The Three Ts: Teams, Training, Technology

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Founded in 1998
Collaborative approach
Committed to improving serious illness care
What are we aiming for
Advance Care Planning

- Age 18
  - Complete an Advance Directive
  - Update Advance Directive Periodically
  - Diagnosed with Serious or Chronic, Progressive Illness (at any age)
  - Complete a POLST Form
  - Treatment Wishes Honored
POLST
Physician Orders for Life Sustaining Treatment

- A medical order recognized throughout the health care system.

- Portable document that travels with the patient from setting to setting.
Everyone should have the opportunity
The POLST Ecosystem

POLST Implementation

Interoperable POLST registry platforms

Quality patient-provider conversations

POLST Education
Need for a Registry

- Ensuring patient wishes are known so they can be honored
- Quality improvement achieved by standardizing POLST processes
- Allows for evaluation of POLST usage and effectiveness
Barriers to POLST Registry

Example approaches
Bringing ACP into the Electronic Age

- $10 million to create a statewide electronic POLST Registry under Emergency Medical Services Authority
- Annual support for POLST ecosystem
- Authorize electronic signatures on POLST and advance directives
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