Report to the Joint Committee Chairs

State Policy Recommendations to Increase Electronic Advance Directive Registrations

Issued by the State Advisory Council on Quality Care at the End of Life

(In Consultation with the Office of the Attorney General's Division of Health Decisions Policy)

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Introduction

The State Advisory Council on Quality Care at the End of Life, in consultation with the Office of the Attorney General's Division of Health Decisions Policy, respectfully submits the following report to the Maryland State Senate Budget and Taxation and House Appropriations Committees in response to their request to explore options to increase the completion of electronic advance directives in Maryland.[1] The Council has also sent copies of this report to the House Health and Government Operations and Senate Finance Committees as they are the health policy committees, and to Speaker Jones and Senate President Ferguson as presiding officers.

The Council has prepared a series of recommendations that should be considered in efforts to increase the number of Maryland residents who complete advance directives. The Council also notes that, while this report will address the completion of electronic directives, members agree that any recommended steps should ultimately increase completion of advance directives in general. Therefore, many of the recommendations focus on standardizing opportunities for residents to complete directives; however, recommendations are also suggested to increase completion of electronic directives, and improve communication of these documents to providers.

As set forth in greater detail in this report, the Council recommends (1) requiring, encouraging, or incentivizing insurance companies to offer digital advance care planning as a covered benefit; (2) embedding advance care planning into health system workflows with a particular sensitivity to underserved communities; (3) making it easier to complete, upload, and retrieve electronic advance directives; (4) encouraging persons to complete advance directives through supporting existing public awareness campaigns and promoting National Healthcare Decisions Day in Maryland; and (5) giving the Maryland Health Care Commission (MHCC) the authority to direct advance care planning policies amongst all stakeholder groups, including the Chesapeake Regional Information System for our Patients (CRISP), payers, providers, and citizens.

[1] http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2020rs-budget-docs-jcr.pdf

Background

I. Overview of Advance Directives

The treatment options preferred by people with serious health conditions but who cannot communicate with their doctors often differ from the treatments they ultimately receive. When this difference between desired treatment and received treatment occurs, it may lead to burdensome and unwanted therapies that can result in increased suffering for patients and their loved ones, negatively impact the morale of doctors and nurses who deliver unwanted care, and contribute significantly to healthcare costs for patients and providers.

One helpful tool for avoiding unwanted therapies and unanticipated costs is the use of advance directives. Advance directives are formal, legal documents that allow for declarants to direct their medical care, particularly their treatment preferences in an emergency or near the end of life. Advance care planning (ACP) is the process of considering one's wishes for care and documenting them in a formal way, such as through an advance directive. These documents are invoked if the declarant becomes unable to make her/his own healthcare decisions. The document may be revoked or amended at the declarant's discretion at any time. In addition to documentary tools that express treatment wishes, people can also designate a healthcare agent to make treatment decisions in the event that the person becomes unable to speak for her/himself.

Maryland has several options for executing an advance directive. Paper advance directives require two witnesses, neither of whom may be a healthcare agent designated by the declarant in the advance directive; and only one may be a person who is knowingly entitled to benefit financially from the declarant's death. No notary is required, although a notary could be one of the required two witnesses. An oral advance directive can be made in the presence of the attending physician, physician assistant, or nurse practitioner, and one witness. The oral advance directive must be documented as part of the patient's medical record by one of these healthcare practitioners, and be dated and signed by one of these

practitioners and the witness. Maryland residents can also complete electronic advance directives, which will be discussed further below.[2]

II. Benefits to Completing Electronic Advance Directives

Advance care planning has been found to improve the care experience and significantly reduce healthcare costs. When an advance directive does not exist, patients are more likely to receive unwanted treatments.[3] It also increases the burden on the attending medical teams as well as families and loved ones called on to make decisions for patients when they are unable to speak for themselves.[4]

Legislation passed in 2016 in Maryland created a path for electronic advance directives to be completed without requiring two witness signatures. The user's identity must be authenticated in accordance with National Institute of Standards and Technology Special Publication 800-63-2; Electronic Authentication Guidelines, or, if replaced, the replacement guideline.

Vendors approved as electronic advance directives vendors by the Maryland Health Care Commission are also permitted to connect to CRISP, the State-designated health information exchange. At present, ADVault, operating the MyDirectives.com platform, is the only electronic advance directives service approved to connect to CRISP. The State of Maryland has contracted with ADVault to facilitate the use of advance directives for citizens and make these decisions more accessible to providers in an emergency. With access to the online platform, Maryland has made it easier to complete electronic advance directives without witnesses. This connection to CRISP allows providers across the state to access completed advance care plans, making it even easier to honor patient wishes and deliver patient-

[2] Md. Code, Health-General § 5-602.
[3] Bischoff KE, et al. *Advance Care Planning and the Quality of End-of-Life Care in Older Adults.* Journal of American Geriatric Society. 2013; 61(2)209-214.
[4] Chiarchiaro J, et al. *Prior Advance Care Planning is Associated with Less Decisional Conflict in Surrogates.* Annals of the American Thoracic Society. 2015;12(10):1528-1533.

centered care. As of June 2020, CRISP reported to the MHCC that CRISP has access to 2,693 advance directives from the MyDirectives platform.[5]

III. Challenges to completing advance directives

Large-scale studies of the use of advance directives show that roughly one in three American adults have completed some type of advance directive[6]. The percentage of Maryland citizens with completed advance directives falls squarely within that range,[7][8][9] which suggests that as many as 1.4 million Marylanders may already have some form of ACP document; however, many residents do not yet know they can connect their documents to CRISP.

In addition, several obstacles remain for the creation, updating, retrieval, and effective use of advance directives, including: the perception that advance care planning is only focused on death rather than life; fear and cultural stigma associated with discussing the end-of-life; patients and families being confused about where to begin with advance care planning; concern that wishes chosen today may change in the future; and the belief that expressed wishes will not be retrieved and followed by the healthcare system. These barriers have led to the low rate of advance directive completion across Maryland.

Opportunities

According to published reports to Congress, a strategic plan involving all stakeholders in healthcare is needed to prompt residents to discuss ACP questions and concerns, and to then create and register an ACP document. The Council encourages the State of Maryland to

[5] ADVault reports that there are additional Maryland advance directives and advance care planning documents that have been directly integrated with the MyDirectives system, and that this would result in more Maryland documents on file than reported above.
[6] Kuldeep YN, et al. *Approximately One in Three US Adults Completes Any Type of Advance Directive for End-of-Life Care*. Health Affairs, 36(7), 2017
[7] Morhaim D, Pollack K, *End-of-life-care issues: personal, economic, public policy, or public health crisis?*, American Journal of Public Health, April 2013
[8] Pollack KM, Morhaim D, Williams MA, *The Public's Perspectives on Advance Directives: Implications for State Legislative and Regulatory Policy*; Health Policy, February 2010
[9] Morhaim, DK and Pollack, KM. End-of-Life Care Issues: A Personal, Economic, Public Policy, and Public Health Crisis. *Am J Public Health.* April 18, 2013.

consider the following opportunities and recommendations in pursuit of its goal to increase electronic advance directives, and advance care planning in general.

I. Carriers

One of the greatest opportunities the State has to influence completion of electronic directives and advance care plans is through engaging health insurers. Maryland may wish to model the tremendous success enjoyed by La Crosse, Wisconsin in increasing advance care planning participation, which was driven by its dominant health insurance system – Gundersen – heavily promoting advance care planning.

In Maryland, a method for engaging carriers was previously introduced by then Delegate Dr. Dan Morhaim in 2016, through Dr. Morhaim's House Bill 1385.[10] Under current Maryland law, carriers are required to provide the Maryland Department of Health's advance directive information sheet in member publications, on their website, and at the request of members. "Carriers" include insurers, nonprofit organizations, health maintenance organizations, and any other person that provides health benefit plans subject to regulation by the state.[11]

Dr. Morhaim's bill language regarding this proposed requirement is summarized below, with new recommended language that reflects current-day industry best practices.

- *Each carrier must offer the option to upload or complete electronic advance care plans to its members or enrollees during open enrollment.*

- *A carrier may contract with any electronic advance directives service if the service is approved by the Maryland Health Care Commission and the Department of Health and Mental Hygiene; and meets the technology, security, and privacy standards set by the Maryland Health Care Commission.*

[10] https://legiscan.com/MD/text/HB1385/2016
[11] Md. Code, Insurance § 15-122.1

Dr. Morhaim's bill also would have required the Secretary of Budget and Management to offer electronic advance directives to employees during open enrollment for health insurance. New language in the bill would have established that:

- *The Secretary must offer the option to upload or complete electronic advance directives to employees during open enrollment for health insurance benefits under the program.*

Maryland House Bill 1385 would have required a defined group of health benefit plan providers to offer electronic advance directives to their members during open enrollment. Unfortunately, the language was not included in the final version of HB 1385 that was passed and signed into law in May 2016. If Maryland is truly interested in increasing advance directives, engaging carriers is a significant – if not the primary – opportunity.

II. Healthcare Systems

a. Standardizing workflows to embed advance care planning

There is much to learn from the La Crosse, Wisconsin (aka Respecting Choices) program about tailoring ACP across the lifespan. With the Respecting Choices model, wishes for care are less speculative because changes in quality of life are directly experienced and questions about the future become more important. Put differently, ACP can be framed as an educational program in which people learn about the trajectory of their illness(es) and professionals learn how their patients assess quality of life. In addition, people can educate their agents/surrogate decision makers, improving the accuracy and quality of substituted judgment when it is exercised on their behalf.

The Respecting Choices' Return on Investment report also shows that advance care planning often leads to lower costs for healthcare systems because patients are often less likely to receive unwanted (and costly) care.[12] Take, for example, the potential to reduce 30-day readmissions. Bud Hammes, creator and longtime director of Respecting Choices, described the absence of ACP as a preventable error in the delivery of

[12] https://respectingchoices.org/wp-content/uploads/2017/07/1.5_RC_0028_ROIforIMPLRC.pdf

healthcare – in other words, a mistake. Considering this, the Maryland Health Care Commission may also wish to explore designating the existence of an effective ACP as a quality care measure.[13]

b. Incentivizing and standardizing processes to retrieve electronic documents

The ability for healthcare providers to consistently access accurate advance directives continues to be a challenge in Maryland. Nevertheless, healthcare providers are currently neither incentivized nor required to collect advance directives – let alone electronic advance directives. Nor is there a requirement or incentive to share any advance care plans stored in individual electronic medical records systems. Requiring healthcare providers to share ACP documents stored in their electronic health records will better ensure patient treatment goals are met, and make sure that preferences and priorities are available at the right place, at the right time. Finding and using ACP documents should help clinicians make faster decisions with confidence those actions are in line with documented goals of care.

There are also opportunities to pursue quality measures focused on advance care planning.[14] One potential metric could focus on patients who receive care in a vertically-integrated healthcare system and who are hospitalized for an acute episode of a chronic illness (such as heart-failure, COPD, or renal disease). Quality metrics could, for example, explore the percentage of patients who were discharged in the past month and who were given a referral to update or create an advance care plan. Data could also track what percentage of patients completed an advance care plan, and what percentage of those advance care plans were uploaded electronically. Another opportunity might be to look at similar metrics immediately after patients are diagnosed with chronic illness – in other words, how soon after diagnosis (i.e., within six months) were they recommended to update or complete an advance care plan, was the document completed, was it uploaded, etc.

[13] Hammes, B. J., Briggs, L. A., Silvester, W., et al. Implementing a Care Planning System: How to Fix the Most Pervasive Errors in Health Care. In Meeting the Needs of Older Adults with Serious Illness, Kelley A. S., Meier, D. E., eds. Humana Press (2014), 177-190.

[14] https://innovation.cms.gov/files/fact-sheet/bpciadvanced-fs-nqf0326.pdf

A third potential quality metric could focus more broadly on if a clinician or other trained professional has had an advance care planning conversation with patients. As a starting measure, perhaps it would be wise to look again at individuals with chronic illnesses (both recently discharged and recently diagnosed) to determine the rate at which this group is engaged in advance care planning. The goal here would be to make sure that an individual has identified an agent and completed an advance care plan prior to their first hospitalization or, if recently discharged, before a subsequent hospitalization.[15]

c. Provider education

Feedback from electronic advance directives vendors like ADVault have highlighted that, in their experience, providers are often unaware of the tools available to them to begin ACP discussions with patients and to digitally record these conversations and to help create the patient's directives. There is also a sense that many legal professionals have little or no knowledge of online tools available to facilitate the creation, storage and sharing of their clients' ACP documents. Initiating ACP discussions can also, whether consciously or inadvertently, lead to the perception that an individual is being pushed into selecting an outcome preferred by the person leading the discussion.

There is clearly opportunity to invest in resources to educate physicians on state laws around advance care planning (including the existence of an electronic advance directives database), and on how they can pursue Medicare reimbursement for advance care planning conversations.[16] Such education on advance care planning should also be given to nurses and nurse practitioners, physician assistants, pharmacists, social workers, and maybe also dentists, psychologists, paramedics - all health professionals have a role not in the least because citizens turn to them for advice.

Indeed, health professionals should also be encouraged to lead by example and complete and update their own advance directives. This would demonstrate to their patients that they truly believe in the value and importance of completing advance directives.

[15] Lynn, J. An 88-Year Old Woman Facing the End of Life, JAMA 277, 1633-1640 (1997)
[16] https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf

Furthermore, the Board of Physicians may wish to consider requiring physicians to complete a certain number of hours of study regarding how to engage patients in goals of care conversations.

There is also opportunity to partner with and support professional organizations like The Maryland State Medical Society, the Hospice & Palliative Care Network of Maryland, Lifespan Network, the Maryland Hospital Association, the Health Facilities Association of Maryland, the Maryland State Bar Association and others as they educate healthcare workers and legal professionals regarding Maryland ACP laws and the digital tools available to them to improve the ACP services they are providing to Maryland citizens. These organizations are encouraged to promote advance care planning programs to their members and perhaps offer assistance with training and tools to encourage people and healthcare providers to normalize advance care planning discussions as part of care, and to incorporate resulting documents such as advance directives and Medical Orders for Life-Sustaining Treatment (MOLST) forms to be stored in their electronic medical records (EMRs) and CRISP.

d. Uploading paper documents

Consideration should also be given to focusing initially on getting existing paper documents uploaded electronically. Mechanisms exist (through CRISP) to link electronic advance directives from patients to providers. Published data tell us that goals of care are better met and healthcare costs are lowered when advance directives are accessed and used in the clinical setting. If Maryland captured the estimated 1.4 million documents that have already been created by residents on paper, data would estimate a potential savings of $13.3 billion over time which, at a 0.4 decedent rate, could be as much as $532 million per year.[17]

[17]Bond WF et al. *Advance Care Planning in an Accountable Care Organization Is Associated with Increased Advanced Directive Documentation and Decreased Costs.* JPM, November 4, 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867515/

III. State Services

As stated above, research suggests that as many as 1.4 million Maryland citizens may already have some form of ACP document. Maryland agencies should ask all citizens to locate and update those documents during regular communication efforts. One opportunity to normalize this process would be through scheduled, statewide practices like obtaining and renewing a driver's license, registering an automobile, completing voter registration, or filing tax forms.

a. When registering vehicle or renewing driver's license

Under existing law that has been implemented by the Motor Vehicle Administration, individuals may consent to be organ donors, which consent is noted on their driver's license with a corresponding symbol to indicate their status as an organ donor. (MD Code, Transportation, § 12-303).

A somewhat similar mechanism to designated organ donor status already has been authorized for advance directives under Maryland law but has not been implemented by the Motor Vehicle Administration. MD Code, Transportation, § 12-303.1 reads:

> (a) In this section, "advance directive" has the meaning stated in § 5-601 of the Health--General Article.
>
> (b) The Administration shall provide for a method by which an applicant for a driver's license or identification card shall be made aware of, and informed how to obtain, the advance directive information sheet developed under § 5-615 of the Health--General Article.
>
> (c)(1) The Administration shall provide a method by which a notation indicating that the applicant has an advance directive registered with the Maryland Department of Health may be placed on the driver's license or identification card.
>
> (2) The notation shall be added only on written request of the applicant.

(3) The notation may be removed at any time on written request.

Operationalizing this process to indicate the existence of advance directives on driver's licenses will better help providers access and act on patient goals of care.

b. When submitting state taxes

When filing a State tax return, there is an opportunity to ask the filer to check a box if they don't have an advance directive and want to be sent the Maryland Department of Health's advance directive information sheet and a link to a website where they could prepare an advance directive. The model would be similar to the question asked of a tax return filer regarding whether they lacked health insurance and wanted that information to be shared with the Maryland Health Benefit Exchange.[18]

IV. Engaging the Public

While standardizing advance care planning at an institutional level is key to executing more advance directives, there are also opportunities to encourage residents to initiate their directives.

a. Learning from local community-based initiatives

i. Speak(easy) Howard - Howard County

Speak(easy) Howard (speakeasyhoward.org) is a public health campaign initiative of the Horizon Foundation. The Howard County campaign offers an easy way to begin advance care planning by encouraging residents to discuss their healthcare wishes with loved ones and appoint a healthcare agent. This focus on naming a healthcare agent was informed by the provider community, which shared that knowing who has been named as the decision maker - and knowing that the decision maker has had a conversation with the patient - best empowers them to respect the patient's wishes.

[18] https://content.govdelivery.com/accounts/MDHC/bulletins/296096e

In addition to the campaign website that provides tools for residents to begin their advance directive, Speak(easy) Howard has successfully partnered with local community groups to increase advance care planning. As of 2020, The Horizon Foundation has provided nearly 30 grants to community organizations to allow them to engage their unique members in advance care planning. These partnerships have been with primary care providers, hospitals, churches, social groups, and others - all to foster culture change and the normalization of advance care planning in the community.

The Speak(easy) Howard is a campaign for all adults – it encourages everyone, at all stages of life, to take the first steps toward planning and ensure they have appointed a healthcare agent. To date, the campaign has facilitated the capture of thousands of advance directive documents in Howard County.

ii. Voice Your Choice - Montgomery County

Voice Your Choice (VYC) is a community-based program of the Nexus Montgomery Regional Partnership led by the Jewish Social Service Agency (JSSA). VYC promotes advance care planning through training, education, and public awareness in Montgomery and Prince George's counties. VYC supports community organizations and healthcare providers, as well as those they serve, in understanding the importance of planning ahead by providing the tools and resources needed to think about, and document, healthcare wishes. The program focuses on moving advance care planning from paper to online, thus making plans more accessible in an emergency and mobile across different sites of health care.

VYC reaches out to all residents, 18 years old and older, and offers free webinars that provide a step-by-step process to identify a healthcare agent and complete an online plan to make their wishes known in advance of a healthcare crisis. VYC also provides access to a free online tool that is integrated with Maryland's health information exchange (CRISP) to make an advance care plan

easy to find in an emergency. Resources that are available on the VYC website (www.VoiceYourChoice.org/Community) include information about advance care planning and COVID-19, the difference between an advance care plan and a MOLST form, what is a healthcare agent, frequently asked questions, and videos on demand.

The program has trained over 500 healthcare providers and shared information with over 250,000 community members. To expand VYC's outreach, materials and webinars will be translated into Spanish, French, Chinese, Korean, Vietnamese and Russia. Additional information can be found at the Voice Your Choice website (www.VoiceYourChoice.org).

b. Reaching all communities

It is important to note that community campaigns and partnerships are essential to reaching communities that do not typically engage in advance care planning. Most advance directives are completed by white, female older adults. This is also the population most likely to be included in advance care research. While research to date has provided insight into barriers to completing advance directives, these studies have heavily included this demographic group. It is clear that men, younger people, and communities of color have been underrepresented in recent advance directive studies, relative to their proportions in the US census. It is also clear that community engagement and partnerships (like those pursued in Howard County and Montgomery County) are crucial to reaching all residents and encouraging all individuals to complete an advance directive.

c. Focus on serious illness population

One approach to reaching the public might be to focus on targeting initiatives to higher risk populations. Targeting patients with serious illnesses who are at risk for critical illness or death may increase the likelihood that their preferences for care stably predict what they want in the event of their incapacity. Thus, the observation in the systematic review that advance directives are completed with similar frequency

by patients and presumably healthy adults suggests that this is an important area for improvement in future advance directives initiatives.

While several particularly vulnerable populations—including people in nursing homes or hospice, older adults, and those with dementia and other neurologic diseases—do appear to have relatively high advance directive completion rates, approximately half of the members of these populations are still without any such directive, and those with documents have not made them accessible to CRISP (based on the review). These results also highlight the lack of evidence of advance directive completion among other vulnerable patient populations, such as those with chronic pulmonary and renal diseases, despite the high prevalence of those diseases and reports of suboptimal end-of-life care among patients who have them.[19][20]

Recommendations

While there are many opportunities to increase use of advance directives - including electronic directives - certain ones hold the most promise and are likely to have the greatest impact.

I. Mandate carrier participation

It is strongly recommended that the State require insurance companies to offer digital advance care planning to their beneficiaries – with an incentive if preferable to a mandate – as a covered benefit. As referenced above, the 2016 bill introduced by then Delegate Dr. Dan Morhaim would have required insurance carriers to provide information to members on

[19] Schichtel, M., Wee B., Perera, R. et al. The effect of Advance Care Planning on Heart Failure: a Systematic Review and Meta-analysis. J Gen Intern Med 35, 874-884 (2020) - https://link.springer.com/article/10.1007/s11606-019-05482-w

[20] Lubsen, J., Stiles, M. Does Advance Care Planning Increase the Likelihood that an Adult Patient's End-of-Life Preferences Will Be Known and Honored? Evidence-Based Practice: 23, 12-13 (2020) - https://journals.lww.com/ebp/Citation/2020/08000/Does_advance_care_planning_increase_the_likelihood.10.aspx?context=LatestArticles

advance care planning. The bill would also have mandated carriers to offer advance directives to employees during open enrollment.

This approach to communicating advance care planning would broadly and quite thoroughly reach most Maryland residents. It would also greatly normalize the process of updating and completing an advance directive, and move it from being viewed as something only considered at the end of life to something that is a standard part of one's annual health review. Carriers are not only a logical place for residents to connect the idea of goals for health (e.g., if it is presented regularly as a part of open enrollment) – but also, as the party responsible for healthcare costs that research shows will be lower when individuals have an ACP, they are truly best poised to benefit from standardized advance care planning.

A possible gateway to pursuing this statewide carrier mandate would be to engage Howard County carriers in a pilot project. The Horizon Foundation is a known advocate of advance care planning, and the Speak(Easy) Howard campaign is successfully encouraging advance care planning in the community. Carriers could request that Howard County members name an agent during open enrollment and store this information as they do with the member's emergency contact and chosen primary care provider. Such a pilot would further normalize the process of advance care planning in Howard County, and - with proven impact - create a path to requiring carriers statewide to capture advance directives.

II. Embed advance care planning into health system workflows

As learned from the Gundersen Health System, embedding advanced care planning into healthcare workflows is a tested model that increases the number of completed directives and decreases unnecessary healthcare spending. The Institute for Healthcare Improvement also provides best practices for healthcare providers in its Conversation Ready white paper.[21] Both provide roadmaps for healthcare systems to become "conversation ready" and embed advance care planning processes into operations.

[21] http://www.ihi.org/resources/Pages/IHIWhitePapers/ConversationReadyEndofLifeCare.aspx

Health systems are also able to exemplify the importance of planning by embedding advance care planning into their internal processes – for example, ensuring their staff and providers are regularly prompted to update or complete their own directives. There are also opportunities to consider changes to quality metrics to better track advance directives (e.g., focusing on individuals with chronic illnesses and intervening before/between hospitalizations to document care goals).

Maryland healthcare systems are uniquely poised to gather and store existing directives. Considering that 1.4 million state residents are estimated to already have paper directives, health systems are able to request that patients submit their existing directives – and they can support uploading these paper directives into CRISP. This would immediately make documents even easier for healthcare providers to access statewide. Accordingly, we recommend that Maryland explore ways to reward healthcare systems and providers for connecting to CRISP via State approved electronic advance directives vendors for purposes of uploading ACP documents and MOLST forms or, alternatively, require them to do so.

Lastly, providers would benefit from being made aware of the CMS reimbursement for advance care planning conversations. Few providers have taken advantage of this reimbursement opportunity, and professional organizations could play an important role in educating faculty and providers on pursuing this payment.

III. Make completing, uploading and retrieving electronic advance directives easier

Maryland broke ground with the 2016 legislation that now allows directives to be completed electronically, and by creating a pathway through CRISP for completed directives to be accessed by providers across the state. While this process is innovative and creates an easier way for residents to complete directives, opportunities remain to improve communication of information from residents to health systems. For example, while residents can create a video to state their wishes for care or name their healthcare agent (and have this video kept on file by an electronic advance directive service recognized by the MHCC), such a video document is not always retrievable by healthcare systems. Improving this functionality would make it

easier to encourage residents to complete their documents electronically, and assure them that all documents (including their video documents) are retrievable by providers.

Education is also needed for the provider community to consistently check CRISP for resident directives. Encouraging the public to update or create an advance directive, and to upload this directive electronically, ensures that a person's wishes can be easily accessed. But it is imperative that the provider community develop the habit of retrieving these documents (i.e., checking CRISP). Without consistent completion of directives by residents and retrieval of the documents by the provider community, there will be a disconnect between expressed wishes and known wishes.

Lastly, legislators should grant authority to the MHCC to coordinate the implementation of the state's ACP programs, including the integration of healthcare systems into CRISP via State approved electronic advance directives vendors for purposes of uploading ACP documents and MOLST forms, and the development and implementation of quality metrics and reporting requirements.

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IV. Public awareness and engagement

Increased completion of directives can be approached by encouraging health systems and providers to incorporate planning into their normal workflows; however, opportunities also remain to encourage the public directly to update or create advance directives. As described above, local campaigns like Speak(easy) Howard in Howard County and Voice Your Choice in Montgomery County have ready-made community engagement materials that can be used statewide. These campaign websites and resources provide tools to allow residents to begin their own advance care planning journey, and they can easily be shared with residents across the state.

Another strong public message that would have tremendous impact would be the active recognition of National Healthcare Decisions Day. This is an annual, nationally recognized day (April 16) where messages across the country focus on encouraging advance care planning. NHDD is formally recognized in Maryland statute (House Bill 91 and Senate Bill

442 in 2016), so it would be extraordinarily powerful to have this day officially celebrated in public ceremonies by the Governor and Lt. Governor; the Attorney General and the Comptroller; County Executives and the Baltimore Mayor; and local government officials, along with local celebrities from the world of arts, sports, and entertainment. Events such as the Governor signing (or updating) his own directive on April 16, or a tweet from the Ravens or Orioles Twitter account (and/or from their players) about the importance of completing a directive would reach and engage hundreds of thousands of residents.

Summary

The State of Maryland has the opportunity to ensure the effective completion, storage and retrieval of advance care planning documents and by doing so improve the quality and efficiency of medical care provided in accordance with a patient's treatment wishes. Most importantly, taking steps to normalize advance care planning in Maryland will enable healthcare providers to have access to a patient's medical treatment goals, preferences and priorities 24 hours a day, seven days a week, regardless of the healthcare setting and the emergent or nonemergent circumstances creating the patient's care needs. This goal may most effectively be accomplished by combining mandates, incentives, and educational efforts designed to normalize advance care planning as a routine part of every person's health care, regardless of their age or medical condition.

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