
Bree Collaborative | Palliative Care Workgroup
January 4th, 2019 | 10:00-11:30
Foundation for Health Care Quality

Members Present

John Robinson, MD, SM, First Choice Health
(Chair)
Kerry Schaefer, MS, King County
Leslie Emerick, Washington State Hospice and
Palliative Care Organization
Raleigh Bowden, MD, Okanogan Palliative Care
Team
Richard Stuart, DSW, Swedish Medical Center
Gregg Vandekieft, MD, MA, Providence St. Peter
Hospital

Cynthia Tomik, LICSW, EvergreenHealth
Mason Medical Center
Bruce Smith, MD, Providence Health and
Services
Mary Catlin, MPH, Honoring Choices,
Washington State Hospital Association
George Birchfield, MD, EvergreenHealth
Hope Weckin, MD, EvergreenHealth

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

Dennis Bloom

* By phone/web conference

INTRODUCTIONS

John Robinson, MD, SM, First Choice Health and Ginny Weir, MPH, Bree Collaborative opened the meeting and asked those present to introduce themselves, share their background, goals, and expectations for the workgroup.

BREE COLLABORATIVE OVERVIEW

- Ginny Weir, MPH, Bree Collaborative presented the background and past work of the Bree Collaborative.

Action Item: Group will complete Open Public Meetings Act training and return completed roster to Ginny Weir

- Dr. Robinson asked the group for any suggestions for additional group members to include and group discussed:
 - Large employer representative e.g. Amazon
 - Patient or family member
 - Spiritual care
 - Pediatrician
 - Pharmaceutical

Action Item: Group members will send any contacts for inclusion to Ginny Weir

PRELIMINARY SCOPE OF WORK

Ms. Weir reviewed the Bree Collaborative's similar past work including End-of-Life, Alzheimer's and Other Dementias, and Oncology Care Reports and Recommendations along with The National Consensus Project Clinical Practice Guideline for Quality Palliative Care 4th Edition and discussed:

- Bree’s process for implementation
- How the workgroup would measure implementation
- Possible metrics to ensure advanced care planning taking place
 - Discreet data fields don’t exist in all databases
 - Forms may be inappropriate or incomplete
- How the Bree report will differ from the current compendium
- Who would qualify for palliative care

Group reviewed Draft Charter and Roster and discussed possible additions or changes and the group discussed:

- Whether the definition of palliative care in the charter is acceptable such as additional specificity for “serious illness”
- Group agreed to use a compilation of the existing definition with a portion of the definition in the National Consensus Project Clinical Practice Guideline

Action Item: Ginny Weir will revise the charter and send to members

- Dr. Robinson prompted the group on the difference between specialty and primary palliative care
- The possibility of providing training for primary care physicians
- Kerry Schaefer, MS, King County suggested using community resources outside of a medical setting
- Group discussed problems with payment structure, processes, and definition, which can be barriers to access
- Bruce Smith, MD, Providence Health and Services, suggested existing alternative payment methods
 - C-TAC and AAHPM’s payment models

NEXT STEPS AND PUBLIC COMMENTS

Dr. Robinson and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.