

Large Scale Program

33 TEN YEAR OUTCOMES AFTER A STATE COMMISSION ON END OF LIFE CARE

E Ratner¹ *¹University Of Minnesota*

10.1136/bmjspcare-2012-000250.33

In 2002, the Minnesota Commission on End of Life Care (funded by the Robert Wood Johnson Foundation) completed a 2 year process of collaboration among health care organisations and providers, patient advocates, and experts in law and bioethics. Recommendations were made regarding 1) principles of care, 2) access to care, 3) education and 4) public policy, all addressing advance care planning. This presentation will describe progress over the subsequent decade. The first of five principles was “Preferences for treatment and care will be discussed and respected”. In response, a Minnesota medical society has implemented a large scale, metropolitan-wide replication of the LaCrosse, Wisconsin Honouring Choices model. In addition, a broadly representative inter-professional group developed and widely disseminated a standardised POLST tool. Hospice use has grown from 18% to approximately 50% of those dying in the state. From no programs in the 1990s, nearly 89 percent of the state’s medium and larger hospitals now offer palliative care while several rural palliative care initiatives are underway. Curriculum regarding end of life care, including advance care planning training, now exists in health professional schools. Minnesota-based health insurers began offering a palliative care benefit, even more extensive than in Medicare. The impact of these changes is seen by a significant shift in the location of death, from nursing homes to home settings. The percentage of deaths at home increased from 20% to 30%. Over the past 10 years, virtually all of the recommendations of the Commission have become reality.