Thank you for joining the QHN Hot Topics session.

**Advance Care Planning (ACP) Documents in the QHN System**

presentation will begin shortly

Please place your phone and computer microphone on mute during the presentation – thank you!

January 18, 2017
Hot Topics Session

Advance Care Planning (ACP)
Documents in the QHN System

January 18, 2017
Presented by:

Sherri Corey, Senior Clinical Account Manager

Annie Schudy, BSN, RN Clinical Account Manager
Presentation Outline:

- ACP background – facts, what’s changing
- A history of the Mesa County ACP initiative
- Process to upload and edit documents in QHN
- QHN changes to support quick access to ACP Documents
- A review of patient document types in QHN
- Wrap-up and questions

www.qualityhealthnetwork.org
Consider the Facts

- **90%** of people say that talking with their loved ones about planning for end-of-life care is important.
- **60%** of people say that making sure their family is not burdened by difficult decisions is “extremely important”
- **80%** of people say that if seriously ill, they would want to talk to their doctor about end-of-life care.

But

- Only **27%** have actually done so, or completed advance care planning documents.
- **56%** have not communicated their end-of-life wishes or completed advance care planning documents.
- **7%** report having a conversation with their provider or completing advance care planning documents.

Source: Survey by the Conversation Project 2013

But this is changing…
A shift in the population and perceptions about the importance of ACP...

- Number of Americans ages 65+ is **projected to more than double** by 2060.¹
- The 65+ population will rise from the current **15% to 24%**.¹
- **34%** of total healthcare expenditures are in the last year of life.²
- Avoiding hospital/ICU admissions, during last six months of life would save an estimated **36%** of the nation’s healthcare expenditures.³
- For every **$1** spent on ACP there is a **$2** savings of healthcare cost.⁴
- Only **17%** of all ACP documents are signed and scanned into a EHR.⁴
- January, 2016 CMS finalized Medicare payment rules and began reimbursing providers for two 30-minute ACP counseling visits.⁵
In May of 2016 the Colorado Health Foundation launched a $2.75M ACP initiative.

The three-year initiative designed to accelerate existing ACP efforts in Colorado and support innovative ACP demonstration projects.

Initiative goal: Increase individual and family health engagement through advance care planning.

www.qualityhealthnetwork.org
Mesa County ACP Workgroup

- HopeWest established a broad based community coalition to apply for a two-year CHF grant to increase individuals’ confidence and competence in engaging in the healthcare system through:
  
  • Advancing the practice of physicians in palliative medicine concepts, setting care goals, “having the conversation”, and recording this information so it is widely accessible.

  • Motivating individuals to engage in the conversations required to execute the documentation for making their wishes known through appropriate use of advance care planning documents.

  • Aligning first responders, ED providers and other provider protocols to support respecting an individuals’ end of life wishes in all care settings.
Community Coalition Partners:

- HopeWest (Hospice, palliative care provider)
- Rocky Mountain Health Plans
- Quality Health Network
- The Mesa County IPA
- Mesa County EMS System
- Attorneys specializing in elder law
- The Mesa County Advanced Care Planning Task Force
- LTPAC providers
- ED providers from all hospitals
- CMOs from all hospitals
- FQHC: Marillac Clinic
- Mesa County Health Care Leadership Consortium
Infrastructure & Systems Commitments:

Initiative Partners will:

• Review and have consensus on ACP forms for specific institutions like hospitals/nursing homes. Outcome:
  • Genesis of new community-wide ACP form: Emergency Response Wishes
  • For LTPAC setting use of MOST (Medical Orders for Scope of Treatment) form
• Draft community-wide guide to ACP and draft sample physician office policies/procedures.
• Achieve a standard that all ACP Documents will become part of the QHN HIE data base.
• Launch a community-wide “butterfly folder” initiative that will provide a common place for critical medical and ACP documents to reside in the household of seriously ill individuals.
Emergency Response Wishes

Name: ________________________________ Date of Birth __________

☐ I want all attempts of resuscitation to be considered in an emergency situation. (Initials: _____)
☐ I want CPR if my heart stops. (Initials: _____) DNR
☐ I want intubation for breathing assistance. (Initials: _____) DNI

I generally wish to decline any medical treatment that does not provide reasonable benefit to my current condition and wish to allow a natural death (A-N-D).

☐ I do not want CPR if my heart stops. (Initials: _____) DNR
☐ I do not want to be intubated for breathing assistance. (Initials: _____) DNI

The person I appoint to decide my health care treatment if I become unable to make my own decisions (Medical Durable Power of Attorney or MDPOA) is:

Name: _____________________________ Phone# __________________________

If that person is unreachable, I appoint:

Name: _____________________________ Phone# __________________________

Your Signature: ___________________________ Date: __________

Power of Attorney if appointed: ___________________________ Date: __________

Witness #1 (optional): ___________________________ Date: __________

Witness #2 (optional): ___________________________ Date: __________

(The witnesses should not be a health care provider OR health care employee or a family member or expected beneficiary)

Recommendations:

- Discuss these wishes with your close family members and those persons you will ask to make medical decisions if you are unable to do so.
- Take to your primary physician to sign and upload into Quality Health Network (QHN), the regional health information exchange. Providers note: Instructions for uploading this form are available under the Resources tab, QHN System Tip Sheets at: www.qualityhealthnetwork.org.
- Keep this in a “butterfly folder” on your refrigerator. This folder is used to notify emergency personnel of your wishes, and may be taken with you if you are admitted to the hospital.
- Complete a Medical Durable Power of Attorney (MDPOA) wallet card with this information. Cards are available at www.hopewestco.org or at your doctor’s office.

Provider Signature (optional) ___________________________ Date: __________

NOTE: If patient is in Nursing Home, Assisted Living or Hospital the M.O.S.T. form should be completed.

This form was designed and approved by the Mesa County ACP Project Team 11/2018. Contact HopeWest at 970-257-2369 for more information.
Navigate to patient of interest
Patient Summary.
Click on **Patient Documents**.
Uploading Documents to QHN

Patient Documents screen opens.
Uploading Documents to QHN

Click on **Upload Document**.
Uploading Documents to QHN

Upload document screen opens.
Uploading Documents to QHN

Select the **Document Type** from drop-down menu.
Type in document **Name**.
Important Upload Process for ACP Documents

Select the correct ACP Document Type

- Advanced Directive: (a document type that is not one of the below, but is considered an ACP document, e.g.: Five Wishes, CPR Dir., Serious Illness Conversations, etc.)
- DNR Order (DNR)
- Guardianship/Proxy (GUAPProxy)
- Medical Durable POA (MDPOA)
- Power of Attorney (POA)
- MOST (MOST)
- Emergency Response Wishes (ERW)
Naming Convention for ACP Documents

• Enter 00
• Followed by initials or name of document type
• Follow with mmddyyyy of form **effective date**, do not use spaces, dashes, or patient name. For example:
  - 00ERW12142016
  - 00FiveWishes01142017
  - 00DNR06252016
Why a Strict Document Type and Naming Convention for ACP Documents?

- Using the prescribed convention allows ACP documents to display first in the Patient Documents section.
- This makes the information quickly accessible in critical care situations.
- It also triggers the patient to be “flagged” with the ACP indicator.
Click **Choose File**. This will open to your computer.
Selecting Saved Files to Upload

- When saving files to your computer for upload into the QHN system, in the original file name, do not use any special characters, such as: / , ? @ & * _ ( ) # \ +., etc.
  - These documents may not display correctly in all browsers
- Preferred file formats are Microsoft Word or PDF. You may use other formats however others may not have the software to read them.
- Original file names do not display in the QHN system, however it is recommendation that they contain: type of document, patient last, first name and effective date. For example:
  - DNR corey sherri 01162017
  - ERW schudy anne 12142016
Uploading Documents to QHN

Once file is selected, file name displays to right of Choose File button. If correct, click Save.
Sample of other Document Type, *Name*. 
Patient Documents may be sorted by *Type*. 

Uploading Documents to QHN
If the file uploaded was an ACP “Document Type” the ACP flag will display to the right of the patient name (this may take 2-3 minutes).
Uploading Documents to QHN

Revised drop-down menu.
Editing Documents

• You may not delete documents uploaded into the QHN system.

• If you loaded an incorrect document, or loaded the document to the incorrect patient, contact QHN immediately.

• Go to the QHN website and complete a Customer Support Request. This may be done 24/7.

• Website address: www.qualityhealthnetwork.org.
Who We Are
QHN was created in 2004 to improve the health of people who live across western Colorado.

What We Do
We provide for the secure exchange of electronic health information when and where it’s needed.

Customer Secure Login
QHN LOGIN | QHN DIRECT
QHN DIRECT ONLY

Customer Support Request

QHN Subscription Service
A quicker, focused and impactful way for providers to receive and use patient data.

Click to Learn More
Complete form, in Description note name of patient, date of birth, Type and Name of document that needs to be deleted and date uploaded.

This field is HIPAA compliant and may include PHI.
If a document has expired or is no longer valid, it is the provider's responsibility to edit the document Name.
Click the box to the left of document.
Edit Document button displays. Click.
Edit Document dialogue box opens.
In the *Name* section, type: Expired mmddyyyy in front of document name.
Editing Uploaded Documents

Qwerty, Jacque  Female  07/09/1982 (34 yrs) (Community ID: 2000000000000000)
411 THIS PLACE, GRAND JUNCTION, CO 81502

Documents
- Name
- CareTeam
- DNR 1213
- PainMgmt
- + Upload Doc

Edit Document
- Name: Expired 01/12/2017 DNR 12132015
- Document Type: DNR Order

Click Save.
Document now displays as Expired.
To access ACP resources and forms click on Resources, then Advance Care Planning.
Emergency Response Wishes form and other Advance Care Planning resources are available here.

MESA COUNTY ADVANCE CARE PLANNING (ACP) WORKGROUP

QHN is proud to be a partner in the Mesa County ACP workgroup which is part of the Colorado Health Foundation’s three-year initiative designed to accelerate existing ACP efforts in Colorado and support innovative ACP demonstration projects. The initiative’s goal is to increase individual and family health engagement through advance care planning.

The Mesa County project has developed and gained broad community consensus on the utilization of the Emergency Response Wishes form to be used in all advance care planning settings. Encouraging providers to upload ACP documents into the QHN system allows these critical documents to be accessed across the continuum of care.

- Download the Emergency Response Wishes form
- Open an interactive form that you can type into and print Emergency Response Wishes Interactive PDF Form
- Tip Sheet on how to Upload Patient Documents into QHN

ADVANCE CARE PLANNING RESOURCES AND FORMS

The booklet Your Right to Make Health Care Decisions is provided through the Colorado Hospital Association as a public service to the community.

This booklet informs you about your right to make healthcare decisions, including the right to accept or refuse medical treatment. It provides you with ready-to-use forms on which to...
Training Resources

- On-line Tip Sheets, Videos and Training Guides

www.qualityhealthnetwork.org
Resources page includes training videos, Quick Tips and Tip Sheets (one-page overviews)
Tip Sheet on Uploading and Editing Patient Documents

The QHN platform has many features that allow for flexibility in usage of the system. The ability for providers to upload copies of patient documents into the system such as Advance Care Planning (ACP) documents, RX Management Contracts and patient notes is one of these features.

**Uploading patient documents:**

- Navigate to the **Patient Summary** section for the patient of interest.
- Click on **Patient Documents** tab, a new window opens.
- Documents in this section may be sorted by **Type**.
- To upload document click on **Upload Document** button.
- Select **Document Type** from drop-down menu.
Tip Sheet on Uploading and Editing Patient Documents

Uploading Patient Documents

- Name document. If the document being loaded is one of the below ACP Document Types it is important to use the noted naming convention.
  - Advanced Directives: (Misc. ACP docs, e.g.: Five Wishes, CPR Dir., Serious Illness Con., etc.)
  - DNR Order (DNR)
  - Guardianship Proxy (GUAProxy)
  - Medical Durable POA (MDPOA)
  - Power of Attorney (POA)
  - MOST (MOST)
  - Emergency Response Wishes (ERN)

Naming convention: 00 followed by initials or name of document type (noted above), then mmdyyyy of form effective date, use no spaces / dashes or patient name (e.g., 00ERW12142016).

- Select document to upload. Original document file name may NOT include any special characters such as: / & @ # (), or they may not display correctly.
- Click Save.

How to edit a document that has expired or is no longer valid:
- Check box to the left of the document, Edit Document button appears.
- Click Edit Document button, a new dialogue box will appear that displays the document Name and Document Type.
- In the Name section, type: Expired mmdyyyy in front of document name.
- Click Save.
Customer Support

- Support Desk: 970-248-0033
- Support Desk hours: M-F, 7:30am - 5:00pm (on-call after hours)
- On-line Customer Support Request (24/7)

www.qualityhealthnetwork.org
Questions
Please join us for these upcoming Hot Topics Sessions...

February 15, 2017
Topic: 10 Quick Tips for Navigating the QHN Patient Summary

March 15, 2017
Topic: QHN Direct - Using QHN’s free secure email service to improve care coordination


Link to CMS Advance Care Planning coding Tip Sheet: https://qualityhealthnetwork.org/PDFs/AdvanceCarePlanning.pdf