

**The Palliative Care Interdisciplinary Advisory Council
Meeting #2 Meeting Minutes
Friday, April 15, 2016
10:00 a.m.**

**Health and Human Services Commission
Brown-Heatly Building
Public Hearing Room
4900 North Lamar Boulevard
Austin, Texas 78751**

Agenda Item 1: Welcome and introductions

The Palliative Care Interdisciplinary Advisory Council (PCIAC) meeting commenced at 10:10 a.m. Council Chair Dr. Larry Driver welcomed everyone to the meeting.

Mr. Jimmy Blanton, Health and Human Services Commission (HHSC), made announcements and introduced Ms. Megan White and Ms. Shanece Collins, HHSC staff also supporting the Council. Table 1 notes Council member attendance.

Table 1: The Palliative Care Interdisciplinary Advisory Council member attendance at the Friday, April 15, 2016 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Allmon, Jennifer Carr	X		Jones, Barbara PhD		X
Botts, DeilaSheun	X		Jones, Margaret	X	
Castillo, James MD		X	Jones, Nathan Jr.		X
Christensen, Bruce		X	Kean, Mary Beth	X	
Driver, Larry MD	X		Moss, Amy DO		X
Fine, Robert MD	X		Perez, Erin	X	
Fleener, Erin MD	X		Ragain, Roger Mike MD	P	
Henderson, Hattie MD	X		Scott, Cam	X	
Hurwitz, Craig MD	X		Sevcik, Lenora Carvajal	P	
EX-OFFICIO MEMBER NAME	YES	NO	EX-OFFICIO MEMBER NAME	YES	NO
Hardwick, Karen, PhD, DADS		X	Parikh, Rajendra, MD, HHSC	X	
Moore, Patricia, PhD, DSHS	X		Rogers, James, MD, DFPS		X

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

P: Indicates phone conference call

Agenda Item 2: Review and approval of meeting minutes from February 12, 2016

Dr. Driver asked for any changes or edits and called for review and approval of the minutes of the February 12, 2016 meeting.

Dr. Robert Fine asked that his official title be listed as Baylor, Scott and White Health.

Ms. Lenora Carvajal Sevcik asked that her name be corrected in the attendance table to read Sevcik.

Mr. Blanton noted that a quorum was present.

Motion 1:

With the noted corrections, Dr. Fine moved to approve the minutes of the February 12, 2016 meeting. Dr. Erin Fleener seconded the motion. By a show of hands, with no nays or abstentions, the motion passed.

Agenda Item 3: Rules and bylaws

Mr. Blanton reviewed the handout and PowerPoint entitled *The Palliative Care Interdisciplinary Advisory Council: Proposed Bylaws*. Mr. Blanton also referenced the handouts entitled *The Palliative Care Interdisciplinary Advisory Council: Proposed Bylaws* and *Travel Reimbursement Guidelines, Palliative Care Interdisciplinary Advisory Council*. Mr. Blanton noted that the rules should be published in the Texas Register by April 15, 2016 for 30 days for public comment.

Dr. Driver noted that the bylaws are a dynamic document that may be amended as needed and called for a motion to approve the bylaws.

Motion 2:

Dr. Fine made a motion to approve the bylaws. Dr. Erin Fleener seconded the motion. With no public comment offered, by a show of hands, with no nays or abstentions, the motion passed.

Action Item:

- Mr. Blanton will send members a copy of the rules when they are published.
- Members are asked to email Ms. Collins if they have any questions about the travel policy or forms.

Agenda Item 4: Staff and council discussion on deliverables and updated work plan

Mr. Blanton referenced the PowerPoint and reviewed resources, timelines, and future meetings.

a. Resources

Mr. Blanton noted that staff are available to assist the Council with the deliverables.

b. Timelines

- Mr. Blanton noted that staff will have the final draft of the Legislative Report available in early July to be due October 1. The Council can address the recommendations and language in the draft at the July meeting to either be approved or can designate Dr. Driver to approve, as voted.
- The Council website launch is due by November 1. The Council will approve content for the website at the next meeting in July.
- Mr. Blanton noted that Mr. Troy Alexander, stakeholder, is connected with individuals at the Texas Medical Association (TMA) who are interested in creating a continuing education unit (CEU) initiative for palliative care for family medicine doctors.
- Mr. Blanton noted that the templates for recommendations may be submitted during the meeting and at the meeting in July.

c. Future meetings

The next meeting is scheduled for July 25, 2016.

Agenda Item 5: Work group presentations of proposed recommendations

a. Barriers and Access to Care

Dr. Fleener reviewed the PowerPoint *Work Group 1 Barriers and Access to Care* and presented with Dr. Roger Mike Ragain. Highlights of member discussion included:

- Dr. Ragain noted that nationally, large hospitals over 300 beds all have programs. Large hospitals in Texas have greater resources but still lag nationally.
- Dr. Fleener noted that in discussion, the work group identified the barrier of how palliative care is defined.
- Dr. Fleener noted that many people do not understand the difference between hospice and palliative care and education is needed.
- Dr. Fleener noted that in the work group, Dr. Castillo had brought up that during the Affordable Care Act (ACA), Medicaid changed policy to allow CHIP-eligible individuals to receive palliative care services while also receiving treatment.
- Dr. Craig Hurwitz noted that the wording is ambiguous but children up to age 21 are allowed to receive concurrent care, but must meet eligibility for hospice and have two physicians certify the disease course leading to death.
- Dr. Fleener noted that hospice is a Medicaid or Medicare benefit but palliative care is a specialty and not a benefit.
- Dr. Hurwitz stated that hospice should be a philosophy of living well versus a philosophy of dying. In the United States, the government has defined hospice as dying within six months.
- Ms. Perez noted that in geriatrics, there is a compassionate care component and the focus needs to be a quality of life and care focus. The policy for concurrent treatment may work well for pediatrics, but may not be the best for geriatrics.
- Dr. Ragain recommended partnering with the Texas Hospital Association to educate hospitals and health systems.
- Ms. Margaret Jones noted that the recommendation and language is fundamental and recommended changing the name to Supportive and Palliative Care, and making that recommendation to the Legislature.
- Dr. Driver noted the importance of buy-in from groups like the Texas Hospital Association and one way to achieve that is through personal experience and cost-savings. Palliative care positively affects the bottom line and it is important to demonstrate the value.
- Ms. Perez encouraged looking at data but also quality measures. Changes at her hospital demonstrated an impact on quality but also being better stewards of the available resources.
- Dr. Hattie Henderson commented that some 90 year-olds do not have a plan for end of life. Palliative care and hospice are available in the nursing home but some individuals have a difficult time choosing hospice care. Language is very important over the entire age continuum, but especially the elderly. Palliative care needs to be included in Medicare models for bundled payments.

The Council adjourned for lunch at 11:58 a.m. and reconvened at 12:41 p.m.

b. Information and Education

Ms. White reviewed the PowerPoint slides regarding the charges and timeline for the website.

Ms. Erin Perez referenced the document entitled *Texas Palliative and Supportive Care/Quality of Life Resource Guide* and presented on the work group. Highlights of member discussion included:

- Ms. Margaret Jones proposed creating a Palliative Care Fact Sheet for consumers navigating the website that differentiates between hospice and palliative care because keeping the terms together can be confusing for consumers.
- Members endorsed keeping hospice and palliative care separate, but Dr. Henderson noted that part of the charge for the Council is consumer

- education and materials included palliative care and hospice care. It is important to clarify and delineate what the difference is between the two for consumers.
- It is important to incorporate links and resources for individuals of all ages of the continuum including pediatric through geriatric with developmental disabilities (IDD).
 - The inclusion of a hospice and palliative care scorecard would be useful to determine quality outcomes amongst various hospice programs. Hospitals may not have the resources that a person's benefits entitle them to.
 - Dr. Driver noted that from a process standpoint, the Council could make recommendations for the composition of the scorecard, then HHSC would be the authoritative body issuing the score.
 - Ms. Jennifer Carr noted that Workgroup 2 would need to work on the scorecard, but the Council would need to put forth a legislative recommendation.
 - Dr. Fine noted the benefits of interdisciplinary education referencing a basic curriculum his program helped create that insisted on teaching to interdisciplinary groups where physicians sat through cultural competency and spiritual care lectures and chaplains and social workers sat through pain management lectures.
 - Dr. Driver noted that the Accreditation Council for Continuing Medical Education (ACCME) is shifting and focusing more on interdisciplinary education rather than just focusing on physicians.
 - Ms. Perez noted a recommendation to have an in-person conference that could rotate throughout the state and also utilize online web-based learning for different ways to help reach people.
 - Ms. Margaret Jones shared the need for a benefit for the state of Texas to provide counselling support for palliative care clinicians doing the work due to the toll it can take.
 - Dr. Hurwitz noted the importance of building out the website for pediatrics and veterans, and recommended looking at the prison system also.
 - Dr. Driver noted the need for inclusion of underserved populations and groups at all ages of the continuum including geriatric, women's specific issues, the LGBT community, and cross-cultural issues, and include a clearinghouse of links for people to explore.

c. Policies, Practices, and Protocols

Dr. Fine referenced the document *Palliative Care Interdisciplinary Advisory Council Policies, Practices and Protocols Work Group (PPPWG)* and the PowerPoint and presented on the work group. Highlights of member discussion included:

- Dr. Fine noted that the work group recommended that a screening for palliative care may come from a member of the supportive and palliative care team but the consult should come from a physician and treated like a typical consult.
- Ms. Perez noted that advance practice nurses consult for patients and the palliative care consult should be primary-care driven, whether a physician assistant, a nurse practitioner, or another provider.
- Dr. Fleener noted the assumption that the attending physician would concur with the nurse practitioner for a consult and as a board certified specialty, it should be regarded equally so an attending physician needs to put in the consult.
- Ms. Margaret Jones noted the importance of not losing the voice of the patient. Even with advanced care planning, a patient's trust is with their physician.
- Dr. Fine noted the importance of obtaining permission from a patient and family to have a goals of care discussion.

Agenda Item 6: Council Discussion of work group presentations and proposed recommendations (vote will be taken)*

- Dr. Driver noted that regarding the *Policies, Practices and Protocols Work Group* document, there may be opportunities for additional data gathering about how the Centers for Medicare and Medicaid Services (CMS) defines consultation that may relate to fee-for-service issues. Also analyze the variability in individual institutional credentialing and privileging around the state to identify what the general practice is among a variety of hospitals.
- Mr. Blanton noted that the Council is recommending best practices and not legally binding policy changes unless the Council makes specific recommendations.
- Dr. Driver noted that the guidelines will be a benchmark for people to compare themselves to around the state.
- Dr. Henderson noted the importance of choice for patients.
- Ms. Margaret Jones noted that this is the beginning of the process and it is unreasonable to make recommendations for mandates when still trying to define palliative care and educate the public.
- Mr. Cam Scott noted that for context, the three questions were added as a floor amendment and were not part of the original bill, possibly as a misconception of what palliative care is. It is important to educate the public and practitioners about what palliative care is.

Dr. Driver suggested that all three work group recommendations should be tabled for fine-tuning and wordsmithing until the next meeting.

Action Item:

- Mr. Blanton will follow-up with members on how CMS defines a consultation.
- Dr. Fine will send the PowerPoint on preparedness planning to members.

Agenda Item 7: Public Comment

Ms. Maxine Tomlinson, Director of Governmental Relations with the Texas and New Mexico Hospice Organization (TNMHO) Austin, provided oral comment. The University of Texas School of Medicine has been in the papers informing the public on their new and innovative ways that they are educating their students, the new ways the students will learn to practice medicine, and new areas of interest to study. People with serious illnesses that have pain associated with them and they are not hospice appropriate.

TNMHO supports the recommendations of the committees and Council to reach out to the UT School of Medicine as an information resource and encourage and support UT staff in having mandatory education on palliative care.

TNMHO works with the Texas Academy of Palliative Medicine (TAPM) to educate physicians for certification in hospice and palliative medicine and have sponsored LNET training and are in the process of planning another training this year. TNMHO offers training for advanced and certified palliative nurse certification also and would be happy to be an educational resource if the Council feels that is appropriate.

Mr. Blanton briefly addressed the Medicare Choice model. For the Medicare Choice model, it is for Medicare and dual-eligible Medicare recipients in Texas. Patients cannot be on hospice, and must have advanced cancer, COPD, CHF, or HIV. There are three hospice providers in Texas participating in the model, located in Lubbock, Arlington, and Dallas. TNMHO recommends that palliative care and hospice care be on the website but each be explained in the clearest and simplest terms to the public.

The Council also addressed the need for a family survey on hospice. Medicare hospice providers are required to conduct a family survey on their experiences with hospice after their loved one has died. The Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) questionnaire consists of 47 questions, covering communication, getting timely care, treating family with respect, providing emotional support, and providing support for the religious and spiritual beliefs of the family. It can be accessed at:

<http://www.hospicecahpssurvey.org/>

Concern was expressed about palliative care within the prison system, and a fantastic resource is Ms. Joelle Multos with the Federal Bureau of Prisons and works in the area of hospice and palliative care in the prison system. Thank you and TNMHO would be happy to be a resource to the Council in achieving your mandates to the Legislature.

Action Item:

Ms. Tomlinson will provide contact information for Ms. Multos to Mr. Blanton.

Agenda Item 8: Action items for staff of member follow-up

- Mr. Blanton noted the three or four recommendation ideas from Workgroup 1 that staff can work on, in addition to the scorecard for a clear document to vote on at the next meeting.
- Dr. Fine asked that Ms. Perez, as a nurse practitioner, work on the consult section to review and clarify for something concrete in writing.
- Dr. Driver noted that the point of consultation needs clarified and it may be informative to get input from TMA on the issue.
- Ms. Perez asked for a discussion about palliative care and hospice for the homeless population be included at the next meeting.
- Dr. Driver asked that the action item bullet points be emailed to members.
- Mr. Blanton and staff will work with Workgroup 2 to polish the language and will lead with that at the beginning of the next meeting. Staff will work with Ms. Perez and her workgroup on the governance and plan for the website as a starting point. Staff will coordinate data and resources to develop with Dr. Fleener and Dr. Ragain's work group.
- Mr. Blanton will send that work out to members for review before the meeting, then stakeholders can comment at the meeting.
- The next full meeting will be July 25.

Agenda Item 9: Adjourn

Dr. Driver adjourned the meeting at 2:37 p.m.