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**Michigan Physician
Orders for Scope of
Treatment
(MI-POST)**

Final Report

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Letter to Stakeholders

November 2024

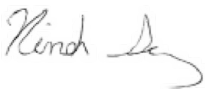
Michigan Community,

Advance care planning (ACP) is an ongoing process of discussions between a patient, their loved ones, and their health care provider to ensure medical treatment decisions are in alignment with the patient's goals of care. Most specifically, ACP entails the completion of legal documents that ensure the patient's voice remains heard during times when they cannot speak for themselves. The Michigan Physician Orders for Scope of Treatment (MI-POST) is one of these legal documents that is key to the advance care planning process.

On November 7, 2017, Governor Rick Snyder signed into law Public Act 154 of 2017 creating the MI-POST medical order. The MI-POST is an optional advance care planning document for adults with advanced illness or frailty for whom, based on their current medical condition, their life expectancy is estimated to be 12 months or less. It includes decisions about cardiopulmonary resuscitation, medical interventions, and end of life treatment goals that are jointly agreed to by the patient, or the patient's representative as applicable under the [MCL 700.5506](#) and [MCL 700.5315](#). The medical orders on the MI-POST reflect both the patient's expressed wishes and the attending health professional's medical advice or recommendation.

In March 2022, the Michigan Department of Health and Human Services (MDHHS) began convening subject matter experts in the advance care planning process from across the state to review, revise, and implement the MI-POST. This report details the work of the MI-POST Ad Hoc Advisory Committee and puts forth recommendations for key partners.

Sincerely,



Ninah Sasy
Director, Policy and Planning
Michigan Department of Health and Human Services (MDHHS)

Acknowledgements

The MI-POST Advisory Committee incorporated the expertise and experience of many leaders from across the state in advance care planning and MI-POST pilot programs which fostered the fruition of Public Act 154 of 2017.¹ Thank you for your ongoing work to advance the health and well-being of our communities.

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Executive Summary

Every Michigander is unique in their own way and has a right to direct medical treatments in accordance with their personal values and goals. This right is afforded to everyone under several regulatory bodies, such as the Patient Self Determination Actⁱⁱ, the Health Insurance Portability and Accountability Act (HIPAA)ⁱⁱⁱ, the Patient's Bill of Rights^{iv}, and the Michigan Dignified Death Act^v. Furthermore, many studies have reported that Americans want to have control over their treatment choices, including the decision to decline aggressive interventions that may prolong life without improving quality.

The MI-POST program^{vi} is part of a National POLST^{vii} paradigm that aims to improve end of life care by translating patient's decisions about cardiopulmonary resuscitation and end of life care goals into actionable and portable medical orders. According to a 2017 Kaiser Family Foundation report,^{viii} 71% of Americans say dying without pain, suffering, and stress is more important to them than extending life as long as possible. Furthermore, studies have shown that two-thirds of Americans say there are situations in which they would not want CPR and would prefer to be allowed to die a natural death^{ix}.

Cardiopulmonary resuscitation (CPR) is a major medical procedure in which multiple advanced medical technologies, such as the insertion of breathing tubes into the lungs to help a person breathe, pushing hard on the chest to circulate blood throughout the body, using machines to administer powerful electric shocks to the heart to attempt to restart it, and administering potent medications through a large vein or bone. CPR occurs when a person's heart stops beating and they stop breathing; an event referred to as cardiopulmonary arrest. However, there are widespread misconceptions about what CPR can, and cannot, accomplish. The benefit of CPR is that a person's heart is restarted and their life is extended, but many influencing factors impact CPR outcomes (i.e., response times, CPR quality, AED access, health status, etc.).

Despite improvements in influencing factors related to CPR, decades of studies report outcomes continue to be poor. According to the American Heart Association, survival rates for out of hospital CPR is **less than 10%**^x and **less than 2%** for individuals with frailty^{xi}. Of those who survive, most will experience painful broken ribs and loss of independence^{xii}.

In 1996, the Michigan Do Not Resuscitate Procedure Act of 1996^{xiii} enabled patients, along with their health care providers, to put their decisions about withholding CPR in an out of

hospital DNR order. The DNR order authorizes the withholding of CPR, but it does not enable a person to avoid other aggressive medical treatments, such as advanced airway or mechanical ventilation, that can cause disproportionate burdens to individuals with advanced illness or frailty who prefer to die naturally.

The MI-POST is intended to fill this gap and not only addresses CPR, but also address additional medical interventions that may impact the individuals end of life care goals. The MI-POST is an optional advance care planning document for adults with advanced illness or frailty for whom, based on their current medical condition, their life expectancy is estimated to be 12 months or less. The medical orders on the MI-POST reflect both the patient's expressed wishes or best interests and the attending health professional's medical advice or recommendation and are jointly agreed to by the patient, or the patient's representative as applicable under the Michigan Patient Advocate Designation Act^{xiv} and Michigan Guardianship laws^{xv}.

Ad Hoc Advisory Committee Background

On November 7, 2017, Governor Rick Snyder signed into law Public Act 154 of 2017 creating the MI-POST^{xvi}. Under Section 5675 of the Act, the MDHHS director was tasked to appoint members of and convene an ad hoc Advisory Committee (“Committee”) consisting of 11 members appointed as follows and for whom four members must include one individual representing each of the following:

1. A health facility, or adult foster care facility, or organization or professional association representing health facilities;
2. A palliative care provider;
3. Emergency medical services personnel; and,
4. A medical control authority.

Furthermore, seven of the committee members may include, but not limited to, individuals representing a health professional and/or patient advocacy organization.

The committee provided recommendations to the department on the following:

1. Subject to section 5676, the creation of a standardized POST form.
2. Medical orders to be included on the POST form that relate to emergency and nonemergency situations.
3. Subject to section 5676, the creation of an information form.
4. The procedures for the use of a POST form within a residential setting.
5. The circumstances under which a photocopy, facsimile, or digital image of a completed POST form is considered valid for purposes of a health professional, a health facility, an adult care facility, or emergency medical services personnel complying with the orders for medical treatment on the POST form.

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Subgroups were established to create educational materials aimed at specific user groups which included a) Clinicians/Hospital Staff, b) Health care Facilities & Agencies, c) Emergency Medical Services, and d) Patients/Family. Additionally, the committee established a general email inbox (MDHHS-MI-POST@michigan.gov) posted publicly for those seeking guidance on MI-POST related questions.

The MI-POST Advisory Committee also recognizes that there is no statewide, multidisciplinary body dedicated to analyzing the current state of palliative care to advise the department and partners on improving palliative care and the quality of life for persons with serious illness or chronic disease. Currently, 21 states^{xvii} have advisory councils that inform providers and consumers about palliative care for individuals with serious illness.

During the committee's work, they continued to raise questions and concerns around the implementation and the effectiveness of the MI-POST in the advance care planning process. The committee has collaborated with impacted groups seeking to explore ways to answer the questions and identify areas for implementation improvements. To that end, this report also aims to analyze the needs and perspectives of impacted groups, generate an approved set of recommendations to support the use of the MI-POST, and provide recommendations.

Contributing Groups

Michigan Health Information Technology Commission

The [Michigan Health Information Technology \(HIT\) Commission](#), created by [Public Act 137 of 2006](#), is housed within the Michigan Department of Health and Human Services. The HIT Commission's mission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan.

In June 2022, Michigan's HIT Commission adopted the Michigan Health Technology Roadmap (HIT Roadmap), the Bridge to Better Health Report. The HIT Roadmap outlines six initiatives to build a robust clinical infrastructure of existing resources while introducing strategies to better incorporate public health and social drivers of health. Within the Health IT Roadmap are key findings from partners gleaned from an environmental scan of health information technology partners, including Michigan's emergency medical services (EMS) provider agencies.

Michigan has over 100 EMS provider agencies. Each of these EMS agencies have statutory requirements to enter information into the Michigan Emergency Medical Information System (MI-EMIS), a state-managed repository developed to assess the need for any quality of EMS services across the state. In addition to MI-EMIS, MDHHS also supports the Hospital Hub System, a web-based application that allows facilities direct access to EMS run forms. Yet, patient care summaries from MI-EMIS and the Hospital Hub System are often not real-time and the quality of information in these settings is often deemed not useful. As a result, EMS providers have little access to advance care planning documents, such as the MI-POST. In the Health IT Roadmap, EMS partners also provided a recommendation to update the MI-POST rules and create protocols for EMS to easily access ACP information. MDHHS has taken steps to achieve this recommendation, with consultation from the MI-POST Advisory Committee.

Michigan Health Information Network (MiHIN)

Since 2011, the [Michigan Health Information Network \(MiHIN\)](#), Michigan's state-designated entity for health information exchange, and a lead entity in Michigan's five-year Health Information Technology Roadmap-Bridge to Better Health, has partnered with MDHHS to support the data flow of advance care planning documents.

MiHIN developed a centralized repository for care teams to store and retrieve advance directive documents, supported by MiHIN's Advance Care Document (ACD) Use Case that allows organizations participating in MiHIN's ACD to query, retrieve, and display ACP documents from one vendor repository.

Additionally, MDHHS previously partnered with MiHIN to promote ACP conversations through Making Choices Michigan (MCM). MCM's program trained ACP facilitators, facilitated individual ACP conversations, and convened statewide partners on ACP and volunteers. Between 2020-2022, MCM trained staff from twenty-four organizations.

In 2023, MiHIN continued their public-engagement work around ACP by conducting a facilitated workshop series for MiHIN and Michigan partners to build consensus around key issues around ACP. The workshop series found: (a) MiHIN's ACD Use Case should prioritize patient advocate designations, (b) electronic signature captures should lessen barrier to completing patient advocate designations, (c) Michigan should investigate Next of Kin law as a policy tool, (d) there may be a need for training on obtaining patient advocate designations, (e) a statewide Palliative Task Force could drive better serious illness care, and (f) statewide licensure requirements should be considered a mechanism for standardized education on patient advocate designation.

The MI-POST Advisory Committee reviewed findings from the MiHIN Data of Advance Care Planning Workshop Series.

Michigan Medical Directors Association

In October 2023, the MDHHS conducted a listening session in conjunction with the Michigan Medical Directors Association and identified several opportunities outlined in the Recommendations section of this summary.

Department of Licensing and Regulatory Affairs

In November 2023, Michigan Department of Health and Human Services and the Department of Licensing and Regulatory Affairs partnered to host a *MI-POST: Overview & Recent Changes* webinar. In total, the webinar had more than 100 participants. The recording was placed on the MI-POST webpage as an additional education tool for partners.

Recommendations

Recommendation #1 Michigan should explore a Next of Kin Law as a policy tool to improve serious illness care.

Rationale:

- Less than 30% of US adults have an advance directive for end-of-life care decisions^{xviii} leaving many Michiganders with no legally authorized person to make medical treatments on their behalf during time when they are unable to do so for themselves.
- Studies estimate that 44-69% of decisions for nursing home patients at the end of life are made by a surrogate^{xix}.
- The process of obtaining guardianship is cumbersome and inefficient, sometimes taking several weeks to get a hearing. This places undue hardships on patients, their loved ones, and the probate court system.
- Most hospitals have policies that enable families and clinicians to partner together to make decisions for acutely ill individuals when one has no written designation of patient advocate. But, discharge planning and transitions of care, including end of life planning, when no patient advocate has been designated can cause delays in patient care.
- A Next of Kin Law would allow the state to make further progress on advance care planning at the state-level and allow for further integration of advance directive documents into health information technology infrastructures. The Michigan Health Information Network was designated Michigan's Health Information Exchange in 2010 to help connect different technology systems that health care providers and hospitals use to share health related data to help promote interoperability and support care coordination. MiHIN found through a [series of workshops](#) that for health IT to meaningfully promote advance directives, policy must first be clarified.
- The MI-POST Advisory Committee also acknowledges that any Next of Kin legislation should include considerations for individuals that are more likely to have Families of Choice, composed of friends and community members, such as LGBTQIA+ populations.

Recommendation #2: Remove the witnessing requirements for a DNR order under the Do Not Resuscitate (DNR) Procedure Act to align with the MI-POST.

Rationale:

- In no other circumstance does a medical order for advance care planning require witness signatures.
- Currently, the MI-POST does not require witnesses and the DNR Act does. These inconsistencies create confusion among patients, health care professionals, LARA, and EMS personnel putting patients at risk for receiving unwanted care and facilitates at risk for citations.
- The requirement of witnesses is not in alignment with the National POLST paradigm.

Recommendation #3: Remove the 12-month expiration date of the MI-POST to align with the DNR order under the Do Not Resuscitate (DNR) Procedure Act.

Rationale:

- In no other instances do medical orders for advance care planning have expiration dates.
- MI-POST has a 12-month expiration date and the DNR Act has no expiration. Again, these inconsistencies create confusion among patients, health care professionals, LARA, and EMS personnel putting patients at risk for receiving unwanted care and facilitates at risk for senseless citations.
- Precise life expectancy, such as 12 months, prognostication is extremely difficult for health care professionals to do. By having this expectation, it may hinder a provider's use of the MI-POST which will put patients at risk for receiving unwanted care or disproportionately burdensome medical treatments that are not in alignment with their end-of-life goals.
- Advances in palliative medicine and early hospice enrollment has led to increased life expectancy and better quality of life at the end. Therefore, patients who benefit from these services and who live beyond the 12 months should not be placed in harm's way by having expiration dates on medical orders.

Recommendation #4: Enable Advanced Practice Providers (Certified Nurse Practitioners or Physician Assistant) signing authority for a DNR order under the Do Not Resuscitate (DNR) Procedure Act to align with the MI-POST.

Rationale:

- Advanced practice providers are licensed health care professionals responsible for the treatment of patients in most areas of medical care. End of life care should be no different.
- “Certified nurse practitioner” means an individual licensed as a registered professional nurse under Part 172 who has been issued a specialty certification as a nurse practitioner by the Michigan Board of Nursing under Section 17210.
“Physician’s assistant” means an individual licensed as a physician’s assistant under Part 170 or Part 175.

Recommendation #5: Remove the reaffirmation requirements of MI-POST to make the MI-POST more meaningful to use and to align with a DNR order under the Do Not Resuscitate (DNR) Procedure Act.

Rationale:

- The MI-POST must be reaffirmed one-year from the date last signed or reaffirmed, or within 30 days of a change in a patient’s place of care, an unexpected change in medical condition, or from a change in attending health professional.
- Given the care complexities that occur with advanced frailty or terminal illness, these requirements place disproportionate burdens/expectations on health care providers and place patients at risk for receiving unwanted care when a provider is unable to meet these unrealistic reaffirmation demands.

Recommendation #6: Allow electronic signatures for the MI-POST, the DNR order, and the Durable Power of Attorney for Healthcare (DPOA)/Patient Advocate Designation.

Rationale:

- Center for Medicare & Medicaid Services (CMS) proposed e-signatures to improve the care and experiences for patients and providers. In doing so, CMS reports significant savings in administrative costs and aligns with efforts to reduce paperwork burdens for providers. In the end, providers will be enabled to focus on direct patient care matters and improve the care experience for patients.
- Technological advances have enabled compliance with HIPAA for electronic signatures which was formerly a barrier.

Recommendation #7: Remove the ‘Diagnosis supporting use of MI-POST’ from the MI-POST to improve its effectiveness and reduce undue burdens on clinical teams to honor patient’s wishes.

- Currently, the MI-POST requires a diagnosis supporting the use of the MI-POST to be documented on the form.
- The National POLST form does not include a requirement of a diagnosis supporting the POLST order.
- Advisory committee members have heard from partners that given the care complexities that occur with advance frailty or terminal illness, the 'Diagnosis supporting the use of MI-POST' requirement places a disproportionate burden on health care providers to identify if an end-of-life care decision is connected to a diagnosis and places patients at risk for receiving unwanted care.

Recommendation #8: Expand the MI-POST to direct care beyond emergency medical services personnel to provide for the execution of a MI-POST for an individual in all settings.

Rationale:

- Currently, the MI-POST form directs care provided by emergency medical services.
- Additionally, the current MI-POST legislation required promulgation of rules for the use of a MI-POST form within a residential setting and the circumstances under which a photocopy, facsimile, or digital image of a completed POST form will be considered valid for purposes of a health professional, a health facility, an adult foster care facility, or emergency medical services personnel complying with the medical orders on the form.
- Advisory committee members have heard from partners that given the care complexities that occur with advanced frailty, including frequent changes in care setting and care teams, it is important that all clinical teams with the responsibility to honor a patient's end of life care decisions are also directed by the MI-POST.
- Additionally, their lack of inclusion under the MI-POST subjects them to liability and places an undue burden on clinical teams.

All information related to the Michigan Physician Orders for Scope of Treatment can be found on the [MDHHS MI-POST page](https://michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/ems/news/mi-post) (URL: [Michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/ems/news/mi-post](https://michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/ems/news/mi-post)). If you have questions regarding the MI-POST form or the Frequently Asked Questions, please contact MDHHS staff at MDHHS-MI-POST@michigan.gov.

References

- ⁱ [Summary of Public Act 154 of 2017: Physician Orders for Scope of Treatment \(POST\)](#)
- ⁱⁱ [H.R.5067 - 101st Congress \(1989-1990\): Patient Self Determination Act of 1990 | Congress.gov | Library of Congress](#)
- ⁱⁱⁱ [Health Insurance Portability and Accountability Act of 1996 | ASPE \(hhs.gov\)](#)
- ^{iv} [Patients' Bill of Rights \(opm.gov\)](#)
- ^v [MCL - Section 333.5652 - Michigan Legislature](#)
- ^{vi} [MI-POST \(michigan.gov\)](#)
- ^{vii} [POLST: Portable medical orders for seriously ill or frail individuals](#)
- ^{viii} [Views and Experiences with End-of-Life Medical Care in the US - Findings - 9013 | KFF](#)
- ^{ix} [Views on End-of-Life Medical Treatments | Pew Research Center](#)
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- ^{xiii} [MCL - Act 193 of 1996 - Michigan Legislature](#)
- ^{xiv} [MCL 700.5506](#)
- ^{xv} [MCL 700.5315](#)
- ^{xvi} [MI-POST \(michigan.gov\)](#)
- ^{xvii} <https://nashp.org/state-tracker/map-palliative-care-advisory-task-forces/>
- ^{xviii} Yadav, K. N., Gabler, N. B., Cooney, E., Kent, S., Kim, J., Herbst, N., Mante, A., Halpern, S. D., & Courtright, K. R. (2017). Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care. *Health affairs (Project Hope)*, 36(7), 1244–1251. <https://doi.org/10.1377/hlthaff.2017.0175>
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Additional Resources

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The Data of Advance Care Planning: https://mihin.org/wp-content/uploads/2023/08/ACP-Workshop-White-Paper_Final-Draft_8-14-23.pdf

MI-POST letter to state of Michigan: <https://polst.org/wp-content/uploads/2021/08/2021.08.04-Michigan-POLST-Letter-Van-Slyke.pdf>

How long can Michigan tread water without a Family Consent Law? [How Long Can Michigan Tread Water Without a Family Consent Law? \(michbar.org\)](#)