California POLST eRegistry Pilot Project
December 2016
STATEWIDE COLLABORATION
• Healthcare Providers
• Consumers
• Public Policymakers

IMPROVING CARE FOR SERIOUSLY ILL
• Promoting high-quality, compassionate, person-centered care

CHANGING CULTURE
• Advance care planning/medical decision-making
• Palliative Care
POLST eREGISTRY PILOT PROJECT

Background
Physician Orders for Life-Sustaining Treatment (POLST)

- A medical order recognized throughout the health care system.
- Portable document that travels with the patient from setting to setting.
Senate Bill 19

SB 19 (Wolk, 2015) authorizes the POLST eRegistry pilot

- Addresses limitations of paper POLST forms
- Identifies EMSA as state lead
- No state funding
- Law sunsets January 1, 2020
## Project Partners

<table>
<thead>
<tr>
<th>Partner</th>
<th>Primary Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Health Care Foundation</td>
<td>Funder</td>
</tr>
<tr>
<td>Coalition for Compassionate Care of California</td>
<td>Pilot Project Manager/ POLST Program Leadership &amp; Training</td>
</tr>
<tr>
<td>California Emergency Medical Services Authority (EMSA)</td>
<td>Lead State Agency &amp; Statutory Authority for POLST and eRegistry</td>
</tr>
<tr>
<td>Vynca</td>
<td>Technology Vendor</td>
</tr>
<tr>
<td>San Diego Health Connect (HIE)</td>
<td>San Diego Pilot Project Manager</td>
</tr>
<tr>
<td>Alameda-Contra Costa Medical Association</td>
<td>Contra Costa Pilot Project Manager</td>
</tr>
<tr>
<td>CA Poison Control Center</td>
<td>Back-up Call Center</td>
</tr>
<tr>
<td>Public Health Institute and the Oregon Health Sciences University</td>
<td>Evaluator</td>
</tr>
</tbody>
</table>
Project Objectives

1. Develop and implement a cloud-based platform with a secure web portal for electronic storage and retrieval of POLST forms

2. Demonstrate that electronic access to POLST forms can help align care with patient wishes in a pilot setting

3. Engage stakeholders in a plan for sustainability and spread beyond pilot status
Pilot Activities/Timeline

Phase 1: July 2016 – Dec 2016
- Select Pilot Communities
- Develop Project Guidelines
- Engage providers – backload/input
- Develop/test registry connections

Phase 2: January 2017 – June 2018
- Engage providers/input and access
- Maintain registry operations
- Data collection and evaluation
Pilot Activities/Timeline

Phase 3: July 2018 – Dec 2019*

- Maintain Registry Operations
- Present report to Legislature

*Pending successful completion of Phase 2
### Key Milestones

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date/Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Launched</td>
<td>September 7, 2016</td>
</tr>
<tr>
<td>Registry Accessible to providers</td>
<td>March 2017</td>
</tr>
<tr>
<td>Guidelines Approved by EMS Commission</td>
<td>March 2017</td>
</tr>
<tr>
<td>Web-Based Portal Go Live</td>
<td>July 1, 2017</td>
</tr>
<tr>
<td>Collect and analyze data; complete data collection</td>
<td>April 2018</td>
</tr>
<tr>
<td>Assess the value of the POLST eRegistry and develop business case;</td>
<td>May 2018</td>
</tr>
<tr>
<td>Determine if Phase Three is warranted; secure resources if so</td>
<td>June 2018</td>
</tr>
</tbody>
</table>
Risks & Issues

- Workflow challenges in multiple health settings
- Sufficient volume of forms in eRegistry is key
- Future funding unknown
- High maintenance costs would impact sustainability
Expectations

• POLST eRegistry is viable and effective
• POLST forms are entered accurately and in sufficient volume
• POLST forms are safely stored and accurately matched
• POLST user demand grows over time
• Providers, patients, and family have positive experiences
• Trend data points to alignment with patient wishes
• Enthusiastic stakeholders support spread and sustainability
TECHNOLOGY
eRegistry Modules

Input Module

Processing & Storage Module

Retrieval Module

POLST eRegistry

Hospital Emergency Dept EHR

EMS/ePCR
Health Information Exchange (HIE)

- SSO from HIE
- Gather POLST forms via integration with HIE system (where feasible)
- Capture information in structured data format for consumption by the POLST eRegistry.
EMR Integrated Direct Input

- Scan/Manual upload of PDF to EMR
- SSO from EMR
- Gather POLST forms via integration with EHR systems (where feasible)
- Capture information in structured data format for consumption by the POLST eRegistry.
Input

Web Direct

- Authenticated users with valid CA Medical license
- Manual upload of PDFs
- Capture information in structured data format for consumption by the POLST eRegistry.
Electronic POLST form*/
Direct Input via Vynca

*Not part of pilot. Offered by Vynca under separate contract.
Processing/Storage

Vynca

- Verify POLST form
- Link submitting party identifiers and patient identifiers to the PDF form
- Only one “valid” POLST per individual
HIE Access (San Diego Pilot)

- Access for providers with HIE credentials
  - Web SSO
  - ePCR
  - CCD/EMR
- Ability to search for patient data using key values
Contra Costa Non-HIE Access

- HL7-based integration with Single Sign On (SSO) for Epic and PointClick Care users
- ePCR
- Ability to search for patient data using key values
Access

Back-up Call Center

- 24/7 Availability
- Dedicated phone line
- Trained staff
- Not available to public
- Never primary access source
REGISTRY GUIDELINES

Emergency Medical Services Authority
OUTREACH/EDUCATION

Coalition for Compassionate Care of California
EVALUATION

Oregon Health Sciences University (OHSU) and Public Health Institute (PHI)
Evaluation Specific Aims

1. Determine POLST eRegistry Functionality
2. Assess Utilization, Quality and Impact Measures
3. Understand User Experience
4. Conduct Continuous Quality Improvement
5. Develop Best Practices and Business Case
Questions?

Kelley Queale, Program Director
Coalition for Compassionate Care of California
Sacramento, CA
(916) 993-7741 | kqueale@coalitionccc.org
CoalitionCCC.org | CaPOLST.org