
ADVANCE HEALTH CARE DIRECTIVE TRAINING

INNOVATIVE MANAGEMENT SYSTEMS, INC.



WHAT IS AN ADVANCE HEALTH CARE DIRECTIVE (AHCD)?

- An AHCD is a way to make one's health care wishes known if they are unable to speak for themselves or prefer to have someone else to speak for them regarding their health care. An AHCD can serve one or both of the following functions:
 - Power of Attorney for Health Care – to appoint an agent
 - Instructions for Health Care – to indicate one's wishes
- Persons of all ages may unexpectedly be in a position where they cannot speak for themselves, such as in an accident or in the case of severe illness.
 - In such cases, having an AHCD ensures that their doctors know about their health care wishes, including about the kinds of care they want and/or who they want making health care decisions on their behalf.

ADVANCE HEALTH CARE DIRECTIVE COMPONENTS

■ Part I – Power of Attorney for Health Care

- This part allows an individual to name another individual as their agent to make health care decisions for them if they become incapable of making their own decisions or if they want someone else to make those decisions for them, even though they are still capable.
 - The health care agent can be a family member or a friend.
- An individual may also name an alternate agent to act for them if their first-choice agent is not willing, able, or reasonably available to make such decisions for them.
- **Note:** An agent may **not** be an operator or employee of a community care facility or a residential care facility where the individual is receiving care, or their supervising health care provider or employee of the health care institution where they are receiving care, unless their agent is related to them or is a co-worker.

ADVANCE HEALTH CARE DIRECTIVE COMPONENTS

■ Part I – Power of Attorney for Health Care

- The agent may make all health care decisions for the individual, unless the form they signed limits the authority of the agent. If they do not choose to limit the authority of their agent, their agent will have the right to:
 - Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a medical condition.
 - Select or discharge health care providers and institutions.
 - Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
 - Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
 - Donate the individual's organs, tissues, and parts, authorize an autopsy, and direct disposition of remains.

ADVANCE HEALTH CARE DIRECTIVE COMPONENTS

■ **Part 2 – Power of Attorney for Health Care**

- This part allows the individual to give specific instructions about any aspect of their health care, whether or not they appoint an agent.
- Choices are provided to express their wishes regarding the provision, withholding, or withdrawal of treatment to keep them alive, as well as the provision of pain relief.
 - Example: Try all life support treatment that their doctor thinks might help, but if it doesn't work, to still stay on life support machines.
 - Example: Try all life support treatment, but if treatment doesn't work, don't stay on life support machines.
- They can also add to the choices they have made, along with any additional wishes.

ADVANCE HEALTH CARE DIRECTIVE COMPONENTS

■ **Part 3 – Donation of Organs**

- This part allows the individual to express whether or not they have an intention to donate their bodily organs, tissues, and parts following their death.
- This can include donating all or some of their organs, not donating any organs, or having their health care agent make the decision.

■ **Part 4 – Designation of Physician**

- This part allows the individual to designate a physician to have primary responsibility over their health care.

ADVANCE HEALTH CARE DIRECTIVE COMPONENTS

- After completing the AHCD form, the individual must:
 - Sign and date the form, and
 - Have 2 qualified witnesses sign the form, or have the form notarized before a notary public.
 - Note: agents and relatives cannot be a witness.
- The individual should also give a copy of the signed and completed form to their physician, to any health care providers they may have, to any health care institution they are receiving care, and to any health care agents they have named.
- The individual should discuss their health care wishes with the named agent(s) to ensure that they understand their wishes and is/are willing to take the responsibility.
- Note: The AHCD may be revoked and/or replaced at any time by the individual.

QUESTIONS?

- IMS Compliance Department:
 - Compliance@imsmsso.com
- IMS Utilization Management (UM) Department:
 - 323-800-8283