To look forward is to first look back:

✓ National POLST, the organization, was born in 2004. It has been a grassroots movement of state programs coming together to support efforts growing adoption of the POLST paradigm.

✓ Nearly 20 years later, we are ready to advance the use of the POLST process through a national vision of best processes about quality shared decision-making conversations for those facing serious, advancing illness and frailty.

✓ Further, we recognize that POLST is a practice that is central to quality serious illness care.

✓ Our next step is to amplify our work as part of the movement with other national organizations focused on improving serious illness care.
MISSION

• We engage stakeholders in the adoption of quality shared decision-making conversation models for the seriously ill in all states and nationally.

• We promote programs that honor treatment preferences and goals of care, resulting in actionable, portable medical orders for the seriously ill.
VISION

Creating a world where all persons living with serious, advanced illness and frailty, have access to shared decision-making conversations regarding values and treatment preferences, reflected in a portable, standardized medical order set.
VALUES

• *Quality:* We carry out our commitment through an evidence-based approach to providing person-centered, dynamic, shared decision-making processes.

• *Equity:* We respect and honor the integrity and dignity of all persons.

• *Inclusivity:* We seek full engagement of and demonstrate respect for our state programs and stakeholders, and the diverse communities they serve.

• *Stewardship:* We are committed to creating a resilient, adaptable organization, sustaining and increasing the enduring impact of **POLST**.
Core Drivers

➢ We offer best practice guidelines and a model form that are evidence based to help states enact the POLST process. There is no mandate for every state to adopt the National POLST model form. Rather, we hope for adoption of these best practices by the states within the confines they experience.

➢ Statutory power rests with the states in rules and laws related to care at the end of life. Therefore, we are not seeking enabling federal legislation at this time.
Core Drivers, continued:

➢ Meaningful, high-quality shared decision-making conversations are essential to care for those facing serious progressive illness and/or frailty.

_conversations are ongoing and involve physicians/advanced practice practitioners to sign the portable medical orders, and are also likely to include other clinicians such as nurses, social workers and clergy to facilitate the conversations._
Core Drivers, continued:

➢ The nature of contemporary life is being “on the move.” We support a national interoperable electronic solution to generate, retain and retrieve POLST documents that is aligned with the National POLST Technology Guide best practices. We will work to determine whether a registry, the use of already funded and operating HIEs, implementation of a unified data standard or another solution is optimal.

We view this effort as “mission-critical”, because it will greatly enhance access to orders about treatments patients do and do not want across care settings, regardless of geographic location.
Goals, leading through our values, advancing our mission toward realizing our vision.....
Goal #1: Revise Structure

Review and revise the organizational structure of National POLST. This will include creating a unified leadership body of dedicated and strong volunteers representative of state POLST programs, and subject matter experts possessing key competencies and skills to facilitate accomplishment of our approved goals and mission. It will also include an assessment of committee work, structure and scope.

We remain committed to growing representation that aligns with our values of equity and diversity.
Goal #1, continued

Background:
✓ Working with two structures (Plenary Assembly and Leadership Council) has not achieved some of what we had planned for, including a greater national presence and improved financial sustainability.
✓ Management of two “board-like” structures put a significant work burden on our small management team. Communication between the two was cumbersome.

➢ Work Group met and recommendations were implemented.
➢ New Charter adopted with one Board
➢ Defining a home for National POLST Collaborative is ongoing with a decision target by end of calendar year 2023.
Goal #2: Sustainability

Create and implement a sustainability plan that offers a broad revenue structure to support the work.

Background:

✓ Simply, without an earned revenue model and a sustainable margin, there is no ability to achieve a vision or sustain a mission.

✓ Need to balance the number and type of revenue streams with size of staff and work capacity.

Strategy:

1. Grants, earned income strategies, licensing, education, grants/support from insurance and/or healthcare industry and charitable giving being pursued.

2. Membership model for state programs in process of implementation.
Goal #3: POLST Form Review/Adoption

Develop and implement a structure and process for review and adoption of POLST forms by the states.

Background: Through a grant and subsequent work, a National POLST Model Form has been developed and sent out to all states for adoption consideration. This National Model Form provides a beginning point on standards for POLST forms. State law takes precedence as it pertains to end-of-life regulation. We need a standard-setting and review process to maintain consistency and the goal of a singular POLST process concluded with form completion anywhere in the United States.
Goal #4: State Inclusivity

Review, revise and refine our state review program as needed to support our value of *inclusivity* of all states committed to this work on the state and national level.
Goal #4, continued

Background:

✓ States believing they are part of the whole is crucial going forward; can't afford to have perception of lesser or greater than.
✓ Keeping the strong emphasis on achieving/maintaining **POLST** core principles that are evidence-based remains crucial.

*Work group was convened to make recommendations about this effort.*
*State review/designation effort was sunsetted.*
Goal #5: Strategic National Partner Collaboration

Develop and implement a plan for collaborating with strategic partner organizations, (e.g., a Strategic Advisory Council), to advance the vision on a national level.

Engage a leadership group to develop and implement this plan.
Goal #6: Online Presence

Maintain strong online national resources and social media presence as a focus of our communication strategy.

✓ Workgroup being convened to develop a process on an ongoing basis.

✓ Initiate work to support portability of order set nationally.
Thank You