



MOLST to POLST Advisory Group

Recommendations on initial set of key questions for MOLST to POLST transition

The MOLST to POLST Advisory Group brings together healthcare and community leaders to synthesize their collective knowledge and share their diverse stakeholder experiences. As part of its work, the Advisory Group aims to offer best practice recommendations to inform the transition to a successful, sustainable POLST Program. Below are the Advisory Group's recommendations addressing an initial set of high priority questions identified by the Auribus Consulting team. These recommendations were shared with the Auribus Consulting team in April 2021 to inform the future state blueprint of the MA POLST program. Many additional policy and programmatic questions remain and will continue to be addressed throughout the MOLST to POLST transition.

✘ Should there be a requirement for periodic clinician/patient review of POLST?

Recommendation: No, there should not be a requirement for periodic clinician/patient review of POLST.

Important Considerations: POLST orders should be reviewed with patients and/or surrogates with any change in health condition or upon admission to a health care facility. There is not a need to have additional, time-based reviews for stable patients.

✘ Should education be mandated, given all the changes (new form, e-registry, etc.)?

Recommendation: No, education should not be mandated.

Important Considerations: The POLST Program should include high quality, free, easily accessible, ongoing education and training as part of POLST program.



Should patients be asked to opt-in to the registry?

Recommendation Patients should be presented the option to opt-out of the registry, not opt-in.

Important considerations: All aspects of POLST must always be voluntary for the patient. Letting individuals know that their form will be submitted to the registry unless they opt out defaults to the best option while still allowing the patient to opt-out.



Should the registry accept healthcare proxy forms?

Recommendation Yes, the registry should accept healthcare proxy forms.



If the registry accepts healthcare proxy forms, should clinicians and health systems be mandated to submit completed forms to the registry, unless the patient (or proxy, on the patient's behalf) wants to opt out?

Recommendation: Yes, clinicians and health systems should be mandated to submit healthcare proxy forms to the registry unless the patient opts out.

Important considerations: The option to opt out of submitting the healthcare proxy form to the registry must be presented to the patient.

For more information, including updates on the MOLST to POLST process, additional resources, and ways to get involved and provide input, please visit our website:

<http://maseriouscare.org/molst-to-polst>