

**State Advisory Council on Quality Care at the End of Life
Minutes from the March 4, 2013 Meeting**

Meeting time and place: March 4, 2013, 10:00 a.m, Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Hope Miller; Karen Kaufman; Paul Ballard (Attorney General's designee); Tricia Tomsco Nay (Department of Health and Mental Hygiene's designee); Donna Leister; Senator Roger Manno; Delegate Dan Morhaim; Michael Safra; George Failla (Department of Disabilities' designee); Steve Levenson; Gail Amalia Katz; Gail Mansell. On speakerphone: Catherine Stavely; Karren Pope-Onwukwe; Michael McHale.

Others present: Alice Hedt; Catherine Weber

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

Tricia Nay discussed the palliative care bill, House Bill 581, which would require certain hospitals to have palliative care programs. The bill has been amended to study pilot palliative care programs in 5 selected hospitals to compile data regarding best practices and financial information. 90% of Maryland hospitals have some kind of palliative care team. As a result of the pilot programs, the Department would use the findings to develop regulations to govern palliative care programs. The hospitals selected for the pilot program study would be geographically representative of the state.

Senator Manno discussed Senate Bill 790 regarding the advance directive registry. He stated that the bill would require the Department of Health and Mental Hygiene to charge a fee to the person placing their advance directive on the state registry and would require DHMH to make the advance directive operational. He noted that the bill's fiscal note accounts for federal funding now available under the Affordable Care Act that would reduce the state's cost by close to \$100,000. Ted Meyerson asked whether the State could accept a donation to get the registry operational and Senator Manno said that would be permissible. Senator Manno also noted it might be less expensive to house the registry at the University of Maryland, perhaps at the School of Public Health. Gail Katz suggested that the University of Maryland's School of Social Work might also be able to do this. Gail Mansell stated that her hospital keeps an advance directive registry free of charge for its patients. They have 3800 advance directives in the data base. She offered to be a consultant for any advance directive registry that is developed by the State.

Representatives from The Joint Commission made a presentation to the Council regarding their advanced certification that they grant to palliative care programs in hospitals. Their standards emphasize such factors as symptom management, patient-centered family care, etc. They examine how a program implements evidence-based clinical practice guidelines and how it collects data to improve its performance. They use 14 quality measures for palliative care, such as pain assessment, screening for shortness of breath, etc. In their surveys they follow a patients' care and review their records, and ensure that the caregivers are competent and

credentialed. The program should be able to coordinate care and not just perform a consultative function.

Ted Meyerson updated the Council on the medical marijuana bills and stated that he would offer support for them on behalf of the Council.

Alice Hedt reported on the Department of Aging's ombudsmen's observations of how MOLST is being implemented. They reported that nursing homes are making a smooth transition to MOLST. Nursing homes are reporting that hospitals are not yet using the MOLST form (which is not required until July 1, 2013). Quite often the nursing home's social worker meets with the family to discuss the MOLST form prior to the physician discussing the form with the family. Nursing homes report difficulty in getting the MOLST completed when there are evening admissions. There is some confusion about the blood transfusions and dialysis sections. There is also confusion about whether the old version of the MOLST form must be voided and the new version of the MOLST form completed even though the old MOLST forms never expire. She reported that the worksheets made available on the MOLST website are being used a lot. Some families do not understand why a MOLST form is needed when there is an advance directive. Often it will take multiple discussions with families to get the MOLST form completed. Finally, it can take a long time to complete a MOLST form when a public guardian is involved.

Ted Meyerson proposed that the Council create a video regarding MOLST for consumers to view on YouTube. He showed the Council videos from New York regarding their MOLST program as examples. Mr. Meyerson said he would create a video for the Council to review and discuss at the next Council meeting.

The Council will examine what issues it should focus on in the future at the next meeting.

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