

**State Advisory Council on Quality Care at the End of Life  
Minutes from the June 8, 2018 Meeting**

**Meeting time and place:** June 8, 2018, 10:00 a.m., Office of Health Care Quality, 55 Wade Avenue, Spring Grove Hospital Center, Bland Bryant Building, Catonsville, Maryland.

**Council members present:** Alan Eason, Chair; Paul Ballard (Attorney General's designee); Stevanne Ellis (Department of Aging's designee); M. Jane Markley; Hank Willner; Rabbi Steve Glazer; Elena S. Boisvert; Lya Karm; Tiffany Callender; Delegate Dan Morhaim; Tricia Nay (Department of Health's designee); Carol Eckerl; Hung Davis. **On speakerphone:** Elena Boivert; Jocelyn El-Sayed.

**Others present:** Nikki Majewski; Frederick Weinstein; Peggy Funk; Ted Meyerson; Matt Austin. **On speakerphone:** Christine Boyd.

Chairman Alan Eason convened the meeting at 10 am.

Nikki Majewski, the Maryland Health Care Commission's Chief of Health Information Technology, gave a presentation regarding the efforts of the Maryland Health Care Commission to increase access to electronic advance directives. She described the history of their efforts to make electronic advance directives accessible through the State-Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP). The culmination of those efforts is the adoption of Commission regulations in COMAR 10.25.19 governing the State recognition of an electronic advance directives service. These regulations set criteria for vendors that would provide the electronic advance directive service, including standards for privacy and security audits; education, reporting, and technical provisions. She further stated that the Commission began accepting vendor applications in April of 2018, that currently one vendor's application is being reviewed, and that a vendor will be awarded funds to integrate with CRISP by July.

Paul Ballard asked Nikki Majewski about her thoughts concerning the possibility of an eMOLST registry. She stated that the Commission had explored the possibility of a MOLST registry but decided to focus on advance directives at this time. She noted that she has encountered a lot of interest in developing a MOLST registry and that there are vendors that have focused on MOLST registries.

Christine Boyd, Health Policy Analyst with the Maryland Department of Health's Prevention and Health Promotion Administration, gave a presentation on the Department's Advance Directive Education and Outreach Program. She stated that in 2017 the Department issued a competitive bid for faith-based organizations to deliver advance directive and outreach education and outreach. The Department awarded three faith-based organizations to deliver a robust series of approximately 20 events in the Western, Central, and Capital regions of Maryland, with events running through June 30, 2018. Building on the success of this initial faith-based outreach, the Department issued another funding opportunity for faith and community-based outreach, this past February. 13 organizations were awarded grants to implement a variety of activities in 18 of Maryland's 24 counties, with a total of approximately

110 events to be conducted ranging from lunch-and-learns to plays and “games” focused on advance care planning, including the discussion of both paper and electronic advance directives. 33 events have already taken place. Activities will run through March 31, 2019. A technical assistant grant was awarded to a partner organization to support 13 grantees. The technical assistance has included a kickoff conference on April 16, 2018 (National Healthcare Decisions Day), and the development of two sample curriculums to support outreach programming. They are available at <http://www.apjariconsulting.com/md-advance-directive-workshop-content>. Finally, she stated that a white paper summarizing the faith-based community engagement program is due in August of 2018 and a second white paper is due in April of 2019 summarizing the scaled-up community engagement initiative, its successes, messaging, and lessons learned.

Christine Boyd stated that the goals of the Department’s education and outreach program are to increase the public’s general knowledge of advance directives and to find out what is most effective in raising such public awareness. Based on the early success found, in addition to the more traditional outreach to seniors, the program has been expanded to include such innovative efforts as the presentation of play about advance directives and the targeting of diverse populations such as the LGBT community, persons with HIV/AIDS, and younger families. She reported that after the 33 events, surveys showed that 92% of participants reported an increase in knowledge of advance care planning, 92% felt empowered by knowing where to access paper or electronic advance directives, and 87% of participants reported that they intended to start advance care planning or update an existing plan. Over half of the participants reported having advance directives prior to the education session. Jane Markley said she was not surprised so many of the participants had completed advance directives but noted that most people have not had in-depth advance care planning conversations even if they had prepared advance directives. Christine Boyd stated that some participants are confused regarding what kind of document they already have completed, and follow-up events are sometimes held to identify those documents.

Alan Eason asked about the challenges faced by the Department’s outreach program. Christine Boyd responded that it can be challenging to recruit participants for these events because people tend to want to delay advance care planning. Different organizations have helped meet that challenge by combining the education sessions with other education like financial advice, CPR training, etc. Also, she said that for faith-based communities it is helpful to have church leadership involved in some way, either in advertising the event, providing a church service after the event, or being involved in some other way.

Alan Eason discussed the Council member’s proposed projects and asked Council members to submit any proposed projects to Paul Ballard. Council members agreed on the potential usefulness of an eMOLST registry and that the Council might wish to support those efforts. Council members also were comfortable with the efforts already being made by the Department of Health regarding the promotion of advance directives. Council members agreed on the importance of promoting palliative care. Steve Glazer stated that it was important that people are educated that palliative care is not just available in hospice care programs. Paul Ballard noted that he was confused as to why he has heard so much concern in the past from health care providers regarding the definition of palliative care. Council members agreed that the using an inappropriate definition for palliative care can create the misunderstanding among people that palliative care is not just limited to hospice care. This misunderstanding deters

patients from obtaining palliative care services and deters practitioner from recommending palliative care services for their patients. Peggy Funk, Executive Director of the Hospice and Palliative Care Network, explained that there are two different definitions of palliative care that are generally used and that to get payment, providers must use the definition provided by the Centers for Medicare and Medicaid Services. She also stated that hospitals are trying to encourage the use of community-based palliative care services rather than just using the palliative care services provided in the hospital.

Paul Ballard stated that there was little in the way of legislation that was passed in the 2018 session of the General Assembly that related to end-of-life care issues. He mentioned Senate Bill 232 that passed and requires a general hospice care program to establish a written policy for the collection and disposal of unused prescription medication. The bill's provisions only apply to a general hospice care program when providing hospice services in an in-home setting and not when providing hospice services in a nursing home, assisted living facility, or a general hospice care program facility. Peggy Funk mentioned that the Hospice and Palliative Care Network supported the passage of the legislation because it will enable hospice programs to remove dangerous prescription medications from patients' homes.