

**State Advisory Council on Quality Care at the End of Life
Minutes from the October 2, 2013 Meeting**

Meeting time and place: October 2, 2013, 10:00 a.m, Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Hope Miller; Paul Ballard (Attorney General's designee); Tricia Tomsko Nay (Department of Health and Mental Hygiene's designee); Donna Leister; Michael Safra; George Failla (Department of Disabilities' designee); Gail Amalia Katz; Gail Mansell; Mary Lynn McPherson; Tom Smith; Marian Grant; Sister Lawrence Mary Pocock, Karren Pope-Onwukwe. On speakerphone: Senator Roger Manno; Steve Levenson; Catherine Stavely;

Others present: Alice Hedt and Donna Neuworth on behalf of the Department of Aging; Alan Eason; Jason Frank; Ritchie Philogene; Alison Bogsted. On speakerphone: Barbara Biedryzcki

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

Ted Meyerson discussed the Council's potential role in reviewing the Maryland Health Commission's report due by December 1, 2015 regarding 5 pilot palliative care programs in hospitals with 50 beds or more. These pilot programs were required by Chapter 379 of the 2013 Laws of Maryland. This law requires the Maryland Health Care Commission to select at least 5 pilot palliative care programs and to gather data and issue a report regarding those pilot programs by December 1, 2015. He suggested that the Council members review the Joint Commission's Palliative Care Certification Manual. Tom Smith said he was familiar with the Joint Commission's standards and noted that very few palliative care programs in hospitals would be able to meet them due to their comprehensive nature. Mr. Meyerson asked that the Council be prepared to review the report and make recommendations to the legislature.

Ted Meyerson discussed the creation of educational videos on advance directives and the MOLST form. He noted that with help from Michael Safra the script was finalized and based on the suggestion of Delegate Morhaim, the production of the videos was offered pro bono by a television station. WBAL Television is working on producing the educational videos free of charge. Once the video is finalized a link to it will be made available online on the Council's website. The Council will seek sponsors willing to copy and distribute the videos. Jason Frank suggested that the Elder Law Section might help sponsor the distribution of the videos. The videos could then be provided to nursing homes, assisted living programs, community groups, and others. The purpose of the educational videos is to introduce consumers to the subject of advance care planning, including advance directives and the MOLST form.

Lynn McPherson informed the Council that the Office of Health Care Quality had issued a grant to the University of Maryland under the auspices of the Council to develop an online training course to enhance the knowledge, skills, and attitudes of practitioners caring for older adults with advanced illness in nursing homes and assisted living programs. The Office of Health Care Quality gives out grant money from its funds collected from civil money penalties imposed upon nursing homes and assisted living programs. The grant application had been suggested by

Ms. McPherson at the May, 2013 meeting of the Council and the idea was endorsed by the Council. Pursuant to the grant, the University will award continuing education credits to 500 nurse or social work practitioners. Ted Meyerson commended the work of Ms. McPherson and Marian Grant in obtaining the grant and developing the online training program.

Paul Ballard discussed the advance directive registry. Mr. Ballard stated that the Maryland Health Care Commission is developing a request for proposals for vendors to bid on developing a registry to be incorporated into the existing electronic health information exchange by developing a tab for advance directives. The vendor should be selected in February of 2014. Tom Smith asked if MOLST forms would be able to be accessed on the registry because that would be very helpful for practitioners. Mr. Ballard noted that while inclusion of the MOLST forms with advance directives on an electronic registry is the eventual goal, at the moment only the advance directive registry is being developed. Mr. Ballard noted that provided that MOLST forms are included in the registry voluntarily and there is money budgeted for that purpose, there would be no legal impediment to including MOLST forms in the electronic health information exchange. Further legal review would be needed for any proposal to require inclusion of MOLST forms with the advance directive registry. Senator Manno stated his belief that this could be done through the adoption of regulations but that he would be supportive of legislation if it were needed.

Ted Meyerson discussed the hospice task force he participated in that is devoted to studying how more minority groups can be made aware of the benefits of hospice care and thereby increase their utilization of hospice care services. Mr. Meyerson discussed his concern with some promotional materials that seem to suggest that hospice care will lengthen the patient's life rather than focusing on the improvement of the quality of the patient's life. The Council members agreed that people live better and at least as long using palliative care and hospice care services and that the emphasis should be on the improved quality of life obtained through palliative care and hospice care services.

Paul Ballard updated the Council on the progress of the implementation of the MOLST law. He stated that the training of health care providers continues and that the MOLST regulations and form are being amended in regulation to reflect that physician assistants were given the authority by the General Assembly to sign the MOLST form. Tricia Nay informed the Council that the Beacon Institute will be training 8 certified master MOLST trainers and are seeking applicants with diverse educational backgrounds from throughout the State of Maryland. These trainers will perform training and do other work to promote and strengthen the MOLST project in Maryland.

Jason Frank asked whether the Council has seen situations where a patient's advance directive has conflicted with a MOLST form. None of the Council members were aware of particular situations, although Tricia Nay noted that it has always been an issue in practice to make sure that orders such as Do Not Resuscitate Orders are consistent with advance directives. Paul Ballard stated that the issue is whether the MOLST form's orders were based on informed consent, in which case it would supercede previous wishes stated in an advance directive. Jason Frank stated that the issue needs continued attention. Tricia Nay noted that the issue is addressed in MOLST training sessions.

Ted Meyerson raised the issue of medical marijuana. Tom Smith said there is good evidence to show that the cannabis mist works well in helping patients with pain. The Council sent to Joshua Sharfstein, the Secretary of the Department of Health and Mental Hygiene, a link to a video by Sanjay Gupta regarding the medical benefits of marijuana.

The Council discussed the issue of assisted suicide. The Council members did not endorse assisted suicide. Council members noted that families can confuse providing medications to alleviate pain with assisted suicide and that the distinction between the two approaches should be kept distinct. Instead, the consensus of the Council was that the emphasis instead should be on educating the public regarding their options for palliative care, hospice care, and advance care planning such as advance directives and preparing MOLST forms. To better educate the public regarding their options for care, Lynn McPherson suggested that a brochure be developed informing the public about their options for care to improve their quality of life, including palliative care and hospice care, and what advance planning tools are available to patients, such as advance directives and MOLST. Marian Grant agreed to form a subcommittee to develop a brochure.

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