The Bree Collaborative
End of Life/Advanced Directives Workgroup Charter
DRAFT

Problem Statement

End of life (EOL) care in the United States is strikingly variable and often misaligned with patient preference. While the majority of patients report wanting to spend the last part of their lives at home, in reality this time is spent in a hospital or nursing home.[i] Unnecessarily aggressive care to prolong life can negatively impact quality of life, increase cost, and seriously overburden the health care system. Appropriately timed EOL conversations between provider and patient and use of advanced directives can increase patient confidence, sense of dignity, and the probability that patient wishes are honored at time of death.[ii] However, despite their indisputable value in principle, only a small fraction of adults discuss EOL care with their providers and family or complete advanced directives.

Aim

To improve quality of life and reduce unnecessary costs of care delivered at the end of life in Washington State and to empower patients to work with their physicians and others participating in their care to develop advanced directives in accordance with their preferences.

Purpose

The purpose of the End of Life/Advanced Directives (EOL) workgroup is to propose recommendations to the full Bree Collaborative on how to improve care, improve quality, and reduce unnecessary variation at the end of a patient's life through greater utilization of Advanced Directives.

1. Focus initially on end-of-life planning discussions. Target the initiation of end-of-life planning discussions between physicians, other members of the health-care delivery team, patients, their surrogates, and family members with a focus on patient preference and a goal of completing an advanced directive. Clear jargon-free language with a focus on appropriate palliative care is imperative.
2. Encourage widespread adoption of advanced directives. Gather evidence-based guidelines and identify opportunities for the Bree Collaborative to endorse and otherwise support broader adoption of successful evidence-based programs, such as approaches focused on appropriate code status discussion. Mindful of the pragmatics of end-of-life care, this will include innovative recommendations to staff and how to fund advance care planning.
3. Increase measurement and reporting of advanced directives. Promote the collection of process and outcome measures for end of life care, including congruence with the patients' advanced directives instructions, code status discussion, palliative care, and hospice care including facility-based and home-based.

Duties & Functions

The EOL workgroup shall:

- Coordinate with members of WSHA, WSMA, other stakeholder organizations and subject matter experts to maximize impact.
- Present findings and recommendations in a report.
- Provide updates at Bree Collaborative meetings.
- Research evidence-based guidelines, emerging best practices, and current initiatives to improve patient quality of life and/or reduce health care costs for end of life care.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.

Structure

The EOL workgroup will consist of individuals appointed by the chair of the Bree Collaborative, and confirmed by the Bree Collaborative steering committee.

The chair of the EOL workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the EOL workgroup.

Less than the full EOL workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the Bree Collaborative.

Meetings

The EOL workgroup will hold meetings as needed.

The EOL workgroup chair will conduct meetings. Committee staff will arrange for the recording of each meeting and distribute meeting agendas and other materials prior to each meeting.

EOL Workgroup Members

Name	Title	Organization
John Robinson, MD (Chair)	Chief Medical Officer	First Choice Health
Bruce Smith, MD (Vice Chair)	Associate Medical Director, Strategy Deployment	Group Health Physicians
Anna Ahrens	Director of Patient and Family Support Services	MultiCare Health System
Tony Back, MD	Medical Oncologist	Seattle Cancer Care Alliance
Trudy James	Chaplain	Heartwork
Bree Johnston, MD	Medical Director, Palliative Care	PeaceHealth
Abbi Kaplan	Principal	Abbi Kaplan Company
Timothy Melhorn, MD	Internist	Yakima Valley Memorial Hospital (YVMH) and the Memorial Foundation
Joanne Roberts, MD	Chief Medical Officer, NMR Administration	Providence Everett Regional Medical Center
Richard Stuart	Clinical Professor Emeritus, Psychiatry	University of Washington
Observers		
Tanya Carroccio	Director, Quality & Performance Improvement	Washington State Hospital Association
Jessica Martinson	Director, Clinical Education and Professional Development	Washington State Medical Association
Committee Staff		
Steve Hill	Chair	Bree Collaborative
Ginny Weir	Project Director	Bree Collaborative

[i] Raphael C, Ahrens J, Fowler N. Financing end-of-life care in the USA. J R Soc Med. 2001 September; 94(9): 458–461.

[ii] Hammes BJ, Rooney BL, Gundrum JD. A comparative, retrospective, observational study of the prevalence, availability, and utility of advance care planning in a county that implemented an advance care planning microsystem. J*AGS*. 2010;58:1249-1255.