

Medicare Advance Care Planning

On October 30, 2015, Medicare announced it will pay doctors to help patients plan the type of care they want at the end of life. Studies show that most American want to die at home versus in a hospital. The sad reality is too few people make these wishes known to loved ones and doctors, and receive the care doctors and loved ones think they want.

Medicare is the largest insurer at the end of life, according to a study done by the Kaiser Family Foundation because about 80% of all deaths each year are people covered by Medicare. The plan would allow qualified physicians, nurses, and doctors to be reimbursed for face-to-face meetings with patients concerning their end of life wishes.

As the American population ages, technology and medicine advance, people are living longer with grave illnesses. This has prompted a growing number of people to talk to their doctors about such issues like, dying at home versus a hospital, or under what circumstances they would want life sustaining treatment. The idea is that Medicare reimbursing doctors for the cost of having these discussions will get more in on the conversation. Ultimately, when a family member or doctor is faced with a healthcare decision regarding end of life care, they won't have to guess, they will be able to say with certainty, "patient made it clear she/he wanted this".

How does advance care planning differ from healthcare directives?

Healthcare directives are similar to advance care planning, in that the directive allows for individuals to specify their wishes and guide medical decision making if the individual is incapacitated. Healthcare directives are state regulated and usually are referred to as a living will. A living will defines the medical treatment patients prefer is incapacitated and designate a specific person as a medical power of attorney. The problem is that only a minority of patients actually have a directives and the directives are not always as explanative as needed.

Advance care planning, depending on the final regulations, has the potential to get more people joining the end of life counseling conversation, but also allowing for the healthcare directives to work better patients. If a doctor or physician has had end of life conversations with a patient, and the healthcare directive doesn't fully answer the questions about medical care, it won't be as detrimental because the counseling will allow the doctor to fill in the gaps.

Opponents to the advance care planning believe patients are going to be encouraged to reject life-saving treatment. Right to life advocates believe that paying a doctor to have end of life counseling with a patient is going to incentivize them to get patients to agree to dying at home, heavily sedated, rather than being in a hospital and on life-saving equipment.

Arguably, that's the purpose of having the advance care planning regulated. The regulations that go into effect January 1, 2015 should allow those who want a say in their end of



life treatment to have one, and develop a plan after being thoroughly educated on all available options.

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