

# ***“Your Health Care. Your Choice.”***

## Honoring Choices Massachusetts

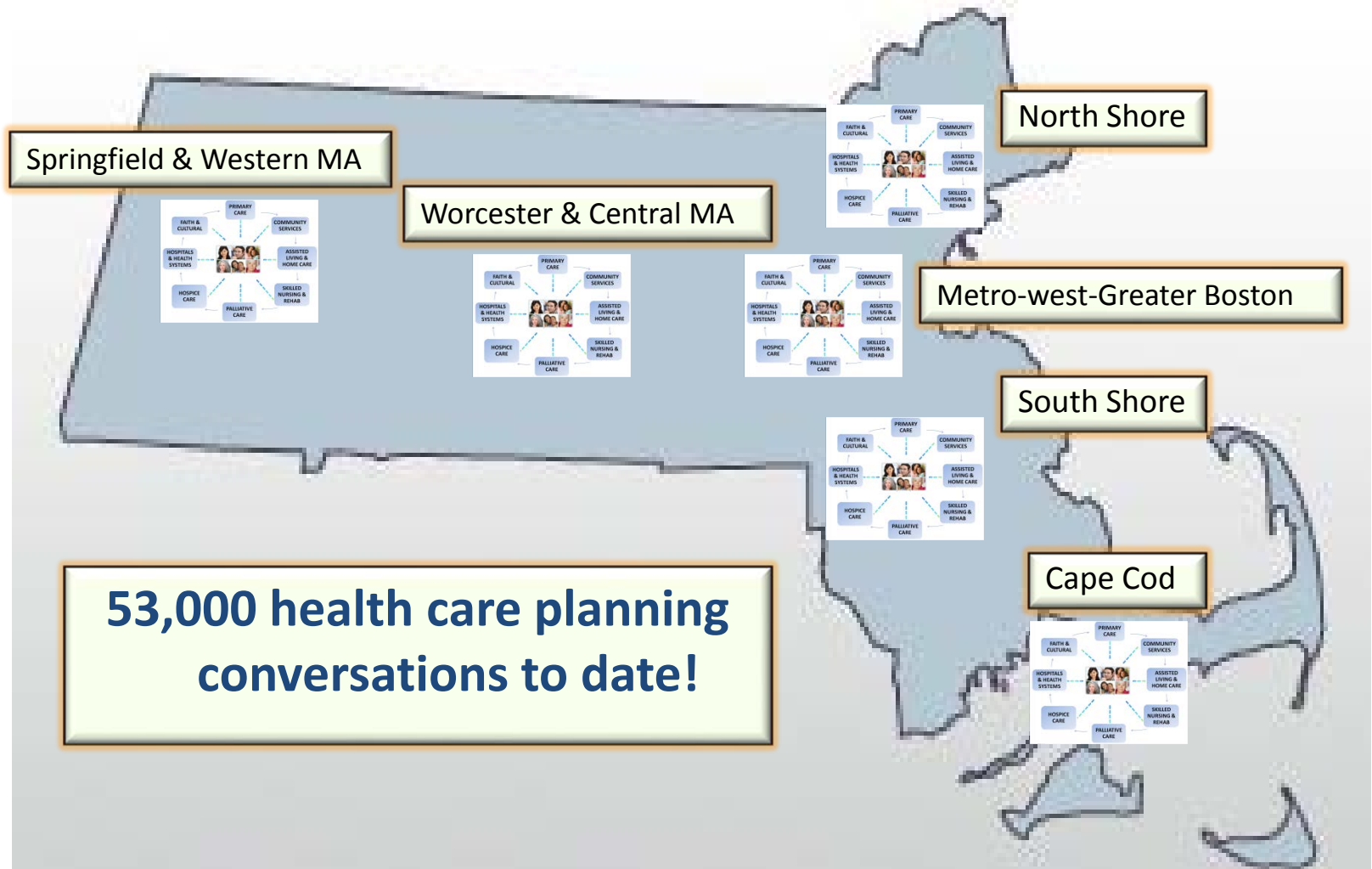


Working with our Partners,  
we inform & empower adults, 18 years old & older,  
to make a health care plan and  
connect to care in their community.



# EOEA & ASAPs are Alliance Partners

Offer training & tools to your members in 6 regional networks



**53,000 health care planning conversations to date!**

# Everyone is on a health care journey

## to get the best possible care



# Everyone needs a plan

A health care plan is your personal road map for quality care





# Make your own plan. Get quality care.

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An easy to use, structured approach to health care planning  
for consumers & care providers

## Explore



*What's right for you?*  
Make care choices.

## Plan



*What's in your plan?*  
Write down your choices.

## Connect



*How are you feeling today?*  
Honor your choices.



# Who's Your Agent?® Program

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The **Getting Started** and **Next Steps** Tool Kits open the door to lifelong health care planning



Jenny and her friend Kate



Peter and his son Jack



Emily and her sister Lise



Cathy and her husband Tom



Maggie and her neighbor Jean



Carol and her mother Pat



# Getting Started Tool Kit

*It's as easy as 1-2-3!*

**1** Choose a Health Care Agent in a Health Care Proxy.



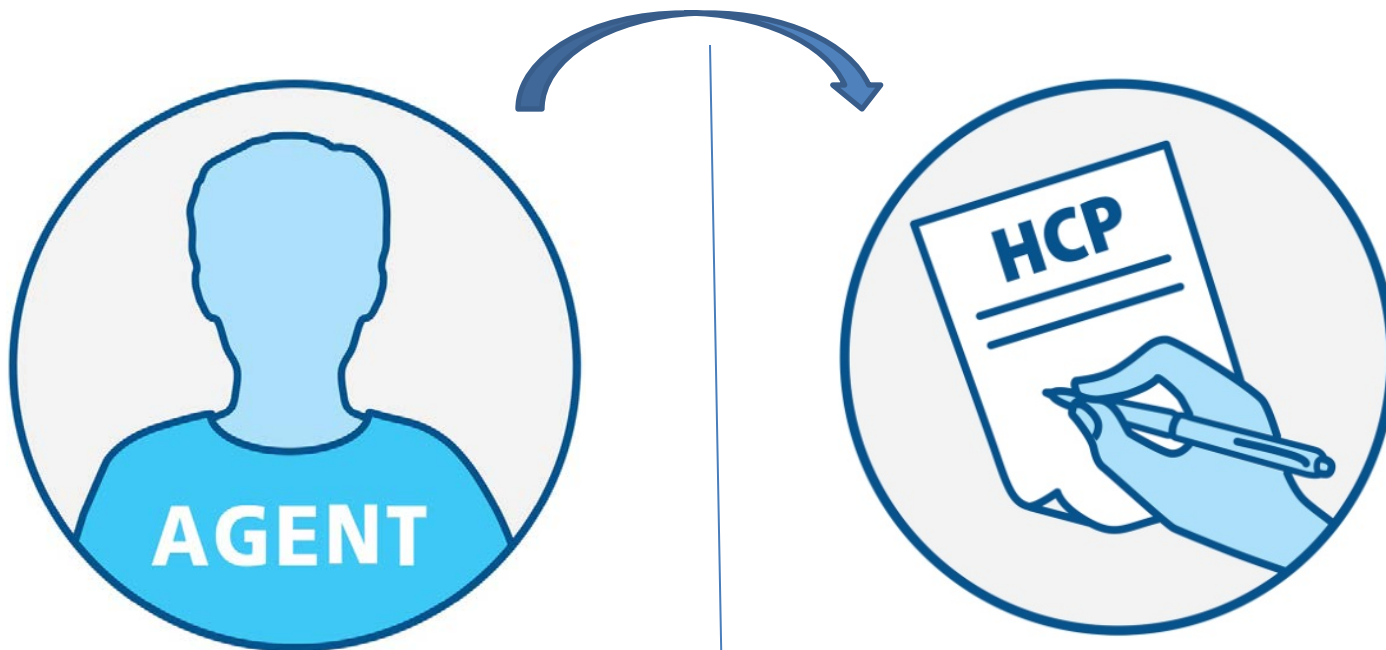
**2** Talk with family. Write down your care choices in a Personal Directive.



**3** Talk with your care providers to match care to your choices.



# Massachusetts law makes this easy



The person you choose is your  
**Health Care Agent.**

The legal document is your  
**Health Care Proxy.**



## Step 1: Choose a Health Care Agent

How do you start a conversation? ASK THIS:

***“Do you have a Health Care Agent?”***

**“Your Health Care Agent is your advocate!” Explain:**

- If you are not able to make care decisions yourself
- Someone you trust can step in with the power to
- Make care decisions and get you the care you want



### **Mass Law:**

A spouse or family member **DOES NOT** automatically have the legal power to make health care decisions, unless appointed in a Health Care Proxy.

# Honoring Choices MA Health Care Proxy

## Download in 10 Languages:

- ▣ **English**
- ▣ **Spanish** - Español
- ▣ **Portuguese** - Português
- ▣ **Vietnamese** - Tiếng Việt
- ▣ **Russian** - Русский
- ▣ **Chinese** 繁體中文
- ▣ **Arabic** – عربي
- ▣ **Khmer** - ភាសាខ្មែរ
- ▣ **Albanian** – Shqip
- ▣ **Haitian Creole** - Kreyòl Ayisyen

## Massachusetts Health Care Proxy

**1. I,** \_\_\_\_\_ **Address:** \_\_\_\_\_,

appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

### **2. My Health Care Agent is:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

### **3. My Alternate Health Care Agent**

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

### **4. My Health Care Agent's Authority**

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

\_\_\_\_\_  
\_\_\_\_\_.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

**5. Signature and Date.** I sign my name and date this Health Care Proxy in the presence of two witnesses.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

### **6. Witness Statement and Signature**

We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

#### ***Witness One***

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### ***Witness Two***

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **7. Health Care Agent Statement (Optional):**

We have read this document carefully and accept the appointment.

**Health Care Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Alternate Health Care Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

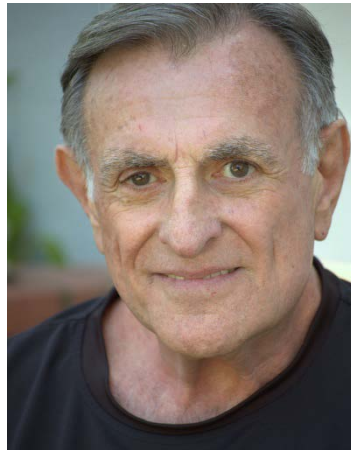


# What if you *have not* chosen a Health Care Agent?

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**“No Agent. No Problem!”**

Just start with the *Personal Directive*.”





## Step 2: Write Down Your Care Choices in a Personal Directive (Living Will)

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“It’s like a personal letter to your Agent, family & doctors.”

- What’s important to you: values, beliefs, choices
- Give instructions for the care you want & do not want
- It’s not a legal document, but gives your doctor vital information to match care to your choices





# Honoring Choices Personal Directive (Short form- 2 pages)

## Instructions Page 1

Your Name & Address

Check a the box

I. My Personal Preferences,  
Thoughts and Beliefs

II. People to Inform about My  
Choices and Preferences

## Personal Directive

I, \_\_\_\_\_, residing at \_\_\_\_\_, write this directive for my Health Care Agent (Agent), family, friends, doctors and care providers to inform you of my choices and preferences for care.

☐ I have chosen a Health Care Agent in a Health Care Proxy. My Agent's Name & Contact Information is:

\_\_\_\_\_

☐ I have not chosen a Health Care Agent in a Health Care Proxy.

### I. My Personal Preferences, Thoughts and Beliefs

1. Here's what is most important to me, and the things that make my life worth living:

\_\_\_\_\_  
\_\_\_\_\_

2. If I become ill or injured and I am expected to recover, possibly to a lesser degree, here's how I define having a good quality of life. I'd like to be able to:

\_\_\_\_\_  
\_\_\_\_\_

3. Here are my personal values, my religious or spiritual beliefs, and my cultural norms and traditions to consider when making decisions about my care (list here if any):

\_\_\_\_\_  
\_\_\_\_\_

4. Here's what worries me most about being ill or injured; here's what would help lessen my worry:

\_\_\_\_\_  
\_\_\_\_\_

5. If I become seriously ill or injured and I am not expected to recover and regain the ability to know who I am, here are my thoughts about prolonging my life and what treatments are acceptable and not acceptable to me:

\_\_\_\_\_  
\_\_\_\_\_

6. Here are my thoughts about what a peaceful death looks like to me:

\_\_\_\_\_  
\_\_\_\_\_

### II. People to Inform about My Choices and Preferences

Here's a list of people to inform (i.e. family, friends, clergy, attorneys, care providers) their contact information, and the role or action I'd like each to take (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Instructions Page 2

### III. My Medical Care: My Choices and Treatment Preferences

#### A. My Current Medical Condition

#### B. Life-Sustaining Treatments

##### 1. CPR

##### 2. Treatments to Prolong My Life

### IV. Other Information, Instructions and Messages:

### V. SIGNATURE and Date

### III. My Medical Care: My Choices and Treatment Preferences

#### A. My Current Medical Condition

Here's information about my specific medical condition. Here are my preferences for medications, clinicians, treatment facilities or other care I want or do not want (if any):

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#### B. Life-Sustaining Treatments

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My choices are:

- ☐ I do not want CPR attempted but rather, I want to allow a natural death with comfort measures;
  - ☐ I want CPR attempted unless my doctor determines any of the following: • I have an incurable illness or irreversible injury and am dying • I have no reasonable chance of survival if my heartbeat and breathing stop • I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering;
  - ☐ I want CPR attempted if my heartbeat and breathing stop;
  - ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.
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##### 2. Treatments to Prolong My Life

If I reach a point where I am not expected to recover and regain the ability to know who I am, here are my choices and preferences for life-sustaining treatment:

- ☐ I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain & comfort medicines;
  - ☐ I want all appropriate life-sustaining treatments for a short term as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
  - ☐ I want all appropriate life-sustaining treatments recommended by my doctor;
  - ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.
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### IV. Other Instructions, Information and Personal Messages

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#### V. Signature and Date

I sign this Personal Directive after giving much thought to my choices and preferences for care.

I understand I can revise, review and affirm my decisions all through my life as long as I am competent.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Reaffirmed \_\_\_\_\_ Date: \_\_\_\_\_

Here's  
How It  
Works:

## If you have chosen an Agent-

"Your Health Care Proxy & Personal Directive  
work hand-in-hand."



### Health Care Proxy

- Choose an Agent
- Give decision-making power

### Personal Directive (Living Will)

- Tell Agent what's important
- Give instructions for care



Here's  
How It  
Works:

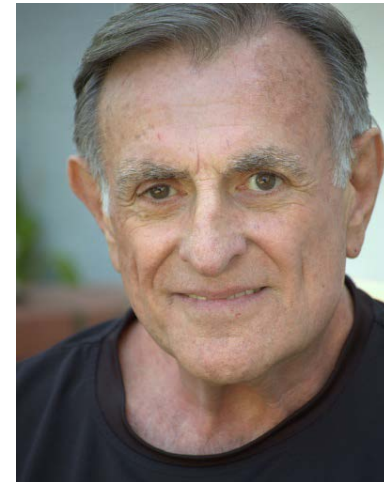
## If you have NOT chosen an Agent-

### “No Agent. No Problem!”

### Start with the *Personal Directive*

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- Think about your values & beliefs
- Make your care choices
- Write down your choices in a  
*Personal Directive (Living Will)*



## Step 3: Partners Help Adults Get Care in their Community

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*“Here’s how I am feeling today.”*  
Make goals for your current care

The meds make me  
tired. I’d like to feel  
better at work.




Tell me more. Let’s  
see if we can make  
some adjustments.



# *“What’s ahead for me?”*

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Make goals for your future care



I need more information about what’s ahead?

Let’s talk about illness, and your goals & priorities.





# Consumers: Start a Discussion

## 5 Things To Talk About With Your Care Providers

*To make a plan for the best possible care.*

### INFORMATION TO MAKE CHOICES

#### 1. I'd like to understand more about my health or illness and treatment options:

- Here's what I know about my health or illness. Here's what I'd like to know today;
- What's ahead for me? What information would help me to plan for the future?

### MY GOALS

#### 2. I want to discuss my goals and explore the care I want and do not want:

- Given my personal values, beliefs and priorities, here's what is important to me;
- Here's what worries or concerns me.

### MY PLAN

#### 3. Let's discuss my care plan and writing down my choices in planning documents:

- What's the plan for getting me to my goals?; What are the next steps?;
- I want to choose a Health Care Agent; can you help me with a Health Care Proxy?;
- Here's a copy of my Health Care Proxy; can you place it in my medical record?

### KNOW MY CHOICES

#### 4. I'd like to make sure you know my choices and that my medical record is up-to-date:

- Let's review my current health or illness, and changes in my priorities and choices;
- I'd like to revise / add a planning document and review the documents in my record.

### HONOR MY CHOICES

#### 5. I'd like to make sure my care providers honor my choices all through my life:

- In an emergency, or if I can't speak with you, how will my choices be followed?;
- I'd like to bring in my family / Agent to talk about my plan and honoring my choices.



# Care Providers: Start a Discussion

## 5 Things To Talk About With Your Patients and Clients

*To make a plan for the best possible care.*

### INFORMATION TO MAKE CHOICES

#### 1. Let's talk about your understanding of your health or illness and treatment options:

- What's your understanding of your health or illness? What would you like to know today?;
- Let's look ahead: What information would help you to make choices and plan for the future?

### YOUR GOALS

#### 2. Let's discuss your goals and explore the care you want and do not want:

- Given your values, beliefs, and priorities, what's most important to you?;
- What worries or concerns you?

### YOUR PLAN

#### 3. Let's discuss your care plan and writing down your choices in planning documents:

- Let's talk about the plan for getting you to your goals, and the next steps;
- Did you appoint a Health Care Agent I can speak to about your care if I can't speak with you?;
- Can I place a copy of your Health Care Proxy in your medical record?

### KNOW YOUR CHOICES

#### 4. Let's be sure I know your choices and that your medical record is up-to-date:

- Let's review your prognosis and care plan; have your priorities and choices changed?;
- Do you want to revise /add a planning document, and review the documents in your record?

### HONOR YOUR CHOICES

#### 5. Let's be sure your care providers can honor your choices all through your life:

- Let's discuss what happens if you need emergency care, and who can access your medical records;
- Would you like to bring in your family / Agent to talk about your plan & honoring your choices?



See more questions at My Health Care Plan, at [www.honoringchoicesmass.com/connect/care-providers/](http://www.honoringchoicesmass.com/connect/care-providers/)



# Next Steps Tool Kit

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Build on your planning discussions.  
Add & revise your planning documents.

- **Keep talking! Handy Discussions Guides**

- Managing Chronic Illness
- Living with Serious Illness



- **What's in Your Health Care Plan?**

5 MA Planning Documents:

- ✓ Health Care Proxy ✓ Personal Directive
- ☐ Durable Power of Attorney
- ☐ MOLST: Medical Orders for Life Sustaining Treatment
- ☐ CC/DNR: Comfort Care, Do Not Resuscitate Order

- **Explore Palliative Care: NEW Webinars**, Fact Sheet & Discussion Guide
- **Explore Hospice Care**

# Let's Talk About Palliative Care!

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## WEBINARS



[Click image to view video.](#)

### What is Palliative Care?

**For Everyone:** Here's a short introduction to Palliative Care.

(Time 5:40)



[Click image to view video.](#)

### For Consumers: "Palliative Care: Aligning the Team Around the Patient"

**Webinar for Consumers:** Patients, families and caregivers can explore palliative care and learn key questions to start a discussion with your care providers. Elizabeth J. Collins, MD, Palliative Care Medical Director, Lahey Hospital & Medical Center, provides a framework of the 5 stages of serious illness and how palliative care can be effective at each stage and all through a serious illness.

(Time 30:38)



[Click image to view video.](#)

### For Care Providers: "Palliative Care: Aligning the Team Around the Patient"

**Webinar for Care Providers:** Every care provider can be a "first responder" to help patients diagnosed with a serious illness start a palliative care conversation. Learn key questions to open meaningful discussions with patients & clients. Elizabeth J. Collins, MD, Palliative Care Medical Director, Lahey Hospital & Medical Center, provides a framework of the 5 stages of serious illness and how palliative care can be effective at each stage and all through a serious illness journey. View individually or with your staff colleagues.

(Time: 30:00 content; followed by Q/A)



## Health Care Planning Ambassadors



250 Ambassadors are starting powerful conversations  
where adults live, work & gather!

Care providers & volunteers use the Getting Started Tool Kit.





# 3 ways Ambassadors help!

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## Start person-to-person conversations

**Amy** talks to patients and families.



## Host community events

*“Pizza & Proxy Party”*

**Lynne, Wesmyne & Jessie** shared pizza with their group and help adults complete a Health Care Proxy.



## Lead staff presentations

*“What's in Your Plan?”*

**Nicole** uses the slide deck to educate staff at her hospital.

# Health Care Planning Ambassadors Train-the-Trainer Workshops

## Learn how to-

- Complete a Health Care Proxy & Personal Directive
- 5 MA planning documents
- “Every person, Every visit” team-based model
- “Pizza & Proxy” community events

## Ambassador Tool Kit

Plus- discussion guides to:

- Help adults with memory concerns start early discussions (Alzheimer’s Assoc.)
- Start Primary Palliative Care conversations

**Get Ready for April Health Care Decisions Month!**

Schedule events now & train Ambassadors. Promote your Ambassador’s events.

# Let's Get Started!

## Honoring Choices Massachusetts



Download Free Tools & Documents  
5<sup>th</sup> Annual Health Care Decisions Month Materials- Coming Soon!