember to check off the Bill? box. Most Palliative Care doctors I know feel that if you have gone over a MOLST form, it qualifies for billing.

## **CPR**

I want to ask EVERYONE to read the New Yorker article, *The Hidden Harms of CPR*, that Dr. Carlan sent around. It is the most thoughtful, nuanced review of the topic I've ever seen. I see it as the appropriate response to the overwhelmingly positive portrayal of CPR in film and on TV. I think it will help people understand the limited usefulness of CPR.

## **Determining Capacity and Invoking the Health Care Proxy**

On the intranet, under Clinical Guidelines, please use the references there, especially *P&P for Determining Capacity and Invoking the Health Care Proxy* before you see a patient with competency issues. Some reminders:

- Use .det for determining capacity macro to assist w/ documentation over time
  - Refer to integrated BH colleagues for a MoCA. Review intranet for other testing options
  - Refer to specialist for patient with mental illness or developmental disability
  - If PCP is not a physician, NP or PA must summarize case for invocation to physician who must do the determination in a separate visit or by attending with NP/PA
- If patient is deemed incompetent, complete HCP Invocation form (in Print Forms)
  - Copy of HCP needs to be in chart; cannot be signed on same date as invoking proxy
  - Copy and scan invocation form into chart, original to health care agent with a copy of the HCP
  - Add "HCP invoked" to yellow alert w/ name of agent

Please refer any questions to any member of the ACP Committee.

Henry Simkin, Chair of ACP Committee

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