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.

Motion: Approve 4/12/2019 Minutes
Outcome: Passed with unanimous support.

STRUCTURING FOCUS AREAS
The group viewed Draft Recommendations and discussed potential focus areas:

- Goals for the recommendations
  - Create a better understanding of palliative care statewide that can help patients with serious illness diagnoses.
  - Help clinicians with referrals
  - Financing creation and maintenance of programs
  - Discussing telemedicine
- Decisions to make
  - Whether to adopt PACSI model
  - How to define serious illness
  - Selecting metrics to evaluate effectiveness in order to justify continuation and expansion of funding
  - Including “bowtie model” from the presentation given by Pat Justis, MA, Executive Director, Washington State Office of Rural Health, Washington State
- Focus areas to include
- Access
  - Including outreach as palliative care is rarely delivered to ethnic and racial minorities
  - Access should be its own section as it is a key disparity
    - Needs to be intentional
- Symptom relief
- Interdisciplinary team
- Funding
- Advanced care planning
- Outreach
  - Richard Stuart, DSW, Psychologist, Swedish Medical Center, suggested addressing distrust of system in minority communities (e.g. African American, LGBT)
  - Ms. Schaefer suggested reaching out to public health organizations to write a protocol for how to convene their community groups in a way that can help them design successful community outreach
    - Goes far beyond linguistic translations
- Metrics
  - Will ensure care is being delivered
- Ethics
  - How the National Consensus Project can fit into recommendations
    - Dr. Robinson pointed out that the group’s focus areas match the NCP domains with the exception of funding as opposed to ethical/legal
      - Group discussed if they can add value or if the group should endorse the NCP guidelines
      - The additions of funding and metrics would be extremely valuable

The group discussed potential funding models and whether to endorse an existing model or to advocate for a bundle more generally:

- Dr. Robinson asked Bruce Smith, MD, Providence Health and Services, to comment on whether he feels bundled payments are the best way to fund palliative care
  - Dr. Smith agreed, providing palliative care on an incrementally billed basis is very problematic
    - May restrict access to large insurers who will be able to put together a bundle
    - But is the only mechanism currently available to ensure a successful, comprehensive palliative care program
    - Group could devise a tiered model beginning with a midrange modest reimbursement model based on a monthly fee
- Dr. Robinson asked Dr. Smith if he thought the group should endorse an existing model
  - Due to the great amount of work that have already gone into existing models, group could use an existing model as a starting point and be customized to fit Washington population
- Ms. Weir presented the two models in the defined in the *Bree: Defining Serious Illness* document
  - ACM (not tiered, includes surprise question)
  - PACSSI (two-tiered)
- Ms. Weir pointed out the implementation barrier to palliative care of engaging purchasers
  - Most purchasers skew towards a younger population
  - HCA as a primary adopter could be very powerful
    - Josh Morse, Health Technology Assessment, State of Washington, shared that the HCA is currently working on a policy for palliative care
- Metrics for the PACSSI model
Action Item: Dr. Smith will look into possible performance metrics for the PACSSI model

DEFINING OUR POPULATION
Group considered PACSSI inclusion criteria and discussed:
- Needs to be broad enough to serve communities without being restrictive, yet have enough structure to be funded
- Could be defined as a benefit rather than a bundle since it is not episodic as most existing bundles
- PACSSI model has a lot of exclusions, group could endorse the structure without the eligibility criteria
  - George Birchfield, MD, Inpatient Hospice, EvergreenHealth, advised it may not be possible to start with the ideal, advised including end stage cancer, stage 3 or 4 heart failure, ovarian cancer and others
    - Patients on dialysis would be important inclusion for stage 4 renal disease
    - Allowing for referral based on clinical judgement
    - Could inclusion of early stage dementia patients help them get access advanced care planning

Action Item: Group will consider inclusion of dementia

NEXT STEPS AND PUBLIC COMMENTS
Dr. Robinson and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.