

Final

Our Care, Our Choice Advisory Group (OCOC)

Kinau Hale Boardroom, 1250 Punchbowl St., Honolulu HI 96813

July 31, 2018

1:00 p.m. to 3:00 p.m.

Members Present:

Bruce S. Anderson, Lee Buenconsejo-Lum, M.D., Brenda Ho, Malachy Grange, Rae Seitz, M.D,

Members Absent:

None

Guest(s)/Public Present:

DOH- Alvin Onaka, M.D, Representative Della Au Bellati, Heath Williams (representing Senator Baker), Daniel Fischberg, M.D., Jeannette Kojane; DCCA Employees: May Ferrer, Ahlani Quiogue, Charlene Tamanaha, Lee Ann Teshima

Attorney General Office: Angela Tokuda, Chris Flanders, M.D., Caryn Ireland

Staff Present: Lorrin Kim and Laura Arcibal

Agenda Item	Discussion	Recommendations/Actions/Conclusions	Person(s) Responsible	Date Due
I. Call to Order	Meeting was called to order at 1:06pm. Quorum was established.			
II. Welcome and Introductions	Director Bruce S. Anderson opened the meeting and welcomed members of the advisory group, recognized	Board packet was distributed for each of advisory group members. Extra		

	<p>Rep. Bellati and Heath (Senator Baker's representative) and guests present.</p>	<p>packets were distributed to the guests in attendance.</p> <p>Director Anderson provided comments on measure. Stated that this is the inaugural meeting.</p> <p>Director Anderson stated that the bill allows for terminally ill adults with six months to live to take medications to end their life peacefully.</p> <p>Director Anderson stated that prognosis must be confirmed by two doctors, patient must be found mentally competent, patient must make two oral requests twenty days apart, one written request witnessed by two people and one final attestation. Stated that there are safeguards in place in the bill.</p> <p>Director Anderson noted that legislation requires the Department to form an advisory group consisting of a designee from the Department, and no fewer than five group members to include one palliative care specialist, a hospice care specialist, a medical educator and a non-medical member of the community.</p> <p>Director Anderson noted that Act 2 is law and that we are not here to</p>		
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		<p>relitigate, and here to work to implement what is here in law.</p> <p>Director Anderson noted that the advisory group are subject to Sunshine Law, open meetings.</p> <p>Individual members of the advisory group and those present at the meeting introduced themselves.</p> <p>Dr. Rae Seitz introduced herself as the Palliative Care Specialist. Received her palliative care experience through the Harvard School. She noted that she built home based palliative care programs and built palliative care service programs at Kaiser.</p> <p>Malachy Grange introduced himself as the Non-Medical Community Member of the advisory group. He indicated that he is a retired nurse and worked in Oregon for 25 years both before and after the death with dignity law came into effect.</p> <p>Brenda Ho introduced herself as the CEO of Hawaii Care Choices formally Hospice of Hilo worked for 27 years.</p> <p>Dr. Lee Buenconsejo-Lum introduced herself from the medical school, is a</p>		
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		<p>“resource” place to turn to for training and information such as ECHO which offer web-based educational sessions to providers. Recommended ECHO (Extension for Community Healthcare Outcomes) as it is already established, and it could include training (a series of trainings) Geriatric training includes many of the aspects related to palliative care.</p> <p>Dr. Seitz commented that communication may be broken down into two buckets: 1) technical and 2) competencies (soft skills, skill building, feedback and practicing)</p> <p>Lorrin commented that it is mentorships.</p> <p>Dr. Buenconsejo-Lum responded that it is workshops such as a series to include non-physicians. Train the trainer. Pick a few champions from different practices.</p> <p>Brendo Ho noted that we have assumptions that doctors will “step-up”.</p> <p>Lorrin indicated we’ve talked about providers now let’s now switch to patients. How do we connect patients with providers?</p>		
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		<p>Dr. Seitz commented that we should provide patients options and advice. Where patients can go for information.</p> <p>Dr. Seitz recommended that DOH have a website for physicians and patients to access as a resource.</p> <p>Lorrin noted the recommendation and the need for funding to support it.</p> <p>Dr. Lee Buenconsejo-Lum seconded the recommendation for a DOH website.</p> <p>Dr. Seitz recommended that a list be created that identifies providers and recommended a name for it such as “Physicians Aid in Dying” or something like that. She also noted that recruiting of physicians is needed for the list.</p> <p>Dr. Anderson noted that we should have resources for families in addition to the patient.</p> <p>Lorrin noted that we are assuming people have access to websites. Noted that there should be some non-</p>		
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		<p>Malachy Grange noted that we are assuming physicians want to get involved. Where's the data to show? Let's hone in on access for January. People should know and can access it.</p> <p>Lorin noted what must we have on January 1 and what must be avoided. Noted that realistically there's only 3 or 4 things we can work on.</p> <p>Kat West noted that it must be integrated as much as possible as a standard of care. And noted that most hospitals have a system in place. A patient navigator system or internal referral systems. Kaiser model. We have fact sheets and are here for you to take. We are here to help.</p> <p>Lorin noted that documents are not endorsed by the state. Referred to the group that you are welcome to take one with you.</p> <p>Kat West stated that implementation has a 3 year ramp up period.</p> <p>Dr. Seitz stated that Kaiser does have a list internally.</p>		
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		<p>forward. In the community people don't know what hospice care is or what palliative is or supportive care. Don't have an advance directive. Yet they may leap forward to medical aid in dying. Noted that pieces of the continuum be a part of the education to the community.</p> <p>Lorrin acknowledged that education on the continuity of care be a part of the communication to the public. Discussion moved to data and medication.</p> <p>Kat West noted that they have clinical data that was published related to medical aid in dying.</p> <p>Malachy Grange noted that access to the community is important.</p> <p>Summary of recommendations are:</p> <ol style="list-style-type: none">1. Communication is needed to both providers and consumers. <ul style="list-style-type: none">• Website for provider and consumer resources e.g. what consumer need to know, spectrum of care on supportive, hospice and		
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		<p>palliative care, applicable laws, related information</p> <ul style="list-style-type: none"> • ECHO series training to include non-providers • Identify Champions – Train-the Trainer • Identify providers – need a list • Consumer information on the spectrum of care benefits prior to – include supportive, palliative, and hospice care • Targeted approach to both providers (not all providers) and consumers e.g. oncologists, home hospice, palliative care, pharmacy, payers <p>2. Training to providers on 1) technical requirements and 2) competencies.</p> <p>3. Infrastructure: Community access is needed by January 1, 2019. What if providers opt out? Where do consumers go?</p> <p>4. Policy: Disposal of leftover drugs (e.g. how secured in home, how meds are packaged, who to dispose?)</p>		
IV. Resources	A. Medical Aid in Dying in Other Jurisdictions (State Annual Data Reports)			

V. Public Input		Kat West offered resources from Compassion and Choices.		
VI. Announcements	Next meeting is scheduled on August 31, 2018, 9am to 11am at Kinau Hale Boardroom 1250 Punchbowl St., Honolulu HI 96813			
VII. Adjournment	The advisory group adjourned at 2:57pm			