



**Minutes**  
**December 15, 2016**  
**8:30 – 10:30 a.m.**

**Georgia Palliative Care and Quality of Life Advisory Council**

Members Present:

Sen. Renee Unterman, Rep. Sharon Cooper, Sen. Dean Burke, Sen. Freddie Powell Sims, Dr. Tammie Quest, Dr. Sharon Beall, Jamie Cramer, Hayley Howell, Aliesha Edwards

Members Resigned:

Dr. Kelly Erola

Invited Guest: Marcey Alter

Agenda:

- I. Review of Bylaws and Charges – Palliative Care Council Members
- II. Strategic Planning - 2016-2017 – Palliative Care Council Members
- III. Legislative Reporting – Chair, Tammie Quest, MD
- IV. Presentation – CMS Models of Palliative Care Aging and Special Populations, DCH
- V. Adjourn

New Business:

- The Palliative Care Council meeting convened with a discussion and comments/ questions regarding the bylaws. There were questions about the term of office for each official. Council memberships will serve for a period of 3 yrs. That is for members being appointed by Governor, Speaker, and Lieutenant Governor for the 3 yrs. Those appointments have to be approved and ratified through the Senate and the appointments must coincide with the legislative session. For the summer agenda there will hold a reelection and make sure it is based on the bylaws.
- There was a motion to approve the bylaws and it was Second and no Oppose motion.
- The next item on the agenda was to discuss the strategic plan, reviewing the actual legislation and also making sure that a strategic plan was in place. It was stated that they



wanted more groups would work during legislative session and would not have an official next meeting until close of the Legislative Session.

- It was also mentioned that it was important to read through 31-7-192 regarding consumer and professional information education program to aid and establish a statewide palliative care professional information program within the Department. The purpose is to maximize the effectiveness of palliative care initiatives in the state by ensuring that comprehensive and accurate information is available to the public health care providers and healthcare facilities. The department shall publish on its site info and resources including links to external websites for palliative care. This shall include but not be limited to continuing education, info about palliative care for delivery to the home, primary-secondary and environments and best practices for palliative care.
- It was further stated that the information on the website should be available and also accurate. There was a discussion that website information should be valid, especially when “talking about life and death”. It was discussed that the website should be linked to sites on Google.
- It was discussed that the next piece of the legislation to be submitted would be a report by June 30. The key components are that there is health care provider information about palliative care, best practice, education referral, and linking to those resources. There was a discussion of what should be included in the report and what they wanted accomplished. It was confirmed that it would be on DCH’s website.
- Next, there was a discussion regarding legislation dealing with responsibilities. The legislation mentions that the Council shall consult and advise the department on matters related to establishment maintenance operations and outcome evaluations of palliative care initiatives in the state. The department shall set a time for regular meeting twice yearly. Also the council, no later than June 30, 2017, and annually thereafter shall submit to the Governor and the general assembly a report of its findings and recommendations. It was also discussed what priorities for the report and what should be accomplished by June 30.
- It was mentioned that the Council should interact more with communities and assist the providers in spreading the word about the services available. It was stated that there were not enough providers to provide palliative care, especially in the rural areas.
- It was suggested that the healthcare facility regulation division could be a point of contact. Also that the faith organizations would be the next step to explore. It was further suggested that an intake form could be provided and used for selecting which services are provided at the facility, e.g., medication.
- The focus of the work group is to utilize a template for collecting information and characterizing the program, tiered level information and access with a goal of identifying as many potential services, including bereavement for patients and families. Important for clarifying through April 2017. A comment was made that the area agencies on aging use a database called ESP and it has over 23,000 resources statewide. There is a requirement that it must be checked once a year to verify annually what has changed in the services. It was suggested this may be a good place for DCH to partner.



- It was stated the work group should have another meeting by March 2017 and by that time the April meeting there could be a draft of the strategic plan

**Guest Speaker: Marcey Alter**

- Marcey Alter addressed the Council. Marcey stated Medicare is in the midst of testing a demo of the Medicare Care Choices Model and mimics what is approved in the Affordable Care Act for Children and concurrent care. Allows curative care to continue to be provided when you meet the eligibility for hospice election, but it does not have to elect hospice. You can continue to get palliative care through a participating demo site, which is a hospice agency that allow a palliative care concurrently with a curative care but you don't get the full array of hospice services. CMS will pay a Medicare hospice provider \$400 per member per month case management fee. It is a 2 year demonstration project beginning Jan of this year. It does limit who can participate in terms of their diagnosis. You must certify for being eligible for hospice under the Medicare rules (terminal illness -6 months or less life expectancy). The pilot program is over at the end of 2017. Marcey further stated 18 to 20 states received it, and Compassionate Care Hospice of North Georgia and Athens were recipients.
- It was stated that the palliative care information should be reported on the following websites: World Health Organization, the National Cancer institute, CMS, and etc. Also,
  - The GA National Association of Hospice and Palliative care, certification information is provided about how professionals in the field get certified.
  - AHPM, American Academy of Hospitals and palliative management, (publish journals including pain and system management, dedicated to advancing the medicine for palliative care)
  - The Center to Advance Palliative Care, the increase availability of palliative care
  - Institute of Palliative Care (part of California state University), provide educational resources for clinicians.
  - ACSCAN, American Cancer Society and cancer action network quality of life.
  - The National Consensus Project, goal to promote the clinical practiced guidelines for palliative care.

**Further discussion by the Council:**

- It was stated that based on the legislation, there is a responsibility for quality outcomes and measurement by the department. Further, the group needs to look at outcomes and see how to measure quality, look at resources and partner to get the quality information.
- It was mentioned that as a work group is established, there needs to be strategies and ideas in order to come up with the most reasonable plan. Also, it was stated that if funding was needed to get something started, then it was suggested to apply for grants or ask for other philanthropic support. The first step is getting the right people together for this.
- The question was asked, "What will be your measurement of desired outcome?" It was answered that, in the field family satisfaction was used, with end of life care, for management



and quality of service. For example, the Department of Veteran Affairs does a family survey on every person that dies at the VA based on the family's caregiver perspective. It is also the caregiver that gets to decide the answers while the patient is still alive. It was stated that the VA has the best model.

- It was stated that the education of the public would be the priority first year outcome. The work group will focus on the method of collecting data, with the major outcome being effective education of the public in year one.

Additional business: A date for the next meeting. Also, a decision needs to be made on who would be a member of the work group and sub group. It was further stated that maybe there should be some community or other nominations from other people. A list will be gathered by January 2017, and communication to the group will be made by email. Lastly, an official resignation was received from Dr. Erola.

- The meeting was adjourned.



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**