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

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

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

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

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
Patient Plan of Care Form
- Not an advance directive
- Used to clarify or apply an existing advance directive
- Only mandated to be offered in nursing homes
- Not an order form

Life-Sustaining Treatment Options Form
- Only nursing homes utilize the LSTO form
- Other health care settings have not implemented it
- Other health care settings do not consistently honor it
- Not an order form

Patient Plan of Care Form

Instructions on Current Life Sustaining Treatment Options
- In 2007, the Patient Plan of Care form was renamed “Instructions on Current Life-Sustaining Treatment Options” form
- The name change was effective April 1, 2008

Life-Sustaining Treatment Options Form

Maryland MOLST 2009 - 2011
- 2009: State Advisory Council on Quality Care at the End of Life, POLST subcommittee
- Worked with the Attorney General’s Office, Maryland Institute of EMS Systems, Board of Physicians, and Office of Health Care Quality
- Subcommittee included practicing primary care physicians, specialists in Emergency Medicine, Geriatrics, and Hospice, a nurse and lawyers

Instructions on Current Life Sustaining Treatment Options

MIEMSS DNR Order
- MIEMSS is the Maryland Institute for Emergency Medical Services Systems
- All prior versions of MIEMSS DNR order forms never expire and are still honored after Maryland MOLST becomes effective

Maryland MOLST 2009 - 2011

MOLST Core Group
- Tricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAPM
- Paul Ballard, JD
- Steve Levenson, MD, CMD
- Richard Alcorta, MD, FACEP
- Sarah Sette, JD
- William M. Vaughan, RN, BSN
National Research
- Reviewed processes and forms used in other states
- Reviewed POLST website
- Reviewed additional POLST resources
- Reviewed POLST literature

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

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

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

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

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
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

State Licensing Boards

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

State Organizations

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

Associations Representing Professionals and Individuals

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

State Chapters of National Organizations

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

Lawyers

- Attorney General’s Office
- Academics
- Bar Association
- Legal Aid
- Advocacy groups
Other Stakeholders

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

House Bill 82

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

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

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

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

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
Next Steps

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

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

Maryland MOLST Form

Identify Who Needs Training

- Organizations
- Groups
- Individuals

Licensed Programs and Facilities

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<thead>
<tr>
<th>Program</th>
<th>Code</th>
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<tr>
<td>Adult Medical Day Care</td>
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<tr>
<td>Ambulatory Surgery Centers</td>
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<tr>
<td>Assisted Living Facilities</td>
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<td>Birthing Centers</td>
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<tr>
<td>Comprehensive Rehab Outpatient Fac.</td>
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<td>Dialysis Centers</td>
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<tr>
<td>Hospice</td>
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<tr>
<td>Home Health</td>
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Licensed Programs and Facilities

<table>
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<td>HMO's</td>
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<tr>
<td>Hospitals</td>
<td>68</td>
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<tr>
<td>Nursing Homes</td>
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<td>Major Medical Equipment Facilities</td>
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<td>Nursing Staff Agencies</td>
<td>485</td>
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<tr>
<td>Nursing Referral Service Agencies</td>
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<tr>
<td>Outpatient Physical Therapy Centers</td>
<td>96</td>
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<tr>
<td>Residential Service Agencies</td>
<td>748</td>
</tr>
</tbody>
</table>

Other Health Care Systems

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

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

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

The Largest Stakeholders

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

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

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

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

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

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
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

For More Information

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