# State of Ohio

# Palliative Care and Quality of Life Interdisciplinary Council

# Meeting Minutes

August 9th, 2023

Call to order

Zach Rossfeld called to order the regular meeting of the Palliative Care and Quality of Life Interdisciplinary Council at 12:31 p.m. on August 9th, 2023 at the Ohio Department of Health in Columbus.

1. Welcome and Agenda Review

Attendance was collected. Absent members were Chirag Patel, Debra Oriold, and Reid Hartmann. Present in-person were Adonyah Whipple, Hilary Flint, Kristi Strawser, Laura Shoemaker, Phyllis Grauer, Siobhan Aaron, Vahagn Azizyan, and Zach Rossfeld. Bob Kose, Jennifer Henkle, and Gayle Greenhagen were present by Microsoft Teams.

Joined today by ODH staff to include, in-person, Amy Koorn, Olivia Igel, and Selina Jackson.

**With 8 of 14 members in-person, a quorum was present for voting purposes.**

Text

Description automatically generatedZach reviewed today’s agenda as had been sent to the membership by Laura.

1. Last Meeting’s Minutes

The meeting minutes from June 14th, 2023 were briefly reviewed by Zach. There were no clarifying questions or comments. A motion was made to approve, seconded, and approved unanimously.

1. Membership Update

ODH staff provided update that two interested persons’ information has been forwarded to The Director’s Office for consideration in filling current vacancies.

ODH staff updated the group, as progress from the June meeting, that the ODH Communications Director received approval for a membership solicitation and messages were sent to organizations (with a focus on social work and child life disciplines) the week of July 31st.

We continue with 14 members of a potential 20. Zach clarifies, with ODM staff confirmation, that 8 makes an in-person quorum and not 7.

Phyllis has dual residence in Florida and seeks clarification of her eligibility for continued membership. Selina comments on the requirement for the council to meet at least twice annually and advises that as a minimum expectation for in-person attendance; there is not a geographic determinant for eligibility per se.

1. NASHP update

Zach provides updates to the group about work in the NASHP Serious Illness Policy Institute space. Updates from the Department of Medicaid are that go-live for the conversion of MyCare to its new form will be January 1st, 2026. Based on provisions in the approved state budget, the organized approach to dual-enrolled members will be statewide. This is a significant change from the urban-county focus of the MyCare program. Additionally, the conversion program will include Ohioans 21 years of age and older; different than MyCare’s 18 years of age and older inclusion.

The next Ohio-specific meeting will be in November and Zach hopes to have a few PCQLIC members join for shared learning and contribution. As we meet in October, we can finalize who can attend. The group asks that Zach message the group as soon as the November meeting is scheduled just for sake of coordinating schedules.

Amy Koorn asks general question about authority for the new program. Zach outlines the conversion charter orienting toward an integrated D-SNP model and that the State Medicaid Agency Contract would house authorities.

Kristi makes comments in support of the news that the program will be statewide. She notices differential care in her geography for the Hospice VBID model for Mercer as compared to Darke County.

The other relevant update is that work is ongoing for data sharing arrangements for past ODM-housed information to feed an actuarial model housed at NASHP. The major to-do from a subject-matter expertise point of view between now and November is around more detail to the two-tiered weekly case rate model design and socializing with care providers in Ohio.

1. AAHPM Submission

Zach and Laura informed the group that they collaborated with members of similar state palliative care advisory councils in Maine, Kentucky, and Texas to submit a panel discussion proposal to the American Academy of Hospice and Palliative Medicine for their Annual Assembly next March in Phoenix. While CAPC and the Basecamp site are current spaces to foster collaboration among states, the authors of this submission hope to bring more attention to our council, share best practices, and advocate for advisory councils in states without one.

1. Statue and deliverable review

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Description automatically generatedBrief review shared as to the statutory objectives of our Council and our agreed-upon focus on such.

At this point in the calendar year, the group had discussion about the report of recommendations. Zach reflected on a template from CAPC and examples from other states collected in Basecamp as well as publicly available online. Amy seeks clarification of group’s awareness and Selina is aware of other states’ reports as well.

Zach committed to sharing a rough draft at the October meeting. In further conversation, the group realized that the 12/31/23 deadline is too short of a turnaround time for ODH Communications to format a report approved at our meeting scheduled 12/13/23. As such, Zach will provide a near-final report draft ahead of the October meeting. We can include any finalized recommendations from the October meeting though the group is urged to give itself grace that the timelines for making recommendations and filing an annual report are skew: recommendations are forward on a rolling basis and the annual report need not be treated as a deadline within which to rush recommendations.

There was one point of clarification about the role for ODH Communications in their role of formatting and making language suggestions only; that office does not edit substantive language.

1. Work Group Reports and Discussion

Laura reminds of progress organizing our collective work at the April meeting with intent for groups 2, 5, and 4 to offer reports today.

* 1. Group 2 – Standards of Practice
     1. The group highlights the freely available Clinical Practice [Guidelines for Quality Palliative Care, 4th Edition](https://www.nationalcoalitionhpc.org/ncp/) as the clear standard in the field
     2. They also share comments that standards of practice by interdisciplinary role were more difficult to find.
        1. Social work (NASW) does offer [Standards for Palliative & End of Life Care](https://www.socialworkers.org/LinkClick.aspx?fileticket=xBMd58VwEhk%3D&portalid=0)
        2. There is not a standard framework for chaplains and relates to there being multiple national organizations with specialty certification for palliative care.
        3. Phyllis comments that [ASHP has relevant guidelines](https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacists-roles-palliative-hospice-care.pdf)
           1. Zach comments that a recent [JPSM article](https://pubmed.ncbi.nlm.nih.gov/35304228/) has entrustable professional activities for pharmacists as well
        4. Other considerations include the (member-only) [NHPCO Palliative Care Playbook](https://www.nhpco.org/palliativecare/palliative-care-playbook/) and principles from the [American College of Surgeons](https://www.facs.org/about-acs/statements/principles-of-palliative-care/#:~:text=Communicate%20effectively%20and%20empathically%20with,burdensome%20physical%20and%20nonphysical%20symptoms.)
     3. Laura wonders about a deliverable of sorts based on Group 2’s efforts
     4. Phyllis motions that the Guidelines for Quality Palliative Care, 4th Edition be posted to our website as a resource. Hillary seconds and there is unanimous approval.
     5. Zach motions that the Guidelines for Quality Palliative Care, 4th Edition be re recommended to The Director as the gold-standard repository for quality palliative care and consistent with national standards. Phyllis seconds and there is unanimous approval.
     6. Kristi offers comments about the balance, especially toward our year-end report, between highlighting detail for Ohio and making recommendations in a consistent way to align with others nationally
        1. Hilary reflects on having approved the national set of guidelines as some effort toward unified action
        2. Laura extends the thought reflecting on AAHPM submission and work with NASHP of doing our part beyond state statute to align with others
  2. Zach wonders about “closing-out” or continuation of work groups
     1. Laura reflects on it being good housekeeping once they report out to then determine need for ongoing work or shuttering for now.
     2. Group 2 has completed their task and is shuttering for now.
  3. Group 5 – Advance Care Planning
     1. The group has identified and been in contact with [Jeff Lycan](https://www.ohioshospice.org/staff-item/jeffrey-lycan-bs-ms/) as a content expert in Ohio. Intent is for Jeff to present to our council about his experience with the legislative and statutory history of advance care planning – including DNR specifics – in Ohio.
        1. The group discusses how long to schedule; decision for 30 minutes leaving 15 minutes for group discussion.
        2. Kristi seeks clarification on what we hope to gain from the presentation.
           1. Hilary discusses making recommendations in context of past efforts and lessons learned
           2. Adonyah extends this toward optimizing impact and influence of our future recommendations in the ACP space
           3. Kristi wants us to be mindful of relationships given his lobbying and professional position; to be seeking a historical presentation rather than one advocating the specific way forward
        3. October 11th meeting
        4. Group 5 remains active in their work
  4. Group 4 – Identifying Patients
     1. Picking up from the end of the June meeting, Zach reviews the literature review and input from Deb that informs the slides provided/displayed
     2. Overall finding was that there are not robust, validated, widely-available tools to identify persons who could benefit from palliative care
     3. Secondary finding is an overlap of concern with predictive modeling and artificial intelligence-based tools that predict mortality
     4. The group identified [P-CaRES](https://pubmed.ncbi.nlm.nih.gov/?term=%22p-cares%22) as a tool of interest. Especially in the pragmatic spirit of, “something is better than nothing,” the groups put for this tool for the group’s consideration.
        1. Zach moves to recommend to The Director that because there is not a standard practice in identifying patients, we recommend P-CaRES as one tool, having been validated in the hospital setting, for identifying patients or residents who could benefit from palliative care.
           1. Laura suggests adding language here that P-CaRES not be seen as exclusionary, especially the list of conditions. The definition for palliative care [in the Ohio Revised Code](https://codes.ohio.gov/ohio-revised-code/section-3712.01) is appropriately more inclusive.
           2. There is group conversation noting positively how P-CaRES has specific focus on areas of unmet need.
           3. Revision: recommend to The Director that because there is not a standard practice in identifying patients, we recommend P-CaRES as one tool, having been validated in the hospital setting, for identifying patients or residents who could benefit from palliative care. As palliative care is appropriate for a patient of any age at any stage of a serious illness, the list of conditions in P-CaRES should not be seen as a set of inclusion criteria for all persons who could benefit from specialty palliative care.
           4. Phyllis seconds and there is unanimous approval
     5. The work group also felt the themes from the literature were of consequence. Because there is not a standard of practice in this space, guiding principles are relevant.
        1. Zach introduces the concept of “We believe” statements.
        2. Zach motions to recommend to The Director that mortality prediction models are inappropriate tools for fulfilling statutory requirements to identify patients or residents who could benefit from palliative care.
           1. Conversation among the group led by Phyllis, Siobhan, and Laura as to the specific language. Suggestion is to edit inappropriate to insufficient.
           2. Kristi suggests this section could be more specifically contraindicated or contradicting.
           3. Siobhan comments that contradicting/contraindicated/inappropriate may be too exclusionary for those with life-limiting illness and in areas with there are access/resource issues. In those situations, keying on end-of-life indicators might be appropriate.
           4. Adonyah extends the conversation that the overall language of the statement is meant to address the unmet need as primary focus.
           5. Kristi withdraws comment, suggest keeping insufficient
           6. Based on these comments, the group commits to commenting specifically on mortality predictive models by adding alone and keeping inappropriate.
           7. Siobhan seconds the original motion and there is unanimous approval of:

to recommend to The Director that mortality prediction models alone are inappropriate tools for fulfilling statutory requirements to identify patients or residents who could benefit from palliative care.

* + - 1. Zach motions to recommend to The Director that health care facilities and providers – in fulfilling statutory requirements to identify patients or residents who could benefit from palliative care and providing relevant information – need to link workflows for making specialty palliative care referrals to the identification process.
         1. Laura wonders about adding language regarding high-quality palliative care. Discussion ensues about, while ideal, the combination of resource-poor areas creating an access issue and the implication of specialty before palliative care addressing this intent.
         2. Hilary seconds. Unanimous approval as originally written.
      2. Group 4 has completed their task and is shuttering for now.

1. Other Work Groups

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| Work  Team | Work Topic | Date to Present | Members |
| 1 | Website | June 14, 2023 | Phyllis, Laura |
| 2 | Standards of practice | TBD | Vahagn, Hilary, Bob |
| 3 | Integrating palliative care | TBD | Reid, Kristi, Gayle, Adonyah, Siobhan |
| 4 | Identifying patients | June 14, 2023 | Zach, Deb |
| 5 | ACP recommendations | TBD | Vahagn, Adonyah, Hilary, Bob, Jen |
| 6 | Principles for financing | TBD | Chirag, Kristi, Gayle |

Highlighted in yellow are additions of Kristi, Gayle, and Siobhan to work groups. The red color reflects shuttered work groups.

1. Other Work Groups
   1. Group 1 – Website
      1. Word document with Issues forwarded to ODH staff for working on internal updates and approvals to the website.
   2. Group 6 – Principles for financing
      1. The group recognizes the need for a primer on palliative payment arrangements and suggests making this a focus for the December meeting.
2. Future meetings

The next meeting is Wednesday, October 11th, 2023. Schedule is for 12pm arrival/lunch and 12:30-2pm for official meeting. The agenda will include a presentation by Jeff Lycan, reports from work groups 3 and 6, and intent to discuss/approve the annual report.

1. Adjournment

Laura Shoemaker adjourned the meeting at 2:07 p.m.

Minutes submitted by: Zach Rossfeld on August 10th, 2023.

Minutes approved by: TBD