Bree Collaborative | Palliative Care Workgroup
February 8th, 2019 | 10:00-11:30
Foundation for Health Care Quality

Members Present

John Robinson, MD, SM, First Choice Health (Chair)
George Birchfield, MD, EvergreenHealth
Raleigh Bowden,* MD, Okanogan Palliative Care Team
Mary Catlin, MPH, Honoring Choices, Washington State Hospital Association
Randy Curtis,* MD, MPH, Director, Cambia Palliative Care Center of Excellence, University of Washington Medicine
Leslie Emerick,* Washington State Hospice and Palliative Care Organization
Greg Malone,* MA, Mdiv, BCC, Mgr Palliative Care Services, & Spiritual Care Provider, Swedish Medical Center
Kerry Schaefer, MS, King County
Bruce Smith,* MD, Providence Health and Services
Richard Stuart, DSW, Swedish Medical Center
Stephen Thielke,* MD Geriatric Psychiatry University of Washington
Cynthia Tomik,* LICSW, EvergreenHealth Mason Medical Center
Gregg Vandekieft,* MD, MA, Providence St. Peter Hospital
Hope Wechkin,* MD, EvergreenHealth

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Francesca Stracke,* ARNP, Multicare,

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

John Robinson, MD, SM, First Choice Health and Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves. Dr. Robinson introduced the new members of the workgroup, Greg Malone, MA, Mdiv, BCC, Mgr Palliative Care Services, & Spiritual Care Provider, Swedish Medical Center and Ross M Hays, MD, Director, Palliative Care Program, Seattle Children's.

Motion: Approve 1/4/2019 Minutes
Outcome: Passed with unanimous support.

REFINING CHARTER

The group viewed and discussed feedback from Bree Committee on group *Draft Charter and Roster,* and discussed:

- Bree Committee recommendations
  - More specificity
  - Refine purpose
  - Population identification
- Group viewed *Aim* statement:
  - Changed *Aim* to read: "*To develop best practice recommendations for palliative care regarding:"* and added the following bullet points
    - Assessment of patients with serious illness for primary and/or specialty palliative care need,

        - Care delivery frameworks, and
        - Payment models to support delivery of care.
- Group viewed *Purpose* statement and made the following changes:
    - First bullet changed to read: "*Defining care delivery pathways for interdisciplinary team-based palliative care including pain management, assessing patient and caregiver needs, and care coordination."*
    - Added bullet that read: "*Standard evaluation of patients with serious illness for primary or specialty palliative care need."*
    - Changed bullet point to read: *"Educational standards for primary care staff about palliative care."*
        - Leslie Emerick discussed Palliative Care Roadmap and inclusion of patient education and public outreach

      Action Item: Leslie Emerick will share Dementia Care Roadmap with group

    - Changed bullet point to read: *"Integrating palliative care alongside life-prolonging and/or curative care."*
    - Added bullet: *"Payment models to support delivery of palliative care alongside life-prolonging and/or curative care."*
    - Changed bullet to read: *"Addressing racial and income disparities as well as other health disparities within palliative care."*
    - Changed bullet to read: *"Addressing barriers to integrating recommendations into current care systems."*
- Group viewed *Problem Statement* and made the following changes:
    - First sentence was changed to read: *"People with serious illness often have a range of needs that may not be met by life-prolonging or curative care."*

      Action Item: Ms. Weir will send updated Charter and Roster to group for review

STATE OF PALLIATIVE CARE IN WASHINGTON

Ms. Weir asked workgroup members for feedback on *The National Consensus Project Clinical Practice Guideline for Quality Palliative Care 4th Edition* and the group discussed:

- Possibly endorsing NCP Guidelines
    - Endorsing the guidelines will allow the group to focus on implementation
- Gaps between NCP guidelines and current state of palliative care
    - Palliative care is not available in most health systems, and when present may be lacking
        - Lack of palliative care training in fellowships
    - Impossible to address all 8 domains in one visit
        - Up to provider to identify 1 or 2 domains that will be of most benefit
        - To address all domains a team based model is needed. Domains are addressed over time and with an entire team
        - Providing direction in prioritizing which domains to address in which sequence

NEXT STEPS AND PUBLIC COMMENTS

Dr. Robinson and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.