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

Overview & Recent Changes





Objectives

- 1. Discuss the work of the MDHHS MI-POST Advisory Committee Overview.
- 2. Provide an overview of the Michigan Physician Orders for Scope of Treatment (MI-POST).
 - Describe the Physician Orders for Life-sustaining Treatment (POLST) Paradigm.
 - Review MI-POST legislation and documents.
- 3. Identify appropriate use of MI-POST.
 - ➤ MI-POST in Skilled Nursing Facilities, Acute Care Settings, Long-term Care settings, AFCs/Home for the Aged.
 - Scenarios for discussion.
 - > Identify ways of communicating wishes regarding care.
- 4. Troubleshooting conflict.

Target Audience



Licensed health care facilities

- Skilled Nursing Facilities
- Acute Care Settings
- Long-term Care Settings
- AFCs/Home for the Aged





MI-POST Advisory Committee

- MDHHS convened an advisory committee in 2022 to:
 - Revise and update the MI-POST form, Patient & Family Information sheets.
 - Develop a Frequently Asked Question (FAQ) document.
 - Conduct educational outreach on the MI-POST form.
- MI-POST now available in Spanish, Arabic.

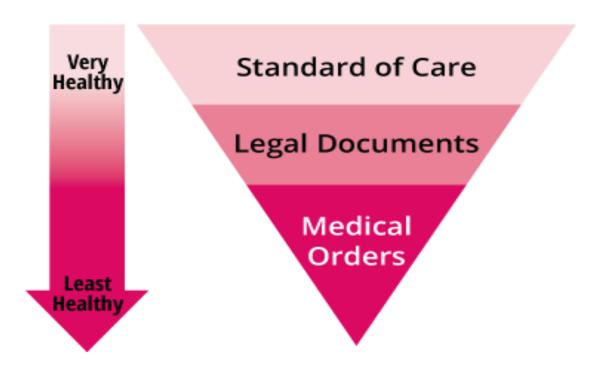
Advance Care Planning (ACP)

- Advance care planning is a process.
 - It includes conversations to identify what matters most to an individual over their lifespan.
 - Not just one conversation.
 - People change their choices many times as their health changes.
- Advance Directives
 - Conversations typically result in the creation of a document to reflect patient wishes and preferences for future health care treatments.





Understanding Advance Care Planning



Source: National POLST website at https://polst.org/advance-care-plans/

Michigan Advance Directive (AD)



Michigan Public Health Code Act 368 of 1978



The only legal advance directive in Michigan is the declaration of the patient advocate.

"An advance directive is a written document in which you specify what type of medical care you want in the future, or who you want to make decisions for you, should you lose the ability to make decisions for yourself...three types (of advance directives) are a durable power of attorney for health care, a living will, and a do-not-resuscitate declaration. There is also a declaration of anatomical gift, to take effect when you die."

- Michigan Public Act 368 of 1978





Types of Michigan Advance Directives

Documents that convey preferences and choices:

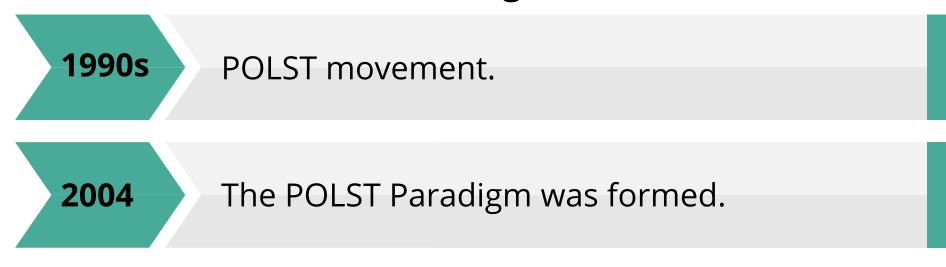
- Durable Power of Attorney for Health Care (DPOAH)
- Treatment Preferences,Such as Living Wills

Documents that convey medical orders:

- Out of Hospital Do-notresuscitate Order (DNR)
- MI-POST



Physician Orders for Life-sustaining Treatment (POLST) History



Michigan History

2017 MI-POST legislation introduced.

 Public Act 154 of 2017 signed into law on Nov. 8, 2017, by Gov. Snyder.





Public Act 154 of 2017

- Enacts MI-POST.
- Directs care.
- Establishes parameters and rules for use.





	Advance Directive/Durable Power of Attorney for Health Care	Living Will and Treatment Preferences	Out of Hospital DNR	MI POST
Type of document?	Legal document	Communication tool	Medical order	Medical order
Intended for?	Adults 18 years or older and of sound mind	Adults 18 years or older and of sound mind	 Adults 18 years or older and of sound mind Parent on behalf of a minor 	Adult with advanced illness or frailty (12 months or less life expectancy)
Who completes the document?	Adults 18 years or older and of sound mind (Assistance Recommended by ACP Facilitator)	Adults 18 years or older and of sound mind	Adults 18 years or older and of sound mind, patient advocate or court appointed guardian, along with a physician - cannot be APP (NP or PA)	Adults 18 years or older and of sound mind, patient advocate or court-appointed guardian, along with health care provider (physician, NP or PA)

	Advance	Living Will and		
	Directive/Durable Power	Treatment	Out of Hospital DNR	MI POST
	of Attorney for Health	Preferences		
	Care			
What is	Designates a patient	Future health care	Do Not Resuscitate (DNR) order to be	Specific medical orders - may
communicated	advocate and any	treatment preferences	followed outside of the hospital by	include:
in the	successor patient		emergency responders in the	Full Code or DNR.
document?	advocate(s); may include		home/community.	Comfort focused treatment.
	preferences for medical			Selective treatment.
	and/or mental health care.		After a properly executed DNR order is	Full treatment.
			completed, an identification bracelet may	Individualized Preferences.
			be applied to individual.	
			An individual may choose to wear a DNR	
			bracelet as a means of communicating in	
			public an OOH DNR order is in place.	
Does it expire?	No	No	No	Yes, after 12 months (may be
		0 1 111		reaffirmed)
Document	No	Can be written on	No	Yes, paper document must have
requirements	•	anything.		pink border on 65-pound card stock
	Copies: electronic, paper		Copies: electronic, paper and photo are	paper.
	and photo are acceptable.		acceptable – individual county Medical	
			Control Authority (MCA) may have specific	Copies: electronic, paper and
NA/: (Two adults (assess the	NI	requirements	photo are acceptable
Witnessing	Two adults (cannot be	None	Two adults; one witness may be a family	None
requirements	employees of the health or		member. If completed by a legal guardian	
	insurance agency, patient		or parent of a minor, neither witness may	
	advocates, close family		be a close family member or presumptive	

MI-POST General Rules:

- Are for adults with advanced illness/frailty.
- 2 Should use standard form.
- Should be retained in medical record.
- Should be used in acute care settings as a guide.
- 5 Directs care provided by EMS.
- Can be accepted as verbal or telephone orders.







MDHHS-5836, MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST) Michigan Department of Health and Human Services (MDHHS) (Revised 7-22)

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary. This MI-POST

PART 1 – PATIENT INFORMATION Patient Last Name Patient First Name Patient Middle Initia Date of Birth (mm/dd/yyyy) Diagnosis supporting use of MI-POST This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form. Paper copies, facsimiles, and digital images are valid and should be followed as in original copy. This form is for adults with an advanced illness. It is not for healthy adults. PART 2 – MEDICAL ORDERS Section A – Cardiopulmonary Resuscitation (CPR) Person has no pulse and is not breathing. See MDHHS-5837 for further details. Attempt Resuscitation/CPR (Must choose Full Treatment in Section B). DO NOT attempt Resuscitation/CPR (No CPR, allow Natural Death). Section B – Medical Interventions Person has pulse and/or is breathing. See MDHHS-5837 for further details on medical interventions. Comfort-Focused Treatment Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth, and non-invasive respiratory assistance. Selective Treatment Primary goal of treating medical conditions while avoiding burdensome measures. May include IV fluids, cardiac monitoring including cardioversion, and non-invasive airway support. Full Treatment Primary goal of prolonging life by all medically effective means. May include intubation, advanced invasive airway interventions, mechanical ventilation, other advanced interventions. Section C – Additional Orders (optional) Medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, medically assisted provisions of nutrition, long-term life-support, medications, and blood products.	forn B, o	is void if Part 1 or Section D are	blank. Leaving blank any section of interpreted as full treatment for the	of the medical orders (Sections A,
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Send form with Patient whenever transferred or discharged. MDHHS-5836 (Rev. 7-22) Previous edition obsolete. 1				

Section D – Signature of Attendi My signature below indicates that t medical condition, reflect to the bes the patient representative) has rece	hese orders are medically appropr st of my knowledge the patient's go	riate given the patient oals for care, and that	's current the patient (or
Print Name		Date	
Signature		Phone Number	
Print Name of Collaborating Physic	ian	Phone Number	
Section E – Signature of Patient My signature indicates I have discuthis MI-POST form. I acknowledge consistent with the patient's wishes	issed, understand, and voluntarily that if I am signing as the patient's	consent to the medicas representative, these	al orders on e decisions are
☐ Patient ☐ Patient ☐ Court-Appointed Guardian	t Advocate/Durable Power of Attor	rney for Health Care (DPOAHC)
Print Name of Patient or Patient Re	epresentative		
Signature		Date	
Information of Legally Authorized R Complete this section if this MI-PO Appointed Guardian.		Advocate/DPOAHC or	Court-
Address	City	State	Zip Code
Phone Number	Alternate Phone	e Number	
Section F - Individual Assisting	with Completion of MI-POST For	rm	
Print Preparer's Name	Title	Γ	ate
Preparer's Signature	Organization	F	hone Number
Section G – To Reaffirm or Revoke this Form This MI-POST form can be reaffirmed or revoked at any time, verbally or in writing. See MDHHS-5837 for further details on reaffirmation or revocation. If this document is revoked or is not reaffirmed, and a new form is not completed, full treatment and resuscitation will be provided.			
Healthcare Provider Name/Collabo	rative Physician (if applicable)	Healthcare Provider S	ignature
Patient/Representative Name	Patient/Representative Signature	gnature Rea	ffirmation Date
Send form with Patient whenever to HIPAA permits disclosure of MI-PC	ransferred or discharged. OST to other Health Care Professio	onals, as necessary.	
The Michigan Department of Healt benefits of, or discriminate against origin, color, height, weight, marita that is unrelated to the person's eli	any individual or group because of status, partisan considerations, o	of race, sex, religion, a	ge national
MDHHS-5836 (Rev. 7-22) Previous edi	ition obsolete. 2		

Patient and Family Information Sheet

MDHHS-5837, MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST) PATIENT AND FAMILY INFORMATION SHEET

Michigan Department of Health and Human Services (MDHHS)
(Revised 8-22)

What is a MI-POST?

- An optional, one-page, two-sided medical order with a person's wishes for care in a crisis.
- A part of the advance care planning process that includes choices about Cardiopulmonary Resuscitation (CPR), critical care, and other wanted care.
- A form that guides care only if the person cannot tell others what to do at that time.
- A completed form is signed by the patient/patient representative and the physician, nurse practitioner, or physician's assistant that gives medical advice and suggestions.
- A patient representative may fill out a MI-POST for the person if they are not able to make healthcare choices due to illness or injury.

Who has a MI-POST?

 An adult with advanced illness or frailty, such as advanced, life-threatening heart failure, who talks to a healthcare provider to help determine their choices in care.

Where can a MI-POST be found?

- A blank MI-POST can be found in care settings, including a provider's office, a health care facility or agency, or online.
- Completed forms belong to the person and are kept with the person wherever they live.
- Copies of the form can be given to family, friends, hospitals, and any other places the person wants, but the original stays with the person.

When can a MI-POST be changed?

- The form can be changed at any time by the person or the patient representative, verbally or in writing
- The form must be revoked or reaffirmed by the patient or patient representative and the attending health professional under the circumstances below. The form must be revoked or reaffirmed within the timeframes outline below or it will be considered VOID.
- One year from the date since the form was last signed or reaffirmed.
- 30 days from a change in the patient's attending health professional or change in the patient's level of care, or care setting; or any unexpected change in the patient's medical condition.

How do I reaffirm or revoke a MI-POST?

- Reaffirming this MI-POST form indicates the person has no changes to their treatment choices.
 Reaffirming requires signatures with dating of reaffirmation on the second page of the form. The form provides space for one reaffirmation. If another reaffirmation is needed, a new MI-POST form should be completed.
- Revocation of this MI-POST form is required if treatment changes are desired. A new MI-POST form should be completed to reflect treatment changes. Write "REVOKED" over the signatures of the patient or patient representative; and the signature(s) of the Attending Health Professional, in Sections D and G, if used, on this MI-POST form. Initial and date the revocations.
- .. Write "VOID" diagonally on both sides in large letters and dark ink.
- Take reasonable action to notify Attending Health Professional, patient, patient representative, and care setting.

MDHHS-5837 (Rev. 8-22) Previous edition obsolete. 1

What do the types of Medical Interventions mean?

- Comfort-Focused Treatment primary goal of maximizing comfort. Relieve pain and suffering through use of medication by any route, positioning, wound care, and other measures. Use oxygen, manual suction treatment of airway obstruction, and non-invasive respiratory assistance as needed for comfort. Food and water provided by mouth as tolerated. May involve transportation to the hospital if comfort needs cannot be met in current location.
- Selective Treatment primary goal of treating medical conditions while avoiding burdensome
 measures. In addition to care described in comfort-focused treatment, use IV fluid therapies, cardiac
 monitoring including cardioversion, and non-invasive airway support (such as a CPAP or BiPAP) as
 indicated. DO NOT use advanced invasive airway interventions or mechanical ventilation. May involve
 transportation to the hospital. Generally, avoid intensive care.
- Full Treatment primary goal of prolonging life by all medically effective means. In addition to care described in selective treatment, use intubation, advanced invasive airway interventions, mechanical ventilation, cardioversion, and other advanced interventions as medically indicated. Likely to involve transportation to the hospital. May include intensive care.

What if a section on MI-POST was previously left blank or incomplete?

 If a section was previously blank (Section A, B, or C) and is later completed, follow the procedures for reaffirming.

How is a MI-POST different from an advance directive?

- MI-POST tells what care to give and an advance directive tells who can speak (patient advocate) for the person if they are not able.
- An advance directive must be witnessed, the patient advocate must accept the role, and may or may not give information about wishes for care.

How is a MI-POST different from a Michigan Out of Hospital Do-Not-Resuscitate (DNR) order?

- A MI-POST is intended only for adults who may have advanced illness or frailty with a life expectancy
 of 1 year or less. A DNR order is intended for adults or minors with advanced illness with a life
 expectancy greater than 1 year.
- A DNR requires two (2) witness signatures. A MI-POST does not require witness signatures.

It is best for anyone with a MI-POST to also legally designate a patient advocate and talk to that person so that they will be prepared to speak on the person's behalf.

I have reviewed this information BEFORE signing a completed MI-POST.

Patient Name	Date of Birth
Patient Representative Name (if needed)	
Signature	Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-5837 (Rev. 8-22) Previous edition obsolete.

Rules for Reaffirming or Revoking



Rules for Conflicts

- ➤ Conflicts with Multiple Orders or Legal Directives.
 - ➤ Most Recently Dated Legal Document.

Please share any questions to MDHHS-MI-POST@Michigan.gov





Resources:

- Michigan Physician Order for Scope of Treatment (MI POST) website
- PA 154 of 2017
- MDHHS-5836 Michigan Physician Order for Scope of Treatment (MI POST) Form
- MDHHS-5836-AR Michigan Physician Order for Scope of Treatment (MI POST) (Arabic) Form
- MDHHS-5836-SP Michigan Physician Order for Scope of Treatment (MI POST) (Spanish) Form
- MDHHS-5837 MI POST Patient and Family Information Sheet
- MDHHS-5837-AR MI POST Patient and Family Information Sheet (Arabic)
- MDHHS-5837-SP MI POST Patient and Family Information Sheet (Spanish)
- Frequently Asked Questions
- MI-POST Administrative Rules



