



Advance Care Planning: Tying A Community Ecosystem to the Success of the Arizona Advance Directive Registry



Advance Care Planning across the country

Advance Care Planning by the numbers

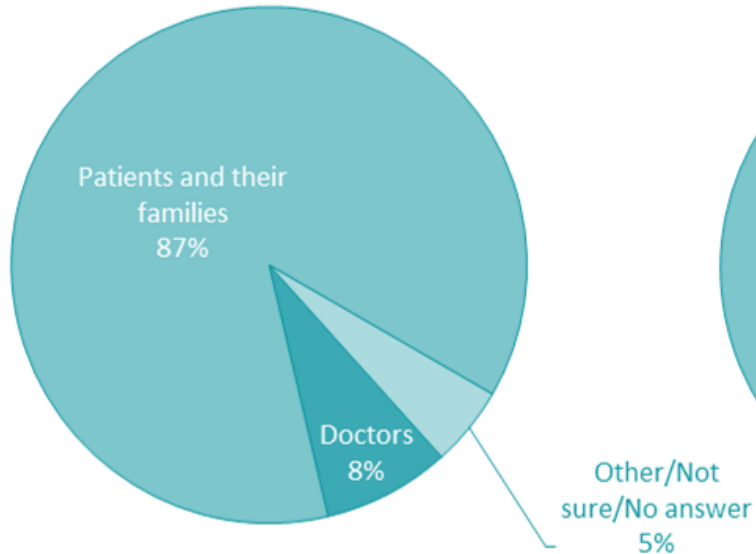


- Approximately **80%** of deaths will occur under the care of healthcare professionals in some type of health setting.
 - When the time comes to make important end-of-life decisions, approximately **50%** of people are incapable of participating in those decisions.
 - **90%** of people say that talking with their loved ones about end-of-life care is important.
- Only **27%** have actually done so.
- **60%** of people say that making sure their family is not burdened by tough decisions is extremely important.
 - **56%** have not communicated their end-of-life wishes.
 - **80%** of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.
 - **7%** report having had this conversation with their doctor.

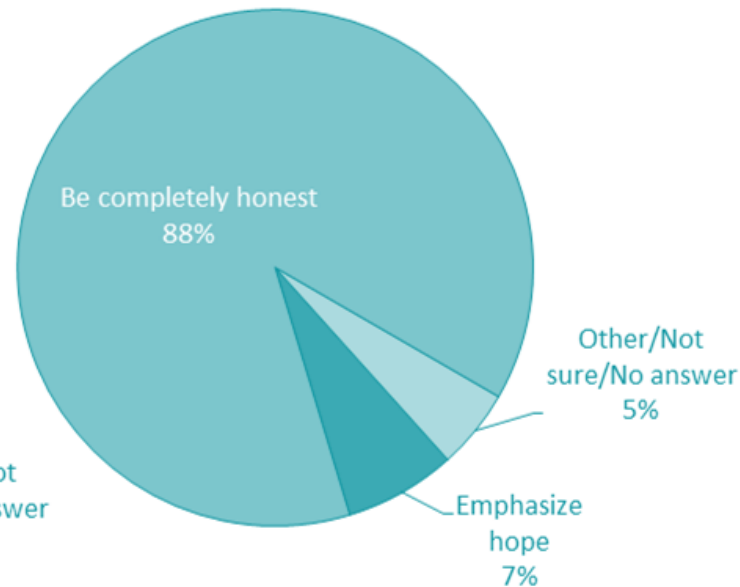
Public Wants Patients/Families to Have Biggest Say in Medical Decisions, and Doctors to be Honest About Prognosis



Who do you think should have the greater say in decisions about which medical treatments to pursue for seriously ill patients who are near the end of their lives?



When a patient is seriously ill, do you think it is more important for their doctors to emphasize hope, or more important for doctors to be completely honest even if there is little chance of recovery?



NOTE: "Other/Not sure/No answer" includes those who said "Both equally/Neither (Vol.)."

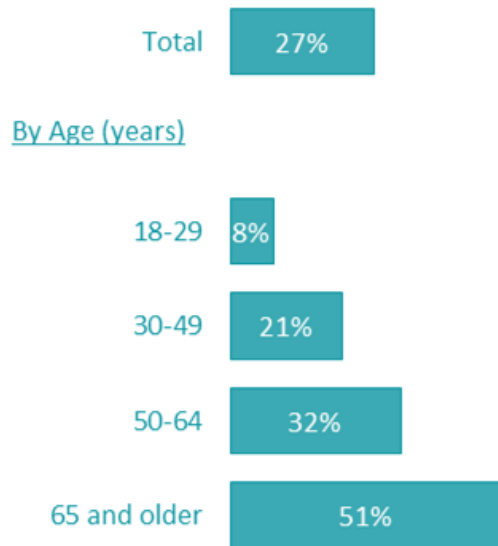
SOURCE: Kaiser Family Foundation/The Economist Four-Country Survey of Aging and End-of-Life Medical Care (conducted March 30-May 29, 2016)



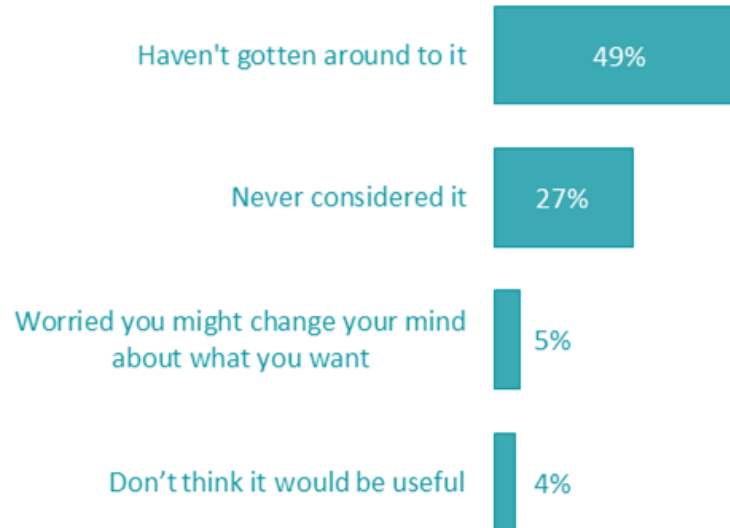
One Quarter Report Having End-of-Life Wishes Written Down; Many Say They Haven't Gotten Around to It



Percent who say they have their end-of-life wishes for medical treatment in a written document:



AMONG THE 72% WHO DO NOT HAVE END-OF-LIFE WISHES IN A WRITTEN DOCUMENT: What's the main reason you don't have your end-of-life wishes in a written document? (open-end)



NOTE: For second question, top four responses are listed.

SOURCE: Kaiser Family Foundation/The Economist Four-Country Survey of Aging and End-of-Life Medical Care (conducted March 30-May 29, 2016)





Advance Directives in Arizona



Advance Directives in Arizona

An **advance directive** is document drafted according to Arizona law that outlines your wishes regarding your healthcare and treatment. These documents are only valid when you are no longer capable of making or communicating your own decisions. There are several documents that are listed as advance directives according to A.R.S. §36-32 in the state of Arizona, including:

- Living Will
- Health Care Power of Attorney
- Mental Health Care Power of Attorney
- Pre-hospital Directive – Do Not Resuscitate (DNR)

Advance Directive documents are documents of **CHOICE** and not **LIMITATION**.

The type of form used for the advance directive is not as important as the content and completion.

Additional Documents for Healthcare Decision Making and the AzHDR

- POLST in Arizona
- Organ Donation documents
- HIPPA
- Visitation Consent(s)
- Blood Product document

Choosing not to complete an advance directive is a **choice**. But, when we do not make these decisions, the **decisions** may be made for us.



State Surrogacy/Next of Kin Statute



- Your spouse, unless legally separated
- Your adult child. If there is more than one adult child, a majority consent will take precedence
- Your parent
- Your domestic partner if no other person has assumed any financial responsibility for you
- Your brother or sister
- Your close friend



Health Equity and Advance Care Planning



- Linguistics
- Ethnic and Culture Differences
- Underserved Communities
- Faith



Advance Care Planning: The power of community engagement



Choose Your Person.

**Wishes Registered.
Wishes Honored.**

ARIZONA HEALTHCARE DIRECTIVES REGISTRY

AzHDR.org

If you only do one thing in your advance care planning process this year, choose your healthcare power of attorney.



ARIZONA
**Healthcare Directives
Registry**



Overcoming Objectives and Barriers

Let's Be **Direct.**

Enhancing opportunity for Advance Care Planning



- Where along a client encounter can ACP be included
- Monthly Pop-Up events
- Resource Materials
- Subscriber Pilot Program
- Highlighting Success Stories




AzHDR System Features


Let's Be **Direct.**



AzHDR Login Page

**AZ Healthcare Directives Registry**

Login

**ARIZONA
Healthcare Directives
Registry**

☐ Login with SMS

Email

carla.sutter@healthcurrent.org

Password


••••••••

Login

[Forgot Password?](#)



AzHDR Search Function

**AZ Healthcare Directives Registry**Welcome, Carla Sutter

[Home](#)[Upload Form](#)[Settings](#)[Announcements](#)[Help](#)[Admin](#)[Super Admin](#)[Logout](#)

Search Registry

First Name*	Middle Name	Last Name*	Date of Birth*	Gender
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text" value="05/25/1971"/>	<input type="text" value="Male"/>
<small>Patient first name</small>	<small>Patient middle name</small>	<small>Patient last name</small>	<small>Patient date of birth</small>	

<input type="text" value="Street"/>	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>
<input type="button" value="Search"/>			

Healthcare providers will search by name, date of birth and gender. If there are multiple listings, then there will be additional search criteria you can use to isolate your patient.



Documents

First Name*	Middle Name	Last Name*	Date of Birth*	Gender
<input type="text" value="Dummy"/>	<input type="text" value=""/>	<input type="text" value="Test"/>	<input type="text" value="05/19/1971"/>	<input type="text" value=""/>
<small>Patient first name</small>	<small>Patient middle name</small>	<small>Patient last name</small>	<small>Patient date of birth</small>	

<input type="text" value="Street"/>	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>
-------------------------------------	-----------------------------------	------------------------------------	----------------------------------

Search

One result found!

Demographics:

Dummy Test Jr
5/19/1971

Address:

123 Spooner St
Austin, PA 78643

Forms:

- Mental Health Care Power of Attorney
[View](#)
Created at: 5/23/2022 11:10:51 AM
- Prehospital Medical Care Directive
[View](#)
Created at: 5/23/2022 11:10:51 AM
- Health Care Power of Attorney **Has POLST**
[View](#)
Created at: 7/25/2022 12:04:46 PM
- Living Will **Has POLST**
[View](#)
Created at: 7/25/2022 12:04:47 PM

Wallet Card: [Wallet Card](#) [Wallet Link](#)

Your search will bring up any documents that are active in the registry. If your organization or the patient adds a duplicate document, such as another living will, the system will determine which date is most current and that will be the only document that shows as active.



Original Secretary of State Registered Documents

Search Registry

First Name*

Middle Name

Last Name*

Date of Birth*

Gender

Shane

Weston

10/09/1972

Male

Patient first name

Patient middle name

Patient last name

Patient date of birth

Street

City

State

Zip

Search

One result found!

Demographics:

Shane Weston

10/9/1972

Address:

123 Fake St

Liberty Hill, TX 78640

Forms:

Secretary of State


View

Created at: 10/25/2021 1:31:54 PM

If a person only had documents transferred over from the original Secretary of State registry, the search results will show “Secretary of State” forms.



Uploading & Submitting Documents

**AZ Healthcare Directives Registry**Welcome, Carla Sutter

[Home](#)[Upload Form](#)[Settings](#)[Announcements](#)[Help](#)[Admin](#)[Super Admin](#)[Logout](#)

Upload Form

Please scan all advance directive documents you have for your patient/client. If you have a signed Registration Agreement for the registry you may include this in your scan. The advance directive documents that can be scanned to this registry are the living will, health care power of attorney, mental healthcare power of attorney, and the pre-hospital medical care directive/DNR. If there are addendum documents that are attached to the living will or health care power of attorney documents, these can be scanned as well. A POLST document can be attached to a living will or health care power of attorney. The patient/client should check the box that this document is a part of their advance directive. No financial or other legal document types should be scanned into the AzHDR.

Upload a PDF

Select files...Drop files here to select

First Name*
Patient first name

Middle Name
Patient middle name

Last Name*
Patient last name

Date of Birth*
month/day/year
Patient date of birth

Gender
Gender

Email

Phone
() - -

Street*
Street

Unit
Unit

City*
City

State*
State

Zip*
Zip

☐ I attest that the patient has agreed to submit their documents to the AzHDR registry. I have verified their identity and have reviewed the completion of the documents.

Upload



Patient/Client Communication

Sample of the email/letter a client/patient receives after a provider uploads documents.

RE: Important Update About Your Advance Directives

Dear

Your healthcare directive(s) have been received by the AzHDR. These documents were uploaded by Desert Financial Credit Union and are securely stored and registered. Your documents will be viewable by participating Arizona healthcare providers that are registered with the AzHDR.

To set up access to your AzHDR account use the following link: signup.azhdr.org. Your one-time User ID is < > and your one-time use password is a combination of your last name, first letter of your first name (lower case) and birth date (example: John Smith born on April 2, 1908, would be Smithj04021908).

Once you have completed the initial sign-up you will be prompted to set up a username and password. This combination will provide you full access to view your account, edit demographic information, or upload new advance directive documents at consumers.azhdr.org. **Please keep your account User ID and Password for your personal records and future use.** One final suggestion is that you share copies of these documents with any designated health care agents, your family, and your healthcare providers. You can also share that your documents are registered with the AzHDR. **Any documents that were sent in that did not fall within the definition of advance directives in Arizona have not been uploaded and have been securely shredded.**

The wallet card on the following page is voluntary to carry. The information could be used by healthcare providers who do not have direct access to the AzHDR to view your advance directive documents. This card will provide access to view advance directives only and not have other access to your account.



View-only Wallet Card

My advance directives are registered with the
Arizona Healthcare Directives Registry.



ARIZONA
Healthcare Directives
Registry

Name: Dummy Test

(Print your full name as it appears on your advance directive(s).)

I have registered my advance directives with the
Arizona Healthcare Directives Registry. To view
my documents, use the link or QR code below.

consumers.azhdr.org/v/MYYJXL



Questions?

Contact Health Current at either
602-368-6371 or azhdr@contexture.org.



View-only Access to Account

Data for myyjxl

Demographics:

Dummy Test Jr.
DOB: 5/19/1971

Address:

123 spooner st asd
Austin, PA 78643

Forms:

- Prehospital Medical Care Directive
[View](#)
Created at: 5/23/2022 11:10:51 AM
- Health Care Power of Attorney
[View](#)
Created at: 5/23/2022 11:10:50 AM
- Living Will
[View](#)
Created at: 5/23/2022 11:10:50 AM
- Mental Health Care Power of Attorney
[View](#)
Created at: 5/23/2022 11:10:51 AM



Questions? Feedback? Get Involved!

Contact: azhdr@contexture.org

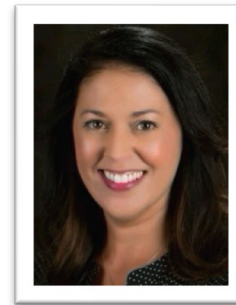


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AzHDR.org

Connect with us!

