

North Dakota Palliative Care Task Force
Large Group Meeting via Zoom
September 13, 2018

In attendance: Nancy Joyner, Liz Sterling, Jessica Reier, Shannon Feist, Shannon Bacon, Judy Beck, Trina Kaiser, Lindsey Lee, Jesse Tran, Kris Hendrickx, Phyllis Heyne-Lindholm, Jean Roland, Courtney Koebele, and Sue Heitkamp

Name of Project: North Dakota Palliative Care Task Force

Brief Description: The North Dakota Palliative Care Task Force works to increase education and awareness of palliative care for providers and community members throughout the state of North Dakota.

Longer Description/Content: The North Dakota Palliative Care Task Force is committed to improving the quality of life of those facing serious health conditions by promoting patient-centered palliative care and improving access to services. Although it is one of the fastest growing trends in health care, Palliative Care is often misunderstood. The Task Force will develop educational opportunities for providers, patients, and community members to help them clearly understand palliative care and the benefits it offers. The Task force aims to increase awareness and utilization throughout the state of North Dakota to improve the quality of life of its citizens. – Senator Nancy Lee

Agenda

1. History and Background-Senator Lee, Statewide Survey
 - Senator Nancy Lee reached out to Tracee Capron and Patricia Moulton 1 ½ years ago to lead the committee and initiatives as the Project Coordinators
 - Nancy reviewed the history, background, and statewide Palliative Care survey that was done
2. Patricia's resignation
 - Patricia Moulton has had to resign as a Project Coordinator of the Palliative Care Task Force
 - Nancy Joyner has been an integral part of the task force and has accepted the nomination to fill Patricia Moulton's Project Coordinator position and work with Tracee Capron on the initiative
 - An email will be sent out to all committee members in attendance today to vote on approving Nancy's nomination or nomination for anyone else who would be interested in the position – Please watch for an email from Jessica Reier
 - If anyone else would be interested or would like to nominate someone
3. Committee Reports
 - a. Provider Education- Liz Sterling, Chair
 - Liz provided an update on the Provide Education subcommittee's work (See attached)
 - Committee discussed further options for provider education and CEUs for professionals

- Kris Hendrickx shared that she would be willing to donate some of her time as a consultant to help create a course for CEUs
 - Kris and Karen at UND are developing a master level course for caring for the frail elder – will be another year before course will be available for students
 - Nancy shared there is a free POLST course available to any professional with CEUs
 - Could look into grants for educational opportunities or sponsorships
 - Do we need to go under Rural Health to get grants?
 - Look into offering a session on Palliative Care during a conference in the state
 - Would need to get a list of all conferences across the state and establish a calendar accessible on the website
 - Look into developing a separate task force to lead this initiative?
 - Center for Advance Palliative Care: CAPC
 - Agencies that are members can get a discount on educational tools/webinars
- b. Definition & Community Awareness (one-page definition attached)- Shannon Feist, Chair
- Shannon provided an update on the Definition & Community Awareness subcommittee's work (See attached)
 - Reviewed diagram and Palliative / Hospice comparison flyer to see if there was an additional feedback before ready for distribution
 - Nancy has requested everyone on the task force to review the flyer again to make sure there are no errors or anything that needs to be changed – Nancy and the Center for Rural Health will update as needed
 - Questioned was raised whether information should be in a flyer or trifold form
 - No decision made
 - Question was raised whether a logo should be established for the committee
 - No decision made
 - Definition and Community Awareness subcommittee will schedule one more meeting to finalize look of flyer before disbursement
 - Will discuss further at the next large group meeting
 - Nancy shared topic came up as Patricia and Tracee are the Project Coordinator's – Nancy willing to step-up and fill Patricia's position – email for voting/nomination will be sent out by Jessica
 - Nancy under a three year grant with the Center of Rural Health on Palliative Care

- Individual organizations will be able to print off the flyer from the Center of Rural Health website and distribute as needed
- Courtney shared that the hospital and medical association sent out weekly emails and can include the dissemination of the flyer with a short paragraph explaining item/purpose
- c. Access & Reimbursement- Sue Heitkamp, Chair
 - Sue provided an update on the Access & Reimbursement subcommittee's work (See attached)
 - Sue shared the subcommittee did struggle and had a hard time finding the focus / intent of the subcommittee – Everyone using Palliative Care in the state have the same definition and are able to operate and maintain their Palliative Care program as they chose
- 4. Current status/website-Nancy
 - Nancy walked through the website for the Palliative Care Task Force on the Center for Rural Health site and how to access different information
 - Lists all organizations involved; are there additional organizations or individuals that should be involved?
- 5. Future plans- create Goals- open discussion
 - Will discuss further at next large group meeting
 - Jessica will send out a Doodle Poll for December 5th and 12th with different times to see what works for the majority of the group
 - Will be set-up as a Zoom meeting again
- 6. Blog/Q&A ideas- new information out, adding new members
 - Will discuss further at next large group meeting
- 7. List creation of ND Palliative Care Providers- telehealth / tele-mentoring –Nancy
 - Nancy showed the Get Palliative Care website at getpalliativecare.org, which lists all providers in ND providing Palliative Care services
 - If anyone has more questions, please feel free to contact Nancy
- 8. Advance Care Planning- First Steps/ Last Steps-Nancy
- 9. Statewide POLST education-Nancy
 - Honoring Choices ND offers a free POLST course for 1 CEU free for anyone
- 10. Webinar
 - October 16, 2018 at 2 pm; one hour webinar speakers from MN and WA on Community-Based Palliative Care program with Stratis Health
- 11. Future plans/Goals
 - Discussed having a calendar available to all with a list of meetings/conferences across the state
 - Courtney Koebele, and Shannon Bacon have some contacts and information on conferences – will email and share with Nancy
 - Create a list of what providers in ND are doing for Palliative Care
 - Getpalliativecare.org website – Nancy provided overview of the website

Summary – Definition and Community Awareness:

“The definition workgroup has come up with standard definitions to define palliative care and hospice. We have included a comparison table to show the differences for people in our community and we have also come up with a diagram to show the progression of care over time. This is beneficial as it present the same information in a few different ways accommodating a wider range of learning styles. We are currently in the process of finalizing minor details such as if we want this developed into a trifold brochure, or present the info in a flyer format. We are considering the addition of some type of logo for this group, which may be something to discuss during the larger group meeting as well.”

Summary – Provider Education:

The Provider Education Work Group’s task is to make recommendations to improve access to information that will enhance the understanding of palliative care by providers in all areas of North Dakota. The group also hoped to increase opportunities for members of academia to disseminate information to professionals in the state. The work group members met over the past year and would like to make the following recommendations to the task force.

Task Force Key Topics:

Access to educational information:

The Center for Rural Health website is the recommended site to house information. The hope is to house information specific to North Dakota as well as national information on this site. The consensus was that links to the NHPCO or other organizations would provide the most up to date information. The current site offers a number of links and additional education links could be added.

A key component to success will be the access to information related to Palliative Care. The project should strive to insure that:

- The platform will provide information that is current by designating a plan or organization to check the site at least annually

- There is a responsible group to update the information; consider the North Dakota Hospice Association

- The platform has flexibility to house relevant education and training opportunities

Interface with academia:

We were lucky enough to have members of the UND College of Nursing in our work group. They are working internally to develop programming for their students. As they develop curriculum to foster professional growth with their students the hope is they can provide some program information in the form of posters or other presentations. These could be shared at state conferences or professional meetings.

There were a number of challenges related to academic or content based professional training. There are professional training opportunities for healthcare professionals available including

the End of Life Nursing Education Consortium training modules. Unfortunately most are fee for service. The individual or organization would need to access those independently. The link <http://www.aacnnursing.org/ELNEC> provides additional information.

Clinical specialties have their individual training requirements as well and these are directed by national professional organizations. Our ability to impact these will be limited.

Summary – Access and Reimbursement:

1. Access (Awareness of current Palliative Care Offered)

Prior to determining areas of access, the team felt a couple things needed to be determined before.

A. Palliative definition-

B. Types of Palliative Care

1. **Community Based-** care includes a variety of models of care designed to meet the needs of seriously ill individuals and their families, outside of the hospital setting.
 - a) Independent entity
 - b) Affiliated with health system or hospital
 - c) Separate Business Line of Hospice or Home Health agency
 - d) Affiliated with physician practice.
2. **Hospital Based-**
 - a) Consult services
 - b) In-patient
 - c) Increase Access (community/providers)
 - d) GetPalliativeCare.org

C. Increase Access- community and providers

1. CHAD- to share where current palliative care is offered.
2. ECHO-continuing education
3. Implement standard education for providers

2. Reimbursement

Many private insurance companies and health maintenance organizations (HMOs) offer palliative care and hospice benefits. Medicare (mostly for people 65 and older) offers hospice benefits, and the extra Medicare plan (Part B) offers some palliative care benefits. Medicaid coverage of hospice and palliative care for people of limited incomes varies by stat

3. Fee for service, shared savings or capitated payment model
4. Endowments, grants or fundraising
5. Financial contributions
6. Risk Sharing arrangements

7. Single-Payer

CHAD- The Community HealthCare Association of the Dakotas (CHAD) is committed to strengthen and expand our Community Health Center network in the Dakotas. CHAD has the ability to respond to the unique challenges of community health centers by offering services through a variety of avenues including training and technical assistance, quality improvement programs, web-based services, workshops and educational offerings.

Project ECHO- The Project Echo model uses technology to connect multidisciplinary teams of experts with rural providers in an effort to equip those providers with specialized knowledge to deliver high-quality care locally.