# State of Ohio

# Palliative Care and Quality of Life Interdisciplinary Council

# Meeting Minutes

[Date]

1. Call to order

Facilitator Name called to order the regular meeting of the Palliative Care and Quality of Life Interdisciplinary Council at [10:16 am] on [November 22, 2019] at [Columbus, OH].

1. Roll call

Zach Rossfeld conducted a roll call.

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| Jill E. Anderson | Phyllis Grauer | Debra Oriold (by phone) | Kristi Strawser |
| Mark Curtis | Gayle Greenhagen | Chirag Patel | Kathy Thornton |
| Susanne Evans | Charles von Gunten | Paul Ray | Karen Wonders |
| Sarah Friebert | Medford Mashburn | Zach Rossfeld | Alexander Wolf |
| Jessica Geiger-Hayes | Christy Michaels | Laura Shoemaker (by phone) | Adonyah Whipple |

The following Ohio Department of Health members were present:

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| Selina Jackson | Heather Coglianese | James Hodge | Mark Hurst |
| Wanda Lacovetta | Shannon Richey | Other: | Other: |

The following other persons were present:

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1. Approval of minutes from last meeting

Zach Rossfeld referenced the minutes from the last meeting having been distributed for review. Corrections, if any, were asked for and there were none. The minutes were approved as distributed.

1. Open issues
   1. Required State of Ohio ethics module.
      * 1. Three remaining members to complete.
        2. Questions raised by e-mail about the scope of conflict of interest. With information provided, we have some concern about the roles we represent bringing to the Council.
           1. Heather:

What you can do: make broad recommendations that impact palliative care across settings, practice types, etc.

What you cannot do: action that benefits yourself, a direct family member, or your program specifically.

The point here is the degree of narrowness of an action or initiative.

Sarah: specific question about demonstration project or pilot program. Heather reminds that our Council’s recommendations are intended to be higher level, broad. The specifics of which programs are involved is the purview of the General Assembly and other state agencies.

Mark and Chirag offer follow-up questions about the application of our role as Council members in our service to the community. Heather reminds that using Council member title to obtain a benefit is not permissible. Further conversation about using our expert knowledge both to advance the field while also advancing our individual programs. Consensus understanding that our expertise informs the means of advancing the field and that we are able to benefit from the ends in our own practices (with no special favor in contract/application processes).

1. New business
   1. Work Group Reports
      * 1. Communication
           1. Productive initial meeting featuring
           2. Global Aim: have all Ohio residents understand the value of palliative care
           3. Smart Aim: increase the number of Ohio residents understanding palliative care

Have not yet chosen metrics for “increase” as in degree of percentage improvement and over what time period

Sarah: Understand is a vague word for objectives, to the point that is not allowed for Continuing Medical Education objectives. Perhaps *define*?

* + - * 1. Concern for the statue language: “serious or life-threatening illness.” The group had some worry about how serious is defined. The Council is supportive of the communication work group looking further into CAPC definition and public opinion survey. The Council also recognizes that workforce issues, division between supportive vs. hospice type palliative (c.f. Texas definitions) care, survivorship population, and that an expansive definition leads to an expanded patient population (i.e. addiction).
        2. Population as defined by the work group included health care professionals, Ohio residents, and stakeholders.
        3. Mark also reviewed primary and second drivers with a focus on collecting information currently published online. Clarified that we have no budget and asked about video and website production resources from the Department of Health.
        4. Council discussion about the scope for Communication and Education groups with a general approach that Communication is the *how* and Education is the *what*.Paul suggests utilizing our website to gather baseline information from Ohio residents. The Council discussed, briefly, survey design and recognizing that validated survey questions are available.

**\*\*CLARIFICATION\*\*** from Heather: out of agency, recommendations from the Council are due in the Annual Report while intra-agency, website, brochures, etc. can be done at any time.

* + - 1. Current State
         1. Access was a focus point of the group’s first discussion. A recognized barrier was visibility to providers across Ohio where patients can access palliative care. There was a sense that we need a more clear census of palliative care in Ohio.
         2. Much of the work group’s discussion was defining the Council’s role in this work. Initially, we were preparing to undertake this work ourselves. We came to understand that our role is to suggest that the Department of Health undertake this work. We also came to understand that information sources for our Council’s work needs to come from publicly available sources.
         3. The work group took early note that self-reported yes/no, “does your \_\_\_\_\_\_ (e.g. hospital, nursing home) provide palliative care” is not a clear-enough metric for where we would like to see the Council’s work go.
         4. Sarah references the mapping community palliative care survey from CAPC. Recognizing our need to stick with publicly available sources of information, the work group could consider asking for the granular information that was recorded to publish the publicly available report.
         5. Council recommends the work group narrow its focus to the provision and receipt of services in Ohio.
         6. Zach asks clarification about ODH’s ability to obtain information from sites of care that it regulates. Surveys are not compulsory though possible.
      2. Education
         1. Focus for the group on recognizing different language/communication profiles among health care professionals, consumers, and systems
         2. Clarifying questions from Gayle about the context for identifying educational resources. Are these disease specific or patient population specific? Are we trying to educate about palliative care or are we trying to create education pieces for our own use to advance the field?
         3. Sarah and Jill offer input about our Council’s role as recommender for gaps in education materials or messaging (e.g. Recommend all Ohio medical and nursing schools define and include palliative in their curricula).
         4. Recommendation from the Council to be purposeful in including the National Consensus Project Guidelines.

\*\*CLARIFICATION\*\* There is consensus from the Council that our work groups share a global aim: Improve access to high-quality Palliative Care for all Ohioans through \_\_\_\_\_\_.

* + - 1. Payment
         1. Chirag reports that majority of the time was clarity around the bureaucracy and ethics approaches.
         2. Especially in recognition of the limited statutory authority of the Council, first action is to take an inventory for national examples of effective payment models.
         3. Input from Sarah and Chirag about maintaining access to payment for a spectrum of palliative care models while also working toward our shared global aim of high-quality.
         4. Adonyah with very helpful input about how the potentially broad definition of palliative care applies to payment models. Chirag discusses the current movement toward a more population health-based approach and inclusion for renumeration for providers not currently “billable.”
         5. There is nuanced though global input about the need for financial flexibility and the Council encourages the work group to include this theme in its work.
         6. The Council, prompted by Phyllis, discussed who stakeholders might be that would resist increased payment for palliative care. No specific entities identified in detail though the Council recommends the work group be mindful of this topic in its work.
         7. Zach asks about costing of palliative care models. May be beyond the scope of our Council’s mandate, there is a piece of increasing reimbursement to frame expectations to payors of palliative care’s cost. The work group might consider seeking this information in publicly available sources or recommend ODH collect this.
      2. Policy
         1. Zach provided an overview of the Policy Streams framework and our work group’s identifying the most pressing policy areas and assigning to each: public awareness (Medford), oversight (Sarah), opioids (Laura), respite/caregiver support (Zach), and workforce (Christy). The group is working on matrix reporting for short-, medium-, and long-
  1. Year-end report
     1. Selina will not be the primary author.
     2. Please send any summary information to Selina. This will inform the annual report.
     3. Selina will meet with communications department appointee to discuss framework for the annual report.
     4. Sarah offers herself and Laura for conversation with staff as needed.
  2. Next meetings:
     1. Work group meetings, January 24th:
        1. 9:30am-11am: simultaneous Communication and Policy work groups
        2. 11am-12:30pm: simultaneous Current State and Payment work groups
        3. 12:30pm-2pm: Education work group
     2. Next whole Council meeting is February 28th.

1. Adjournment

Facilitator Name adjourned the meeting at 1:02 pm.

Minutes submitted by: Zach Rossfeld

Minutes approved by: *To be voted upon at the next meeting*.