

Meeting Minutes

Council on Serious Illness Care

Date: January 13, 2025

Time: 2:00 PM - 3:16 PM

Chair: Dr. Christopher Kearney

Attendance:

- Christopher Kearney (Chair)
 - Erik Mathes (MDOA)
 - Jennifer Crawley (MDOA)
 - Sabrina Chase (MDH)
 - Peggy Funk
 - Marian Grant
 - Kathryn Walker
 - Danny Scerpella
 - Tammy Turner
 - M. Jane Markley
 - Sadie Peters (MDH)
 - Senator Ellis
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Agenda:

1. Welcome and Introductions
 2. Legislative Updates
 3. JAMA Study on ACP in Maryland
 4. Project Updates
 5. Membership Updates
 6. General Discussion
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Discussion Summary:

1. Welcome and Introductions

- Dr. Chris Kearney opened the meeting, introducing himself as the chair and noting Erik Mathes would track attendance. He welcomed Senator Ellis and outlined the council's challenge of understanding legislative developments related to serious illness care.

2. Remarks from Senator Ellis

- Sen. Ellis attended his first council meeting, coinciding with the opening legislative session. He reported over 400 bills submitted, expecting 800+ this session. He encouraged the council to flag relevant bills for his review, noting his experienced chief of staff's health expertise. He emphasized collaboration with the Moore administration to secure resources despite a budget deficit (3% of Maryland's \$64 billion operating budget). He cited passing a biomarker testing bill during COVID as an example of prioritizing critical health issues.

3. Council Priorities and Projects

- Dr. Chris Kearney highlighted ongoing projects focused on serious illness care in Maryland, with financial constraints as a key challenge. He introduced advance care planning (ACP) as a key discussion topic and welcomed Dr. Kathy Walker from MedStar as a guest speaker.

4. Presentation: Sharing Choices Trial (Dr. Kathy Walker and Danny Skopelis)

- Dr. Kathy Walker (MedStar) and Danny Scerpella (Johns Hopkins) presented findings from the Sharing Choices trial, a cluster-randomized study across 51 Maryland, Virginia, and D.C. primary care clinics.
 - **Trial Design:** Targeted patients 65+ (focus on Alzheimer's and related dementias - ADRD), comparing ACP intervention to usual care. Outcomes measured: new advance directives (ADs) in electronic health records at 12 months and burdensome end-of-life care within 6 months of death.
 - **Intervention Components:** Clinic letter, agenda-setting checklist, patient portal registration, trained ACP facilitators, and staff education on ADRD.
 - **Results:**
 - Significant increase in new ADs (2x more likely overall, 1.3x in ADRD patients; 4x for ADs alone, 1.8x in ADRD). Updates to existing ADs also increased (1.6x).

- Unexpected increase in burdensome care in the intervention group, possibly due to small cohort size, limited observation period, or lack of goal-concordant care integration. Effects were less pronounced in Black and older ADRD patients, indicating outreach gaps.
- **MedStar Programmatic Insights (Kathy):**
 - Facilitators converted visits to annual wellness visits to reduce patient costs, sustaining ACP via billing. Lay facilitators proved effective, supported by palliative care teams.
 - Case study: An 80-year-old patient's updated AD, facilitated during a routine visit, ensured wishes were honored during a later health crisis.
 - MedStar contributes 85% of Maryland's MOLST documents via an electronic process integrated with CRISP.
 - Current program: 3 social workers and an NP cover 8 hospitals, using video visits and group ACP sessions (e.g., patients connecting over shared experiences).
- **Discussion:**
 - Dr. Chris Kearney praised the study's scale but questioned if documenting ADs reduced direct provider conversations. Danny suggested fragmentation in care delivery (e.g., ER settings) might limit AD accessibility, emphasizing conversations over documentation. Kathy noted intervention patients might be more activated to seek care, potentially increasing burdensome interventions.

5. Department of Health Update (Dr. Sadie Peters)

- Dr. Sadie Peters expressed interest in the trial's findings, aligning them with the Department's goal to increase AD completion statewide.
 - **Challenges:** Rural areas, minorities, men, and those under 35 are underserved.
 - **Initiatives:**
 - Social/mass media campaign launching March 2025 to promote naming healthcare agents and online AD completion.
 - Community contractor to manage mini-grants and train leaders, expected Fall 2025.
 - Plan to attend council/commission meetings statewide over 2 years to encourage AD completion (email: sady.peters@maryland.gov).
- Sen. Ellis offered to collaborate in District 28 (rural, African-American, disabled veterans), committing to community events.

6. Legislative Engagement

- Dr. Chris Kearney proposed a public ACP demonstration (e.g., legislators signing ADs on the floor), citing Sen. Ellis's public COVID vaccination as a model.

- Sen. Ellis supported the idea, suggesting coordination with Chris and Delegate Martinez, potentially tied to National Health Care Decisions Day (2 days after the next meeting).

7. Additional Updates (Marian)

- **NASHP/AHEAD Model:** Maryland's participation awaits CMMI leadership changes; palliative care integration delayed.
- **Prison Healthcare:** New contract with CenturionCare (since June 2024); audit report criticized prior oversight. Council to follow up with Department of Corrections.
- **State Rankings:** CTAC (37/50 states) update pending; CAPC ranks Maryland #1 for palliative care (A grade), though rural/outpatient gaps remain.
- **Uniform Healthcare Decisions Act:** National update proposes remote witnessing, mental health ADs, and expanded surrogates; Maryland's 1993 Act may need review.

8. Membership and Administrative

- **Minutes Approval:** 14-page draft approved (to be condensed in future).
- **Membership:** Vacancies include physician, advocacy rep, and health insurance rep. Appointments delayed until post-session (April 2025). Council encouraged to suggest candidates (contact Chris / Erik).
- **Next Steps:** List of terms / vacancies to be distributed.

9. Other Business

- Jane noted National Health Care Decisions Day proximity, suggesting legislative action.
- Marian highlighted a WYPR hospice discussion, suggesting further outreach.

10. Adjournment

- Meeting concluded with thanks to all participants. Follow-ups assigned for legislative and membership actions.

Meeting Adjourned: 3:16 PM
