Design and Development of the Utah ePOLST: an Electronic End-of-Life Care Registry

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Outline

• Brief introduction of topic and speakers
• ePOLST dramatization video
• Background on POLST
• Software development process and current status
• On-line demonstration
• Questions
Background

• US Life expectancy is increasing (prediction for 2050: 79.4 and 83 years for men and women)

• Causes of death no longer infectious diseases
  – Heart disease and cancer

• Increased demand for palliative and end-of-life care services

Discussing Death

• Immortal
• Denial
• Distant Acceptance
• Acceptance
• Embrasure
• Planning
• Preparation

• People die
• Where they die
• What happens before they die
• How can people get the death they want
• Resources

http://leaving-well.org/
POLST Paradigm

- Physician Orders for Life Sustaining Treatment
  - Proposed by Oregon in 1991
  - Translates patient’s EOL care wishes into medical orders
  - Endorsed by 15 states
    - In Utah: POLST forms are authorized under the Life with Dignity Orders under Utah Law § 75-2a-106
  - 32 states are in process of developing POLST programs
  - A tool to initiate the EOL care conversation between providers and patients (and families)

POLST vs. Advance Directives

<table>
<thead>
<tr>
<th>POLST</th>
<th>Advance Directives</th>
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<tbody>
<tr>
<td>Patients with life-threatening conditions or who are frail</td>
<td>For anyone 18 years or older</td>
</tr>
<tr>
<td>Requires the authorization from a healthcare provider to be considered a legal document</td>
<td>Does <strong>not</strong> require authorization from a healthcare provider</td>
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<tr>
<td>Specific orders for current treatment</td>
<td>General preferences for future treatment</td>
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Paper POLST Form

Paper POLST form: Disadvantages

• No version control

• May be inaccessible at time of need or lost

• Cannot be accessed by multiple users at the same time (EMTs, ED providers, etc.)
Electronic POLST

- Utah Improving Care through Connectivity, and Collaboration (IC³) Beacon grant awarded by ONC
  - Funded in 2010
  - Collaboration between UDOH and HealthInsight to:
    - Improve consistency between patient wishes and care provided during the last six months of life
    - Create an electronic POLST registry for use in Utah

ePOLST Development

- Why Vital Records?
  - Electronic Death Entry Network (EDEN)
  - ~300 physicians certify 70% of all deaths

- Oregon ePOLST experience
  - Paper POLST forms
  - 24/7 call center
Steering Committee

- Representatives from
  - Office of Vital Records and Statistics (UDOH)
  - Bureau of Emergency Medical Services (UDOH)
  - Utah Commission on Aging
  - Physicians and staff (palliative care, EMS, hospice care, geriatrics)
- Meetings between 2010-present to develop requirements

System Development

- Contextual Interviews
  - Nursing homes, palliative care, hospice care, hospital ER, fire station
- Agile, iterative development process
  - Prototypes to test ideas, usability
ePOLST Architecture

![Diagram of ePOLST Architecture](image)

ePOLST Demo

![ePOLST Demo Screen](image)
ePOLST Dramatization

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Questions?

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