

**State Advisory Council on Quality Care at the End of Life
Minutes from the January 13, 2017 Meeting**

Meeting time and place: January 13, 2017, 10:00 a.m., Office of Health Care Quality, 55 Wade Avenue, Spring Grove Hospital Center, Bland Bryant Building, Catonsville, Maryland.

Council members present: Ted Meyerson, Chair; Paul Ballard (Attorney General's designee); Tricia Nay (Department of Health and Mental Hygiene's designee); Sister Lawrence Mary Pocock; Linnette Rivera (Department of Disabilities' designee); Stevanne Ellis (Department of Aging's designee); Marian Grant; Lya Karm; Hank Willner. On speakerphone: Gail Amalia Katz; Gail S. Mansell, Karren Pope-Onwukwe.

Others present: Tiffany Callender; Teresa Jeter-Cutting; Virginia K. Marcus; Frederick G. Weinstein; Jennifer Briemann; Elena Boisvert; Chelsea Beaupre; Pavithra Madhanakumar. Others on speakerphone: Susan Lyons.

Chairman Ted Meyerson was delayed by traffic. In his place Paul Ballard convened the meeting at 10:00 a.m.

Tiffany Callendar of the Horizon Foundation (based in Howard County) gave a presentation regarding the promotion of advance directives. She discussed the Foundation's efforts to explore what barriers prevent discussions of end-of-life decisions, what motivates people to engage in such discussions and complete advance directives, and how they can change the culture's approach to these issues. The Foundation is making it a priority to persuade people to at least appoint a health care agent. The Foundation started Speak(easy)Howard.com. to persuade people to have a conversation, name a health care agent, and to "do more," i.e., complete a living will containing treatment instructions. There is a starter kit on the website to help start and maintain a conversation about these issues. They use mydirectives.com to encourage people to prepare an advance directive online. Howard County General Hospital's logo used on the website to make people feel more comfortable that health care providers will get their information. The Foundation coordinated with health care providers in getting the public campaign ready. Health care providers and five congregations and some assisted living programs are being trained by the Conversation Project. Health care providers are being trained in the program so that they are ready to discuss with patients and consumers when they are approached about the program. She mentioned a workshop that was planned to be held on January 18 to help people walk through the conversation steps and is to be run by the Conversation Project. Eventually, the Horizon Foundation is planning a large scale public campaign in the Fall of 2017.

Stevanne Ellis asked whether the Department of Aging could use information from the Foundation to share with its area ombudsmen and whether they could print out the advance directives that are available online, and would add resources for financial powers of attorney. Tiffany Callendar responded that the Foundation could share the information with ombudsmen's offices, that the advance directives could be printed out, and that the Foundation could add a link regarding financial powers of attorney. Elena Boisvert stated that attorneys should advise consumers regarding the statutory financial power of attorney forms. Paul Ballard noted that the

People's Law Library has forms and acknowledged that it is always good for consumers to consult with attorneys.

Tricia Nay talked about the proposed revisions to the MOLST form. She explained that there are four proposed changes to the MOLST form: (1) a voluntary signature by the patient or authorized decision maker acknowledging the discussion (although such a signature would not be required to make a MOLST form valid so to avoid repeating the previous experience with EMS/DNR orders of failing to carry out the wishes of patients because the authorized decision maker's signature could not be obtained in a timely manner); (2) a revision of the certification section to expressly state when the basis is medical ineffectiveness rather than merely implying medical ineffectiveness under the form's current language that reads: "other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records." (3) an insertion of the term "other" in Section 4b on hospital transfers to clarify that pain is considered to be a "severe symptom" that would warrant transfer to the hospital; and (4) a clarification in the instructions regarding who may review and update a MOLST form. Also, the instructions would be amended to clarify that the dated signature of the patient or authorized decision maker is strongly recommended and should be obtained if feasible, but the form is valid without it.

Marian Grant stated that the proposed location of the patient's signature is in a good location on the form because it will not be confused with the practitioner's signature for the orders on the form.

With regard to the medical ineffectiveness certification, Lya Karm raised the concern whether the deletion of the language about all supporting documentation in accordance with the Health Care Decisions Act would create a problem. Paul Ballard explained that it would not create a problem because the law already requires that certain notices be given and documentation be kept in accordance with the Health Care Decisions Act. Tricia Nay stated that medical ineffectiveness is infrequently used but has been used appropriately when reviewed by the Office of Health Care Quality. She also noted that when the MOLST form was first proposed that some people wanted to have the medical ineffectiveness certification forms attached to the MOLST form but such a requirement was considered too onerous. In any event, a health care provider is expected to have the documentation required under the Health Care Decisions Act.

Hank Willner asked whether it was possible to change DNR to "allow natural death." Tricia Nay noted that EMS personnel would have to be trained on the new nomenclature. Marian Grant asked whether there is an evidence-based reason to use the language "allow natural death" rather than DNR. Hank Willner stated that Fairfax Hospital used the new language and the use of DNR as a term gradually disappeared as the term "allow natural death" was gradually made bigger on the form. He believed that use of the term "allow natural death" would help families come to terms with the decision.

Paul Ballard explained that the proposed changes to the MOLST form discussed by Dr. Nay must still be approved by the Board of Physicians and the Maryland Institute for Emergency Medical Services Systems. Fred Weinstein asked whether the decision maker's contact

information could be included on the form. Tricia Nay explained that spacing issues influenced the decision not to include this on the form. She also noted that the healthcare decision making worksheet available on the MOLST website has space for this information. Fred Weinstein asked if providers are required to use the worksheet and Tricia Nay responded that they were not so required. She also responded to him that the draft MOLST form with the proposed changes is not official yet and should not be used until it is finally approved in regulations.

Ted Meyerson discussed the electronic advance directives workgroup. He stated that \$500,000 is available for use on a yearly basis to the Health Information Exchange run by the Chesapeake Regional Information System for our Patients (CRISP). He said that regulations are being developed around which bids would be allowed. Any advance directives company that meets the regulations' requirements may use CRISP. He expressed his concern that people won't participate if there is a cost to them for using the service.

Paul Ballard stated that MHCC formed two workgroups made up of many different stakeholders to study and make recommendations regarding the implementation of House Bill 1385 regarding the incorporation of electronic advance directives into CRISP and to promote the use of electronic advance directives and other advance directives. One workgroup, the Engagement and Special Issues Workgroup, is looking at witness requirements, contracting requirements, and education and outreach efforts. The other workgroup, the Advance Directives Criteria and Connectivity Workgroup, is looking at: the nuts and bolts of how vendors will interact with CRISP in placing advance directives on health information exchange; what requirements to include in procurement contracts for approval of their participation in CRISP to insure they have adequate policies and procedures to meet the technical and connectivity requirements necessary to provide secure advance directives and meet the legal requirements set forth in House Bill 1385 and the Health Care Decisions Act; the disclosure of costs and other important information to the consumer, and the generation of reports tracking the number of unique advance directives and how often they had been queried, among other requirements. He noted that there is a bill in the works to create a permanent source of funding for this advance directive program.

Ted Meyerson stated that there will need to be the ability for people to upload their paper advance directives to CRISP. He said that he wished there was a tab for MOLST. He asserted that hospitals don't want a tab for MOLST.

The Council then discussed possible ways of promoting National Healthcare Decisions Day. The national organization is holding a week-long event in 2017. Ted Meyerson noted that although the Council has no funding or manpower, its endorsement of activities would be useful. Fred Weinstein suggested that every hospital has a volunteer office that could take this on as a project. Marian Grant mentioned the Conversation Project and that the national organization for National Healthcare Decisions Day would have ideas. Outreach to churches, senior clubs, speakers' series, and media outlets shows were suggested as well as a discussion with the State Bar Association. Elena Boisvert volunteered to serve on the Council's subcommittee. Ted Meyerson stated that he would ask the Council's subcommittee to look at the issue for this year and next year.

No further items of business being presented, Chairman Meyerson adjourned the meeting.