



NationalHealthcareDecisionsDay.org

[National Healthcare Decisions Day](http://NationalHealthcareDecisionsDay.org) web page on CompassionAndSupport.org

[NHDD New York State Coalition](#)

[NHDD NYS Coalition Collaborators](#)

National Healthcare Decisions Day New York State Coalition Conference Call

Date: Tuesday, March 8, 2011

Time: 1:00 pm – 2:30 pm.

Conference Call Instructions

Dial-in number: 1-800-747-5150

Passcode: 2384514

Meeting Goal – Update activities that support NYS NHDD Goals:

- Describe plans for National Healthcare Decisions Day 2011
- Provide updates on statewide implementation of Family Health Care Decisions Act and the MOLST Program.

Meeting Minutes

1. Welcome and Introductions
 - a. Pat welcomed each attendee sharing that there is one more conference call scheduled prior to NHDD, April 16th which will be a Webinar.
 - b. This Webinar will be the 5th in the MOLST and FHCDA Webinar Series. The PowerPoint's and recorded Webinars can be viewed [HERE](#).
Follow Up – Team, please email Penny.Weller@excellus.com to have your NHDD activities and events posted on CompassionAndSupport.org on the NHDD landing page. Please don't hesitate to reach out to Penny (via email or by calling at, (585) 453-6306 to request the template to place your NHDD event or activities into or the NHDD 11 x 18 poster and the NHDD 11.5 x 8 Flyer and/or the "Five Easy Steps" blue wrist bands.
2. Review minutes - approved
3. Updates and Action Items
 - a. Describe plans for National Healthcare Decisions Day 2011
 - i. Regional representatives
 1. **New York City/Long Island**
 - a. Louis Belzie reports planned NHDD activities in the Brookdale Hospital lobby and other NHDD activities with area hospitals.
 - b. Westchester, training volunteers who will be going out to libraries to speak to and empower others on completing a HCP, David to also do a presentation.
 - c. Marybeth reported a conference on April 7th & 8th and that Pat will be speaking at it, along with Gottfried.
 - d. Donnie – working with others in area to do a Health Fair
 2. **Mid Hudson** – N/A
 3. **Albany**
 - a. Community Hospice – Don, St. Peters organizational email, NHDD posting on Web site, staff to hand out, talk with and answer questions on HCP, doing a survey with employees who are receiving there PPD if they have a HCP, internal survey at

Community Hospice, to identify who has and who does not have HCP and who wants information then provide. Multiple ACP and MOLST presentations. Sending out blurbs to churches to place in their Sunday bulletin with information, contacts and follow up with any requests on presentations.

- b. Albany Law School – Community Hospice to have a presence there

4. **North Country** – N/A

5. **Southern Tier**

- a. Tanya, Southern Tier End-of-Life Coalition, is partnering with 10 primary physician offices, offering the patients ACP counseling, and also providing presentations at 4 area libraries.

6. **CNY**

- a. Mary Rose reports hospitals focusing on ACP, HCP + the college of nursing will be a whole day session on ACP/HCP to the college of nursing.

7. **WNY** – N/A

8. **Rochester**

- a. Excellus BCBS, IBERO & Community Place “kickoff” forming an ACP community collaboration. The kickoff will be followed up with training to staff at IBERO & Community Place along with their volunteers (e.g., Senior Companions). Seniors and/or IBEROs and/or Community Places staff to share their ACP stories with the press.
- b. In addition, the Rochester RHIO (Regional Health Information Organization) is working towards ensuring HCP are accessible across care transitions. The plan is to scan and attach the HCP (via consumers, via this venue) to the patient’s medical record. Hence creating a registry. To link this with some of the employer groups we’ve been working with on deploying an ACP Employee Campaign showing consumers loading their HCP into this new portal.
- c. Pat mentioned reminder of the [CCCC / MOLST Trainers Database](#), if need any one is in need of a speaker to present for NHDD. If you’d like to become a CCCC and/or MOLST Trainer, please complete this [survey](#).

ii. NHDD NYS Coalition Colleges and Universities Subcommittee

- 1. Marybeth – Working with Syracuse and Fordham law school
- 2. Nazareth – Pat working with Keilah Roberts on an NHDD event.

iii. NHDD NYS Coalition Diverse Populations Subcommittee – As mentioned above with IBERO and Community Place.

b. Social media update

i. Multiple Social Media venues available:

- 1. [PatBombaMD Twitter](#)
- 2. [CompassionAndSupport.org Facebook](#)
- 3. Cause

Follow Up – Team – Please email Pat at Patiricia.Bomba@lifethc.com with any ideas or information you’d like her to post on facebook or twitter, relating to NHDD.

c. NHDD national update

d. Provide updates on statewide implementation of Family Health Care Decisions Act and the MOLST Program.

4. Open Forum

- a. NYS Palliative Care Information Act (PCIA) went into effect February 9, 2011

- i. Pat reports noticing that, as implementation of FHCDA has moved forward, professionals have seen the law as it is, identifying some need for amendments. For example, determination of capacity.
 - ii. Attendees share that their experience with more than a few facilities is that capacity determination remains the physician's responsibility and their policies and procedures continue to request two physician determination.
 - iii. Q: re: PCIA – What documentation is required?
A: (Pat) – view NYSDOH Website, its counseling and documenting the counseling in accordance with the PCIA requirements. Documentation not required, however, if not documented it didn't happen. Attorney on call strongly advises medical professionals to document these conversations.
- Conn Foley adds it is vital to document in a specific section for advance care planning, to ensure it's readily accessible. The discussions and documentation for this specifically needs its own section to ensure that when a chart is "thinned", the advance care planning section, then, always remains.
 - iv. Tension in NH over Part A benefit for hospice.
 - v. Louis B. speaks to physicians documenting their request for SWer or RN to have conversation with patient, "informed counseling" health care agent and/or surrogate.
 - vi. Marybeth – identified that these types of issues point to the importance of ongoing education to professionals, especially physicians. In addition, each facility or organization should establish the policies and procedures with this work.
- Follow Up – Pat** to send out the verbiage relating to what Marybeth is speaking to, above, in the next MOLST Update. In addition, Pat will include the new, updated policy and procedure received today from EMS. Can be found here ([link](#)).

5. Open Forum

- a. Pat mentioned of her work with professionals in public schools
- b. Regarding Legislation – Marybeth mentioned the proposed amendments to the FHCDA law. HCP to make decisions when the pt. doesn't lack capacity to make medical decisions. Concerns over this without significant protection.
 - i. David Levin suggests advocacy to withdraw amended bill to the committee since it does not provide the security people need.
 - ii. Pat mentions that Ageism is still around
- c. Conn Foley – Issue is, if the HCP clearly documents that the patient changed their mind on a treatment (e.g., feeding tube). Pat responds, recommending the Health Care Proxy to state, "My Health Care Agent, knows my medical wishes" to keep the decision making process for the health care agent freed up.
- d. Maryrose identified that there has been discussion from some folks at NYSDOH sharing with some of the nursing homes in CNY area that the patient's safety legally takes precedence over patient's rights. Especially, in relation to eating and drinking.
 - i. Pat reiterates, what we know is that FHCDA does not apply to food and water. FHCDA applies to medical treatment.
 - ii. Pat recommending that each individual case needs to be viewed and assessed on an individual basis when needing to consider making decisions relating to feeding tubes and literature is showing tubes are doing more harm than good (e.g., aspiration pneumonia, decrease socialization, ulcer sores). ([link to research, MOLST training center, feeding tubes](#) and [benefits and burdens](#))
 - iii. Donnie wonders if this is in writing.
 - iv. Conn identifies opportunity to review what the specifics are, with respect to food and fluids. Room for clarification. Pat follows up that it has not been managed the same in Upstate NY. That data, goals for care and more have been discussed. Also, wondering is it the NYSDOH, a person, or someone else saying this.
 - v. Donnie suggests an opinion from counsel on this issue.
 - vi. Pat agrees with Conn, that we (anyone on this call and other medical professionals) should be extremely careful to not take this to mean it is the view point of NYSDOH.

- vii. Conn, speaks to families bringing up Death Panels or Death Squads which may limit donations and funding, and so may want to think about how to counter this. Pat – Life Panel page with personal stories on CompassionAndSupport.org on the “[Legislation](#)” page. You’ll also find postings on Op-ed, News articles that counter the Death Panels, facts and Enhanced reimbursement for providers who have thoughtful ACP conversations with the seriously ill which includes non-face-to-face time.

Follow Up – Conn – any information you’d like others to see, please forward to Patricia.Bomba@lifethc.com to be posted on CompassionAndSupport.org.

6. Next Steps and Accountabilities – View, “**Follow Up**” noted in the sections above

7. 2011 Future Dates are:

- o Webinar, April 05 on MOLST & FHCDA System Implementation in Physician Offices.
- o Conference Calls, May 10, June 07, July 12, August 09, September 13, October 11, November 08, and December 13. All conference calls in 2011 will be held from 1:00 - 2:30 pm.
- All meeting minutes and additional information can be found on the [NHDD NYS Coalition Web page](#).

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