



MASSACHUSETTS COALITION FOR
SERIOUS ILLNESS CARE

POLST e-Registry & Interoperability

April 8, 2022

POLST e-Registry & Interoperability



MASSACHUSETTS COALITION FOR
SERIOUS ILLNESS CARE



Thanks for joining!

- Lots of people with us today.
- Please mute yourselves when not talking (we might mute you if there's background noise)
- We want to hear from you! Feel free to write questions or ideas in chat throughout the session
- We will be recording the session

POLST e-Registry & Interoperability

Agenda

- Welcome
- MOLST to POLST Transition
- e-Registry Technical Requirements
- Discussion



POLST e-Registry & Interoperability



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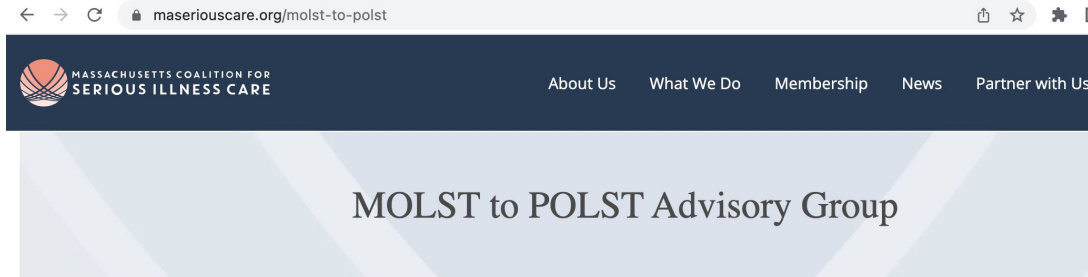
Poll: Who's with us today?

- Which stakeholder group are you representing?
- What is your role?

If you have any trouble with the poll, you can answer in the chat. Also, if you'd like, you can share in the chat about your organization!



Welcome!



- **Co-Chairs:** Ellen DiPaola, Esquire
Erik Fromme, MD, MCR, FAAHPM
- **Project Director:** Jane Kavanagh
- Updates on the MOLST to POLST transition and opportunities to engage and provide input can be found on the Advisory Group website:
<https://www.maseriouscare.org/molst-to-polst>

Advisory Group includes representatives from:

Ariadne Labs,
Honoring Choices Massachusetts,
Massachusetts Coalition for Serious Illness Care,
The Massachusetts Health & Hospital Association,
The Hospice and Palliative Care Federation of Massachusetts, Massachusetts Medical Society,
UMass Memorial Health Care,
State Emergency Medical Services,
Center for Public Representation,
Mass General Brigham,
Massachusetts Senior Care Association.



Governor's Health Care Bill

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

AN ACT INVESTING IN THE FUTURE OF OUR HEALTH

- **Modernizing data standards and health information exchange:** Proposals within this legislation will improve the ability for providers and the health care delivery system more broadly to exchange necessary information to improve patient access and care coordination.
 - *MOLST to POLST:* The Portable Order for Life-Sustaining Treatment (POLST) is a medical order that communicates the patient's end-of-life care treatment preferences. Currently, Massachusetts uses the paper based Medical Order for Life-Sustaining Treatment (MOLST). This legislation authorizes the Executive Office of Elder Affairs (EOEA) to make the transition from the current paper based MOLST system to the electronic POLST (ePOLST) system. This transition will ensure that end-of-life wishes are more easily accessible and honored across care sites, providers, and state lines.
 - *Establishing data standards:* This legislation strengthens EOHHS' authority to require entities, including payers, to participate and implement health information exchange initiatives consistent with the recommendations of the Digital Health Council. This strengthened authority will allow EOHHS to require health care entities to adopt and use uniform health data standards.

<https://malegislature.gov/Bills/192/S2774>





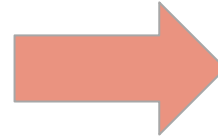
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MOLST to POLST Transition



Why do we need to update our program?

- In our paper-based system, MOLST orders often do not follow a patient across different health care settings.
- The MOLST order form often includes conflicting or incompatible choices.
- MOLST orders are often completed without a high-quality conversation about what truly matters to patients and their families.



A **patient's documented treatment choices** can be **hard to locate** in a critical moment or **ignored** due to concerns about validity .



POLST Program mission

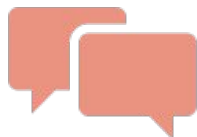
The POLST (Portable Medical Orders) Program's mission is to help persons living with serious illness and advancing frailty engage in care planning conversations with their clinicians and care teams to ensure that their treatment preferences are understood and honored.



These goals and principles will guide us in achieving our mission



Establish POLST Program as integral part of care planning continuum across MA



Support effective care planning conversations for people with serious illness and advancing frailty



Ensure clear, reliable documentation



Improve integration across care settings



Align with national standards and best practices



Continually improve



The POLST e-Registry is core to achieving these goals



Establish POLST Program as integral part of care planning continuum across MA



Support effective care planning conversations for people with serious illness and advancing frailty



Ensure clear, reliable documentation



Improve integration across care settings

National
POLST

Align with national standards, incorporate best practices.



Continually improve



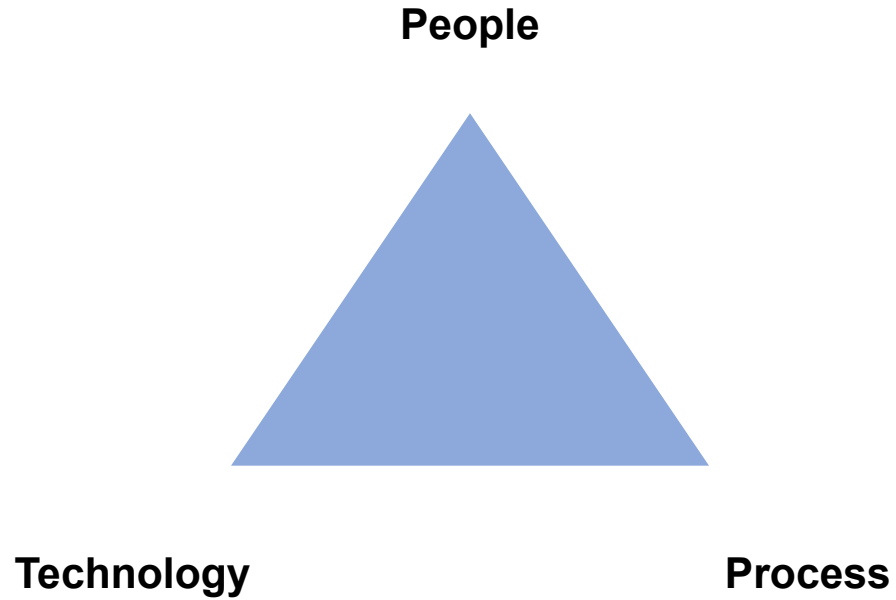


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POLST e-Registry High-Level Functionality



Stakeholder Feedback



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People

Technology

Process

- **MOLST is just one component in a multi-party, long-term relationship**

- Physician-patient; Goals of Care focus
- Social workers, nurses, aides, EMT/paramedics
- Patient relatives, agents, guardians



- “Often, it is the social worker who is having the conversation and filling out the form.”
- “It is not only about talking to the patient, but also about talking to the family, proxy, guardian...”

- **Goals of care conversations difficult to conduct**

- Clinicians typically not trained in these topics
- Patients have little background on MOLST (or any end-of-life-related topic) □ cultural challenge
- PCPs have very limited time



- “The MOLST conversation takes years to master.”
- “The public and clinicians need to be educated so patients and families understand the form.”
- “Goals of Care conversations cannot be conducted as part of an annual; we don’t have time.”

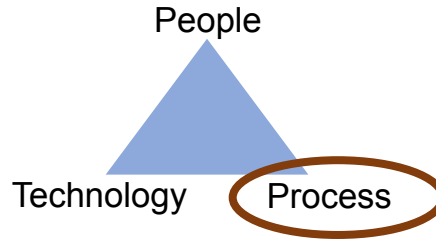
- **Current approach challenging for all stakeholders, particularly EMS**

- Form issues
- Issues related to honoring the form



- “Our frustration is with incomplete forms or not having the form readily available.”
- “Sometimes families do not understand the form and tells us to revoke it.”

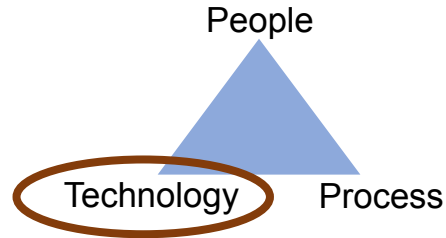
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- **Current process 100% paper-based and manual**
 - Patient wishes not honored accurately, consistently
- **Current process does not result in trustworthy forms**
- **Care setting workflows around MOLST are inconsistent**
- **Lack of alignment with National POLST**
- **Current process does not fully support health equity**
 - Languages
 - Level of literacy



- “I still cannot believe that most MOLST forms exist on an 11x8.5 piece of paper...”
- “We have a ton of patients with 10 MOLST forms.”
- “What constitutes a complete MOLST form varies from care setting to care setting.”
- “We would love to be aligned with the National Form.”
- “It’s very hard to explain the MOLST form with its current wording, patients do not understand it... The words scare them...”

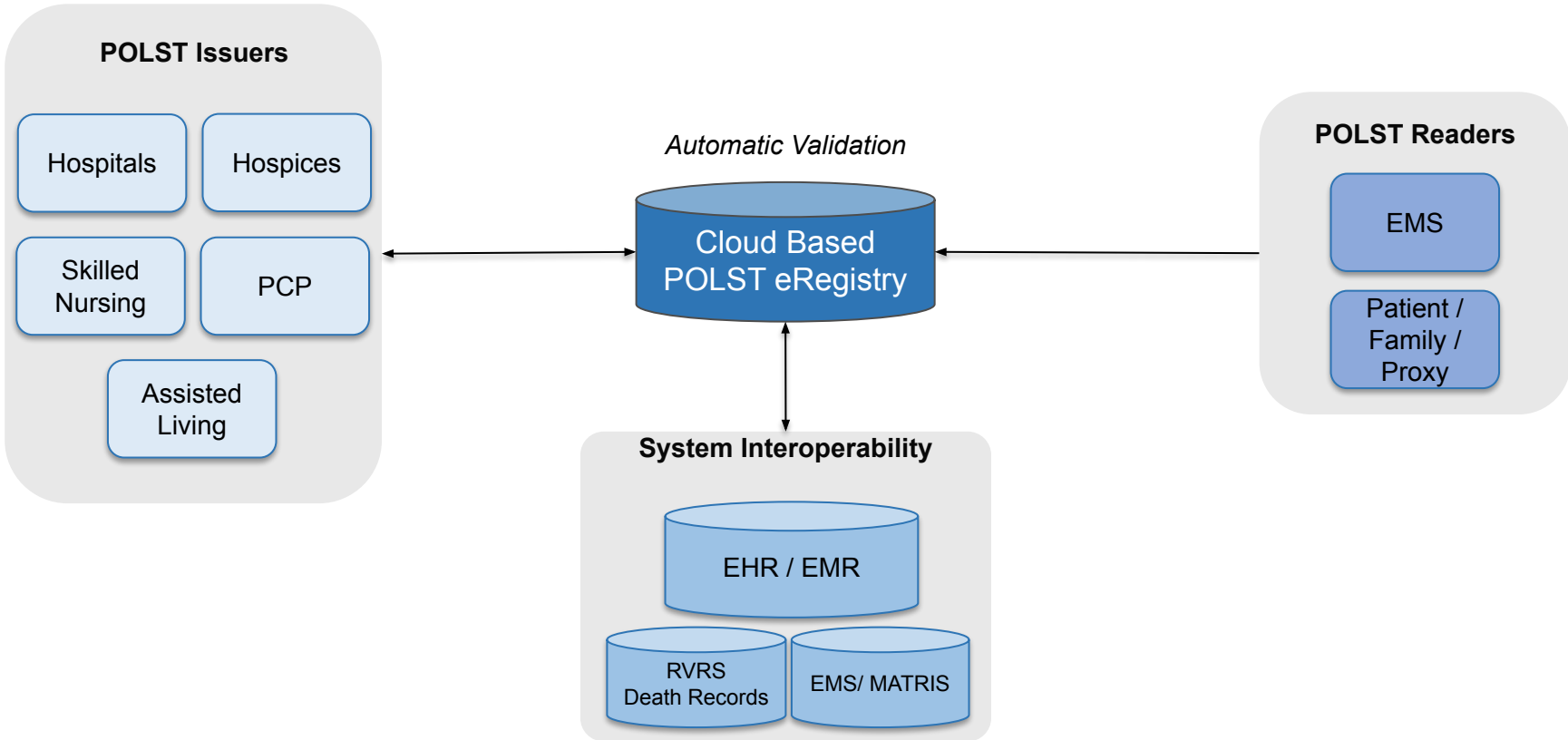


- Some interoperability with EMRs
- No form validation capability
- No audit or update capability
- No reporting capability
- No interoperability with ambulance systems
- No interoperability across care settings
- No transferability state-to-state

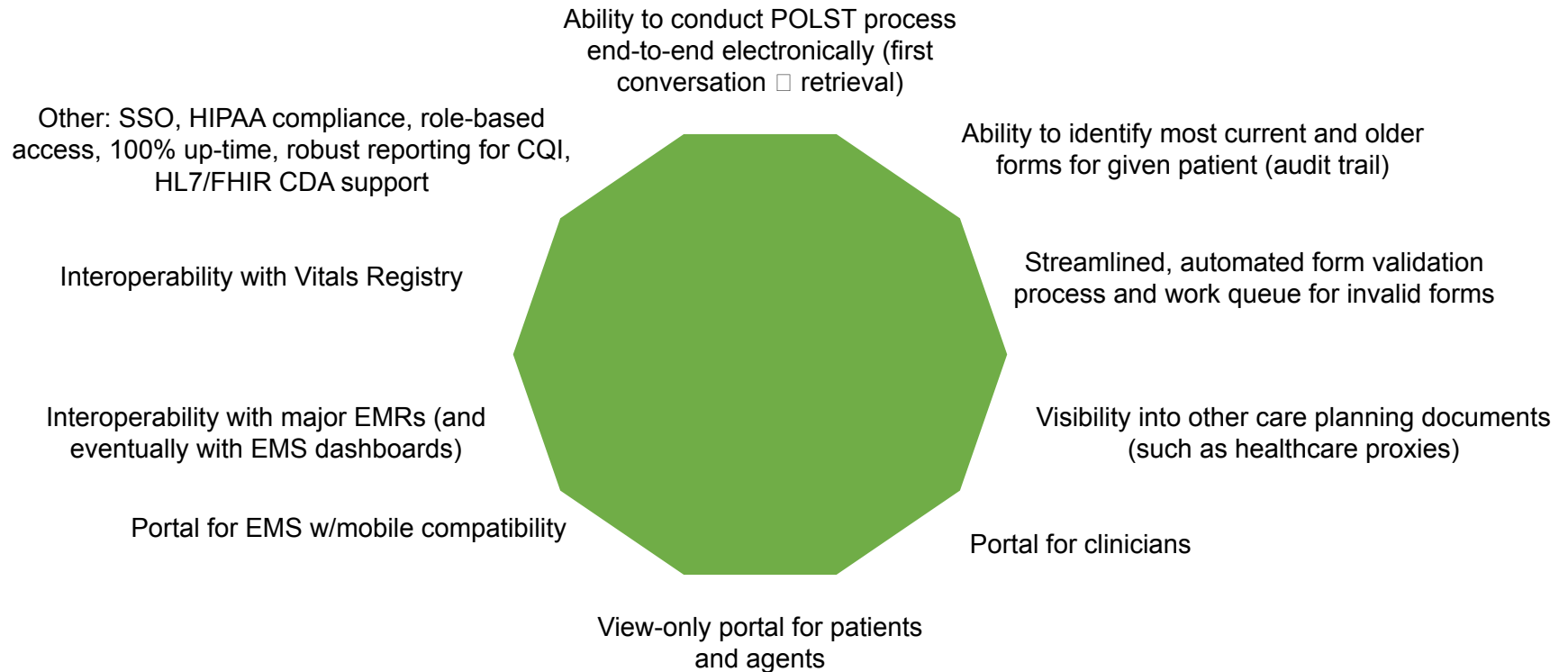


- “The new registry has to be interoperable with our EMR systems... we need one source of truth...”
- “We try to manually check our forms... it’s not perfect.”
- “We have the ability upload MOLST forms into our EMR but we don’t because we are concerned about version control.”
- “We would love to leverage MOLST data if it was available. It would also be helpful for comparison purposes, across states and within states.”
- “The MOLST form has to be transferable across states and health care settings.”

Future State POLST System Map



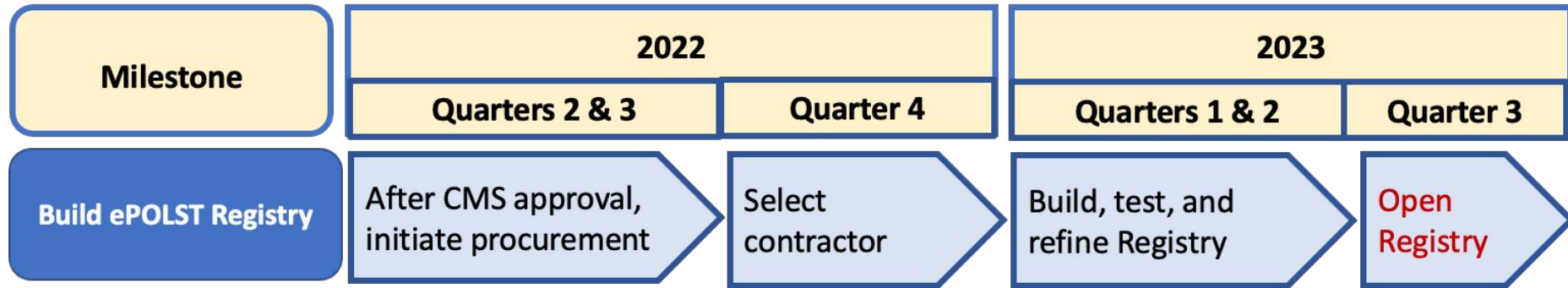
Key eRegistry Functionality



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Timeline

MOLST To POLST Program Transition High-Level Timeline



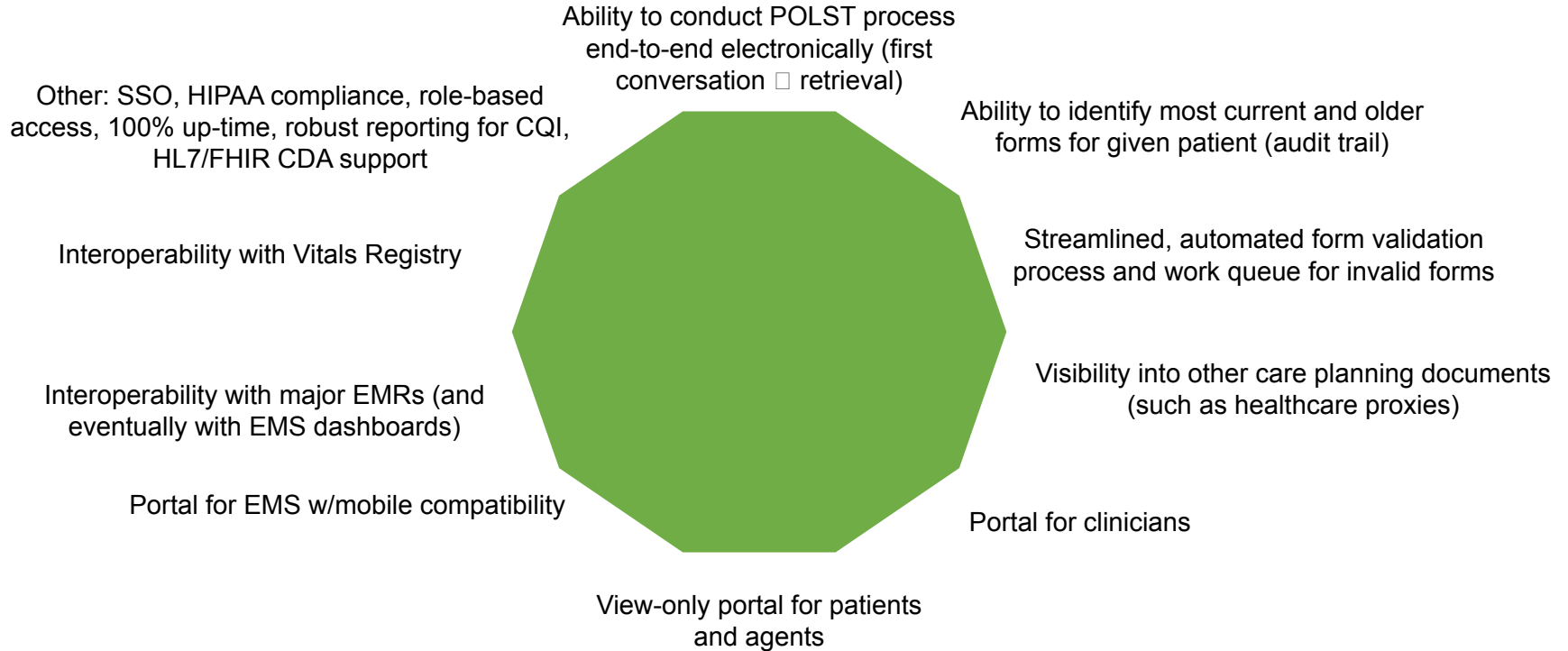


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Discussion



Poll: What functionalities are must have vs. nice to have?



What are the ‘must haves’ for your organization and why?

1. View-only portal for patients and agents
2. Portal for EMS with mobile compatibility
3. Interoperability with major EMRs
4. Interoperability with Vitals Registry
5. Visibility into other care planning documents (such as healthcare proxies)
6. Ability to identify current and older forms for given patient (audit trail)
7. Automated form validation process and workflow for invalid forms
8. Ability to pull conversation information from HER or enter conversation information
9. HL7/FHIR CDA support



Discussion

- What are your biggest concerns or the biggest challenges you see to making this successful?



What comes next?

- Visit the Advisory Group webpage for updates throughout the transition and more virtual sessions like this one. <https://www.maseriouscare.org/molst-to-polst>
- Share your ideas by filling out this form: <https://bit.ly/3DMTV2w>
- If you would like to be more involved in the process, contact jane.kavanagh@gmail.com

