# State of Ohio

# Palliative Care and Quality of Life Interdisciplinary Council

# Meeting Minutes

February 10, 2023

1. Call to order

Laura Shoemaker called to order the regular meeting of the Palliative Care and Quality of Life Interdisciplinary Council at 12:02 p.m. on February 10th, 2023 at the Ohio Department of Health in Columbus.

1. Agenda Overview

Laura reviewed today’s agenda as had been sent to the membership.

12-12:30: Informal time for lunch, collegiality

12:30-2: Meeting business

1. Welcome and QUICK Intros (10 minutes, Laura to facilitate)
2. Approval of last meeting’s minutes (Zach)
3. Get to know you survey results (Zach, 5 minutes)
4. Beginning with End in Mind (Zach and Selina, 10 minutes)
   1. Restating of Statutory Obligations (Zach, 5 minutes)
   2. Review Desired Outcomes: Annual Report, Recs to Director, etc… (Selina, 5 min)
5. Reset Discussion/Brainstorming (45 minutes, facilitated by Laura)
6. Election (10 minutes)
7. Discussion: Request for Applications: NASHP State Policy Institute to Improve Care for People with Serious Illness (10 minutes)
8. Set agenda for next Meeting, Wednesday, April (if extra time allows, otherwise done by email)
9. Welcome and Introductions

Three members have needed to resign: Jessica Geiger, Susanne Evans, and Susan Griffiths.

Attendance was collected. Only absent member was Chirag Patel. Phillys Grauer and Jennifer Henkle were present by Microsoft Teams. The other twelve members were present in person.

Joined today by ODH staff to include, in-person, Selina Jackson, Amy Korn, and Andrew Rowan as well as, by Microsoft Teams, Dr. John Weigand.

**With 12 of 15 members, a quorum was present for voting purposes.**

1. Meeting Minutes for Approval

The meeting minutes from December 9th, 2022 had been shared with the membership along with the agenda for this meeting. Zach reviewed them in a cursory manner to refresh the group’s memory.

There were no edits.

A motion to approve was made, seconded, and approved by voice vote with no objections.

1. Survey Results

A survey was distributed to the membership between meetings in the spirit of getting to know one another. The substantive questions were:

* What is one hope you have for participating on the Council?
* What is one worry you have for participating on the Council?

All members participated and the results were shared with the membership. Laura asked Zach to review themes.

He identified a common approach to feeling knowledgeable enough to be participating as it relates to rules/regulations/procedure. He spoke about how our presence here is based on clinical expertise and knowledge of the frontlines in a way that makes each member absolutely belong at this table; that it is a collaborative effort with ODH staff to be translating our collective knowledge into deliverables relative to our statutory purpose and objectives.

The other major finding was a frequent mention of concern about finding an appropriate scope/focus for our work: to be both effective and pragmatic. This reflects well the group’s task for today in brainstorming.

With personal contact information included in the survey results, the membership was reminded that any official business must occur in the meeting setting.

1. Orienting to Council’s Statutory Purpose and Objectives

As outlined on the public-facing website for the council, Selina shared the bulleted summary of our objectives that live in [§3701.36(E)](https://codes.ohio.gov/orc/311.01;http:/ohio-revised-code/section-3701.36) of the Ohio Revised Code:

Text

Description automatically generatedKelly asked for more detail on the intent/process of the report to which Selina replied that we do not need to save recommendations for the year-end report; it is a summary. Selina continued to describe the expected ODH action on recommendations in a way that separates the recommendation from the expected action. For example, the Council’s task is to highlight best practice rather than to recommend specific means to such ends (e.g. the agency might pursue legislative action; that’s not a specific recommendation expected from this Council). There was mention of the website to which Zach asked a follow-up question about availability of web traffic reports; Selina to confer with ODH IT personnel.

Jennifer clarifies that the report is indeed a group effort rather than individual reports; Selina confirms that.

Laura seeks clarification on the final point about guidelines for facilities. Selina describes screening tools and workflows for specialty referral as, perhaps, the most obvious examples with other possibilities including things like education of providers.

Gayle asks about this group’s intent to jump back in with previous work groups or start anew. Laura describes an intent – discussed last meeting – to start anew with the themes from each workgroup still relevant. Zach reviews the minutes and adds supporting detail that workgroup leads will not be elected; appointed as necessary based on work of the Council this term.

Kristi asks about expectations having had three members resign. Selina discusses the quorum being a majority of active members and the statutory place for twenty members. She describes openings, at the discretion of appointment by the Director, especially in the social work space as it relates to mental health and child life/development. We have, since inception in 2019, been seeking representation from a payer/insurer.

1. Brainstorming Activity for This Term

Laura facilitates a “1-2-4-All” scoping exercise for the group. She provides a relevant overview of both the process and intent as we seek goals or areas of focus for the next two years.

<time is spent individually, in pairs, in groups of four, and then coming back together as a group building on each other’s ideas in search of two main goals/areas of focus>

Gayle et al. describe their conversation about education as a theme for both the consumer and provider, need for a shared definition of palliative care, and access concerns for palliative care relative to financial sustainability. These are summarized as a need to focus on access to and education about palliative care.

Kristi et al. had a similar discussion though focused on more narrow, actionable approaches. Their two main points were guidelines for identification and referral for care entities and to recommend the POLST framework as best-practice (recognizing ODH does not have direct authority over advance care planning statute).

Laura et al. echoed the role for facility guidelines for identification of those in need and referral to specialty palliative care. They also chose areas of focus to include resources for providers to serve diverse patient populations and to advocate for an interdisciplinary team as a core feature of high-quality palliative care.

Group discussion having heard from each group of four proceeded. Reid elaborated on the need for identification and referral as a consensus among groups. Phyllis discussed the need for a standard of what constituted palliative care in defending against referral in name only. Gayle extends this line such that the National Consensus Project defines such terms though the lived reality for teams to much such is clearly based on financial reality; Kristi and Laura concur. Adonyah picks up the theme of identification in different settings for a diverse population. She focuses on access points to care based on her experience in rural geography and raises awareness of referral deserts on the other side of best-case screening practices. Jennifer highlights the need for education with offices and physicians. Bob echoes in a co-sign sort of way the need to approach DNR improvement efforts; the external, Honoring Wishes Task Force is mentioned. Laura brings this conversation to a close as an intended guide on themes for our incoming leadership.

1. Elections

Brief review of the elected positions in the prior term of the Council. Zach and Laura reflect on the time commitment and scope of work with a focus on making meeting agenda, facilitating the meeting, and guiding the end-of-year report.

Laura asks for self-nominations.

Zach self-nominates for secretary. Siobhan self-nominates for vice-chair. Laura self-nominates for chair. No other nominations.

There was a motion to approve this slate which was seconded and approved by vote with no objections.

1. Discussion of NASHP Palliative Care Policy Institute

Identified by a handful of the membership between meetings was as [RFA from NASHP around palliative care in state programs](https://nashp.org/nashp-state-policy-institute-to-improve-care-for-people-with-serious-illness-request-for-applications/), especially Medicaid. Zach reviews NASHP as an organization, past relevance to Ohio as it relates to palliative care, and details of the current opportunity. Selina mentions the intent of this policy institute being somewhat discordant with ODH as its not a payer/insurer and that she has not heard further information having forwarded the opportunity to ODH leadership for review. Zach shares that Ohio Department of Medicaid intends to apply and is not able to share detail of what, strategically, is in their application. Group decides to watch with interest this application process and defer to ODM rather than seek a separate ODH-based application.

1. Review Next Meeting

There was review of the meeting cadence going forward: second Wednesday of even-numbered months from 12pm-2pm with the meeting to begin officially by 12:30pm based on arrivals from out of town, lunch, and general settling into the ODH space.

Selina shared that she will be on leave for three months as of May and to expect replacement support during that time.

1. Adjournment

Selina Jackson adjourned the meeting at 2:02 p.m.

Minutes submitted by: Zach Rossfeld on February 10th, 2022.

Minutes approved by: TBD