

**State Advisory Council on Quality Care at the End of Life
Minutes from the January 30, 2014 Meeting**

Meeting time and place: January 30, 2014, 10:00 a.m, Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Paul Ballard (Attorney General's designee); Michael Safra; Gail Amalia Katz; Mary Lynn McPherson; Marian Grant; Sister Lawrence Mary Pocock; Lya Karm; Hank Wilner. On speakerphone: Hope Miller; Gail Mansell; Tom Smith; Karren Pope-Onwukwe.

Others present: Victor Henderson on behalf of the Department of Disabilities; Alice Hedt and Donna Neuworth on behalf of the Department of Aging; Alan Eason; Phyllis Meyerson; Anita Tarzian; Meredith Truss on behalf of the Maryland Cancer Collaborative.

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

Meredith Truss, Comprehensive Cancer Control Program Manager for the Maryland Department of Health and Mental Hygiene, gave a presentation describing the work of the Maryland Cancer Collaborative in creating the Maryland Comprehensive Cancer Control Plan. The Collaborative has a diverse membership of over 170 members encompassing health care providers, researchers, consumers, and many others. The Cancer Control Plan is a resource that provides information to all Marylanders about cancer and ways to reduce cancer risk. The Plan also provides goals, objectives, and strategies to help guide cancer control activities. The Plan includes a chapter on palliative and hospice care.

Ms. Truss thanked the Council for its input into the development of the Collaborative's palliative care survey. The survey asked palliative care programs about their policies for consulting with patients regarding palliative care. The survey also will examine the challenges for programs regarding their technical assistance needs. They anticipated completing a report on the results of the survey in a few months. Ms. Truss invited the Council and its members to join the Collaborative. The Council unanimously decided to join the Collaborative.

Tom Smith discussed the implementation of the hospital pilot palliative care programs selected by the Maryland Health Care Commission pursuant to Chapter 379 of the 2013 Session Laws of Maryland that required the palliative care programs to: collaborate with palliative care or community providers to deliver palliative care; gather data on costs and savings to hospitals and providers, access to care, and patient choice; and report to the Commission on best practices that can be used to develop statewide palliative care standards. He stated that 17 palliative care programs are participating, not just 5 programs as required by the legislation. He said the pilot programs are looking at such information as the number of palliative care consults and the discharge status of patients. One issue is whether each pilot program can collect enough data to be included on the Center to Advance Palliative Care's National Palliative Care Registry because of the unavailability of electronic data, which results in the data having to be collated by hand.

Gail Katz asked whether the Joint Commission has standards for palliative care programs. Marian Grant responded that the Joint Commission has very high standards and that only Union Memorial Hospital's program has met those standards. Tom Smith concurred, stating that deterrents include financial costs such as the requirements for 24-hour availability of palliative care services and a \$25,000 fee for the certification by the Joint Commission.

Paul Ballard reported on legislation. He stated that House Bill 134 sponsored by Delegate Morhaim would require the Governor to proclaim April 16 as National Healthcare Decision Day in Maryland. The Council had expressed its support for the bill by an email vote and Ted Meyerson testified in support of the bill on behalf of the Council. The Council supports the bill as a way to raise public awareness about palliative care, advance directive, and advance planning. Mr. Ballard reported that no other bills had been introduced that directly related to issues relevant to end-of-life care. Ted Meyerson noted that the Howard County Commission has used the National Healthcare Decisions Day as a reason to conduct relevant educational activities on that date. Alice Hedt stated that the National Healthcare Decisions Day or similar days have worked well in other states as a means to promote awareness. Marian Grant noted that usually there is some national media associated with the day.

Ted Meyerson showed the educational videos that had been produced by WBAL pro bono at the request of Delegate Morhaim and the Council. He asked the Council to think about whether any organizations might be willing to fund reproduction of the videos for distribution. Anita Tarzian suggested putting the video on the Council's website so that it could be downloaded. Hank Wilner asked whether the Council would be open to endorsing videos that other organizations have developed that might be more comprehensive. Ted Meyerson said the Council was open to doing that but had approved the scripts for these videos to help people start a conversation about these issues. Alice Hedt suggested that a slide at the end of the video might be added to explain that more information is available on the Attorney General's website. Gail Katz stated that one of the video's slides might have too high a public reading level. Ted Meyerson suggested that bullet points could be drafted to make the slide easier to understand.

Ted Meyerson discussed promoting hospice awareness in Baltimore City. He said that Arnold Eppel, Director of the City's Office of Aging, is actively promoting hospice awareness in African American churches. Marian Grant noted that there was an article in the Baltimore Sun published on December 18, 2013, regarding these efforts.

Marian Grant discussed the Council's idea of developing a consumer brochure discussing palliative care. She recommended that the brochure discuss palliative care rather than end of life care. The goal of the brochure would be to explain what palliative care is. She stated that the term "palliative care" needs to be explained as care that is appropriate at any stage of a serious illness and explained in a way so that it is clear that palliative care is not confused with hospice care or death. She suggested creating a 2-sided PDF document that organizations could print and add their own logo to if they wished. The Council supported her efforts.

Paul Ballard informed the Council that the MOLST form was about to be revised to reflect that physician assistants may now sign the form. He stated that MOLST training sessions

continue to be held and that 11 Certified Master MOLST trainers have been trained to give training sessions and work on MOLST projects.

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