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Governor Murphy & Commissioner Persichilli:

Members of the Goals of Care Coalition of New Jersey (GOCCNJ) had the opportunity to meet early last week with Cindy Mann and Carol Raphael of Manatt Health to hear directly from them about the development process used to prepare their report and to discuss broad areas of focus of their recommendations. In addition to learning more about their effort, the purpose of the meeting was for our members to share their observations, learnings and ideas to address the problems resulting from a lack of completed advance care plans (ACP) and Practitioner Orders for Life Saving Treatment (POLST) forms among the nursing home population during the COVID-19 crisis.

We shared several ideas with the Manatt Health team, albeit only a day before their report was released. We therefore respectfully submit our ideas to you in the attached addendum for consideration before the anticipated second wave of COVID-19 hits NJ. As subject matter experts, our Coalition and its members stand ready to work together to develop and disseminate the required content, if funding is provided by the state.

For 2 years, GOCCNJ has regularly convened our nearly 20 member organizations and strategic partners from our state's government agencies and academic institutions to focus on improving end-of-life (EOL) care in NJ. We believe human interests, values, and dignity must be at the core of medical decision-making. As you know, in NJ, patients near the end of life receive more aggressive medical care than those in any other state, at a cost 20% above the national average, and often that high-intensity care is unwanted and burdensome to patients and their families. We aspire to create a standard of care for NJ where people discuss, decide and document their wishes so that they can be honored by those who care for them. Through education and advocacy, our **mission** is to ensure that healthcare providers (HCPs), patients, and family caregivers have the information, resources, training, and tools they need to facilitate discussions that result in a care plan that aligns treatment with the patient's goals of care.

We welcome the Manatt Health report, *Recommendations to Strengthen the Resilience of New Jersey's Nursing Homes in the Wake of COVID-19*, and appreciate the need to focus on the core recommendations of strengthening emergency response, stabilizing facilities and bolstering the workforce, increasing transparency and accountability, and building more resilient and higher quality systems. However, with death tolls and confirmed cases of COVID-19 still rising in NJ, and the potential for a second wave coming in the Fall, ACP is increasingly vital, particularly for high-risk populations like those living in nursing homes. Goals of care plans and ongoing dialogue with patients and families about ACP are essential elements of a high-functioning resilient and patient-centered long-term care (LTC) system. In addition to demonstrating a culture of caring and respect regarding patient's wishes, advanced planning can also benefit providers on the front lines of the COVID-19 crisis. As health care systems become overwhelmed with staffing shortages, a common challenge is having the time and capacity for critical care discussions and deciding on the best course of treatment to take in a patient's final days. Studies show that ACP can reduce hospitalizations by as much as 26%, reduce health care costs and increase community-

based palliative care and hospice utilization, as well as significantly increase the likelihood that care will be delivered in accordance with the patient's wishes.

The initiatives we have proposed on the accompanying sheet will increase the number of accurately completed advance directives (AD) or POLST forms, align patient's goals of care with future medical treatment, avoid last minute crisis conversations, and improve understanding of and access to palliative and hospice care services.

We look forward to building upon our relationship to enhance our communication and collaboration so that we can better serve the needs of NJ's residents. Continuing the discussions about care in the long-term setting and how to continue to educate our most vulnerable population, their families, and HCPs on the importance of ACP is essential to ensure that patients get the care they need and no less, and the care they want and no more.

The undersigned Coalition members, whose mission it is to improve EOL care in NJ, stand ready to support the recommendations included in the addendum and to expand the work we are already doing, if appropriate funding is provided.

Sincerely,


David R. Barile, MD
Founder, Chief Medical Officer
Goals of Care Coalition of New Jersey


Lori Feldstein
CEO, Executive Director
Goals of Care Coalition of New Jersey



Cc: Cindy Mann, Manatt Health
Carol Raphael, Manatt Health



ADDENDUM

We believe it's important that nursing homes (NH) have the systems and processes in place to facilitate conversations about patient wishes and to document those decisions in an advance directive (AD), and on a valid, actionable form accessible to providers, such as the NJ POLST form, when appropriate so patient wishes can be honored. Below are the recommendations from GOCCNJ:

1. Impact of COVID-19 on Medical Decision Making: Important Considerations Regarding POLST & Advance Directives for High-Risk People – With support from Governor's office, the Commissioner of Health, and the Department of Health, we recommend offering a regular webinar series to educate residents of LTC facilities, their medical decision makers, and the HCPs treating them about ACP, palliative and hospice care services and how to complete a POLST form with the aim of increasing the number of residents who have documented their wishes.
2. Create an on-demand training and certification program to educate LTC staff on the use of new technologies to facilitate conversations and document ACP including My Directives, YourCare Plan, and NJHA state POLST registry.
3. Create a COVID-19 Patient & Family ACP Guide – provide templates to nursing homes for them to customize and send to families, medical decision-makers/healthcare proxies and caregivers which address important topics such as communication, ACP, spiritual issues, and palliative/hospice care.
4. Town Hall Webinar - Bring NH/LTC/Memory Clinics/Assisted Living (AL)/Sub-Acute Care communities together via a private webinar per facility for family members, Medical Directors, Directors of Nursing, owners, local mayor and local DOH. Review policies and procedures related to the current situation, provide opportunity for open/honest discussions & Q/A.
5. Consider regulatory action to allow valid POLST forms to fulfill requirement for nursing homes to have an AD in the patient record; encourage POLST completion upon admission, review at care plan meetings and when the health status of the patient changes.

There was overwhelming consensus from our coalition members about the intermediate and long-term needs to improve EOL care in our state. The recommendations below will allow NH/LTC/Memory Clinics to meet the requirements for the law signed by Governor Murphy requiring annual education for all administrative personnel and professional staff, along with patients/residents, on ACP, EOL care, POLST, and hospice and palliative care services. They include:

1. Develop the training program for all HCPs (primarily doctors, PAs, APNs, RNs, and SWs) on how to have the conversation, the importance of ACP, and how to document care goals in either an AD or POLST form.
2. Develop the educational material for patients/residents on the ACP process, AD, POLST forms and palliative/hospice care services.
3. Support staff in facilities (NH/LTC/Memory Clinics/AL/Sub-acute Care) by developing an admissions process that includes development of an Advance Care Plan (completing an AD or POLST form) for patients who consent.
4. Explore best practices to ensure ADs and POLST forms are accurately completed and updated as needed. For example, designating a facility (NH/LTC/Memory Clinics/AL/Sub-acute Care) staff member to oversee the ACP process for all residents.
5. Utilize Governor Murphy and his Proclamation declaring April 16th as Healthcare Decision's Day in NJ as a springboard for public commentary on the importance of completing AD and reviewing/updating AD & POLST forms already in place. Trained clinicians can be made available on this day to deliver a group dialog around preferences and/or contact patients or their families if AD or POLST forms need to be reviewed/updated.
6. Equip New Jersey's facilities with the technological systems to collect and share electronic medical records including AD and POLST forms to support the state's response in a medical crisis.