



Michigan Physician Orders for Scope of Treatment (MI-POST) Fact Sheet¹

Michigan Physician Orders for Scope of Treatment (MI-POST) is a program designed to help health care professionals honor the treatment decisions of their patients. MI-POST is a part of the National Physician Orders for Life Sustaining Treatment (POLST) Paradigm.

What is MI-POST?

MI-POST is a tool for translating patient's goals of care into medical orders so that they are easily located and portable across care settings. MI-POST is not just a specific set of medical orders documented on a form; it is also an approach to end-of-life planning based on conversations between patients, loved ones, and medical professionals.

The MI-POST Program is designed to ensure that seriously ill patients can choose the treatments they want and that their wishes are honored by medical providers. A key component of the system is thoughtful, facilitated advance care planning conversations between health care professionals and patients and those close to them. Completion of a MI-POST form requires shared decision making between the health care professional signing the form and the patient, or his/her legally authorized health care representative. In order to complete the MI-POST form, there must be a discussion of the patient's diagnosis and prognosis; the available treatment options given the current circumstances, including the benefits and burdens of those treatments; and the patient's goals of care and preferences of treatment. Together they reach an informed decision about desired treatment, based on the person's values, beliefs and goals for care. Then, if they wish, their health care professional completes and signs a MI-POST form based on the patient's expressed treatment references.

Whom is MI-POST for?

MI-POST is not for everyone; only patients with serious advanced illnesses should have a MI-POST form. For patients where a MI-POST is appropriate, their current health status indicates the need for standing medical orders for emergent or future medical care. The general guidance is that the MI-POST form is for seriously ill patients for whom their physicians would not be surprised if they died in the next year. It would be inappropriate to provide a MI-POST to all patients, and completion of a MI-POST form is always voluntary.

MI-POST and Emergency Medical Services

Emergency Medical Services (EMS) are required by law to provide aggressive treatment unless otherwise directed by a medical order. In the absence of a MI-POST form or an out-of-hospital DNR form, patients will receive advanced cardiac life support, including cardiopulmonary resuscitation (CPR), endotracheal intubation, and defibrillation by emergency medical personnel based on standard protocols.

¹ Adapted from the HealthCare Ethics USA POLST Q&A. <http://www.chausa.org/docs/default-source/hceusa/polst-q-a.pdf?sfvrsn=0>



MI-POST and Advance Directives

The MI-POST form is not an advance directive. The two documents differ, but they ideally work together. In short, the MI-POST turns the patient's wishes expressed in an advance directive into action as a medical order.

While all competent adults - regardless of health status - should have an advance directive, not everyone should have a MI-POST. For healthy patients, an advance directive is an appropriate tool for identifying a surrogate decision maker and making future end-of-life care wishes known. Advance directives are generally completed when an individual is unaware of what disease or medical issue they may have in the future so it only provides general guidance. Further, it is a legal document requiring interpretation and, because of that, it does not give directions in the field during an emergency.

The MI-POST is a medical order that takes effect as soon as it is signed by the health care professional. MI-POST gives orders to other professionals, including emergency service personnel, which can be acted on. It is only when a patient is diagnosed with a serious advance illness that a MI-POST form would be appropriate. For these patients, their current health status indicates the need for standing medical orders for emergent or future medical care and they are able to make decisions about their care knowing their specific diagnosis and prognosis.

While the MI-POST Program supports the completion of advance directives, clinical experience and research demonstrate that these advance directives are not sufficient alone to assure that those who suffer from serious advanced illnesses will have their preferences for treatment honored unless a MI-POST form is also completed.

How do MI-POST and Advance Directives work together?

Patients with decision-making capacity can modify their MI-POST at any time to reflect changing circumstances—for example, when treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis, or potential outcomes, the patient's goals and preferences may change. If the patient becomes incapacitated, the advance directive plays an important role in developing goals of care consistent with the patient in his/her new state of health. The Patient Advocate identified by the patient in his/her advance directive would participate in either initiating a MI-POST or updating MI-POST orders in a manner consistent with the patient's preferences as the patient's health status changes.



Table 1: Comparison of Advance Directives and MI-POST

Characteristics	Advance Directive (healthcare wishes + Designation of Patient Advocate)	MI-POST
Type of Document	Legal Document; highly variable	Medical Order; standard
Intended Population	Recommended for all competent adults	Serious advanced illness or frailty; not surprising if died within 12 months
Who Completes	individual	Healthcare professional
Required signatures to be valid	Signed by an individual, DPOAH (acceptance), 2 witnesses	Provider (MD/DO, NP, PA) and individual/DPOAH/Guardian
Communication about medical treatments	General wishes about medical treatments the individual does/does not want; hypothetical	Specific medical treatments the individual does/does not want, based on the individual's current state of health
Ability for EMS to honor	Emergency personnel cannot follow, not a medical order. AD's are later reviewed by hospital staff.	Directs emergency personnel
Appointment of Surrogate	Appoints a Patient Advocate	Does not appoint a decision-maker
Location	Generally, not immediately available.	Is a medical order in the medical record, travels with patient
Ease of Interpretation	May be vague and need interpretation	Easily interpretation

What Are the Benefits of MI-POST?

MI-POST improves the quality of patient care and reduces medical errors by creating a system that identifies patients' wishes regarding medical treatment and communicates and respects them by creating portable medical orders. It is based on the principles of informed consent and allows decision to be made ahead of a crisis.

What else is it important to know about MI-POST?

MI-POST orders honor patients following their religious values. For example, the MI-POST form allows Catholics to make decisions consistent with the United States Conference of Catholic Bishops *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009) and ensures that those decisions will be honored in an emergency and across care transitions.

In general, the MI-POST form enables physicians to order treatments patients want and to direct that treatment that patients would not want, including those a patient and his/her health care professional would consider "extraordinary" and excessively burdensome. Further, the MI-POST form requires that "ordinary" measures to improve the patient's comfort and food and fluid by mouth, as tolerated, are always provided. The MI-POST form is actionable and prevents initiation of care the patient does not want and that the patient considers disproportionately burdensome, extraordinary treatment. MI-POST orders record patient wishes to have or limit treatment but it is never the intent for the orders to be written with the goal of hastening death. MI-POST recognizes that allowing natural death to occur is not the same as intentionally shortening life. Some patients near the end of their lives wish to stop treatments they find burdensome and have the primary focus of the care on their comfort. For these



patients, MI-POST orders for Comfort Measures Only document their wish to step aside from medical treatments and allow nature to take its course.

Where is MI-POST being used?

MI-POST was implemented in 10 counties from 2012-2014. These counties were identified based on Medical Control Authority Region, and included Delta, Jackson, and an 8-county region around Traverse City. Additional communities have also implemented MI-POST program. The graphic below shows the areas with a MI-POST program.



How do I use MI-POST in my organization or community?

MI-POST is used in communities in which organizations have agreed it is the standard of care for communicating medical decisions for those for whom it wouldn't be surprising if he/she were to expire within 12 months. The medical control authority must be a part of this decision. These communities include the Out-of-Hospital DNR form with the MI-POST when the individual chooses "Do Not Resuscitate". This is to ensure liability protection for EMS in withholding cardiopulmonary resuscitation. To apply this liability protection for following the MI-POST without additional papers, legislation has been drafted. See "MI-POST Legislation" at www.honoringhealthcarechoicesmi.org for further information.