

**State Advisory Council on Quality Care at the End of Life  
Minutes from October 10, 2008 Meeting**

**Meeting time and place:** October 10, 2008, 10:00 a.m., in the Department of Aging's Conference Room, 301 West Preston Street, Room 1007.

**Council members present:** Catherine Boyne, Chair; Timothy Keay; Wendy Kronmiller (Secretary of Health and Mental Hygiene's designee); Mike LaChance (Secretary of Aging's designee); Steven Levenson; Ted Meyerson, Paul Ballard (Attorney General's designee); Karen Kauffman, Karren Pope-Onwukwe; Cari Watrous (Secretary of Disabilities' designee); Gloria Ramsey (via speakerphone).

**Others present:** Fran Stoner; Cynda Rushton; Gail Amalia B. Katz; Lorenzo Bellamy.

Ms. Boyne announced her appointment by Governor O'Malley as Chair of the Council and convened the meeting at 10:00 a.m. and welcomed Council members and guests.

Cynda Rushton thanked the Council for the privilege of working with the members of the Council, including Jack Schwartz.

The Council discussed the need to fill vacancies on the Council and possible candidates for the Council. Members and guests were asked to email recommendations to Mr. Ballard.

Dr. Keay informed the Council that a summit discussing the treatment of pain would be held at the BWI Airport Marriott Hotel on October 24, 2008, and invited Council members to attend. Ms. Katz also described the summit's agenda.

Ms. Kronmiller reported that the Office of Health Care Quality found problems in a survey with a hospital staff's lack of understanding of end-of-life care issues. She also mentioned that the Centers for Medicare and Medicaid Services adopted final hospice regulations that will be effective on December 2, 2008. Ms. Boyne noted that these new regulations create quality outcome measures that should be helpful in carrying out people's wishes and promoting patient and family satisfaction with the

hospice's care.

Mr. Ballard discussed Jack Schwartz's memorandum regarding domestic partners under the new law that includes them as surrogate decision makers. Mr. Schwartz concluded that although a health care facility is permitted to require a person to provide documentary evidence supporting their claim to be the patient's domestic partner, the facility may also use its discretion to believe such a claim without requiring such additional evidence.

Mr. Ballard informed the Council about federal legislation, the Medicare Improvements for Patients and Providers Act of 2008 (HR 6331), which in part would include end-of-life care planning as part of the initial preventive physical examination. He told members he would e-mail relevant portions of the bill to them and tell them whether the bill had been enacted into law.

Mr. Ballard provided an article to the Council regarding a study showing the cost savings of providing palliative care. Ms. Boyne noted she had a copy of the study if anyone wanted to read it. Mr. Ballard also gave the Council a copy of the palliative care report card issued by the National Palliative Care Research Center regarding access to palliative care in hospitals. Maryland received a grade of B while the United States received a grade of C. The Council noted that still more could be done to improve access to palliative care in Maryland's hospitals.

Mr. Ballard relayed a message from Senator Lenett that he would be reintroducing SB 355 in the 2008 legislative session, which bill required health care facilities to disclose to patients the facility's practices affecting the provision, withholding, or withdrawal of life-sustaining procedures, to issue medical orders consistent with the patient's treatment preferences, and to periodically assess outcomes to evaluate whether the use of life-sustaining treatment procedures are consistent with patient preferences. The Council reaffirmed its support for Senator Lenett's efforts. The Council asked Mr. Ballard to obtain a copy of the draft bill to be circulated among Council members for their review.

Mr. Ballard presented a memorandum to the Council describing various options for discussing legislation during the legislative session at times other than regularly scheduled meetings of the Council. The Council asked Mr. Ballard to identify those bills that may require conference calls. The Council would set pre-arranged times for conference calls at

potentially critical times during the legislature. If Mr. Ballard should want the Council to review legislative proposals between scheduled Council meetings, he will first attempt to e-mail the members. If he then does not hear back from them, he will then hold a conference call at the pre-set time.

Mr. Ballard presented a memorandum to the Council comparing the Instructions on Current Life-Sustaining Treatment Options form (LST Options form) to the Physician's Orders for Life-Sustaining Treatment form (POLST). Council members noted that the purpose of the form is to encourage discussion of treatment preferences and that simply filling out the form may not be fulfilling that purpose. It was noted that the LST Options form is most often reviewed with patients or proxies by a nursing home's social workers rather than by physicians.

Dr. Levenson suggested that the Council could form a workgroup to look at the issue of whether the LST Options form has improved parts of the end of life care decision making process, for example, matching the patient's prognosis to the patient's life-sustaining treatment preferences. The Council approved the suggestion and Dr. Levenson agreed to coordinate a workgroup to examine these issues. Dr. Keay, Ted Meyerson, Frances Stoner volunteered to be on the workgroup and report back to the Council at the next meeting.

The Council discussed implementation of the recommendations contained in the Study of Health Care Services for Children with Life-Threatening conditions, i.e., the pediatric palliative care report. Ms. Boyne and Mr. Ballard agreed to form a workgroup composed of health care practitioners and other persons who understand the issues surrounding pediatric palliative care, insurance, Medicaid services and waivers. The workgroup would explore ways to improve access to quality pediatric palliative care. The Council agreed that representatives from the Maryland Health Care Commission, the Maryland Patient Safety Center, and the Maryland Hospital Association should be invited to participate in the workgroup. It was also agreed that it would be helpful to have a parent participate in the workgroup.

The Council also discussed the issue of racial disparities in end-of-life care planning. Dr. Ramsey discussed a study concluding that minorities with advanced cancer are less likely than whites to document their end-of-life

care preferences. Dr. Ramsey agreed to head a workgroup to explore ways to educate minority groups regarding end-of-life planning. Ms. Kronmiller agreed to email Dr. Ramsey about potential candidates for the workgroup.

The Council members noted the need to look at issue of end-of-life planning for the prison population and also for individuals with developmental disabilities. Ms. Kronmiller stated that the Developmental Disabilities Administration sent out a memorandum recently regarding advance directives.

The Council thanked and acknowledged Ms. Rushton's helpful work for the Council.

The Council scheduled its next meeting for January 23, 2009, at 10:00 a.m. at the Department of Aging. The Council also scheduled its meetings for the remainder of 2009: March 13, June 12, and October 9.

No further items of business having been presented, Ms. Boyne adjourned the meeting at noon.