decision-making in geriatrics

the new jersey polst form

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NOTE: This handout is in addition to what will be presented in class. Dr. Barile’s powerpoint will be posted on the HCANJ website post presentation.

outline

aging worldwide

“modern” medical decision making

new jersey goals of care

new jersey polst form
worldwide:
worldwide: trends

2030: % 65+

worldwide: germany
worldwide: japan

worldwide: russia

September 12th

June 12th
worldwide: Russia

worldwide: WHO

[Diagram showing Age-Friendly City topic areas: Transportation, Housing, Social Participation, Respect and Social Inclusion, Community Support and Health Services, Communication and Information, Civic Participation and Employment.]
united states:

![Population pyramid for the United States in 2040](image)

united states:

![Population pyramid for the United States and Japan in 2030](image)
big questions: worldwide

how will global aging affect:

healthcare
social security
immigration
trade and manufacturing
finance
defense

big questions: united states

are our health care systems prepared?

medical education
residency training
hospital systems

is our “modern” decision-making adequate?
“modern” decision making

1953

.....a dog named “knowsy”

“modern” decision making

<table>
<thead>
<tr>
<th>pre-knowsy</th>
<th>1953</th>
<th>post-knowsy</th>
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<tbody>
<tr>
<td>shorter life</td>
<td></td>
<td>longer life</td>
</tr>
<tr>
<td>palliation</td>
<td></td>
<td>cure</td>
</tr>
<tr>
<td>holistic</td>
<td></td>
<td>body systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>body organs</td>
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</table>
ACGME approved a **new** subspecialty in hospice and palliative medicine

subspecialty of **ten primary specialties**:
- internal medicine
- pediatrics
- anesthesiology
- radiology
- PM&R
- family medicine
- general surgery
- emergency medicine
- psychiatry
- neurology

**“modern” decision making**

2008

five barriers to quality decision making:

1. wrong financial incentives
2. inaccurately estimating prognosis
3. ageism and stereotyping
4. not addressing advance directives
5. not addressing **goals of care**
“modern” decision making

1. financial incentives

<table>
<thead>
<tr>
<th>age</th>
<th>total</th>
<th>male</th>
<th>female</th>
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<tbody>
<tr>
<td>Birth</td>
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<td>75</td>
<td>80</td>
</tr>
<tr>
<td>50</td>
<td>31</td>
<td>29</td>
<td>33</td>
</tr>
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<td>70</td>
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<td>5</td>
</tr>
<tr>
<td>100</td>
<td>3</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

“modern” decision making

2. estimating prognosis
“modern” decision making

3. ageism and stereotyping

“pleasantly demented”

“that gomer in room 805”

“he looks great for 92”

“modern” decision making

4. advance directives

not many people have them

not many doctors ask for them

not many lawyers know how to write them
“modern” decision making

4. advance directives

patient is always the primary decision maker!

if patient does not have capacity:

   step 1. advance directive
   step 2. substituted judgment

“modern” decision making

4. advance directives

“doctor, what would you do if it were your mother?”
“modern” decision making
### “modern” decision making

5. not addressing **goals of care**

<table>
<thead>
<tr>
<th>problem-based</th>
<th>goal-based care</th>
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<tbody>
<tr>
<td>heart failure</td>
<td>independence</td>
</tr>
<tr>
<td>pneumonia</td>
<td>reading</td>
</tr>
<tr>
<td>acute kidney injury</td>
<td>peaceful death</td>
</tr>
<tr>
<td>liver failure</td>
<td>longevity</td>
</tr>
<tr>
<td>sepsis</td>
<td>quality/function</td>
</tr>
<tr>
<td>delirium</td>
<td>specific tasks/events</td>
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#### simply ask:

“what are your hopes for the future?”
the problem with new jersey

elliot fisher  
jack Wennberg

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>UT</th>
<th>NJ</th>
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<tbody>
<tr>
<td>MD visits</td>
<td>29</td>
<td>17</td>
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<tr>
<td>hospital days</td>
<td>12</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>ICU days</td>
<td>3.2</td>
<td>2.2</td>
<td>4.6</td>
</tr>
<tr>
<td>% hospice</td>
<td>27</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>Inpt/Medicare A</td>
<td>14K</td>
<td>11K</td>
<td>22K</td>
</tr>
<tr>
<td>Inpt/Medicare B</td>
<td>4.2K</td>
<td>3.0K</td>
<td>6.0K</td>
</tr>
</tbody>
</table>

Dartmouth Atlas of Health Care 2008
the problem with new jersey

why?......

not enough primary care?
too many hospital beds?
cost of living?
defensive medicine?
nom residential hospices
inadequate geriatric curricula
few geriatricians

new jersey goals of care

mission:

.....to educate and support physicians and health care teams
to ensure the specific treatment decisions stem from and focus on the patient’s goals of care, thus empowering the patient and improving the quality of care
90 year old healthy male admitted from the community with a stroke and unable to swallow or ambulate without maximum assistance.

swallow therapist recommend feeding tube.

**What are the goals?**
- listening to music

**Treatment:**
- tube placement
88 year old healthy female admitted from the community with a stroke and unable to swallow or ambulate without maximum assistance.

swallow therapist recommend feeding tube.

**what are the goals?**
return to gardening

**treatment:**
hospice referral

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**new jersey goals of care**

four steps for good decision-making:
1. what is the diagnosis
2. what is the prognosis/best outcome
3. what are the goals
4. help achieve goals
   - right treatment
   - coordination of care
   - communication
   - future planning
new jersey goals of care

1. diagnose
2. treat

goals of care
1. diagnose
2. prognosis
3. goals of care
4. treat

new jersey goals of care: POLST

Physician Orders for Life-Sustaining Therapies

National POLST Paradigm Programs
new jersey goals of care: POLST

POLST, what is it?

- actionable medical orders
- represent previous discussions on EOL care
- complement to advance directives
- brightly colored format
- portable across healthcare settings

new jersey goals of care: POLST

NJ: Out of Hospital DNR

- state-wide protocol developed in 1997
- honored by EMS statewide

*should be* utilized when discharging a patient with DNR
new jersey goals of care: POLST

How is POLST different from OOH DNR?

OOH DNR: not portable (only applicable to EMS)

POLST: addresses code status, plus…
       travels across all settings

new jersey goals of care: POLST

core elements of POLST:

should be reviewed and renewed when:
preferences change
health status changes
patient is transferred to another setting
recommended for patients entering final years
new jersey goals of care: POLST

POLST timeline in NJ:

senate bill submitted/July 2010

senate and assembly health committees/2011

gov Christie

NJHA task force

NJHA will house POLST