

The Bree Collaborative Palliative Care Charter and Roster

Problem Statement

Patients with symptomatic serious illness often have unmet needs. Palliative care is “*Palliative care focuses on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of care. Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness.*”¹ However, the structures, processes, and the definition of palliative care are lacking and poor reimbursement for palliative care services contributes to a lack of access. Palliative care has been associated with reduction in symptom burden, higher satisfaction with care, higher referrals to hospice, and lower days in a hospital.^{2,3} For patients with cancer, early delivery of palliative care has been associated with increased quality of life.⁴

Aim

To develop best practice recommendations for palliative care for communities across Washington State.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Defining minimum standards for team-based palliative care.
- Educational standards for primary care.
- Integrating palliative care into active treatment.
- Addressing racial and income disparities.
- Process and patient outcome metrics.
- Addressing barriers to integrating recommendations.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The Palliative Care workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full 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 send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
John Robinson, MD, SM (Chair)	Chief Medical Officer	First Choice Health
Lydia Bartholomew, MD	Senior Medical Director, Pacific Northwest	Aetna
George Birchfield, MD	Inpatient Hospice	EvergreenHealth
Raleigh Bowden, MD	Director	Okanogan Palliative Care Team
Mary Catlin, MPH	Senior Director	Honoring Choices, Washington State Hospital Association
Randy Curtis, MD, MPH	Director, Cambia Palliative Care Center of Excellenc	University of Washington Medicine
Leslie Emerick	Director of Public Policy	Washington State Hospice and Palliative Care Organization
Greg Malone, MA, MDiv, BCC	Palliative Care Services Manager	Swedish Medical Group
Kerry Schaefer, MS	Strategic Planner for Employee Health	King County
Bruce Smith, MD	Medical Director of Providence Hospice of Seattle	Providence Health and Services
Richard Stuart, DSW	Psychologist	Swedish Medical Center - Edmonds Campus
Stephen Thielke, MD	Geriatric Psychiatry	University of Washington
Cynthia Tomik, LICSW	Manager, Palliative Care	Evergreen Health
Gregg Vandekieft, MD, MA	Medical Director for Palliative Care	Providence St. Peter Hospital
Hope Wechkin, MD	Medical Director, Hospice and Palliative Care	EvergreenHealth

¹ National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. www.nationalcoalitionhpc.org/ncp.

² Gomes B, Calanzani N, Curiale V, McCrone P, Higginson I. Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. Sao Paulo Med J. 2016 Jan-Feb;134(1):93-4.

³ Hall S, Koliakou A, Petkova H, Froggatt K, Higginson IJ. Interventions for improving palliative care for older people living in nursing care homes. Cochrane Database Syst Rev. 2011 Mar 16;(3):CD007132.

⁴ Haun MW, Estel S, Rücker G, Friederich HC, Villalobos M, Thomas M, et al. Early palliative care for adults with advanced cancer. Cochrane Database Syst Rev. 2017 Jun 12;6:CD011129.