

# MOLST's Journey in Maryland


Maryland MOLST Training Task Force  
May 2012

# Overview of Presentation

- Health Care Decisions Act
- POLST Efforts Across the Nation
- Maryland MOLST Work Groups
- Patient Plan of Care Form
- Life-Sustaining Treatment Options Form
- MIEMSS DNR Form
- State Advisory Council for Quality Care at the End of Life
- Research
- MOLST Core Group
- Stakeholders
- Legislative Process
- Training

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# The Journey



- An important foundation for Maryland MOLST was established by the Health Care Decisions Act
- HCDA became effective on October 1, 1993
- HCDA applies in all health care settings and in the community throughout Maryland
- Core group of experts and Jack Schwartz, JD, Assistant Attorney General

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# The Origins of POLST Across the Nation

- POLST development began in Oregon in the early 1990's
- The first POLST form was instituted in Oregon in 1995
- By February 2011, 12 states have implemented POLST, 24 states are developing POLST programs, and 9 states are trying to develop a program

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# The Origins in Maryland

- 1996: First POLST work group in Maryland
- Multiple work groups and organizations have explored POLST



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# Patient Plan of Care Form


- Effective 2004
- Documents the results of a conversation between a health care provider and the patient or authorized decision maker regarding life-sustaining treatments
- Document goals of care

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	<b>Patient Plan of Care Form</b>
	<ul style="list-style-type: none"> <li>■ Not an advance directive</li> <li>■ Used to clarify or apply an existing advance directive</li> <li>■ Only mandated to be offered in nursing homes</li> <li>■ Not an order form</li> </ul>
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	<b>Instructions on Current Life Sustaining Treatment Options</b>
	<ul style="list-style-type: none"> <li>■ In 2007, the Patient Plan of Care form was renamed "Instructions on Current Life-Sustaining Treatment Options" form</li> <li>■ The name change was effective April 1, 2008</li> </ul>
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	<b>Life-Sustaining Treatment Options Form</b>
	<ul style="list-style-type: none"> <li>■ Only nursing homes utilize the LSTO form</li> <li>■ Other health care settings have not implemented it</li> <li>■ Other health care settings do not consistently honor it</li> <li>■ Not an order form</li> </ul>
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	<b>MIEMSS DNR Order</b> 
	<ul style="list-style-type: none"> <li>■ MIEMSS is the Maryland Institute for Emergency Medical Services Systems</li> <li>■ All prior versions of MIEMSS DNR order forms never expire and are still honored after Maryland MOLST becomes effective</li> </ul>
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	<b>Maryland MOLST 2009 - 2011</b>
	<ul style="list-style-type: none"> <li>■ 2009: State Advisory Council on Quality Care at the End of Life, POLST subcommittee</li> <li>■ Worked with the Attorney General's Office, Maryland Institute of EMS Systems, Board of Physicians, and Office of Health Care Quality</li> <li>■ Subcommittee included practicing primary care physicians, specialists in Emergency Medicine, Geriatrics, and Hospice, a nurse and lawyers</li> </ul>
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	<b>MOLST Core Group</b>
	<p>Tricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM</p> <p>Paul Ballard, JD</p> <p>Steve Levenson, MD, CMD</p> <p>Richard Alcorta, MD, FACEP</p> <p>Sarah Sette, JD</p> <p>William M. Vaughan, RN, BSN</p>
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## National Research

- Reviewed processes and forms used in other states
- Reviewed POLST website
- Reviewed additional POLST resources
- Reviewed POLST literature



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## Other States

- Spoke to other states who have implemented or are developing POLST paradigms to find out what worked, what did not work, and why
- Reviewed training programs and training tools developed by other states

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## Maryland Research

- Reviewed Life Sustaining Treatment Options Form and its development
- Reviewed the history of the DNR form
- Reviewed regulatory issues across the continuum of care related to advance directives, capacity to make decisions, surrogate decision making, code status, and end-of-life care

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## The Starting Point

- MOLST will replace the MIEMSS DNR order form and LSTO form
- The CPR orders guide both EMS crews and care in other settings
- Form cannot be so comprehensive that it becomes burdensome or difficult to use
- MOLST is an order form that is valid across the continuum of care in all health care settings and in the community
- Some facilities and programs will be required to complete MOLST for all or certain patients

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## Input from Stakeholders

- Sought input from 52 stakeholders and hundreds of individuals
- In turn, these stakeholders got input from thousands of individuals
- Received written and verbal comments throughout the entire process
- Multiple comment sessions

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## Types of Stakeholders

- Associations representing industries
- Associations representing health care professionals and other individuals
- State organizations
- State boards
- State chapters of national organizations
- Lawyers
- Religious groups
- Individuals

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## Associations Representing Industries

- Hospitals
- Nursing homes
- Assisted living facilities
- Hospice
- Home health care
- Adult medical day care
- Dialysis centers
- Mental health programs
- Developmental disability programs
- Ambulatory surgery centers
- Residential service agencies

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## State Licensing Boards

- Physicians and physician assistants
- Nurse practitioners and nurses
- Social workers
- Pharmacists



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## State Organizations

- Health Department
- State Regulatory and Licensing Agency
- Emergency Medical Services
- Attorney General's Office
- Mental Health
- Disabilities
- Aging
- Ombudsman
- Medicaid



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## Associations Representing Professionals and Individuals

- Physicians
- Medical directors
- Nurse practitioners
- Nurses
- Physician assistants
- Social workers
- Caregivers



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## State Chapters of National Organizations

- American Medical Association
- American College of Emergency Physicians
- American Medical Directors Association
- American Geriatrics Society

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## Lawyers

- Attorney General's Office
- Academics
- Bar Association
- Legal Aid
- Advocacy groups



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## Other Stakeholders

- Religious groups and spiritual leaders
- Individuals and caregivers from across Maryland representing various ethnic, religious, and socioeconomic backgrounds



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## The Road to Annapolis



- Maryland MOLST is an order form that specifies orders for cardiopulmonary resuscitation and other life-sustaining treatments
- No form is a substitute for the discussion between a patient and their health care provider about life-sustaining treatments

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## House Bill 82

- Sponsored by Delegate Dan Morhaim: an Emergency Room physician
- Co-sponsored by Delegate Nicholas Kipke

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## History in the House

- 1/21/11: First reading, Health and Government Operations
- 2/8/11: Hearing
- 3/1/11: Favorable with amendments report by HGO, unanimous vote
- 3/2/11: Favorable with amendments report adopted; Second reading passed with amendments
- 3/4/11: Third reading passed, 136 - 0

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## Senate Bill 203

- Sponsored by Senator Karen Montgomery
- Cosponsored by Senator Joanne Benson
- Senator Jennie Forehand
- Senator Rob Garagiola
- Senator Barry Glassman
- Senator Edward Kasemeyer
- Senator Delores Kelley
- Senator Nancy King
- Senator Richard Madaleno
- Senator Roger Manno
- Senator Thomas Middleton
- Senator Paul Pinsky
- Senator Catherine Pugh
- Senator Victor Ramirez
- Senator Jamie Raskin
- Senator James Robey
- Senator Jim Rosapepe

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## History in the Senate

- 1/26/11: First reading, Finance
- 2/9/11: Hearing
- 3/8/11: Favorable with amendments report by Finance, unanimous vote
- 3/9/11: Favorable with amendments report adopted; Second reading passed with amendments
- 3/11/11: Third reading passed, 45 - 0

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## Next Steps

- Form a training task force to provide input into:
  - MOLST form and instructions
  - MOLST training tools
  - Train the trainer program

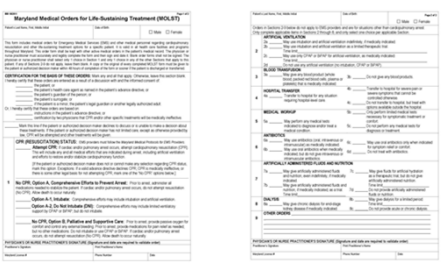
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## Maryland MOLST Training Task Force

- Comprised of over 70 stakeholders and individuals with specific knowledge, skills, and experience
- Developed MOLST training tools for consumers and professionals, including flyers, written guides, slide presentations, and videos


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## Maryland MOLST Form




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## Maryland MOLST Form



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## Identify Who Needs Training



- Organizations
- Groups
- Individuals

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## Licensed Programs and Facilities

Adult Medical Day Care	125
Ambulatory Surgery Centers	340
Assisted Living Facilities	1379
Birthing Centers	2
Comprehensive Rehab Outpatient Fac.	7
Dialysis Centers	118
Hospice	32
Home Health	56

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## Licensed Programs and Facilities

HMO's	9
Hospitals	68
Nursing Homes	235
Major Medical Equipment Facilities	224
Nursing Staff Agencies	485
Nursing Referral Service Agencies	89
Outpatient Physical Therapy Centers	96
Residential Service Agencies	748

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## Licensed Programs and Facilities

Developmental Disabilities Programs	
Mental Health Programs	
Substance Abuse Programs	
Outpatient Rehab	

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## Other Health Care Systems

- VA System
- Military facilities
- Kaiser
- Evercare
- Bravo

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## Health Care Professionals

- EMS Providers - 30,000
- Physicians - 26,973
- Emergency Room Physicians
- Nurse Practitioners - 3,500
- Physician Assistants - 2,548
- Nurses - 67,000
- Social Workers
- Care Managers and Case Managers

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## Other Professionals and Organizations

- Lawyers
- Ombudsmen
- Office of the Chief Medical Examiner
- State Anatomy Board
- State and County Health Officers and Departments
- County guardianship programs
- Academics and training programs

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## The Largest Stakeholders

- Individuals
- Caregivers



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## Spreading the Word

- Transmittals from the Office of Health Care Quality
- Professional Boards: Websites and publications
- Professional Associations: Websites and publications
- Maryland MOLST website

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## Maryland MOLST Training Tools

- Maryland MOLST Form and Instructions
- Health Care Decision Making Worksheet
- Guide for Health Care Professionals
- Guide for Patients and Caregivers
- Guide for Authorized Decision Makers
- Maryland MOLST FAQs
- Maryland MOLST
- Health Care Decisions Act

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## Maryland MOLST Training Tools

- MOLST's Journey in Maryland
- What Is MOLST?
- Information Sheet for Consumers
- Information Sheet for Health Care Professionals
- How Do I Plan My Health Care?
- Understanding Your Choices for Medical Treatment

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## Train the Trainer Program

- Offered throughout Maryland beginning four and a half months prior to the date Maryland MOLST becomes effective
- Seven-hour training program about the health care decision making process, Health Care Decisions Act, and Maryland MOLST

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## Tracking Data

- Maryland MOLST training database: Tracks training for facilities and programs as well as training for various types of professionals



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## Electronic Registry

- CRISP (Chesapeake Regional Information System for Our Patients): Three-year grant to develop an electronic registry for advance directives and Maryland MOLST orders



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## It Took a State . . .



- Maryland MOLST is a work product of the state of Maryland
- A wide variety of industries, organizations, professional boards, health care professionals, lawyers, religious groups, and individuals shared their knowledge, skills, time, and expertise to develop Maryland MOLST

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## For More Information

[Marylandmolst.org](http://Marylandmolst.org)

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