Advance Care Planning for Dementia

Better Communication Better Care

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Dementia Directive: Ideal to offer before there are signs of cognitive impairment.

Last Time

• DPOA-Proxy

Today

• The Conversation
• POLST forms
• Tube Feeding
• Billing for Advance Care Planning
Advance Care Planning for Dementia

Helping align medical care people get with the medical care people would have wanted
• When care aligns with patients’ values and preferences: that is higher quality care.

• Key to getting there: better communication.
Patients with **Early Dementia**

The most important form is the DPOA --- set proxy decision-makers.
Proxies (DPOA-H)

• Decisions by the proxy, at the point of care, are still what’s most important.

• Early in dementia: So important for patients to designate, in a legal form their proxies. With alternates.

• Because over 20 years, their default may no longer be able to serve.
Advance Care Planning

When someone is already entering moderately severe dementia.
Having the Conversation

- Gentle communication: *if loved one could look down on themselves now, what would they say they’d want?*
- Take into account the stress, potential harms of CPR, ER’s, invasive tests.
The Value of a POLST

• **Physician Order Life Sustaining Treatment**

• A crucial tool to assist the conversation, to communicate with care teams.

• Sets goals of care **now**: What if heart stops. Or can’t breath on own. State preference: comfort care? (or) ICU care?
What About Tube Feeding?

- In dementia: feeding tubes do more harm than good.
- Based on solid data research, strong expert guidelines.
- They don’t make people more comfortable, don’t prolong life, they cause more aspiration pneumonia, more suffering.
Tube Feeding Does Harm

- We know this. But families usually don’t. Challenge: how to have this conversation in an caring, empathic way.

- “Does not fix what is a slow dying process.” “I worry that...”

- Better: “Let’s work with speech path, to maximize oral feeding.”
Tube Feeding in a Directive?

• All acknowledge that this can be an emotionally hard decision.

• But doesn’t make sense to ask on a form if people would want an intervention which we know shortens life and would worsen their quality of life.

• Needed instead: better conversations – see handout.
Billing for Advance Care Planning

• Since 2016 Medicare offers special payment premium for discussing ACP.

• Takes little added documentation. If you discuss ACP for > 15 minutes at an AWV the RVU’s double from 1.5 to 3.0.

• As part of AWV, there is no added-cost to the patient (no copay, no deductible.)
Take Homes

• MCI / mild dementia: fill out a proxy-form DPOH (with alternates) ASAP.
• POLST. Valuable as dementia progresses.
• “Imagine if loved one could look down on themselves now, what would they say.”
• Offer the Dementia Directive to everyone once they reach age 65 (before MCI.)
Let’s Talk About Dementia

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