



HAWAII STATE
DEPARTMENT
OF HEALTH



Report from the Hawai'i Palliative Care Summit - April 25, 2020

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Dedication: This summary is dedicated to people facing serious illness and those who care for them ---the planning team

Hawai'i State Palliative Care Summit - April 25, 2020

EXECUTIVE SUMMARY

The diverse audience who attended the Palliative Care Summit on April 25, 2020 strongly agreed that access to palliative care services must be expanded throughout the state of Hawai'i.

The Summit was sponsored by the Hawai'i State Department of Health, the University of Hawai'i John A. Burns School of Medicine, (UH JABSOM), and Kōkua Mau, a statewide network to improve care for those with serious illness. The **121** participants came from **41** organizations including health plans, health systems, hospices, higher education, state and county government, and non-profits (including AARP and American Cancer Society). Participants came from all counties and included doctors, nurses, social workers, chaplains, community advocates and administrators.

The Summit provided an overview of the current state of palliative care in Hawai'i including a review of the historical development of palliative care and descriptions of programs currently in existence as well as ongoing plans for growth. The key questions about palliative care in Hawai'i that the Summit planners aspired to answer were:

- *What is working?*
- *What are the barriers?*
- *What are the opportunities for expanding access?*

In addition, goals included reaching consensus on:

- *The best definition of palliative care*
- *Identifying the core elements that any program or benefit characterizing itself as palliative care must or should include.*

Included in the Summit were the special topics of palliative care during the COVID-19 pandemic and how the opioid epidemic has affected palliative care.

Feedback on these topics was solicited in pre-summit surveys and participant feedback during the Summit.

- *What is working?* Summit presentations reviewed the outcomes of several current Palliative Care programs in Hawai'i. Programs showed high patient and clinician satisfaction and lower costs compared to usual care. Project leaders shared evidence of improved patient and family experience of care, improved pain and symptom management. Significant cost savings resulted from optimized outpatient care leading to reduced hospital and ER utilization.

- *What are the barriers?* There was strong agreement among summit participants that the most important barriers to provision of high quality palliative care were:
 1. Inadequate **payment mechanisms**
 2. Lack of **agreed upon standards of care**
 3. Absence of **consistently applied quality/value metrics**
 4. **Inadequate workforce**
 5. Lack of **clinician** and **public awareness** of palliative care

- *What are the opportunities for expanding access to palliative care in Hawai'i?* Key suggestions that emerged from the summit were:
 1. Encourage all health plans offer palliative care benefits
 2. Expand the list of qualifying diagnoses for palliative care services
 3. Allow palliative care services to be provided earlier in the course for patients with serious illness
 4. Offer and encourage palliative training among providers including primary palliative care, improve communication skills, and specialty palliative care
 5. Conduct awareness raising campaigns for patients, families and providers
 6. Establish a definition of palliative care that meets CAPC national standards
 7. Adopt Minimal Core Elements and Standards in alignment with the National Consensus Project and other national projects

The importance of palliative care services and advance care planning before people become seriously ill has been magnified with COVID-19. Progress in these areas is essential to improving access to care for seriously ill people of Hawai'i-

A report mapping Hawai'i Palliative Care resources, including gaps in care, is on the Kōkua Mau website: kokuamau.org/palliative-care/mapping-palliative-care-in-hawaii/

NEXT STEPS

Summit organizers heard the loud call to action to improve access to Palliative Care statewide. Following the Summit, organizers recruited a few additional champions to form a palliative care *Leadership Group*. The *Leadership Group* of volunteers--supported by a skilled project manager-- has met weekly to develop strategy and grow the infrastructure necessary to drive major improvements. The Leadership Group concluded that substantially improving access will best be accomplished through building a strong statewide Coalition of stakeholders "all paddling in the same direction."

Encouraged by the success of regional Palliative Care coalitions in several states, the Leadership Group worked to clarify the common purpose of the Coalition known as *Hui Pohala* by developing a Coalition Charter. Over the next six months the Leadership Group will work diligently to grow the Stakeholder Coalition and launch committees in the four domains to address the key barriers.

Stakeholders who want to give input or work with these committees are asked to please contact Jeannette Kojane jkoijane@kokuamau.org, Crystal Costa huipohala@huipohala.org or Rae Seitz, raeseitz@huipohala.org

“The need for palliative care services has never been greater and the ground swell has never been stronger. We may now be at a tipping point. – Rae Seitz MD Leadership Group Chair.

PRE-SUMMIT SURVEY FINDINGS

Prior to the summit, the planning team performed an “environmental scan” of palliative care programs and services in Hawai‘i. We were looking for experiences with palliative care from the perspective of patients, families, providers, case managers, and health plans. Results were presented during the conference and are briefly summarized here.

Currently, hospice organizations on every island provide essentially all of the community based palliative care. For this reason, we conducted focus groups with six of the ten hospices and key informant interviews with leadership from two additional hospices. We also held focus groups with chaplains and an interdisciplinary session with Kōkua Mau members. Discussions were conducted with palliative care physicians, medical directors, and case managers of health plans. An additional key informant interview was held with a home health agency that provides palliative care training to staff.

I. Focus Group Key Findings

High Level of support for additional access to Palliative Care

- There was a nearly universal high level of satisfaction with Palliative Care from all perspectives surveyed.
- There was widespread support for additional access to Palliative Care.
- In particular, the need for more community-based options for Palliative Care was noted frequently.

Need for more Insurance Coverage of Palliative Care

- Essentially all focus groups and interviewees stated their concern that many seriously ill patients who could benefit from Palliative Care are currently not able to receive Palliative Care because of their type of insurance.
- Both providers and families believed that palliative care services should not be time limited or limited to just a few diagnoses.
- As insurers work with providers to improve access to Palliative Care, there is a need for a clear definition of what palliative care services will be covered by insurance.

Essential components of Palliative Care

- Coordination of care, where patient and family needs are recognized and addressed is highly valued and felt to be essential. This includes medication reconciliation, pain and symptom management, spiritual support, and importantly communication, which builds rapport and trust.
- The importance of a Team was emphasized in order to provide effective high-quality care. Essential team members ideally include a doctor, nurse, social worker, and chaplain. Providers noted that insurance coverage should

ideally reflect this team approach because it has been demonstrated to be more effective.

- Chaplains felt that their participation in palliative care teams needs to be recognized and reimbursed.

Need for increased awareness of Palliative Care

- Awareness of palliative care by referral sources and other clinicians as well as the public was seen as crucial for increasing understanding and addressing misunderstanding about palliative care.

II. Case Manager Survey. We conducted a survey with 30 case managers who work for health plans. Most are referring to the HMSA Supportive Care program, as they are the largest program in the state.

Key findings from Case Manager Survey:

The most common reasons for referring to palliative care:

- 90% Pain and symptom management
- 50% Hospice discussion or referral
- 50% Need for Patient and family support
- 43% Need for Psychosocial and spiritual support

The value of Palliative care/Supportive care was perceived as very high. Case managers voiced their suggestions for expanding and improving the program:

- **Increased availability** of programs on **all islands**
- **Education:** Many people still don't know what palliative care is
- **Better communication** is needed between the health plans, hospices, providers, and the public
- **Better coordination** when a member comes off of Supportive Care and returns to usual care
- **Measuring what matters**

III. Clinician Survey. A survey was done with clinicians across the state covering their understanding of what palliative care is, the value of palliative care, experiences regarding the palliative care programs currently available in Hawai'i and suggestions for key elements of a palliative care benefit. We had **63** respondents with the following breakdown:

- Physicians 79%, Nurses 16%
- Primary Care 35%, Subspecialty 56%
- Hospital based 25%, Office Based 57%

Key Findings of Clinician Survey

- Overall: Generally rated palliative Care as effective across all settings: hospital, community and home.
- 73% reported **Patient & Families** Always/Often **Satisfied with care received**
- 86% reported having **barriers to referral**, which are more frequent in the community than in the hospital

- **Top Barriers to referral:**
 - a. Wrong Insurance
 - b. Unsure about who to call
 - c. Lack of understanding about palliative care, which translates into a reluctance of providers and families to consider palliative care. There is still a belief that palliative care end of life care and that providers and families are “giving up”
- More than 95% had **interest in additional Palliative Care Training**

Most Common Reasons for referring to palliative care

- 62% Patient and family support
- 60% Hospice discussion or referral
- 51% Pain management
- 49% Symptom management
- 49% Psychosocial and spiritual support

Requested Core Elements to be included in a state community-based palliative care benefit

- 90% Patient and family support
- 89% Goals of Care Discussions
- 89% Psychosocial and spiritual support
- 84% Pain management
- 82% Symptom management
- 82% Advance Care Planning

SUMMIT CONTENT

I. What is the current state of palliative care in Hawai‘i?

The results of the focus groups, key informant interviews and surveys showed where palliative care is being offered, experiences with the programs and what barriers and gaps exist. A timeline of palliative care in Hawai‘i was created and presented, showing progress caring for seriously ill people over the last 25 years.

Four presentations during the Summit outlined current programs in Hawai‘i, including **HMSA’s Supportive Care program**, the largest in-home palliative care programs. Also included were presentations about the new **VA in-home concurrent care program**, a **pilot with Bristol Hospice and Ohana Health**, and **Kupu Care in Hilo** on Hawai‘i Island. An overview of what types of programs are available was included.

II. What would an ideal state look like?

Dr. Fischberg’s presentation highlighted a nationally recognized definition of palliative care (see page 7) and the core elements (see page 8) needed for an effective palliative care Insurance Benefit. Additionally, Dr. Fischberg presented an overview of how effective palliative care can be when team-based programs help patients with complex medical care.

III. What major steps should we take to move towards the ideal state in which palliative care services are available to all who might benefit?

The focus groups and surveys identified suggestions for improving palliative care in five key domains. (We thank our colleagues at CAPC for identifying these domains as they fit with our experience in Hawai'i.) At the end of the summit, participants voted on their top priorities and signed up for working groups to identify top action items.

- **Payment Reform** - access to community-based PC (e.g. MedQuest benefit; other health plans)
- **Specialty Workforce Development** - (e.g. palliative care fellowship; nursing training in PC)
- **Clinical Skills Development** - (e.g. Vital Talk, Primary Palliative Care Training)
- **Research/Quality/Data** - (e.g. Environmental scan of palliative care availability; needs assessment; definition and standards)
- **Public & Clinician Awareness**- (e.g. public awareness; clinician awareness; centralized source of information)

Participant Top Priorities: Polling of participants yielded the following priorities: Payment Reform, Clinical Skills Development and Public & Clinician Awareness

IV. Consensus on a definition of palliative care.

The organizing committee as well as other palliative care specialists in Hawai'i agree that the CAPC (Center to Advance Palliative Care) definition of palliative care provides a solid basis for creating a palliative care benefit that MedQuest aspires to. In the preparation for the summit, it became clear that there is a wide variety of understanding (and misunderstanding) about what palliative care provides and therefore a Hawai'i consensus is important. The research results from palliative care studies use a definition that agrees with the CAPC definition.

Participants were provided the CAPC definition ahead of time as well as during the summit. A poll of participants showed 100% agreed with the definition and nine people had suggestions for improving and strengthening the definition.

CAPC Palliative Care Definition, 2019

Palliative care is specialized medical care for people living with serious illness. It focuses on providing patients with relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.

Palliative care is based on the needs of the patient, not on the prognosis. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

V. Agreement on core elements that any program or Insurance Benefit characterizing itself as palliative care should include.

Similar to the definition, the organizing team felt that **agreement on core elements** was a crucial next step. At the summit, participants were asked to vote on several core standards, which were overwhelmingly seen as important and additional suggestions were made that will help to build consensus. Results showed 92% of participants agreed with the standards and 8% wanted elements changed or added. More work is needed in the coming months to further define these elements.

PROPOSED MINIMUM STANDARDS FOR HAWAI'I

1. Comprehensive Assessment
 - Development of individualized care plan
 - Physical, emotional, psychosocial, spiritual, functional & caregiver needs
2. Care Coordination & Communication
 - Collaboration, education, understanding what matters most to patient and family
 - Advance care planning
3. Clinical Services
 - IDT (Interdisciplinary Team) – specialty trained & certified
 - 24h/7day availability to patients and families

VI. Palliative Care during COVID-19.

It was noted that **COVID-19** has magnified the need for broader access to palliative care. Most palliative care professionals have been very involved with developing the COVID response including Kōkua Mau, which has been sharing resources with the community on their webpage. <https://kokuamau.org/covid-19-resources/>

Dr. Fischberg presented an overview of ways that Palliative Care Providers and resources have helped to prepare for the response to COVID-19. Current challenges include PPE shortages, and restrictive visitor policies in facilities resulting in feelings of fear, uncertainty, loneliness and guilt. The pandemic has put a spotlight on the importance of advance care planning, especially POLST to document out of hospital medical orders. Changes in federally permitted use of telehealth have resulted in rapid adoption of telehealth in Hawai'i, which is particularly well suited to Palliative Care, and will hopefully become permanent after the pandemic.

VII. Opioid epidemic and palliative care.

Dr. Fischberg outlined a variety of ways that Palliative Care has been impacted by the opioid epidemic, which has pushed Palliative Care to take a deeper look at the relative risks and benefits of opioid therapies. For many patients the benefits continue to outweigh the risks. Palliative Care providers have adopted standard practices to balance the risks and benefits of opioid use for pain. These include:

- Risk assessment and management strategies for patients on opioid therapy
- Informed consents
- Use agreements
- Prescription Drug Monitoring Program (PDMP) checks
- Urine drug screening
- Rational polypharmacy
- Pharmacy and Behavioral Health collaboration
- Naloxone prescribing

NEXT STEPS

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Appendix 1. Post Palliative Care Summit Evaluation Summary

Several key themes emerged from the post Summit feedback by participants. These themes closely resembled the themes discussed during the Summit.

Need for expansion of palliative care in Hawai'i

1. The need for more community palliative care at all different levels.
2. We need to expand palliative care
3. We need to have a community based non hospice option that can complement the hospice teams
4. PC [Palliative care] is best care and affordable - but we have a lot of educating to do.
5. Supportive care must play a larger role in our community- quality, cost, satisfaction
6. Need more supportive care programs to be expanded by all payers!
7. Palliative care plays a very important role in health care.
8. The need to establish outpatient palliative care.
9. We need more programs and clinical education
10. There is clarity on [the] need for more palliative care and on the benefits
11. Intervening early with focused and personalized care is key to helping patients and their families from spiraling down a path of suffering caused by physical, mental, spiritual, social pain. Palliative care is essential for anyone living with a serious illness as well as for our health care system. We need more ways to expand palliative care throughout the community, more staff to provide such care, and more learning opportunities to be able to efficiently provide such care. (I'm speaking from an NP perspective, which I did not get much exposure/training in my primary care NP program).
12. The need to grow community based palliative care options and get insurer benefit support
13. The need to strengthen palliative care services
14. That Hawai'i is far behind the mainland with providing and access to palliative care

Opportunities

1. Great opportunity to further develop a comprehensive approach to palliative care across Hawai'i, focus on the ability to reach all islands with these services, opportunity to further develop education to help patients and the community better understand opportunities available.
2. There is a significant opportunity for people to come together to improve access to palliative care and improve the experience of care for individuals with serious illness in Hawai'i
3. We know that palliative care improves outcomes and saves money. We have some programs up and running with concurrent/supportive care models. We are now looking at our next step to start filling in the gaps.

4. The more we are able to work together to create this invaluable service for the people of Hawai'i, the better it will be for the overall health of this state.
5. Hawai'i has an excellent representation of key stakeholders and knowledgeable resources as it Hawai'i has a strong foundation to move to the next level in palliative care payment and accountability
6. Organizations are trying to expand community palliative care
7. I'm not alone and there is community support for what we do.
8. The key is to continue to leverage and unite them towards accomplishing the shared goals/priorities to build a sustainable community based palliative care movement with clear service line deliverables and adequate funding streams. I was very impressed by the attendance

More work needed

1. There is more work to do as a group to promote palliative services in the state
2. Long ways to go. Good start in identifying the need for education and training throughout the state
3. There is still so much work to be done
4. We have a lot of work to do.

Insurance coverage

1. A better understanding of importance of **Supportive Care Program**
2. Access challenges - insurance,
3. Need to get the insurance companies to the table
4. Reimbursement barriers,
5. Need more clarity on barriers

Policies & Standards

1. Need clear guidelines on which patients qualify for Palliative care
2. Need a palliative care definition that is embraced and endorsed by the health plans.
3. Now that the base has been set and everyone is engaged, now start building a unified definition and degrees of care models

Workforce development

1. The current concurrent care/support care model of palliative care delivery in the community for good reason relies on hospice organizations. Not all (or even most?) hospice physicians in HI are boarded in hospice and palliative care. A great deal of palliative care is practiced in the community by geriatricians. HI has a strong geriatrics presence because we have a fellowship program. When you stipulate that a palliative care service provider must have "specialty certification", you might consider including geriatrics and hospice medical director board certifications in that definition.

Physician Education

1. PCPs need education about Palliative care.

Public Education

2. Need for more education within the community.
3. Palliative care education is needed in all areas of health care;
4. Educating the public
5. Need for more education of community
6. more education to physicians will be necessary
7. Continue to promote these resources to patients and the community - and help individuals better understand intersection (or not) with hospice.

Programs

1. Need availability of outpatient palliative care consultation.
2. Referral barriers need to be addressed
3. Maybe there should be a "one stop shop" for patient referrals for palliative care. Right now our physicians need to determine if a patient has the right insurance, then refer to a Hospice of choice? Who chooses? Can PCP refer to Case Mgr to facilitate Palliative Care referrals?

Next steps

1. I feel like we need to start with a goal or vision statement. What are we trying to achieve? Something like, *"patients should never have to choose between life-extending and life-improving care. They have a right to both."*
2. Need measures of success
3. Might [be] helpful to start [with] population cohorts that might benefit from palliative care - put these patients and their needs at the center of any design effort
An Annual "Update" would be great - discussion on progress towards goals, celebrate achievements

High Satisfaction with Summit

In general, there appeared to be very high satisfaction with the Summit, even by Zoom

1. Great Job
2. Exceeded my expectations
3. Excellent overview and education
4. Very Informative
5. Wonderful, many thanks
6. Great start
7. Amazing event! I'm glad I attended!
8. Good
9. Thank you for having the vision and energy to pull our palliative care community together!
10. Great job switching from live to Zoom format
11. Excellent preparation and planning for the event was evident in the seamless flow of presentations, participatory elements and management of participants on ZOOM. Bravo, team!
12. Great participation and presentations representing all relevant programs

Suggestions to improve next meeting

The following suggestions for improvement were noted:

1. Good Engagement, Good use of electronic whiteboard to organize ideas; Might have wished for more Chat activity
2. Realizing that discussion was constrained by remote participation, hopefully future events will have more opportunity to glean information from participants. Also, expand reach beyond the palliative care community.
3. Wish it could be more interactive but it is difficult right now!
4. Need more time for Q and A

APPENDIX 2. GOALS FOR THE SUMMIT

The Summit was convened to help state entities better understand how best to design a palliative care benefit for QUEST members and to better understand the palliative care needs of Hawai'i's chronically ill and medically complicated residents.

We explored three questions during the summit:

- I. What is the current state of palliative care in Hawai'i?
- II. What would an ideal state look like?
- III. What major steps should we take to move forward towards the ideal state in which palliative care services are available to all who might benefit?

In addition, we worked towards achieving two major outcomes which we feel are fundamental to any progress we hope to make in Hawai'i.

- IV. Consensus on a definition of palliative care
- V. Agreement on core elements that any program or benefit characterizing itself as palliative care must or should include.

Included in the Summit were the special topics of

- VI. Palliative care during the COVID-19 pandemic
- VII. How the opioid epidemic has affected palliative care.

APPENDIX 3. PLANNING COMMITTEE.

The Summit planning team is a small group of palliative medicine specialists, educators, and community organizers. The key members of the organizing committee are:

Lee Buenconsejo- Lum, MD
Daniel Fischberg, MD
Geoff Galbraith, MD
Jeannette Kojane, MPH
Rae Seitz, MD
Takeshi Uemura, MD
Crystal Costa, Program Coordinator

Biographies of Speakers for Hawai'i Palliative Care Summit 4.25.2020

Dr. Lee Ellen Buenconsejo-Lum is a Professor of Family Medicine and Community Health at JABSOM. She maintains a small panel of patients in the University's Family Medicine Faculty Practice, and despite her heavy administrative duties, remains active in teaching to strengthen the various learning environments for JABSOM's medical learners.

Administratively, since 2016 Dr. Buenconsejo-Lum serves as the Designated Institutional Official and Director of Graduate Medical Education (GME), responsible for the oversight and administration of the 19 JABSOM residency and fellowship programs. She is now the Associate Dean for Academic Affairs (ADAA), responsible for addressing strategic educational program development and alignment across all pre-clinical and clinical departments.

Dr. Buenconsejo-Lum's scholarly activities focus on reducing health disparities in Hawai'i and the US Affiliated Pacific Island jurisdictions. She is the Principal Investigator for the Pacific Regional Central Cancer Registry and co-PI for the Pacific Regional Comprehensive Cancer Control Program.

Dr. Daniel Fischberg is the Medical Director for the Pain and Palliative Care Department at The Queen's Medical Center in Honolulu. He also serves as Professor and Chief of the Division of Palliative Medicine in the Department of Geriatric Medicine at JABSOM.

Dr. Fischberg holds board certification in Internal Medicine, Pain Medicine, Addiction Medicine and Hospice and Palliative Medicine and is a Fellow of the American Academy of Hospice and Palliative Medicine where he currently serves as the Chair of the Academy's Education and Learning Strategic Coordinating Committee. Dr. Fischberg is recognized as a national expert in the areas of enhancing pain and palliative care education for health care professionals, improving access to palliative care for patients at all stages of illness, and advancing evidence-based practice in palliative medicine. He currently serves on the Board of Directors for Kōkua Mau.

Dr. Geoff Galbraith is currently retired. He holds board certification in Internal Medicine and Hospice and Palliative Medicine. A former community hospice medical director, Dr. Galbraith recently served as medical director for the Queen's Geriatric Services Post Acute Care Team (PACT), physicians and advance practice nurses caring for patients with complex illness, discharged from Queen's acute care to select Skilled Nursing Facilities. Geoff is a long time member of Kōkua Mau.

Jeannette G. Koijane, MPH is the Executive Director of Kōkua Mau, an organization she has worked with since 2000, beginning while she was at the State Executive Office on Aging. She received her graduate degree in Public Health from the University of Hawai'i and her undergraduate degree from Cornell University. She has been involved with hospice and palliative care since 1988, beginning in the field of HIV/AIDS working with the AIDS Memorial Quilt as the Director of International Programs and then in a variety of research and educational positions in Berlin and San Francisco. Jeannette has worked in the US Affiliated Pacific Islands jurisdictions helping to develop palliative care programs through a collaboration with the UH Cancer Center and JABSOM.

Dr. Rae Seitz is a Harvard trained palliative medicine specialist who was instrumental in the design, build, and establishment of home-based palliative care first at Kaiser Permanente Hawai'i then at HMSA as the lead for Supportive Care. Dr. Seitz helped to establish a hospital-based palliative care consultative service at Kaiser Foundation Hospital, is an educator and speaker about palliative medicine and palliative care. In 2013 Dr. Seitz was recognized as one of 30 visionaries in palliative care by the Academy of Hospice and Palliative Medicine. She is committed to building capacity for high quality palliative care in Hawai'i. She currently sits on the board of directors of Kōkua Mau.

Dr. Takeshi Uemura is a palliative care and geriatric medicine specialist in Honolulu. He is a faculty physician in the Dept. of Geriatric Medicine at JABSOM. By utilizing his broad knowledge of both fields, he provides true patient-centered care in various settings including home-based palliative care, inpatient palliative care units, and nursing homes. Dr. Uemura received his fellowship training in geriatrics and palliative medicine at Mount Sinai Hospital in New York.

APPENDIX 4. CONFERENCE AGENDA

Agenda for April 25, 2020 Palliative Care Summit - 9:00–11:00 am

| Item | Details | Speaker |
|---|--|--|
| Welcome | <ul style="list-style-type: none"> Welcome, 2 polls History & Growth of PC/hospice in Hawai'i(Timeline) | Dr. Rae Seitz |
| Video | Supportive Care: Best Care for Seriously Ill Persons | |
| Definition, Minimum Standards & National Data | Review of CAPC Definition Core Elements of Palliative Care National Data on Palliative Care | Dr. Daniel Fischberg |
| HMSA | Data on HMSA's Supportive Care Benefit | Dr. Toby Smith |
| Johanna Kaupu - | Patient Story on Supportive Care | Presented by Hope Young |
| VA Concurrent Care | New in-home palliative care program for VA beneficiaries in Hawai'i | Dr. Liane Tokushige |
| Bristol Ohana Pilot | Results of an in-home palliative care program | Dr. Ritabelle Fernandes |
| Kupu Care, Hawai'i Care Choices | Overview of an innovative palliative care program in Hilo | Brenda Ho |
| Dr. Cecilio Salvador | Physician Experience as a Patient on Supportive Care | Presented by Rae Seitz |
| Stakeholder & Community Data | Summary slides: <ul style="list-style-type: none"> Focus Groups - MedQuest, Chaplains, Hospices, Physicians Case Managers – survey Providers - survey | Jeannette Kojane Dr. Daniel Fischberg |
| Review Definition & Core Elements | 3 Polls (3) to be administered <ul style="list-style-type: none"> 1 = Definition of Palliative Care | Dr. Daniel Fischberg |

| | | |
|---------------|--|---|
| | <ul style="list-style-type: none"> • 2 = Standards • 3 = Select priorities | |
| JAMBOARD | <p>Summary of comments in the chat feature collected during the conference. Includes comments on Definition, Standards, Next steps for action and questions.</p> <p>Panel to answer questions.</p> | <p>Dr. Lee Buenconsejo-Lum</p> <p>Drs. Fischberg, Uemura, Seitz; Jeannette Kojane</p> |
| Final Remarks | Please volunteer for a working group, take post-event survey and thank you | |

APPENDIX 5. Palliative Care Summit Participant Organizations

Summit participants came from diverse organizations:

1. AARP HAWAII
2. ACP DECISIONS
3. AGILON HEALTH
4. ALOHACARE
5. ATTENTION PLUS CARE
6. BAYADA HOME HEALTH
7. BRISTOL HOSPICE
8. CASTLE MEDICAL CENTER
9. CENTER TO ADVANCE PALLIATIVE CARE (CAPC)
10. CHAMINADE UNIVERSITY OF HONOLULU
11. EAST-WEST CENTER
12. HAWAII CARE CHOICES
13. HAWAII PACIFIC HEALTH
14. HAWAII PACIFIC NEUROSCIENCE
15. HAWAII STATE DEPT OF HEALTH - EXECUTIVE OFFICE ON AGING
16. HMSA
17. HOSPICE MAUI
18. HOSPICE OF KONA
19. IRELAND CONSULTING
20. ISLANDS HOSPICE
21. JOHN A. BURNS SCHOOL OF MEDICINE (JABSOM)
22. KAISER PERMANENTE HAWAII
23. KAISER/ HAWAII PERMANENTE MEDICAL GROUP
24. KAPIOLANI MEDICAL CENTER FOR WOMEN AND CHILDREN
25. KOKUA MAU
26. MALAMA OLA HEALTH SERVICES
27. MAUI COUNTY OFFICE ON AGING
28. MDX HAWAII
29. MED-QUEST DIVISION, DHS
30. MITS AOKI LEGACY FOUNDATION
31. NAVIAN HAWAII
32. NORTH HAWAII HOSPICE
33. OHANA HP
34. PACIFIC HEALTH MINISTRY
35. PARTNERS FOR QUALITY HEALTH
36. PMAG/PQH
37. QUEENS HOUSE CALLS
38. QUEEN'S MEDICAL CENTER - QCIPN
39. RENAL PHYSICIANS HAWAII
40. ST FRANCIS HOSPICE
41. STRATIS HEALTH
42. STRAUB MEDICAL CENTER
43. THE QUEEN'S HEALTH SYSTEMS

44. UNIVERSITY HEALTH ALLIANCE (UHA)
45. UNITED HEALTHCARE (UHC)
46. UNIVERSITY OF ARIZONA COM IM RESIDENCY
47. VETERANS ADMINISTRATION

APPENDIX 5. Resources on Minimum Standards

Several excellent consensus documents, which could help to guide the creation of a MedQuest benefit, are noted here. These are:

- The National Consensus Project's Guidelines which came out with the 4th edition last year (<https://www.nationalcoalitionhpc.org/ncp/>)
- The California Advance Illness Coalition (CAICC) community based standards (<https://coalitionccc.org/public-policy/california-advanced-illness-collaborative-caicc/>).