



## **New Study Shows Impact of Program Allowing Patients To Document Wishes for End-of-Life Treatment**

### **Medical Order Program Available in New York State is linked To Lower Rates of Unwanted Hospitalization**

Portland, Oregon – A new multi-state study has found that nursing home patients participating in a program enabling them to record their wishes for end-of-life treatment are far less likely to receive unwanted hospitalization and medical interventions than are other patients.

The program, known in New York State as Medical Orders for Life-Sustaining Treatment (MOLST), uses an innovative medical order form signed by physicians that allows patients to specify whether or not they prefer to receive CPR, hospitalization, and treatments like antibiotics, feeding tubes, and other medical interventions. MOLST is based on the Physician Orders for Life-Sustaining Treatment (POLST) Program that was first developed in Oregon in 1990 in response to concerns that traditional Do Not Resuscitate (DNR) orders and advance directives do not adequately communicate patients' wishes for the many treatment decisions they face at the end of their lives.

"New York State began using MOLST in 2004 because it gives patients a way to clearly specify what type of end-of-life treatment they want," said Dr. Patricia Bomba, Chair, MOLST Statewide Implementation Team and Vice President and Medical Director, Geriatrics for Excellus Blue Cross BlueShield. "This study shows that MOLST makes a real difference."

Dr. Richard F. Daines, commissioner of the New York State Department of Health, authorized statewide use of the MOLST form in all nursing homes and hospitals in 2005. He then approved MOLST for use in all settings, after a successful 3-year community pilot in Monroe and Onondaga Counties and legislation was passed in 2008. The New York State Department of Health revised the MOLST form (DOH-5003) in June 2010 to make it more user-friendly and to align the form with, and to support implementation of, the Family Health Care Decisions Act.

"This study shows Commissioner Daines was right in his efforts to support implementation of the MOLST to improve the quality of care for patients at the end of life," Bomba added.

The study found that patients with POLST forms saying they wished to receive care primarily focused on relieving their pain and suffering were 59 percent less likely to receive unwanted treatments such as hospitalization than those who had had only a DNR order. At the same time, the study showed that patients with POLST forms requesting fewer medical interventions continue to receive pain management; when compared to other patients, they were found to receive identical levels of treatment for pain and other symptoms.

"Traditional approaches such as DNR orders don't tell us about a patient's wishes regarding other kinds of treatments. In our study, 98% of residents with POLST forms had orders about medical interventions in addition to resuscitation, compared with just 16 percent of residents without POLST forms," said lead author, Susan Hickman, PhD, Associate Professor in the Schools of Nursing at Indiana University and Oregon Health & Science University. "The bottom line is that POLST translates patients' wishes about a range of treatments into medical orders that are easily understood by health care professionals and can be acted upon immediately." The study was published in the July, 2010 issue of the *Journal of the American Geriatrics Society*.

On POLST forms, patients may indicate a preference for all available treatments. And in those cases, the study found that patients with a POLST form requesting full treatment received the same level of treatment as those patients with traditional orders requesting full treatment.

“Only about 12 percent of nursing home patients want intensive care. But this study shows that if that’s their preference, POLST helps ensure they’ll receive full treatment,” said Susan Tolle, M.D., Director of the Center for Ethics in Health Care at the Oregon Health & Science University and co-author on the study. “POLST allows patients to tell their health care professionals exactly what they want, so providers know patients’ wishes no matter what level of treatment they are seeking.”

The study, entitled “A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices versus the Physician Orders for Life-Sustaining Treatment Program” was funded by the National Institute of Nursing Research. It tracked the impact of the POLST program by analyzing the medical records of 1,711 nursing facility patients in Oregon, West Virginia, and Wisconsin. Thirty two states have now implemented POLST or are developing similar programs. Though the form is similar in each state, the program name can vary. In West Virginia, POLST is referred to as the Physician Orders for Scope of Treatment (POST), and in New York, it’s called Medical Orders for Life Sustaining Treatment (MOLST).

“The goal of POLST is to honor treatment preferences of those with advanced illness or frailty. The research indicates the POLST program is achieving this goal,” said Alvin H. Moss, M.D., Director of the Center for Health Ethics and Law of West Virginia University, a co-author on the nursing home patient study, and National POLST Paradigm Task Force member. “In addition, POLST serves as a catalyst for conversations in which patients talk with their loved ones and their health care professionals about what they really want.”

Another study published in the same edition of the *Journal* this month found additional evidence that POLST contributes to patients receiving the end-of-life care they prefer. The study looked at the medical records of 400 patients who died in the hospital, nursing home, and community in La Crosse County, Wisconsin.

“Our study found that patients with POLST forms who did not want to be hospitalized had their requests honored 99 percent of the time. In contrast, before the existence of POLST, patients who did not want to be hospitalized only had their wishes met 78 percent of the time,” said lead author Bernard J. Hammes Ph.D., Director of Medical Humanities for Gundersen Lutheran Medical Foundation, and Chair of the National POLST Paradigm Task Force.

**Additional information on advance care planning:** Media may be interested in a survey conducted by Excellus BlueCross BlueShield on the topic of advance care planning. It was the most comprehensive survey on advance care planning values and actions ever done in upstate New York. Here is what was found.

Nearly nine of 10 upstate New Yorkers surveyed said it is important to have someone close to them making medical care decisions on their behalf if they were to have an irreversible terminal condition and were unable to communicate or make decisions. Yet, only 42 percent have designated a Health Care Proxy to ensure their wishes are actually carried out.

To learn more about this study, the newly revised MOLST form, the Family Health Care Decisions Act and complete information on advance care planning, go to [www.CompassionAndSupport.org](http://www.CompassionAndSupport.org) where there are videos about MOLST and advance directives, forms to download, practical issues to consider, and guidelines for choosing the right spokesperson.