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SETMA's Policies on Advanced Directives And Provider Opportunity to Complete this very important function

It is SETMA's policy that all patients who are over fifty or all patients under fifty who are disabled or seriously and chronically ill be asked about their desires for end-of-life care. We phrase this request respectfully and compassionately. We say to the patient, "we want to know your desire for your care at the end of your life? Do you want to be resuscitated and/or placed on a ventilator?" In the typical, ambulatory care case, we add, "We do not expect this to be need now, but once we know your desires, we will know what to do when that time come, hopefully man years from now."

If you want to know more about Advanced Directives, you can read the following articles on SETMA's website:

- [Advanced Directive Act of Texas Part I](#)
- [Advanced Directive Act of Texas Part III](#)
- [Sample Advanced Directive Form](#)
- [Sample Living Will](#)
- [Advanced Directive Act of Texas Part II](#)
- [Advanced Directive Act of Texas Part IV](#)

SETMA providers confront Advanced Directives in six different places in our EHR:

1. The Governance Board's statement on Advanced Directive.
2. The Medical Home Review Summary requirement to document Advance Directive
3. The completion of the documentation for billing CMS for a Medicare Initial Preventive Physician Examination (IPPE) or for an Initial Annual Wellness Examination or a Subsequent Annual Wellness Examination which requires the completion of an Advanced Directive.
4. HEDIS Care for Older Adults which includes the Advanced Directive.
5. Care Transition Audit during preparation of the Hospital Care Summary and the Post Hospital Plan of Care
6. Under Plan template on ambulatory care template, from the Plan Template, you access the Medical Legal button and there are two sample documents for Advanced Directives, one for "under 18" and one for "over 18".

1. Governance Board

The Governance Board's PC-MH Mission, Vision, Goal, Access, End-of-Life includes a statement about SETMA's policy on Advanced Directives. The full document can be found at: <http://www.jameslhollymd.com/governance-board/pc-mh-mission-vision-goal-access-end-of-life>. That document states SETMA's respect of the patient's advanced direction decision, in part that document states:

“Respecting Patient's End-of-Life Decisions

“As part of a primary care medical home, SETMA initiates the decision about end-of-life decisions, code status and the making of a living will or advanced directives. SETMA works with the patient to make rational decisions when further care is futile but respects the patient's rights in they choose decisions with which we do not agree. If, in an inpatient setting, the patient's family or medical power of attorney wishes to pursue futile, SETMA goes through a compassionate, patient-centric decisions making process consistent with medical ethics and the hospital by-laws. At this time the primary care medical home team is expanded to include clergy, case managers and others. SETMA has an advanced directive template which we offer to patients during the discussion about end-of-life issues. If a patient or family is not comfortable talking about end-of-life issues, we respect that and recommend speaking to their clergyman.”

On SETMA's **Medical Home Coordination Review Template**, as seen on the template below outlined in green, there are opportunities to document:

- ☐ Code Status
- ☐ Advanced Directive Discussed
- ☐ Advanced Directive Completed

As stated above, SETMA providers have an option of printing a sample Advanced Directive for patients below 18 and above (see later in this document).

2. The Medical Home Coordination Review and the Advanced Directive

Medical Home Coordination Review

Patient		Ancillary Agencies		Medical Power of Attorney			
Chart	QTest	Home Health			() -	<div style="text-align: center;">Return</div> <div style="text-align: center;">Transtheoretical Model</div> <div style="text-align: center;">Print Note</div>	
Date of Birth	06/30/1970	Hospice		Primary Caregiver	() -		
Sex	M	Assisted Living		Emergency Contact	() -		
Home Phone	(409)833-9797	Nursing Home			() -		
Work Phone	() -	Physical Therapy			() -		
				Relation			

Coordination Review Completed Today?		Last Reviewed		Compliance		Patient's E-mail Address	
<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> / /		Last H&P <input type="text"/> / /		Enter only valid email address here. Do not enter "none" if the patient has no email address.	
Patient needs discussed today at Care Coordination Team Conference?		Last Reviewed		Telephone Contact			
<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> / /		Correspondence <input type="text"/> / /			
				Birthday Card <input type="text"/> / /			

Chronic Conditions	Care Coordination Team		Phone	Evacuation Options
	Primary MD		() -	
	CFNP		() -	
	Coordinator		() -	
	Nurse		() -	
	Unit Clerk		() -	Advanced Care Planning Code Status <input type="text"/> Advanced Directives Discussed? <input type="radio"/> Yes <input type="radio"/> No <input type="text"/> / / Advanced Directives Completed? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/> / / Detail <input type="text"/>
	<div style="border: 1px solid black; padding: 2px;"> Secondary/Specialty Physicians </div>			
	Evidence-Based Measures Compliance			
	<div style="border: 1px solid black; padding: 2px;"> Elderly Medication Summary </div>			
	<div style="border: 1px solid black; padding: 2px;"> HEDIS Measures Compliance </div>			
<div style="border: 1px solid black; padding: 2px;"> NQF Measures Compliance </div>				
<div style="border: 1px solid black; padding: 2px;"> PQRS Measures Compliance </div>				
<div style="border: 1px solid black; padding: 2px;"> Lipids Treatment Audit </div>				
Disease Management Tools Accessed				
Diabetes <input type="radio"/> Yes <input type="radio"/> No		Lipids <input type="radio"/> Yes <input type="radio"/> No		
Hypertension <input type="radio"/> Yes <input type="radio"/> No		CHF <input type="radio"/> Yes <input type="radio"/> No		
Referral History Click for Detail				
Status	Referral	Referring Provider		
Completed	SETMA Ophthalmology	Holly		
Completed	SETMA Diabetes Education	Holly		
Completed	Cardiology - SETCA	Anwar		

Barriers to Care		<input type="checkbox"/> NONE	
Social		Financial	
<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing	<input type="checkbox"/> Co-Pays	<input type="checkbox"/> Medications
<input type="checkbox"/> Blind	<input type="checkbox"/> Vision	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Transportation
<input type="checkbox"/> Literacy	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Uninsured	<input type="checkbox"/> None
<input type="checkbox"/> Language	<input type="checkbox"/> None	<div style="border: 1px solid black; padding: 2px;"> Medicare Competitive Bid </div>	
Assistive Devices			
<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Splint/Brace	<input type="checkbox"/> Walker
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Prosthetic Limb	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> None

SETMA's tutorial for the Medical Home Summary can be found at:
<http://www.jameshollymd.com/epm-tools/care-coordiination-department-of-care-coordination>

That tutorial states: **Whether Advanced Directive was discussed-** one of the HEDIS measures for "care for older adults" requires that the advanced directive be on file, or that it be discussed at the current encounter. When you click the check box next to this function on the Medical Home coordination Review template, it will automatically result in your receiving credit for this function. If you check the box next to "Advanced Directive was discussed" or that "Whether the patient has an Advanced Directive", the following HEDIS Measure (see below) will be credited for this patient's Care for Older Adults record.

3. HEDIS – Care for Older Adults and Advance Directives

**2012 HEDIS Technical Specifications
for Physician Measurement**

Legend Measures in red are measures which apply to this patient that are not in compliance
 Measures in black are measures which apply to this patient that are in compliance.
 Measures in gray are measures which do not apply to this patient.

<p>Effectiveness of Preventive Care</p> <p>View Adult BMI Assessment</p> <p>View Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>View Childhood Immunization Status</p> <p>View Immunizations for Adolescents</p> <p>View Lead Screening in Children</p> <p>View Colorectal Cancer Screening</p> <p>View Breast Cancer Screening</p> <p>View Cervical Cancer Screening</p> <p>View Chlamydia Screening in Women</p> <p>View Glaucoma Screening in Older Adults</p> <p>View Use of High-Risk Medications in the Elderly</p> <p>View Care for Older Adults</p> <p>Effectiveness of Acute Care</p> <p>View Appropriate Treatment for Children with Upper Respiratory Infection</p> <p>View Appropriate Testing for Children with Pharyngitis</p> <p>View Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</p>	<p>Effectiveness of Chronic Care</p> <p>View Persistence of Beta-Blocker Therapy After a Heart Attack</p> <p>View Controlling High Blood Pressure</p> <p>View Cholesterol Management for Patients with Cardiovascular Disease</p> <p>View Comprehensive Adult Diabetes Care</p> <p>View Use of Appropriate Medications for People with Asthma</p> <p>View Use of Spirometry Testing in the Assessment and Diagnosis of COPD</p> <p>View Pharmacotherapy Management of COPD Exacerbation</p> <p>View Follow-Up After Hospitalization for Mental Illness</p> <p>View Antidepressant Medication Management</p> <p>View Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication</p> <p>View Osteoporosis Management in Women</p> <p>View Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</p> <p>View Annual Monitoring for Patients on Persistent Medications</p> <p>View Medication Reconciliation Post-Discharge</p>
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The Advanced Director is part of the HEDIS measure entitled, “Care for Older Adults.” As can be seen by the details which appear when the above button outlined in green is deployed, SETMA’s Medical Home summary and the HEDIS measure are identical. When one is completed all are completed simultaneously.

Care for Older Adults

Routine care measures for patients 65 years of age and older.

Patients should have advanced care planning in place.

Advanced Directives Discussed? ☐ Yes ☐ No

Advanced Directives Completed? ☐ Yes ☒ No

Date Completed/Updated

Comments/Detail

Date of Last Test

Patients should have a medication assessment and reconciliation at least yearly. [Click to Complete](#)

Patients should have a functional assessment evaluation at least yearly. [Click to Complete](#)

Patients should have a pain screening evaluation at least yearly. [Click to Complete](#)

Advanced Care Planning is a HEDIS and a Medical Home requirement for older adults and it is a requirement of Medical Home. This function allows for the documentation of the patient’s:

- ☐ Code status
- ☐ Whether Advanced Directive was discussed at the present encounter*
- ☐ Whether the patient has an Advanced Directive
- ☐ Advanced Care Directive - details

4. The Advanced Directive is required in completing the elements of the Medicare Preventive and medical Annual Wellness examination.

When a SETMA provider has been alert that a patient is eligible for one of these examinations, the specific elements which have not been fulfilled will appear in red. When one of those is the “code status,” the provider can click on the button entailed “click to complete,” next to the “patient’s the patient’s code status been documented.” The EMR will take the provider to where this needs to be documented. It can be completed and then the provider can continue with the other elements of the CPT code.

5. Hospital Care Summary and the Post Hospital Plan of Care and Treatment Plan and the Advanced Directive

Previously called the “Discharge Summary,” the name has been changed to create a more functional name for a very important document. Part of SETMA’s Transitions of Care (all of that process can be reviewed at: <http://www.jameslhollymd.com/epm-tools/hospital-care-summary-and-post-hospital-plan-of-care-and-treatment-plan-tutorial>) is the Physician Consortium for Performance Improvement Transition of Care Quality Metric set.

As can be seen below, that measurement set is comprise of 14 elements, The one outlined in green is for “advanced directive.”

Care Transition Audit		OK	Cancel				
Has the reason for hospitalization been documented?	<input type="radio"/> No	Click to Update/Review					
Have discharge diagnoses been entered?	<input checked="" type="radio"/> Yes	Click to Update/Review					
Have the patient's medications been updated/reconciled?	<input type="radio"/> No	Click to Update/Review					
Have the patient's allergies been updated? Also document allergies/reactions to medications.	<input type="radio"/> No	Click to Update/Review					
Has the patient's cognitive status been documented?	<input type="radio"/> No	Click to Update/Review					
Have pending results or tests been documented?	<input type="radio"/> No	Click to Update/Review					
Have major procedures been documented?	<input type="radio"/> No	Click to Update/Review					
Has a follow-up care plan been completed?	<input type="radio"/> No	Click to Update/Review					
Has the patient's progress to goals/treatment been documented?	<input type="radio"/> No	Click to Update/Review					
Have advanced directives been completed and a surrogate decision maker named or a reason given for not completing an advanced care plan?	<input type="radio"/> No	Click to Update/Review					
Has the reason for discharge been documented?	<input type="radio"/> No	Click to Update/Review					
Has the patient's physical status been documented?	<input type="radio"/> No	Click to Update/Review					
Has the patient's psychosocial status been documented?	<input checked="" type="radio"/> Yes	Click to Update/Review					
Has a list of available community resources been documented?	<input type="radio"/> No	Click to Update/Review					
--OR--							
Has a list of coordinated referrals been documented?	<input type="radio"/> No	Click to Update/Review					
Has a follow-up call been scheduled?	<input type="radio"/> No	Click to Update/Review					
Has the current/reconciled medication list been discussed with the patient/family/caregiver?		<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td colspan="2"></td></tr><tr><td>//</td><td></td></tr></table>			//	
//							
Have the discharge orders been discussed with the patient/family/caregiver?		<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td colspan="2"></td></tr><tr><td>//</td><td></td></tr></table>			//	
//							
Have the follow-up instructions been discussed with the patient/family/caregiver?		<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td colspan="2"></td></tr><tr><td>//</td><td></td></tr></table>			//	
//							
Have the discharge materials been printed and given to the patient/family/caregiver?		<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td colspan="2"></td></tr><tr><td>//</td><td></td></tr></table>			//	
//							

Every time a patient is discharged from the hospital, whether or not they have an advanced directive is measured. The following is an audit of SETMA's providers' performance on this measurement set for the year 2013. This is posted on our website at: <http://www.jameslhollymd.com/public-reporting/public-reports-by-type>. Five years (2009-2013) of this data is public reported. In that time, SETMA has discharged over 20,000 patients and this audit has been complete 98.7% of the time.

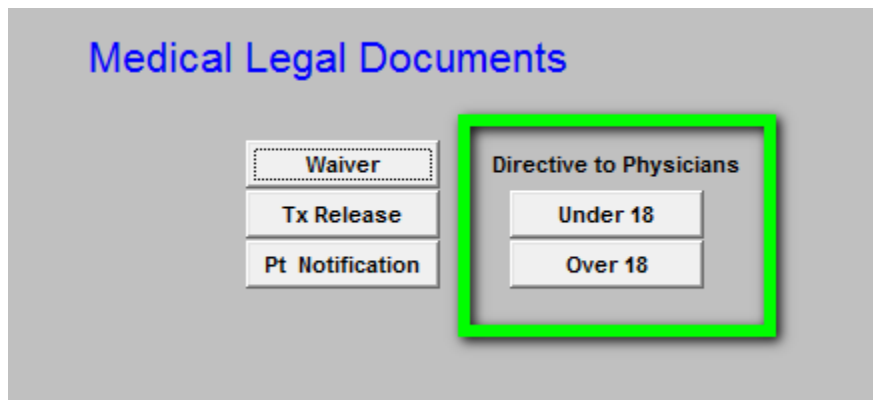


Care Transition Audit (Section B)

Discharge Date(s): 01/01/2013 through 12/31/2013

Provider	Advanced Directives	Reason for Discharge	Physical Status	Psychosocial Status	Community Resources Coordinated Referrals	Medication List	Discharge Orders	Follow-Up Instructions	Discharge Materials
Anwar	93.4%	99.0%	97.1%	96.9%	94.4%	93.6%	93.6%	93.6%	91.3%
Aziz	95.6%	98.5%	98.1%	98.3%	96.7%	96.5%	96.5%	96.5%	95.6%
Cox	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	25.0%
Deiparine, C	97.1%	98.6%	99.2%	98.8%	96.4%	96.1%	96.1%	96.1%	94.9%
Duncan	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Foster	75.0%	75.0%	100.0%	75.0%	75.0%	75.0%	75.0%	75.0%	50.0%
George	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Halbert	97.2%	98.8%	100.0%	99.7%	98.8%	98.4%	98.4%	98.4%	95.0%
Holly	96.3%	98.8%	98.8%	98.1%	95.3%	94.9%	94.9%	94.9%	94.0%
LaBorde	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Le	92.2%	95.1%	98.6%	96.3%	92.6%	92.0%	92.0%	92.0%	90.1%
Leifeste	96.4%	97.9%	98.9%	98.5%	96.8%	95.9%	95.9%	95.9%	90.5%
Murphy	97.4%	99.5%	99.5%	99.0%	99.0%	98.5%	98.5%	98.5%	98.0%
Palang	98.4%	99.4%	99.7%	99.4%	98.7%	98.4%	98.4%	98.1%	95.9%
Qureshi	93.8%	96.8%	98.1%	96.6%	93.4%	93.4%	93.4%	93.4%	91.0%
Shepherd	96.1%	99.4%	98.1%	98.1%	96.8%	96.1%	95.5%	95.5%	88.4%
Thomas	93.8%	98.1%	96.4%	95.9%	94.7%	93.3%	91.8%	91.8%	87.1%
SETMA Totals :	95.5%	98.1%	98.4%	97.8%	95.8%	95.2%	95.0%	95.0%	92.2%

- Finally, if a SETMA Provider goes to the Plan template there is a button entitled Medical Legal Documents.



By clicking on either of these documents, a sample Advance Directive is printed for your patient. This is simplified by there being a laser printer in every examination room in SETMA's six clinics.