



MOLST Statewide Implementation TEAM

Wednesday, January 26, 2011

7:30 – 9:00 a.m.

Public Safety Building
Step Conference Room
1190 Scottsville Road
Rochester, New York

Meeting Minutes

Meeting Goal: To meet the purpose and goals of the MOLST Statewide Implementation Team

Purpose of the MOLST Statewide Implementation Team

- To oversee effective statewide implementation of the MOLST Program
- To support NYSDOH implementation of the FHCDA and revision of the MOLST form to conform to the procedures and decision-making standards set forth in the FHCDA

Goals of the MOLST Statewide Implementation Team

- To disseminate information concerning the use of the MOLST form
- To create a forum for discussion about implementation issues
- To establish a centralized repository of information about MOLST and end-of-life decisions

- 1) **Welcome and Introductions**.....Dr. Pat Bomba
 - a) Pat welcomed and thanked all for joining the call and introduced new team member, Dr. Sherree Starrett. Sherree is Board Certified in Internal Medicine, Hematology, and Medical Oncology, as well as credentialed as HIV/AIDS Specialist by the American Academy of HIV Medicine and has extensive experience in palliative care and HIV/AIDS.
- 2) **Update on FHCDA and MOLST Implementation**.....Dr. Pat Bomba
 - a) **OPWDD issued memo** posted Friday 1/21/11 with **final Checklist** for patients with developmental disabilities who do not have the capacity to make medical decisions, including §1750-b process. If patient with DD retains medical decision-making capacity, they make their own decisions. The checklist must travel with the MOLST.
 - i) Update & enhancement to the [DD Population who lack capacity to make medical decisions on CompassionAndSupport.org, HERE](#).
 - ii) Pat had meetings scheduled in Albany last week to discuss educational outreach work plan but these needed to be rescheduled to February.
 - iii) Pat asked the Special Populations workgroup to work on an educational plan.
 - (1) Last summer, Paul Kietzman, JD, General Counsel with NYSARC, offered to do a webinar once the Checklist was done.
 - (2) Sharon Hoffman, New York State Disability Advocacy Association and Network and Jody Szczech, Deputy Director, Mental Health Empowerment Project have both offered to assist with educational outreach on behalf of Special Populations.
 - (3) NYS Commission on Quality of Care & Advocacy for Persons with Disabilities indicated willingness to help during discussions in spring 2010.
 - b) The **MOLST and FHCDA Webinar series** continues.
 - i) The third in series was held in December 2010 on "[FHCDA and Ethics Review Committee Training](#)." Pat thanked Mary Beth Morrissey, Esq. and Bruce Jennings for their assistance in developing the webinar to address "A Relational Framework for End of Life Decision Making: Understanding and Implementing New Law and Policy in New York State." A web page on Ethics Review Committees is planned. [Webinars and their pps found HERE](#).
 - ii) Plan is to continue to add on to this series.

- iii) The fourth recorded Webinar, "[Applying MOLST for Care Transitions: Community Implementation of the MOLST Program](#)" is scheduled for February 2nd; (real time participation is closed due to type of funding the hosting agency is utilizing). The webinar and pps will be posted on [CompassionAndSupport.org](#) in mid-February.
 - iv) Future topics include MOLST implementation per site (Hospital, NH, Assisted Living Facilities, MD office) and webinars for Special Populations (Minor Patients, DD, MH)
 - c) **EMS Workgroup** updated the original MOLST ppt. (2005). It is found on [CompassionAndSupport.org](#) & integrated into the EMS MOLST Web page under Step 3 of the 1-5 training steps. Direct link, [EMS MOLST Training](#).
 - d) **Website** updated and revised [CompassionAndSupport.org](#).
 - (1) Revised and updated verbiage on [MOLST – Professionals for each pg. on Checklists](#)
 - (2) NEW! [Palliative Care – Professionals](#) page (including law and NYSDOH)
 - (3) Under construction – Palliative Care For Patients & Families, and Caregiver Support page
 - e) **Social Media**
 - (1) Want to stay up-to-date in real time regarding MOLST, PC and other pertinent topics?
 - (a) Follow Twitter – [PatBombaMD](#)
 - (b) Like Facebook – [Compassion And Support](#)
 - (2) [Wikipedia MOLST page](#) created by Johnathan Karmel which led to the MOLST Facebook page. Any time there is information on Facebook and Twitter on MOLST, the specific [MOLST Facebook page](#) will pick up the information.
 - (3) **Follow Up – Team** – Share with Pat if you are interested collaborating with her on presenting and/or hosting a Webinar.
 - (i) Pat welcomes feedback via email (Patricia.Bomba@lifethc.com) on suggestions for [CompassionAndSupport.org](#).
 - (ii) Share "Follow [Twitter](#) and Like [Facebook](#)" your respective members as a communication tool to stay on top of pertinent Palliative Care, MOLST and other EOL information in real time!
- 3) **Feedback on FHCDA and MOLST Implementation**All
- a) **MaryRose** – Implementation of MOLST since November 8th, finding not as much use of the checklists, since they are not mandatory. How do others ensure physicians are meeting all legal requirements if the physicians aren't utilizing the checklists?
 - b) **Steve** – take physicians out of equation (to a degree), SW and NP staff doing bulk of up-front leg work regarding MOLST conversations and capacity determination.
 - c) **Pat** – Given the physician is ultimately responsible, they need to understand the checklists include NYS law. Pat agrees with Steve's use of team facilitation.
 - d) **Donnie** – has heard that physicians want the fastest and easiest ways to adapt to the legal requirements by using an abbreviated checklist.
 - i) Pat reminds team there is not one short abbreviated checklist and recommends completing a health care proxy while people have capacity. NYSPHL has higher clinical and decision standards for surrogate decision-making. Checklist designed as educational tool for physicians and others.
 - e) **Sharon** – finding physicians not wanting to be "bothered" by this, and therefore, utilizing SWers and nurses. However, important to ensure physicians understand they continue to ultimately be responsible. Her facility is utilizing a capacity checklist.
 - f) **Pat** – the critical piece is physicians ultimately still need to have a conversation with the patient, health care agent and/or surrogate.
 - g) **Pat** – eMOLST will have capacity determination and other legal requirements built into it.
- 4) Update from Workgroups.....Dr. Pat Bomba & Co-Leaders
- a) **Communication and Education Workgroup**: co-leaders Janet Dauley-Altwarz, JD, MHA and Deirdre Downes, LCSW
 - i) Includes work completed on Webinars and Social Media
 - ii) Multiple upcoming conferences where MOLST will be presented
 - iii) Low response rate with survey.
 - (1) **Follow Up – Team** – Share any known fall conferences with Janet and Deirdre
 - b) **EMS Workgroup**: co-leaders Tim Czapranski AEMT P and Dr. Doug Isaacs
 - i) Includes new EMS presentation on the web
 - ii) Is there a way to facilitate processes regarding MOLST education? NYSDOH has pushed information out statewide, via mail including trainings and contact information.
 - iii) [EMS MOLST Training Web page](#) and [MOLST Trainers Database](#)

- c) **Consultation Workgroup:** co-leaders Cindy Bileschi, RN, BSN and Karen Charles, CTRS
 - i) **MaryRose** has shared hospital policies and procedures from St. Joseph's in Syracuse; these along with North Shore LIJ are found on the MOLST Training Center under [Implementation Resources HERE](#)
 - (1) **Follow Up – Team** – MaryRose welcomes you to contact her via email with any questions.
 - (2) Email Patricia.Bomba@lifethc.com with policies and procedures
 - d) **Quality Improvement and Research:** co-leaders Dr. Tom Caprio and Mary Beth Morrissey, Esq.
 - i) **Pat** – how to connect frailty in predicting outcomes of life-sustaining treatment
 - ii) **Steve** – Probably the largest barrier to treatment is when patients are most unlikely to benefit from aggressive life-sustaining treatment. Came across frailty index and believe it is the only tool that predicts likelihood of death and transitions of care in the elderly. Using in own practice for 1 ½ years now and find it reasonable to use at the bedside.
 - (1) Studies are being done and show good results at first blush in relation to high frailty and the MOLST trying to find out what causes patients and families to insist on aggressive life-sustaining treatment.
 - (2) Pat suggested workgroup under Tom and Mary Beth's leadership to further review and identify if and how to integrate this work and potential opportunities to study this in relation to the MOLST.
 - (a) **Follow Up – Team** - Email Patricia.Bomba@lifethc.com if you or others you know are interested in being part of this discussion.
 - e) **eMOLST Workgroup Pilot Statewide Service for eMOLST (HEAL 5 grant in RRHIO):**Co-leaders Ted Kremer, Dr. Pat Bomba, Karen Kremer and Gloria Hitchcock
 - i) Meetings held with all 3 major hospital systems, LTC facilities, community physicians and Home Care & Hospice agency to engage providers to pilot software application.
 - ii) The first phase will be to test the application independently with second phase to include connectivity with the Rochester RHIO and third phase with EMS.
 - iii) Plan to move forward with testing first quarter of 2011.
 - iv) A user manual will be developed as part of the phased testing.
 - v) The National POLST Paradigm Taskforce expressed interest in having Pat to do a Webinar on eMOLST. Pat asked Team if they would like a Webinar on this topic as well.
 - (1) **Follow Up** – Group expressed interest in attending an eMOLST Webinar. **Pat** will follow up with details when enhancements to the application
 - f) **Special Populations Workgroup:** co-leaders John Carroll, Esq. Eileen Zibell, Esq. And Dr. David Korones
 - i) Webinars for education on Special Populations planned. Help needed.
 - ii) [Checklist for Minors approved and available](#) on CompassionAndSupport.org
 - (1) **Follow Up – Sharon** to provide Pat the name of person and organization
 - g) **VA Workgroup:** co-leaders Kimberly Connell and Maureen Martin
 - i) Working on interface between MOLST and VOLST
- 5) **Open Forum**.....All
- a) **Update on Palliative Care Information Act**
 - i) Effective February 9, 2011. Important to understand the context of the law & it's impact on providers
 - ii) Karen is the NYSDOH attorney who can comment on this law
 - iii) Palliative Care for Professionals, new Web page (including law, and direct links to NYSDOH and more) on [CompassionAndSupport.org](#), [HERE](#)
 - 1. **Follow Up – Team** – Please email Patricia.Bomba@lifethc.com if you would like your agency (if pertinent to Palliative Care) to be posted and linked here, linking back and forth between your agency and [CompassionAndSupport.org](#).
 - b) **Update on CMS withdrawal of “Voluntary Advance Care Planning”**
 - i) Unwarranted Clinical Variations, training began for Rochester area physicians on November 9, 2009 which provides eligibility for these physicians to receive enhanced reimbursement for thoughtful advance care planning conversations for patients who are seriously ill.
 - ii) Excellus BCBS and MVP are paying enhanced reimbursement for those physicians who have completed the 11/09/2009 training.
 - (1) Pat currently assessing claims data. For 2011, to use outcomes to identify additional patients who are appropriate for the MOLST conversation.

- (2) Pat reiterated on a comment made about the importance and success of getting the education and understanding of the two-step approach to advance care planning (CCCC and MOLST) to lay people. Community education and physician recommending advance care planning have been found to increase the completion rates of a Health Care Proxy.

c) Update on National Healthcare Decisions Day: April 16, 2011

- i) Chi Eta Phi is a national sorority. Chi Eta Phi, Beta Chi Chi Chapter in Rochester, NY nurses have taken on advance care planning as their community service project. The nurses have been trained on ACP, CCCC and MOLST creating community partnerships, starting with churches. Pat asked them to consider doing a webinar on how to build community partnerships focused on advance care planning.
- ii) A survey tool using SurveyMonkey was created and will be sent shortly to identify:
 - (1) How professionals have utilized the all-day MOLST training received in March and April 2010?
 - (2) Which of these attendees are bilingual?
 - (3) Identify who is willing to build community collaboration to benefit diverse populations.

- 6) **Next Steps and Accountabilities**.....Dr. Pat Bomba
- i) 2011 Monthly Meeting Dates (Calls will be held 7:30 a.m. – 9:00 a.m.): February 23, March 23, April 27, May 25, June 22, July 27, August 24, September 28, October 26, and December 7

Meetings are held in the Monroe County Public Safety Building

Conference Call Instructions

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

Passcode: 2384514