

# Delaware Health Care Commission End-of-Life Workgroup

Initial Meeting  
December 4, 2015



ChooseHealth  
DELAWARE

# Agenda

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# Introductions

For each workgroup member, please share:

- Name
- Organization
- One sentence about what brings you to the work

# Background

- Health reform innovations, including in Delaware, are shifting focus to quality, person-centered care.
- “Baby boomers” are demanding a more active role in health care decisions, including end-of-life decisions.
- People are living longer, with more chronic illnesses.
- People are ready to talk about end-of-life and palliative care.

# Defining End-of-Life and Palliative Care

**End of Life Care** (A Working Definition) is care that: Helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support. (Source: *National Council for Palliative Care 2006 The End of Life Care Strategy 2008*)

**Palliative medicine** is specialized medical care for people with serious illnesses. It focuses on providing relief from the pain, symptoms and distress of serious illness. It is a team-based approach to care involving specialty-trained doctors, nurses, social workers and other specialists focused on improving quality of life. By determining patients' goals of care through skilled communication, treating distressing symptoms and coordinating care, palliative care teams meet patients' needs and help them avoid unwanted and expensive crisis care. Unlike hospice care, palliative care can be provided *at the same time* as curative treatments; it is appropriate at any age and at any stage of a serious illness. (Source: *America's Care of Serious Illness*)

# Our Opportunity

- Delaware has made significant progress in ensuring access to palliative care and advance care planning services in recent years - we wish to build on that momentum.
- With greater awareness and information, people will have greater opportunity to access the care they need and want.

# Our Charge

- Review relevant information and best practices related to end-of-life and palliative care
- Identify key end-of-life care issues, including advanced care planning
- Develop recommendations and options for consideration regarding:
  - Consumer outreach and education activities
  - Professional outreach, training, support and education
  - Enabling access to palliative care services and supporting the capacity in the health care system
  - Other recommendations

# Deliverables

## Final Deliverables:

- A report to the Health Care Commission providing recommendations and options to be presented no later than March 31, 2016
- Recommendations regarding the most appropriate approach to ongoing support and consideration of end-of-life issues in Delaware

# Recent Developments in DE

- In May of 2015, Sen. Coons convened an End-of Life Roundtable to consider ideas for improving EOL care in Delaware.
- Also in May, Delaware passed the DMOST legislation to create a set of portable end-of-life medical orders.
- Beginning in January, Delaware Hospice will be participating in Medicare's Care Choices pilot (Dover and Milford)
- In 2013, the Delaware Healthcare Association convened a Palliative Care Council

# Recent Developments Elsewhere

- Medicare recently announced that it will reimburse doctors for advance care planning discussions with patients
- Several other states have created End-of-Life Advisory Councils
- Some states have passed legislation to promote palliative care
- Almost 90 percent of large U.S. hospitals (300 beds or more) now have a palliative care program

# Examples of Other State Initiatives

- Develop a palliative care curriculum and rotation for medical students (Colorado)
- Establish standards and provide technical assistance for Medicaid managed care plans to deliver palliative care services (California)
- Promote the use of uniform, established tools to facilitate advance care planning efforts throughout the medical system (Wisconsin)
- Leverage local public television as a partner and major medium for communicating with citizens about end-of-life care (Minnesota)

# Discussion Items

- What other state or national models should be examined?
- *We want to learn from you and your experience.*



# Proposed Timeline

Due Date	Task/Deliverable
January 4	Draft outline of final deliverable
February 5	Listening sessions throughout DE
February 19	Complete first draft of report
March 4	Public comment period (completion)
March 11	Review and incorporate public feedback into report; complete and circulate second draft to workgroup
March 21	Receive and incorporate workgroup feedback into report
March 28	Complete final draft of report
March 31	Submit final report to HCC

# Proposed Timeline for Meetings

- Week of January 4
- Week of February 8
- Week of February 22
- Week of March 14

*Two-hour in-person meetings with option for members to participate by phone as needed.*

# Other Updates

- A webpage for the End-of-Life Workgroup has been set up on the HCC website:  
<http://dhss.delaware.gov/dhss/dhcc/endoflife.html>
- All meeting notices and materials will be posted to the site
- EOL Workgroup meeting dates and times will be posted to the Public Calendar and are open to all
- Feedback is always welcome at [endoflife@choosehealthde.com](mailto:endoflife@choosehealthde.com)

# Public Comment

