

WPS Medical Director Helps Break Down Barriers to Advance Care Planning

Jennifer Wieman

In the space of just 2 years, 1999 to 2001, Michael Ostrov, MD, MS, lost his father to pancreatic cancer and then his sister to colon cancer. And while his sister had an advance directive in place, his father did not.

“All of a sudden you’re in the midst of this very chaotic time, where you’re having to help your father make all these decisions—what’s right, what’s wrong, how fast you have to make them. If we’d had the opportunity to have that kind of conversation ahead of time that would have been wonderful,” Dr Ostrov said.

Having that conversation is a part of advance care planning (ACP)—the ongoing process of reflecting on, understanding and discussing future medical decisions, including end-of-life preferences.

Over the past 4 years, Dr Ostrov has helped to further advance care planning throughout Wisconsin. He’s done this through his involvement with Honoring Choices Wisconsin (HCW), the Wisconsin Medical Society’s ACP initiative, when two of the health care organizations for which he held leadership roles became active participants, and in his current position as medical director of network and quality at WPS Health Solutions in Madison. It’s because of Dr Ostrov’s cumulative efforts toward promoting advance care planning statewide that he was honored with the Wisconsin Medical Society’s 2016 Physician Citizen of the Year Award during its Annual Meeting, April 2-3.

The mission of HCW is to promote the benefits of and improve processes for advance care planning across the state, in health care settings and in the community—something that resonates deeply with Dr Ostrov. It harkens back to not only his experiences with his father and sister,

but also to his earlier years as a family physician at Group Health Cooperative-South Central Wisconsin (GHC-SCW) in Madison. There, he saw the full spectrum of human life—from delivering babies to caring for people at the end of life.

In 1990, Congress passed the Patient Self-

understand the question or know how it relates to the choices available to them. In order to get over that barrier, there needed to be a “safe space,” where people could share their values and preferences for their future medical care with those closest to them.

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—Michael Ostrov, MD, MS

Determination Act, requiring patients to be informed of their right to make their medical wishes known to their families and physicians through an advance directive. However, little changed after the law was enacted, because people were unsure how to talk about their medical wishes and preferences with their families and friends on their own. Doctor Ostrov witnessed this first-hand with his adult patients.

“Everybody [in health care] came to realize that you just can’t just tell a person, ‘Well, here’s a form, we’d like you to take it home and fill it out and then bring it back in because we want it in your chart,’” he said. “That was unsuccessful the majority of the time.”

Doctor Ostrov added that questions in an advance directive, such as whether a person would want artificial respiration or feeding tubes, are difficult for people to answer because they often don’t feel comfortable or they don’t fully

Gundersen Health System’s Respecting Choices® First Steps® model, which includes a structured facilitator training curriculum, did just that.

“It is a brilliant idea,” Dr Ostrov said. “Train facilitators to help people and their loved ones have these sensitive conversations about what they want when the time comes to make decisions about [their] treatment in the face of life-limiting illness.”

The model is about more than just training facilitators, however. It also focuses on system redesign to make having these conversations possible.

Started in La Crosse in 1991, Respecting Choices® is an internationally recognized evidence-based ACP model of care that today is in place in more than 80 communities throughout the United States. It has been adopted throughout Australia and has initiatives in such countries

as Germany, Singapore, and Spain. According to Respecting Choices®, 96% of patients in La Crosse have engaged in advance care planning and have an advance directive in their medical record.

When the Wisconsin Medical Society (Society) launched HCW in 2012, it adopted the Respecting Choices® First Steps® model. GHC-SCW—where Dr Ostrov had transitioned from a family physician to full-time medical director—was one of the first 6 organizations to participate. Excited that the Society and HCW were developing a statewide approach to advance care planning, Dr Ostrov knew his organization had to be a part of it.

“To me, why we got involved and why this happened was because of the terrific program that the [Wisconsin] Medical Society set up. Otherwise it would have been something I read about and knew about, but would have never had the time to turn my attention to,” he said.

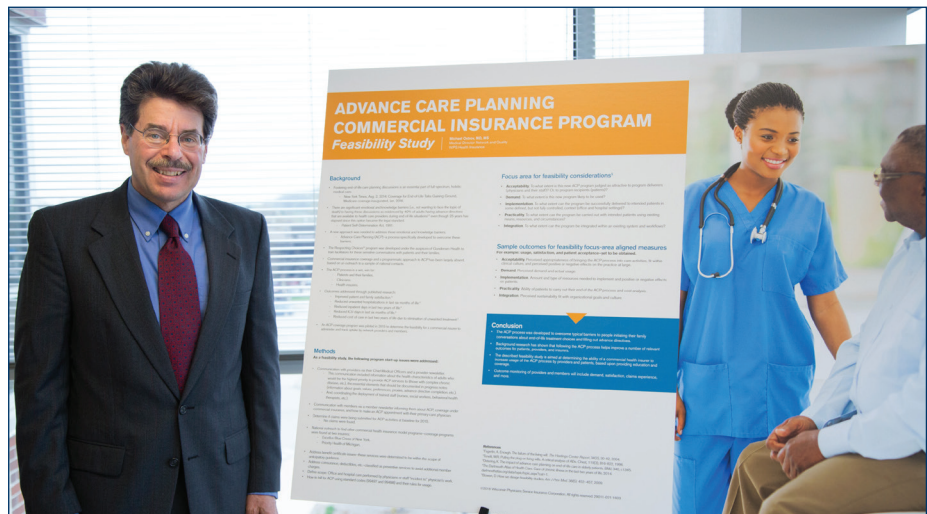
GHC-SCW’s structure as a staff model health plan was another major point in favor of establishing an ACP program there, according to Dr Ostrov. It was just a matter of allocating existing resources.

“We had the resources to make phone calls to people to say, ‘We have a new advance care planning service that your doctor recommends for all patients. Would you like to talk more about this when you come in?’ We had the ability to dedicate time in the staff’s office schedule so that the nurse [a trained facilitator] could meet with people for an hour or more,” he said.

Initially, GHC-SCW contacted patients age 60 and older, who were coming for physicals or a “Welcome to Medicare” visit about advance care planning. Today, it has 9 facilitators on staff, and patients 18 and older can schedule an appointment with a facilitator through their GHC clinic.

In 2013, Dr Ostrov left GHC-SCW to become the chief medical officer (CMO) at Agrace Hospice and Palliative Care in Madison and Janesville. As a health care agency devoted to treating patients with life-limiting illness, he recognized immediately that Agrace was a natural fit for implementing an ACP program.

Doctor Ostrov served as cochair of Agrace’s implementation team when the organization became one of HCW’s participating organiza-



Michael Ostrov, MD, MS, medical director of network and quality at WPS Health Solutions in Madison, was honored with the Society’s 2016 Physician Citizen of the Year Award for his efforts in advancing the conversation with regard to advance care planning and end-of-life care in Wisconsin.



In just 4 years, HCW has grown to include 29 participating organizations across Wisconsin. It’s estimated that more than 10,000 individuals have discussed their future medical decisions, including end-of-life preferences, with trained HCW facilitators. For more information, visit www.honoringchoiceswi.org.

tions later that year. At HCW’s “Sharing the Experience” conference in 2014, Agrace reported on its success with its Community Advance Care Planning presentations, during which Agrace facilitators engaged with many multigenerational families.

But it was in Dr Ostrov’s next leadership role that he said he had a “light bulb” moment. In February 2015, he joined WPS as medical director and realized there was another barrier yet to be breached—making advance care planning a service covered by insurance.

“If you really wanted to have this [advance care planning] happen in a large way, what the doctors do in their offices has to be respected. It has to be compensated,” he said.

So, Dr Ostrov and a team at WPS worked to make that happen, and in September 2015, WPS became one of the first health insurance organizations in the country to begin paying for ACP

services. The following month, the Centers for Medicare and Medicaid Services (CMS) included advance care planning reimbursement in its 2016 Physician Fee Schedule Final Rule. It went into effect January 1, 2016. Doctor Ostrov said that prior to the actions by WPS and then CMS, hospitals and other health care entities absorbed the cost of building and sustaining an ACP system.

Other barriers to advance care planning continue to exist, but through the determined efforts of Dr Ostrov, and many others like him, advance care planning has thrived in Wisconsin.

When his sister developed colon cancer, Dr Ostrov said that the circumstances surrounding her end-of-life care were vastly different compared to his dad. For one thing, the family had time on its side.

“We were able to pull the family together, particularly once we had involved hospice, and had the right kinds of conversations as new things kept occurring that helped her decide what to do and what not to do and feel good about it,” Dr Ostrov said. “We felt like we were much more on top of what the choices were and how to make them, as opposed to just being in the reactive mode.”

Because advance care planning isn’t just filling out a form—it’s all about the conversation.



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