CHAIR REPORT AND APPROVAL OF MINUTES
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
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
  o The group considered relabeling as “basic,” or “standard” care
  o The current definition of primary care in the draft is based on a national standard
  o 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:
  o 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**
Dr. Robinson and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.