DIGITAL ADVANCED CARE PLANNING:

Increasing provider utilization and adoption

Lorrie Griego, FindHelp, NM State Director and MOST Community Based Program, Past Executive Director (2012-2024)

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April Salisbury, SYNCRONYS, Director of HIE Operations

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1

LEARNING OBJECTIVES

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By joining this webinar, participants will be able to:

1. Relate the use of Advance Directives and NM MOST forms to the need to honor patient wishes.
2. Differentiate between Advance Directive and NM MOST documents.
3. Locate the advance care planning (ACP) tool in the SYNCRONYS HIE clinical portal if their organization has made it available to them.

2

1. Overview of Advance Care Planning
2. Roles involved in documentation
3. Decisions the patient will make
4. Efforts to increase use and make them more accessible in New Mexico
5. Integration with HIE and health systems

AGENDA

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IMPROVING INDIVIDUAL, COMMUNITY, AND POPULATION HEALTH IN NEW MEXICO THROUGH THE EXCHANGE OF RELEVANT HEALTH INFORMATION AND DATA ANALYTICS

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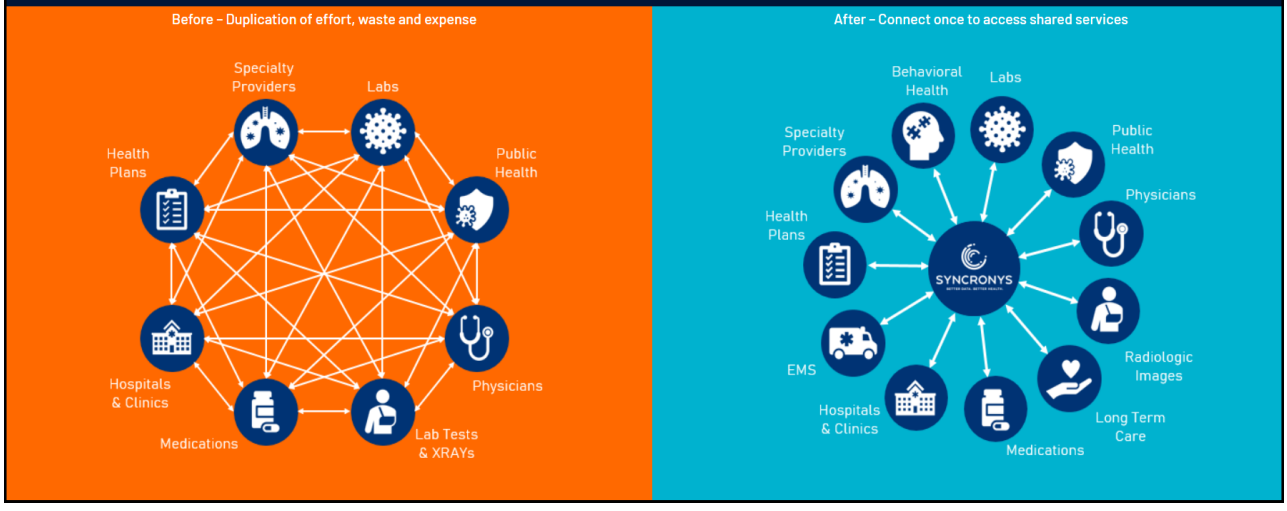

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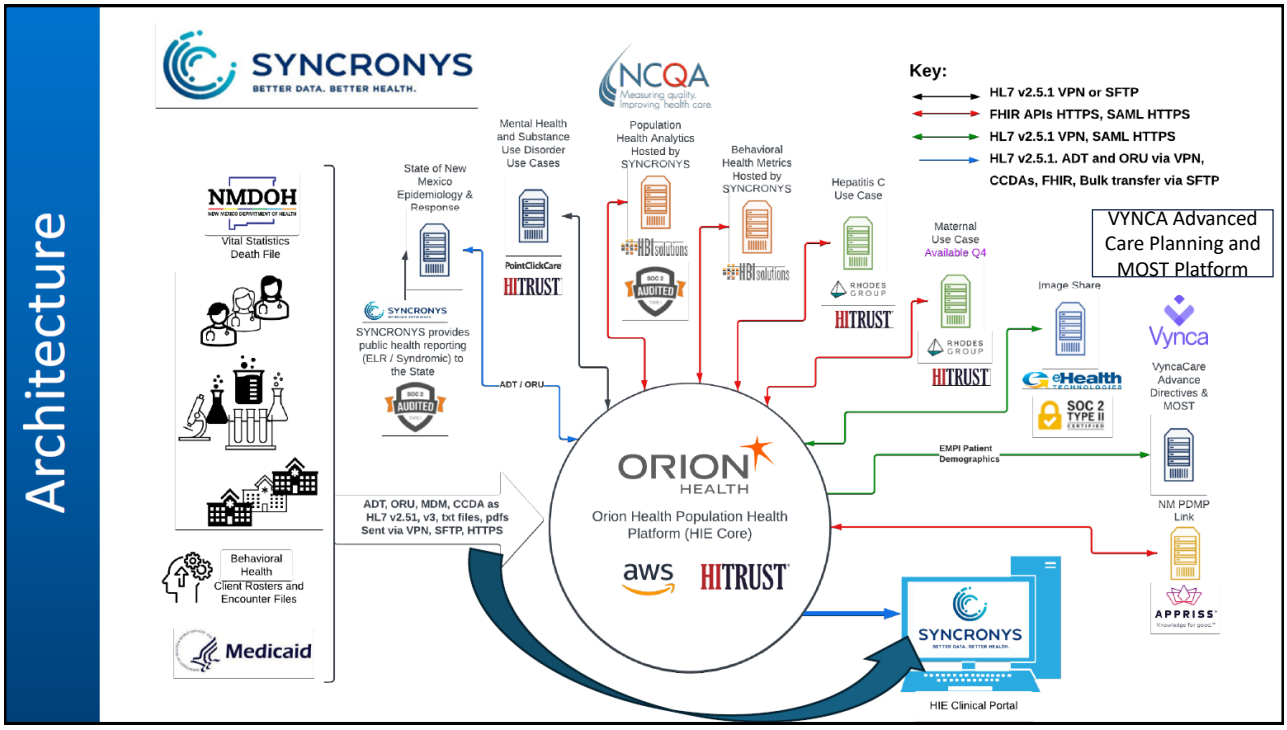
Architecture



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OUR PLATFORM

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INTEROPERABILITY SOLUTIONS

DIAGNOSTIC QUALITY IMAGES

HBI SOLUTIONS

PATIENT ALERTS & EVENT NOTIFICATIONS

PDMP

PUBLIC HEALTH REPORTING

CLINICAL PORTAL ACCESS

ADVANCED DIRECTIVES

DATA ANALYTICS

ORION HEALTH COORDINATE – TRANSITIONS OF CARE

DSM

AGGREGATED LONGITUDINAL CLINICAL RECORD

HIGH VALUE USE CASES AND INSIGHTS

6

IMPORTANCE OF ADVANCED CARE PLANNING AND THE IMPACT WITHOUT PLANS IN PLACE

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IMPORTANCE OF ADVANCED CARE PLANNING

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Advanced Care Planning (advance directives, treatment preferences, surrogate decision-makers, etc.) helps ensure that a patient's values, goals, and wishes guide care — especially when the patient cannot speak for themselves.

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IMPORTANCE OF ADVANCED CARE PLANNING

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Advanced Care Planning isn't just a "nice to have" — it's a critical part of ensuring care aligns with patients' values, especially in serious illness, emergencies, or end-of-life situations.

9

IMPACT WHEN PATIENT WISHES ARE NOT AVAILABLE

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Studies show documentation is often missing. For example: in a cohort of high-risk emergency department patients, the vast majority lacked documentation of a healthcare proxy (98.7 %), living will, or POLST/MOST.

Without documentation: clinicians and family may have to make critical decisions under pressure — often defaulting to maximizing life-sustaining treatment because there is no clear guidance. This can lead to care that's misaligned with what the patient would have wanted.

https://pmc.ncbi.nlm.nih.gov/articles/PMC7493570/?utm

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IMPACT WHEN PATIENT WISHES ARE NOT AVAILABLE

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Even when legal forms exist, accompanying discussion notes or updates may be missing or hard to locate. In one study of older chronically ill patients, about half of those with completed legal ACP forms had **no** corresponding documented discussion; among documented discussions, most (55%) were buried in free-text progress notes rather than in a standardized, easily retrievable place in the EHR.

Without documentation: clinicians and family may have to make critical decisions under pressure — often defaulting to maximizing life-sustaining treatment because there is no clear guidance. This can lead to care that's misaligned with what the patient would have wanted.

https://pubmed.ncbi.nlm.nih.gov/28943360/ *https://apm.amegroups.org/article/view/106171/html?utm_*

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LACK OF ADVANCED CARE PLANNING

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Under-Utilization of ACP Documentation

*Despite the known benefits of participating in Advance Care Planning initiatives, **less than half of adults aged 65+** have documented ACP preferences[1]. Vynca makes accessing documents easy for providers and patients by leveraging cutting edge technology.*

Lack of Clinician ACP Engagement

*Clinicians report **"insufficient institutional resources to properly engage vulnerable patients"** as one of the largest barriers to ACP adoption[2]. Vynca technology directly correlates to higher clinician adoption due to ease of navigation, SSO access and custom design.*

Inconsistent or Incomplete ACP Documentation

*Hospital staff attribute **hidden, inconsistent or invalid ACP documentation** as a reason for discordant care[3]. Vynca properly manages all ACP documentation in a central location, while allowing for physician signature through MobileConnect.*

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VARIOUS WAYS THESE DOCUMENTS ARE CAPTURED NOW

Patient Home [Refrigerator]

Electronic Health Record

With Patient

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THE DIFFERENCE BETWEEN ADVANCED DIRECTIVES AND MOST FORMS

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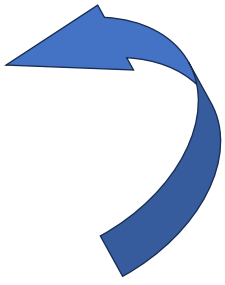
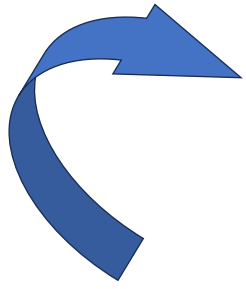
- Appropriate for all patients
- No Required Forms

- Signed by the individual (patient)
- Notary/Witness not required

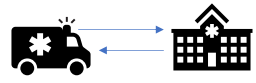


Traditional Advance Directives



New Mexico Orders for Scope of Treatment

- Used when an individual has a life-limiting illness or is very sick



- Transferable across all healthcare settings

- Signed by the patient or their legally recognized healthcare decision maker and an authorized healthcare provider

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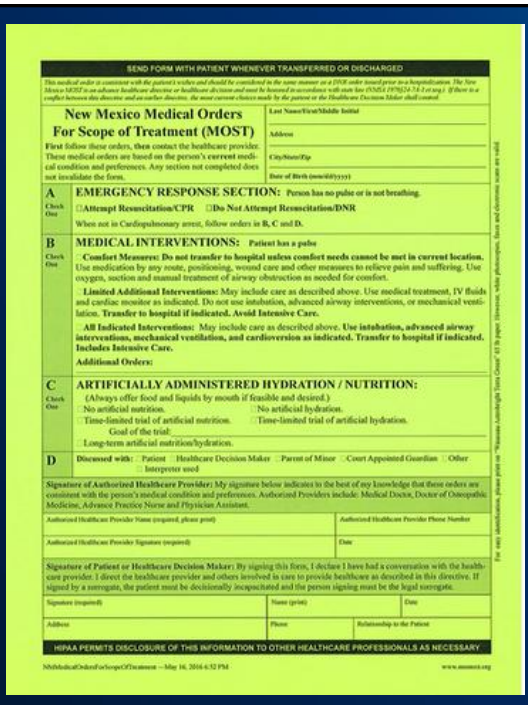

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

New Mexico Medical Orders For Scope of Treatment (MOST)

First follow these orders, **then** contact the healthcare provider. These medical orders are based on the person's **current** medical condition and preferences. Any section not completed does not invalidate the form.

Last Name/First/Middle Initial

Address

City/State/Zip

Date of Birth (mm/dd/yyyy)

A Check One — **EMERGENCY RESPONSE SECTION:** Person has no pulse or is not breathing.

☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR**

When not in Cardiopulmonary arrest, follow orders in **B, C** and **D.**

B Check One — **MEDICAL INTERVENTIONS:** Patient has a pulse

☐ **Comfort Measures: Do not transfer to hospital unless comfort needs cannot be met in current location.** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.

☐ **Limited Additional Interventions:** May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. **Transfer to hospital if indicated. Avoid Intensive Care.**

☐ **All Indicated Interventions:** May include care as described above. **Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.**

Additional Orders:

C Check One — **ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:**

(Always offer food and liquids by mouth if feasible and desired.)

☐ No artificial nutrition. ☐ No artificial hydration.

☐ Time-limited trial of artificial nutrition. ☐ Time-limited trial of artificial hydration.

Goal of the trial:

☐ Long-term artificial nutrition/hydration.

D **Discussed with:** ☐ Patient ☐ Healthcare Decision Maker ☐ Parent of Minor ☐ Court Appointed Guardian ☐ Other ☐ Interpreter used

Signature of Authorized Healthcare Provider: My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Authorized Providers include: Medical Doctor, Doctor of Osteopathic Medicine, Advance Practice Nurse and Physician Assistant.

Authorized Healthcare Provider Name (required, please print) | Authorized Healthcare Provider Phone Number

Authorized Healthcare Provider Signature (required) | Date

Signature of Patient or Healthcare Decision Maker: By signing this form, I declare I have had a conversation with the healthcare provider. I direct the healthcare provider and others involved in care to provide healthcare as described in this directive. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing must be the legal surrogate.

Signature (required) | Name (print) | Date

Address | Phone | Relationship to the Patient

HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

NMMedicalOrdersForScopeOfTreatment – May 16, 2016 4:52 PM www.msnect.org

Sections of the MOST form include:

Patient Identifying Information

A: Emergency Response

B: Medical Interventions

C: Artificially Administered Hydration / Nutrition

D: Who discussed the decisions

Signatures

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INSTRUCTIONS ARE ON THE BOTTOM OF THE SECOND PAGE

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Directions for Healthcare Professional

Completing MOST

- Must be completed by healthcare professional based on patient preferences and medical indications.
- Choice of Medical Intervention and Cardiopulmonary Resuscitation status must be clinically aligned:
- Example: "Comfort Care" and "Attempt Resuscitation" are contradictory choices.
- MOST must be signed by an authorized healthcare provider and the patient/decision maker to be valid. Verbal orders are acceptable with follow-up signature by the authorized healthcare provider in accordance with facility/community policy.
- Use of the original form is strongly encouraged. Photocopies and faxes of signed MOST forms are legal and valid.
- Authorized Provider is defined and updated in the Department of Health, Emergency Medical Services Regulation—Chapter 27.

Using MOST

- A person with capacity, or the Healthcare Decision Maker of a person without capacity, can request alternative treatment.

Reviewing MOST

It is recommended that the MOST be reviewed periodically. Review is recommended when

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

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SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

This medical order is consistent with the patient's wishes and should be considered in the same manner as a DNR order issued prior to a hospitalization. The New Mexico MOST is an advance healthcare directive or healthcare decision and must be honored in accordance with state law (NMSA 1978§24-7A-1 et seq.) If there is a conflict between this directive and an earlier directive, the most current choices made by the patient or the Healthcare Decision Maker shall control.

New Mexico Medical Orders For Scope of Treatment (MOST)

First follow these orders, **then** contact the healthcare provider. These medical orders are based on the person's **current** medical condition and preferences. Any section not completed does not invalidate the form.

Last Name/First/Middle Initial

Address

City/State/Zip

Date of Birth (mm/dd/yyyy)

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A Check One	**EMERGENCY RESPONSE SECTION:** Person has no pulse or is not breathing. ☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR** When not in Cardiopulmonary arrest, follow orders in **B, C** and **D.**

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UNDERSTANDING THE DECISIONS IN THE NM MOST FORM & HOW THEY COULD CONFLICT

Cardiopulmonary Resuscitation/DNR

Limited Additional Interventions

Long-term Artificial Nutrition

Long-term Artificial Hydration

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B Check One	**MEDICAL INTERVENTIONS:** **Patient has a pulse**
	☐**Comfort Measures: Do not transfer to hospital unless comfort needs cannot be met in current location.** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.
	☐**Limited Additional Interventions:** May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. **Transfer to hospital if indicated. Avoid Intensive Care.**
	☐**All Indicated Interventions:** May include care as described above. **Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.**
	Additional Orders:

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C Check One	**ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:** (Always offer food and liquids by mouth if feasible and desired.) ☐No artificial nutrition. ☐No artificial hydration. ☐Time-limited trial of artificial nutrition. ☐Time-limited trial of artificial hydration. Goal of the trial:_____ ☐Long-term artificial nutrition/hydration.

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D	**Discussed with:** ☐Patient ☐Healthcare Decision Maker ☐Parent of Minor ☐Court Appointed Guardian ☐Other ☐ Interpreter used

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Signature of Authorized Healthcare Provider: My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Authorized Providers include: Medical Doctor, Doctor of Osteopathic Medicine, Advance Practice Nurse and Physician Assistant.	
Authorized Healthcare Provider Name (required, please print)	Authorized Healthcare Provider Phone Number
Authorized Healthcare Provider Signature (required)	Date

Signature of Patient or Healthcare Decision Maker: By signing this form, I declare I have had a conversation with the health-care provider. I direct the healthcare provider and others involved in care to provide healthcare as described in this directive. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing must be the legal surrogate.		
Signature (required)	Name (print)	Date
Address	Phone	Relationship to the Patient

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DESIGNATION OF HEALTHCARE DECISION MAKER

(This designation can be completed only by a patient with decisional capacity)

The Designation of Healthcare Decision Maker is an advance healthcare directive and must be honored in accordance with state law (NMSA 1978§24-7A-1 et seq.) If there is a conflict between this directive and an earlier directive, the most current choice(s) made by the patient shall control.

If the time comes when I lack capacity and there are medical decisions that need to be made that are beyond the individual instructions as set forth in this MOST, I designate the following individual as my agent to make healthcare decisions for me:	
Name:	
Address:	
Telephone Number:	
Signature of Patient:	Date:
If my agent listed above is not willing, able or available to make healthcare decisions for me, I designate the following individual as my alternate agent for the purposes of making healthcare decisions for me:	
Name:	

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THE ROLES OF PREPARER AND SIGNER FOR THE MOST FORM AND WHO TYPICALLY PERFORMS THESE ROLES

Preparers	Signers
• Provide education regarding the purpose and forms available • Completes the form during a conversation with the patient • *Nurses, Palliative Care and Hospice Staff, Providers Care Managers, Patients, Healthcare Guardians and other support staff*	• Review the received form for completeness • Confirm there are no conflicts selected • Sign the document • *Physicians and Advanced Practice Clinicians*

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BENEFITS OF A CENTRAL REPOSITORY

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- Without a central registry, ACP documents can be fragmented across paper at home, scanned hospital records, different EHR systems. That fragmentation increases the risk that when a patient presents for care (ER, EMS, transfer), their wishes are **not found**.
- This problem is especially salient in states without mandatory registries — individuals may have AD or MOST but unless they bring a copy, providers may not know.
- A centralized, interoperable repository accessible to all participating providers/institutions helps ensure that documents follow the patient, are accessible across care settings, are up-to-date, and are discoverable during emergencies.

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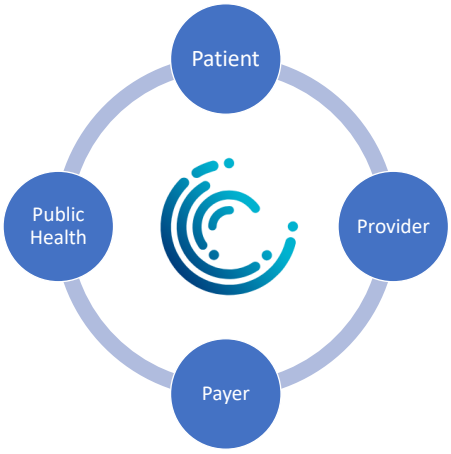
HOW CONTRIBUTING TO A CENTRAL REPOSITORY IN NEW MEXICO COULD HELP IMPROVE ACCESS



- ❑ NM does not have a statewide Advanced Care Planning registry
- ❑ Access records when and where they are needed
- ❑ More informed patient care and decisions
- ❑ Less patient burden in maintaining and carrying records
- ❑ Reduced administrative burden for providers
- ❑ Population level analysis with extractable data

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WHY INTEGRATION OF ELECTRONIC ADVANCE DIRECTIVES AND MOST FORMS WITH THE SYNCRONYS CLINICAL PORTAL?

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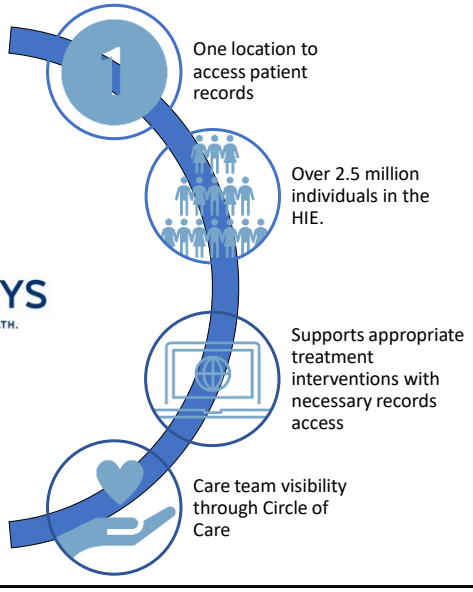

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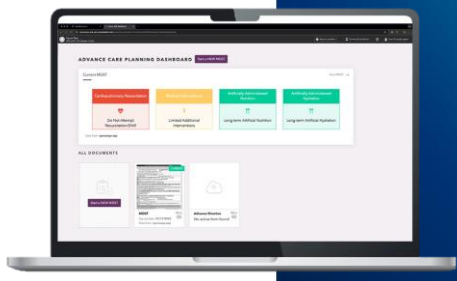
WHY THE VYNCA ADVANCED CARE PLANNING SOLUTION WAS CHOSEN FOR INTEGRATION WITH THE SYNCRONYS HIE

- **Digitally transforms a paper process** – Modernize your outdated ACP Documentation system
- **Simple and Intuitive to Use** – Eliminates complexity for both patients and clinicians
- **Seamless Remote Signing** – Mobile access for easy document completion and verification
- **Built-in QA and Error Prevention** – Ensures only active, accurate documents are available
- **Instant Access for Care Teams** – Rela-time updates eliminate uncertainty and delays



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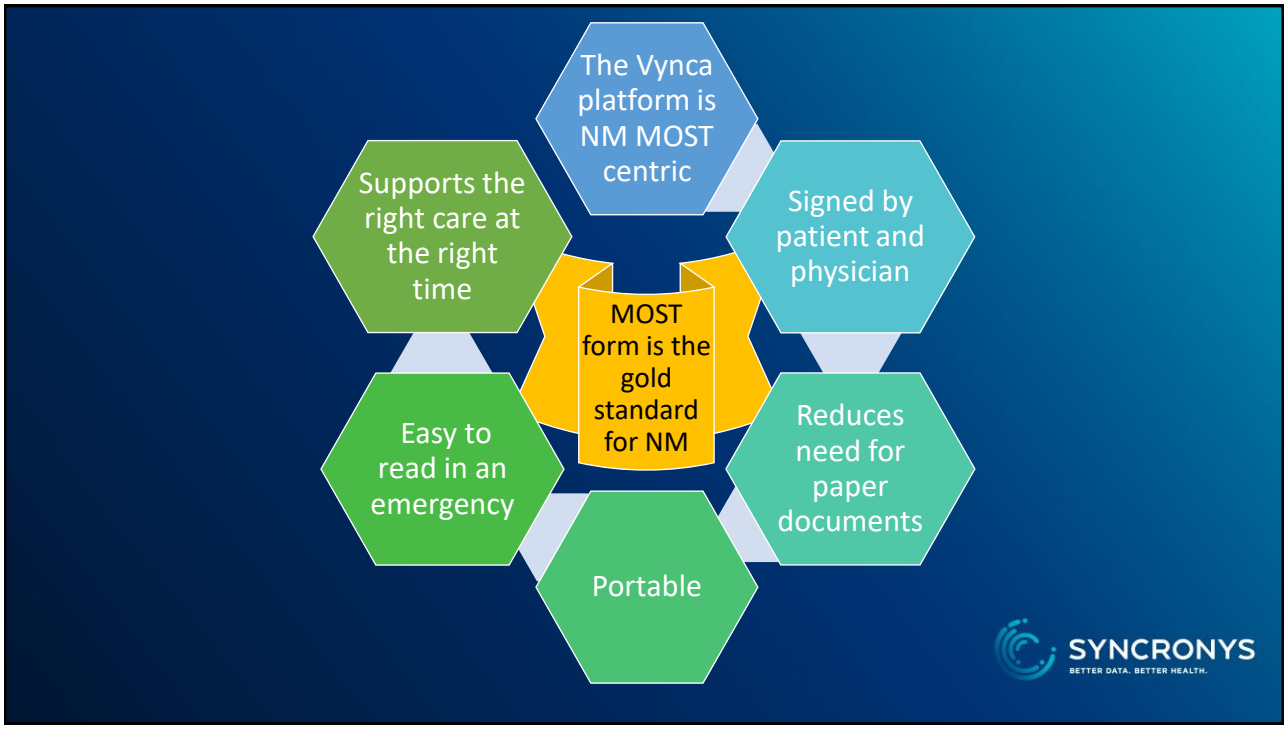

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HOW PRESBYTERIAN HEALTHCARE SERVICES USED THE VYNCA PLATFORM

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- The Presbyterian delivery system is the first large-scale adopter in New Mexico.
- Presbyterian has implemented electronic Advanced Care Planning workflows throughout the health system, including both the outpatient and inpatient areas.
- Presbyterian has a statewide presence operating in numerous NM counties.

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WHERE SYNCRONYS HIE PORTAL USERS CAN FIND THE TOOL INTEGRATED INTO THE PATIENT RECORD

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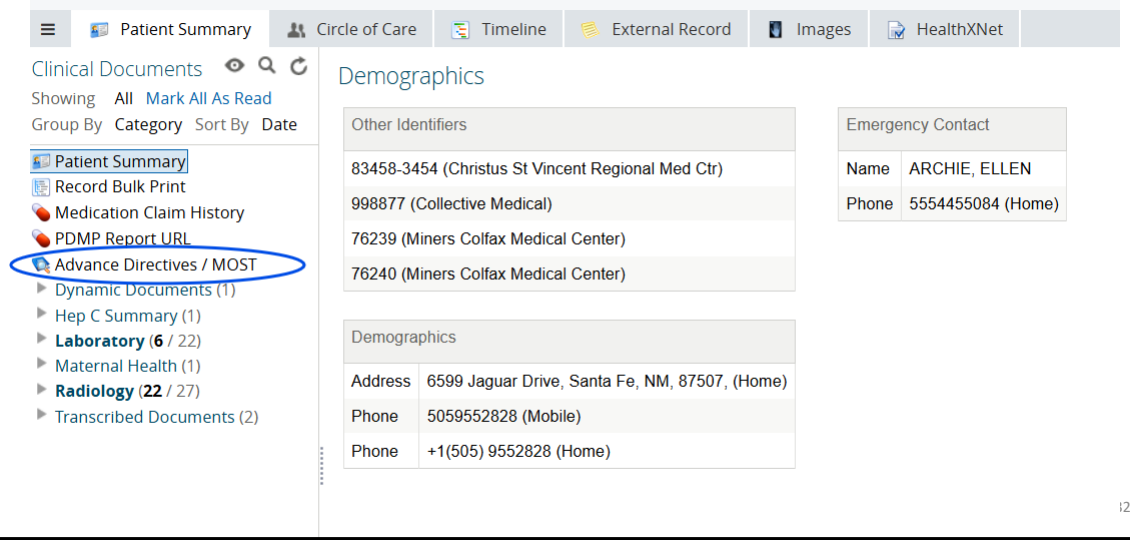

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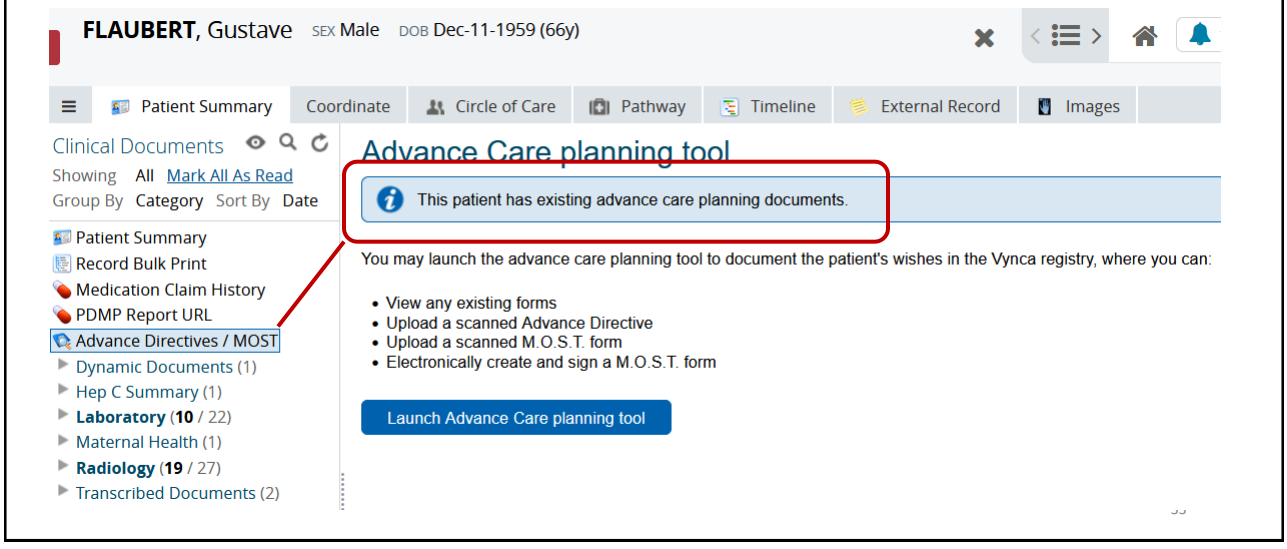
WHERE SYNCRONYS HIE PORTAL USERS CAN FIND THE TOOL INTEGRATED INTO THE PATIENT RECORD



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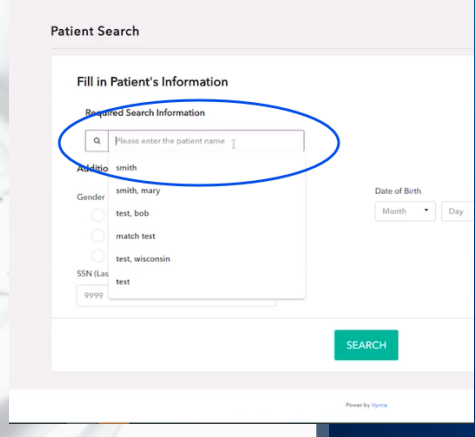
PATIENT SEARCH *(IF APPLICABLE)*

- Some patients may already have a MOST Form or Advanced Directive record in the VYNCA platform.
- Use the patient search feature to:
  - Save time
  - Gain historical access to completed documents
  - Reduce duplication



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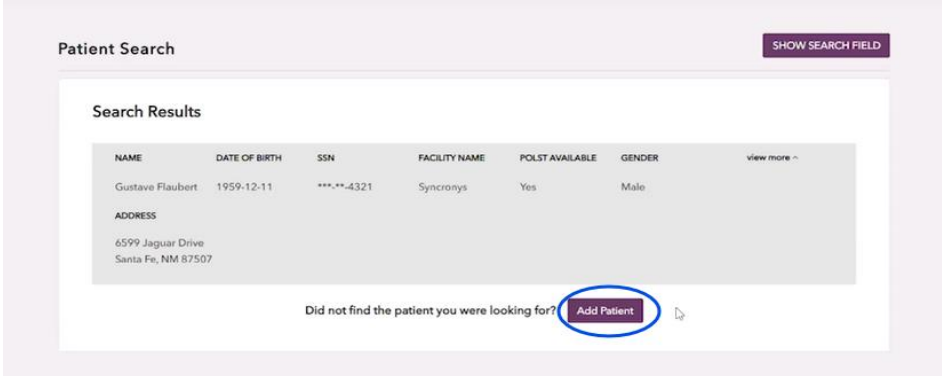
ADDING A NEW PATIENT *(IF APPLICABLE)*

Patients not found in this way can be added to the registry manually.



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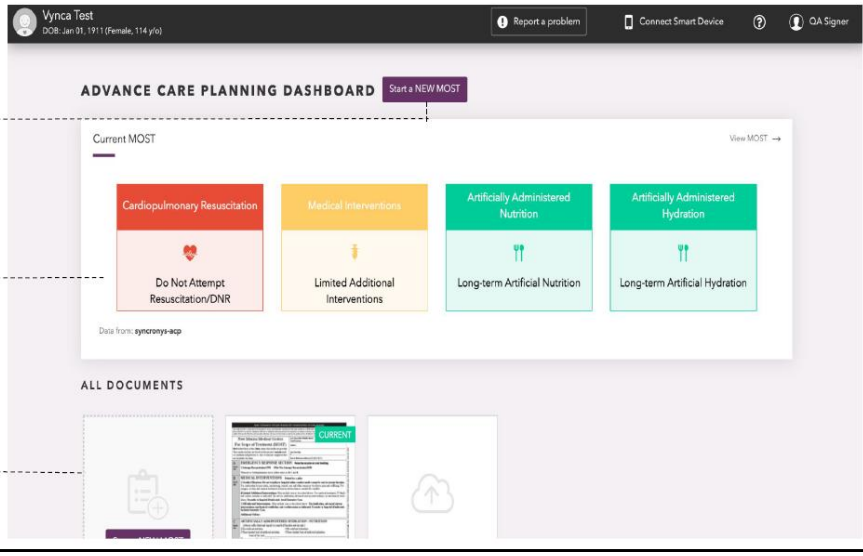
Advance Care Planning Dashboard for Clinicians

Simple interface design allows for user-friendly navigation and clear transmission of patient information.

Create and resume forms directly from homepage

Quickly identify patient code status

Easily access and review ACP documents



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HOW CAN DOCUMENTS BE SIGNED BY THE PHYSICIAN AND PATIENT IN DIFFERENT LOCATIONS?

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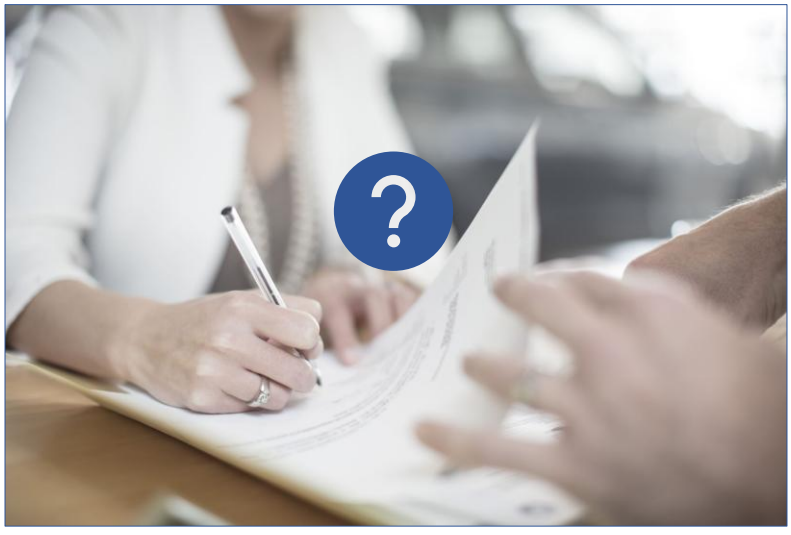

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DIGITALLY!

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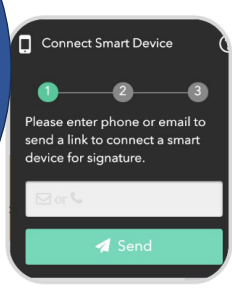
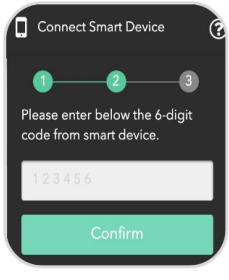
Clinicians and patients can digitally sign ACP documents using Vynca's patented technology.

Answer: Patients and Providers can seamlessly capture signatures with Mobile Connect

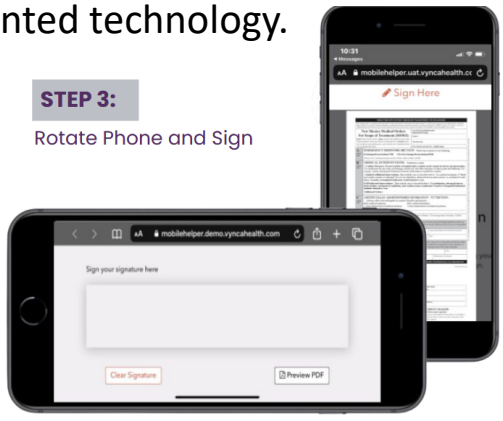
STEP 1: Connect Smart Device



STEP 2: Enter 6-Digit Code



STEP 3: Rotate Phone and Sign



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THE RESULTS ARE MEANINGFUL

- Reduction of Hospital Admissions by 37%
  (Arch Int Med. 2009, 169(5) 480-488)
- Reduction in ICU utilization by 57%
  (Crit Care Med. 2015 May; 43(5): 1102–1111)
- Reduction in hospital death by 30%
  (*JAGS 2007; 55:189-194*)
- Increase in use of Hospice by 83%
  (*JAGS 2007; 55:189-194*)
- Increase in Patient Satisfaction
  – percent of 5 star satisfaction increases from 34% to 51% with advance care planning discussions
  (*J Gen Intern Med. 2001 Jan;16(1):32-40*)

*"In order to provide **high-value concordant care** with patient wishes, we needed **just-in-time electronic access** to the most recent, legally valid POLST form. Our goals includes this functionality to exist for our patients even **outside our own walls** and our EHR could not achieve this. Vynca allowed us to achieve all our goal with their **EHR-integrated solution that allows POLST access to all participating providers across the state**."*

- Director of Clinician Integration & Office of Patient Experience, Current Client

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DEMONSTRATION

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FOR MORE INFORMATION - REFERENCES

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FOR MORE INFORMATION

- A complete training module on use of the Advance Care Planning solution is available on the www.syncronys.org website under Resources / Training, or use this direct link: https://vimeo.com/588934379
- For information about SYNCRONYS, visit our website, email info@syncronys.org, or call 505-938-9900.
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