

**The Care Transitions Program**  
**9/15/09 Business Planning Session with Dr. Coleman**

**Proposed Pillar 5: Two-step Advance Care Planning:  
Community Conversations on Compassionate Care (CCCC) and  
Medical Orders for Life-Sustaining Treatment (MOLST) Programs**

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**Excellus Background:**

Individuals facing serious life-threatening illness and approaching death deserve to be treated with dignity, respect and compassion and to receive care that is focused on the individual's goals for care. Families need and deserve to receive support. To achieve their goals, individuals need to plan ahead, know their choices, make sound decisions and share their wishes with their loved ones and health care professionals.

According to the [End-of-Life Care Survey of Upstate New Yorkers: Advance Care Planning Values and Actions, Summary Report, 2008](#), nearly nine of ten local adults said it is important to have someone close to them making medical decisions for them if they were to have an irreversible terminal condition and were unable to make decisions. Yet, less than half had designated a "health care agent" to ensure their wishes are carried out.

The [Community-wide End-of-life/Palliative Care Initiative](#) led by Excellus BlueCross BlueShield has developed a successful two-step approach to advance care planning with two award-winning programs to help individuals "Know Your Choices and Share Your Wishes."

- **Community Conversations on Compassionate Care (CCCC) Program** is an award-winning program that combines storytelling with "Five Easy Steps" to promote conversations that help you complete your Health Care Proxy and Living Will.

Healthy individuals learn how to complete their advance directive through using a collection of [Advance Care Planning](#) resources on-line, reading the [Advance Care Planning booklet](#), or viewing an array of [Community Conversations on Compassionate Care videos](#) that illustrates stories from real patients and families and explains the Advance Care Planning process using the Five Easy Steps, based on behavioral readiness to complete an advance directive.

- The **Medical Orders for Life-Sustaining Treatment (MOLST) Program** is designed to improve the quality of care seriously ill people receive at the end of life. It is based on effective communication of patient wishes, documentation of medical orders on a brightly colored pink form and a promise by health care professionals to honor these wishes. The 8-Step MOLST protocol helps guide the process and the MOLST Documentation form aligns with the 8-Step Protocol to document patient's knowledge of diagnoses, prognoses, goals for care, etc.

**Discussion Questions:**

1. How we can best integrate the Care Transitions Intervention and add Excellus BCBS' current two-step Advance Care Planning Programs as Pillar 5?
2. Can Care Transitions Intervention Activities be added by Pillar and Stage of Intervention?
3. Can the educational training for CCCC and MOLST be integrated into the coaching sessions?

Submitted by Dr. Pat Bomba, Vice President and Medical Director, Geriatrics, Excellus Health Plan