BEST OF THE JOURNAL

Pennsylvana Orders for Life-Sustaining Treatment (POLST) – An Update

Kristen A. Hartmann, MSW, LCSW
Advance Care Planning Program Manager

Editor's Note: *The Winter 2011 issue of JLGH (Vol. 6, No. 4) contained a comprehensive overview of the then newly approved form for POLST by Margaret F. Costella, Esq., Senior VP and Deputy General Counsel for Penn Medicine Lancaster General Health.*[1] *The benefits of such instructions have become so clear in the intervening decade, that the article merited inclusion as one of the essentials for this issue. At my request, Ms. Costella invited Kristen Hartmann to provide the following update about POLST.*

In October 2010, the Secretary of the Pennsylvania Department of Health (DOH) approved the use of a standard form Pennsylvania Orders for Life Sustaining Treatment or POLST. More than 10 years later, the importance of Advance Care Planning (ACP) and POLST remain irrefutable.

Advance care planning is an ongoing process, which allows the provider and patients to understand, reflect upon, and discuss goals related to health care decisions. ACP conversations help providers to better understand what is important to their individual patient. Each person has a unique set of experiences, values, education, and resources that influence the way in which they make their health care decisions. Understanding why a patient is making a medical decision is equally as important as the decision itself.

This process of shared decision-making is important throughout all stages of health and wellness. However, it becomes most critical in the last year of a person's life. As someone's health status progresses, the frequencies of these conversations should increase as well.

POLST allows us to document these critical conversations in a clear and concise manner. More importantly, it serves as a way for providers to communicate with one another across care settings.

When we combine the expertise of our providers, with the understanding of the individual's goals, we are able to create a plan of care that better meets a patient's needs. A POLST serves as the tool that allows us to put these critical plans into action.

Importantly, in January 2016 CMS made Advance Care Planning a distinct service that may be billed by any provider for a 30 minute conversation that helps patients or families understand their illness or their treatment, or decide who will be their decision-maker. There is no diagnosis required to bill for ACP, which may be billed in any setting (inpatient/ambulatory) as many times as needed. The first 30 minutes are typically reimbursed at about $85, with every additional 30 minutes an additional $75.

The ultimate goal of advance care planning is to allow patients to maintain autonomy of decision-making, when they are no longer able to speak for themselves. A POLST allows providers to help a patient achieve this goal at the end of life.

For more information on POLST please visit www.POLST.org or call Legal Services at Lancaster General Hospital.

REFERENCES

1. Costella MF. Pennsylvania orders for life sustaining treatment (POLST): Taking patient autonomy to the next level. *J Lanc Gen Hosp*. 2011; 6(4):127-128. http://www.jlgh.org/Past-Issues/Volume-6--Issue-4/Pennsylvania-Orders-for-Life-Sustaining-Treatment-.aspx

Kristen A. Hartmann, MSW, LCSW
Population Health – Advance Care Planning
1097 Commercial Ave.
East Petersburg, PA 17520
717-544-2582
Kristen.Hartmann@pennmedicine.upenn.edu