Bree Collaborative | Palliative Care Workgroup
July 12th, 2019 | 10:00-11:30
Foundation for Health Care Quality

Members Present

John Robinson, MD, SM, First Choice Health (Chair)
George Birchfield, MD, Inpatient Hospice EvergreenHealth
Raleigh Bowden,* MD, Director, Okanogan Palliative Care Team
Randy Curtis,* MD, MPH, Director, Cambia Palliative Care Center of Excellence, University of Washington Medicine
Leslie Emerick, Washington State Hospice and Palliative Care Organization
Ross M Hays, MD, Director, Palliative Care Program, Seattle Children's
Kerry Schaefer, MS
Bruce Smith,* MD, Providence Health and Services
Richard Stuart, DSW, Psychologist, Swedish Medical Center – Edmonds Campus
Stephen Thielke,* MD Geriatric Psychiatry University of Washington
Cynthia Tomik, LICSW, EvergreenHealth
Gregg Vandekieft,* MD, MA, Medical Director for Palliative Care, Providence St. Peter Hospital
Hope Wechkin, MD Medical Director, Hospice and Palliative Care EvergreenHealth

Staff and Members of the Public

Kristin Knudson,* Pediatric Private Duty Nurse
Randal Moseley, MD, FACP, Confluence Health
Alicia Parris, Bree Collaborative
Francesca Stracke,* ARNP, MultiCare Good Samaritan Hospital
Ginny Weir, MPH, Bree Collaborative

* 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.

Motion: Approve 6/10/2019 Minutes
Outcome: Passed with unanimous support

FINALIZING FOCUS AREAS

The group viewed *Palliative Care Draft Recommendations* – *Background* and discussed:

- Addition of serious illness definition to first paragraph of *Background*
  - Moved "*carries a high risk of mortality"* moved from beginning of sentence to end
    - High risk of mortality as an initial descriptor is less patient friendly
    - Group does not want palliative care to be limited to persons with a high risk for mortality
- Palliative care definition in the second paragraph of *Background*
  - Removed first sentence of second paragraph "*Palliative care fills the gap*…"
  - First sentence of definition does not address the psychosocial and spiritual dimension of palliative care
    - Added language about "psychological" and "spiritual" consequences of serious illness
- Group viewed updated "bowtie" figure

Action Item: Gregg Vandekieft, MD, MA, Medical Director for Palliative Care, Providence St. Peter Hospital, will send citation for "bowtie model"

The group viewed *Palliative Care Draft Recommendations* – *Recommendations* and discussed:

- Group discussed *Per Member Per Month Benefit*
  - Bree's ability to recommend payment
    - Bree may recommend structure, but no dollar amounts
  - Time required for record review for new patients
    - Usually not considered by persons who set reimbursements
    - Record review code exists
      - Has a minimum time threshold
      - Not reimbursed by all plans
        - Added to first bullet on one-time payment "*that includes chart review of records often from multiple institutions and coordinating efforts following the visit*"
  - Group discussed ways to make 24/7 access financially viable
    - Members' organizations with 24/7 access do so with a coordinating a physician on call
    - Access to specialty palliative expertise should still be available
    - Recommendation for a central resource
  - Under *Goals of Care* added sub-bullet to discuss patient goals around hospitalization and clarify on an ongoing basis
- Moved "*advanced care planning*" underneath *Goals of Care*
- Removed "*Assess for sleep quality and sleep disturbance*" and "*Review and manage medications.*"
- Removed bullet on alcohol misuse from *Behavioral Health*
- Removed "*drug use*" from introduction sub-bullet of *Behavioral Health*
- Removed "*spiritual care*" from *Inclusions in First Visit*
- Group discussed whether to define patient population
  - Group agreed to allow population to be defined by health plan
- Group agreed to add more definition to care management function
  - What care management looks like in group member organizations
    - More functional in inpatient care
    - Including collaboration between providers
    - *"Care management*" changed to "*care collaboration*"

Action Item: Group will send language recommendations to express the collaboration currently used to coordinate care

- Including in-home services in the interdisciplinary team
  - Added *"including in-home services where applicable"*
- Including more details for primary palliative care
  - When to refer
    - Group will consider referral process to discuss at next meeting
  - Education
    - Possibly recommending mandatory palliative care training for providers similar to suicide training
    - Group will consider possible mechanisms to improve provider education

- Resources
  - Leslie Emerick, Washington State Hospice and Palliative Care Organization, invited members to participate in development of Palliative Care Roadmap
    - Collaboration for consistency
  - Richard Stuart, DSW, Psychologist, Swedish Medical Center – Edmonds Campus, suggested including article about patients transitioning from critical care to home care

Action Item: Mr. Stuart will send article for inclusion
Action Item: Ms. Weir will send Department of Health Home Hospice Services Report

NEXT STEPS AND PUBLIC COMMENTS

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