

**State Advisory Council on Quality Care at the End of Life  
Minutes from January 25, 2012 Meeting**

**Meeting time and place:** January 25, 2012, 10:00 a.m., Department of Aging, 301 West Preston Street, Baltimore, Maryland.

**Council members present:** Ted Meyerson, Chair; Gail Mansell, Lynn McPherson; Timothy Keay; Paul Ballard (Attorney General's designee); Michael McHale; Gail Amalia Katz; Karren Pope-Onwukwe; George Failla (Department of Disabilities' designee); Donna Leister.

**Others present:** Wendy Kronmiller; Shawn Brennan; Eva Feder, Don Wentzel.

Chairman Ted Meyerson convened the meeting at 10:00 a.m.

Ted Meyerson asked Wendy Kronmiller to talk about the distribution of the Council-approved educational cards describing a patient's rights and options for care at the end of life. She reported that social workers at Erickson were very pleased to get the cards and that they made it much easier to have conversations with patients about these issues. She reported that groups represented by United Seniors all wanted the cards and that there was a great demand for them.

Ted Meyerson asked the Council to revisit the issue of whether the Council should support the United Seniors Foundation's work in distributing the educational cards. Paul Ballard advised the Council that it was permissible for it to approve the content of the cards as it had done previously. Other institutions and organizations are free to print the cards and distribute them if they wish. Paul Ballard further noted that the cards are available and can be downloaded from the Attorney General's Health Decisions Policy webpage. Ted Meyerson asked Mr. Ballard to send copies of the cards to Council members.

Wendy Kronmiller noted that there was a lot of confusion about the implementation of the "Medical Orders for Life-Sustaining Treatment" (MOLST) form that was published in the Maryland Register for public comment. Ted Meyerson asked the Council if it would authorize him to send a letter to the Secretary of Health and Mental Hygiene asking him to adopt the proposed regulations as final regulations. The Council approved this request.

To carry out the recommendations in the Hospice Care, Palliative Care, and End of Life Counseling workgroup report that the Council adopted, Ted Meyerson asked the Council to discuss possible ways to educate physicians regarding having conversations with patients about options for care at the end of life.

Timothy Keay said he thought the most effective way to change the behavior of physicians is to educate their patients to press the physicians to have these conversations.

Gail Mansell stated that physicians need to be assured they can obtain reimbursement for having these conversations. She asked Council members whether these conversations were billable. Council members said it was billable and will provide specific information for the next meeting. The consensus of the Council was to include this information with the educational cards so that health care providers will know that these conversations are billable.

Lynn McPherson suggested partnering with hospice organizations to offer educational programs such as online training. She suggested a public service announcement to patients describing in a simple and memorable way certain issues to discuss with their health care providers when diagnosed with a serious illness, e.g., BBQQ (Benefits, Burdens, Quality, and Quantity), meaning a list of questions such as “what are the benefits of this therapy?,” “what are its burdens?,” “will it prolong my life?,” and “what will the quality of my life be like?” Gail Mansell noted that Delaware hospices have transmitted a similar public service announcement.

On behalf of the Montgomery Coalition on Care at the End of Life, Shawn Brennan made a presentation regarding the withholding of CPR. Ms. Brennan is a Program Manager, Senior Health Promotion, Montgomery County Department of Health and Human Services, Aging and Disability Services. Ms. Brennan discussed the pilot program in Washington State that allowed emergency responders to withhold CPR without an EMS/DNR order form if a patient has a terminal illness and a family member tells the emergency responder that the patient did not want CPR. She reported that the pilot program reported no bad outcomes where such decisions were made inappropriately. She also noted that if there was any doubt, the emergency responders simply chose to administer CPR. She asked the Council for its feedback on possibly pursuing the same type of program in Maryland.

Council members expressed concerns about the proposal. Timothy Keay expressed concerns about whether an emergency responder could really know if a patient was terminally ill and thought a clear and convincing evidence standard should be applied to make sure that the patient did not want CPR. George Failla expressed the concern that a disabled person who cannot communicate on their own behalf may have a family member with a different view regarding CPR. He noted that the issue is complicated and should be carefully examined. Karren Pope-Onwukwe noted her discomfort if there is no written form for the emergency responders to follow. Timothy Keay suggested that Ms. Brennan and the Coalition continue to try to work on the issue with the Maryland Institute for Emergency Medical Services Systems.

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