MN POLST Registry Study Advisory Committee

September 15, 2023

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Welcome

Agenda

1:00 – 1:10 p.m.	Welcome
1:10 – 1:30 p.m.	Introductions
1:30 – 2:10 p.m.	Registry Study & Roles
2:10 – 2:25 p.m.	Ground Rules
2:25– 2:55 p.m.	POLST Registry Example & Lessons Learned
2:55 – 3:00 p.m.	Closing

- **Advisory Committee Input**

  - Raise your hand

  - Add comments/thoughts in the chat

  - Share thoughts/comment via post meeting link

  - Turn on camera when speaking (if prefer)

- **Public**

  - Listen to conversation

  - Share thoughts/comment via post meeting link found on POLST page: https://www.health.state.mn.us/facilities/ehealth/polst/index.html

    - If this does not work, send comments to mn.ehealth@state.mn.us

Introduction

- Name, role, organization, location (city/region of state)

- Perspective on the registry advisory committee

Registry Study and Roles

- The 2023 legislature directed MDH to develop recommendations for a statewide electronic POLST registry

  - "POLST" means a provider order for life-sustaining treatment to ensure that the medical treatment preferences of a patient with an advanced serious illness, who is nearing the end of life, are honored

- The registry must allow for the completed POLST forms to be accessed by health care and EMS providers in a timely manner for the provision of care according to patient preferences.

- An advisory committee of 20+ representatives from health and health care and the community at large will provide input and expertise

- The study is managed by the Center for Health Information Policy and Transformation (CHIPT) in the Health Policy Division

  - Planning Team includes MDH and MMA staff and co-chairs

- electronic capture, storage, and security of information in the registry

- procedures to protect the accuracy and confidentiality of information submitted to the registry

- limits as to who can access the registry

- where the registry should be housed

- ongoing funding models for the registry

- any other action needed to ensure that patients' rights are protected and that their health care decisions are followed

- discuss the merits of creating a POLST registry

- address the capture, storage, security or exchange of patient health information other than what is needed for the exchange of the MN POLST form information

- document the relationship between advance care directives and do not resuscitate forms to POLST forms

- assess the data elements currently captured in the MN POLST form

- identify or comment on who (individual/patient) could or could not have a POLST form

- Data collection including a literature review and background research on the policies, funding, and technical infrastructure for POLST.

    - Topics addressed will include access to the registry, border state issues, implications of limited broadband access, equity considerations, and a review of relevant MN statutes and policies.

- The Minnesota POLST Registry Study Advisory Committee will advise the on the development of the recommendations.

health.state.mn.us

Members Expectations

- Serve to the completion of the project from August 2023-February 2024 with the majority of the work complete by mid-December 2023

- Participate fully in task force meetings, preparation, and follow-up as needed.

- Members may spend 4-6 hours per month on Advisory Committee-related activities.

- If unable to participate in meetings or activities, please ensure a designated alternate attends and/or provide written or verbal comments to the co-chairs in advance of any meeting.

- Keep the project scope and legislative request foremost in discussions and recommendations.

- Bring the perspective(s) of the category/group being represented to all discussions and recommendations.

- Center for Health Information Policy & Transformation (CHIPT) staff are:

  - Tasked to assure the legislature request is met by facilitating the advisory committee, completing the lit search, leveraging policy and legal experts, and building consensus and knowledge around POLST registry recommendations.

- CHIPT is involved in the e-health work of MDH and its partners and responsible for:

  - MN e-Health Initiative

  - Administrative Uniformity for the standard, electronic exchange of health care administrative transactions

  - Health Information Exchange Oversight (certification of Health Information Organizations in Minnesota)

- The Minnesota Medical Association first developed a standardized POLST form in 2010 and it has since been adopted across Minnesota. The POLST Minnesota form was revised in 2017 and is now available for use. Previous versions of the Minnesota POLST form remain valid.

- The POLST form and Minnesota's POLST program is run by the Minnesota POLST Steering Committee, a multi-disciplinary committee for which MMA provides administrative and staffing support.

- The Steering Committee responds to questions about the POLST form, it's use, as well as developing educational materials on POLST.

1. We will start and end meetings on time and follow the agenda.

2. We raise hands to speak and focus comments on topic at hand.

3. We will engage all members, which may mean limiting the length or frequency of some members comments.

4. We, led by the co-chairs, will reach consensus through discussion and voting by all members present and absent. If consensus is not possible in the time available, the Advisory Committee will clearly summarize relevant points of view and contrasting opinions.

5. We will stay focused on achieving the legislative registry study goals.

6. We maximize our time by coming to meetings prepared, contributing to meeting agenda, and minimizing distractions.

POLST Registries and Lessons Learned

9/15/2023

Abby Dotson, Ph.D.

Executive Director, National POLST Collaborative

Director, Oregon POLST Registry

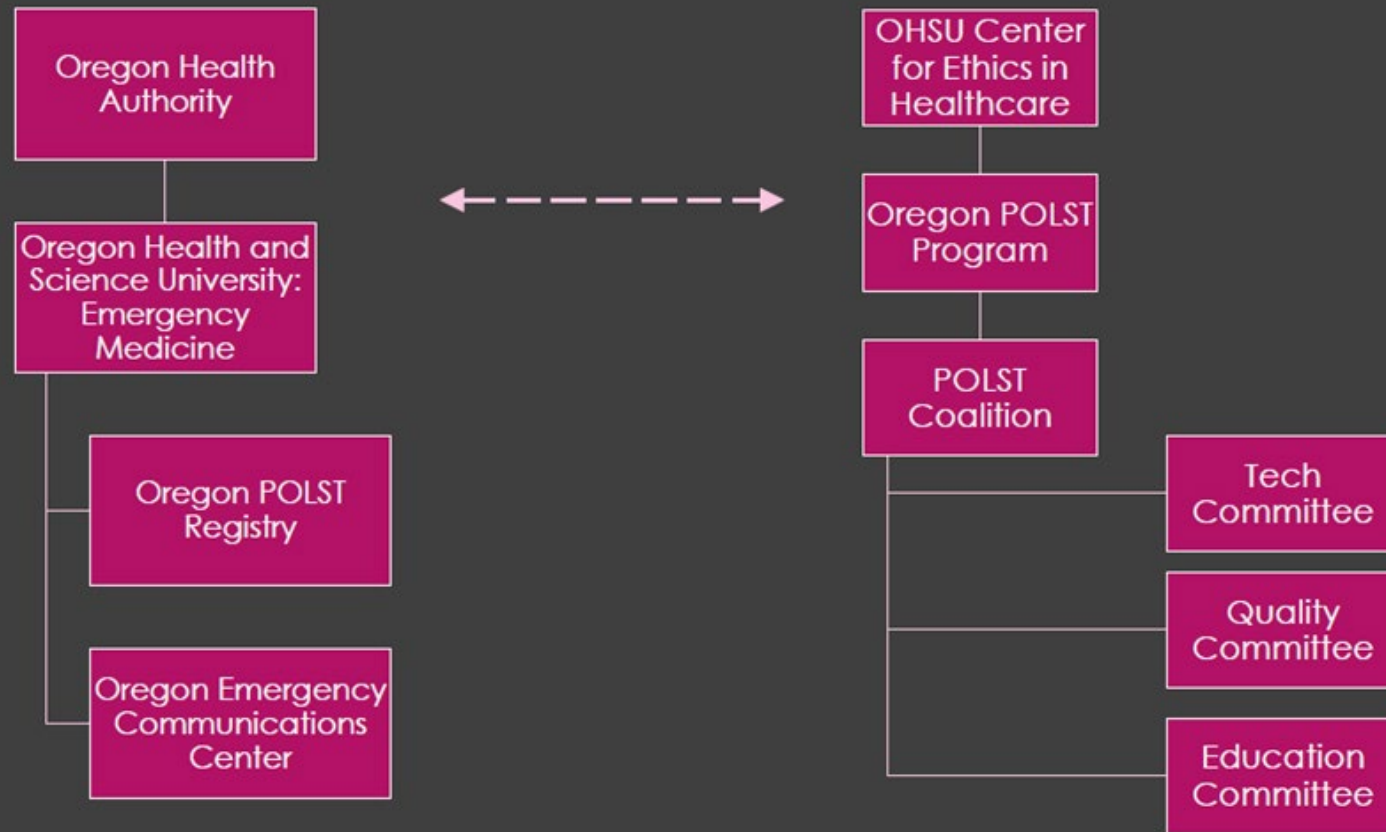Research Assistant Professor, Oregon Health and Science University

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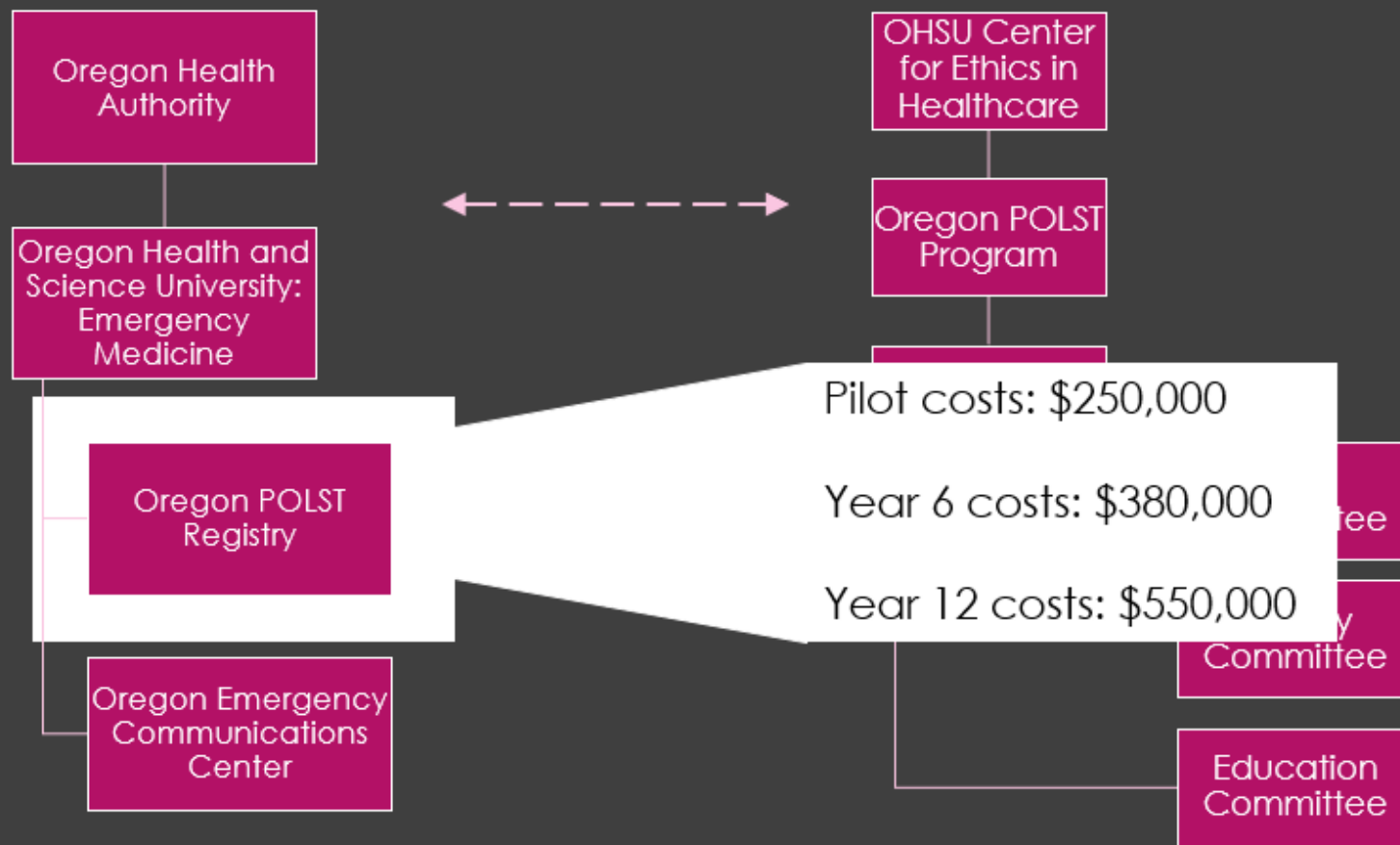
Oregon POLST Registry Launch

- In 2009, the Oregon Legislature passed HB 2009 as part of Oregon's health care reform efforts.

  - The nation's first 24-hour electronic POLST registry was launched on December 3, 2009.

  - The law creating the Registry in no way requires a patient to have a POLST form.

  - However, the signing health care professional must submit the form to the Registry, unless the patient opts out of the Registry.
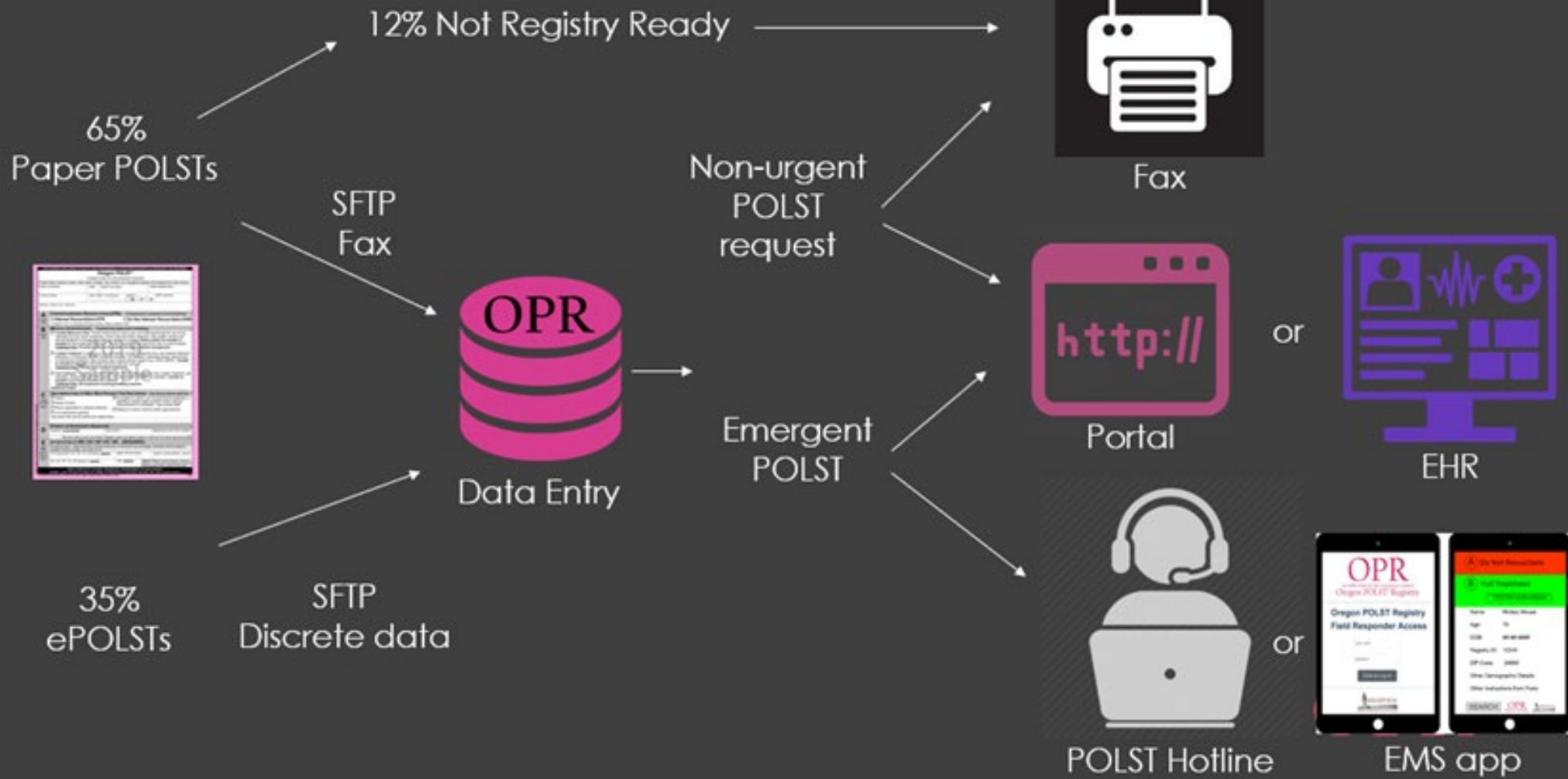
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Oregon POLST Structure

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Oregon POLST Structure with Cost

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Form entry process by data entry team (handwritten forms)

- Validation: initial verification that all required elements are present on the form

- Entry: patient matching, demo entry and recording of medical orders into database

- Activation: last check to verify patient, form validity and check for entry errors before the form goes live in the registry.

  - ePOLST data is directly entered and matched in the system and becomes active after verification and approval by data entry team

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Quality Assurance: Not Registry Ready

- Forms that have **missing or illegible** information, preventing them from being entered in the Registry, are sent back for clarification.
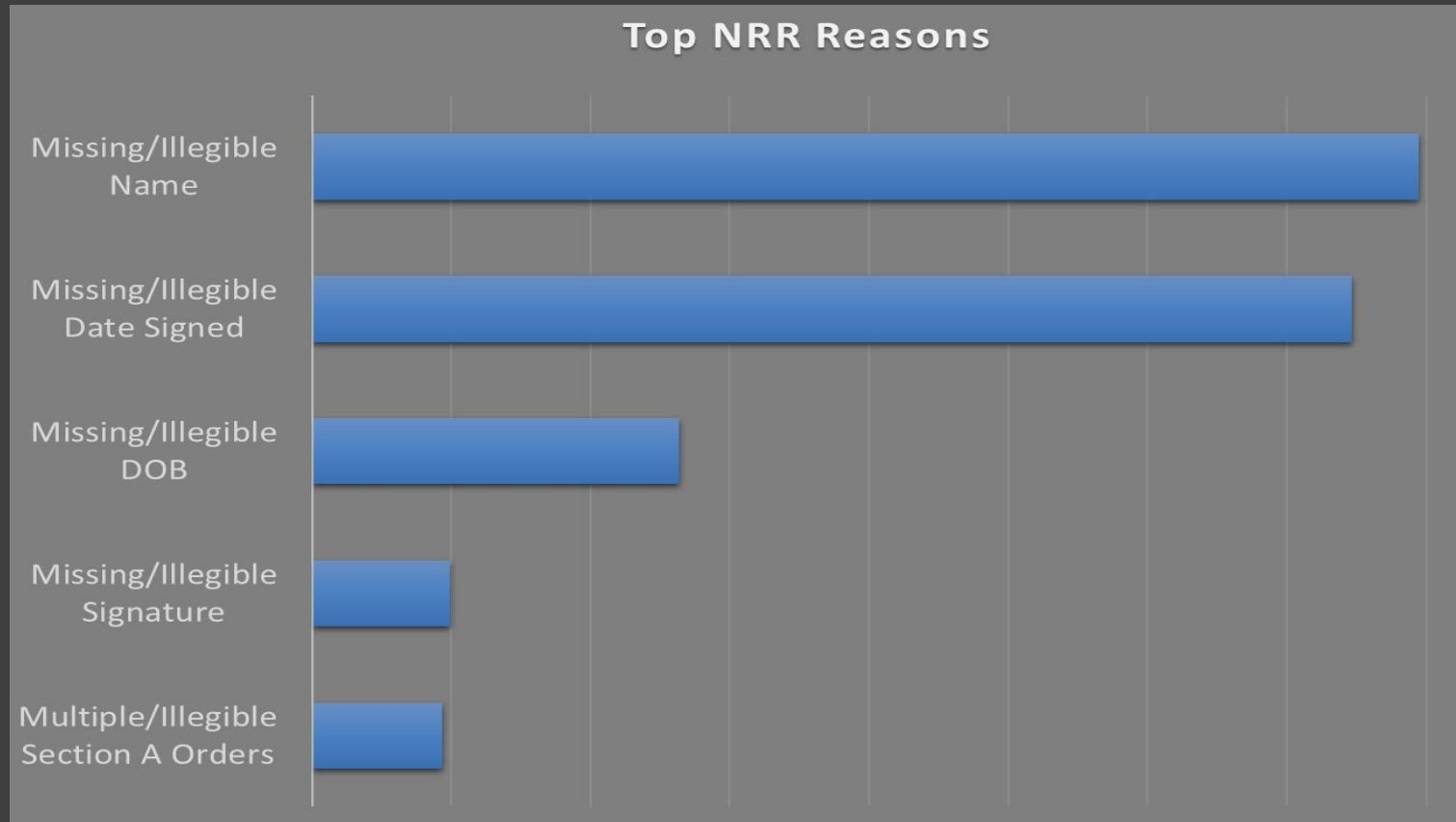

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Value of POLST Quality

- Improve the quality of available information across care settings

Top NRR Reasons

(Bar chart showing, from longest to shortest bars:)
- Missing/Illegible Name
- Missing/Illegible Date Signed
- Missing/Illegible DOB
- Missing/Illegible Signature
- Multiple/Illegible Section A Orders
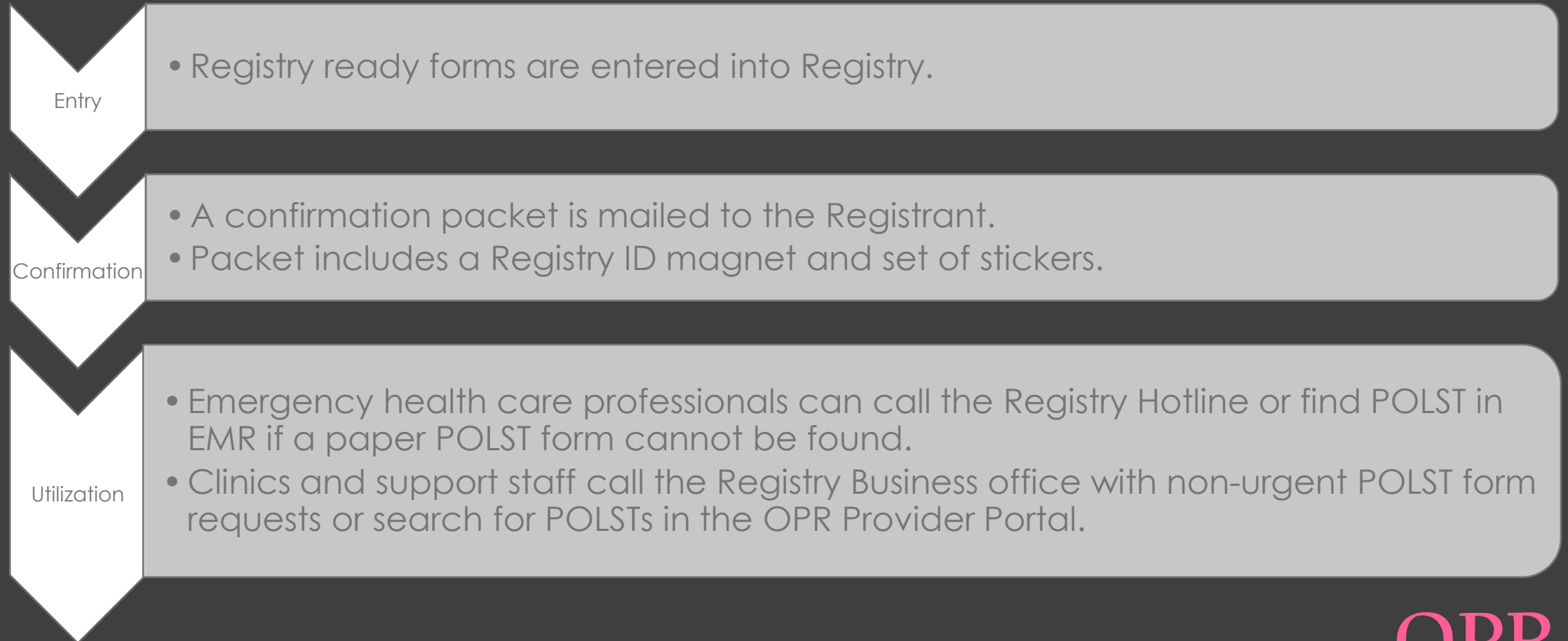
NRR=Not Registry Ready

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How does OPR work?

1. Primary health care professional fills out a POLST form with the patient and submits it to the Registry
2. OPR staff validate POLST information and enter the form into the POLST database
3. The Emergency Call Center has 24/7 access to POLST form information
4. Emergency medical personnel can call the hotline or search the EMS app to inquire about POLST orders on scene
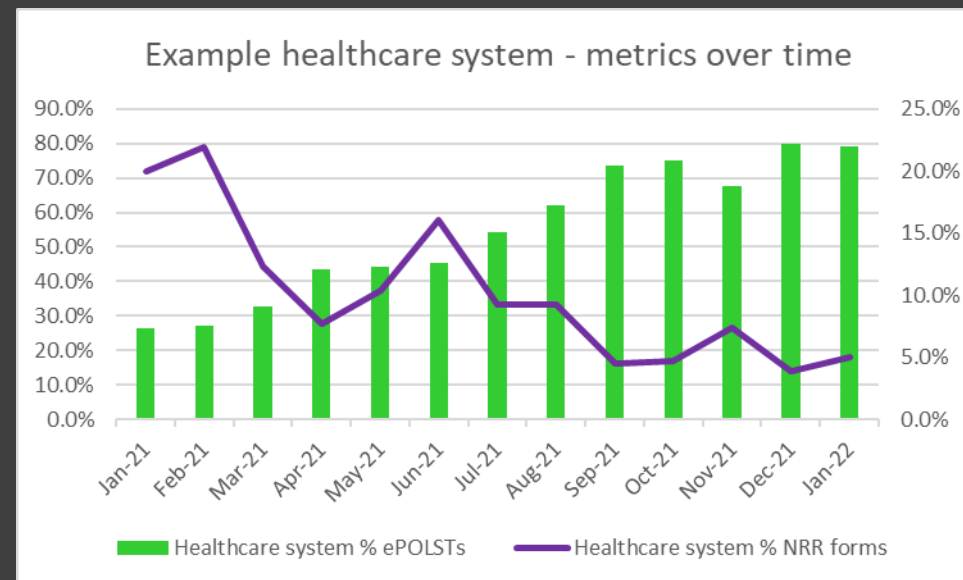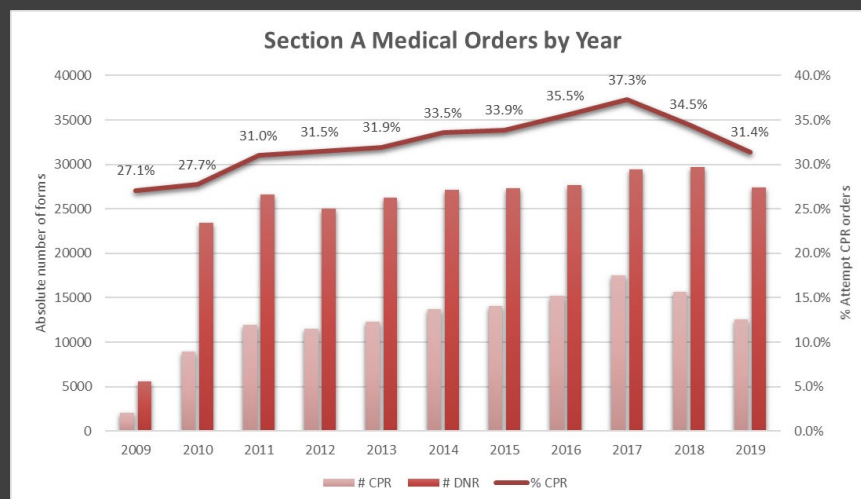
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Overall process:

Entry
- Registry ready forms are entered into Registry.

Confirmation
- A confirmation packet is mailed to the Registrant.
- Packet includes a Registry ID magnet and set of stickers.

Utilization
- Emergency health care professionals can call the Registry Hotline or find POLST in EMR if a paper POLST form cannot be found.
- Clinics and support staff call the Registry Business office with non-urgent POLST form requests or search for POLSTs in the OPR Provider Portal.

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Registry Data

Support research, quality assurance and health care professional education and outreach, and developing protocols and policies for all care settings

- Research
- CQI
- Education

Section A Medical Orders by Year

Example healthcare system - metrics over time

American Journal of Hospice and Palliative Medicine

Social determinants of health may predict end of life Portable Orders for Life Sustaining Treatment form completion and treatment selections

Research Article

End-of-Life Orders, Resource Utilization, and Costs Among Injured Older Adults Requiring Emergency Services

Amber L. Lin, MS,[1,*] Craig Newgard, MD, MPH,[1] Aaron B. Caughey, MD, PhD,[2] Susan Malveau, MS,[1] Abby Dotson, PhD,[3] and Elizabeth Eckstrom, MD, MPH[4]

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Quality reporting

- Metrics for CQI
  - Submission volume
  - Number of forms accessed
  - Registrant demographics
  - Percent "Attempt CPR" + "Full treatment" forms
  - Percent of incomplete or rejected forms

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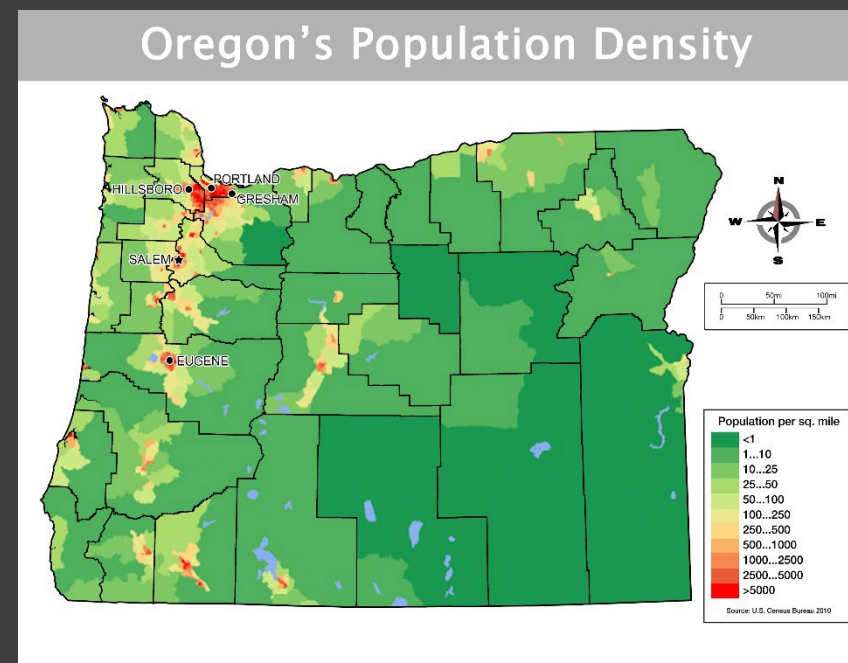# POLST Registries: considerations for states.

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POLST Registry (as defined by NPC)

- POLST Registry: a centralized digital storage location that houses POLST forms and provides a way to access the POLST forms either directly through the registry and/or through interfaced locations

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  - Distinguish between valid forms and invalid forms, rather than simply storing forms.

  - Recognize the key elements of the document and return discrete data from it, such as demographic information or medical orders.

  - Generate a printable form.

  - Stores and provides access to an individual's archived and current POLST forms.

  - Facilitate accurate patient matching. Preference is using established HIE matching.

  - Generate a unique patient identifier and a unique per-document identifier.

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Registry set up

- Established POLST Program
  - Large number of POLST forms ready to populate the registry
- Considerations for states
  - Size, population, density
  - HIE or other healthcare exchange
  - POLST only or ACP registry
  - Electronic, paper or both
  - POLST form access
- Technology options
  - "out of the box" solutions
  - Specific developed platform

Oregon's Population Density

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Registry operation and administration

- Where housed
  - IT support
  - Secure storage of data
- Services offered
  - Data steward
  - Data entry staff
  - Registrant services
    - Call center for general questions
    - Confirmation of POLST registration
- Education and outreach
- Registry Development
  - EMS, medical and data stakeholders
  - Technology development team

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Registry access

- Call Center
  - Best for rural EMS access to POLST orders
- Web-based portal or application
  - Helpful for smaller clinics, SNFs, hospice and home health providers that don't have a large IT budget
- EHR/HIE
  - Streamlined workflow for primary/palliative care and EDs/ICUs. "One click access"
- ePCR
  - Integrated EMS workflow in the field with automated query response.

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California POLST eRegistry Pilot: Lessons Learned for all States

- The challenges and considerations for a statewide eRegistry rollout and long-term sustainability fall into five main areas:
  - Organizational readiness and commitment
  - Community engagement / stakeholder and participant education
  - Workflow considerations
  - POLST document practices
  - Technology features and functions

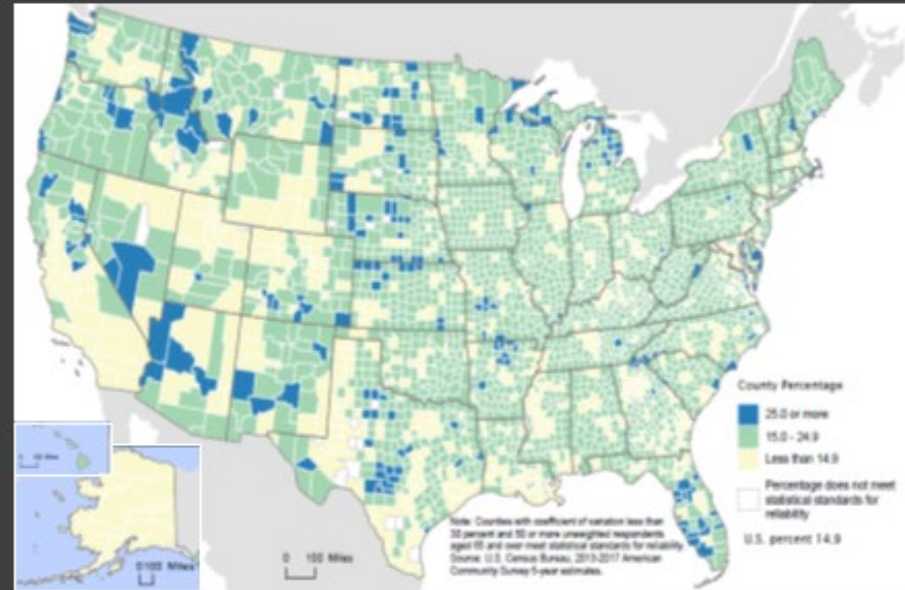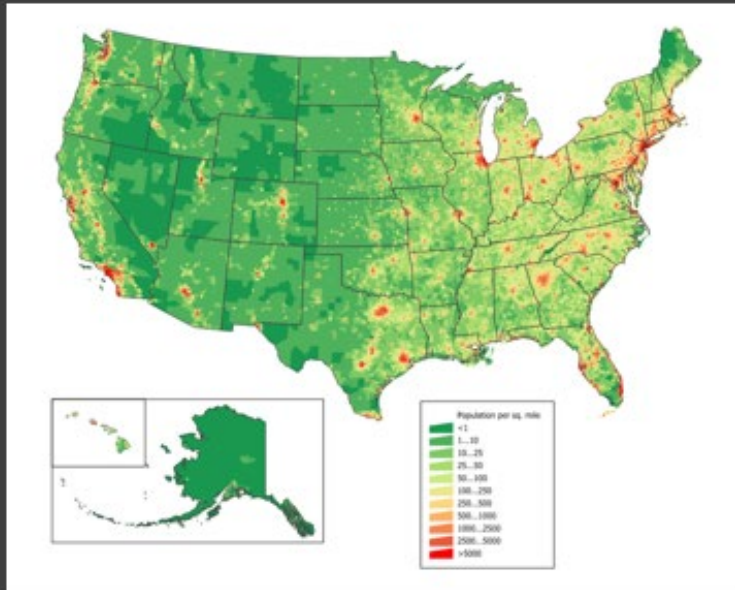****A POLST registry is not just a technology solution****

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Questions

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Value of POLST Registries

- Single source of truth
- Reduce complexity and implementation costs for health systems
- Improve the quality of available information across care settings
- Support research, quality assurance and health care professional education and outreach, and developing protocols and policies for all care settings

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Closing

Reminders

- Next meeting: October 6 from 1:00 p.m. to 3:00 p.m.

- Thoughts on registry topics relating:

  - electronic capture, storage, and security of information in the registry

  - procedures to protect the accuracy and confidentiality of information submitted to the registry

  - limits as to who can access the registry

  - where the registry should be housed

  - ongoing funding models for the registry

  - any other action needed to ensure that patients' rights are protected and that their health care decisions are followed

- Appointment has link for post-meeting comments due before 9/20.

- Meeting materials will be emailed by Monday morning.