

SUBJECT: Advanced Directive National Registry and Quality Measurement

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2022 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 8

- 1 WHEREAS, nearly 40% of adult medical inpatients and hospice residents and over 90% of intensive care
2 patients lack decisional capacity, and only 20-29% of Americans have completed an advanced
3 directive documenting their treatment wishes should they become incapable of making decisions
4 themselves (1); and
- 5 WHEREAS, a lack of advance care planning has resulted in significant and unnecessary financial burdens for
6 patients and their families, with 33-38% of patients near the end of life receiving non-benefiting
7 treatments, defined as treatments administered with little or no hope of it having any effect, largely
8 because of the underlying state of the patient's health and the known or expected poor prognosis
9 regardless of treatment (2), and furthermore, patients who did not elect their hospice benefit
10 incurred as much as \$27,455 in additional healthcare costs in comparison to patients who received
11 hospice care earlier and were 10 times more likely to be hospitalized (3); and
- 12 WHEREAS, a lack of advance care planning has resulted in significant emotional burden for patients'
13 surrogate decision makers, with one third experiencing stress when making decisions, guilt over
14 the decisions made, and doubt regarding whether they had made the right decisions on behalf of
15 the patient they were representing (4); and
- 16 WHEREAS, a primary care physician's longitudinal relationship and established rapport with their patient
17 ideally positions them to discuss advance care planning with them and advocate for their end of life
18 care wishes to be upheld and 89% of patients having expressed a desire to have this conversation
19 with their physician (5); and
- 20 WHEREAS, the Centers of Medicaid and Medicare currently only covers advance care planning discussions
21 as an optional component of their Medicare Wellness Visit or as a separate Medicare Part B
22 medically necessary service (for which Part B cost sharing applies) (6); now, therefore be it
- 23 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) advocate for the creation
24 of a national registry of patients' advanced directives and/or code status that is freely accessible by
25 physicians, efficient, responsive, cross-platform compatible, and user-friendly; and, be it further
- 26 RESOLVED, that the ACOFP advocate to the Centers for Medicare and Medicaid Services to include
27 advanced directive completion as a covered benefit for both health maintenance visits and hospital
28 follow up visits for all adults age 18 and over.

FINAL ACTION: REFERRED as of March 16, 2022

Explanatory statement: We agree with the spirit of this resolution and addressing the important topic of improving communication around end-of-life care and the committee has provided the author with extensive and detailed recommendations.

References:

1. DeMartino, E., Dudzinski, D., Doyle, C., Sperry, B., Gregory, S., & Siegler, M. et al. (2017). Who Decides When a Patient Can't? Statutes on Alternate Decision Makers. *New England Journal Of Medicine*, 376(15), 1478-1482. doi: 10.1056/nejmms1611497
2. Cardona-Morrell M, Kim J, Turner RM, Anstey M, Mitchell IA, Hillman K. Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem. *Int J Qual Health Care*. 2016 Sep;28(4):456-69. doi: 10.1093/intqhc/mzw060. Epub 2016 Jun 27. PMID: 27353273.
3. Parker, J. (2021). Early Hospice Saves \$14,000-\$27,000 in Health Care Costs Per Patient. <https://hospicenews.com/2020/07/27/early-hospice-saves-14000-27000-in-health-care-costs-per-patient/>
4. Wendler D, Rid A. Systematic review: The effect on surrogates of making treatment decisions for others. *Ann Intern Med*. 2011;154(5):336-346.
5. Myers, J. M., Duthie, E., Jr, Denson, K., Denson, S., & Simpson, D. (2017). What Can a Primary Care Physician Discuss With Older Patients to Improve Advance Directive Completion Rates? *A Clin-IQ. Journal of patient-centered research and reviews*, 4(1), 42-45. <https://doi.org/10.17294/2330-0698.1412>
6. Centers for Medicare and Medicaid Services. (2020). Advance Care Planning. Retrieved 17 December 2021, from <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf>