Members Present

Lydia Bartholomew,* MD, Senior Medical Director, Pacific Northwest, Aetna
Raleigh Bowden,* MD, Director, Okanogan Palliative Care Team
Leslie Emerick,* Washington State Hospice and Palliative Care Organization
Greg Malone,* MA, Mdiv, BCC, Mgr Palliative Care Services, & Spiritual Care Provider Swedish Medical Center
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
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

* 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.