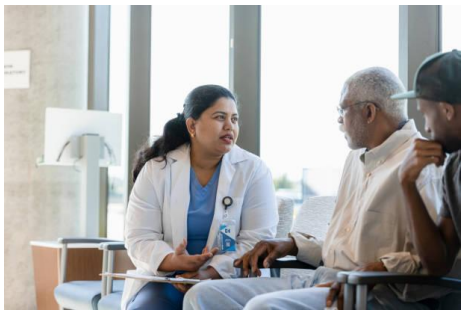
Advance Directives and MOLST: Accessible When It Matters Most

The true finish line isn't completing the advance directive or the MOLST – it's ensuring EMS, emergency physicians, and ICU teams can access them at the point of care.

The Problem



- Hundreds of thousands of advance directives and Medical Order for Life-Sustaining Treatment (MOLST) forms in Maryland are stuck inside siloed Electronic Health Records (EHRs).
- In an emergency these documents are not accessible to Emergency Medical Services (EMS) and treating clinicians.
- The result is unwanted hospitalizations, costly intensive care unit (ICU) stays, and care that does not reflect patient wishes.

Why It Happens

- Clinical data (labs, imaging, prescriptions) flow to the Chesapeake Regional Information System for our Patients (CRISP) via a health data feed called HL7v2.
- Advance directive and MOLST documents are excluded from that feed — one missing strand in the data exchange 'rope.'

The Solution

- Health systems can enable a single, dedicated HL7v2 feed for these documents — a standard, low-burden integration with no added vendor costs.
- Documents will flow from EHR → CRISP → A|D Vault Exchange (nationwide registry).
- Documents are accessible statewide through CRISP, and nationwide through A|D Vault Exchange when needed.

The Benefits

- **Patient safety & dignity:** Preferences honored when patients cannot speak for themselves.
- **Lower costs:** Fewer readmissions and ICU days in the last 30 days of life.[1]
- **Better emergency care:** EMS and hospital staff have immediate access to patient wishes at the point of care.
- **Minimal integration:** HL7v2 feeds are routine, with no external cost to add advance directives and MOLST documents; storage and retrieval are funded by CRISP Shared Services.

Next Steps

- Hospitals and health systems need only enable the HL7v2 feed — completing the rope and ensuring advance directives and MOLST forms are available wherever care is delivered.

Questions? Please contact Meg Lamar, CRISP Maryland at megan.lamar@crisphealth.org.

[1] Chen AJ, Li J. Paying for advance care planning in medicare: Impacts on care and spending near end of life. J Health Econ. 2024 Dec;98:102921. doi: 10.1016/j.jhealeco.2024.102921. Epub 2024 Sep 6. PMID: 39277926; PMCID: PMC11631671. Accessed October 21, 2025.