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IMPROVING THE HEALTH CARE PROXY APPOINTMENT BY A SIMPLE TEAM APPROACH

Medical Science

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ABSTRACT

Objective: To increase the rate of health care proxy by identifying the factors affecting signed Health care proxy (HCP) in the chart at NewYork Presbyterian Brooklyn Methodist Hospital.

Method: A prospective study was designed and discussed with the team of office manager, Physician, physician assistant, medical assistant, and a research fellow. The physician facilitated HCP discussion and education. Each patient was provided with the Health care proxy form, and while in the exam room, was given a separate time and encounter with the research fellow who would provide them with the information and questionnaire throughout 60 days and address their concerns. If the patient agreed, then the form would be signed by the patient and two witnesses and scanned in the system, Cerner Millennium under "outpatient advance directive" tab to ensure easy tracking. Data were collected through the report and analyzed for diversity and success.

Results: A total of 212 patients attended the outpatient clinic for the physician involved over 60 days of the initial implementation of the study. Based on her availability, the research fellow interacted with 106 patients and provided education regarding health care proxy and addressed their questions and concerns about the appointment of a proxy. 73 patients out of 106 were willing and completed health care proxy forms and thereby appointed a proxy. Thirteen patients admitted to completion of health care proxy by next visit. Thirteen patients already had a proxy selected. There was no statistical significance in a proxy appointment for the following factors:

Age, Sex, Race, Religion, Education level, Marital status.However, our intervention of educating the patients about the health care proxy produced a p-value of less than 0.0001.

Conclusions: Appropriate planning, a creative workflow, dedicated time, and counseling by a skilled person can lead to successful Health care proxy implementation. Initiating a conversation from the provider side contributes to the removal of a patient hesitation about the discussion on advance care planning with the provider.

KEYWORDS

Health care proxy, Advance directive, Advance care planning

INTRODUCTION:

A health care proxy form is a legal document that designates another person, a proxy, to make health care decisions in the case a person is rendered incapable of making his or her wishes known.[3]

The benefits of appointing a healthcare proxy outlined in this paper are evident after the case of Terry Schiavo, a 26-year-old female, whose medical decisions became subject to grueling complications after she fell into a coma. Conflicting views between her husband and her parents regarding whether or not to keep Schiavo alive in a vegetative state led to many year-long struggles involving the Florida court system, both sides claiming to have Schiavo's best intentions in mind.[17] Ultimately, Schiavo was removed from her feeding tube on March 31, 2005, a conclusion to a fifteen-year ordeal that placed a tremendous emotional burden on Shiavo's loved ones, and financial burden on the healthcare system. The Schiavo's case cast a national spotlight on the importance of appointing a health care proxy early to anticipate and avoid such a situation.

HCP allows a patient to express their preferences concerning medical treatment in an extreme medical situation when they cannot communicate, including at the end of their life. Having this type of legal document ensures that a patient's preferences are made known to their family and physician. The health care proxy form provides a written expression for the medical care and designates for the physician the person he or she should consult concerning unanswered medical questions.[2]The health care proxy forms are scanned and updated in a patient's EHR(Electronic Health Record) under a specific location. These documents, which are written and signed while a patient is still fully able to express and articulate his/her wishes in the presence of a witness allows them to plan their care if they are temporarily, or permanently unable to make decisions.[19] Completing these documents is a simple process that does not require an attorney or notary to help prepare documents.

Providing such information and appointing a health care proxy creates a clear path of treatment in the event the patient's family disagrees as to what medical treatment should be provided. A health care proxy has the same rights to request or refuse treatment that the original patient would have if he or she could make and communicate decisions.

Health care proxy forms can improve the patients' well-being by appropriate management as defined by the patient while giving them control over their health-related decisions. It not only alleviates suffering but also enhances dignity for the patient who desires no interventions when there is no meaningful recovery at the end of life and contributes to a reduction in health care costs. It also takes away the guilt from loved ones of pulling the plug. The discussion for appointing health care proxy should start early, before the appearance of a life-threatening illness and repeated as necessary before the patient's ability to make their own medical decisions is impaired. If we start this discussion at the triage level, it can prevent a substantial amount of systematic burden on the physician and hospital system, create stronger ties among relatives and patients, positively affect the patient-doctor relationship and increase the number of well-documented advance directives (AD).[15]

METHODS:

At our facility, 0.057% of patients had their HCP documented according to a report run over 60 days in the outpatient clinic for medicine & surgery. The most effective method of increasing the use of ADs is the combination of informative material and repeated conversations over clinical visits[15]. We took the initiative to increase the availability of the document and education about HCP to increase the rate of proxy appointment since reluctance to routinely raise this issue is considered a primary reason that most patients in this country do not have a health care proxy.[13] Patients attending the outpatient clinic for the attending physician who took this initiative for a proxy appointment were provided with a health care proxy form before the arrival of the doctor in the exam room. A research fellow initiated the conversation with the following questions:

Do you have an emergency contact number?
Do you know what is a 'Health care proxy'? If 'Yes,' do you have one? If 'No,' would you like to appoint a proxy now?

The questionnaire also included their education level, religious belief, the perception of one's health status, trust in the health care system in the hospital and if they considered appointing someone as a proxy would be perceived as a burden by the proxy. The patients' demographic information was obtained from electronic health records. The patient would appoint a proxy and sign in the presence of two witnesses whose data are recorded on the form as well. For the patients who elected a health care proxy after initial counseling, their electronic health records were updated by scanning the form. The information was entered from the health care proxy form onto the advance directive tab that would help us keep track of the number of patients that have a proxy and make it easily accessible should the need arise.

All patients were educated about a health care proxy form and why it was essential to have one appointed. A total of 212 patients attended the outpatient clinic over 60 days while this project was implemented for a particular physician who took this initiative. A research fellow interacted with 106 consecutive patients belonging to the interventional group based on her availability. The remaining 106 patients belonged to the non-interventional group due to lack of interaction with them.

RESULT:

73 patients out of 106 from the interventional group were willing and completed health care proxy forms and thereby appointed a proxy. Seven patients declined to name a proxy. Thirteen patients admitted to completion of health care proxy appointment by next visit. Thirteen patients already had a proxy appointed. Nearly 70% of the consecutive patients that we interacted with agreed and selected a health care proxy before leaving the clinic.

There was no statistical significance for the following factors:
Age, sex, race, marital status, education, and religion.

These factors did not significantly impact the decision to appoint a proxy.

Most patients are willing to appoint a health care proxy after receiving appropriate guidance that they do not have to be terminally ill or permanently incapacitated.

The baseline percentage of patients appointing a health care proxy before this initiative was 0.057% when calculated based on the total number of admissions throughout 60 days. The percentage was 2.30% following the initial effort throughout 60 days.

With the involvement of staff and leadership, we were able to achieve favorable outcomes. Our standardized approach was replicated for all physicians in the outpatient clinic and as a result, the HCP appointment percentage for the outpatient clinic for medicine and surgery over the next 60 days turned out to be 11.23%.

DISCUSSION:

According to the Centers for Disease Control and Prevention (CDC), 70% of Americans are without advance directives[20] . At our hospital, while most patients were familiar with the proxy form, a majority of them had a misconception about the requirements to appoint one. The misconception included a need to get the form notarized and to have a lawyer to get a proxy selected, and it was both at patient and triage level.

The rate of health care proxy appointment being low at our facility could be attributed to a lack of information which includes this misconception. The patients and triage level staff, including staff like physician assistant, had to be educated regarding the requirements for a health care proxy appointment. Additionally, health care proxy forms were rarely scanned and saved into an appropriate location in the electronic health record, which impeded the tracking of several patients with a proxy. Thus, lack of information, limited availability of forms, and provision of health care proxy material could have been a barrier in appointing a health care proxy.

It would be challenging to consider age as a significant factor in contributing to low health care proxy appointment since the patients that we encountered were mostly aged 50 and above. Of these 106 patients for our attending physician seen throughout sixty days, one patient was 18 and readily appointed a health care proxy after initial counseling. Seven patients who declined to nominate a health care proxy had no particular reason that they were willing to share. Only one out of seven patients provided a reason and that being lack of family or friends as a barrier in appointing a proxy.

After initial PDSA (Plan-Do-Study-Act), efforts were made to educate front desk and triage level staff about the health care proxy form and requirements to appoint a proxy to inform patients about health care proxy appointment while completing the paperwork. This process would include all patients attending an outpatient clinic in the Department of Medicine and Surgery regardless of the attending physician.

If the patient does not complete the proxy form and is sent to the exam room, triage level staff (i.e., a medical assistant) would incorporate this question about health care proxy into their questioning. Along with their routine questionnaire in the exam room, they would ensure none of the patients missed an opportunity to get educated about obtaining a health care proxy and thereby appoint one. If a patient has an additional question, they would ask the physician while in the exam room to clear any confusion in decision making. Initiating this conversation about advance care planning at the front desk and triage level enhances the rate of proxy appointment. It makes the patient informed and prepared to ask a question to their physician while in the exam room and opens the door to discussing this dreaded subject of planning for future should such a situation arise without any hesitation on a physician or patient side.

Our initiative of increasing the rate of health care proxy appointment for one particular attending physician was taken forward by the practice manager and implemented at the outpatient clinic for medicine and surgery not limited to the attending physician but extended to physician assistants and nurse practitioners as well.

Factors for success:

- Availability of Health care proxy form information on triage
- Forms should be easily available
- Dedicated Time and commitment from the team
- Use the time before the provider enters the exam room

The FAQ(frequently asked questions)

1. *Why should I choose a health care agent?*
2. *Who can be a health care agent?*
3. *How do I appoint a health care agent?*
4. *How will my health care agent make decisions?*
5. *What if my health care agent is not available to make a decision?*
6. *What if I change my mind?*
7. *Can my health care agent overrule my wishes or prior treatment instructions?*
8. *No need for notarization/lawyer (removing misconceptions)*
9. *Signed by the witness and scanned in the HER*

Limitations:

A structured field is required to run the report. If a patient before the intervention had HCP and was not scanned in the correct field, it will not count. New competing projects can impact the attention to this project and can affect the results.

CONCLUSION:

Adopting a health care proxy is a practice that should be encouraged as a standard among staff members. Initiating a conversation about appointing a health care proxy from the provider-side decreases patient hesitation about advance care planning, saves time in the future when making important medical decisions, contributes to an overall reduction in costs for treatments and procedures not preferred by the patient and enhances patient quality of life in poignant situations. Counseling and appointment for health care proxy determination can be performed at the front desk and triage level to increase the rate of proxy selection by adequately educating the staff members. Two new Current Procedural Terminology (CPT) codes, 99497 and 99498, have been recognized by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2016.[16] It allows providers to bill for the time necessary to hold Advance care planning discussions.[16]Advance care planning can either be billed separately from other evaluation and management (E/M) services or as an add-on and may occur in both the inpatient and outpatient settings.

Table 1:

	Did not sign with the research fellow	Signed with the research fellow	Total
With intervention	33	73	106
Without intervention	106	0	106
Total	139	73	212

Statistician used Chi-square with Yates correction

Chi-square value equals 108.309 with 1 degree of freedom, and the P-value is less than 0.0001

Fig 1:

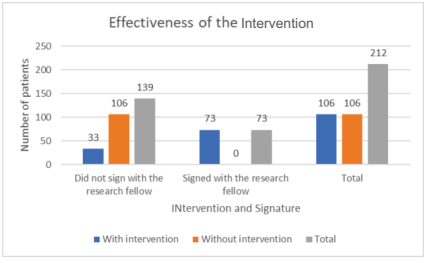
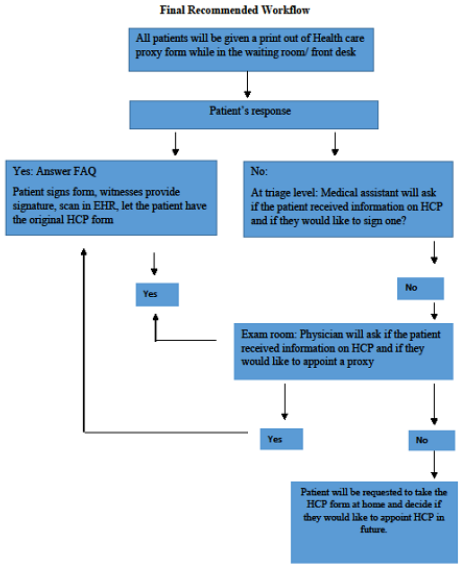


Fig 2:



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