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**Bree Collaborative | Palliative Care Workgroup**  
September 6<sup>th</sup>, 2019 | 10:00-11:30  
**Foundation for Health Care Quality**

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**Members Present**

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John Robinson, MD, SM, First Choice Health (Chair)	Program, Seattle Children's
Lydia Bartholomew,* MD, Senior Medical Director, Pacific Northwest, Aetna	Bruce Smith, MD, Providence Health and Services
George Birchfield, MD, Inpatient Hospice EvergreenHealth	Richard Stuart, DSW, Psychologist, Swedish Medical Center – Edmonds Campus
Raleigh Bowden,* MD, Director, Okanogan Palliative Care Team	Stephen Thielke, MD Geriatric Psychiatry University of Washington
Mary Catlin,* MPH, Senior Director, Honoring Choices, Washington State Hospital Association	Cynthia Tomik, LICSW, EvergreenHealth
Leslie Emerick,* Washington State Hospice and Palliative Care Organization	Gregg Vandekieft,* MD, MA, Medical Director for Palliative Care, Providence St. Peter Hospital
Ross M Hays,* MD, Director, Palliative Care	Hope Wechkin, MD, Medical Director, Hospice and Palliative Care EvergreenHealth

**Staff and Members of the Public**

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Josh Morse,* MPH, Washington Health Care Authority	Francesca Stracke,* ARNP, MultiCare Good Samaritan Hospital
Alicia Parris, Bree Collaborative	Ginny Weir, MPH, Bree Collaborative

\* By phone/web conference

**CHAIR REPORT AND APPROVAL OF MINUTES**

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Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves.

*Motion:* Approve 6/12/2019 & 9/6/2019 Minutes

*Outcome:* Passed with unanimous support

**FINALIZING FOCUS AREAS**

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

- Whether the heading *Primary Care* communicated the meaning of primary level palliative care, not that it was only for primary care providers
  - The group considered relabeling as “basic,” or “standard” care
  - The current definition of primary care in the draft is based on a national standard
  - Added codes and information on billing for Medicare palliative care screening at annual wellness visit to “*Primary Care Providers and Subspecialty*”
    - Also added codes and resources on billing for Medicare reimbursement for advanced care planning
      - A barrier is that it can only be done once per year
- Group viewed recommendations for *Health Plans* and discussed:
  - Additional recommendation was made to support provision of life prolonging/curative/disease modifying care concurrent with palliative care

- Group discussed limitations of the telemedicine as defined in the cited RCW
  - The RCW currently supports audio *and* video
  - Group agreed to remove the definition included from the RCW
- Changed phrasing from “develop” a per member per month benefit to “provide” a per member per month benefit
- Added a bullet heading “Measure” with recommendations to measure success that may be tied to gainsharing
- Group viewed *Executive Summary* and discussed:
  - Additional language to the *Executive Summary* to better explain the current deficit and access barriers (e.g. workforce, sustainable business models, referrals)
  - Changed “sustainability” of palliative care to “availability”
- Group viewed *Washington State Health Care Authority and Department of Health* and discussed:
  - Relocated section to the top of the stakeholder groups rather than last
  - Added recommendation to provide PMPM that mirrors that previously added to *Health Plans* recommendations
  - Added a bullet heading “Measure” with recommendations to measure success that may be tied to gainsharing
- Josh Morse,\* MPH, Washington Health Care Authority discussed the relevant work being done at the Health Care Authority and needs that would advance that work:
  - Components of care (provider types)
  - Good reimbursement examples
  - Provider payment methodology
  - Metrics (feedback mechanisms)
- Group considered metrics and discussed:
  - Recommending general domains to allow for different stakeholders to choose their own metrics
  - Group agreed to recommend “potentially avoidable complications” and “patient-specific quality of life” as metrics under the bullet titled *Measure*
  - Initiating palliative care through the emergency department
    - Would both promote palliative care and reduce emergency department usage

**Action Item:** Richard Stuart, DSW, Psychologist, Swedish Medical Center – Edmonds Campus will draft language about promoting palliative care in the emergency department

- Group agreed the draft is ready for public comment but at the following meeting would like to address:
  - Addressing the needs of the Health Care Authority
  - Adding specificity to the problem statement
  - Bringing to light the issue of social workers needing to diagnose a mental illness to bill for social work

## **NEXT STEPS AND PUBLIC COMMENTS**

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