Senate Committee on Health and Human Services
and Senate Committee on State Affairs
Joint Interim Charge 2

Department of Aging and Disability Services
October 17, 2006
Joint Interim Charge 2

Study how to reduce dependence on Medicaid for the provision of long term care by increasing use of long-term care insurance and health savings accounts. Include a study of options for increasing the use of advance planning tools, such as health care power of attorney and living wills, to ensure more effective decision-making regarding critical end-of-life and other health care decisions. Finally, study the feasibility of implementing innovative models of nursing facility services that encourage autonomy, choice and dignity of residents.
DADS Vision

Older Texans and persons with disabilities will be supported by a comprehensive and cost-effective service delivery system that promotes and enhances individual well-being, *dignity, and choice.*

DADS promotes individual dignity and choice by
1) Assisting with Advance Care Planning (ACP) and
2) Supporting culture change initiatives.
Senate Committee on Health and Human Services and Senate Committee on State Affairs Charge #2: Increasing the Use of Advance Planning Tools

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October 17, 2006
What is Advance Care Planning?

• **Advance care planning (ACP)** is a process for assuring that a person's wishes are carried out if he or she becomes incapacitated due to health conditions.

• An individual considers his or her values about the end of life, and discusses those values with family, health care providers and others who are important in their lives.

• An individual completes documents that record those decisions for the future.
Recording ACP Decisions

• Texas law provides a number of useful advance planning tools, including **advance directives**. There are three types of advance directives, which provide direction for medical professionals, family members and others who may have to make critical decisions regarding the administration, withholding or withdrawing of life-sustaining treatment and other matters.
  - Medical Power of Attorney (MPA)
  - Directive to Physicians, Family or Surrogates (Advance Directive)
  - Out of Hospital Do-Not-Resuscitate (OOHDNR)

• Other ACP forms include:
  - Designation of Guardianship Before Need Arises
  - Other intervention-specific orders
DADS Role in Encouraging ACP Planning

• Area Agency on Aging (AAA) Benefits Counselors:
  ➢ Assist in the preparation of advance directives such as Out of Hospital Do-Not-Resuscitate Orders, Directive to Physicians, Medical Power of Attorneys and the Designation of Guardianship Before Need Arises.
    • To become certified to prepare advance directives, Benefits Counselors must be certified as a Level I Benefits Counselor, complete 8 hours of training, and pass a comprehensive exam.
  ➢ Provide limited counseling regarding private options for financing long-term care (LTC) services including, but not limited to LTC insurance, reverse mortgages and accelerated death benefits.
    • Prior to providing counseling, Benefits Counselors must complete a 12 hour training course, which includes role play, and pass a comprehensive exam.
DADS Role in ACP Planning Continued

- Nursing Facilities regulated by DADS must maintain written policies regarding the implementation of advance directives.
  
  ➢ Upon admission, all individuals must be provided with written information about their individual rights under Texas law to make decisions concerning:
    - medical care;
    - the right to accept or refuse medical or surgical treatment;
    - the right to formulate advance directives; and
    - the nursing facility’s policies respecting the implementation of advance directives.
  
  ➢ Failure to inform the resident of facility policies may result in an administrative penalty of $500.
    
    • During FY 2006, 99.1% of nursing facilities were in compliance.
ACP in Texas Nursing Facilities

• Prevalence of ACP for clients in Texas Nursing Facilities*
  - Advance Directives – 26%
  - Out of Hospital Do-Not-Resuscitate – 55%
  - Medical Power of Attorney – 29%
  - Do-Not-Resuscitate Order – 42%
  - Other intervention-specific orders – 7%

*Estimates based on preliminary data from a review of 1986 randomly selected clinical records in 2006. Note that the total is greater than 100% because some clients have more than one ACP document.
Increasing the use of ACP in Nursing Facilities

• DADS continues to encourage the use of ACP in Nursing Facilities through:
  ➢ The implementation of ACP provisions from Senate Bill 1188, 79th Legislature, Regular Session, 2005.
    • DADS worked with stakeholders to develop a Frequently Asked Questions (FAQ) document about ACP.
    • Rule amendments will be proposed to require FAQ to be provided to residents of nursing facilities upon admission, annually and/or when there is a significant change in medical condition.
  ➢ Assessing the extent of ACP through Quality Monitoring visits.
    • DADS Quality Monitors offer in-service training to those facilities with a low percentage of residents without advance directives.
  ➢ The extent of ACP use in nursing facilities will be reassessed in 2007-08 through the existing Long-Term Care Quality Review process.
Senate Committee on Health and Human Services and Senate Committee on State Affairs Charge 2: Innovative Models of Nursing Facility Services

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What is Culture Change?

- **Culture change** is a philosophy that focuses on fostering a more “person-centered” and “person-directed” care environment in nursing facilities.
- Changes are intended to promote autonomy, choice and self-determination.
- Offering individual choices, increasing staff training and enhancing physical facilities are key components of most culture change activities.
DADS Role in Culture Change Initiatives

• Successful culture change initiatives require:
  ➢ Shift in philosophy and a move away from the medical model of care.
  ➢ Collaboration between DADS and nursing facility staff to encourage implementation of culture change activities.
  ➢ Addressing perceived regulatory barriers.
Quality Improvement Organizations (QIOs)

• The Centers for Medicare and Medicaid Services (CMS) contracts with a Quality Improvement Organization (QIO) in each state. In Texas, CMS has contracted with the Texas Medical Foundation Health Quality Institute to promote culture change initiatives.

• A pilot project involving 18 nursing facilities throughout the state was begun in 2006.
  ✓ Facilities voluntarily participate to implement various aspects of culture change.
  ✓ DADS staff work collaboratively with participants providing technical assistance and training for the culture change pilot project, including participation in monthly web-casts to discuss implementation strategies and gauge progress.
Future Directions

• DADS is committed to promoting the future success of culture change initiatives by continuing to:
  - Assist the development and implementation of cost-effective culture change programs in the provider community;
  - Communicate with stakeholder organizations;
  - Provide information and training to nursing facilities; and
  - Continuously review regulatory standards to identify and help remove actual and/or perceived barriers to culture change initiatives.