

# Understanding Advanced Care Planning

Jordan E. Brown DO  
Internal Medicine  
Palliative Medicine

# Objectives

- Understand Palliative Care
- How to explain Oklahoma Advance Directive to patients
- When to use Advanced Directive and understand misconceptions and surrogate decision makers
- Understand Oklahoma DNR law
- How to bill for Advanced Care Planning (ACP)

# What is Palliative Care?

- Palliative care is specialized medical care for people with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Palliative care is provided by a specially-trained team of doctors, nurses, social workers and other specialists who work together with a patient's doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
  - [www.capc.org](http://www.capc.org)

# Myths

- It is the same as hospice
- I cannot receive treatment with Palliative medicine
- You cannot see other physicians
- Only patients receive benefits
- Only talk about death/are negative

# Palliative Care Benefits

- Increases satisfaction
  - Patient and family
- Decreases symptoms
  - Depression, anxiety, pain, dyspnea
- Can decrease utilization of ED
  - Less likely to die in ICU



# Palliative Care Benefits

- May live longer
  - More active
  - Better nutritional status
  - NEJM 8/19/2010 (Hospice vs Chemo)
    - Advanced NSCLC patients lived longer (11.6 months v 8.9)
    - Better QOL and improved mood
    - Can it be extrapolated to other advanced cancers?

# Palliative Care Benefits

- Less family stress
  - Talk about plans
  - Family is on the same page
  - Patient's wishes are known and documented
  - Coping mechanisms in place
  - Realistic goals set
  - Less likely to have post bereavement psychiatric illnesses

# Oklahoma Advanced Directive

## Advance Directive for Health Care

This form is available in English, Spanish and Vietnamese at [okdhs.org/programsandservices/aging/legal](http://okdhs.org/programsandservices/aging/legal).

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions below.

### I. Living Will

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:

1. If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

**(Initial one option only)**

- ☐ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.
- ☐ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.
- ☐ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

**(Initial if applicable)**

☐ See my more specific instructions in paragraph four (4).

2. If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent:

**(Initial one option only)**

- ☐ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.
- ☐ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.
- ☐ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

**(Initial if applicable)**

☐ See my more specific instructions in paragraph four (4).



# Oklahoma Advanced Directive

3. If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

**(Initial one option only)**

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

**(Initial if applicable)**

\_\_\_\_\_ See my more specific instructions in paragraph four (4).

4. Other.

Here you may: (a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn; (b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition; or (c) do both of these.

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## II. My Appointment of My Health Care Proxy

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of:

\_\_\_\_\_, whom I appoint as my health care proxy.

If my health care proxy is or becomes unable or unwilling to serve, I appoint:

\_\_\_\_\_ as my alternate health care proxy with the same authority.

# Oklahoma Advanced Directive

My health care proxy is authorized to make whatever health care decisions I could make if I were able, except that decisions regarding life-sustaining treatment and artificially administered nutrition and hydration can be made by my health care proxy or alternate health care proxy only as I have indicated in the foregoing sections.

If I fail to designate a health care proxy in this section, I am deliberately declining to designate a health care proxy.

## III. Anatomical Gifts

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

(Initial all that apply)

☐ transplantation therapy  
☐ advancement of medical science, research or education  
☐ advancement of dental science, research or education

Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. I specifically donate:

(Initial all that apply)

☐ My entire body; or

The following body organs or parts:

<input type="checkbox"/> lungs	<input type="checkbox"/> liver	<input type="checkbox"/> arteries
<input type="checkbox"/> pancreas	<input type="checkbox"/> heart	<input type="checkbox"/> glands
<input type="checkbox"/> kidneys	<input type="checkbox"/> brain	<input type="checkbox"/> tissue
<input type="checkbox"/> skin	<input type="checkbox"/> bones/marrow	<input type="checkbox"/> eyes/cornea/lens
<input type="checkbox"/> bloods/fluids	<input type="checkbox"/> tissue	<input type="checkbox"/> other

## IV. General Provisions

- a. I understand that I must be eighteen (18) years of age or older to execute this form.
- b. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- d. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.

Continued on next page

# Oklahoma Advanced Directive

- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Residence (City, county and state)

\_\_\_\_\_  
Date of birth (Optional)

**This advance directive was signed in my presence.**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
City/State

**For assistance in filling out this form call (405) 522-3069.**



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# Oklahoma Advanced Directive

- Important form for treatment during end of life care
- Only competent patient may fill out
  - Providers may establish capacity of an adult patient
    - Competency is a court decision
    - Capacity by healthcare providers (HCP)
      - Differs from alertness and orientation



# Oklahoma Advanced Directive

- 4 sections
  - 1<sup>st</sup> Living will
    - 4 parts
  - 2<sup>nd</sup> Healthcare proxy
  - 3<sup>rd</sup> Body donations
  - 4<sup>th</sup> General Provisions
- Important to have witnesses



# Oklahoma Advanced Directive

- Section 1
- Part 1
  - Terminal, irreversible and incurable condition
    - Stage 4 cancer, NYHA 4 CHF, MDRO infection unable to use any antibiotics, etc
- Part 2
  - Persistently unconscious state
    - Coma/persistent vegetative state
- Part 3
  - End stage disease due to trauma, disease, illness
    - CVA, MVA, etc.

# Oklahoma Advanced Directive

- Choices in section 1-3 are the same
- Option 1
  - No vent/life support but possibly place feeding tube for comfort
- Option 2
  - Comfort care only
- Option 3
  - Everything is done to prolong life

# Oklahoma Advanced Directive

- Part 4
  - Write in specific wishes
    - Most often seen on my service is to keep on life support for 2 weeks
    - Other wishes can be made here

# Oklahoma Advanced Directive

- Section 2
  - Appoint 2 proxies
    - Need to know wishes
    - Must be over 18
    - Can be anyone
    - Does not need to be family
    - Either can be available to direct care
      - Does not require both present

# Oklahoma Advanced Directive

- Section 3
  - Anatomical Gifts
    - Can select any or all to donate
    - Usually need to set up in advance if donating to science
      - Some institutions have 3-6 month advance notice



# Oklahoma Advanced Directive

- Section 4-Important to understand
- A. I understand that I must be eighteen (18) years of age or older to execute this form.
- B. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- C. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- D. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.

# Oklahoma Advanced Directive

- E. This advance directive shall be in effect until it is revoked.
- F. I understand that I may revoke this advance directive at any time.
- G. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- H. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- I. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

# Oklahoma Advanced Directive

- Advanced Directive use
  - Comes in to play when criteria met
  - Does not direct care if not activated
  - Separate from DNR
- Other state's Advanced Directive may be valid
  - Must have been resident in that state
  - Must have been in that state at time of completion
  - Must conform to OK or that state's laws

# Oklahoma Advanced Directive

- Other state's Advanced Directive
  - Laws may include nutrition and hydration as life sustaining measure but not specify in the form
    - IE New Jersey
- Five Wishes
  - May be valid if not OK resident when filed
- Older forms may be valid
  - If nutrition and hydration not specified OK law assumes they would want it given



# Oklahoma Advanced Directive

- Activated Advanced Directive
  - Wishes must be followed by HCP
    - If unable to comply must transfer care immediately
  - Proxy
    - May not go against the Advanced Directive
    - May change code status if conforms to patient wishes
    - Must act in the best interest of patient and their wishes



# Oklahoma Advanced Directive

- Myth
  - Can be used at any time
    - Must be activated
      - Must meet criteria for activation and documented in chart
  - Can use as code status direction
  - Will not get adequate care if filled out
  - HPOA can fill out
    - Only patient can fill out
  - Only way to document patient's wishes
    - If provider documented conversation in chart this is valid way to prove patient's wishes. Same with nutrition and hydration
      - Many patients have refused to fill out form for me but chart has wishes documented in it.

# Surrogate Decision Maker

- Title 63 Oklahoma Statutes Section 3102.4, effective November 1, 2017
  - Guardian
  - Health Care Proxy
  - Durable Power of Attorney
  - Patient's Spouse
  - Adult Children of the Patient
  - Parents of the Patient
  - Adult Siblings
  - Other Adult Relatives in Order of Kinship
  - Close Friends of the Patient

# Surrogate Decision Maker

- If disagreements arise
  - Majority rule in the same class of decision maker
  - Must be acting in good faith
- Exemptions
  - Persons convicted or charged of crimes (felony or misdemeanor) against others for abuse, neglect, sexual abuse, or exploitation of others.

# Surrogate Decision Maker

- Pitfalls
  - Patient may not want them
  - May not know best interests
  - May be financially driven
  - Surrogate may refuse to make decision



# Code Status



## OKLAHOMA DO-NOT-RESUSCITATE (DNR) CONSENT FORM

I, \_\_\_\_\_, request limited health care as described in this document. If my heart stops beating or if I stop breathing, no medical procedure to restore breathing or heart function will be instituted by any health care provider including, but not limited to, emergency medical services (EMS) personnel.

I understand that this decision will not prevent me from receiving other health care such as the Heimlich maneuver or oxygen and other comfort care measures.

I understand that I may revoke this consent at any time in one of the following ways:

1. If I am under the care of a health care agency, by making an oral, written, or other act of communication to a physician or other health care provider of a health care agency;
2. If I am not under the care of a health care agency, by destroying my do-not-resuscitate form, removing all do-not-resuscitate identification from my person, and notifying my attending physician of the revocation;
3. If I am incapacitated and under the care of a health care agency, my representative may revoke the do-not-resuscitate consent by written notification to a physician or other health care provider of the health care agency or by oral notification to my attending physician; or
4. If I am incapacitated and not under the care of a health care agency, my representative may revoke the do-not-resuscitate consent by destroying the do-not-resuscitate form, removing all do-not-resuscitate identification from my person, and notifying my attending physician of the revocation.

I give permission for this information to be given to EMS personnel, doctors, nurses, and other health care providers. I hereby state that I am making an informed decision and agree to a do-not-resuscitate order.

_____ <i>Signature of Person</i>	OR	_____ <i>Signature of Representative</i> <small>(Limited to an attorney-in-fact for health care decisions acting under the Durable Power of Attorney Act, a health care proxy acting under the Oklahoma Advance Directive Act or a guardian of the person appointed under the Oklahoma Guardianship and Conservatorship Act.)</small>
_____ <i>Date</i>		This DNR consent form was signed in my presence.
_____ <i>Signature of Witness</i>		_____ <i>Address</i>
_____ <i>Signature of Witness</i>		_____ <i>Address</i>

# Code Status

## CERTIFICATION OF PHYSICIAN

This form is to be used by an attending physician only to certify that an incapacitated person without a representative would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. An attending physician of an incapacitated person without a representative must know by clear and convincing evidence that the incapacitated person, when competent, decided on the basis of information sufficient to constitute informed consent that such person would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. Clear and convincing evidence for this purpose shall include oral, written, or other acts of communication between the patient, when competent, and family members, health care providers, or others close to the patient with knowledge of the patient's desires.

I hereby certify, based on clear and convincing evidence presented to me, that I believe that \_\_\_\_\_

*Name of Incapacitated Person*

would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. Therefore, in the event of cardiac or respiratory arrest, no chest compressions, artificial ventilation, intubations, defibrillation, or emergency cardiac medications are to be initiated.

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Physician's Name (PRINT)*

\_\_\_\_\_  
*Physician's Address/Phone*

\_\_\_\_\_  
*Date*

This DNR consent form and Certification of Physician is copied from Senate Bill 1325. This law is effective November 1, 2010.

*This form is available online at:*  
<http://www.okdhs.org/divisions/offices/visd/asd/> under Quick Links

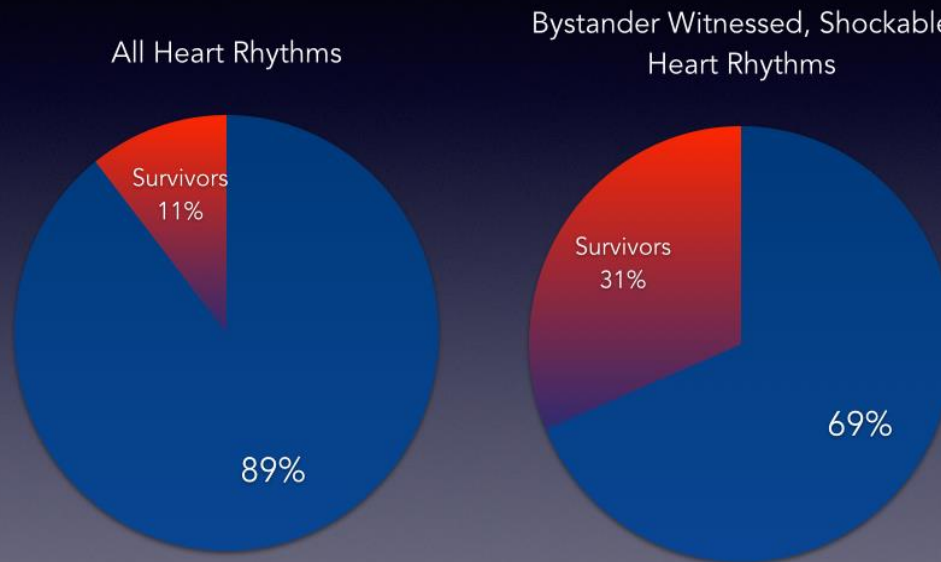
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# Code Status

- When should the discussion occur?
- Who should have the discussion?
- Why have this talk?
- Who should be involved?

# What are the odds?

## Survival from EMS-Treated Out-of-Hospital Cardiac Arrest



Data source: American Heart Association Heart Disease and Stroke Statistics-2015 Update

Sudden Cardiac Arrest Foundation, [sca-aware.org](http://sca-aware.org)

# What are the odds?

- New report suggests the incidence of out-of-hospital cardiac arrest is 326,200. The average survival rate is 10.6% and survival with good neurologic function is 8.3%. Nearly one in three victims survives when the arrest is witnessed by a bystander. *www.sca-aware.org*
  - 50% unwitnessed



# Statistics

- Incidence per 10,000 adults
  - 10.1 African American
  - 6.5 Hispanic
  - 5.8 Caucasian
    - [www.sca-aware.org](http://www.sca-aware.org)

# Regional Variation

- Overall incidence of in-hospital cardiac arrest was 2.85 per 1,000 admissions but varied by region ( $P < .001$ ):
  - *Northeast (19.4% of cases): 2.75*
    - *Mostly Caucasian*
  - *Midwest (19.0%): 2.33*
    - *Mostly Caucasian*
  - *South (37.7%): 2.81*
    - *Mostly African American*

# Regional Variations

- *West (23.9%): 3.73*
  - *Hispanic and Pacific Islands*
- *Higher incident of Medicare and Medicaid patients in West region*
  - *<http://www.tctmd.com/show.aspx?id=128346>*

# How are we doing?

- No significant change between 1998-2001 vs 1977-1981<sup>1</sup>
  - 17.5% vs 15.7%
  - Outpatient events
- Varies based on rhythm found in arrest
  - Asystole: 10% to hospital, 0-2% leave<sup>2</sup>
  - PEA: 11% leave hospital<sup>3</sup>
  - VF/VT: 25-40% leave hospital<sup>4</sup>

# Patients

- Overestimate survival
  - 60.4% chance of surviving SCD<sup>5</sup>
- Actual
  - 17%
- Half of all patients changed code status when informed of true survival odds<sup>6</sup>



# Pre Arrest

- Poor survival<sup>7</sup>
  - Age >85
    - 6% chance
  - Not Caucasian
    - Likely location bias
  - ESRD
  - Sepsis
  - 2 or more chronic diseases

# Pre Arrest

- Poor survival<sup>8</sup>
  - CVA prior to arrest
  - >5 min CPR
  - Cancer
    - 6.2% with cancer
      - 9.2% Localized, 5.8% metastatic
    - Almost 0% if preceded by functional decline
      - Area of improvement for education
  - Prior residence in SNF
  - Alzheimer's
    - Advanced

# Post Arrest

- Poor survival<sup>9</sup>
  - Persistent coma post code
    - More than 3 days
  - Shock
  - CHF hx
    - Class 3-4
  - Mechanical ventilation
  - AKI post arrest

# Post Arrest

- Poor Survival<sup>9</sup>
  - Asystole or PEA
  - Findings 3 days out
    - Absent pupillary response
    - Absent corneal reflex
    - Absent or extensor posturing

# Post Arrest

- Poor survival<sup>10</sup>
  - Trauma
  - Nontraumatic bleed
  - Intoxication
  - Drowning
  - PE



# Post Arrest

- Better survival<sup>1,11</sup>
  - VF/VT
    - If defibrillated in time
      - 10% less chance of survival for every minute not terminated
  - Younger age
  - Bystander intervention
    - Higher income neighborhood
  - Compression only CPR (out-of-hospital)
  - AED use

# ACLS/CPR

- Is a procedure
- Implied consent is standard
  - Only such procedure that always assumes this
- Does not have a high success rate
- May not be appropriate for all people
- Invasive and traumatic

# Terminology<sup>12</sup>

Hospital Order Abbreviation	DNR	DNAR	AND
<b>Stands for</b>	Do not resuscitate	Do not attempt resuscitation	Allow natural death
<b>Pros</b>	Familiar to all	Clearer language indicates only a resuscitation attempt, not that it is likely to succeed	Clearer language affirms that patients want nature to take its course, without CPR/ACLS interventions unlikely to succeed
<b>Cons</b>	<ul style="list-style-type: none"> <li>• Can give the misimpression to patients and family that the attempt at resuscitation is likely to succeed</li> <li>• Can make patients (or family) think they are deciding whether to live or die, even though in an end-of-life situation, all roads lead to death</li> </ul>	Less familiar than DNR	<ul style="list-style-type: none"> <li>• Can be confused with the conjunction "and"</li> <li>• Clarification needed in orders about what is not wanted (CPR/ACLS) and what is wanted (pain control, hydration, etc)</li> <li>• May not fit all situations</li> </ul>
<b>Examples of who uses it</b>	Most hospitals	AHA, <sup>1</sup> British Medical Association, <sup>3</sup> many hospitals	Hospice Patients' Alliance, <sup>4</sup> some hospitals

CPR, cardiopulmonary resuscitation; ACLS, advanced cardiac life support; AHA, American Heart Association.

# DNR/DNAR/AND

- DNR
  - Can carry a stigma
  - Does not mean do not treat
  - Older order
  - More familiar
- DNAR
  - More popular in Europe
    - Some US hospitals use
  - Conveys that CPR is an “attempt”

# DNR/DNAR/AND

- AND
  - May be clearer for the patients
  - May cause some ambiguity
    - Palliative meds
    - Nutrition/hydration
      - In OK would get ANH unless AD addresses
    - Other non “natural” interventions that are not CPR/ACLS
  - Supported by Hospice Patient Alliance
    - May be more appropriate for this subset



# Oklahoma DNR

- Can be made by patient, proxy/surrogate, or attending physician
- Can be revoked by proxy/surrogate for patient
  - Should follow wishes of the patient
- Can change at any time
- Must be witnessed
- Active at moment of signing
- Includes intubation
  - Can be modified

# Advanced Care Planning (ACP)

- Helps understand a patient's goals and values
- Time consuming if done right
- Should leave goals known
- Avoid unwanted procedures or treatments
- Two codes for billing
  - 99497-1.5 RVU
    - First 30 minutes (need 16 minutes to bill)
  - 99498-1.4 RVU
    - Each additional 30 minutes

# Advanced Care Planning (ACP)

- ACP billing requirements
  - Must be voluntary
    - Need to document this
  - Face to face/Telehealth
    - Can be with proxy, surrogate, or patient
  - MD/DO, PA, NP may perform
    - Can have RN/SW or employee of clinic perform
    - Billed under “Incident-to” provision
      - Must be established in clinic
      - Cannot be billed as separate visit-needs to occur on same day

# Advanced Care Planning (ACP)

- ACP billing requirements
  - Location
    - Anywhere-need to document though
      - Hospice is billed under Part B
  - Document
    - Brief summary of visit and discussion
    - Who, where, what (documentation completed or incomplete), decisions made/not made, and total time spent on ACP
  - Can bill with or without E/M code
    - 99232 + 99497 (Hospital follow up with ACP)=2.89 RVU
    - Must meet time if done on admission
      - 75 minutes for admit then ACP if done
    - Can bill as 99497 & 99498



# Advanced Care Planning (ACP)

- ACP billing requirements
  - Telehealth
    - Now able to use this for service
  - Forms do not have to be signed to bill
  - Can use in subsequent visits but need to document
  - Need a diagnosis code
  - 16 minutes must be spent to capture first code and ideally the same (46 minutes total) to capture 99498 to reduce chance of audits



# Conclusion

- ACP in any form will help direct care at the end of life
- ACP will decrease confusion around end of life care
- Very likely ACP will decrease cost of care and increase family and patient satisfaction
- ACP is time consuming
  - Utilize codes for billing to capture time spent

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