

FACT SHEET: End of Life Care

Concept: SB 451A establishes an electronic registry of patients' end-of-life medical orders. A Physician Orders for Life Sustaining Treatment (POLST) form documents patients' wishes and provides necessary medical orders that emergency personnel can act upon. Often, appropriate documentation of patients' end of life care preferences do not get transferred across care settings or are not available in a time of need. Without a POLST form or other do-not-resuscitate medical orders, patients would receive advanced cardiac life support, including CPR, endotracheal intubation, and defibrillation, by emergency medical personnel based on standard protocols. This registry would ensure that information about end-of-life preferences is available and can be acted on, regardless of the care setting.

Purpose: Oregon has been a leader in the country for end-of-life care and has devoted significant resources over the last 20 years to make it easier for individual preferences to be honored. Despite this, there have been only minimal increases in the number of deaths occurring in the home, which is where most individuals would prefer to die. In 2005, 34 percent of deaths in Oregon occurred in the home, up from 31 percent in 1995. Although 70 percent of Americans indicate a preference to die at home, only 25 percent of deaths nationwide occur there.

A Physician Orders for Life Sustaining Treatment (POLST) form documents patients' wishes and provides necessary medical orders that emergency personnel can act upon. In some cases, patients have considered their options with respect to invasive treatments, "do not resuscitate" orders, hospice and palliative care, but not communicated them to their families or providers. In other cases, appropriate documentation of patients' end of life care preferences do not get transferred across care settings or are not available in a time of need. This can be particularly problematic in an emergency care setting where costly and unwanted interventions may be provided in the absence of end-of-life medical orders. The OHSU Center for Ethics, through a voluntary program, has distributed over one million POLST forms. POLST forms are used in all Medicare-certified hospice programs in the state and in over 90% of all nursing facilities.

Although POLST forms are similar to advance directives, there are some important differences. Oregon's POLST forms are used to document treatment preferences of persons expected to die within the next year, whereas advance directive documents can be completed by typically healthy adults to express preferences for future treatment. Second, POLST forms turn a person's preferences into medical orders that can be acted upon by emergency medical personnel. Advance directives must be translated into medical orders before emergency personnel can act upon them.

An electronic registry helps to ensure that patient preferences are honored when people cannot speak for themselves. In the midst of an emergency, a POLST form may not initially be found. An electronic registry allows Oregonians to be more secure in the fact that if they fill out a POLST, the form will be easily accessed when it is needed. The registry also allows emergency personnel to more effectively care for their patients in the field, as they would be able to call a central number to determine if a patient has a POLST and if so, what their POLST said about their preferences for care. This legislation would build on a model POLST registry currently under development in Clackamas County.

The bill also establishes the Oregon POLST Registry Advisory Committee to advise DHS on the implementation, operation and evaluation of the POLST registry. The Committee would include representatives with experience in POLST issues from a variety of backgrounds, including emergency medicine, hospitals, long term care, hospice, and two public members, at least one of whom represents the interests of minorities in Oregon. The director of the DHS Emergency Medical Services and Trauma Systems Program will serve as a voting ex officio committee member.

Impact if Not Approved: Without the coordination provided by a POLST registry, emergency resources will be spent on costly interventions for patients against their wishes. In addition, key elements of the Oregon Health Fund Board’s comprehensive plan would not be developed relating to end-of-life care. In particular, delivery system redesign, payment reform, and coordination of end-of-life care would be hampered without this legislation. Without these reforms to the health care delivery system, progress toward improving access and quality will be impaired, as will efforts to contain health care costs.

Other Possible Solutions: Maintain the current delivery system efforts to incrementally improve end-of-life care.

Other Supporters: Governor, Health Fund Board and DHS.

Fiscal Impact: \$740,000 TF (\$451,400 GF, \$288,600 FF).

Contact:

Jeanene Smith, MD, Administrator Phone: 503-373-1625 E-mail: jeanene.smith@state.or.us
Tina Edlund, Deputy Administrator Phone: 503-373-1848 E-mail: tina.d.edlund@state.or.us