



PCP QIP TRAINING WEBINAR: ADVANCE CARE PLANNING

**GUEST SPEAKERS:
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OVERVIEW

- Introduction
- Facilitated Q&A with Guest Speakers
- Case Study
- ACP: QIP Unit of Service Measure Specs
- Q&A

QUESTIONS

- What does the ACP process look like?
- How did you get to this place?
- What are the major challenges that you are still facing?
- What recommendations do you have for other providers?

CASE STUDY

Louise is a 74-year-old African American female who is being followed in resident's continuity clinic. She has been coming to the clinic for one and a half years for diabetes and hypertension. Her blood pressure control is variable from visit to visit, and her HbA1c runs between 8.2% and 9.1%. Her daughter comes in with her occasionally, and she is with her today. Louise is upset because her sister has been in the hospital for six days after suffering a stroke, has a feeding tube placed, and is now being moved to a skilled nursing facility. Louise is here for a scheduled appointment because she recently had her dose of lisinopril increased.

ADVANCE CARE PLANNING (ACP)



ADVANCE CARE PLANNING (ACP) – PHYSICIAN/CLINICIAN ATTESTATION

Discussions by doctors, nurses, physician assistants, and other clinicians about Advance Care Planning with PHC ~~Medi-Cal or Medi-Medi~~ members (~~Partnership Advantage~~ not eligible) ages 65 and older or who have significant health problems limiting their life expectancy may qualify for a financial bonus under PHC's Quality Improvement Program (QIP). You may submit one attestation per member per fiscal year, up to a maximum of 100 attestations. To be eligible for the incentive, please do the following:

- 1) Discuss end-of-life choices with your patient
- 2) Document the ACP discussion in the patient's medical record
- 3) Complete this attestation form

ACP discussions must take place **between Sept 1, 2013, and June 30, 2014**. All attestations submitted are reviewed by PHC. Upon approval, the attestation will qualify for the incentive. Attestation forms should be submitted no later than **July 31, 2014**, to:

- ✦ Email: QIP@partnershiphp.org
- ✦ Fax: 707-863-4316

Patient Name	Date of Birth	CIN #
Reason for ACP discussion (check one):		
<input type="checkbox"/> 65 or older <input type="checkbox"/> Under 65, with potential life-limiting illness or concomitant disease process specified below (Please see Specifications for examples): _____		

I, _____ (Clinician Name), practicing at _____ (Organization), hereby attest that I discussed with the Patient listed above their choices around advance illness care on ____/____/____ (Date of Service). This ACP discussion is documented in the Patient's medical record, which I agree to being audited by PHC, and includes the following activities:

- A. *Advance Directive (AD)* (Click [here](#) for sample)
- Patient completed AD or committed to filling one out after ACP discussion
 - Patient had previously completed his/her AD and reaffirmed they do not wish to make any changes
 - Patient declined to complete AD. Information given: pamphlet/handout about Advance Directives
- B. *POLST* (Click [here](#) for the English California POLST Form)
- POLST inappropriate for patient
 - POLST appropriate and signed
 - POLST appropriate but declined

Clinician Signature: _____ Date: _____

RESOURCES

QIP Website:

http://partnershiphp.org/Provider/MC_QIP.htm

QIP Inbox: qip@partnershiphp.org