

# **Advance Care Planning for Dementia**

**Better Communication      Better Care**

**Barak Gaster, MD, FACP  
General Internal Medicine  
University of Washington**

## Last Time

### **Dementia Directive:**

Ideal to offer  
before there  
are signs of  
cognitive  
impairment.

## Today

- DPOA-Proxies
- 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.

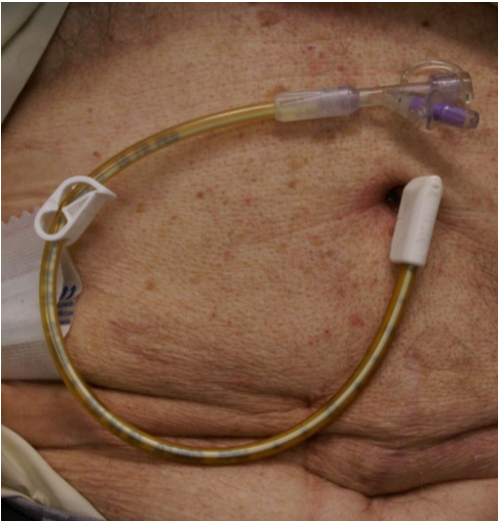


# The Value of a POLST

The image shows a sample POLST form, which is a medical order document used to document a patient's wishes regarding life-sustaining treatment. The form is titled "Physician Order for Life-Sustaining Treatment" and includes sections for patient information, physician information, and treatment preferences. The form is divided into several sections, including "Patient Information", "Physician Information", "Treatment Preferences", and "Signature". The form is a standard document used in the medical field to ensure that a patient's wishes are documented and followed.

- **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?



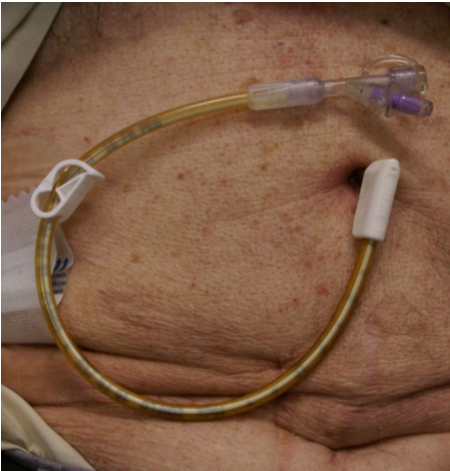
- In dementia: feeding tubes do more harm than good.
- Based on solid data research, strong expert guidelines.
- They don't make people more comfortable, don't prolong life, they cause more aspiration pneumonia, more suffering.

# 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 AWW the RVU's double from 1.5 to 3.0.
- As part of AWW, 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**

**barakg@uw.edu**