PCQN End of Life Option Act
Check in call

February 9th, 2017
Laura Petrillo, MD
Agenda

• Introductions: who’s on the call?
• News items: End of Life Options Act passed in Colorado
• Update on San Francisco Department of Public Health policy
• AAHPM sessions on End of Life Option Act
• Data collection update
Poll

• Where are you calling in from?
  – California
  – Oregon
  – Other state

• What is your hospital’s status re: End of Life Option Act
  – Opting in
  – Opting out
  – Hospital undecided
  – Don’t know
Poll

• Have patients been asking palliative care teams about the End of Life Option Act?
  – Yes
  – No
  – Not sure

• Have patients at your medical center received prescriptions for medications under the End of Life Option Act?
  – Yes
  – No
  – Not sure
News: Colorado

• End of Life Options Act, Prop 106
• Approved by voters in November 2016, 65%
• Signed into law Dec 16th, 2016
• Similar to California law (2 oral and 1 written request, 2 physicians, 6 month prognosis)
San Francisco DPH

- San Francisco Department of Public Health will participate in the law
- Policy approved by SF Health Commission
- Will help patients who do not have a private residence to find a non-public place to use the law
- Some challenges with clinics that receive federal funding
Sessions on PAD at AAHPM Annual Assembly

• Thursday 2/23, 1:30-2:30pm “I Understand There’s a New Law…”: Responding to Patient Inquiries About Physician-Assisted Dying”

• Friday, 2/24, 3-4pm “Neither Hastening Nor Prolonging Death: Hospice in a State with Legalized Physician-Assisted Death”
Other resources

• Coalition for Compassionate Care of California (coalitionccc.org): FAQ, Webinar
• End of Life Option Act Task Force: eoloptionacttaskforce.org
Issues

• Medications: scarce/expensive/untried
• Limited providers
• Where to find information
• When to bring it up
• Uncertainty about who is eligible: prognostication, mental health requirement
Questions, Issues?

- Palliative care involvement?
PCQN data collection

• Two data elements now available as optional elements
• Inquiry: general questions about the law
• Formal request: when patients ask physician with intention of starting the process
• Collecting this information may help advocate for resources (funding, staffing, education, support) because number of deaths seem small but the workload associated with inquiries has not previously been captured
<table>
<thead>
<tr>
<th>At PC Request</th>
<th>Process, Outcomes, Disposition</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>Optional Demographic Items</td>
<td>Optional</td>
<td>Optional</td>
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<tr>
<td>Transgender</td>
<td>Race / Ethnicity</td>
<td>PCS Follow/NP</td>
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<td>Select ...</td>
<td>Select ...</td>
<td>Consultant</td>
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<td>Primary Language</td>
<td>Referring Physician Name</td>
<td>Campus</td>
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<td>Housing status</td>
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<tr>
<td>Optional Outcomes</td>
<td>Optional</td>
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<td>Optional</td>
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<td>Diagnostic tests reduced</td>
<td>Med reconciliation to reflect goals of care</td>
<td>POLST initiated</td>
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<td>Advance Directive initiated</td>
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<td></td>
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<td>Support for patient/family</td>
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<tr>
<td>Optional Aid in Dying Items</td>
<td>Optional</td>
<td>Optional</td>
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<tr>
<td>Patient or family asked about hastening death (through physician aid in dying or euthanasia)</td>
<td>Patient made formal request for physician aid in dying</td>
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<tr>
<td>Optional Discharge Items</td>
<td>Optional</td>
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<tr>
<td>Time spent with patient care (min)</td>
<td>Impatient location or changed to</td>
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Enter optional encounter notes:
Thanks!

• Please feel free to email with questions:
• Laura.petrillo@ucsf.edu