

Arizona Health Care Cost Containment System Arizona Long Term Care System (ALTCS)

Advance Directives Performance Improvement Project



Final Report
December 2011

“Our first care is your health care.”



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Final Report: CYE 2007-CYE 2010

EXECUTIVE SUMMARY

Studies conducted by researchers at Dartmouth Medical School¹ over the last decade have found that the cost of care for Medicare patients with chronic illness averages nearly \$20,000 in the last six months of life and can average almost \$100,000 in some communities. This care often involves dozens of visits to specialists and days in hospital intensive-care units, which may be right for some patients. However, more than 80 percent of patients say that they wish to avoid hospitalization and intensive care during the terminal phase of illness. In many cases, those wishes are often overridden because they are not known by family members and health care providers.

One of the best ways to make one's wishes known is through an advance directive. An advance directive is a document that provides health professionals and/or family members with an individual's choice of preferred medical treatments when the person executing the document no longer has decision-making capacity (Sahm, Will and Hommel, 2005).² An advance directive can also be used to record a patient's wishes to direct physicians to withdraw or withhold life-sustaining procedures (Smedira, Evans, Grais, 1990).³ Several studies suggest that the overall prevalence of advance directives in the United States is low, with only 30-35% of older adults, seniors in Health Maintenance Organizations (HMOs), and nursing home residents executing an advance directive.

In 2008, a baseline measurement was established by Arizona Long Term Care System (ALTCS) health plans (Contractors) to determine the prevalence of advance directive use among members, as documented in their medical record. The study focused on eligible members 18 years and older with the baseline data pulled from the Contract Year Ending (CYE) 2007 measurement period (10/01/2006-09/30/2007). The baseline rate was 41.8% for Elderly/Physically Disabled (E/PD) members and 5.7% for Developmentally Disabled (DD) members. The Contractors were given two years and one remeasurement period (CYE 2009) to develop and implement interventions in order to improve advance directive usage amongst members. Intervention highlights include:

- Intensifying efforts to ensure that members were aware of their options in executing advance directives and that providers and their staff better understood advance directives and related documentation requirements
- Adding more information to case management assessment tools to help document whether patients had advance directives
- Using the "Five Wishes" Advance Care Planning tool
- Providing case managers with sample advance directive forms, such as the "Health Care Decisions" form to share with members and their families

In the three years of the Performance Improvement Project (PIP), the percent of members with an advance directive documented in their medical record among ALTCS (E/PD) members increased from 41.8% (CYE 2007 measurement period) to 64.7% (CYE 2010 measurement period); a relative increase of 54.8%. Members enrolled with the Arizona Department of Economic Security's Division of Developmental Disabilities (DES/DDD) saw an initial increase

from 5.7% (CYE 2007 measurement period) to 10.2% (CYE 2009 measurement period) and then a decrease to 7.1% (CYE 2010 measurement period), or a relative decrease of 30.4%.

Data for the baseline and remeasurement periods can be found in the following tables.

**Documentation of Advance Directives, enrolled in ALTCS:
Baseline Measurement Compared to First and Second Remeasurements**

Contractor	Baseline Measurement (CYE 2007)	First Remeasurement (CYE 2009)	Second Remeasurement (CYE 2010)	Relative Percent Change From Baseline to Second Remeasurement
Bridgeway Health Solutions	50.6%	66.7%	70.3%	39.0%
Cochise Health Systems*	38.1%	52.3%	67.8%	77.9%
Evercare Select	44.4%	62.0%	70.9%	59.7%
Mercy Care LTC	27.7%	49.3%	73.3%	164.6%
Pima Health System LTC*	36.8%	39.8%	42.5%	15.5%
Pinal/Gila LTC*	39.4%	73.1%	80.4%	104.1%
SCAN LTC	52.6%	63.3%	65.7%	24.9%
Yavapai County LTC*	55.6%	57.8%	45.9%	-17.4%
TOTAL	41.8%	57.3%	64.7%	54.8%

* Note: As of 10/01/2011 Cochise Health Systems, Pima Health System LTC, Pinal/Gila LTC and Yavapai County LTC were not awarded AHCCCS ALTCS contracts.

**Documentation of Advance Directives, Enrolled in DES/DDD,
Baseline Measurement Compared to First and Second Remeasurements**

Contractor	Baseline Measurement (CYE 2007)	First Remeasurement (CYE 2009)	Second Remeasurement (CYE 2010)	Relative Percent Change From Baseline to Second Remeasurement
DES/DDD	5.7%	10.2%	7.1%	24.6%*

* Note: While a relative increase of 24.6% was shown between the baseline and second remeasurement; there was a 30.4% relative decrease between the first and second remeasurements. In order to complete the PIP, increases must be statistically significant and be sustained for at least one successive year.

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PIP EVALUATION AND SUPPORTING DATA

Background: There are two types of advance directives: living wills and health care powers of attorney. A living will is a document that informs health care providers of the kind of medical care the individual wants provided or withheld. Living wills can be nonspecific statements, scenario- and treatment-specific statements, or include value profiles. Under state laws, a living will typically takes effect when the patient is determined to be close to death from a terminal illness or is permanently comatose and cannot communicate his or her wishes for medical care. In general, once a physician receives a living will, he or she either must honor its instructions or transfer the patient to another physician who will honor them. States also have imposed requirements on what medical conditions can make a living will operative.

A health care power of attorney is a document that identifies a health care agent as decision maker for the patient. The health care agent has decision-making authority when the individual is terminally ill or permanently comatose. In addition, the agent may be given the authority to make any other kind of health care decisions, regardless of the condition of the patient, thereby giving the agent broader decision-making authority than typically specified in a living will (American Bar Association: Commission on Law and Aging, 2005)⁴. Under Arizona state law, a health care power of attorney typically becomes operative when a physician decides the patient is unable to make his or her own decision.

Consistent with the Patient Self-Determination Act (PSDA) of 1990 and federal Medicaid Managed Care regulations stemming from 1997 legislation, AHCCCS requires that contracted health plans (Contractors) provide written information about advance directives to members. AHCCCS also requires that health plan contracts with hospitals, nursing facilities, home health agencies, and other providers comply with federal and state requirements regarding advance directives for adult members, including documenting in members' medical records whether or not advance directives have been executed.

Purpose: The purpose of this PIP was to increase the use of advance directives by ALTCS members, as documented in their medical records. Baseline data was used to assist ALTCS Contractors in implementing strategies to increase the use of advance directives among elderly and physically or developmentally disabled members and/or their authorized representatives (ARs). It was expected that Contractor education efforts would result in a greater percentage of ALTCS members and ARs utilizing advance directives to guide treatment decisions at the end of life or under other, specified circumstances.

AHCCCS Goal: The AHCCCS goal for this PIP was for ALTCS E/PD Contractors and DES/DDD to demonstrate a statistically significant increase in the use of advance directives by its members, as documented in the members' medical records. It was expected that the increased level of performance would be sustained for at least one successive measurement in order to close the PIP.

Methodology: AHCCCS selected a random, representative sample (95% Confidence Level; 5% Confidence Interval) of ALTCS E/PD and DES/DDD members ages 18 and older who were continuously enrolled with the same Contractor during the measurement period and had no more than a one-month gap in enrollment.

AHCCCS provided each Contractor with its sample members, a data collection tool, and specific instructions for collecting data to verify whether service providers had documented advance directives in those members' medical records. Advance directives such as living wills and health care powers of attorney were counted. Prehospital Medical Care Directives refusing cardiopulmonary resuscitation by emergency medical personnel in the event of cardiac or respiratory arrest were excluded.

A baseline measurement was conducted in 2008, based on the measurement period of CYE 2007. Remeasurements were conducted annually beginning in late 2009 (CYE 2009 measurement period) to determine whether Contractors achieved statistically significant improvement in the increased use of advance directives by members, as documented in their medical records. If Contractors demonstrated significant improvement, they were required to sustain the improvement for at least one year in order to complete the PIP. The last remeasurement was conducted in April 2011 (CYE 2010 measurement period).

AHCCCS also analyzed data by race/ethnicity, gender and place for each Contractor. The detailed results were provided to Contractors so they could continue addressing advance directive disparities among specific populations.

The complete methodology and technical specifications for measuring performance may be found at <http://www.azahcccs.gov/reporting/quality/PIPs> under Performance Improvement Projects, Advance Directives – 2008.

Results and Analysis

First Remeasurement: A total of 2,313 ALTCS members 18 years and older that were enrolled in AHCCCS under ALTCS (E/PD) were included for the first remeasurement for the PIP (Table 1). Overall, 57.3% (1,326) of those members had an advance directive documented in their medical record during the remeasurement period, representing a significant increase over the baseline rate of 41.8 % ($p < .001$).

Among the 371 members 18 years and older who were enrolled with DES/DDD, 10.2% (38) had an advance directive documented in their medical record during the remeasurement period (Table 2). This was a significant increase over the baseline rate of 5.7% ($p < .022$).

Table 1. Documentation of Advance Directives, ALTCS Members

Remeasurement Period: October 1, 2008 to September 30, 2009

Contractor	n	Number of Members with Advance Directives	Percent of Members with Advance Directives	Relative Percent Change From Baseline	Statistical Significant Change From Previous Year
Bridgeway Health Solutions	273	182	66.7%	31.8%	p<.001
	253	128	50.6%		
Cochise Health Systems*	239	125	52.3%	37.4%	p=.001
	260	99	38.1%		
Evercare Select	342	212	62.0%	39.7%	p<.001
	356	158	44.4%		
Mercy Care LTC	361	178	49.3%	78.2%	p<.001
	365	101	27.7%		
Pima Health System LTC*	337	134	39.8%	8.0%	p=.428
	345	127	36.8%		
Pinal/Gila LTC*	264	193	73.1%	85.4%	p<.001
	279	110	39.4%		
SCAN LTC	267	169	63.3%	20.4%	p<.025
	175	92	52.6%		
Yavapai County LTC*	230	133	57.8%	3.9%	p=.627
	257	143	55.6%		
TOTAL	2,313	1,326	57.3%	37.0%	p<.001
	2,290	958	41.8%		

Shaded row is total and percentage from the baseline measurement period: October 1, 2006 through September 30, 2007

* Note: As of 10/1/2011 Cochise Health Systems, Pima Health System LTC, Pinal/Gila LTC and Yavapai County LTC were not awarded AHCCCS ALTCS contracts.

Table 2. Documentation of Advance Directives, DES/DDD Members

Remeasurement Period: October 1, 2008 to September 30, 2009

Contractor	n	Number of Members with Advance Directives	Percent of Members with Advance Directives	Relative Percent Change From Baseline	Statistical Significant Change From Previous Year
DES/DDD	371	38	10.2%	80.0%	p<.022
	369	21	5.7%		

Shaded row is total and percentage from the baseline measurement period: October 1, 2006 through September 30, 2007

Second Remeasurement: The second remeasurement of performance was conducted in 2011. Overall, 64.7% of ALTCS E/PD members had an advance directive documented in their medical record during the remeasurement period (Table 3), a significant increase over the baseline rate of 41.8% (p<.001). Based on this measurement, all four of the CYE 2012 continuing ALTCS (E/PD) Contractors completed the PIP by showing significant and/or sustained improvement. For these ALTCS Contractors, the PIP was closed after the second remeasurement.

Among DES/DDD members, 7.1% had an advance directive documented in their medical record during the remeasurement period (Table 4). While the change was not statistically significant, it was a decrease from the first re-measurement. The PIP will remain open for DES/DDD until they achieve sustained improvement.

Table 3. Documentation of Advance Directives, ALTCS members

Remeasurement Period: Oct. 1, 2009 to Sept. 30, 2010

Contractor	n	Number of Members with Advance Directives	Percent of Members with Advance Directives	Relative Percent Change from Previous Year	Statistically Significant Change from Previous Year
Continuing Contractors					
Bridgeway Health Solutions	354	249	70.3%	5.5%	p=.325
	273	182	66.7%		
Evercare Select	371	263	70.9%	14.4%	p=.012
	342	212	62.0%		
Mercy Care LTC	400	293	73.3%	48.6%	p<.001
	361	178	49.3%		
SCAN LTC	361	237	65.7%	3.7%	p=.542
	267	169	63.3%		
Continuing Contractor Total:	1486	1042	70.1%	17.6%	p<.001
	1243	741	59.6%		
Discontinued Contractors					
Cochise Health Systems*	276	187	67.8%	29.5%	p<.001
	239	125	52.3%		
Pima Health System LTC*	381	162	42.5%	6.9%	p=.454
	337	134	39.8%		
Pinal/Gila LTC*	317	255	80.4%	10.0%	p=.036
	264	193	73.1%		
Yavapai County LTC*	283	130	45.9%	-20.6%	p=.007
	230	133	57.8%		
Discontinued Contractor Total:	1257	734	58.4%	6.8%	p=.071
	1070	585	54.7%		
Cumulative Total					
TOTAL	2,743	1,776	64.7%	54.8%	p<.001
	2,313	1326	57.3%		

Shaded row is total and percentage from the first remeasurement period: October 1, 2008 through September 30, 2009

* Note: as to 10/1/2011 Cochise Health Systems, Pima Health System LTC, Pinal/Gila LTC and Yavapai County LTC were not awarded AHCCCS ALTCS contracts.

Table 4. Documentation of Advance Directives, DES/DDD members

Remeasurement Period: October 1, 2009 to September 30, 2010

Contractor	n	Number of Members with Advance Directives	Percent of Member with Advance Directives	Relative Percent Change From Baseline	Statistical Significant Change From Previous Year
DES/DDD	407	29	7.1%	-30.4%	p=.122
	371	38	10.2%		

Shaded row is total and percentage from the first remeasurement period: October 1, 2008 through September 30, 2009

Analysis by Race/Ethnicity: When data was analyzed by members’ race or ethnicity, those of Hispanic origin were less likely than the reference group of non-Hispanic Whites to have advance directives in both the baseline and remeasurement periods. However, the disparity between the rate of Hispanic members and non-Hispanic White members with advance directives was not as great in the remeasurement period. Native Americans showed the most significant disparity 31.4% when compared to Non-Hispanic White 60.7%.

Differences in rates for other groups in both the baseline and remeasurement periods were not statistically significant. Table 5 shows the percent of members by race or ethnicity that had advance directives in each measurement.

Table 5. Documentation of Advance Directives, by Race or Ethnicity
Comparison of baseline and both remeasurement periods

Race or Ethnicity	Baseline Measurement		First Remeasurement		Second Remeasurement	
	Total members	% with advance directive	Total members	% with advance directive	Total members	% with advance directive
Non-Hispanic White	1,715	40.7%	1,616	53.8%	1,911	60.7%
Hispanic	546	27.5%	611	43.5%	609	51.1%
Black	89	34.8%	112	47.3%	130	56.1%
Native American	48	20.8%	61	36.1%	70	31.4%
Other*	261	34.5%	284	53.9%	401	55.4%

Note: Hispanic members are not included in racial subgroups.

* Includes members identifying themselves as Asian, Pacific Islander, Cuban, Haitian, or other, or who did not specify their race.

Analysis by Gender: When data was analyzed by members’ gender, males were less likely than females to have advance directives in both the baseline and remeasurement periods. Table 6 shows the percent of members by gender that had advance directives in each measurement.

Table 6. Documentation of Advance Directives, by Gender
Comparison of baseline and both remeasurement periods

Gender	Baseline Measurement		First Remeasurement		Second Remeasurement	
	Total members	% with advance directive	Total members	% with advance directive	Total members	% with advance directive
Female	1,644	40.6%	1,688	54.7%	1,944	61.1%
Male	1,014	30.7%	996	44.2%	1,206	51.2%

Note: There was one member in the baseline period for which gender was not identified.

Analysis by Placement: When data was analyzed by members’ placement, those in home or other community-based settings were less likely to have advance directives in both the baseline and remeasurement periods. However, the percent of members in home or other community-based settings who had advance directives more than doubled from the baseline to first

remeasurement and continued to show an increase in the second remeasurement. The percent of members in other settings who had advance directives also increased markedly. Table 7 shows the percent of members by placement that had advance directives in each measurement.

Table 7. Documentation of Advance Directives, by Placement
Comparison of baseline and both remeasurement periods

Placement	Baseline Measurement		First Remeasurement		Second Remeasurement	
	Total members	% with advance directive	Total members	% with advance directive	Total members	% with advance directive
Nursing facility	850	78.7%	732	87.8%	868	86.9%
Home or other community setting	1,674	17.9%	1,887	37.4%	2,245	46.5%
Other*	135	8.1%	65	24.6%	32	21.9%

* Includes members receiving acute services only or no placement identified.

Conclusion: In the three years of the PIP, the percent of members with an advance directive documented in their medical record among ALTCS (E/PD) members 18 years and older increased from 41.8% (CYE 2007 measurement period) to 64.7% (CYE 2010 measurement period), or a relative increase of 54.8%. The PIP is complete for the ALTCS (E/PD) Contractors. The project was successful in driving a significant improvement in the documentation of advance directives in members' medical record for these Contractors.

Members enrolled with DES/DDD saw an initial increase from 5.7% (CYE 2007 measurement period) to 10.2% (CYE 2009 measurement period) and then a decrease to 7.1% (CYE 2010 measurement period), or a relative decrease of 30.4%. DES/DDD will continue the PIP as the most recent measurement by AHCCCS showed a decrease in the percent of members with an advance directive documented in their medical record. AHCCCS will provide technical assistance and a third remeasurement will be conducted in 2012.

References:

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 - ⁴ American Bar Association: Commission on Law and Aging. (2005). Consumer's Tool Kit for Health Care Advance Planning, second edition.
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