

**State Advisory Council on Quality Care at the End of Life
Minutes from June 1, 2011 Meeting**

Meeting time and place: June 1, 10:00 a.m., Department of Aging, 301 West Preston Street, Room 1007, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Mike LaChance, (Secretary of Aging's designee); Donna Leister, Gail Mansell, Melinda Sauders; Hope Kirk; Mary Lynn McPherson; Timothy Keay; Paul Ballard (Attorney General's designee); George Failla (Secretary of Disabilities' designee); Steve Levenson, Lya Karm, Karren Pope-Onwukwe, Michael McHale; Michael Safra.

Others Present: Alice Hedt; Yvette Bode; Phyllis Meyerson; Tricia Nay; Kathy Izdebski; Nancy Paltell

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

Paul Ballard reported to the Council that House Bill 82 and Senate Bill 203 were passed by the General Assembly and signed into law by the Governor. This new law authorizes the creation of a standard "Medical Orders for Life-Sustaining Treatment" (MOLST) form containing orders regarding life-sustaining treatments. The MOLST form will be required to be used in hospitals, nursing homes, assisted living programs, home health agencies, hospices, and kidney dialysis centers, and must be honored by other health care providers to the extent required under the Health Care Decisions Act. The MOLST form would travel with patients transferring between facilities. The MOLST form and related procedures will be adopted in regulations. The Department will establish a website containing information on the MOLST form.

Tricia Nay stated that the MOLST Train the Trainer Task Force had scheduled 8 day-long training sessions thus far. The attendees will in turn train their staff in health care facilities. These training sessions will also be open to other members of the public. Steve Levenson noted that the training sessions are meant for anyone involved in the health care decision making process. Tricia Nay stated that the Department's website will have training tools and guides for health care professionals and consumers. The website will be jointly operated by the Department's Office of Health Care Quality, the Maryland Institute for Emergency Medical Services Systems, the Office of the Attorney General, and the Board of Physicians.

Regarding the Council's development of educational cards describing a patient's rights and options for care at the end of life, Paul Ballard stated that because of possible concerns regarding human subjects research requirements, he decided to simply send a questionnaire out to practitioners to solicit their feedback on the potential usefulness of the cards rather than to ask for patients' responses to the cards. Ted Meyerson stated that the Council is waiting for feedback from about 20 physicians who have been sent a very small questionnaire. The survey asks the practitioners whether they would use the card, whether they think it is useful, and whether they have any ideas regarding how to

improve the card. Based on their feedback, revisions will be made to the card while attempting to keep the print large enough to read. The card will be revised to mention the MOLST form.

Ted Meyerson introduced the film entitled “Consider the Conversation.” He stated that he wanted the Council to view the film to determine whether it should be used as part of the Council’s educational campaign regarding conversations between health care professionals and patients about terminal illness and treatment options at the end of life. The film might be used as part of a 3-hour continuing education course. The film was produced in Wisconsin and contains interviews with patients and health care providers.

Timothy Key thought that the film was professionally done, addressed the issue of grief well for health care professionals, and could help to stimulate conversations after seeing the film. He believed it would be good for lay people to see how these issues are handled. But he also believed that the film was long, too generic, and not balanced in that it did not present the views of patients who want many treatments performed. He noted the existence of a randomized study that compared patients’ treatment choices after being shown a video showing the treatments to those treatment choices made without a video. Those patients shown the video were significantly less likely to choose the treatments represented in the video. He agreed with Ted Meyerson that the film could be appropriate for schools of social work, nursing, and medicine.

Tricia Nay thought that the film was appropriate for certain audiences.

Steve Levenson thought the film was appropriate for general education but was slanted to give the hospice perspective. He thought it was a little long but was good. He also believed that there were other educational resources available and that the film could be included as part of a list of resources.

Nancy Paltell thought it was a very good film because it was aimed at the human side of physicians and noted that the workgroup that had made the recommendations for an educational campaign was concerned with the difficulty physicians experienced in having conversations with patients. She thought the film was compassionate, human-centered, and quite good.

Michael Safra believed that the film was powerful from a lay perspective but felt that patients may not be receptive to its message. He asked whether the primary intent is to get physicians to initiate this conversation or to help patients to have this conversation. Timothy Key noted that an analogy might be medication advertisements that encourage patients to talk about a drug with their doctor. In other words, the film would encourage patients to raise their expectations regarding conversations with their doctors regarding care at the end of life. He further noted that the film presents role models for doctors. He stated that one powerful educational tool for physicians is to video-tape them having conversations with patients.

Phyllis Meyerson noted that too much information was crammed into the film by trying to address patients, families, and doctors at the same time. Instead, the film should try to address these audiences separately.

Alice Hedt thought the film was too long to be used in facilities for staff. She believed it would be helpful for ombudsmen.

Donna Leister did not believe that the film had a strong message. Although it was sweet, it was rambling and not everyone would understand the message.

George Failla did not believe that it gave the viewer a jumping off point to begin a conversation. Parts of the film might be good for community groups. The film did not address disabilities in a broad way.

Mary Lynn McPherson stated that it is difficult to change professional curriculums. Although professional schools do have courses already, experienced practitioners may not take the time to sit through this film. Tricia Nay noted that in 1994 that training was taking place in the medical schools. She noted that the older practitioners may not have had this training. Timothy Key also noted that the University of Maryland Medical School conducts this training for its medical students.

Ted Meyerson stated that he keeps hearing that physicians won't have this conversation about terminal illness and treatment options at the end of life. The film is one way to try to get them to have the conversation.

Both Steve Levenson and Tricia Nay noted that time constraints on physicians' time is a contributing factor in their not having these conversations. Steve Levenson suggested that a root cause analysis would be needed to determine why practitioners are not having these conversations. It could possibly be time pressures, time pressures, fears, not knowing how to have these conversations, or not getting any help from other staff in having the conversations. The reasons may also vary according to the practice setting.

Tricia Nay suggested that the Council could possibly compile a bibliography of existing educational resources that people could access. She noted that this would take a great deal of time because the resources would have to be reviewed. Ted Meyerson stated that the Council could compile a bibliography based on contributions from the Council and put the list of resources on the Council's website.

Mary Lynn McPherson noted that the Council could partner with the Maryland Hospital Association, the Hospice Network, and MedChi to create a podcast training.

Lya Karm stated that California requires a certain number of continuing education credits in end of life care. Tricia Nay responded that she thought that the Board of Physicians would be willing to work towards that goal but that such an effort would require a lot of work and input from various medical specialists because all physicians would be subject to the requirement.

Steve Levenson noted that MOLST will prompt these conversations to take place. Tricia Nay noted that the MOLST training will include a discussion regarding how to talk to patients and families about treatment issues in care at the end of life.

Donna Leister stated that computer-based education containing learning modules for physicians is the most effective to get information out to many health care professionals.

Mary Lynn McPherson thought that the only hope would be to mandate continuing education in this area. Steve Levenson expressed his belief that there is little evidence that continuing education actually changes the behavior of physicians.

Steve Levenson stated that it would be useful to do studies regarding the percentage of patients with MOLST forms and the compliance with MOLST forms. Tricia Nay noted that when the MOLST requirements are enforced, that enforcement will help to change physicians's behaviors.

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