

National POLST Incentives and Quality Assurance Policy

National POLST supports reimbursement and quality assurance measures for quality advance care planning conversations but opposes incentives based on POLST form completion. A meaningful conversation about the patient's goals of care and preferences is the clinical goal, regardless of whether it results in a POLST form medical order or advance directive. Incentives (financial, performance or otherwise) or quality assurance measures for POLST and advance care planning must be carefully crafted to avoid unintended consequences, such as:

- erosion of the principle that advance care planning, which could include POLST form completion, is always voluntary¹;
- completing or offering POLST forms to patients outside the intended population²; or
- completing forms without effective decision-making supports to engage the patient and/or surrogate.³

Provider payments for engaging in discussions about the execution of portable medical orders for those living with serious illness or advanced frailty has become more widespread and acceptable in medical practice. For patients within the intended population, the result of a quality conversation with appropriate decision-making supports may result in the completion of a POLST form, or it may be only the first step in the care planning process.

Like all advance care planning, patients have the right to choose to participate in shared medical decision-making regarding their treatment plan. Requiring completion of any advance care plan or requiring participation with a clinician in the completion of a POLST form violates patient self-determination, informed consent and principles of person and family-centered care.⁴

Quality indicators of appropriate documentation should include:

1. Verification of the appropriateness of the patient's status for a POLST form⁵ to prevent overuse or inappropriate use of the medical order;
2. Documentation of the conversation reflecting alignment of the patient's goals of care with the medical orders chosen on the POLST form in the patient's medical record; and
3. Confirmation of the discussion and the voluntary decisions from the appropriate decision-makers for completing the POLST form. Despite the form emphasizing its voluntary nature, form completion alone is insufficient to serve as a proxy for assessing the voluntary nature of completing a POLST form.

¹ <https://polst.org/appropriate-use-pdf> (see #1)

² <https://polst.org/guidance-appropriate-patients-pdf>

³ <https://polst.org/appropriate-use-pdf> (see #2)

⁴ <https://polst.org/appropriate-use-pdf> (see #2)

⁵ <https://polst.org/appropriate-use-pdf> (see #s 3 and 4)