

---

**Bree Collaborative | Palliative Care Workgroup**  
November 8<sup>th</sup>, 2019 | 10:00-11:30  
**Foundation for Health Care Quality**

---

**Members Present**

---

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

**Staff and Members of the Public**

---

April Krutka*, Medical Director for Palliative Care, Cambia Health Solutions	Francesca Stracke,* ARNP, MultiCare Good Samaritan Hospital
Alex Kushner, 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.

*Motion:* Approve 9/6/2019 Minutes

*Outcome:* Passed with unanimous support

**FINALIZING FOCUS AREAS**

---

The group viewed the latest version of the *Palliative Care Draft Recommendations*, with public comments added, and discussed:

- Under *Patients and Family Members*, whether other forms besides the POLST should be discussed or recommended.
  - The group considered mentioning other, but ultimately decided that paramedics and other caregivers might not be familiar with them.
  - The group decided that the language here should acknowledge that there are other possibilities besides the POLST.
  - Changed language to “Conversations should include risks and benefits of hospitalization and may include filling out a POLST or similar document.”
- Group walked through a number of comments on the draft and decided on changes:
  - Group agreed that “Palliative Care” and “Hospice” should not be mentioned in the same sentence; this helps to prevent the misconception that the two types of care are the same.

- Group decided to remove, wherever possible, the mention of “pain” and “pain management” to avoid misconceptions when describing palliative care; the language describing the scope of palliative care treatment is changed so that “pain” is not explicitly mentioned.
- Under the *Washington State Health Care Authority and Department of Health*, the “Measure” bullet point is changed to “Evaluate”
- In *Health Plans*, added a list of services to the “Services” bullet point.
- Group viewed *Specialty Palliative Care Teams* and discussed:
  - Under the *Behavioral health/psychosocial* bullet, remove the mention of managing behavioral health symptoms. This is too large of a task for a palliative care team to take on. Add “related to serious illness” to clarify the scope of palliative behavioral health management.
  - Remove “if possible” at the end of the *Symptom management/Medical care* bullet.
  - Under the *Pharmacy management* bullet, rejected adding a comment about explaining the use of medications.
- Group viewed *Health Systems* and discussed:
  - Added code 99358 to the codes list. This code pertains to chart review and coordination. Also added “or others when available” at the end of the code list because CPT codes change annually.
- Group viewed *When to Refer* (in the *Defining Palliative Care* section) and added a statement clarifying that referral to palliative care should be done based on clear referral criteria.
- Group viewed *Goals of Care Conversations* and added a final bullet point: “Resources: What is available in your community?”
- Leslie Emerick\* suggests that the group formally request the state legislature to craft a bill that would require private health care to cover palliative care. Group discussed:
  - The possibility of directing the Washington State Department of Health to establish their own workgroup meant to create guidelines and recommendations for private insurance covering palliative care. This was preferred over recommending legislative action.
  - How such a workgroup would be different than the PMPM recommendations.
  - What the current quality of palliative care coverage is by private insurance. Many insurers are already paying for some palliative care services, albeit inefficiently.
  - The lack of coverage of social worker care, medication care, and spiritual care. Additionally, there are no billing codes exclusively for palliative care.

**Action Item:** Direct the Washington State Department of Health to form a workgroup to create guidelines for private insurance covering palliative care.

- Insurance coverage for caregiver support is also mentioned. The group agrees that it would be hard to institute right now, but is an important aspirational goal for the palliative care community.

## CLOSING

---

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