SUBCOMMITTEE RECOMMENDATIONS

I. Action Items for Obstacles to Implementation Subcommittee

The Council should:

A. Adopt a model policy or set of procedures for health care organizations to achieve systematic improvement in end-of-life care

B. Consider the Physician's Order for Life Sustaining Treatment (POLST) form as a way to lessen the burden of redundant paperwork across health care settings

C. Request the Maryland Hospice Network to conduct a survey of their membership to assess whether excessive documentation is required for hospice enrollment

D. Offer guidelines to surrogates on how to proceed when honest differences exist among physicians regarding a patient's condition

E. Explore the development of a standard, simplified certification form for physicians to complete

F. Explore whether greater flexibility might be achieved through insurers' case management approaches, with the goal of enabling patients to receive cost-effective palliative care services even though they may not yet qualify for hospice benefits under their insurance policies

G. Identify non-proprietary modeling technologies that allow physicians to better predict which patients will need end-of-life care

II. Action Items for Public Education Subcommittee

The Council should:

A. Survey Maryland clinicians and facilities to determine their access to appropriate continuing education about end-of-life care

B. Send a letter to medical and nursing school deans requesting information about the schools' efforts to prepare students to provide quality end-of-life care

C. Identify concrete ways of promoting the concept that palliative care should be an integral part of ongoing clinical care and planning, instead of being introduced only after further efforts at curative therapy are deemed useless

D. Identify best practices about Patient Self Determination Act (PSDA) compliance, especially the means used to disseminate advance directive information to patients

E. Explore how clinicians could provide information about palliative care resources soon after diagnosis of a potentially fatal disease, even as curative efforts continue, so a patient can gain access to hospice and other sources of palliative care in a more timely way

F. Identify best practices on how to educate proxies (that is, health care agents and surrogates) about their role as decision makers

G. Work with ministers, parish nurses, and others in the faith community in order to help increase access to quality end-of-life care and the use of advance directives, especially among minority communities

H. Promote and educate the public about the benefits and services of hospice care and its supportive atmosphere for families of loved ones nearing the end of life

I. Consider a media campaign and should encourage the local media to spotlight end-of-life care issues in news segments

III. Action Items for Advance Directive Subcommittee

The Council should:

A. Explore the development of a document similar to the POLST form so that patients' wishes for resuscitation, medical interventions, antibiotics, artificial feedings, and other elements of care at the end-of-life can be turned into portable orders for improved continuity of care

B. Consider the problem of widely variant language in advance directives, especially those drafted by attorneys who may be unfamiliar with the effect in a clinical setting

C. Encourage educational efforts aimed at general practice lawyers

D. Consider more broadly the question of whether standardized advance directive forms should be a public policy goal

E. Offer recommendations on the process of identifying groups that should receive priority attention for advance care planning

F. Draft a set of guidelines about the care planning process and the ways in which it can be accomplished and circulate them to key stakeholders for comment

G. Encourage the dissemination of information on the advance care planning process and the completion of advance directive forms

H. Target an education campaign to minority communities who are less likely to trust the health care system and thus less likely to complete advance directive forms

I. Explore ways to translate forms and explanatory material

J. Lead an effort to focus on the uncertainty among clinicians about how to give effect to advance directives that contain both care instructions, like a living will, and the designation of a health care agent to make care decisions

IV. Action Items for Underserved Populations Subcommittee

The Council should:

A. Embark upon an investigatory phase to gauge accurately the obstacles minority groups face in accessing end-of-life care in Maryland

B. Explore alternative reimbursement mechanisms for pediatric palliative care services

C. Look at ways to fund more nurses trained in providing palliative and end-of-life care services to children

D. Work on developing guidelines for dementia patients who have difficulty in expressing pain

E. Assess how costs for hospice care of nursing home patients, who disproportionately suffer from dementia, are reimbursed and offer recommendations to help make the system more efficient and responsive to their needs

F. Examine if policies and systems of accountability currently in place are adequate for prisoners, the mentally ill, the developmentally disabled, and foster children, among others, in the State's custody

G. Ensure that the populations noted above have access to documents that are user-friendly and in the language with which they are most familiar

H. Consider a media campaign using local radio and television media

V. Action Items for Review of Existing Legislation Subcommittee

The Council should:

A. Consider combining the statutory advance directives into one user-friendly form

B. Revisit and reevaluate the two physician requirement because there are some settings, such as nursing homes, where it is rare to have more than one physician making regular rounds

C. Look at whether the HCDA provides sufficient and appropriate guidance about the scope of a health care agent's decision-making authority when the patient has also executed an instructional advance directive

D. Explore a more efficient and timely mediation mechanism for resolving disputes among surrogates of the same priority order (ethics committees convene infrequently, especially in long-term care settings, and typically have many items on their agenda)

E. Advocate for a judicial education program on end-of-life issues in order to ensure that judges are informed about the proper clinical considerations and legal standards they should consider when adjudicating these cases

F. Explore changes to Maryland's Medicaid program that would end reliance on a six-month prognosis requirement