**Meeting notes**
**WEOLCC 2010 Annual Meeting**
**November 12, 2010**

# of attendees – 70 (including steering committee)

## Welcome/Introductions

Sharmon welcomed the attendees, explained the vision/mission statements of the WEOLCC, and a brief explanation of the goals and purpose of the annual meeting.

Sharmon moderated the introductions from the attendees (name, brief synopsis of their eol efforts in their community), leading to the steering committee introductions, then to the State of the State presentations.

## State of the State presentations

**Anne Koepsell**
**Update on Hospice**

Anne reviewed the information from her PPT presentation (available as a download on the WEOLCC webpage).

As of Dec 31st, everyone is off Medicaid Hospice Benefit. Problem - nowhere for them to go (they'll end up in the E.R., which doesn't offer the same quality of care, and is more expensive). The reality of the cut is that it's a paper decision, i.e., even if it's understood that it'll be more expensive in the long run, the legislature has to make cuts and it works at least superficially on paper to cut it.

Lisa Butler updated the group on the pediatric palliative care benefit in ACA. The Medicaid Pediatric Palliative Care benefit came out of a collaboration between organizations. A question is: how to get children on palliative care into hospice? As part of ACA, there's been movement (implemented in March 2010) where children can qualify for the Medicaid hospice benefit (movement of care). States are grappling on how to implement - lagging behind often because of funding problems (a la Washington where the adult benefit is being nixed). Lisa Butler just yesterday convened a teleconference of hospice and palliative care professionals - well attended. They agreed that CMS needs to give guidance on how to proceed. General sense is that it's a movement forward/a win.

> **Action: Anne requested from the group that they consider advocacy during the legislative session around this issue (Medicaid hospice benefit). Options of advocacy at the state level - Anne/WSHPCO will keep the group posted on what they can do.**

Q: Doc attendee asked about whether there were studies done that track the correlation between hospice admissions and hospital re-admissions? (i.e., hospitals are working on trying

to decrease re-admissions, so it would be good to have evidence that hospice admission helps address this.) Anne said yes - there are studies on the WSHPCO website.

Q: Policymakers understand that cutting the Medicaid benefit will actually cost money in the long run, but they seem unwilling to go to bat on its behalf. How can we adjust our advocacy accordingly? Anne - doesn't have an answer - probably will be like Arizona in two/three years (Arizona cut the similar benefit, but reinstated it once they saw how it cost more money without than with), but in the meantime, how many hospices will have failed?

A reality check: 70% of state's budget is protected constitutionally. Medicaid Hospice benefit is part of the 30% that's not protected.

> **Action: There will be a vigil at Capitol steps, Nov 17, for Medicaid patients who will be knocked off due to the cut. I'll receive an email with this information to forward to Coalition.**

**Robb Miller**
**Legislative Update**

Robb reviewed the information on his green handout (available as a download on the WEOLCC webpage). The handout has information on how to get involved/informed re: pain rules.

Federal legislation passed in December (3397) that improve the Medicine Return legislation.

**Living Will Registry Update**

Robb reviewed the PPT presentation (available as a download on the WEOLCC webpage).

**Sharmon Figenshaw**
**POLST Update**

Sharmon encouraged the group to submit their comments about the new POLST draft asap (the final review meeting will be Wed, Nov 17).

Sharmon closed the POLST update by thanking the contributing organizations that fund the WEOLCC's efforts - the Washington State Medical Association (WSMA) and Association of Washington Public Hospital Districts (AWPHD). She announced that the WEOLCC is actively looking for more contributions.

**Keynote Presentation**

**Bruce Smith MD**
A demographic shift is coming - many more will be moving into the dependency stage. Idea of presentation will be to foster a discussion of how we can improve what we do now to prepare

for what's coming. (Dr. Smith's presentation is available as a download on the WEOLCC webpage))

**Stu Farber MD**

Focus is on vulnerable elders - the point at which you need more help. Reviews presentation (available as a download on the WEOLCC webpage). Changing from a medical/technical approach to care to a narrative-approach to care.

Propose to the Coalition: (see WEOLCC Vision slide)

Attendees comments/questions:

Culture change needs to take place in nursing homes
Q: should part of the change involve change to reimbursement? A: yes, incentives help create change (you get what you pay for).

Q: 75% die in institutions - is this partially because of family choice (families are afraid of homecare)? A: This is a factor, but not significantly so. Greater barriers are a lack of systemic support earlier in the trajectory of illness. The way we organize and pay for healthcare bear more responsibility.

A big part is that we're a consumer culture - we treat treatment as a commodity, more is better.

Q: How do we go about creating a culture shift where we get away from a consumer culture approach? A: agree that this is a challenge and is something we should explore.

Q: Another question - who's gonna provide the care? There are shortages throughout the medical industry. A: a good question. hiring more med professionals to try and solve what's a cultural issue won't work - we need to consider other models aside from just medical.

Q: If we want to get away from medical models, do we need to begin with already existing community groups/structures, such as spiritual groups/centers? A: Yes! Not just faith communities; there are other communities where people come together - schools, community centers, neighborhood block watches, Craigslist, etc. Lots of opportunities are available - how are we going to use that?

We often make the assumption that the 70+ million elderly are coupled or in large families - actually there are many single folk who don't have family.

ALS community has done a good job on this (general( front - may be a good model.

Other technologies are available that might help - cameras, websites, Skype, etc.

**Lunch & Breakout Sessions**

Breakout sessions will be based on Stu/Bruce's presentation - each table will brainstorm around the issues raised by their presentations, as well as the comments/questions from the attendees. Steering committee members will try and moderate the table discussions where possible. After the breakout sessions, each table will offer a few ideas, and the group as a whole will decide together two or three ideas for the Coalition to support.

**Breakout reports**

**Summary of WEOLCC work group discussion on Caring for Elders Nov 12, 2010**

**Group 1:**

- **High School and College students volunteer to care for elders as cross-cultural experience**
- **Map your neighborhood to identify vulnerable elders in collaboration with the fire dept (EMT system).**
- **Using church communities develop a resource to facilitate eol conversations.**

**Group 2**

- **Society now more diverse, spread out with loss of traditional community**
- **New communities can be defined by technology**
- **Community development best facilitated by finding pre-existing groups to work with as a natural starting point**

**Group 3**

- **Cultural barriers of "the greatest generation" accepting help from boomers**
- **Limited access of Medicare/Medicaid**
- **Federal reform should focus on providing more services to keep patients at home**
- **Importance of completing Advanced Directives**
- **Urban planning with the goal of creating intentional multi-generational communities (make younger friends now).**

**Group 4**

- **Five wishes value based Advanced Care Planning more effective than treatment based approaches (do you want CPR if your heart stops?)**
- **Community education just like sex education for all age groups**
- **Empower ourselves for planning our elder years as our own responsibility**

**Group 5**

- **NEST (North East Seattle Together) is a way of creating a local village to support aging in place**
- **Phinney Neighborhood project to get younger generation to support elders in local community**
- **Boomers being mindful of how they can help each other**

**Group 6**

- **Building virtual communities to support each other (NEST/Phinney Neighborhood)**
- **Elders can receive but also have much to giveback**
- **Develop scripting to facilitate earlier eol conversations**
- **Pioneer NH care that is not in the medical model but more is resident centered.**