

POLST Registry Advisory Committee Meeting PRAC and POLST Task Force Joint Meeting March 8, 2010

Present: Margaret Murphy Carley (chair), Jane Baumgarten, Patty Brost, Jan Campbell, Bethany Chiaramonte, Jenny Cook, Gwen Dayton, Ruth Gulyas, Doug Kelly, Arliss Roman, Ritu Sahni, Terri Schmidt, Carol Smith, Jeanene Smith, Bob Shook, Susan Tolle

Phone: Ella Booth, Laura Matthews, Ruth McEwan

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D = Decision
S = Suggestion

POLST Registry Advisory Committee Discussion

1. Convene/Review Agenda
2. Review Minutes
 - a. Minutes were approved with some name spelling corrections. D
3. Implementation Update
 - a. OHSU invoices have been processed and paid
 - b. Ritu Sahni presented update to Senate Health Care Committee. Committee was pleased with POLST Registry progress from close of session to functional within 6 months.
 - c. There have been questions about revoking the POLST form.
 - POLST form is valid as soon as it is signed, even if not in the registry
 - The few times a POLST form has been revoked, it was entered into the registry within hours
 - Many forms have already been archived in the registry because patients have revoked or resubmitted a new form.
 - d. Concerns from the Area Agency on Aging (to be passed on to POLST Task Force): S
 - Concerns about the amount of time a doctor has to discuss options with patients
 - Would like to see more outreach to patients to increase patient education
 - Suggest health care practitioner and patient review POLST forms on a regular basis.
 - e. Issue identified with ICU physicians not being allowed to access POLST forms. The Registry was initially intended for First Responders, but is in transition to include access for physicians. The Registry will only fax forms to registered fax numbers (currently Emergency Departments); additional fax numbers may be registered using a form that will be available online in April.
 - f. Concern about private practice doctors not using the forms correctly, resulting in the forms being rejected. *This topic will be discussed at the next PRAC meeting as part of the Quality Indicators topic.*
 - g. The most prevalent reason for forms being “not-registry-ready” (NRR) is a missing date (50% of NRR forms)
4. Operational Issues
 - a. DHS
 - b. Report from OHSU
 - Level of success has been phenomenal, thanks to a large group of student workers
 - All forms have been entered within 48 hours
 - Still some education needed regarding phone number for urgent and non-urgent

- access.
- Problem with a busy signal from the Registry fax number; this will be fixed with a system that saves the faxed images in a secure location
- Issue with physicians not sending their contact information
- Duplicate forms are ok. Only the first sender will get confirmation.
- c. Delay the Statistics and graph reports until Joint meeting at 10am
- d. Discuss the development of QIs/Performance Measures for the Registry
 - POLST Registry Form Flow
 - Entries are double-checked for accuracy
 - Confirmations are sent
 - Suggestion to put a checklist on the fax cover sheet to reduce common errors S
 - Match rate = 12.5%
 - Providers call hoping their patient has a POLST form, but they often don't
 - Many existing POLST forms are not in the registry
 - Expecting this percentage to increase over time
 - Demographics:
 - Oregon Health Policy Board would like to know the demographics, especially for subpopulations of people of color. This information is not currently captured on the form. We may want to include demographics in the future. (June agenda)
 - OHPB also wants to track if this is being used throughout the state
 - Language barriers: Outreach has mostly been done to health care professionals, not public education. Oregon Health Decisions has taken on public education and POLST has a video in Spanish
 - Tracking for people with disabilities
- 5. Evaluation/Research
 - a. Trauma Systems currently has a policy in place for data requests:
 - Requestor tells program who they are and what they are using the data for
 - We often ask to see the project before it is published
 - If the requestor uses the data for another project, they tell the program
 - b. When PRAC receives data requests, the committee will review the request and make a recommendation to OHA on whether or not to grant the request
 - c. Cost
 - There will need to be a charge for time spent on fulfilling the request
 - Suggestion to use the language "The contractor will charge you..." S
- 6. Public Comment
- 7. Adjourn

Add to June 14 PRAC meeting agenda

- Identify any issues to pass on to POLST Task Force as a regular agenda item
- Draft our list of Quality Indicators
 - Private practice doctors incorrectly filling out the forms
- Demographics tracking

Add to October 11 PRAC meeting agenda:

- Electronic POLST forms: HIPAA issues and integrating into electronic health records
- Issues to pass on to POLST Task Force

Additional suggestions for agenda items should be sent to Patty Nest at patricia.nest@state.or.us

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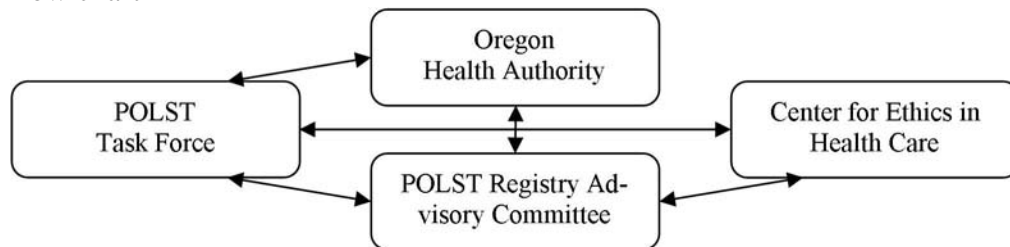
Phone Ann Jackson, Laura Matthews, Ruth McEwan

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Discussion

1. Welcome and introductions to public meeting
2. Oregon POLST Task Force history
 - a. POLST began because physicians were not aware of patients' wishes.
 - b. The Ethics Committee implemented a Patient First form released in 1995 that stayed with the patient.
 - c. 1999 - OMB and BME
 - d. 2001 - minors were added to the form
 - e. Nurse practitioners were added as signers because they are often the primary care provider in rural areas
 - f. Rules were developed to help ensure that these rules were followed.
 - g. This has become a national model
 - h. Oregon has the only rapid response EMS registry

3. Relationship of Advisory Committee to Task Force
 - a. Handout: Oregon POLST Registry Responsibilities and Relationship of Stakeholders flow chart



- b. All groups will likely be asked questions that should be sent to other groups. Communication is essential between these four groups.
 - c. In reality, roles are interrelated and overlapped and some people serve on multiple groups
4. Registry data review
 - a. As of January 31
 - 9387 forms received
 - 8285 active in registry
 - 1102 Not-Registry-Ready (NRR)

- 798 missing required elements
 - 304 registry-unusable
 - Largest issue is missing date
 - 7858 registrants
 - 33% male
 - 53% female
 - 13% not indicated
 - 7581 active registrants
 - 277 Archived registrants (opted out of Registry, retracted form, expired form)
 - Number of active forms does not equal number of active residents because some registrants have archived forms and have not yet submitted a new one
 - b. Calls are averaging around one minute (goal is under two minutes)
 - c. How to reduce NRR forms:
 - Gwen will reach out to OMA A
 - Suggestion to add a checklist to the fax cover sheet S
 - Forms are not required to have registrant's signature
 - Issue with readability – make sure to use the correct shade of pink. Suggestion to respond to unreadable forms with information on what specific paper to use. S
 - Education webinars
 - Outreach through the Office Managers instead of directly to physicians S
 - Suggestion to have a sample policy/best practice to send S
 - Suggestion to have a directions/checklist sheet for practices to print and post by their fax machines S
 - Classes for caseworkers S
 - Amy Veatch will reach out to nurse practitioners through Board of Nursing A
5. Developing performance indicators/quality indicators
6. Education and Outreach
- a. In April, Jenny is going out to Baker County at their request
 - b. Letters are being sent out
 - c. Two sets of targeted trainings:
 - EMS education in areas of a high volume of registrants
 - Physician education in areas of a low volume of registrants
 - d. Training for lawyers set for April
7. Questions, other issues
- a. Data looks at patients over 65 because it equalizes the data percentages between counties that have very different age ranges.
8. Future joint meetings
- a. Decided to do an annual joint meeting around March each year D
9. Adjourn