
Bree Collaborative | Palliative Care Workgroup
August 16th, 2019 | 10:00-11:30
Foundation for Health Care Quality

Members Present

Lydia Bartholomew,* MD, Senior Medical Director, Pacific Northwest , Aetna	Bruce Smith,* MD, Providence Health and Services
Raleigh Bowden,* MD, Director, Okanogan Palliative Care Team	Richard Stuart, DSW, Psychologist, Swedish Medical Center – Edmonds Campus
Leslie Emerick,* Washington State Hospice and Palliative Care Organization	Stephen Thielke,* MD Geriatric Psychiatry University of Washington
Greg Malone,* MA, Mdiv, BCC , Mgr Palliative Care Services, & Spiritual Care Provider Swedish Medical Center	Cynthia Tomik, LICSW, EvergreenHealth Hope Wechkin* MD Medical Director, Hospice and Palliative Care EvergreenHealth

Staff and Members of the Public

Alicia Parris, Bree Collaborative	Ginny Weir, MPH, Bree Collaborative
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* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves. Minutes were not approved due to lack of a quorum.

FINALIZING FOCUS AREAS

The group viewed [Palliative Care Draft Recommendations](#) and discussed:

- Revised focus areas
 - Feedback on the format of the draft
 - Difficulty telling who the “*Patients and Family*” section is addressing
 - Added “*for*” prior to the stakeholder titles
 - Keeping a clear sense of what the end outcome is throughout the document
 - Keeping in mind the target audience
 - Possible gaps in focus areas
 - Health Care Systems and Provider Systems
 - Many decisions recommended in the *Specialty Palliative Care* are made on a systems level
 - Group agreed to add *Health Systems* as a stakeholder group
 - *Patient population, Community, Interdisciplinary team, and Care Coordination, Ongoing care, and Urgent care* bullets moved from *Specialty Palliative Care*
- Group viewed *National Academy for State Health Policy* checklist
 - Possibly recommending required CME for palliative care
 - Only would affect physicians
 - Would require legislation
 - Group agreed to include recommendations on training, but not required CME

- Helping the broader physician population understand palliative care and the benefits
 - Group discussed reimbursement strategy and heard feedback
 - Adding recommendations for reimbursement in a fee for service environment
 - Some self-insured employers still have more limited plans and could be given recommendations for improvement
 - Added following bullets to *Health Plans*
 - Allow for provision of concurrent life prolonging or disease modifying and palliative care for seriously ill patients
 - Removing limits of number of days of receiving palliative care
 - Defining seriously ill patients
 - Removing home-bound requirement for home based palliative care
 - Added recommendation to *Health Care Authority* to reimburse for social worker home visits
 - Group will revisit recommending level of training
 - Problem of social workers need to bill under behavioral health codes
 - Allow telemedicine care for seriously ill patients
 - Adding a reference to the Telemedicine Collaborative's definition to telemedicine

Action Item: Leslie Emerick, Washington State Hospice and Palliative Care Organization will send definition

- Group discussed challenges of PMPM reimbursement method
 - Challenge of billing with different types of insurance plans
 - Defining who is eligible with multiple different insurance contracts
 - Troubling nature of only being able to offer certain services to patients with certain health plans
 - How to provide for unfunded services (e.g. chaplains) in a fee for service scenario
 - Monthly care management fee

Action Item: Bruce Smith, MD, Providence Health and Services, and Cynthia Tomik, LICSW, EvergreenHealth will draft language with more definition of inclusions for PMPM.

NEXT STEPS AND PUBLIC COMMENTS

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