

### *Advanced Care Planning:*

How applying new technologies to advance care planning lowers healthcare costs and reduces the emotional burden on families and loved ones





**DATA IS THE CURE!**

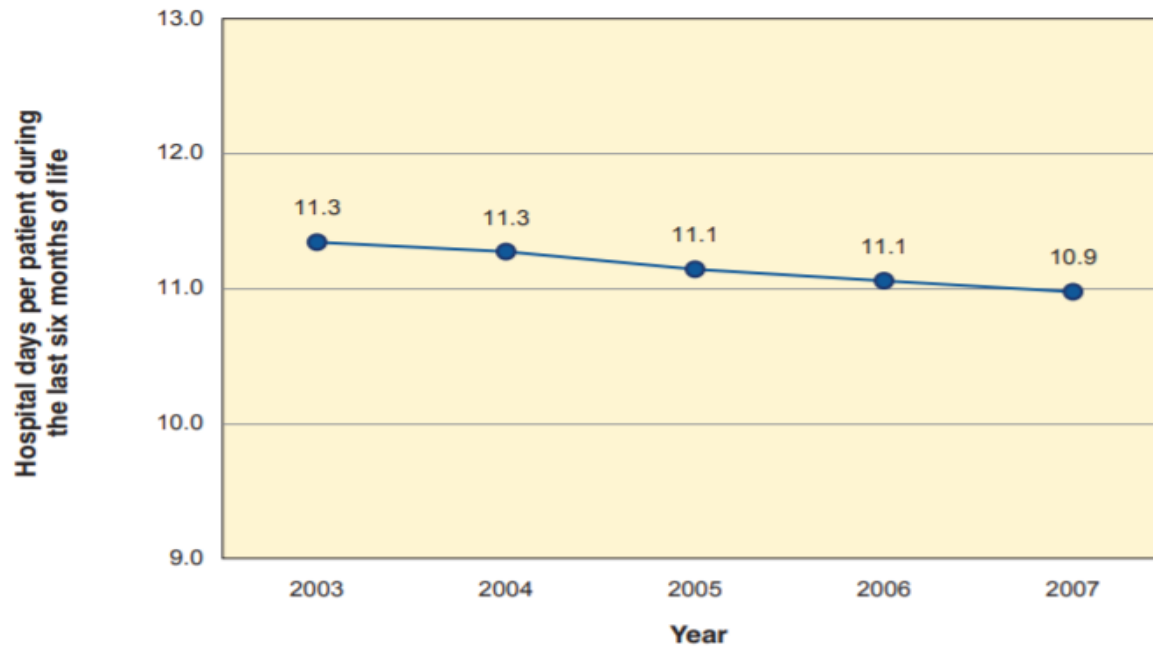
# **End of Life Dialogue**

**Lynn McVey**  
**Executive Head of Operations**  
**Healthcare iLab**





# Hospital days are reducing

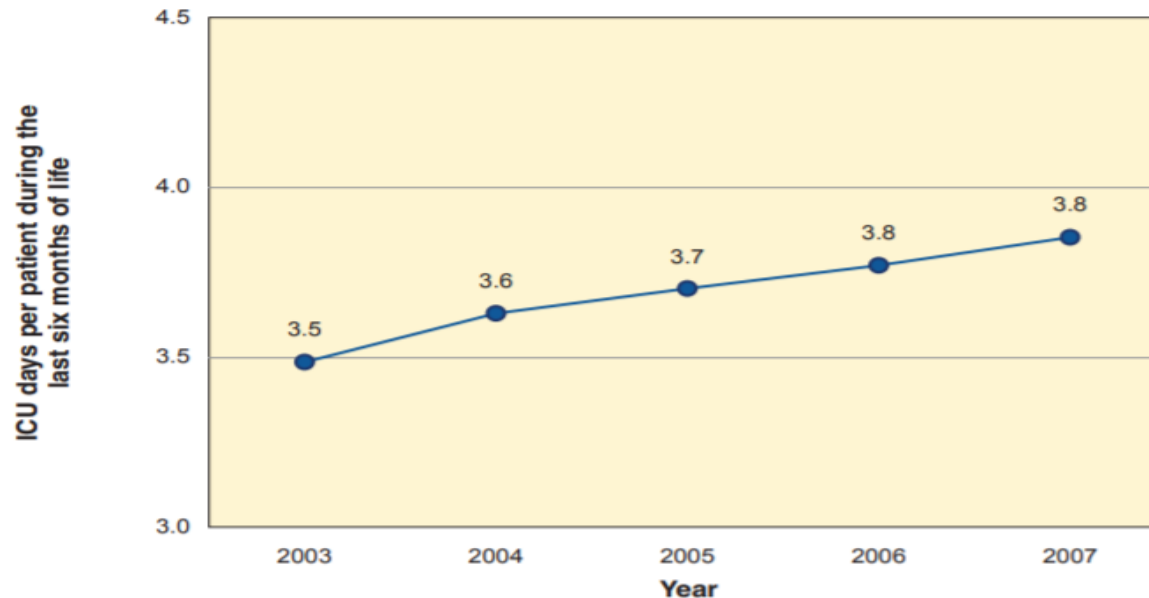


**Figure 3. Change in the U.S. average number of days spent in hospital per chronically ill patient during the last six months of life (2003 to 2007)**

Reference: Dartmouth Atlas



# ICU days are increasing



**Figure 4. Change in the U.S. average number of days spent in intensive care per chronically ill patient during the last six months of life (2003 to 2007)**

Reference: Dartmouth Atlas



Average	\$3,627
2014	Inpatient Spending per Decedent During the Hospitalization in Which Death Occurred
New York	\$7,154
California	\$6,005
District of Columbia	\$5,646
Alaska	\$5,589
Hawaii	\$5,518
New Jersey	\$5,320
Maryland	\$5,256
Connecticut	\$5,186
Massachusetts	\$4,757
Vermont	\$4,339
Nevada	\$4,077
Virginia	\$3,681
Washington	\$3,616
Rhode Island	\$3,586
Delaware	\$3,580

As usual, New Jersey is at the top of the heap.

We spend 46% more than the national average when **IN-PATIENTS**.

We spend more than 46 of the other 50 US states.



# New Jersey spends 24% more than the national average (combining IN+OUT).

Region (Click a region name below to view its profile)	Total Medicare Reimbursements per Decedent, by Interval Before Death (Interval Before Death: Last Six Months of Life; Year: 2014; Region Levels: State)
▲ ▼	▲ ▼
New Jersey	\$43,240
National Average	\$34,837
90th Percentile	\$41,148
50th Percentile	\$30,877
10th Percentile	\$26,553

Reference: Dartmouth Atlas



# There is a lot of passion surrounding this topic

NEW JERSEY OPINION

## My father was robbed of a 'good death' | Opinion

39

Posted on August 16, 2017 at 3:49 PM

Lynn Rhatigan

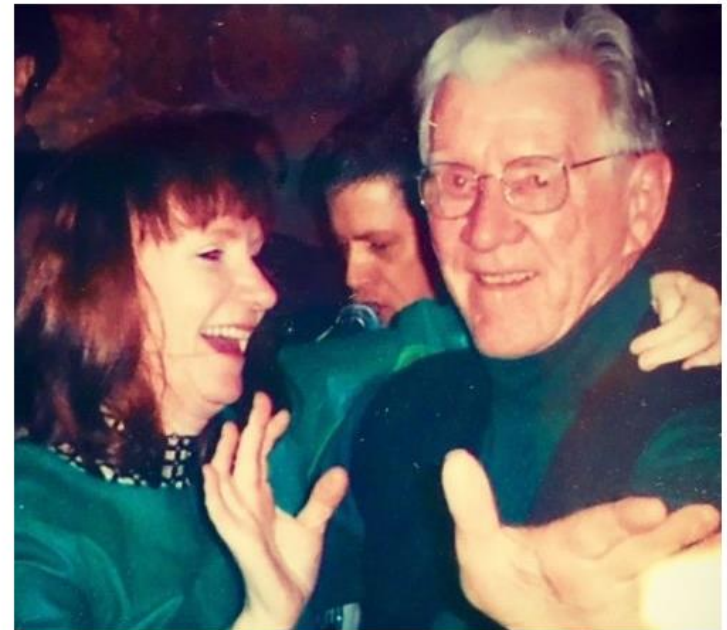
1 day ago

9/21/2017 - I will be discussing this topic next week at a conference, so I was happy to read all these comments.

What is glaringly apparent is the passion over End-of-Life decisions. From these 37 comments, I see many differing (and passionate) opinions. My intention for writing this piece was to emphasize that 37 opinions aside, the only opinion that counts is the patient's. Even when we fundamentally disagree, or religiously disagree, it is nobody's choice to make but the patient's. It is not the family's decision. It is the patient's decision. Whether you are the doctor, or the daughter, it is not your decision.

I called my Dad one morning to say I would be picking him up for breakfast in ten minutes. He said give me an hour. Later, over scrambled eggs, he described why he could never be ready in ten minutes. "It takes me ten minutes just to put on my socks," he said. He was 6'4". "You have no idea how hard living is at this age." He was absolutely right. I had no idea. Therefore, it was none of my business whatever choice he made about his own life.

For anyone questioning my Dad's choice, you have no idea. But your turn will come. And I sincerely hope your choice will be respected.




Lynn McVey with her dad John in 2007 at a St. Patrick's Day party (Courtesy Lynn McVey)



## NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

Follow these orders, then contact physician/APN. This Medical Order Sheet is based on the current medical condition of the person referenced below and their wishes stated verbally or in a written advance directive. Any section not completed implies full treatment for that section. Everyone will be treated with dignity and respect.

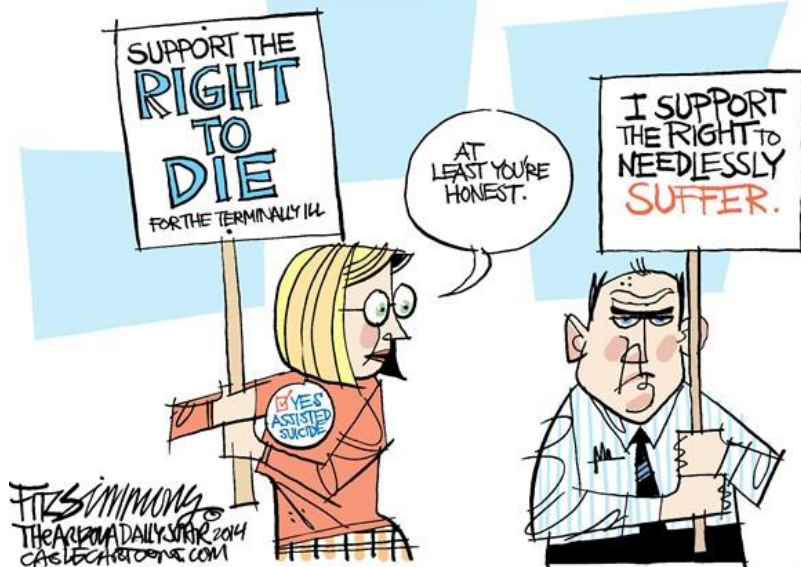
PERSON NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
A	<b>GOALS OF CARE</b> <i>(See reverse for instructions. This section does not constitute a medical order.)</i>		
B	<b>MEDICAL INTERVENTIONS:</b> <i>Person is breathing and/or has a pulse</i> <input type="checkbox"/> Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status. <input type="checkbox"/> Limited Treatment. Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> Transfer to hospital for medical interventions. <input type="checkbox"/> Transfer to hospital only if comfort needs cannot be met in current location. <input type="checkbox"/> Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, wound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use Antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location. Additional Orders: _____		
C	<b>ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION:</b> <i>Always offer food/fluids by mouth if feasible and desired.</i> <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Defined trial period of artificial nutrition. <input type="checkbox"/> Long-term artificial nutrition.		
D	<b>CARDIOPULMONARY RESUSCITATION (CPR)</b> <i>Person has no pulse and/or is not breathing</i> <input type="checkbox"/> Attempt resuscitation/CPR <input type="checkbox"/> Do not attempt resuscitation/DNAR <input checked="" type="checkbox"/> Allow Natural Death	 <b>AIRWAY MANAGEMENT</b> <i>Person is in respiratory distress with a pulse</i> <input type="checkbox"/> Intubate/use artificial ventilation as needed <input type="checkbox"/> Do not intubate - Use O <sub>2</sub> , manual treatment to relieve airway obstruction, medications for comfort. <input type="checkbox"/> Additional Order (for example defined trial period of mechanical ventilation) _____	
E	If I lose my decision-making capacity, I authorize my surrogate decision maker, listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/APN in keeping with my goals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Health care representative identified in an advance directive <input type="checkbox"/> Other surrogate decision maker		
Print Name of Surrogate (address on reverse)		Phone Number	
F	<b>SIGNATURES:</b> <i>I have discussed this information with my physician/APN.</i> Print Name _____ Signature _____ <input type="checkbox"/> Person Named Above <input type="checkbox"/> Health Care Representative/Legal Guardian <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Other Surrogate		
		Has the person named above made an anatomical gift: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>These orders are consistent with the person's medical condition, known preferences and best known information.</i>	
		PRINT - Physician/APN Name _____ Phone Number _____ Physician/APN Signature (Mandatory) _____ Date/Time _____ Professional License Number _____	

# Whatever age you may be, take control of your LIFE by taking control of your DEATH.

1. Conversation
2. Advance Directives
3. POLST



# Thank you!







# NEW JERSEY HEALTH CARE QUALITY INSTITUTE

*The New Jersey Health Care Quality Institute's purpose is to undertake projects that will ensure that quality, safety, transparency, and cost containment are all closely linked to the delivery of health care in New Jersey.*





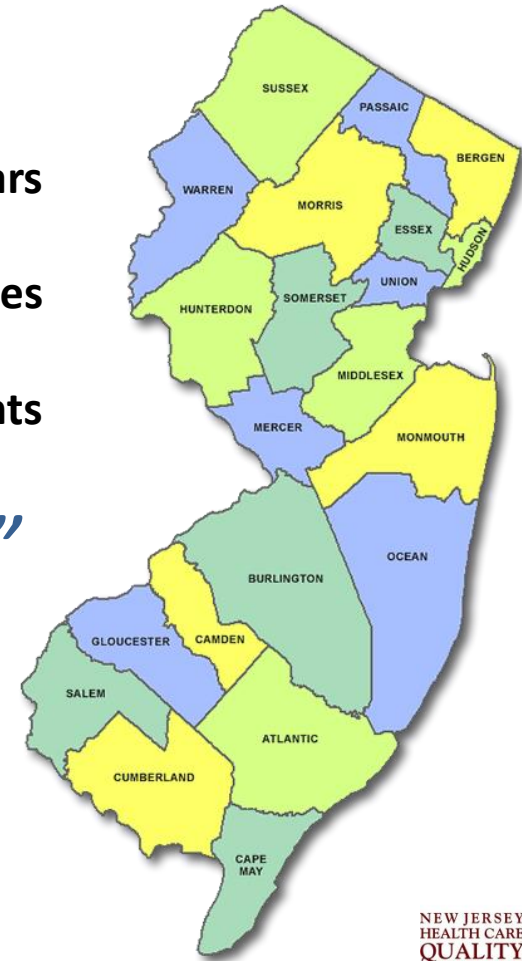
# Mayors Wellness Campaign: Putting Your Community In Motion

**11 years**

**380+ communities**

**Countless activities offered to your residents**

*“Local champions of change”*



**Mayors Wellness Campaign**  
Put your community in motion.

NEW JERSEY  
HEALTH CARE  
QUALITY  
INSTITUTE





## *The Facts*

- **6 out of 10** New Jersey adult residents have **no written documents** expressing their wishes for end-of-life care.
- **38%** of New Jersey residents have **never had conversations** about advance care planning.
- Only **3 out of 10** New Jersey adult residents who are 65 years and older **are aware** about Five Wishes or POLST.
- **61%** of New Jersey adult residents **are comfortable** with the idea of aging and **have thought** about their wishes for medical treatment near the end of their life.



Mayors Wellness Campaign  
Put your community in motion.





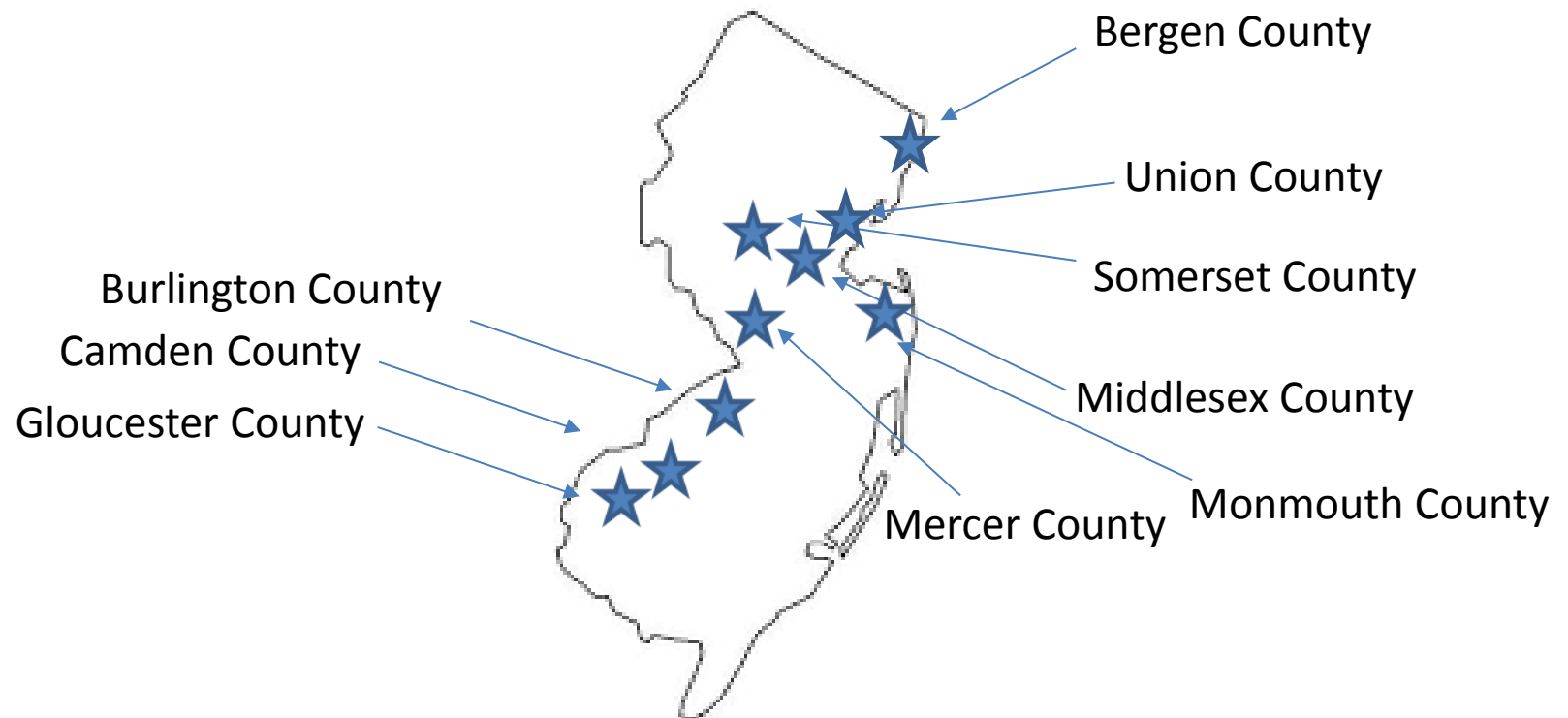
# *Conversation of Your Life - Overview*

- Engages communities in non-threatening dialogue about end-of-life wishes in 'community living room' settings
- Events include film screenings, book discussions, card games, panel discussions, etc.
- Goal: To promote conversations about end-of-life wishes, and create a culture change among New Jersey residents





# *The Program is Expanding ...*



**Mayors Wellness Campaign**  
Put your community in motion.

NEW JERSEY  
HEALTH CARE  
QUALITY  
INSTITUTE



Quality  
powered.



# *Examples of Programs: Book Discussions*





# *Facilitated Film Screenings*



## ***Have You Had The Conversation?***

The New Jersey Health Care Quality Institute is sponsoring a community film screening and discussion on "The Bucket List" to highlight the importance of discussing your end-of-life wishes with friends, family, and your doctors.

**Thursday, July 20, 2017  
6:00 pm**

**Lawrence Headquarters Branch  
Mercer County Library  
2751 Brunswick Pike  
Lawrenceville, NJ 08648**

Join us for a discussion led by  
Patricia Hall, Operations Manager,  
Trenton Free Public Library, and a film  
screening of "The Bucket List."

Please call 609-989-6920 or email  
[lawprogs@mcl.org](mailto:lawprogs@mcl.org) to register.



The New Jersey Health Care Quality Institute's Mayors Wellness Campaign runs a program called Conversation of Your Life in Bergen, Mercer, and Camden Counties. The goal of Conversation of Your Life is to encourage more individuals in New Jersey to engage in fruitful dialogue – the Conversation of Your Life – to let individuals' friends, family, or doctors understand and respect their end-of-life wishes through advance care planning. Conversation of Your Life is generously supported by The Horizon Foundation for New Jersey. To learn more visit: [www.njhqci.org/COYL](http://www.njhqci.org/COYL).



# *Mayor's Advance Directive Signing Event*





# Art-based Activities





## *How Do I Get Involved?*

- Contact Deborah Levine [dlevine@njhcqi.org](mailto:dlevine@njhcqi.org)
- Join an existing task force in your county
  - Choose a task force role to fill
- Or, Create a task force and COYL programming in other counties
  - Recruit task force members in your county
  - Facilitate quarterly meetings of task force with Quality Institute assistance
  - Use task force toolkit as guide to start local programming



# Dedication to Improving Population Health Across NJ

The NJDOH is dedicated to improving Population Health efforts throughout NJ in order to promote prevention, wellness, and equity in all environments.

These objectives are achievable by:

- Enabling the exchange and sharing of data across the healthcare continuum, which allows for better care coordination
- Uniquely identifying individuals across the state, which ensures accurate and relevant health information is identified
- Simplifying and expanding access to NJ public health registries through a normalized and repeatable process
- Educating and outreach to at-risk populations across the state proactively

***Accomplishing these objectives will result in a healthier New Jersey with better outcomes.***



# What is NJHIN

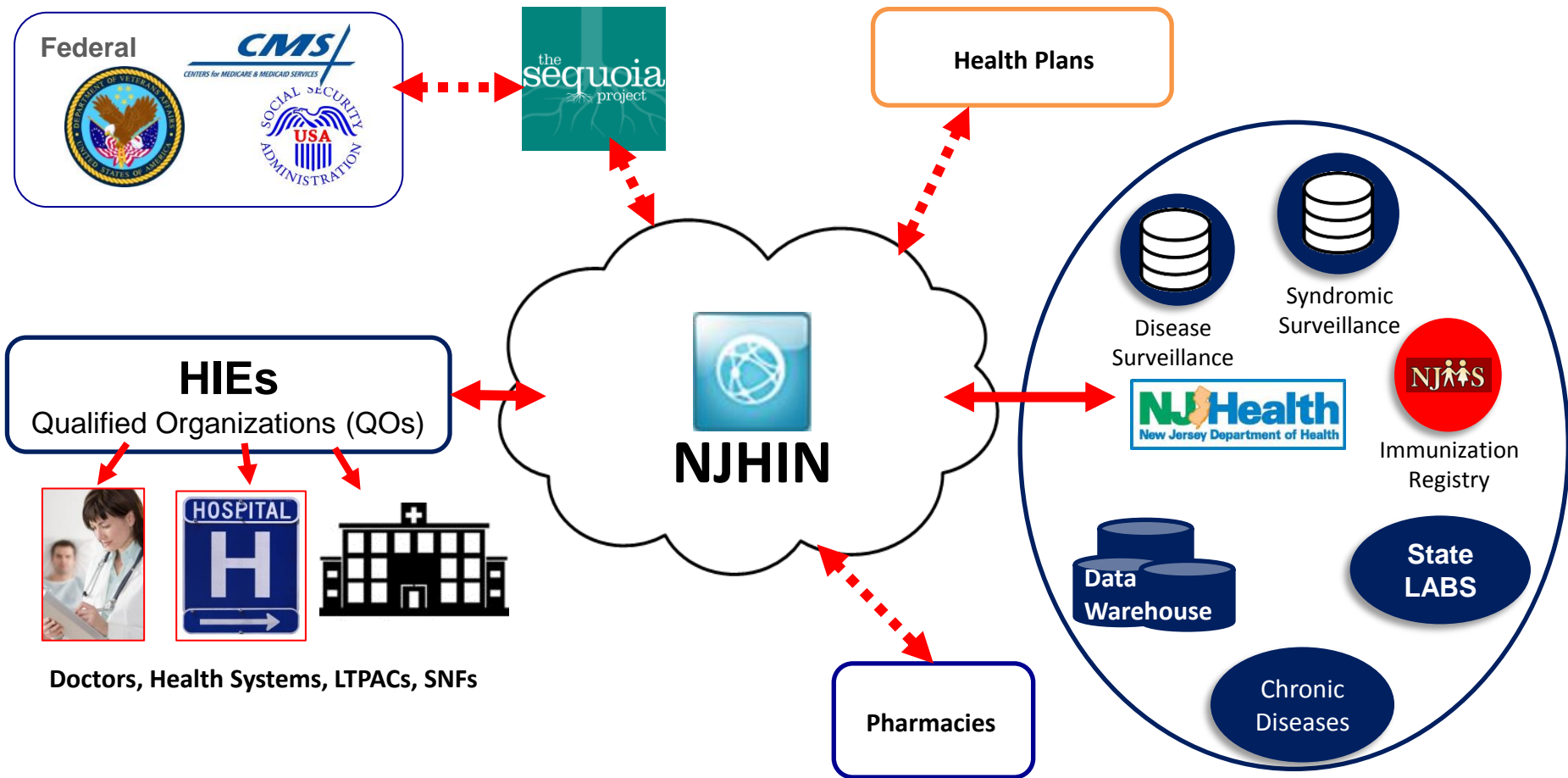
The New Jersey Health Information Network (NJHIN) is the **network-of-networks** for the state of New Jersey

**NJHIN is owned by the New Jersey Department of Health (NJDOH).**

NJII has been engaged as the **NJHIN Manager.**

*The NJHIN runs on use cases which are scenario with specific purpose.*







# NJHIN Value

- Current Paper Process, and you have to have it with you
- New Jersey Hospital Association emPOLST
  - Developing a state-wide electronic repository of patient POLST forms
  - Patients will still be encouraged to carry and post POLST forms in their home environment
  - Patients, physicians and other caregivers would be able to access
- NJHIN can help with Transport



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Bill O'Byrne, NJII  
william.obyrne@njii.com

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Lynn McVeigh, NJII  
lynn.mcvey@njii.com

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Deborah Levine, NJHCQI  
dlevine@njhcqi.org

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John Novak, NJII  
John.novak@njii.com

Questions?