
Bree Collaborative | Palliative Care Workgroup
March 8th, 2019 | 10:00-11:30
Foundation for Health Care Quality

Members Present

John Robinson, MD, SM, First Choice Health
(Chair)
Lydia Bartholomew,* MD, Aetna
George Birchfield, MD, EvergreenHealth
Raleigh Bowden,* MD, Okanogan Palliative
Care Team
Mary Catlin, MPH, Honoring Choices,
Washington State Hospital Association
Leslie Emerick,* Washington State Hospice and
Palliative Care Organization
Ross M Hays, MD, Director, Palliative Care
Program, Seattle Children's

Greg Malone,* MA, Mdiv, BCC, Mgr Palliative
Care Services, & Spiritual Care Provider,
Swedish Medical Center
Kerry Schaefer, MS, King County
Bruce Smith,* MD, Providence Health and
Services
Richard Stuart, DSW, Swedish Medical Center
Stephen Thielke,* MD Geriatric Psychiatry
University of Washington
Cynthia Tomik, LICSW, EvergreenHealth
Gregg Vandekieft, MD, MA Medical Director for
Palliative Care Providence St. Peter Hospital

Staff and Members of the Public

Josh Morse,* MPH, Washington State Health
Care Authority
Alicia Parris, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative
Francesca Stracke,* ARNP, MultiCare Good
Samaritan Hospital

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

John Robinson, MD, SM, First Choice Health and Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves.

Motion: Approve 2/8/2019 Minutes
Outcome: Passed with unanimous support.

STATE OF PALLIATIVE CARE IN WASHINGTON STATE

The group viewed the National Palliative Care Registry's report *Washington Palliative Care in Your State's Hospital, 2015* and discussed:

- Possible existing data that is more up to date
 - Dr. Robinson suggested sending a survey to hospitals
 - Challenge to gather such information due to difficulty getting survey responses from hospitals
- Snapshot seems to show more palliative care programs than expected
- Raleigh Bowden, MD, Okanogan Palliative Care Team pointed out that particularly in rural areas, palliative care programs may not be hospital based
 - Need to think creatively to get an complete picture of the current state
- Cynthia Tomik, LICSW, EvergreenHealth, Mason Medical Center, suggested it may be possible to compile a current list of programs, but pointed out that programs change rapidly due to resources

Action Item: Leslie Emerick, Washington State Hospice and Palliative Care Organization, will ask organization deputy director for information on number of palliative care organizations.

DEFINING OUR PALLIATIVE CARE MINIMUM STANDARDS

Ms. Weir asked the group to describe the population, define serious illness, and the multidisciplinary team and the group discussed:

- Ms. Tomik reminded the group to be resource conscious when defining team
- Dr. Robinson pointed out the lack of billing codes
 - Would be served by a bundled payment model
 - No billing codes for chaplains, a bundled payment model would be necessary for reimbursement for these services rather than creating codes
- Kerry Schaefer, MS, King County, suggested defining what palliative care does for people, rather than what resources go into palliative care.
- Mr. Stuart asked about getting information on the services reimbursed for persons receiving palliative care
 - Past Bree bundles required data response
- Dr. Robinson asked Bruce Smith, MD, Providence Health and Services about any existing bundled payment models in practice
 - Some are being used in Medicare
 - Dr. Smith emphasized the importance of establishing eligibility
 - Who is covered
 - What is included – defining the entity responsible for hospitalization
- Ms. Schaefer discussed an implementation plan
 - Ms. Emerick shared information about current state of the Palliative Care Roadmap
 - Recommendations from the Bree could be beneficial if budget proviso goes through
 - George Birchfield, MD, EvergreenHealth, asked if payment needs to exist first or does education lead to demand and eventual payment
 - Patient demand may be easier to alter than providers' culture
 - Ms. Tomik explained the ways Honoring Choices is educating providers on how to explain palliative care to patients
 - Providing language
 - Ex: Train metaphor for discussing palliative v curative care. "Getting off the train of your disease course to rest on the platform of palliative care."
 - Educational card given to patients after brief explanation

Action Item: Ms. Tomik will share the educational card given to patients with the group

- Richard Stuart, DSW, Swedish Medical Center, pointed out the delivery of palliative care may be challenging because it can be delivered without a program in place
 - Defining palliative care is necessary prior to developing metrics
- Ross M Hays, MD, Director, Palliative Care Program, Seattle Children's, gave an overview of the palliative care team at Seattle Children's
 - Includes seven physicians, 3 social workers, a nurse practitioner, chaplain, and care coordinator
 - Perform 350 consults per year
 - Both in and out patient
 - Referral automatically triggered by certain conditions

- Providers sometimes fail to enter information like diagnosis, stage etc. into the system so a reminder to refer to palliative care is not generated

Action Item: Dr. Birchfield will compile a list of oncology conditions that should trigger a suggested referral to palliative care

- Francesca Stracke, ARNP, MultiCare Good Samaritan Hospital, pointed out that the group should ensure teams and resources are in place, as creating automatic triggers will create more demand
 - Need to assess the available palliative care resources
- Group discussed how to identify patient population:
 - Defining care team in terms of roles rather than specific team members
 - Education for the public
 - Population definition
 - Triggers
 - Dr. Hays suggested beginning with hospice qualifications and working upstream to be more inclusive
 - Dr. Smith agreed using the strict criteria for hospice (local coverage determinations) but relaxed
 - Dr. Hays suggested the group consider the proportion of serious illnesses
- Group discussed shared decision making and certified decision aids

Action Item: Group will consider inclusion criteria for who would qualify for palliative care.

NEXT STEPS AND PUBLIC COMMENTS

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