

Comprehensive Planning for Health and Illness

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Objectives

- Discuss why it is important to plan for the future and what happens if you don't
- Discuss important components of future planning for health care, finances, and other decisions
- Describe three resources to help plan for the future

Why is it important to plan for health and illness?



A little data

- Surrogates are involved in nearly half of major medical decisions for hospitalized older adults
- Decisions to withdraw life-sustaining treatment is just the last of many difficult decisions that many surrogates are involved in.

It's not *if* someone will need to
make decisions for you,
it is *when*.

Who has authority to make health care decisions for you if you can't make decisions, and how do they get it?



The 4 “D”s

Directed

Delegated

Devolved

Displaced

The 4 “D”s

Directed ->

Directed by the
patient (AD's)

Delegated

Devolved

Displaced

The 4 “D”s

Directed

Delegated ->

Appointed by the
patient (DPOA)

Devolved

Displaced

The 4 “D”s

Directed

Delegated

Devolved ->

Displaced

Appointed by clinician/
family

(Hierarchy vs

“interested persons”)

The 4 “D”s

Directed

Delegated

Devolved

Displaced -> Appointed by the court
(guardian/conservator)



Let's talk about advance care planning for
health care...

What is advance care planning?

What is advance care planning?

A process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care

Practice transformation in advance care planning

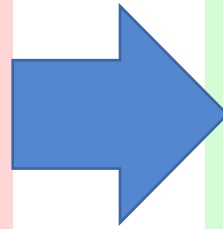
Transactional Approach

- Mandatory legal formalities, procedures.
- Focus on standardized forms.
- Focus on treatment wishes.
- Focus on execution of the document.
- Immunity granted to providers.

Practice transformation in advance care planning

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Communications Approach

- Less focus on standardized forms.
- Discussion focused on goals and values; Less treatment focused.
- Legal focus primarily on naming a proxy.
- Developmental in nature.
- In advanced illness, trend toward converting goals into a portable plan of care: POLST.

More Effective Advance Planning – A Communications Approach



Three key questions:

1. Who can speak for me if I can't?
2. What guidance do I want to give?
3. What's the best way to communicate all this?

A little about forms and lingo

- Advance Directives
 - Durable Power of Attorney for Health Care
 - Living Wills
- Physician Orders for Life Sustaining Treatment (POLST)
- Surrogate Decision Maker
- Health Care Proxy

Advance Directives

Physicians Order for Life Sustaining Treatment (POLST)

ADVANCE HEALTH CARE DIRECTIVE FORM

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Print Form

Reset Form

CALIFORNIA PROBATE CODE SECTION 4700-4701

4700. The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701.

4701. The statutory advance health care directive form is as follows:
ADVANCE HEALTH CARE DIRECTIVE (California Probate Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

(b) Select or discharge health care providers and institutions.

(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1


POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

| HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY | | | |
|--|---|---|---|
| Physician Orders for Life-Sustaining Treatment (POLST) | | | |
|  EMSA #111 B (Effective 1/1/2016)* | First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document. | | Patient Last Name: _____ |
| | | | Patient First Name: _____ |
| | | | Patient Middle Name: _____ |
| | | Date Form Prepared: _____ | Patient Date of Birth: _____ |
| | | Medical Record #: (optional) _____ | |
| A Check One | CARDIOPULMONARY RESUSCITATION (CPR): <i>If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i> | | |
| | <input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A <u>requires</u> selecting Full Treatment in Section B) | | |
| | <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death) | | |
| B Check One | MEDICAL INTERVENTIONS: <i>If patient is found with a pulse and/or is breathing.</i> | | |
| | <input type="checkbox"/> Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <input type="checkbox"/> Trial Period of Full Treatment. | | |
| | <input type="checkbox"/> Selective Treatment – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> Request transfer to hospital only if comfort needs cannot be met in current location. | | |
| | <input type="checkbox"/> Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location. | | |
| Additional Orders: _____ | | | |
| C Check One | ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i> | | |
| | <input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ | | |
| | <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ | | |
| | <input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____ | | |
| D | INFORMATION AND SIGNATURES: | | |
| | Discussed with: <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker | | |
| | <input type="checkbox"/> Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive: _____ | | |
| | <input type="checkbox"/> Advance Directive not available Name: _____ | | |
| | <input type="checkbox"/> No Advance Directive Phone: _____ | | |
| Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences. | | | |
| Print Physician/NP/PA Name: _____ | | Physician/NP/PA Phone #: _____ | Physician/PA License #, NP Cert. #: _____ |
| Physician/NP/PA Signature: (required) _____ | | Date: _____ | |
| Signature of Patient or Legally Recognized Decisionmaker I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form. | | | |
| Print Name: _____ | | Relationship: (write self if patient) _____ | |
| Signature: (required) _____ | | Date: _____ | FOR REGISTRY USE ONLY |
| Mailing Address (street/city/state/zip): _____ | | Phone Number: _____ | |
| SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED | | | |

*Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid

| Advance Directives | Physicians Order for Life Sustaining Treatment (POLST) |
|--|--|
| Tailored, many form options | Standard bright pink form |
| Appoint decisionmaker, <i>or</i> Share values and treatment goals, <i>or</i> Do both | Cannot appoint decisionmaker Treatment goals only |
| Completed by patient with witnesses or notary | Completed by patient or decisionmaker with physician |
| Legal document; must be translated into medical order for EMTs to follow | Medical order; followed by EMTs |

Is advance care planning for healthcare
enough?



As we age, health decisions are financial and legal decisions too.

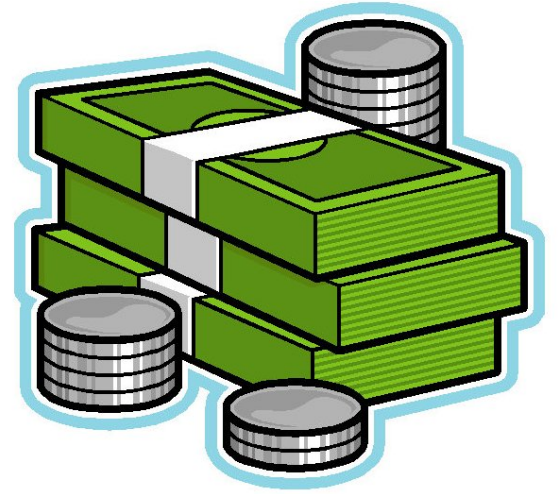


Paying for Long Term Care Supports & Services

| | |
|-------------------|--|
| Out of Pocket | Nursing home costs = 166%-444% of income Home health costs = 55%-125% of income 1 in 4 adults 45+ not prepared for LTC needs |
| Medicare | Limited, only if linked to hospitalization, and still not free. |
| Medicaid | Primary payor in the U.S., after spend down |
| Local Programs | High variability, restricted. |
| Private Insurance | Not included, unless specific LTC insurance. |

Key Decision: Who Will Be the Best Financial Caregiver?

- Trustworthy, responsible
- Uses resources only according to your wishes
- Organized, keeps good records
- Will protect you from exploitation
- Works well with others



How Do They Get Legal Authority?

- Joint Accounts
- Financial Powers of Attorney
- Social Security Rep Payees and VA Fiduciaries
- Living Trusts
- Conservatorship of the Estate



Agent under a Durable Power of Attorney

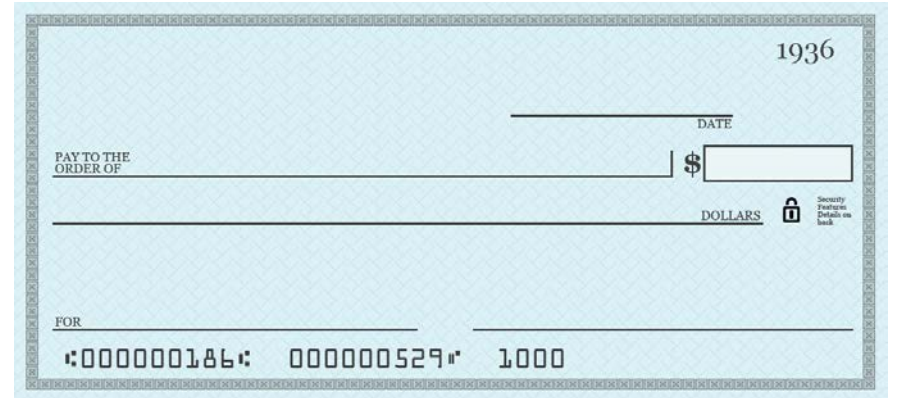


- Financial/property decisions
- Amount of authority depends on document itself
- Some authorities have to be explicitly stated
- When in effect? Depends on document

Financial Power of Attorney Is Easily Abused

Five Safeguards to Consider:

1. Require some form of annual accountings to a trusted 3rd person.
2. Require two agents or at least a second signature for large transactions.
3. Grant a power to revoke the agent's authority to a 3rd person.
4. Clearly define/limit the power of the agent to make gifts.
5. Limit any changes to beneficiary rights under accounts, contracts, or estate plans.



Managing SSA and Veterans Benefits

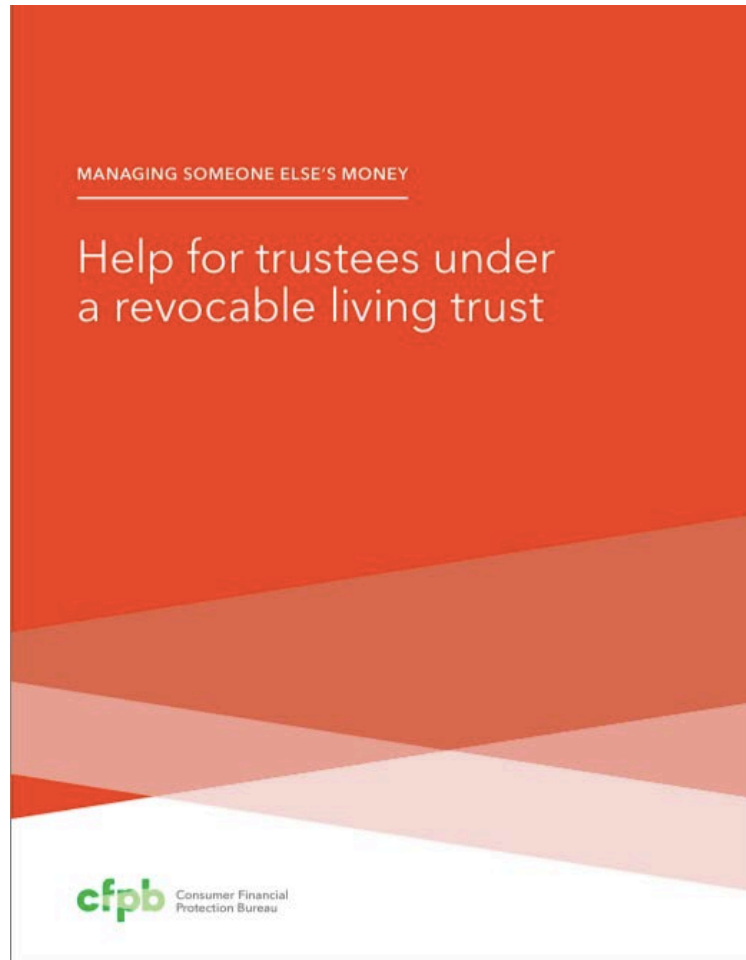
Social Security
Representative
Payee



VA Fiduciaries



Trustee/s in a Living Trust



- Financial/property decisions during lifetime and after death
- Authority only over assets in trust
- Amount of authority depends on trust document itself
- When in effect? Depends on document
- Not everyone needs one
- Never “standard” - beware “trust mills”!

When is conservatorship needed?

Failure to plan

or

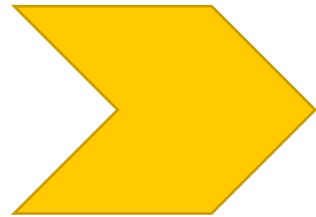
Planning fails

When is conservatorship needed?

Failure to plan

or

Planning fails



Conservatorship
of the Person

and/or

Conservatorship
of the Estate

Three resources that can be used to understand and address legal needs.

1. Resources for Health Care Planning

[« Close Menu](#)

Welcome

1 Choose a Medical Decision Maker

2 Decide What Matters Most in Life

3 Choose Flexibility for Your Decision Maker

4 Tell Others About Your Wishes

5 Ask Doctors the Right Questions

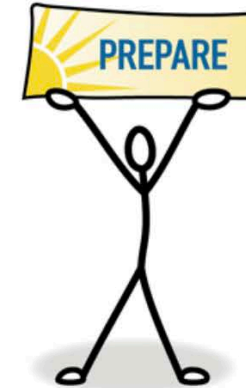
Summary of My Wishes

Welcome to PREPARE!

PREPARE is a program that can help you:

- make medical decisions for yourself and others
- talk with your doctors
- get the medical care that is right for you

You can view this website with your friends and family.



Click the NEXT button to move on.

GO BACK

NEXT



Hospitalizations



Falls



Memory
Loss &
Alzheimer's



Talking to
Others



Finances

H

What if I am hospitalized?



What are my rehab
choices?



Am I prepared to return
home?



Other things to consider



What if I am hospitalized?

When a person is hospitalized he or she may be very sick and physically weak. That person may even be confused at times.

This section will help you to learn about what resources are available and how to connect with local in-home services should you need help after a hospitalization.

You will be able to find out what rehabilitation options are available to you and choose where you would like to receive care should you ever need it.

Next →

Welcome
0% complete



PLAN YOUR
LIFESPAN



Home



About



Help



Summary



Save & Sign In

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University

2. Resources for Financial Planning



Consumer Financial Protection Bureau
www.consumerfinance.gov

Consumer guides & hotline:

- older adults,
- veterans,
- homeowners,
- reverse mortgages,
- elder exploitation
- & more

3. How to Find Legal Assistance

Low to moderate income:

- Legal aid for the elderly (free to adults 60+)
- www.lawhelpCA.org

Moderate to high income, or if you own any real property:

- CANHR Elder Law Referral Service
- www.canhr.org

