

March 2016

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Dear Friends,

We were truly thrilled to see so many of you at the National POLST Paradigm Conference in Chicago, February 3-5, 2016. I want to express a special thanks to the California HealthCare Foundation for their support, which enabled us - for the 5th time! - to hold an in-person



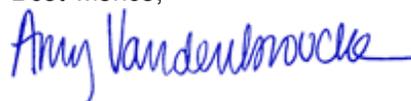
Amy Vandenbroucke

conference for the National POLST Paradigm. Because of this support, we were able to host the largest National POLST Paradigm Conference we've ever had - with 150+ attendees, including leaders from 40 states and the District of Columbia! Check out the Featured News for more information.

Looking ahead, April 16th is National Health Decisions Day! We have had increasing participation by POLST Paradigm Programs in NHDD - and hope more of you plan to promote the POLST Paradigm this year. Visit the [NHDD website](#) to learn more and get ideas on how you can participate; Tweet about it using the [#NHDD](#) hashtag (don't forget to include [#POLST](#) and [@NationalPOLST](#), too). Also, visit and "Like" the [NHDD Facebook page](#).

Finally, I will be hosting an exhibit table for the National POLST Paradigm at this year's AAHPM's Annual Assembly next week (March 9-12, Chicago, IL). If you are there, please stop by **Booth 908** to say hi (and send others my way)!

Best wishes,



Amy Vandenbroucke, JD
Executive Director

Of Note

Remarks about JAMA Opinion piece that criticizes POLST

The *Journal of the American Medical Association* (JAMA) published an [entire issue devoted to *Death, Dying and the End of Life*](#) on January 19, 2016, which included 8 short opinion pieces called Viewpoints. We applaud JAMA for its recognition of end-of-life care as a timely topic in need of attention. One Viewpoint, [The Problems With Physician Orders for Life-Sustaining Treatment](#), criticized POLST.

Within the week, Woody Moss, MD, Susan Tolle, MD and Susan Hickman, PhD, wrote a response to JAMA; we are still waiting to hear whether it will be published. Also, Dr. Tolle was interviewed about the Viewpoint and quoted in a [Life Media Matters](#) article. For more information about the POLST Paradigm, we have posted [Frequently Asked Questions about POLST](#).

Our News

Virginia, Nebraska, and Alaska advance their POLST Paradigm Programs!

The **Virginia** POST (Physician Orders for Scope of Treatment) Collaborative officially became the 19th POLST Paradigm Program to achieve Endorsed Status. **Nebraska** and **Alaska** both became Developing

Featured News

National POLST Paradigm Conference a success; Future directions for National POLST Paradigm announced.

The 2016 National POLST Paradigm Conference, *The Future of POLST: Challenges and Opportunities*, took place February 3-5, 2016 at the Hyatt Regency in Chicago, Illinois. We were thrilled to have over 150 attendees, representing 40 states plus the District of Columbia. We were truly impressed and inspired by your passion and energy!

Amy Vandenbroucke, Executive Director of the National POLST Paradigm, and Judy Thomas, Chair of the National POLST Paradigm Task Force, unveiled future directions for the National POLST Paradigm, including including the transition to being an independent legal entity based in Washington, DC; a plan to establish a POLST Academy for Program Leaders and professionals; and plans to increase both our transparency of where we get support (direct and in-kind) as well as expanding sources of support.

Other highlights included the honoring of Kate O'Malley, RN, MS, CHPN, and Susan Tolle, MD, for their outstanding contributions to POLST. Dr. Tolle was announced as the inaugural recipient of an award named in her honor, the Susan Tolle, MD, Award for Outstanding Service. Ms. O'Malley was presented an award in appreciation of, and recognition for, all her work in supporting the POLST Paradigm.

We also introduced the Pew Toolkit, a project currently in development that will comprise a package of resources for implementing the POLST Paradigm in four key care settings. There will be separate Toolkit sections developed for each of these care settings, including:

- Primary Care
- Hospital, Trauma, Emergency Settings
- Hospice Facilities
- Long Term Care (ALFs, Nursing Homes)

The goal will be to leverage existing resources from those willing to share, in rounding out a complete package of resources that individual clinicians or health care organizations will be able to utilize to save them from "reinventing the wheel" in their own efforts to implement the POLST Paradigm successfully. If you are interested helping with any of the Toolkits, please let Amy know via email to amy@polst.org.

Programs. State Programs are promoted according to official review and affirmation by the National POLST Paradigm Task Force. Congratulations, Virginia, Nebraska, and Alaska!

[Visit the Virginia POST website](#)

Palliative Care in Emergency Department setting, including POLST, featured in *Medical Ethics Advisor*.

"An explosion of interest" in palliative care screening and referral in the Emergency Department setting, in ensuring ethical end-of-life care, is discussed in the February 2016 issue of the *Medical Ethics Advisor*. This article mentions POLST, including remarks from Terri Schmidt, MD, MS, and includes advice on how to ensure ethical end-of-life ED care.

[Read the *Medical Ethics Advisor* article](#)

Improve POLST by taking a Brief Online Survey!

Susan Hickman, PhD, of Indiana University is seeking volunteers to participate in a brief online survey about POLST. The goal of this survey is to learn what experts think is most important for patients and surrogates to know in filling out a POLST Paradigm form. Results will be used to create a tool to assess how well patients and surrogates understand a POLST Paradigm form. Please email Susan using the below link if you are interested in participating.

Featured Resource

National POLST Social Media Guide

A National POLST Paradigm Social Media Guide was developed for the 2016 National POLST Paradigm Conference by Liz Salmi, Katie Orem and Kris Austin. Why? Social media is an effective way to spread the word about all sorts of topics, ideas, and events - if done wisely, this can be a great way to raise public awareness for the POLST Paradigm.

This 34-page guide explains the differences between the social media platforms LinkedIn, Twitter, Facebook and blogs; provides tips for getting started; includes exercises for you to identify your social media goals; and gives examples of good uses for each media platform. Whether you would like to learn how to actively promote causes and events, engage with others by joining conversations, or just listen in and help spread the word, this guide will get you oriented - and it's specific to POLST. Social media is free, has great engagement among younger people, and it's a powerful way to help the cause and give voice to issues that matter.

[Download the *National POLST Social Media Guide for POLST Advocates*](#)

Featured Research

JAMA publications address *Timeliness of End-of-Life Discussions for Blood Cancers and The Importance of Early Concurrent Palliative Care*.

Two recent articles published in the Journal of the American Medical Association (JAMA) discussed end-of-life care issues relevant to blood cancer patients specifically. The JAMA Commentary, *Addressing End-of-Life Quality Gaps in Hematologic Cancers: The Importance of Early Concurrent Palliative Care*, asserts that, unfortunately, patients with hematologic cancers have typically been excluded from studies that demonstrate the many benefits of palliative care when provided early and concurrently with standard cancer treatments.

The benefits of quality palliative care for cancer patients generally include: improved understanding of patient prognosis, better quality of life, and less depression. The effectiveness of palliative care appears to depend on the utilization of a uniquely skilled palliative care specialist who supports the patient and family beyond the support provided through standard cancer care. Patients prefer to talk about different issues with their oncologist than with their palliative care specialist; a team-based approach with inclusion of palliative care benefits both the care team as

[Email Susan Hickman to indicate your interest.](#)

Foundation awards more than \$600,000 for end-of-life education, including TPOPP

Hospice Foundation of the Ozarks awarded 12 grants totaling over \$600K towards end-of-life education. Of that, \$130,188 was designated for the Missouri POLST Paradigm Program, Transportable Physician Orders for Patient Preferences (TPOPP). The grant will fund education to increase the community's awareness of TPOPP and the importance of having end-of-life care discussions.

[View the 2015 Hospice Foundation of the Ozarks Grants Synopsis](#)

CCCC recognized as innovator in advance care planning in California

The California Department of Public Health recognized the Coalition for Compassionate Care of California (CCCC), which houses California's POLST Paradigm Program, and UCLA Health for an innovative advance care planning program. The program was among 23 selected from throughout the state as advancing the goals of California's "Let's Get Healthy" initiative, which seeks to make California the nation's healthiest state by 2022. Congratulations to CCCC!

[Read the News Release on the CCCC website](#)

Robert Wood Johnson Foundation Call for Proposals

well as the patient and family.

Unfortunately, patients with hematologic cancers have largely been excluded from major studies of early palliative care in cancer patients. In fact, according to the JAMA Research Letter, *Timeliness of End-of-Life Discussions for Blood Cancers: A National Survey of Hematologic Oncologists*, studies suggest that patients with blood cancers are generally receiving poorer end-of-life care compared to patients with other cancers. Specifically, patients with blood cancers are more likely to receive chemotherapy and be hospitalized when near death, die in acute care settings, and are less likely to use hospice services than those with advanced solid tumors.

The JAMA Research Letter presents a study that was based on a survey mailed to US hematologists who directly provided care to adult patients with blood cancers. Of 609 eligible hematologic oncologists, 349 (57.3%) completed the survey.

One key question of the survey asked was, "In your experience, end-of-life care discussions with patients who have hematologic cancers typically occur..." with the response options of "too early," "at the right time," or "too late." Of the 345 who answered the question, 55.9% answered that end-of-life discussions took place too late. In addition, a high proportion (42.5%) of hematologic oncologists reported that the initial conversations about patient resuscitation preferences took place at sub-optimal times. Further, those surveyed reported that they typically deferred conversations about hospice care (23.2%) and where the patient would like to die (39.9%) until death was clearly imminent.

One explanation is that, in contrast to cancers with solid tumors, there is often a less clear distinction between curative and end-of-life stages of hematologic cancers. Hematologic oncologists may therefore be more hesitant to broach the subject of end-of-life care, wanting to avoid making either the patient, or the care team feel hopeless about curative goals. Regardless, a main conclusion is that "physician-targeted interventions" are needed to ensure that end-of-life care is initiated sooner for patients with blood cancers, in order to improve the quality of their end-of-life care.

[Addressing End-of-Life Quality Gaps in Hematologic Cancers: The Importance of Early Concurrent Palliative Care. JAMA Intern Med. 2016;176\(2\):265-266. doi:10.1001/jamainternmed.2015.6994. \(Restricted access\)](#)

[Timeliness of End-of-Life Discussions for Blood Cancers: A National Survey of Hematologic Oncologists. JAMA Intern Med. 2016;176\(2\):263-265. doi:10.1001/jamainternmed.2015.6599. \(Restricted access\)](#)

The Robert Wood Johnson Foundation has announced a new research program: *Policies for Action: Policy and Law Research to Build a Culture of Health*, for which they have issued a formal Call for Proposals. The research funded under this call for proposals should inform significant gaps in our knowledge regarding what policies can serve as levers to improve population health and well-being, and achieve greater levels of health equity. Approximately \$1.5 million will be awarded; each grant will award up to \$250,000 for a maximum funding period of 24 months.

Letter of Intent Deadline: March 15, 2016

Full Proposal Deadline: June 17, 2016

[Read more at the RWJF website](#)

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