

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

Title: Code Status Through the Continuum of Care
Introduced by: Lee P. Begrow, DO, for the Kent County Delegation
Original Author: Jayne Courts, MD
Referred to: Reference Committee A
House Action: **APPROVED AS AMENDED**

Whereas, health care statistics have shown that the majority of health care dollars are spent for patients in the last six months of their lives, and

Whereas, implementation of Advance Directives with clear goals of care, including code status, has been shown to reduce these costs, preserve the dignity of the patient, improve patient and family satisfaction, and reduce patient and family anxiety as the end of life nears, and

Whereas, conversations about Advance Directives and goals of care are reimbursable visits and a quality metric for primary care physicians who often have a longitudinal relationship with the patient and, thus, may be the ideal health care provider to have these difficult conversations with patients, and

Whereas, repetitive conversations about end-of-life decisions may be emotionally taxing for patients and their families, particularly when the patient may be encountering ill health and may be receiving health care in different settings, and

Whereas, current Centers for Medicare and Medicaid rules require that code status orders be discussed and reordered upon transfer to a skilled nursing facility (subacute rehabilitation facility or long-term care facility) rather than transferring code status orders from the acute care setting or the ambulatory setting; therefore be it

RESOLVED: That MSMS work with the Michigan Hospice and Palliative Care Association and related organizations to promote the transfer of code status orders upon transfer to the next site of care; and be it further

RESOLVED: That MSMS work with the Michigan Hospice and Palliative Care Association and related organizations to develop a system for sharing Advance Directives and code status for Michigan residents throughout the continuum of care; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the Centers for Medicare and Medicaid Services to revise or rescind the rules that prevent transfer of code status across the continuum of care in order to better meet the needs of our patients and our health care system in a comprehensive, cohesive, and more cost-effective manner.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Creation of Electronic Do-Not-Resuscitate System

MSMS supports more rigorous efforts to promote advance care planning to ensure patient preference is known when end-of life care decisions must be made including the need to address better knowledge, availability, and tracking of advance directives or other advisory documents. (Board Action Report 6 per Res53-13)

Relevant AMA Policy:

Encouraging the Use of Advance Directives and Health Care Powers of Attorney H-140.845

Our AMA will: (1) encourage health care providers to discuss with and educate young adults about the establishment of advance directives and the appointment of health care proxies; (2) encourage nursing homes to discuss with resident patients or their health care surrogates/decision maker as appropriate, a care plan including advance directives, and to have on file such care plans including advance directives; and that when a nursing home resident patient's advance directive is on file with the nursing home, that advance directive shall accompany the resident patient upon transfer to another facility; (3) encourage all physicians and their families to complete a Durable Power of Attorney for Health Care (DPAHC) and an Advance Directive (AD); (4) encourage all medical schools to educate medical students and residents about the importance of having a DPAHC/AD before becoming severely ill and encourage them to fill out their own DPAHC/AD; (5) along with other state and specialty societies, work with any state that has technical problems with their DPAHC/AD to correct those problems; (6) encourage every state medical association and their member physicians to make information about Living Wills and health care powers of attorney continuously available in patient reception areas; (7) (a) communicate with key health insurance organizations, both private and public, and their institutional members to include information regarding advance directives and related forms and (b) recommend to state Departments of Motor Vehicles the distribution of information about advance directives to individuals obtaining or renewing a driver's license; (8) work with Congress and the Department of Health and Human Services to (a) make it a national public health priority to educate the public as to the importance of having a DPAHC/AD and to encourage patients to work with their physicians to complete a DPAHC/AD and (b) to develop incentives to individuals who prepare advance directives consistent with our current AMA policies and legislative priorities on advance directives; (9) work with the Centers for Medicare and Medicaid Services to use the Medicare enrollment process as an opportunity for patients to receive information about advance health care directives; (10) continue to seek other strategies to help physicians encourage all their patients to complete their DPAHC/AD; and (11) advocate for the implementation of secure electronic advance health care directives.