

RECOMMENDATIONS	RESPONSIBLE AGENCY/ORGANIZATION										
	North Carolina Serious Illness Coalition	North Carolina Department of Health and Human Services	North Carolina Medicaid	North Carolina General Assembly	North Carolina Office of the Secretary of State	North Carolina Department of Information Technology	Private Health Insurers	Geriatric Workforce Enhancement Programs	North Carolina AHEC	Professional and Trade Organizations	Other
Recommendation 2.1: Establish coordinated statewide leadership to facilitate implementation of recommendations and ongoing work to achieve quality of living for individuals with serious illness (PRIORITY)	X										
Recommendation 2.2: Increase research on cultural competency and health equity as it relates to serious illness care										Health care professional associations, facility associations, legal and financial professional associations	Philanthropy, health policy researchers, health services researchers, schools of medicine, schools of nursing, continuing education providers, advocacy organizations, health systems
Recommendation 2.3: Prioritize health equity and the reduction of disparities as guiding principles throughout implementation of all recommendations of the Task Force on Serious Illness Care (PRIORITY)	X	X	X	X	X	X	X	X	X	X	All stakeholders
Recommendation 3.1: Deliver goal-concordant, coordinated, team-based care for individuals with serious illness (PRIORITY)											Health care providers, health systems
Recommendation 3.2: Incorporate regular and timely assessment processes to identify and develop effective plans of care for individuals with higher health needs											Health care providers, health systems
Recommendation 3.3: Assess drivers of health and connect individuals with serious illness and caregivers with appropriate non-clinical services		X		X							North Carolina United Way/NC 2-1-1, NCCARE360, health care providers, county commissioners
Recommendation 3.4: Develop and apply new payment models to support palliative care delivery (PRIORITY)			X				X				
Recommendation 3.5: Convene a work group tasked with assessing and developing appropriate quality metrics for serious illness care (PRIORITY)	X										
Recommendation 3.6: Expand access to coverage for health care services		X		X							
Recommendation 4.1: Support patient and family engagement through health care organization policies and processes										Health care professional associations, facility associations	Health care providers, health systems
Recommendation 4.2: Develop statewide initiative for improved awareness of, and support for, completion of advance care planning (PRIORITY)	X										
Recommendation 4.3: Promote training on advance care planning for legal and financial planning professionals		North Carolina Office of Emergency Medical Services			X					Legal and financial industry and professional associations	Legal training providers (including schools of law and continuing education), North Carolina Board of Funeral Service, legal advocacy organizations
Recommendation 4.4: Promote training on advance care planning for health care professionals								X	X		Regulators, schools of medicine, schools of nursing, community colleges, schools of social work
Recommendation 4.5: Incentivize advance care planning that prioritizes the assessment and honoring of individual goals of care			X				X				Health systems, schools of medicine, nursing, social work, pharmacy, community colleges
Recommendation 4.6: Revise signature and notary requirements for advance directives documents (PRIORITY)				X							
Recommendation 4.7: Ease administrative burden, increase participation in completing documents, and improve accuracy of Advance Directives (PRIORITY)				X							
Recommendation 4.8: Ease administrative burden and increase uptake and accuracy of Portable Medical Orders	X			X							
Recommendation 4.9: Promote electronic completion and adequate integration of advance directives and portable medical orders (PRIORITY)	X										
Recommendation 4.10: Improve access to advance care planning documents through optimization of health information technology		X		X	X	X				X	
Recommendation 4.11: Expand Home and Community-Based Services to better support individuals with serious illness and their caregivers (PRIORITY)		X		X							Patient and caregiver advocacy organizations, Area Agencies on Aging, local services providers
Recommendation 4.12: Establish Task Force on Caregiving for Individuals with Serious Illness and analyze additional legislative solutions and financing options to meet the needs of caregivers (PRIORITY)		X		X							
Recommendation 4.13: Develop employer resources for supporting working caregivers											NC Chamber of Commerce, Society of Human Resource Management, employer partners, advocacy organizations, NC Coalition on Aging
Recommendation 4.14: Promote industry standards to identify, train, and track family caregivers										X	
Recommendation 5.1: Develop a supported and engaged serious illness care workforce to meet the needs of North Carolinians		X		X					X		NC Community College System, UNC system, other colleges and universities, health systems
Recommendation 5.2: Promote models of interprofessional training for best practices in serious illness care, including palliative care (PRIORITY)								X	X		Schools of medicine, schools of nursing, schools of dentistry, schools of pharmacy, allied health training programs, divinity schools, community colleges, schools of social work
Recommendation 5.3: Incentivize training in serious illness care, including palliative care			X				X				
Recommendation 5.4: Increase access to serious illness care through expanded implementation of innovative models of care delivery (including telehealth and community- and home-based care) (PRIORITY)		X	X				X				Medical and behavioral health providers
Recommendation 5.5: Expand programs for community paramedicine										NCHA	Community Partners
Recommendation 5.6: Expand community health worker programs		X									Medical and behavioral health providers
Recommendation 5.7: Enhance health information technology infrastructure to improve care coordination and quality of care		X				X					

NCHA = North Carolina Healthcare Association

AHEC= Area Health Education Centers

HEALTH CARE POWER OF ATTORNEY:

https://www.sosnc.gov/documents/forms/advance_healthcare_directives/health_care_power_of_attorney.pdf

ADVANCE DIRECTIVE FOR A NATURAL DEATH “LIVING WILL”:

https://www.sosnc.gov/documents/forms/advance_healthcare_directives/advance_directive_for_a_natural_death.pdf

AN ADVANCE DIRECTIVE FOR NORTH CAROLINA: A PRACTICAL FORM FOR ALL ADULTS:

<https://www.ncmedsoc.org/wp-content/uploads/2014/06/Editable-simplified-AD.pdf>

NORTH CAROLINA SECRETARY OF STATE ADVANCE HEALTH CARE DIRECTIVE REGISTRY:

https://www.sosnc.gov/divisions/advance_healthcare_directives

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST):

<https://info.ncdhhs.gov/dhsr/EMS/pdf/ncmostform.pdf>

DO NOT RESUSCITATE (DNR):

<https://info.ncdhhs.gov/dhsr/EMS/pdf/DNR.pdf>

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