



PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

**GEORGIA POLST
COLLABORATIVE**

**2020 ANNUAL
COMMITMENT
MEMBERSHIP GUIDE**



The Georgia POLST Collaborative, one of only 24 endorsed programs across the nation, is part of the National POLST Paradigm and aims to educate patients, families, and health care professionals throughout the state about the Georgia POLST. The mission of the Collaborative is to improve care at the end-of-life through:

- Promoting the utilization of the POLST form by health care professionals and institutions across the state
- Educating Georgians about advance care planning and the role of the POLST in having their wishes honored

I would like to take a few minutes of your time to update you on the evolution of the Georgia POLST Collaborative. These are a few of our key accomplishments.

2010

- The POLST comes to Georgia.

2012

- The legislature gives the authority to the Department of Public Health to create a Georgia specific POLST form.

2014

- The Department of Public Health publishes the first Georgia POLST “form”.

2015

- The state legislature creates SB19, which is a specific piece of legislation dedicated to the issues around POLST and its use. The DPH updates the “form”.

2016

- The Georgia POLST Collaborative receives a grant for the MAG-Mutual Insurance Company’s Foundation and created our first a five-year strategic plan.

2017

- The Collaborative reconstitutes and expands its Board.
- The Collaborative becomes its own Georgia corporation and independent 501(c)3.
- We have grown to 40-member organizations.
- Completed our first grant relationship with CMS.

2018

- **The Board confirmed Lindsay P. Prizer PhD as our executive director.**
- Bi-Annual statewide POLST Collaborative conference, **September 13th.**
- Pursuing a statewide registry for Advance Directives and POLST documents.

It is now time to reconfirm, to renew, or to initiate your membership in the collaborative. You can do this by downloading and completing the attached form. Below is a brief outline of the key benefits that we feel are important to our members. As a member-supported organization, this is your organization, and we welcome your suggestions on how we may better serve you as well as the citizens and healthcare professionals of Georgia. Should you have any questions or if you would like to learn more about what you can do to partner with us, please let us know.

Richard W. Cohen MD

Paula Sanders



Chairperson Ga. POLST Collaborative

Executive Director,
GHPCO

Georgia POLST Collaborative Member Benefits

Membership

As a member of the Georgia POLST Collaborative, you or a representative from your organization are encouraged to attend all quarterly meetings of the Collaborative and interact with the membership.

The member network holds valuable opportunities for expanding your professional contacts and learning from peers about their practices related to POLST. The Georgia POLST Collaborative's membership represents a vast network of individuals and organizations invested in quality end-of-life care for Georgians.

Education

The bi-annual **POLST Collaborative Conference** provides professional education on current issues in end-of-life care. This conference offers an opportunity to interact with nationally renowned experts on advance care planning and treatment at the end-of-life. Previous meeting speakers include Patricia A. Bomba, MD, Ellen Goodman, Ira Byock, MD, Amy Vandenbroucke, and Alvin "Woody" Moss, MD.

Educational materials on advance care planning and the POLST are available on the Collaborative website, through our e-store, and through the National POLST organization. Collaborative members also have the ability to attend webinars on End-of-Life and Advance Care Planning issues presented by other state POLST organizations.

Through our Speakers Bureau, we have a statewide list of speakers who can present to members of your organization or assist you in providing education to your community.

Representation & Advocacy

Become part of the collective voice for end-of-life care. The Collaborative promotes your professional interests through representation, education, and advocacy on behalf of physicians and industry professionals in the area of Advance Care Planning and documentation. We partner with the leading organizations in our field in the state.

Communications & Resources

Stay informed about current issues in end-of-life care through regular e-mail alerts and online resources in the Resources section of the Georgia POLST website.

Leadership Opportunities

Opportunities for leadership and involvement in the strategic direction of the organization. **We encourage you to join one of our committees, your voice is very important to us.**



ANNUAL MEMBERSHIP DUES

Corporations	\$150
Government Agencies	\$75
Not-for-Profits	\$75
Individuals	\$50

MEMBERSHIP CATEGORIES

Corporations

A healthcare corporation or organization interested in promoting the mission and participating in activities of the Georgia POLST Collaborative may join and extend membership benefits to two individuals within its organization; and a long-term care facility, hospice, hospital, or assisted living facility may join as an entity and extend membership benefits to two individuals involved in the clinical or administrative functions of that facility.

Government Agencies

Any government agency may join as an entity and extend the benefits of active membership to two individuals involved in that agency.

Not-for-Profits

Any not-for-profit agency may join as an entity and extend the benefits of active membership to two individuals involved in that agency.

Individuals

Individuals from the general public or clergy involved in or interested in end of life issues may join under this category.



ADDITIONAL OPPORTUNITES TO SUPPORT THE GEORGIA POLST COLLABORATIVE

Become a:

Donor

\$250 or \$500

Sponsor

Diamond	\$7,500
Gold	\$5,000
Silver	\$2,500

Sponsors will be recognized “Partners of the Ga. POLST Collaborative” at all functions, on letterhead, and on the Georgia POLST website.

Donors will be recognized on the organization’s website.

****** IT IS ONLY WITH THE SUPPORT OF OUR DONORS & SPONSORS THAT WE ARE ABLE TO PROVIDE OUR BI-ANNUAL CONFERENCES, PLEASE CONSIDER THIS ADDITIONAL SUPPORT IN 2020******

JOIN THE MOVEMENT!

To join the Georgia POLST Collaborative, please submit your completed membership application with payment made payable to *Georgia POLST Collaborative*:

**Georgia POLST Collaborative
950 Eagle’s Landing Pkwy, #622
Stockbridge, GA 30281
admin@ghpco.org**



MEMBERSHIP FOR THE YEAR 2020

RENEW YOUR COMMITMENT!

The annual Georgia POLST Collaborative membership term is the calendar year.



Georgia POLST Collaborative MEMBERSHIP APPLICATION

New Member

Renewing Member

Name: _____

Workplace: _____

Position/Title: _____

Address: _____ City _____ State _____

Phone: Work _____ Cell _____

Email: _____

MEMBERSHIP TYPE

Corporations (\$150)

Government Agencies (\$75)

Not-for-Profits (\$75)

Individuals (\$50)

Please make check payable to
"Georgia POLST Collaborative"

Mail Form and checks:
Georgia POLST Collaborative
Attn: GHPCO

950 Eagle's Landing Pkwy
Suite 622
Stockbridge, GA 30281

OR

Pay by credit or debit card by contacting
The GA POLST Collaborative via
GHPCO at admin@ghpc.org

Credit Card Information:

Card Type: _____ Mastercard _____ Visa _____ Discover _____ AMEX _____ Other

Cardholder Name: _____

Card Number: _____

Expiration Date (mm/yy): _____ / _____ Security Code: _____

Billing Address:

Address: _____

City _____ State _____ ZIP Code _____

ADDITIONAL OPPORTUNITIES

Donor (\$250)

Donor (\$500)

Sponsor - Diamond
(\$7,500)

Sponsor - Gold
(\$5,000)

Sponsor - Silver
(\$2,500)

Please make check payable to
"Georgia POLST Collaborative"
Mail form and checks to
Georgia POLST Collaborative
Attn: GHPCO
950 Eagle's Landing Pkwy. Suite 622
Stockbridge, GA 30281

Credit Card Information:

Card Type: _____ Mastercard _____ Visa _____ Discover _____ AMEX _____ Other

Cardholder Name: _____

Card Number: _____

Expiration Date (mm/yy): _____ / _____ Security Code: _____

Billing Address:

Address: _____

City _____ State _____ ZIP Code _____