# State of Ohio

# Palliative Care and Quality of Life Interdisciplinary Council

# Meeting Minutes

April 12th, 2023

1. Call to order

Laura Shoemaker called to order the regular meeting of the Palliative Care and Quality of Life Interdisciplinary Council at 12:30 p.m. on April 12th, 2023 at the Ohio Department of Health in Columbus.

1. Welcome and Brief Introductions

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

Joined today by ODH staff to include, in-person, Selina Jackson and Olivia Igel as well as Amy Koorn and Russ Kennedy, by Microsoft Teams.

**With 6 of 15 members in-person, a quorum was not present for voting purposes.**

As such, the February meeting minutes were deferred for approval until next meeting/quorum.

1. Text

   Description automatically generatedAgenda Review

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

1. National Academy for State Health Policy – Update and Program Description

Zach provided a brief overview of NASHP as an organization and, with the support of the John A. Hartford Foundation, the [State Policy Institute to Improve Care for People with Serious Illness](https://nashp.org/six-states-selected-to-participate-in-nashps-state-policy-institute-to-improve-care-for-people-with-serious-illness/). Ohio was chosen among the six states to participate!

Participation is through the Ohio Department of Medicaid (ODM). Cooperation among state agencies and recognizing this Council as the subject matter expert for the state on palliative care, ODM included our Council (via Dr. Shoemaker as chair) as a named member of our participation team.

While there will likely be pieces of this effort that remain private within ODM, the population of interest are Ohioans that are dually eligible/enrolled in both Medicare and Medicaid (“duals”). As such, ODM is asking that this Council – as part of its statutory work to, “establish guidelines for health care facilities and providers to use in identifying patients and residents who could benefit from palliative care” – provide guidance on identifying the subset of dually eligible/enrolled Ohioans who would benefit from palliative care.

Public references to be shared with the Council include:

* This [conversion charter document](https://medicaid.ohio.gov/static/About+Us/PublicNotices/Sept22+MyCare+Conversion+Charter+w-attach.pdf) is effectively an announcement from ODM about intent, timeline, and first considerations for the upcoming re-design of managed care for duals.
* This [factsheet from CMS](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf?adlt=strict) provides an overview about the population dually eligible for Medicare and Medicaid (Zach highlighted Figures 2-4)
* The [factsheet from the Integrated Care Resource Center](https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_DuallyEligible_Basics.pdf) provides additional overview information for the population of interest.

Public references directed toward those members of the Council particularly close to/interested in this work include (Chirag, Adonyah, Kelly, Laura, and Zach as of this meeting):

* *Detailed*, Ohio-specific information from participation in the MyCare program is available [on the CMS website](https://www.cms.gov/medicare-medicaid-coordination/medicare-and-medicaid-coordination/medicare-medicaid-coordination-office/financialalignmentinitiative/ohio). Population specifics that are likely to inform guidance on the subset of dually eligible/enrolled Ohioans who would benefit from palliative care are in the [First Evaluation Report](https://innovation.cms.gov/files/reports/fai-oh-firstevalrpt.pdf) and [Second Evaluation Report](https://innovation.cms.gov/data-and-reports/2022/fai-oh-secondevalrpt).

The group had a conversation about this as an ideal opportunity for specific engagement and, as Chirag mentions, seeking uniformity with payers in mind for palliative services. There was comment on the opportunity with benefit design to incorporate interdisciplinary care from the beginning different from the status quo of qualified health professionals and evaluation & management coding in a fee-for-service fashion.

Questions from the group about meeting cadence and who from the Council to attend. Zach received clarification from NASHP that others besides Dr. Shoemaker and him can join. Chirag volunteers. Adonyah noted that if there are topics for meetings known ahead of time it could be helpful to tag in Council members with particular knowledge. Zach reflected on members with clinical expertise for patients with nursing facility level of care will be relevant. Kelly has a lot of exposure here. Laura asked about this specialized knowledge relative to our five vacant positions on the Council. Selina pledged to ask ODH leadership about a targeted solicitation to include geriatric/facility-based physician and managed care entity case management.

Decision point (not requiring a vote): anyone interested in joining for the next NASHP policy institute meeting 5/24 11am-12pm should let Zach know. Initially tagged members for being closer to this work include Adonyah, Kelly, Chirag, Laura, and Zach.

1. Review of Statute Pertaining to this Council and Themes for Group Action

Text

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Laura’s reflection is that our progress thus far in supporting the [public-facing website](https://odh.ohio.gov/know-our-programs/palliative-care-and-education-program/palliative-care-and-education-program) is incomplete/has room for improvement. Selina concurs that we are missing information on [continued education opportunities](https://codes.ohio.gov/ohio-revised-code/section-3701.361).

Similarly, we reminded ourselves of the results from 1-2-4-All (February meeting) with the four priority themes for group action being:

* 1. Identification of Ohioans who would benefit from palliative care.
  2. Referrals - Attention to limits based on geography and how replete teams are for providing specialty palliative care.
  3. Clinician education
  4. Room for improvement regarding formal advance care planning in Ohio

1. Suggestion for Assignments and Work Cadence

A picture containing text, newspaper, document, screenshot

Description automatically generatedSynthesizing these, Laura circulates a proposal for organizing our efforts. She envisions smaller teams (compared to the 2019-22 PCQLIC term) in a research-and-report way working to achieve the specified aims.

Phyllis agrees with the intent of smaller teams to organize thoughts and present to the group for review and formal approval.

Chirag notes some overlap of themes, appreciates the inclusion of advance care planning, and applauds the longitudinal framework. Selina offers regulatory guidance on the advance care planning piece that it is the Council’s purview as experts in care to make comments as long as recognizing that ODH does not have authority to change statute; theme of her comments being that completion of formalized advance care planning is as relevant as its formalized structure.

Zach concurs about smaller teams because of the inherent collaboration needing group review and a quorum to approve. Laura extends comments about comparison to the 2019-22 term in learning from that experience about the practicality of in-person work relative to Open Meetings Act.

An important reminder to the group: no formalized subcommittees and no meetings are to occur. The process for these work teams will be to exchange ideas, publicly-available references, and drafts of materials to present to the Council by e-mail. Selina and Olivia are to be copied on all correspondence.

Vahagn commends the overall inclusion of areas of focus for palliative care. This leads Chirag to call out payment structure as a former work group in the 2019-22 term and that it is not explicitly included here. As such, a sixth topic is included in the work plan.

Zach suggests a re-work of timeframe as the advance care planning piece is likely to require more group input before being included in, say, the 2023 year-end report.

There is consensus to organize ourselves in this way and members named their areas of particular interest. Allowing flexibility for Siobhan, Kristi, and Gayle to insert themselves were they will choose, assignments are made as such:

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

1. Future Meetings

The group reviewed 90 minutes vs. 2 hours as scheduled times and there was a mix of routine scheduling conflicts both for starting officially at 12pm and for extending the meeting further. Decision (not requiring a vote) to keep 12pm arrival/lunch and 12:30-2pm official meeting cadence.

Tentative agenda for June 14th meeting will be reports from the May 24th NASHP policy institute meeting, work teams 1 and 4, and space for the other work teams to seek input from the larger group.

1. Adjournment

Laura Shoemaker adjourned the meeting at 1:54 p.m.

Minutes submitted by: Zach Rossfeld on April 18th, 2023.

Minutes approved by: TBD