

Palliative Care Council Meeting September 18, 2017

The Palliative Care Council Meeting convened at 10:00 a.m. in Room 310, Coverdell Legislative Office Building.

Meeting called to order by Chairman Tammie Quest. A hard copy of the draft annual report given to members.

Minutes

No comments from minutes of last meeting.

Motion made to approve minutes and seconded minutes. Minutes Accepted.

New Business

- Ideas for proposed legislative changes or updates
- Illicit laws or regulations impeding palliative care
- Ad hoc groups to check the FHA, MAG, and GC3
- Proposed meeting time/dates were mentioned for December, April and August

Chairman Quest discussed progress report on the agenda. She stated the report was a summary derived from all the minutes of previous meetings, as well as all the presentations. It also included an overview of the status of palliative care in Georgia. The Annual report was approved by the Committee.

The Chairman mentioned stakeholders and that she has contacted several people who are willing to serve on a stakeholder group: Paula Sanders, Georgia Hospice & Palliative Care; Ashley Derringer, GC3; and Becky Kurtz (or their representatives). She further stated that she would like to reach out to the Georgia Hospital Association for a representative. Other suggestions were also welcomed. The Council discussed the need to talk further about the rural focus and how to make it sustainable. There was an action item of stakeholder planning group with additional representative from rural practice/hospitals.

The next discussion involved the formation of a funded, supported registry and the concept of a database that was discussed in last meeting. The discussion involved how the registry would be kept, how it would be funded, who would support it, what administrative support involved, etc. The final note, that with all the resources, the registry could reside somewhere else, but was decided that without administrative support it would be difficult. Need to figure out what expenses are involved and determine a strategic approach to developing the registry.

Next it was mentioned the need to continue to evaluate legislation that could support and strengthen palliative care across the state of Georgia. Further mentioned that in Pediatric Palliative Care, there were some things that needed strengthening in that area. It was decided by the Council that this year would not be a year to focus on new legislation but to focus on current projects.

The next discussion involved how nursing homes/hospice received their ratings. The Chairman mentioned maybe as an action item for the next meeting, may want to pull a Hospice Compare Data. There was discussion regarding hospice agencies seeing late hospice referrals often of the expensive mostly pharmacy costs that patients are incurring that hospices are not able to cover. The hospice must cover all medications.

The Chairman stated the Medicare Choice Model that it is a demonstration program to see if CMS can come up with a way of not having people discontinue the things that are potentially costly. The concept of the Medicare Choices models is that support can be given to patients earlier because they don't have to make choices about stopping funds. Key point mentioned that hospices can't take on the drug delivery costs.

Final discussion on web-content, it was decided to proceed with finalization but add the Hospice Compare link to the DCH web site content. It was also recommended that the consumer information be highlighted prominently on the web site.

The Chairman added as an action item education for practicing physicians. There was a discussion involving palliative care continuing education requirements. It was stated providers across the state need to stay informed regarding palliative care. Chairman asked for suggestions regarding continuing education. It was mentioned that the Hospital Association may be able to help. Chairman mentioned that 32 of 58 hospitals in the state have a palliative care program. She further mentioned getting someone from Georgia Hospital Association for the Ad hoc Advisory Group.

There was a discussion on the correct definition of palliative care in legislative definitions. It was decided that the laws and regulations need to be looked at to see if there is anything impeding the delivery of palliative care services in the state and that future review may be needed.

The meeting was adjourned.