Presentation of Current Approaches and Solutions

Expanding eConsent: Advance Care Planning in the 21st Century

Lightning Round - What to Expect

This will be a fast- moving session. Fasten your seatbelts!

1. Introduction (Ken Rubin)
2. BPM+ Presentation (Ben Cushing)
3. IOI/Trisotech Presentation (Denis Gagne)
4. Transition (Matt Rose)
5. Lightning Round presentations (about 5 minutes each)

Lightning Round

Rapid Review of eConsent and Advance Care Planning Case Studies

Ken Rubin
Executive Director
BPM+ Health

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Trisotech

Obtaining consent prior to surgery using business models

An Trisotech/IOI Collaboration

INTEROPERABILITY INSTITUTE

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Chief Medical Informatics Officer (CMIO),
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Denis Gagne

Chief Executive Officer (CEO),
dgagne@Trisotech.com

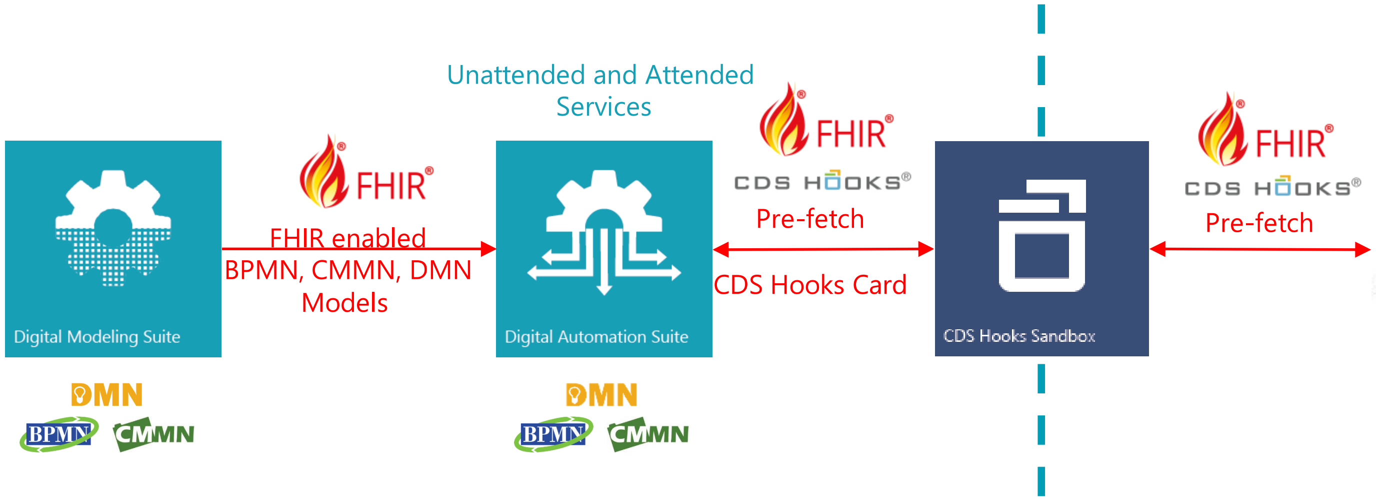
Our Goals today is to Showcase :

1. Usage of the **FHIR Consent Resource** (more specifically: the Medical Treatment Consent Directive use case, not yet developed).

2. BPM+ Health **Visual Process and Decision Models** as a way to capture guideline knowledge via the Trisotech Digital Enterprise Suite (DES)

3. A synthetic but realistic **Healthcare Ecosystem** via the Interoperability Land (IOL) from the Interoperability Institute (IOI)

“Cloudpletely” based on International Open Standards



Digital Modeling Suite

DMN BPMN CMMN

FHIR

FHIR enabled BPMN, CMMN, DMN Models

Unattended and Attended Services

Digital Automation Suite

DMN BPMN CMMN

FHIR CDS HOOKS

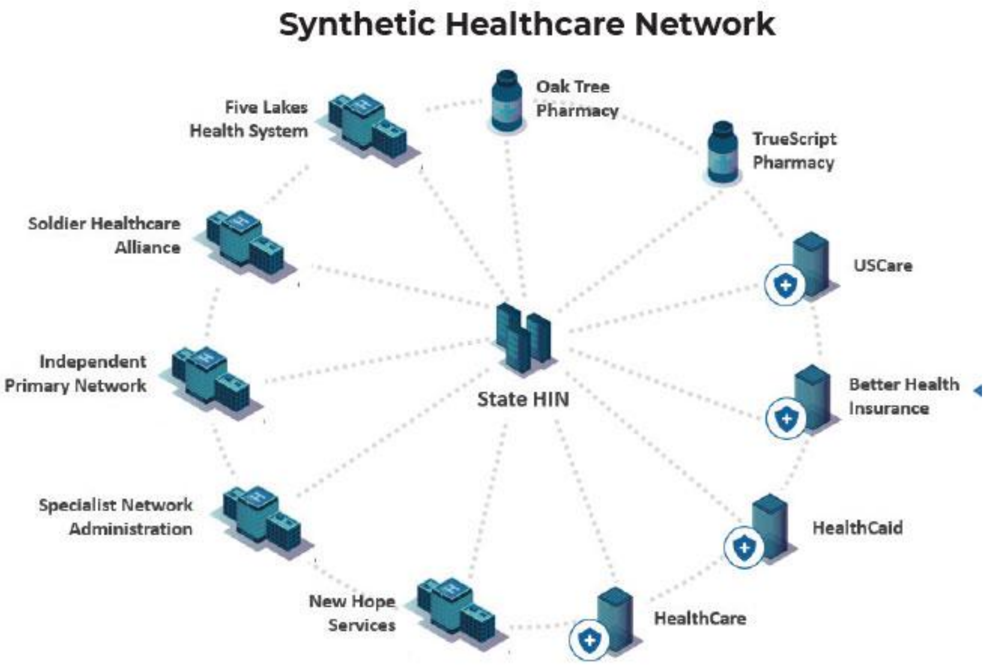
Pre-fetch

CDS Hooks Card

CDS Hooks Sandbox

FHIR CDS HOOKS

Pre-fetch


Synthetic Healthcare Network
Five Lakes Health System
Oak Tree Pharmacy
TrueScript Pharmacy
Soldier Healthcare Alliance
USCare
Independent Primary Network
State HIN
Better Health Insurance
Specialist Network Administration
HealthCaid
New Hope Services
HealthCare

Trisotech

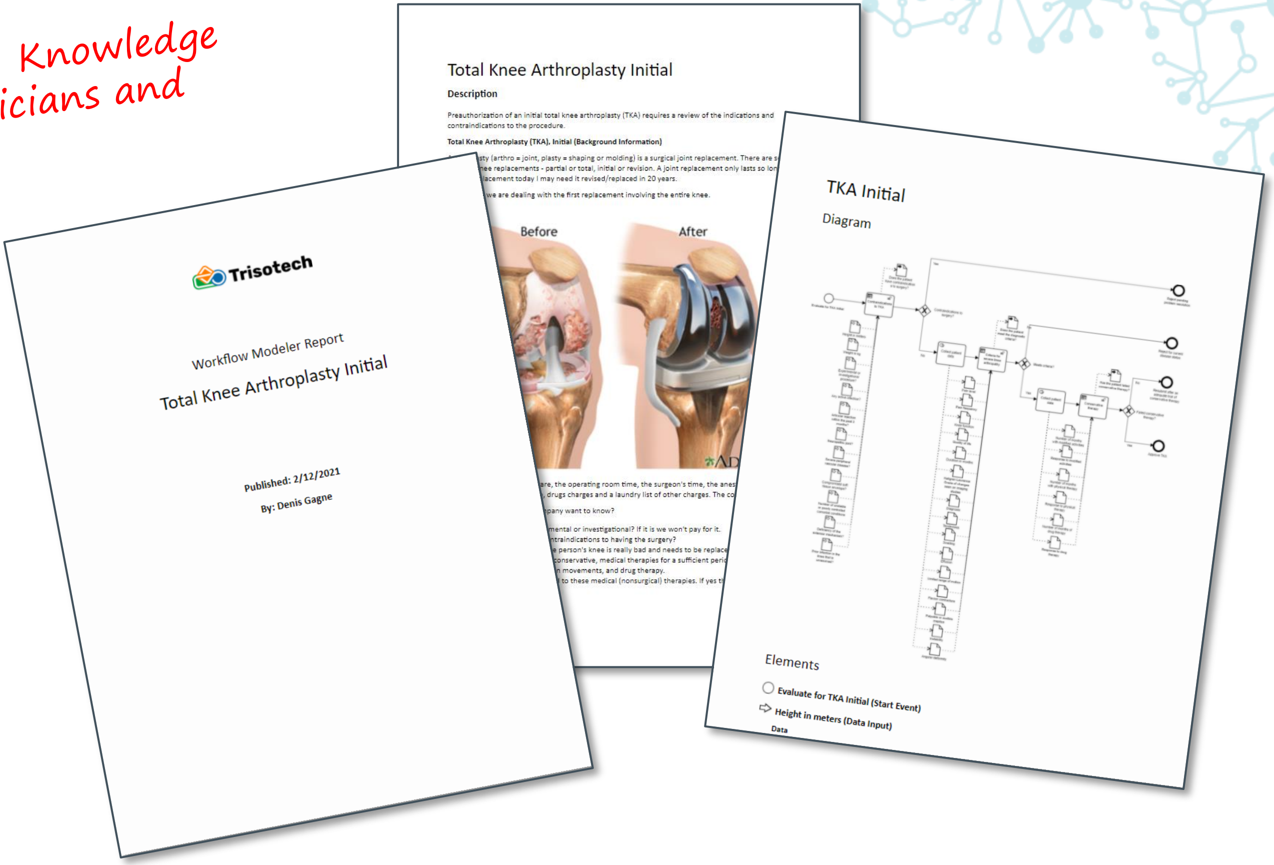
INTEROPERABILITY™ LAND

BPM+ Health

BPM+ Guideline Models

Created by clinicians for clinicians

** A single visual Knowledge Artefact for clinicians and for automation



Total Knee Arthroplasty Initial

Description

Preauthorization of an initial total knee arthroplasty (TKA) requires a review of the indications and contraindications to the procedure.

Total Knee Arthroplasty (TKA), Initial (Background Information)

sty (arthro = joint, plasty = shaping or molding) is a surgical joint replacement. There are s
nee replacements - partial or total, initial or revision. A joint replacement only lasts so lon
lacement today I may need it revised/replaced in 20 years.

we are dealing with the first replacement involving the entire knee.

are, the operating room time, the surgeon's time, the anes
, drugs charges and a laundry list of other charges. The co

pany want to know?

mental or investigational? If it is we won't pay for it.
ntraindications to having the surgery?
e person's knee is really bad and needs to be replace
conservative, medical therapies for a sufficient peri
n movements, and drug therapy.
to these medical (nonsurgical) therapies. If yes t

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Workflow Modeler Report

Total Knee Arthroplasty Initial

Published: 2/12/2021

By: Denis Gagne

TKA Initial

Diagram

Elements

○ Evaluate for TKA Initial (Start Event)

⇨ Height in meters (Data Input)

Data

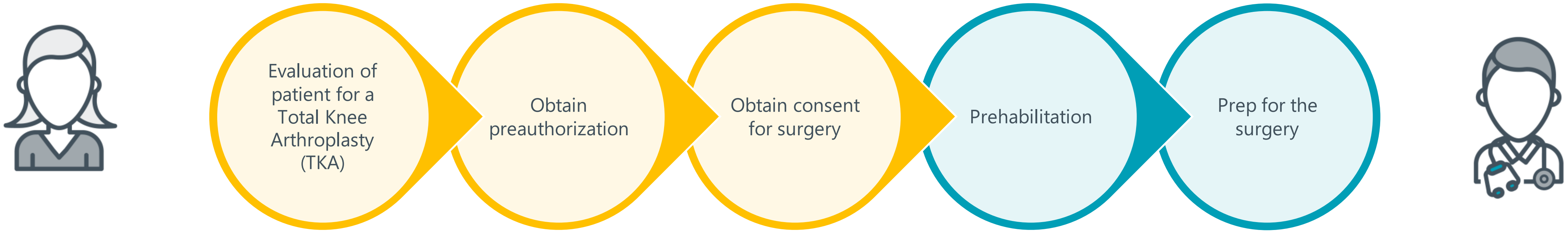
- The model is the guideline specification
- The model is the guideline logic
- The model is the guideline documentation
- The model is the guideline automation code

DMN

BPMN

CMMN

Demo Scenario



Evaluation of patient for a Total Knee Arthroplasty (TKA)

Obtain preauthorization

Obtain consent for surgery

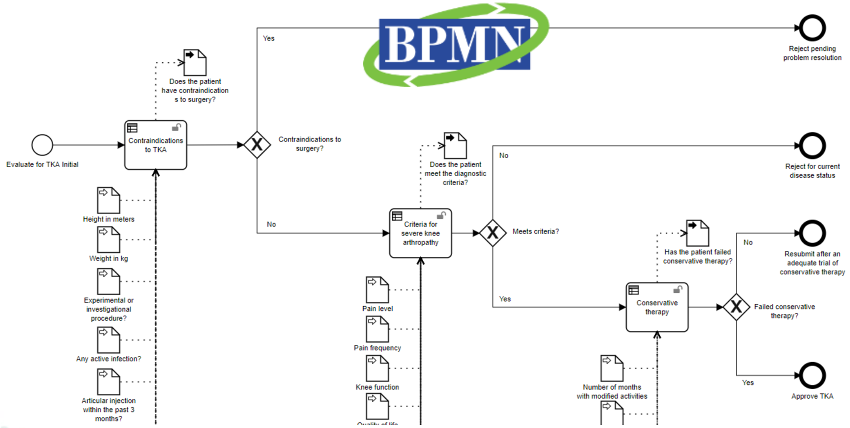
Prehabilitation

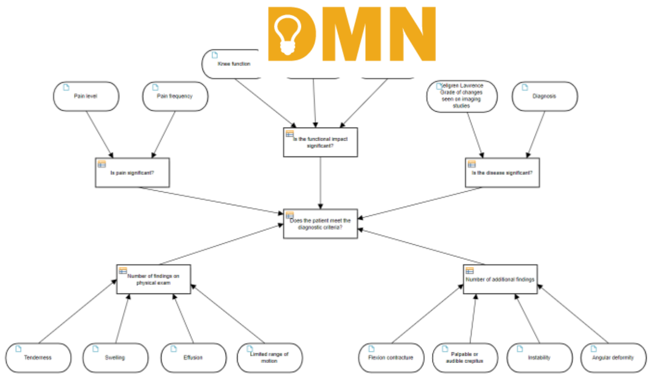
Prep for the surgery

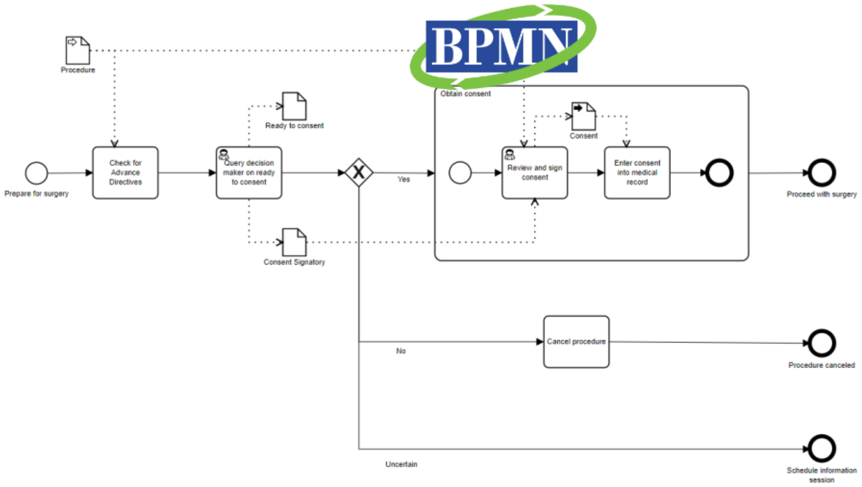
Unattended Service

Unattended Service

Attended Service

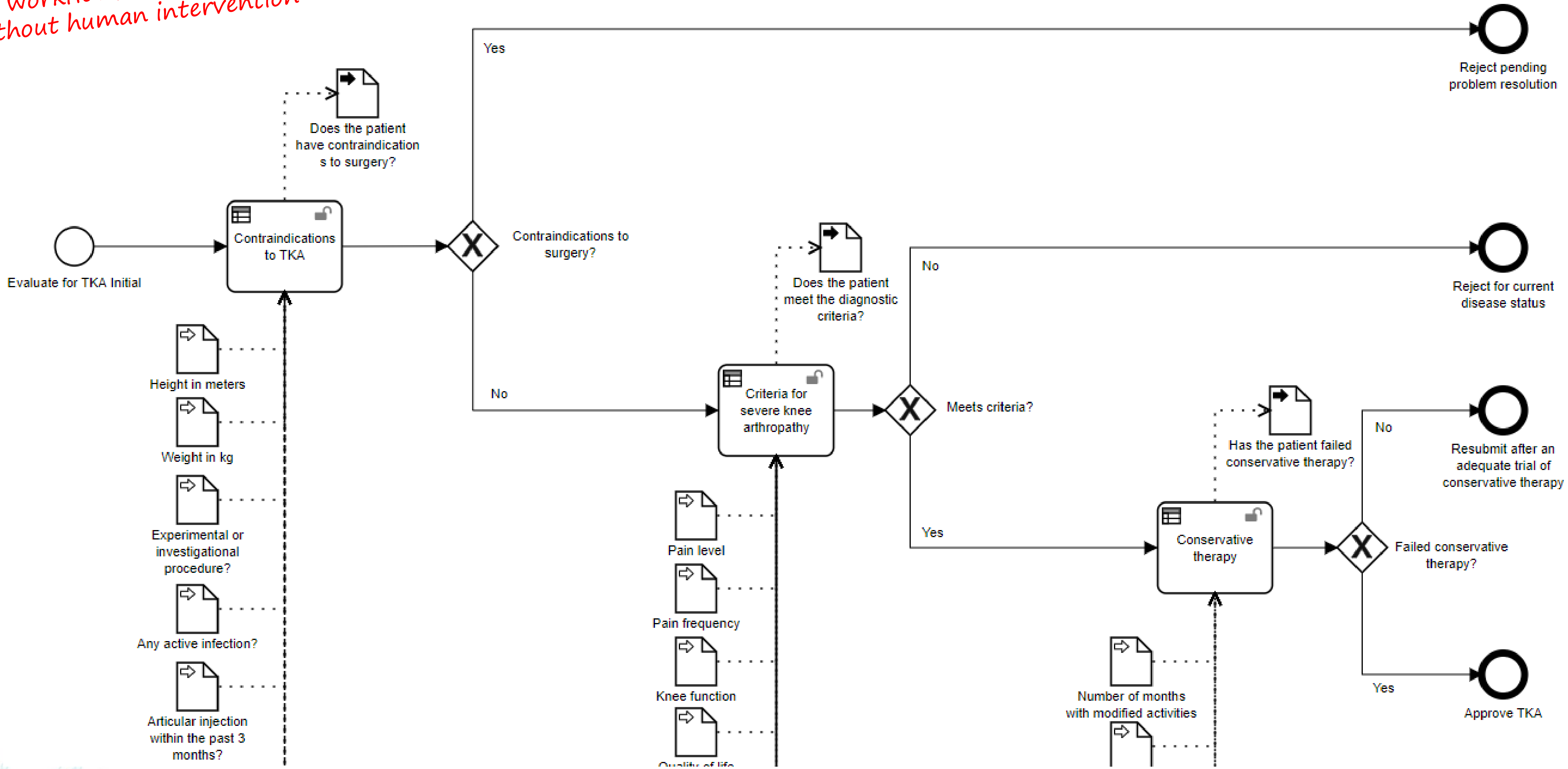

BPMN
Evaluate for TKA Initial
Contraindications to TKA
Does the patient have contraindication s to surgery?
Contraindications to surgery?
Yes
No
Reject pending problem resolution
Height in meters
Weight in kg
Experimental or investigational procedure?
Any active infection?
Articular injection within the past 3 months?
Criteria for severe knee arthropathy
Does the patient meet the diagnostic criteria?
Pain level
Pain frequency
Knee function
Meets criteria?
No
Reject for current disease status
Yes
Conservative therapy
Has the patient failed conservative therapy?
Number of months with modified activities
Failed conservative therapy?
No
Resubmit after an adequate trial of conservative therapy
Yes
Approve TKA


DMN
Knee function
Pain level
Pain frequency
Kellgren Lawrence Grade of changes seen on imaging studies
Diagnosis
Is pain significant?
Is the functional impact significant?
Is the disease significant?
Does the patient meet the diagnostic criteria?
Number of findings on physical exam
Number of additional findings
Tenderness
Swelling
Effusion
Limited range of motion
Flexion contracture
Palpable or audible crepitus
Instability
Angular deformity


BPMN
Procedure
Prepare for surgery
Check for Advance Directives
Query decision maker on ready to consent
Ready to consent
Consent Signatory
Yes
Obtain consent
Review and sign consent
Consent
Enter consent into medical record
Proceed with surgery
No
Cancel procedure
Procedure canceled
Uncertain
Schedule information session

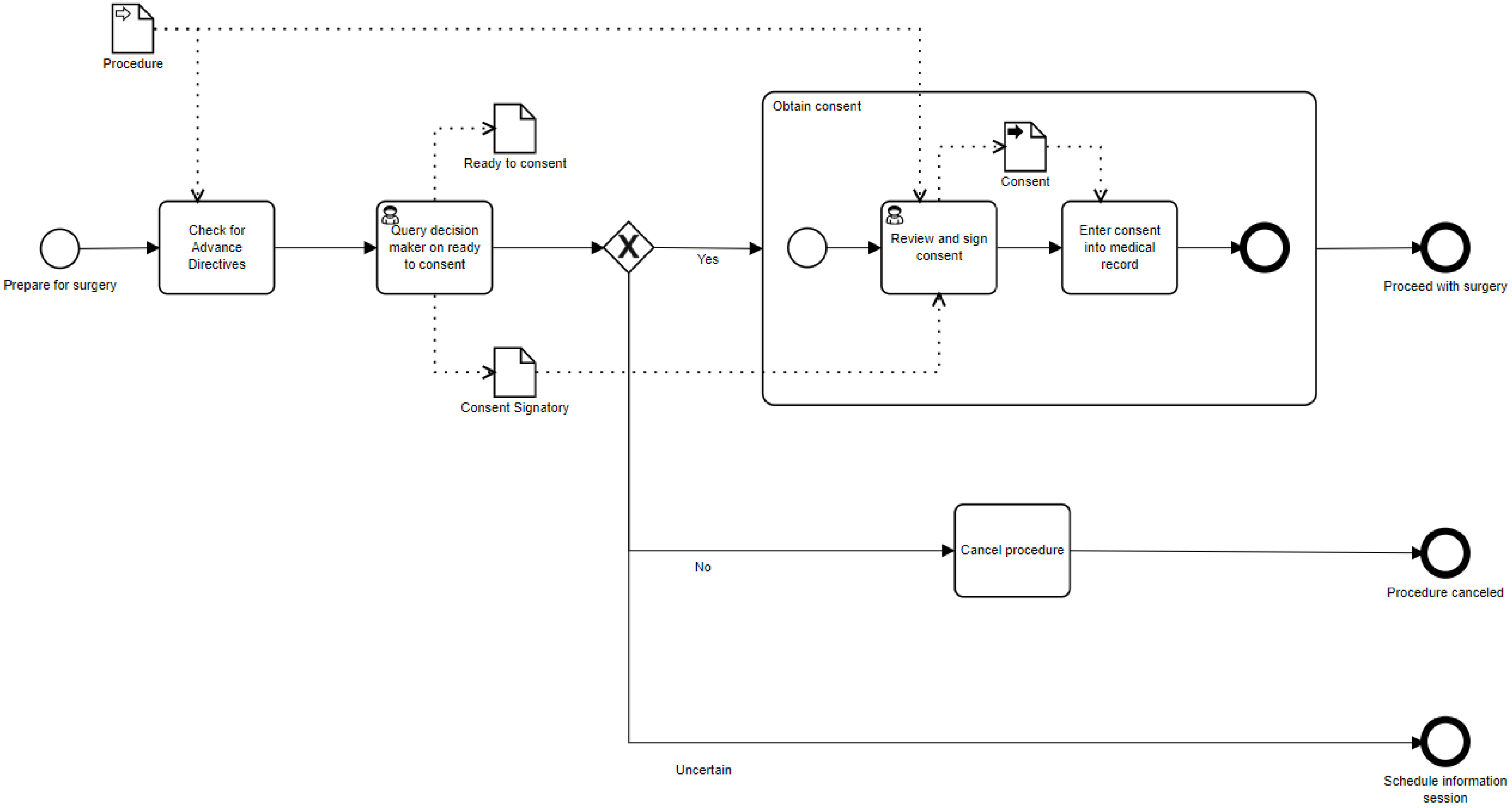
TKA Preauthorization

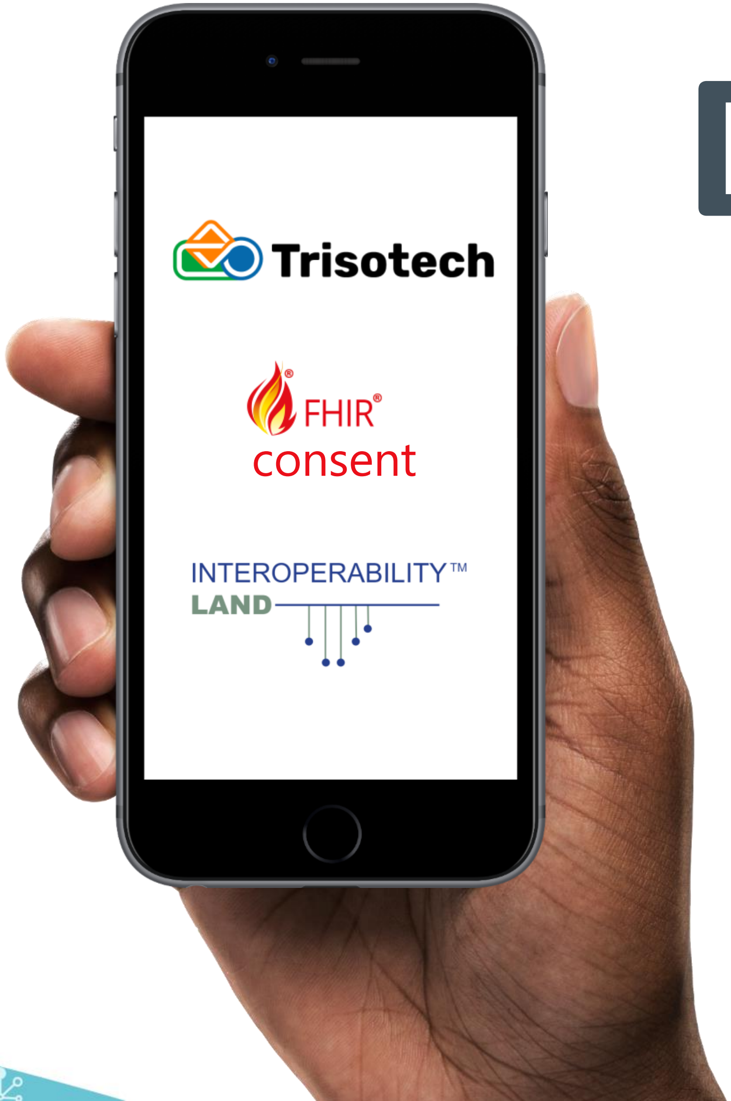
** TKA preauthorization is an unattended workflow, it will straight through without human intervention


Yes
Reject pending problem resolution
Does the patient have contraindication s to surgery?
Contraindications to TKA
Contraindications to surgery?
Evaluate for TKA Initial
Height in meters
Weight in kg
Experimental or investigational procedure?
Any active infection?
Articular injection within the past 3 months?
No
Does the patient meet the diagnostic criteria?
No
Reject for current disease status
Criteria for severe knee arthropathy
Meets criteria?
Pain level
Pain frequency
Knee function
Yes
Has the patient failed conservative therapy?
No
Resubmit after an adequate trial of conservative therapy
Conservative therapy
Failed conservative therapy?
Number of months with modified activities
Yes
Approve TKA

Consent Process

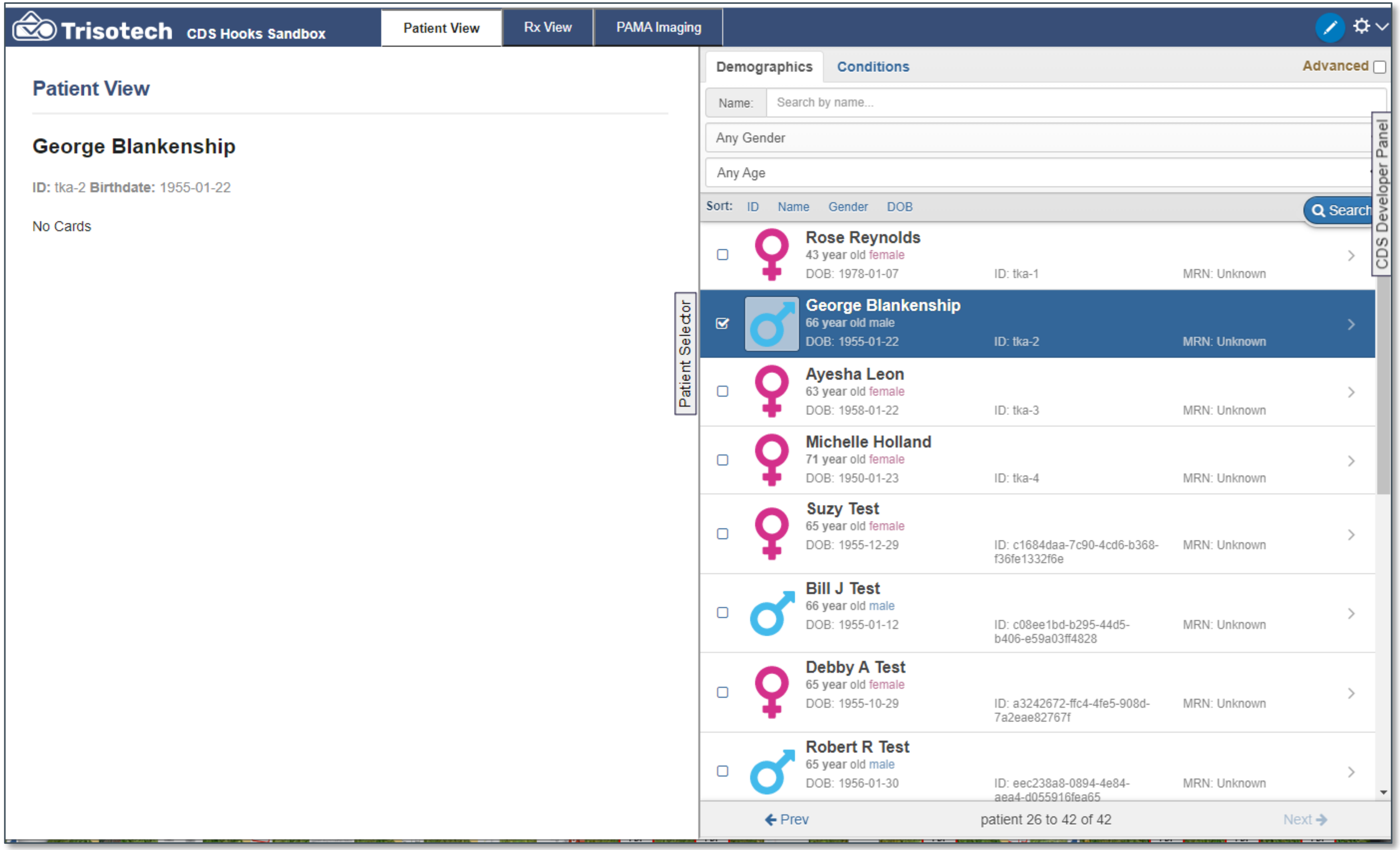
** Consent is an attended workflow, it will require human entries to move forward


Procedure
Ready to consent
Obtain consent
Consent
Prepare for surgery
Check for Advance Directives
Query decision maker on ready to consent
Yes
Review and sign consent
Enter consent into medical record
Proceed with surgery
Consent Signatory
No
Cancel procedure
Procedure canceled
Uncertain
Schedule information session


Trisotech
FHIR®
consent
INTEROPERABILITY™
LAND

Demo

TRISOTECH DEMO SANDBOX EMULATES AN EHR


Trisotech CDS Hooks Sandbox
Patient View
Rx View
PAMA Imaging
Demographics
Conditions
Advanced ☐
Sort: ID Name Gender DOB
Search
Patient Selector
CDS Developer Panel
← Prev
Next →

Patient View

George Blankenship

ID: tka-2 **Birthdate:** 1955-01-22

No Cards

Name: Search by name...

Any Gender

Any Age

☐ **Rose Reynolds**
43 year old female
DOB: 1978-01-07 ID: tka-1 MRN: Unknown

☑ **George Blankenship**
66 year old male
DOB: 1955-01-22 ID: tka-2 MRN: Unknown

☐ **Ayesha Leon**
63 year old female
DOB: 1958-01-22 ID: tka-3 MRN: Unknown

☐ **Michelle Holland**
71 year old female
DOB: 1950-01-23 ID: tka-4 MRN: Unknown

☐ **Suzy Test**
65 year old female
DOB: 1955-12-29 ID: c1684daa-7c90-4cd6-b368-f36fe1332f6e MRN: Unknown

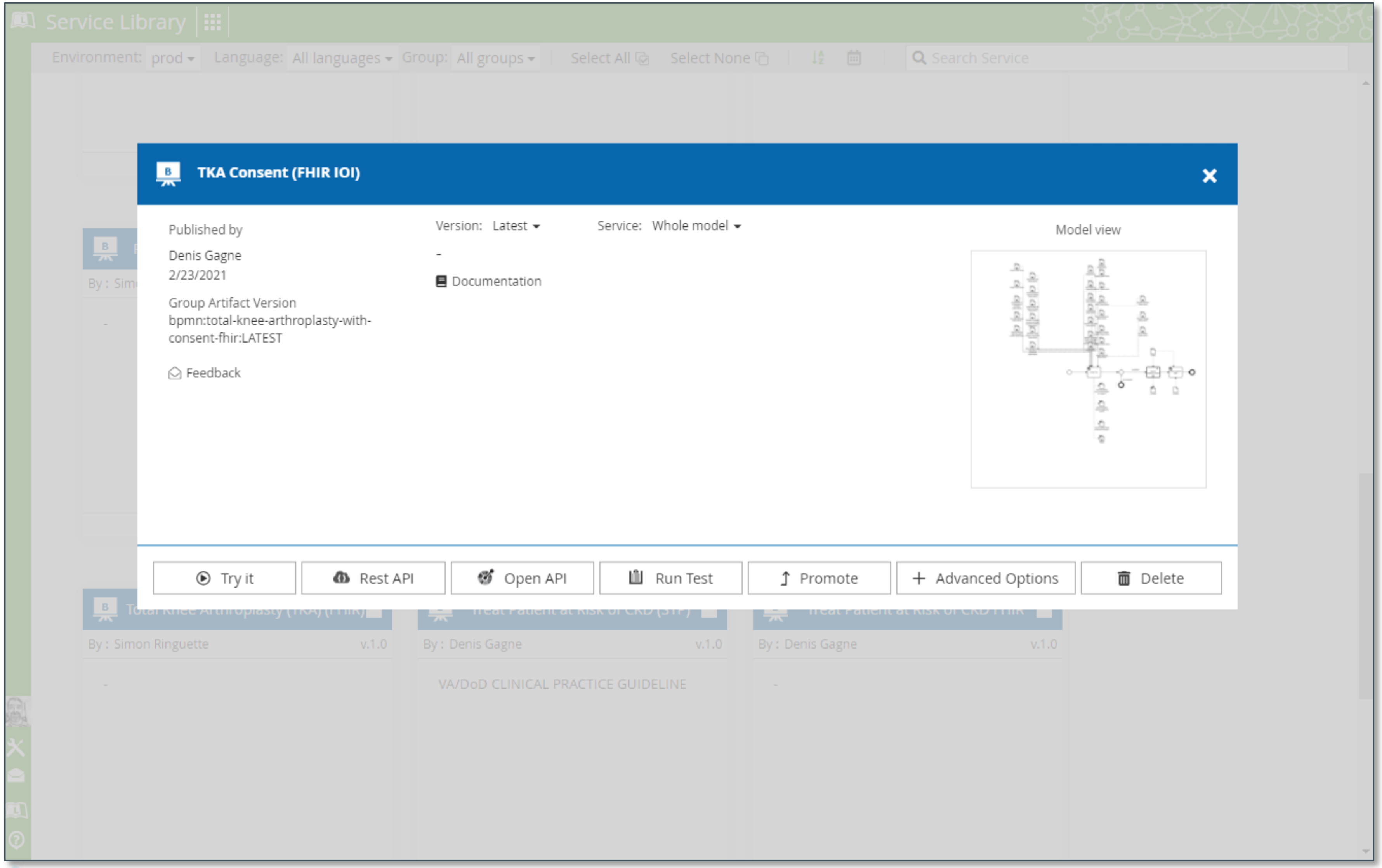
☐ **Bill J Test**
66 year old male
DOB: 1955-01-12 ID: c08ee1bd-b295-44d5-b406-e59a03ff4828 MRN: Unknown

☐ **Debby A Test**
65 year old female
DOB: 1955-10-29 ID: a3242672-ffc4-4fe5-908d-7a2eae82767f MRN: Unknown

☐ **Robert R Test**
65 year old male
DOB: 1956-01-30 ID: eec238a8-0894-4e84-aea4-d055916fea65 MRN: Unknown

patient 26 to 42 of 42

BPM+ MODELS CAN BE PUBLISHED AS SERVICES USING A SINGLE CLICK


Service Library
Environment: prod
Language: All languages
Group: All groups
Select All
Select None
Search Service
TKA Consent (FHIR IOI)
Model view
Documentation
Feedback
Try it
Rest API
Open API
Run Test
Promote
Advanced Options
Delete

Published by
Denis Gagne
2/23/2021

Group Artifact Version
bpmn:total-knee-arthroplasty-with-consent-fhir:LATEST

Version: Latest

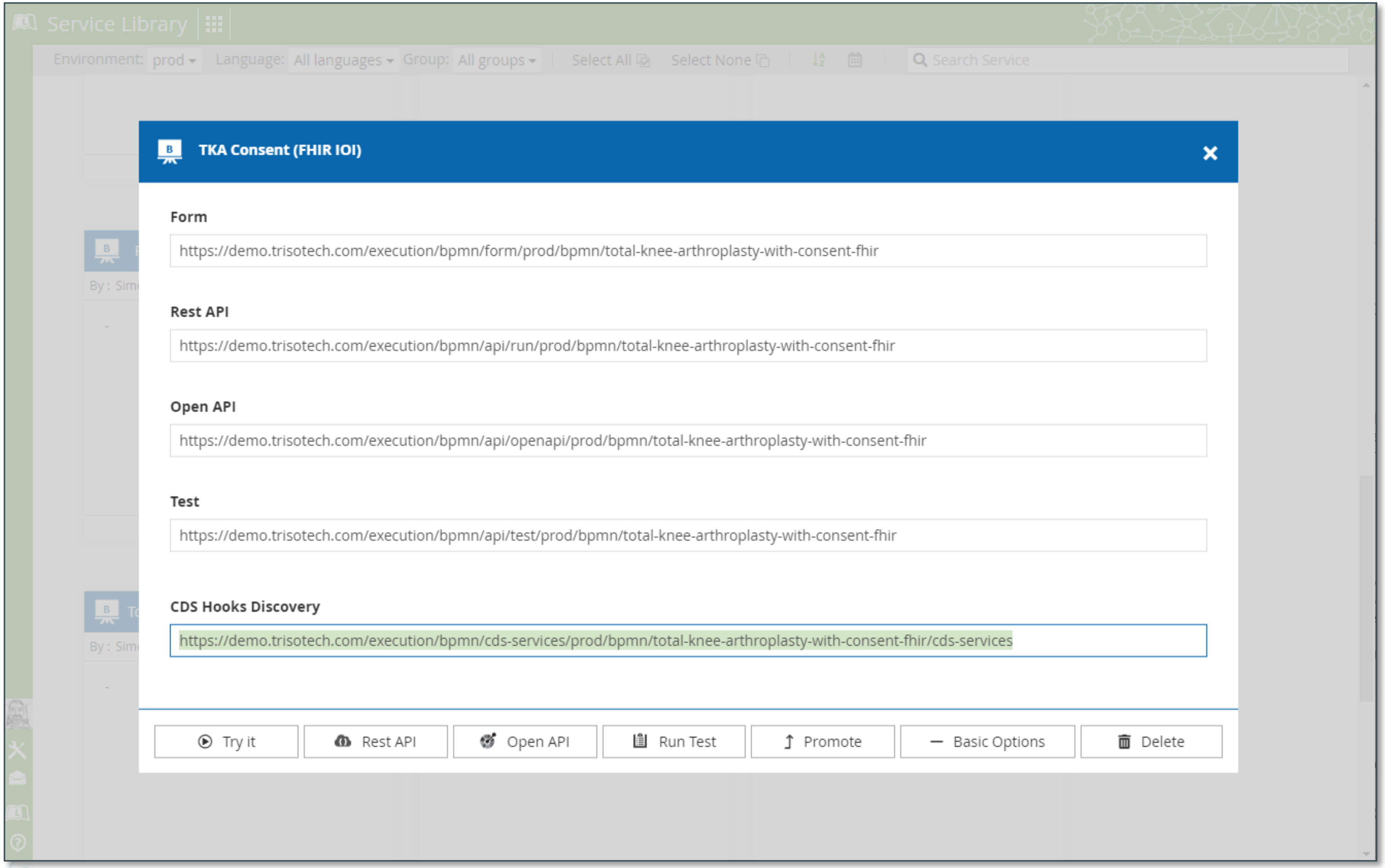
Service: Whole model

Total Knee Arthroplasty (TKA) (FHIR)
By : Simon Ringuette v.1.0

Treat Patient at Risk of CKD (STP)
By : Denis Gagne v.1.0
VA/DoD CLINICAL PRACTICE GUIDELINE

Treat Patient at Risk of CKD FHIR
By : Denis Gagne v.1.0

VARIOUS SERVICE ENDPOINTS ARE GENERATED INCLUDING CDS HOOKS


Service Library
Environment: prod
Language: All languages
Group: All groups
Select All
Select None
Search Service
Try it
Rest API
Open API
Run Test
Promote
Basic Options
Delete

TKA Consent (FHIR IOI)

Form

https://demo.trisotech.com/execution/bpmn/form/prod/bpmn/total-knee-arthroplasty-with-consent-fhir

Rest API

https://demo.trisotech.com/execution/bpmn/api/run/prod/bpmn/total-knee-arthroplasty-with-consent-fhir

Open API

https://demo.trisotech.com/execution/bpmn/api/openapi/prod/bpmn/total-knee-arthroplasty-with-consent-fhir

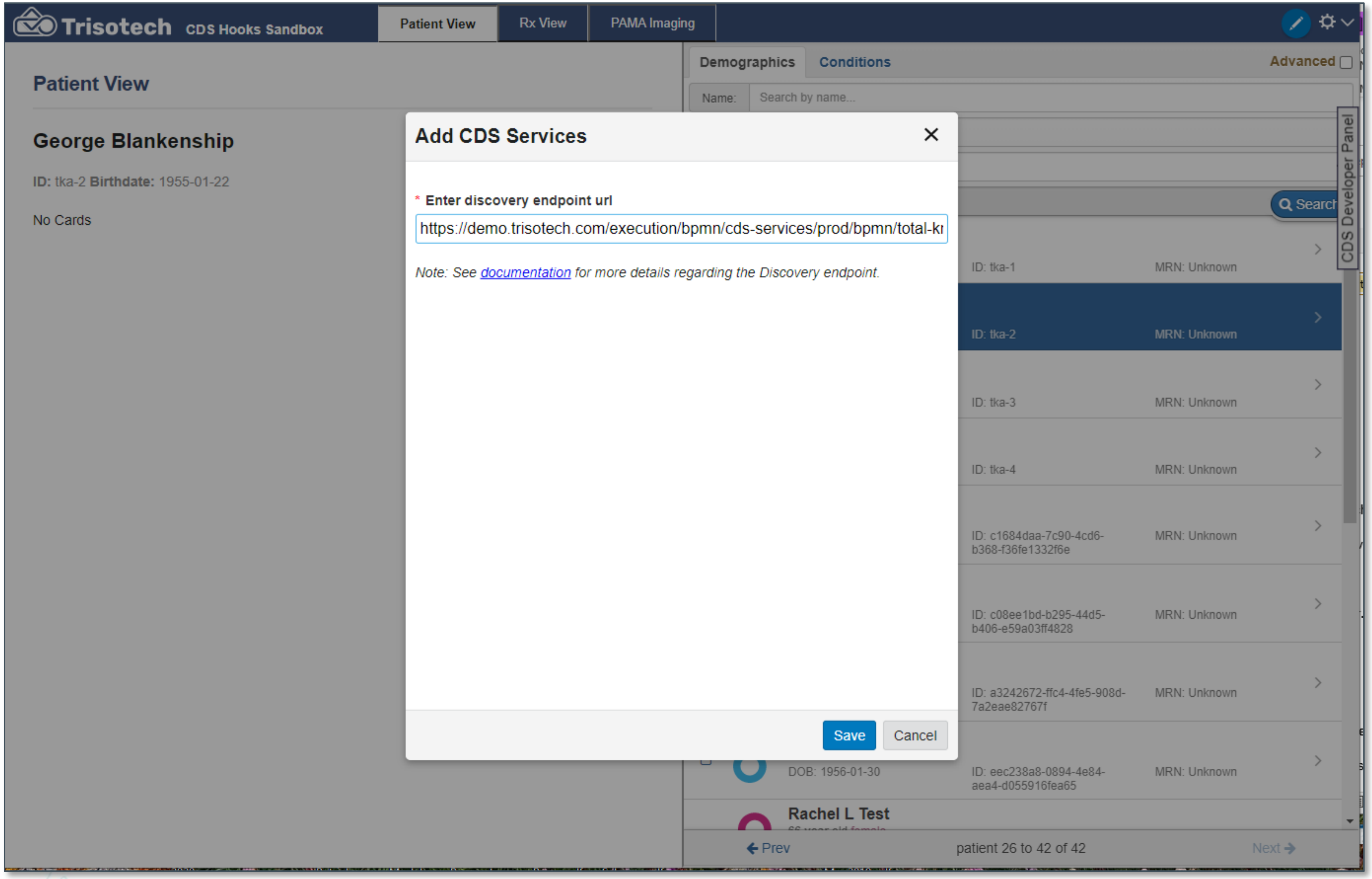
Test

https://demo.trisotech.com/execution/bpmn/api/test/prod/bpmn/total-knee-arthroplasty-with-consent-fhir

CDS Hooks Discovery

https://demo.trisotech.com/execution/bpmn/cds-services/prod/bpmn/total-knee-arthroplasty-with-consent-fhir/cds-services

CDS HOOKS END POINT CAN BE ADDED TO THE DEMO SANDBOX


Trisotech CDS Hooks Sandbox
Patient View
Rx View
PAMA Imaging
Demographics
Conditions
Advanced
Search
CDS Developer Panel
Save
Cancel
Prev
Next

Patient View

George Blankenship

ID: tka-2 **Birthdate:** 1955-01-22

No Cards

Name: Search by name...

Add CDS Services

* **Enter discovery endpoint url**

https://demo.trisotech.com/execution/bpmn/cds-services/prod/bpmn/total-kı

Note: See documentation for more details regarding the Discovery endpoint.

ID: tka-1 MRN: Unknown

ID: tka-2 MRN: Unknown

ID: tka-3 MRN: Unknown

ID: tka-4 MRN: Unknown

ID: c1684daa-7c90-4cd6-b368-f36fe1332f6e MRN: Unknown

ID: c08ee1bd-b295-44d5-b406-e59a03ff4828 MRN: Unknown

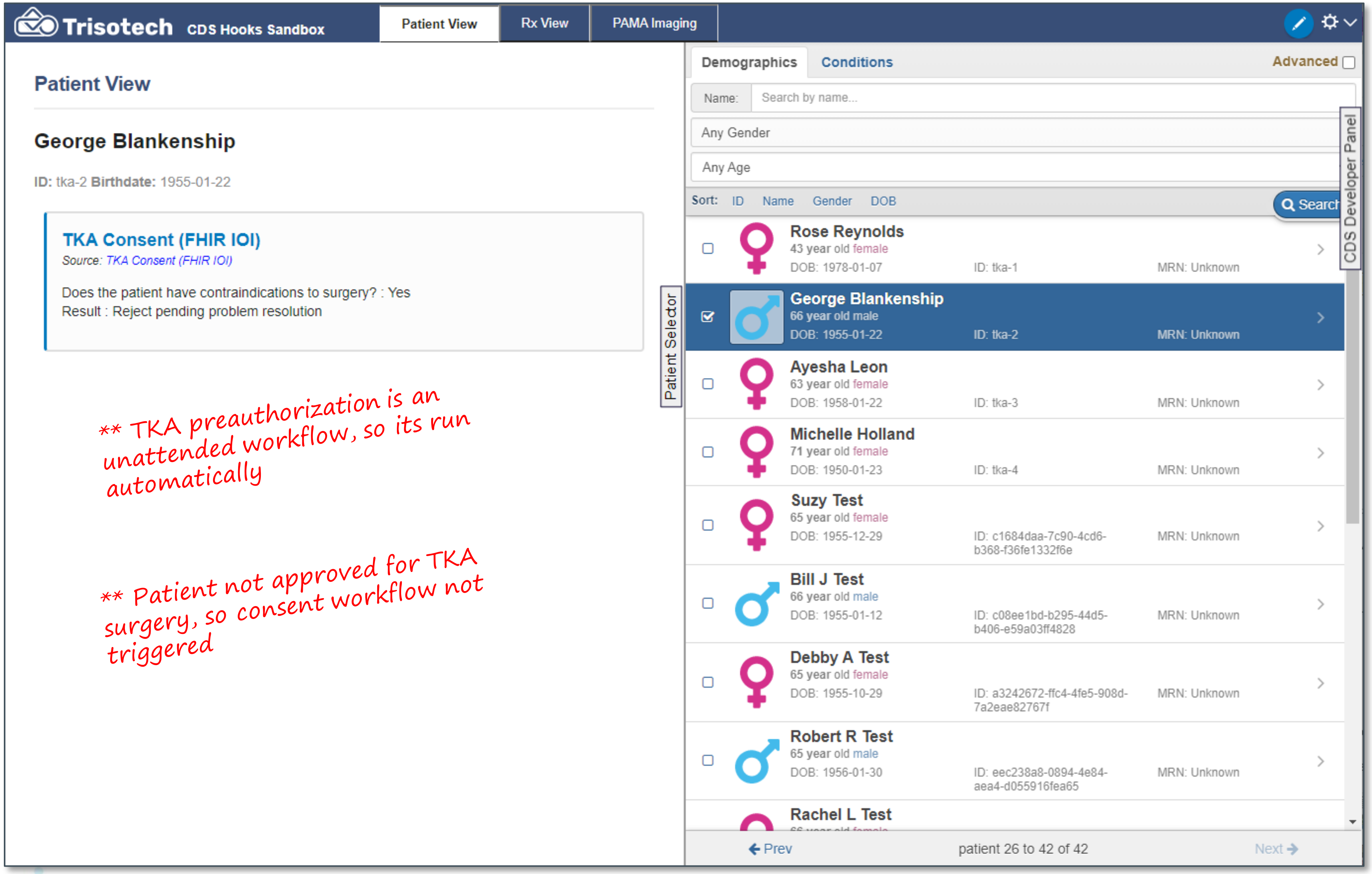
ID: a3242672-ffc4-4fe5-908d-7a2eae82767f MRN: Unknown

DOB: 1956-01-30 ID: eec238a8-0894-4e84-aea4-d055916fea65 MRN: Unknown

Rachel L Test

patient 26 to 42 of 42

CDS HOOKS INFO CARD RESULTING FROM BPM+ MODEL APPEARS INSTANTANEOUSLY


Trisotech CDS Hooks Sandbox
Patient View
Rx View
PAMA Imaging
Demographics
Conditions
Advanced ☐
Patient Selector
CDS Developer Panel
Search
← Prev
Next →

Patient View

George Blankenship

ID: tka-2 **Birthdate:** 1955-01-22

TKA Consent (FHIR IOI)

Source: TKA Consent (FHIR IOI)

Does the patient have contraindications to surgery? : Yes
Result : Reject pending problem resolution

Name: Search by name...
Any Gender
Any Age

Sort: ID Name Gender DOB

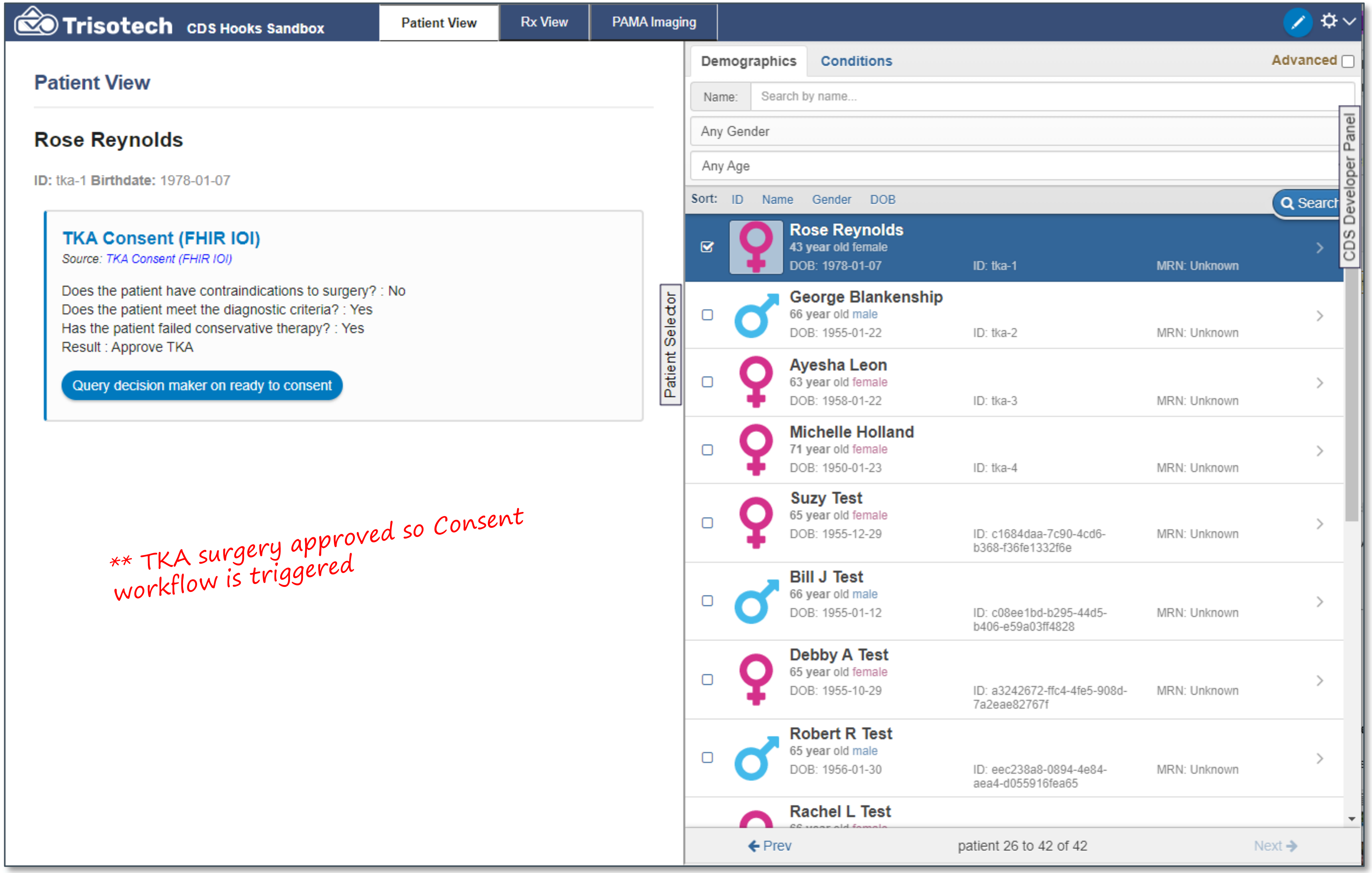
☐	**Rose Reynolds** 43 year old female DOB: 1978-01-07	ID: tka-1	MRN: Unknown	›
☑	**George Blankenship** 66 year old male DOB: 1955-01-22	ID: tka-2	MRN: Unknown	›
☐	**Ayesha Leon** 63 year old female DOB: 1958-01-22	ID: tka-3	MRN: Unknown	›
☐	**Michelle Holland** 71 year old female DOB: 1950-01-23	ID: tka-4	MRN: Unknown	›
☐	**Suzy Test** 65 year old female DOB: 1955-12-29	ID: c1684daa-7c90-4cd6-b368-f36fe1332f6e	MRN: Unknown	›
☐	**Bill J Test** 66 year old male DOB: 1955-01-12	ID: c08ee1bd-b295-44d5-b406-e59a03ff4828	MRN: Unknown	›
☐	**Debby A Test** 65 year old female DOB: 1955-10-29	ID: a3242672-ffc4-4fe5-908d-7a2eae82767f	MRN: Unknown	›
☐	**Robert R Test** 65 year old male DOB: 1956-01-30	ID: eec238a8-0894-4e84-aea4-d055916fea65	MRN: Unknown	›
	Rachel L Test			

patient 26 to 42 of 42

** TKA preauthorization is an unattended workflow, so its run automatically

** Patient not approved for TKA surgery, so consent workflow not triggered

SWITCH TO A PATIENT APPROVED FOR TKA LEADS TO CONSENT WORKFLOW



Patient View

Rose Reynolds

ID: tka-1 **Birthdate:** 1978-01-07

TKA Consent (FHIR IOI)

Source: TKA Consent (FHIR IOI)

Does the patient have contraindications to surgery? : No
Does the patient meet the diagnostic criteria? : Yes
Has the patient failed conservative therapy? : Yes
Result : Approve TKA

Query decision maker on ready to consent

Demographics | Conditions | Advanced ☐

Name: Search by name...

Any Gender

Any Age

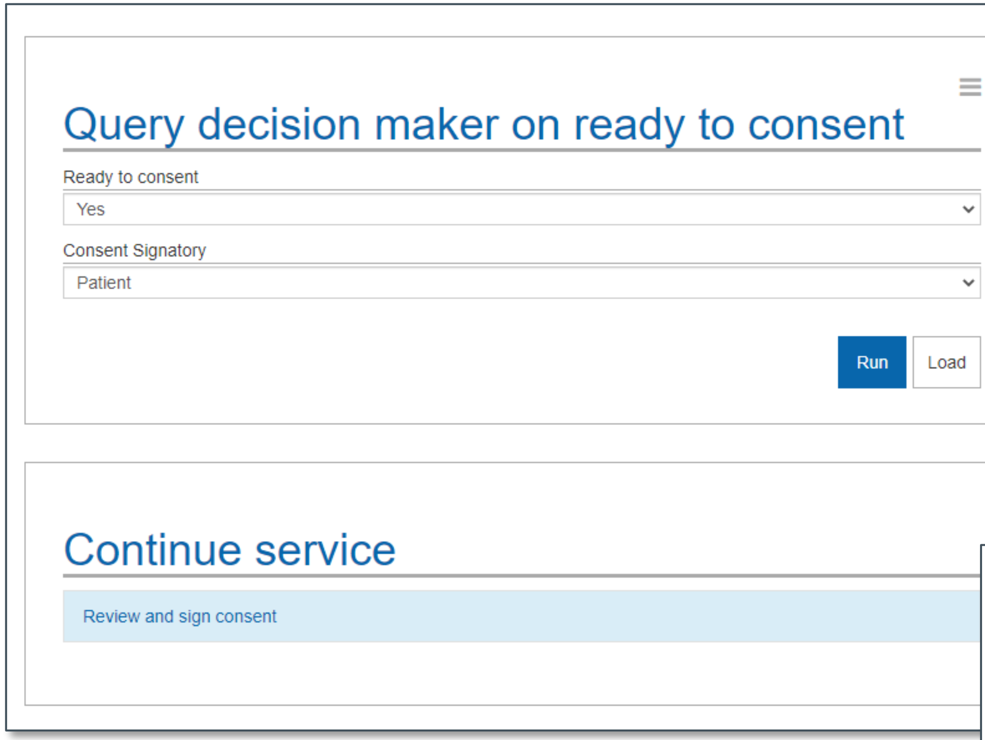
Sort: ID Name Gender DOB | Search

☑ **Rose Reynolds** — 43 year old female — DOB: 1978-01-07 — ID: tka-1 — MRN: Unknown
☐ **George Blankenship** — 66 year old male — DOB: 1955-01-22 — ID: tka-2 — MRN: Unknown
☐ **Ayesha Leon** — 63 year old female — DOB: 1958-01-22 — ID: tka-3 — MRN: Unknown
☐ **Michelle Holland** — 71 year old female — DOB: 1950-01-23 — ID: tka-4 — MRN: Unknown
☐ **Suzy Test** — 65 year old female — DOB: 1955-12-29 — ID: c1684daa-7c90-4cd6-b368-f36fe1332f6e — MRN: Unknown
☐ **Bill J Test** — 66 year old male — DOB: 1955-01-12 — ID: c08ee1bd-b295-44d5-b406-e59a03ff4828 — MRN: Unknown
☐ **Debby A Test** — 65 year old female — DOB: 1955-10-29 — ID: a3242672-ffc4-4fe5-908d-7a2eae82767f — MRN: Unknown
☐ **Robert R Test** — 65 year old male — DOB: 1956-01-30 — ID: eec238a8-0894-4e84-aea4-d055916fea65 — MRN: Unknown
Rachel L Test

Prev | patient 26 to 42 of 42 | Next

** TKA surgery approved so Consent workflow is triggered

STEP TO THROUGH CONSENT WORKFLOW



Query decision maker on ready to consent

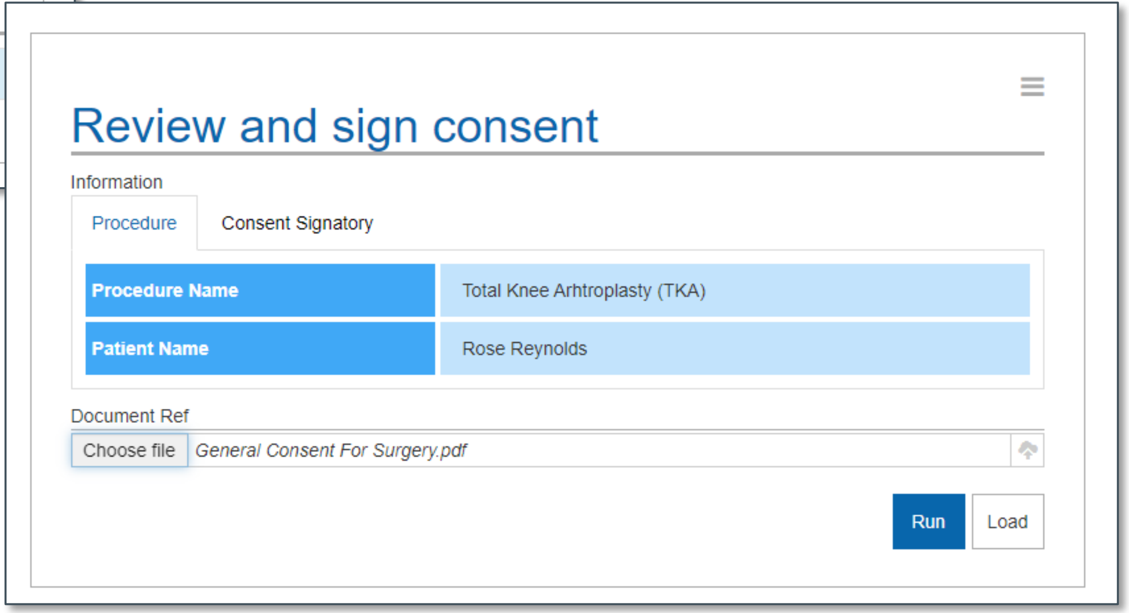
Ready to consent: Yes

Consent Signatory: Patient

Continue service

Review and sign consent

** Consent is an attended workflow, so entries are required



Review and sign consent

Information

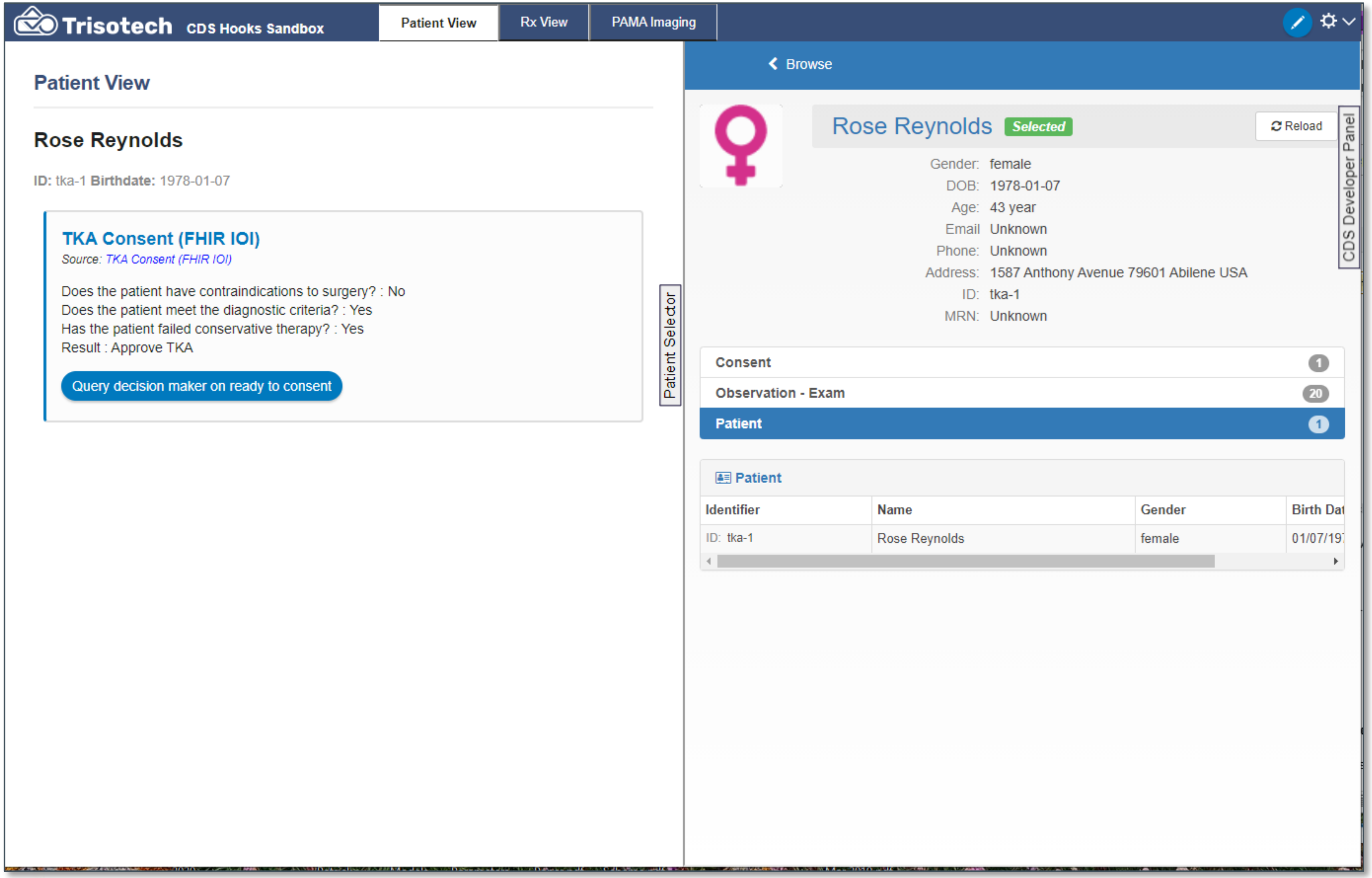
Procedure
Consent Signatory

Procedure Name	Total Knee Arhtroplasty (TKA)
Patient Name	Rose Reynolds

Document Ref: *General Consent For Surgery.pdf*

Choose file
Run
Load

CONSENT DOCUMENT NOW ADDED TO PATIENT AS A FHIR RESOURCE


Trisotech CDS Hooks Sandbox
Patient View
Rx View
PAMA Imaging
Browse
Patient Selector
CDS Developer Panel
Reload
Selected

Patient View

Rose Reynolds

ID: tka-1 **Birthdate:** 1978-01-07

TKA Consent (FHIR IOI)

Source: TKA Consent (FHIR IOI)

Does the patient have contraindications to surgery? : No
Does the patient meet the diagnostic criteria? : Yes
Has the patient failed conservative therapy? : Yes
Result : Approve TKA

Query decision maker on ready to consent

Rose Reynolds Selected

Gender: female
DOB: 1978-01-07
Age: 43 year
Email Unknown
Phone: Unknown
Address: 1587 Anthony Avenue 79601 Abilene USA
ID: tka-1
MRN: Unknown

Consent	1
Observation - Exam	20
Patient	1

Patient

Identifier	Name	Gender	Birth Dat
ID: tka-1	Rose Reynolds	female	01/07/19

Any questions?

THANKS!

SAAVHA Inc.

Dr. Mathew Rose
SAAVHA Inc. Founder & CEO

SAAVHA

Patient Consent; Making Hard Discussions Easy

New Technology = Future Promise

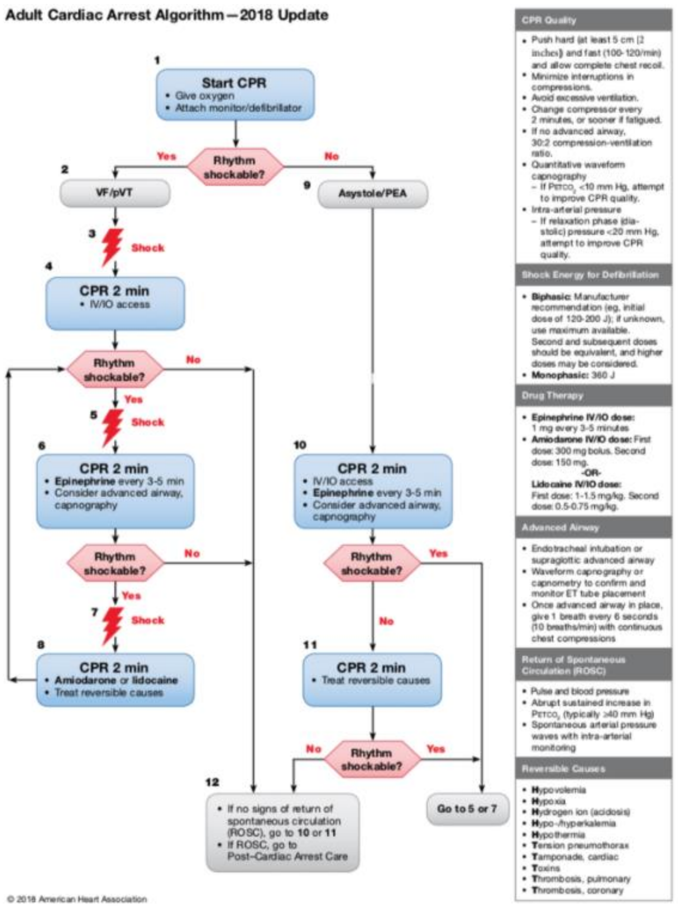
BUT

Realization Requires Needs of

Regulation

&

Implementation



Adult Cardiac Arrest Algorithm—2018 Update

1
Start CPR
• Give oxygen
• Attach monitor/defibrillator
Rhythm shockable?
Yes
No
2
VF/pVT
3
Shock
4
CPR 2 min
• IV/IO access
Rhythm shockable?
Yes
No
5
Shock
6
CPR 2 min
• Epinephrine every 3-5 min
• Consider advanced airway, capnography
Rhythm shockable?
Yes
No
7
Shock
8
CPR 2 min
• Amiodarone or lidocaine
• Treat reversible causes
9
Asystole/PEA
10
CPR 2 min
• IV/IO access
• Epinephrine every 3-5 min
• Consider advanced airway, capnography
Rhythm shockable?
Yes
No
11
CPR 2 min
• Treat reversible causes
Rhythm shockable?
No
Yes
12
• If no signs of return of spontaneous circulation (ROSC), go to 10 or 11
• If ROSC, go to Post–Cardiac Arrest Care
Go to 5 or 7

CPR Quality

- Push hard (at least 5 cm [2 inches]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If P_{ETCO_2} <10 mm Hg, attempt to improve CPR quality.
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.

Shock Energy for Defibrillation

- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy

- **Epinephrine IV/IO dose:** 1 mg every 3-5 minutes
- **Amiodarone IV/IO dose:** First dose: 300 mg bolus. Second dose: 150 mg.

  -OR-

  Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC)

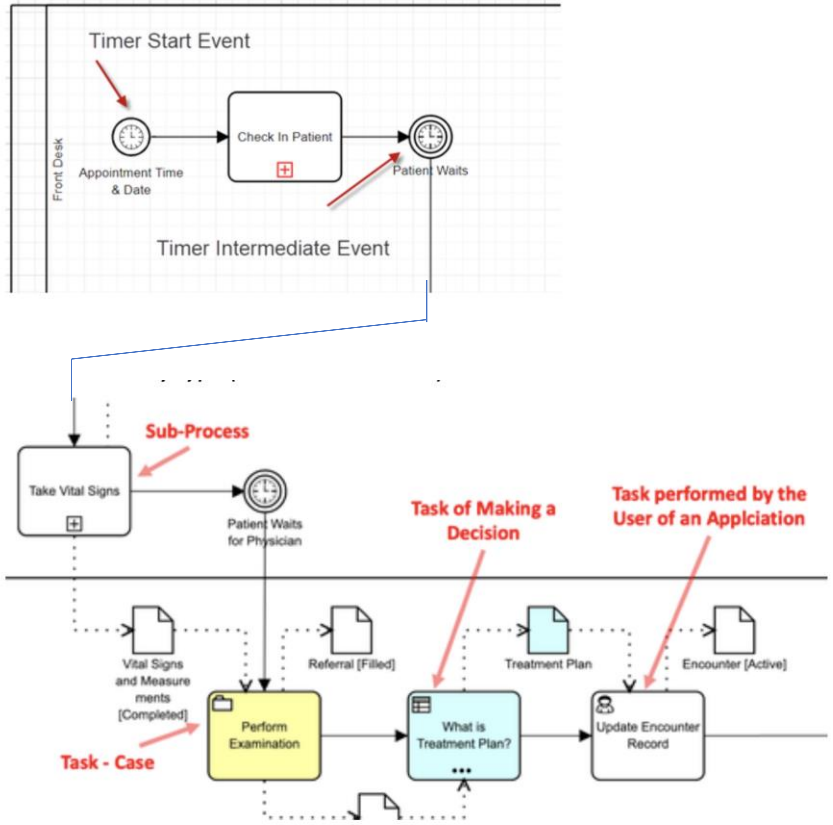
- Pulse and blood pressure
- Abrupt sustained increase in P_{ETCO_2} (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes

- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

© 2018 American Heart Association

: *Heart and Stroke Foundation 2018 Focused Highlights to AHA guidelines for CPR and ECC*



Timer Start Event
Front Desk
Appointment Time & Date
Check In Patient
Patient Waits
Timer Intermediate Event
Sub-Process
Take Vital Signs
Patient Waits for Physician
Task of Making a Decision
Task performed by the User of an Applciation
Vital Signs and Measure ments [Completed]
Referral [Filled]
Treatment Plan
Encounter [Active]
Task - Case
Perform Examination
What is Treatment Plan?
Update Encounter Record

Figure 4 – BPMN Tasks is a Rule or Decision Task

https://www.bpm-plus.org/healthcare-and-bpmn.htm

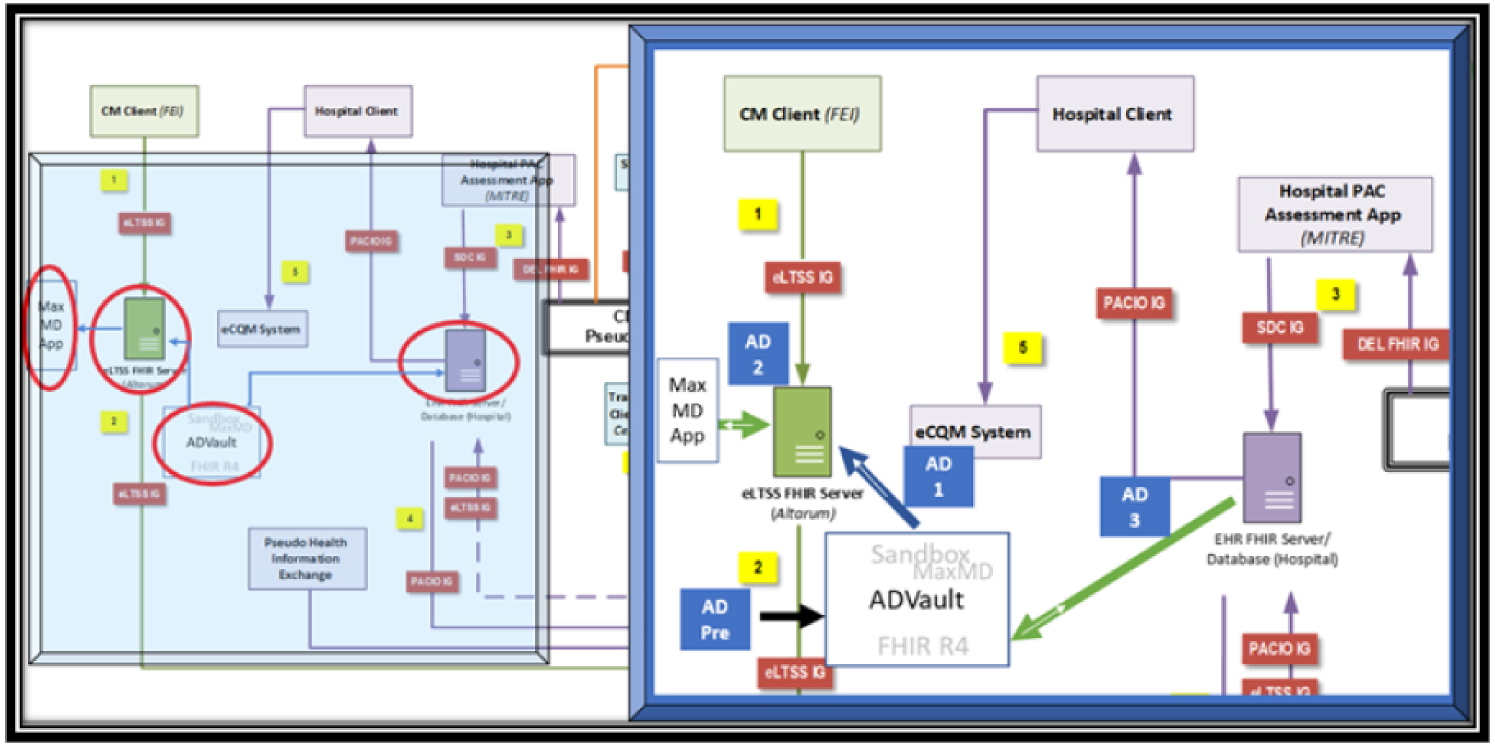
PACIO Project

Maria Moen
Use Case Lead

HL7 PACIO Project: Advance Directive Information (ADI) Interoperability w/FHIR

The PACIO Project employs a consensus-based approach to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders across health care to promote health data exchange in collaboration with policy makers, standards organizations, and industry.

- PACIO Leadership is made up of CMS, ONC, and MITRE.
- The PACIO Community is comprised of industry experts, trade associations, EMR developers, innovators, and thought leaders.


CM Client (FEI)
Hospital Client
Hospital PAC Assessment App (MITRE)
Max MD App
eLTSS FHIR Server (Altarum)
eCQM System
EHR FHIR Server/ Database (Hospital)
Pseudo Health Information Exchange
Sandbox MaxMD
ADVault
FHIR R4
1
2
3
4
5
eLTSS IG
PACIO IG
SDC IG
DEL FHIR IG
AD 1
AD 2
AD 3
AD Pre

January 2021 HL7 Connectathon: PACIO Systems Design Related to the Interoperable Exchange of ADI w/FHIR

Touchstone Life Care

Dr. Merran Cooper
CEO

TOUCH STONE LIFECARE

70% [1] of Australians don't have an ACP

Doubt

↓

Delay

↓

Inefficiency

PATIENTS & FAMILIES

→ Treatment is delayed.
→ Patients suffer more and for longer.
→ Families forced into difficult decisions.

GOVERNMENT & INSURERS

→ Waste of resources
→ **> $A 153.1 million pa** [2]

AGED CARE PROVIDERS

→ Lack systems and products

1. Prevalence report
2. Incidence, duration and cost of futile treatment in end-of-life hospital admissions to three Australian public-sector tertiary hospitals: a retrospective multicentre cohort study 2017.

FHIR econsent

David Pyke
Director, Strategic Consulting
Senior Standards and Interoperability Architect

FHIR Consent and Advance Directives

READYCOMPUTING

- FHIR Consent is part of the core Fast Health Interoperability Resources specification created and managed by HL7.
- The FHIR Consent Resource was added to the FHIR Specification for STU3 to manage interoperability of patient consent for information sharing.
  - Expanded in R4 for treatment, research and DNR or other treatment based directives
- Uses a complex model that allows for indicating all related parties, overarching policy and nested exceptions
- A project within the HL7 Patient Engagement Workgroup to handle Directives beyond treatment, such as: personal advance care plan, portable medical order (POLST, MOLST, etc.), living wills, etc.
- The largest issue has been to get an appropriate model that can be used internationally and adapted to local systems. For the draft R5 version, see http://build.fhir.org/consent.html

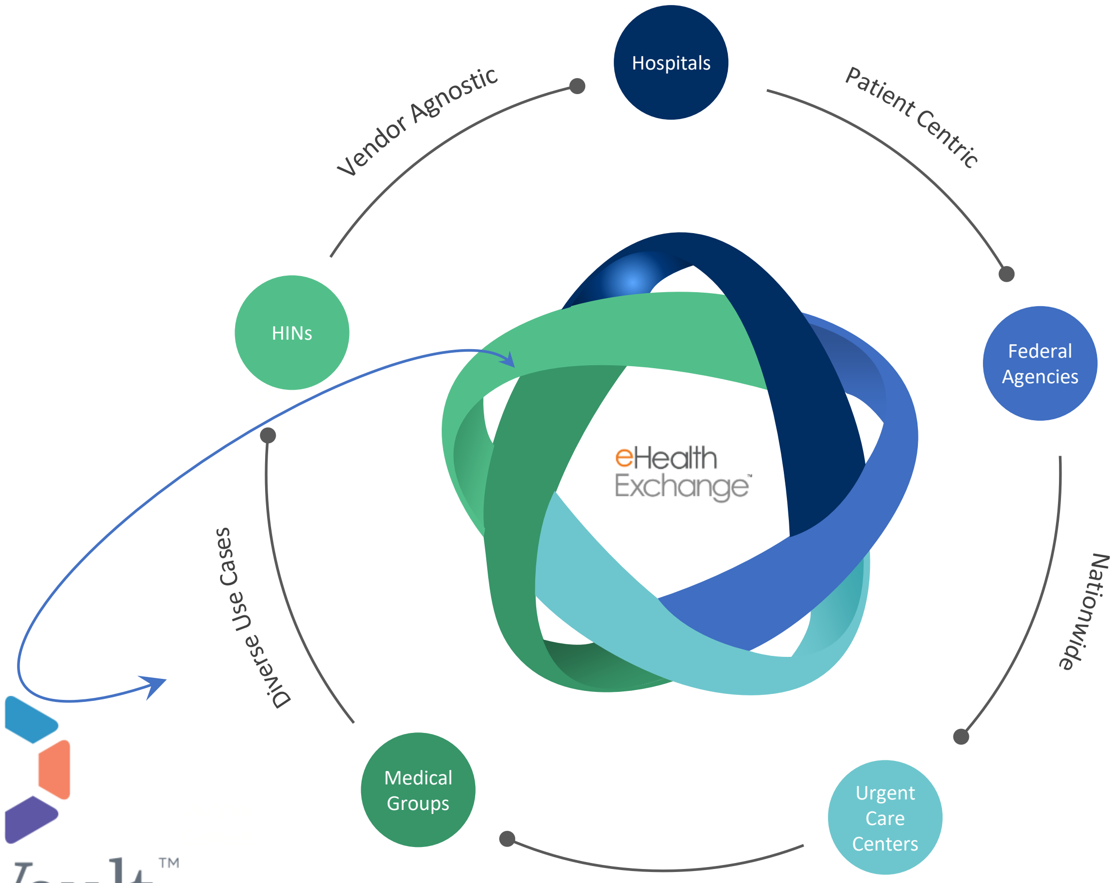
eHealth Exchange

Pat Russell, MSN, RN, PMP
eHealth Exchange Director

What is eHealth Exchange?

A health data-sharing network providing a single connection to the country!

- Facilitates electronic exchange of patients’ medical information, including advance care plans
- Improves the speed, quality, safety, and cost of patient care
- Informs clinical decisions **when seconds and minutes matter**


Hospitals
Patient Centric
Federal Agencies
Nationwide
Urgent Care Centers
Medical Groups
Diverse Use Cases
HINs
Vendor Agnostic
eHealth Exchange

A|D Vault™

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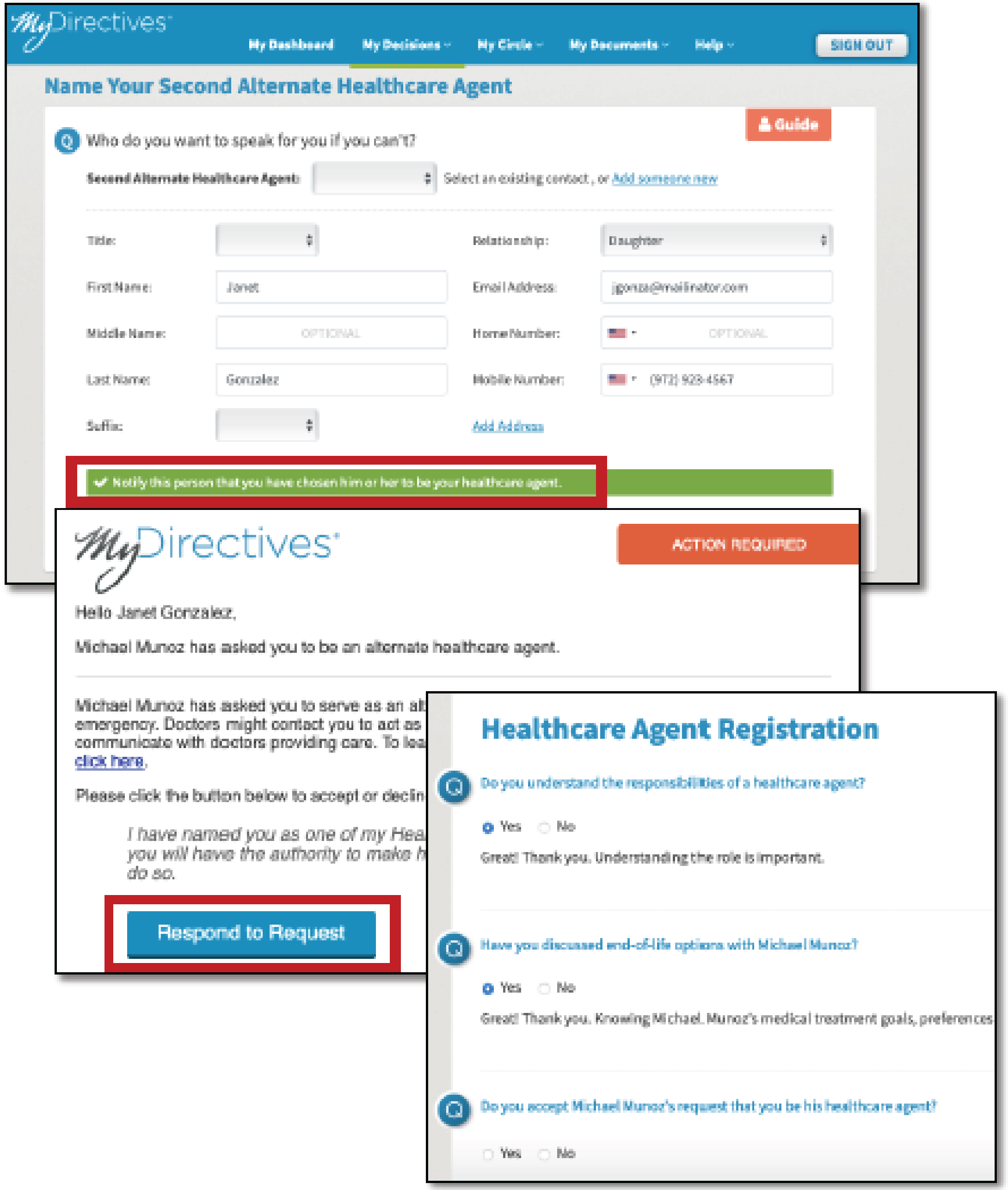
ADVault

Mike Munoz
Director of Product Management

Consumer HCA Consent and Document Sharing



Name Your Second Alternate Healthcare Agent

Who do you want to speak for you if you can't?

Second Alternate Healthcare Agent: Select an existing contact , or Add someone new

Title:		Relationship:	Daughter
First Name:	Janet	Email Address:	jgonza@mailinator.com
Middle Name:	OPTIONAL	Home Number:	OPTIONAL
Last Name:	Gonzalez	Mobile Number:	(972) 923-4567
Suffix:		Add Address	

✓ Notify this person that you have chosen him or her to be your healthcare agent.

Hello Janet Gonzalez,

Michael Munoz has asked you to be an alternate healthcare agent.

Michael Munoz has asked you to serve as an al
emergency. Doctors might contact you to act as
communicate with doctors providing care. To lea
click here.

Please click the button below to accept or declin

I have named you as one of my Hea
you will have the authority to make h
do so.

Healthcare Agent Registration

Do you understand the responsibilities of a healthcare agent?

● Yes ○ No

Great! Thank you. Understanding the role is important.

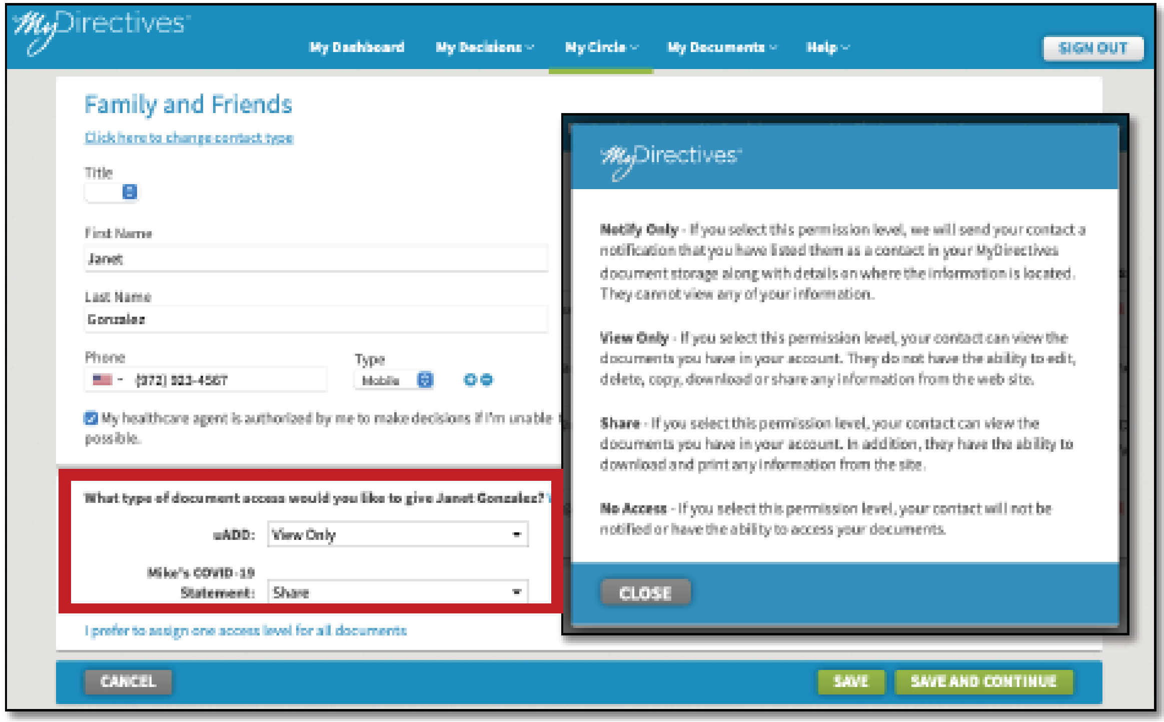
Have you discussed end-of-life options with Michael Munoz?

● Yes ○ No

Great! Thank you. Knowing Michael. Munoz's medical treatment goals, preferences

Do you accept Michael Munoz's request that you be his healthcare agent?

○ Yes ○ No



Family and Friends

Click here to change contact type

Title

First Name
Janet

Last Name
Gonzalez

Phone: (972) 923-4567
Type: Mobile

☑ My healthcare agent is authorized by me to make decisions if I'm unable
possible.

What type of document access would you like to give Janet Gonzalez?

uADD: View Only

Mike's COVID-19 Statement: Share

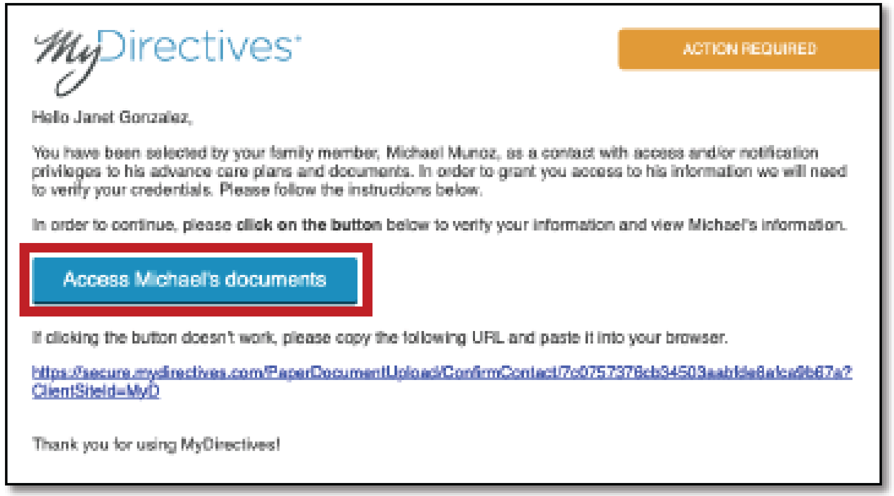
I prefer to assign one access level for all documents

Notify Only - If you select this permission level, we will send your contact a notification that you have listed them as a contact in your MyDirectives document storage along with details on where the information is located. They cannot view any of your information.

View Only - If you select this permission level, your contact can view the documents you have in your account. They do not have the ability to edit, delete, copy, download or share any information from the web site.

Share - If you select this permission level, your contact can view the documents you have in your account. In addition, they have the ability to download and print any information from the site.

No Access - If you select this permission level, your contact will not be notified or have the ability to access your documents.



Hello Janet Gonzalez,

You have been selected by your family member, Michael Munoz, as a contact with access and/or notification privileges to his advance care plans and documents. In order to grant you access to his information we will need to verify your credentials. Please follow the instructions below.

In order to continue, please **click on the button** below to verify your information and view Michael's information.

If clicking the button doesn't work, please copy the following URL and paste it into your browser.

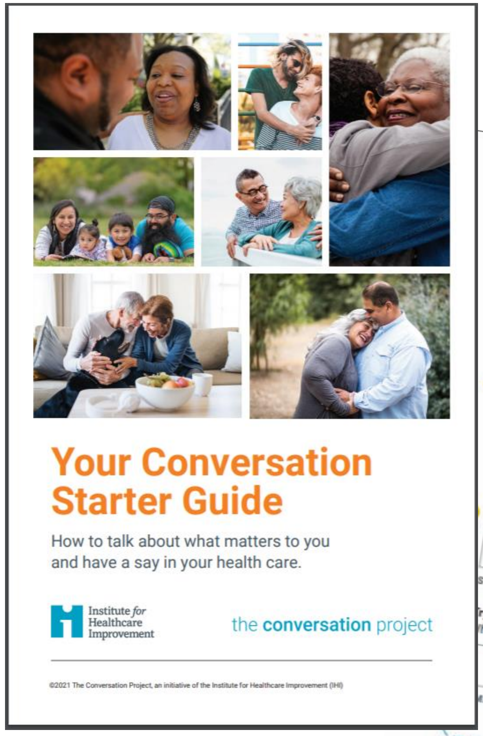
https://secure.mydirectives.com/PaperDocumentUpload/ConfirmContact/7c0757378cb34503aab1de8afca9b87a?ClientSiteId=MyD

Thank you for using MyDirectives!

The Conversation Project

Kate DeBartolo

Helping people share their wishes for care through the end of life.



Your Conversation Starter Guide

How to talk about what matters to you and have a say in your health care.

Institute *for* Healthcare Improvement

the **conversation** project

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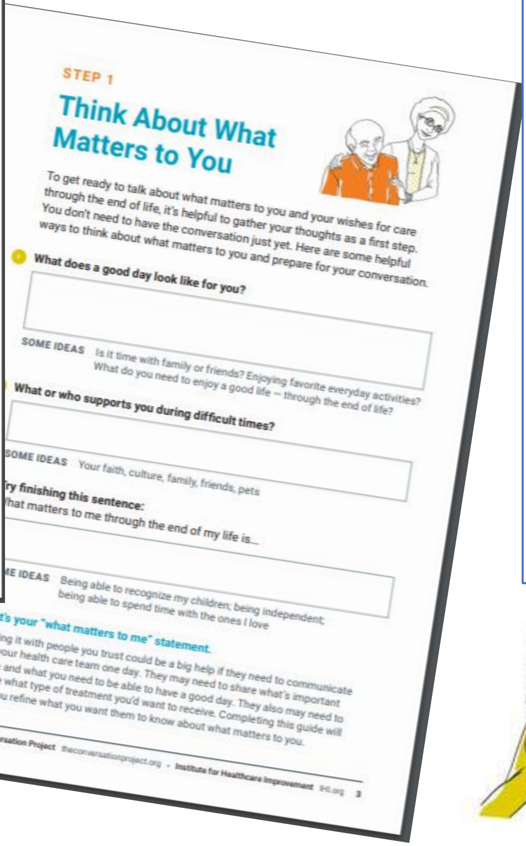


STEP 1

Think About What Matters to You

To get ready to talk about what matters to you and your wishes for care through the end of life, it's helpful to gather your thoughts as a first step. You don't need to have the conversation just yet. Here are some helpful ways to think about what matters to you and prepare for your conversation.

What does a good day look like for you?

SOME IDEAS Is it time with family or friends? Enjoying favorite everyday activities? What do you need to enjoy a good life — through the end of life?

What or who supports you during difficult times?

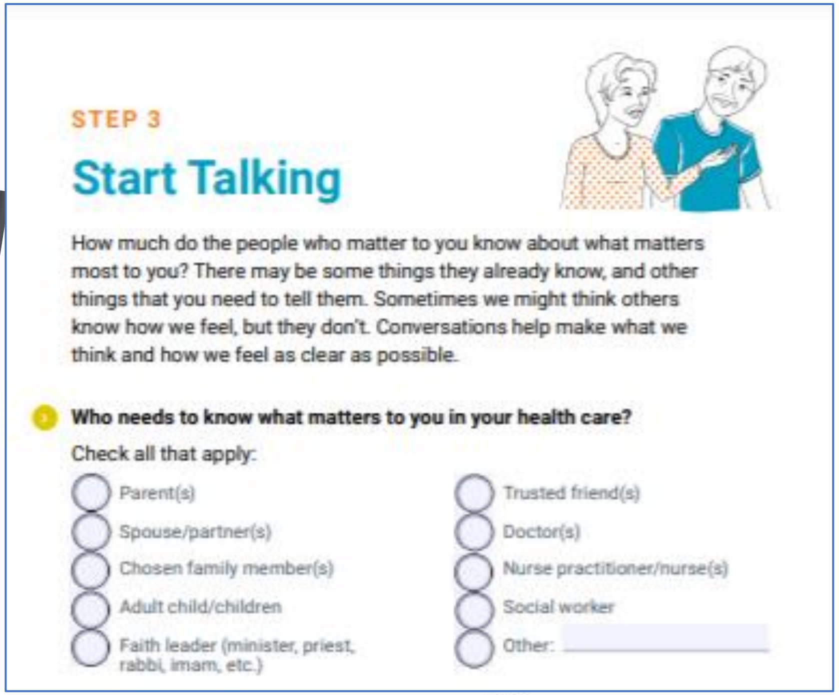
SOME IDEAS Your faith, culture, family, friends, pets

Try finishing this sentence:
What matters to me through the end of my life is...

SOME IDEAS Being able to recognize my children; being independent; being able to spend time with the ones I love

That's your "what matters to me" statement.

Sharing it with people you trust could be a big help if they need to communicate with your health care team one day. They may need to share what's important to you and what you need to be able to have a good day. They also may need to decide what type of treatment you'd want to receive. Completing this guide will help you refine what you want them to know about what matters to you.



STEP 3

Start Talking

How much do the people who matter to you know about what matters most to you? There may be some things they already know, and other things that you need to tell them. Sometimes we might think others know how we feel, but they don't. Conversations help make what we think and how we feel as clear as possible.

Who needs to know what matters to you in your health care?

Check all that apply:

- ○ Parent(s)
- ○ Spouse/partner(s)
- ○ Chosen family member(s)
- ○ Adult child/children
- ○ Faith leader (minister, priest, rabbi, imam, etc.)
- ○ Trusted friend(s)
- ○ Doctor(s)
- ○ Nurse practitioner/nurse(s)
- ○ Social worker
- ○ Other: ______

US Living Will Registry

Joseph T. Barmakian, MD
Founder and C.O.O.

USACPR

usacpr.net

U.S. Advance Care Plan Registry®

Powered by U.S. Living Will Registry®

JOSEPH T. BARMAKIAN, MD
Founder and C.O.O.

Vynca

Michael Kersten
Director of Client Success

Vynca’s Impact on Hospital Utilization and Place of Death

BACKGROUND

- Oregon death data
    - Acute and ambulatory

STUDY

- Reviewed one year of data (2018)
- 3,029 decedents 65 years and older
    - 1,754 (57.2%) had a POLST in Vynca
    - 1,275 (42.8%) had no POLST
- Natural deaths only
- Patients affiliated with health system (per ADT feed)
- POLSTs created by health system or uploaded at Oregon POLST Registry (>98% confidence match)

Impact on Place of Death: Scanned vs Digitally Created POLST

13% higher home deaths

62% higher hospice facility deaths

29% lower hospital deaths

Impact on Place of Death: POLST vs no POLST

75% lower in-hospital deaths

53% Higher hospice facility deaths

Impact on Hospital Utilization: Last 30 Days of Life

31% less bed days

25% less hospital admissions

25% less ED visits

$3,337 per person savings

HL7 econsent

Jerry Goodnough
Engineering, Platform Architecture and Product Solutions

Lorraine Constable
Standards Architect

HL7 Consent Management Service Functional Model

- Sponsored by HL7 Service Oriented Architecture Group
  - Develop Conceptual and Logical Service Model for Consent Management
  - Integrate Consent Decision support into an orchestrated process that encompasses multiple content types over a broad set of use cases
- Participation by
  - ONC Leap Grant Consent Pilot, Telstra Health in Australia, Other US and international participants
- In Scope
  - Consent Decision, Consent Discovery, Consent Enforcement
- Current Status
  - Balloted as STU in January Cycle; Reconciliation underway

Project at: https://confluence.hl7.org/display/SOA/Consent+Management+Service+Project