VALLEY MEDICAL GROUP
Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

Date: 10/3/22 *Subject: Advance Care Planning*

The Importance of Completing MOLSTS and Proxies:

> *From Henry Simkin, chair ACP Committee*: The longer I am a family doctor, the more essential I see these conversations are in the routine care of our patients. For the most part, patients seem to welcome the opportunity to review these issues and the ACP Committee is recommending that all of the following topics be included in a yearly review of systems. I would encourage everyone to begin the conversation, but you don't have to complete it. In fact these conversations are never complete until the patient dies. I have come to realize what a core value these discussions are in family practice and I hope they help you and your patients come to a clearer understanding of this journey and of how we can help.

The ACP Committee encourages discussion about the MOLST to begin at age 65 wellness visits, with significant illness, advanced age, or on patient request. The expectation is not to sign a form for a healthy 65 year old but to begin a relationship with the patient around this topic rather than waiting for a crisis. Invite patients to bring in their decision-makers to be part of the discussion. Use the Serious Illness Conversation Guide as a prompt. There should be a copy in your exam rooms and is also on the intranet: Clinical Guidelines>ACP.

Patient story: We recently had a call from a health care agent who needed help deciding whether to send a declining patient who became incoherent to the hospital. We were able to share the details of the MOLST with the agent and then with the hospital. The agent was very grateful this paperwork had been done, and was relieved to make the decisions the patient had specified.

Document workflows:

- Providers- discuss with your MAs if you would like a copy of the MOLST to be left out in the exam room for wellness visits age 65+.
- MAs provide a proxy for all adults age 18+ at wellness visits who have not already given us one.
- Give originals to patient, put copies in specified folders for designated receptionist to document and scan.

Some coding reminders for providers: If you open the ACP EP in an encounter, it will also populate on the billing page. Remember to code and check off the billing box IF you spend *more than 15 minutes* discussing/documenting any aspect of advance care planning: health care proxy, MOLST, goals, wishes… You must include something substantive in your notes to justify the code (documents signed, info shared, decisions made…) Completing the dropdown options in the EP will meet the requirements. You cannot code for ACP within a TCMS encounter.

VMG Website: Please direct patients to visit the Advance Care planning page at: https://www.vmgma.com/advancedcareplanning for good information and resources to help them think about and discuss this topic at home.

The Advance Care Planning Committee: Henry Simkin, chair, Shersten Killip, Lauren Schwartz, Adam Chamberlain, John Novo, Stephanie Pick