

## **MOLST Advisory Council**

**July 2, 2024 | 9:39-10:30am**

### **Meeting Minutes**

**Members present:** Amelia Breyre, Barbara Cass, Rebecca Henderson, Mary Horan, Barbara Jacobs, Richard Kamin, Cathy Ludlum, James McGaughey, Carl Schiessl, Scott Sussman, Tracy Wodatch

**Members absent:** Matt Barrett, Kadesha Collins, Judge Darby, Mag Morelli, Sherry Ng, Cynthia O'Sullivan, Yuliya Riat, John Spencer, Jonathan Weber, Gary Wiemokly

**DPH:** Melia Allan, Dante Costa

#### **Introduction**

- Barbara Cass called the meeting to order at 9:32.
- Scott Sussman motioned to approve the minutes; James McGaughey seconded.
- The minutes passed without revisions.

#### **Update on MOLST Form – Barbara Cass**

- Barbara Cass recapped that there was consensus to move toward an electronic form, but there would be a paper/printed option.
- Today, Barbara Cass would like to discuss how to manage or operationalize the electronic/paper form in the event of an EMT interaction.
- Dante Costa updated the group on the state of the MOLST form and the relevant Policies & Procedures – these will be reviewed by the Commissioner and leadership side by side.

#### **Policies and Procedures Revision – Training Piece**

- James McGaughey suggested that the group should consider broader training strategies.
- Dante clarified the language “Department approved training module” would need to be clarified in Policies & Procedures for external trainings that are independently made available from providers (instead of a DPH version).
  - Rebecca Henderson shared that DPH having exclusive control over the training has been a barrier to the MOLST and supported the proliferation of independent training programs.
- Barbara Jacobs shared that her organization has the DPH-approved training slides on her organization’s website, and that she has trained many people using this training.
- Dante summarized that as long as the content is from DPH or DPH-approved, the group seems to be flexible on the training platform used for training.
- Mary Horan clarified how DPH keeps track of the providers who are trained and thus eligible to complete a MOLST.
  - Barbara Cass clarified that when providers complete the training at CT Train, they are automatically input into a list of providers. With outside training platforms such as the

method that Barbara Jacobs uses, providers submit the list to Danny White at DPH, and get entered into the list.

### General Discussion

- Barbara Cass brought up the idea of a creating registry for individuals that have a MOLST as a future goal for the group.
- Dante asked the group about the electronic form – is there a paper requirement (to have the MOLST printed so that an EMS provider could see it) or is there a way for a patient with a MOLST to go fully paperless.
  - After discussion, it seems that there is agreement that electronic is good, but for accessibility and connectivity purposes, the state may not be quite ready to go fully paperless.
- Dr. Amelia Breyre offered to connect the group to Dr. Abby Dotson, the Executive Director for the National POLST Collaborative and Director of the Oregon POLST Registry (OPR).
  - In Oregon, the data is electronically uploaded, not just scanned in.
  - Amelia also brought up that Oregon links their registry to the death registry – it is very robust.
  - The group is interested in having Abby Dotson present for the group.
- James asked if EMS personnel out in the field would be able to access an electronic registry and brought up that it may make sense to require a paper form still.
  - He also brought up the question of how someone who revokes their MOLST notifies the registry.
- The group is interested in contacting the national POLST and working with other states to get a better sense of how they handle a digital MOLST.
- Dr. Kamin added that the ability to interact with an electronic registry at first may be difficult, even though it may be best in the long run to have an up-to-date electronic record that EMS personnel could interact with.
  - He would rather have an electronic process, but only if the group is confident that there is consistent access to this registry.
  - He brought up the idea of a bracelet (like the DNR bracelet) that could be an indication of an active MOLST.
- Dr. Breyre shared information from other states, where connectivity was an issue especially in more rural places. In these cases, poison control was the back-up phone number used to confirm the MOLST/POLST form in the registry if there was not internet.
  - Cathy and Dr. Kamin liked the idea of relying on poison control as a back-up option, although EMS access to the registry/data would be ideal.
- Cathy Ludlum brought up that although she liked the idea of a bracelet, or having another method to check if a patient has a MOLST, she cautioned the group since a MOLST is more complicated than a yes or no (like it is with a DNR), since a MOLST describes specific preferences.
  - Dr. Kamin suggested that the bracelet could alert providers to check on a patient's MOLST.
- Dr. Kamin clarified that although EMS providers may use computers in the field to chart, they are creating a patient record, and they do not have access to hospital patient data. Potential

access to the state health information exchange could be a pathway to more connectivity among systems.

**Closing**

- Rebecca motioned to adjourn; Richard seconded the motion
- The meeting adjourned at 10:20