

Medical Orders for Life-Sustaining Treatment (MOLST) Update

eMOLST

In December the eMOLST vendor evaluation team chose Fusion Productions as the vendor to develop the eMOLST. The eMOLST application must be completed and operational in at least one facility by July 31, 2010 in order to meet the requirements of the grant. The timeline for the eMOLST application is as follows: discovery and analysis in January and February; building technical specifications and prototypes in February and March; usability testing, including eSignature development and integrated mobile application and training in May; and deployment in June.

Please send clinical cases ASAP! We are working on developing use cases for our eMOLST; these will be enhanced with clinical cases focused in clinical settings across the care continuum (hospital, nursing home and community) and used for MOLST education to assist providers complete the MOLST form. Examples of use cases:

- patient with medical decision-making capacity
- patient without medical decision-making capacity with a Health Care Agent
- patient without medical decision-making capacity without Health Care Agent with "clear and convincing evidence"
- patient without medical decision-making capacity without Health Care Agent without "clear and convincing evidence"
- patient with developmental disabilities with medical decision-making capacity
- patient with developmental disabilities without medical decision-making capacity with 1750-b surrogate decision maker.

The goal is to build clinical cases and present completed MOLST forms and completed MOLST/Advance Directive Discussion Documentation form for each use case to be used as training tools. These use cases will be housed on the CompassionAndSupport.org website.

MOLST forms revision and FHCDA

FHCDA has been passed by the Assembly in January 2010. Currently, FHCDA is in Senate Codes Committee; FHCDA passed the Senate unanimously in 2009. Normally focus is on the budget in January. Work with the NYSDOH, OMRDD and OMH on revisions of the MOLST forms to include special populations and to add clarity as needed (based on clinical feedback) continues for the last 8 months Consensus has been reached that the NYSDOH approved revisions (OMRDD and OMH review underway; approval pending) will be put on hold pending likely passage of FHCDA in this session. The Workgroup will begin to outline needed revisions with passage of FHCDA and will continue until the revisions for the MOLST form are finalized.

Thank you for your support of the MOLST Program.

Pat

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