



# Oregon

Theodore R. Kulongoski, Governor

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TO: The Honorable Laurie Mones-Anderson, Chair  
Senate Health Care and Veterans Committee

FROM: Jeanene Smith, MD, MPH  
Administrator, Office for Oregon Health Policy and Research  
Oregon Department of Human Services

SUBJECT: SB 451 – POLST Registry

Chair Monnes-Anderson and members of the committee; I am Jeanene Smith, Administrator of the Office for Oregon Health Policy and Research. I wanted to review some of the details of SB 451 as it is one of the series of bills resulting from the Oregon Health Fund Board's recommendations to the Governor and the Legislature. As directed by the Healthy Oregon Act, SB 329, the Board and its Delivery Committee, focused on next best steps towards system transformation of our healthcare delivery system, with end of life care an important component of those discussions. The Executive Director of the Health Fund Board, myself and the Public Health Division of DHS have worked closely over the past several months with Dr. Tolle and the POLST Task Force, a broad-based group representing a variety of Oregon agencies and organizations interested and involved in end-of-life care issues, to help craft the bill language you are considering today.

The Health Fund Board envisions a high performance health care delivery system as necessary to improve the health of all Oregonians. The POLST registry is an example of a system innovation that better coordinates healthcare treatments not only in a clinical setting but even at a person's own home. It assists providers to provide the level of care desired by the patient.

We all have high hopes for innovation in our healthcare system through better communication via electronic health records but we aren't entirely there yet. And interaction with the emergency medical system (EMS) isn't yet designed into most of the early efforts for full integration across electronic record systems. Studies have shown a lack of transmission of information about patient preferences between healthcare providers. This is a concern considering the number of times a patient with several serious chronic illnesses is seen by a variety of providers inside one facility such as a hospital or a nursing home, but also across health settings from home, to ambulance, to emergency rooms, and back. In a study of patients with less than six months of life expectancy, only 47% of physicians knew their patients wishes on whether to perform cardiopulmonary resuscitation (CPR), only 46% of "Do Not Resuscitate" (DNR) orders were written in last two days before death, and 38% of these patients had spent greater than 10 days in an intensive care unit, on a ventilator or in a coma before dying.



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Testimony of Jeanene Smith, MD, MPH

Senate Health Care and Veterans Committee

Both this committee in past sessions and the Health Fund Board and its Delivery Committee this past year have often discussed the “patient-centered medical home” model and what it can do to enhance communication and care coordination. It aims to get the *right care* to a person *at the right time* and *in the right place*, especially between the clinic and hospital setting. Advanced care information such as in the POLST needs to be available *to the right people, at the right time* with the services organized to provide the *chosen level of medical intervention*. This registry is a community-wide comprehensive approach that puts a system in place to ensure the wishes of the patient are actually honored wherever they are – what could be a more critical and important time for our healthcare system to be truly “patient-centered” but at the end of life.

DHS would oversee efforts to implement the statewide POLST registry. The expectation is that the Department will contract with OHSU to develop, implement and maintain the registry, building on the pilot work already underway that you have heard about today from Dr. Tolle and Dr Schmidt. Under the agency's public health authority, the registry would be aligned with federal HIPAA provisions that allow the safe and secure collection and dissemination of identifiable health information for the health of the population, a critical ability for the registry to function beyond small pilots and serve all the citizens of Oregon. The Department already has experience with the administration of statewide health-related registries such as the cancer registry and the childhood immunization registry.

The registry is included in the Governor's Recommended Budget, and has a fiscal impact to the state of \$740,000 in Total Funds (TF), with \$451,400 from General Fund (GF) and the balance in federal matching funds.

Oregon has been a leader in the country for dignified end-of-life care and has devoted significant efforts over the last 20 years to make it easier for individual preferences to be honored. Our state is fortunate in that much of the ground-breaking work on Physicians Orders for Life Sustaining Treatment has been spearheaded by the POLST Task Force and the OHSU Center for Ethics in Health Care. The Oregon Health Fund Board believes this is an important first next step to improve Oregon's healthcare delivery system and transition it to a patient-centered integration of health services and providers of care.

Thank you for the opportunity to present testimony to you today. I would be happy to answer any further questions.