

Increasing Access to Electronic Advance Directives in Maryland

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Background

Timeline

- 2011 – The Maryland Health Care Commission (MHCC) was awarded \$1.6 million by the Office of the National Coordinator for Health Information Technology (ONC) to explore options to facilitate the availability of electronic advance directives
- 2012 – The Secretary of the Maryland Department of Health (MDH) provided MHCC with additional startup funding to pilot the exchange of electronic advance directives through the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP)

Timeline *(Continued)*

- 2013 – The MHCC issued a Request for Proposal to identify a vendor to implement a statewide electronic advance directives system that health care providers could access through CRISP; ADVault (dba MyDirectives.com) was competitively selected to collaborate with CRISP to build an interface between its cloud-based advance directive service and the CRISP Query Portal
- 2014 – An interface between the MyDirectives.com repository and CRISP was launched
- 2015 through 2017 – Legislation was introduced to expand use of cloud-based technology to support diffusion of electronic advance directives statewide

Legislation



Key Elements of the Law

- House Bill 1106, *Public Health - Electronic Advance Directives – Witness Requirements* (2015) – requires two witnesses for electronic signature on an advance directive outside the presence of the declarant who signed the advance directive if it was created in compliance with electronic witness protocols of MDH
- House Bill 1385, *Public Health – Advance Directives - Procedures, Information Sheet, and Use of Electronic Advance Directives* (2016) – alters witness requirements for an electronic advance directive and expands the scope of education and outreach efforts, including required content of an advance directive information sheet and the distribution process; requires MHCC to develop a State Recognition Program for electronic advance directives services (or vendors)

Key Elements of the Law *(Continued)*

- House Bill 0188, *Public Health – Advance Directives – Witness Requirements, Advance Directives Services, and Fund (2017)* – clarifies the definition of an advance directive; clarifies that MDH may contract with one or more vendors; establishes a non-lapsing Advance Directives Program Fund

Funding



An Advance Directives Program Fund established in 2017 supports costs for vendor integrations with CRISP and statewide outreach and education efforts

State Recognition Program

Planning

- The MHCC convened a Criteria and Connectivity Workgroup in the fall of 2016 to discuss policy matters related to electronic advance directives
- Feedback informed the development of draft regulations and vendor criteria for State Recognition

Regulations

- COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service* became effective March 12, 2018
- Regulations outline program procedures for State Recognition of an electronic advance directives service including processes for developing vendor criteria
- Vendor criteria includes standards for privacy and security; independent privacy and security audits; and education, reporting, and technical provisions; some of which are required by State and/or federal law

The Why

What We Know

- In Maryland, more than 60% of individuals (18 years +) want their end-of-life wishes honored -- yet, advance care planning remains a theoretical concept*
 - Only about one third of individuals actually go on to complete an advance directive*
- In Maryland, approximately 62 percent of deaths occur at a hospital, nursing home, or hospice; hospitals account for more than half of these deaths**
- National and statewide efforts continue building momentum to improve quality in health care – this should include ensuring patients have a “good” death guided by their stated wishes in an advance directive

Sources:

*Morhaim DK and KM Pollack. End-of-life Care Issues: A Personal, Economic, Public Policy and Public Health Crisis. Am J Public Health 2103 103(6):e8-e10.

**Maryland Department of Health, Vital Statistics Administration. Maryland Vital Statistics Annual Report 2016.

Where Are We
&
What Happens Next?

Status of Activities

- State Recognition Program went live April 2018 – MHCC began accepting vendor applications
 - Currently one application received and under review by MHCC
- Pending review of a complete application by MHCC, it's anticipated the vendor will be State Recognized and awarded funds to integrate with CRISP by July 2018
- Vendor implementation of all the key components required by law could take until the end of this year

Outreach and Education

- Over the next year, MDH partnering with organizations to increase awareness and value of advance care planning among their targeted populations and assist with completion of advance directives
 - Goals are to understand cultural landscape; identify barriers that exist and how to overcome them; and develop messages that resonate to improve end-of-life care
- Next phase will be a statewide public campaign to support completion of electronic advance directives
- Information on electronic advance directives and vendors integrated with CRISP will be made available on MHCC Guide to Long Term Care:
mhcc.maryland.gov/consumerinfo/longtermcare/AdvanceDirectiveInformation.aspx



Questions?

For more information on the State Recognition Program and resources about advance directives, visit:

mhcc.maryland.gov/mhcc/pages/hit/hit_advancedirectives/hit_advancedirectives.aspx