

Statement on the Fiscal Impact of the POLST Paradigm

The National POLST Paradigm Task Force

The Physician Orders for Life-Sustaining Treatment (POLST) Paradigm began in 1990 to honor the medical treatment preferences of persons with advanced progressive illness. The system created by the paradigm helps elicit, communicate, and respect an individual's values through portable medical orders.

A number of states have implemented the POLST Paradigm and a majority of states have expressed interest in doing so. As the initiative grows, some wonder if the POLST Paradigm might partially mitigate the costs of health care near the end of life by preventing unwanted expensive life-sustaining medical treatments. Research has not specifically been done to establish the fiscal impact of the POLST Paradigm. However, extrapolations can be made from relevant research.

- Based on individual preferences of persons with advanced illness expressed as orders on POLST Paradigm forms, a majority of patients choose to forgo some types of treatments and/or hospital transfer.^{1,2,3} Of those patients with orders to forgo resuscitation and requesting comfort measures only, the rate of in-hospital death was 5% compared to a national average of 32%.^{4,5,6}
- A 3-state evaluation of the POLST Paradigm in nursing facilities found that 98% of residents with POLST forms have orders regarding hospitalization, feeding tubes, and antibiotics, in comparison to just 16% of residents with traditional orders. Moreover, residents with POLST forms reflecting preferences for *Comfort Measures Only* were much less likely to receive hospitalization and other life-sustaining treatments than residents with POLST Paradigm orders for *Full Treatment*.⁷
- Recently collected data from the death certificates and medical records of deceased residents of La Crosse County, Wisconsin demonstrates that with the use of POLST forms there was a four-fold increase in documented preferences not to return to the hospital for acute treatment (151 patients vs. 37 patients) compared to earlier documentation in which only advance directives were available. Moreover, with POLST forms the request not to be hospitalized was honored 99% of the time compared to 78% of the time when only advance directives were used to record patient preferences.⁸

An ideal health care system would honor individual preferences while allocating health care resources efficiently. Although these needs are not mutually exclusive (and usually coincide for individual patients), the Task Force emphasizes that the goal of the POLST Paradigm is to honor treatment preferences of those with advanced progressive illness or frailty. The research indicates the POLST Paradigm is achieving this goal and concomitantly preventing unwanted expensive hospitalizations.

References

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