

## Concept Paper for A National Healthcare Decisions Day

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### Overview:

National Healthcare Decisions Day will be a 50-state annual initiative to provide clear, concise, and consistent information on healthcare decision-making to both the public and providers/facilities through the widespread availability and dissemination of simple, free, and uniform tools (not just forms) to guide the process. The day will highlight 50 independent, but coordinated, state events (necessitated by the difference in state laws and dynamics) supported by a national media and public education campaign.

In all respects, the event is intended to be inclusive and should bring a variety of players in the larger healthcare/legal/religious community together to work on a common project, to the benefit of patients, families, and providers. To foster growth and improvement in subsequent years, the (initial) design should not be prescriptive; it should, instead, allow for and foster creativity. This will enable best practices to be identified and refined, likely with the aide of a post-event National Conference.

### The Vision:

**Demystify healthcare decision-making and make the topic of healthcare decision-making inescapable.** On Healthcare Decisions Day, no one in the U.S. will be able to open a paper, watch TV, view the internet, see a physician or lawyer, or go to a healthcare facility without being confronted with the topic. The event will help people understand that advance healthcare decision making includes much more than living wills; the process should focus first on conversation and choosing an agent.

Across the country, every single hospital, nursing home, and assisted living facility that is required to provide public education on advance directives as a result of Conditions of Participation with CMS and/or the Patient Self-Determination Act will participate as the flagship venues for the public to obtain the Education and Empowerment mentioned above. Other participating organizations/facilities that have their own physical spaces will engage in activities concurrent with the flagship venues. Those organizations that lack physical spaces will work in conjunction with others or at non-healthcare venues (libraries, grocery stores, etc.) to support the initiative. A variety of churches, synagogues, and mosques around the country will also support the effort by highlighting the importance of the issue with their congregations.

The public education campaign (including Spanish and other materials for deaf, blind, and others) will be focused on a relatively simple resource that explains and demystifies healthcare decision-making as well as written advance directives. It will clarify terms, address misperceptions, and convey a sense of importance and urgency. The public will also be provided with specific analytical tools for examining values and wishes relevant to healthcare and advance directives. For facilities, providers, and lawyers, the focus will be on how the use of advance directives may support their work with their patients/clients. Prior to the public education effort, there will be a large scale continuing education event or series of events (likely a webinar) to educate the myriad professionals touched by the effort.

To enable all the above, the major national associations in the healthcare, legal, and religious communities will each work to facilitate a cascade of information. Communications will be prepared for each organization to send to its state chapters/sub-organizations. Each state organization will then provide the information (with appropriate local customization) to its members. All of the information will be ready-made, thus enabling the rollout the information with minimal effort. This information cascade ought to reduce administrative/overhead costs because the lower tier organizations can either make these distributions electronically and/or include them in publications they would otherwise be making.