

**The Palliative Care Interdisciplinary Advisory Council  
Meeting #1 Minutes  
February 12, 2016  
10 a.m.**

**University of Texas  
Thompson Conference Center  
Room 3.102  
2405 Robert Dedman Drive  
Austin, Texas 78712**

**Agenda Item 1: Welcome and introductions**

The Palliative Care Interdisciplinary Advisory Council (PCIAC) meeting commenced at 10:00 a.m. Mr. Jimmy Blanton, Health and Human Services Commission (HHSC) welcomed everyone to the meeting.

**Agenda Item 2: Opening Statements**

Mr. Blanton introduced Ms. Megan White and Ms. Shanece Collins that are HHSC staff working to support the Council. Mr. Blanton noted that all members were in attendance. Table 1 notes Council member attendance.

Table 1: The Palliative Care Interdisciplinary Advisory Council member attendance at the Friday, February 12, 2016 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Allmon, Jennifer Carr	X		Jones, Barbara PhD	X	
Botts, DeilaSheun	X		Jones, Margaret	X	
Castillo, James MD	X		Jones, Nathan Jr.	X	
Christensen, Bruce	X		Kean, Mary Beth	X	
Driver, Larry MD	X		Moss, Amy DO	X	
Fine, Robert MD	X		Perez, Erin	X	
Fleener, Erin MD	X		Ragain, Roger Mike MD	X	
Henderson, Hattie MD	X		Scott, Cam	X	
Hurwitz, Craig MD	X		Sevcik, Lenora Carvajal	X	

Yes: Indicates attended the meeting  
P: Indicates phone conference call

No: Indicates did not attend the meeting

- Mr. Blanton has worked in Public Health with HHSC and the Department of State Health Services (DSHS) for 20 years, working primarily in analytics and data. Four years ago he was named Director of the Texas Institute of Healthcare Quality and Efficiency and worked with a board similar to the PCIAC to create recommendations for quality and efficiency for healthcare. Mr. Blanton then asked each member to introduce themselves.
- Dr. Erin Fleener is a medical oncologist in a busy private practice in Bryan/College Station. She sat on the board for the local non-profit Hospice Brazos Valley and was involved in advocating for House Bill (H.B.) 1874, 84<sup>th</sup> Legislature, Regular Session, the legislation that created the PCIAC.
- Mr. Cam Scott is the Senior Director for Texas Government Relations with the American Cancer Society Cancer Action Network which championed this work during the last legislative session. Mr. Scott referenced the document *America's Care of Serious Illness 2015 State-by-State Report Card on Access to Palliative Care in our*

*Nation's Hospitals* provided to members in the packet noting that Texas is leading the way in getting to the forefront on this issue.

- Ms. Patty Moore, Ph.D., is the Director of the Health Promotion and Chronic Disease Prevention Section with DSHS. Ms. Moore has trained as a health service researcher and has personal experience with palliative care for a family member.
- Ms. Margaret Jones is a board certified hospital chaplain for Christus Santa Rosa Hospital in New Braunfels.
- Ms. Lenora Sevcik helped develop the palliative care program at Midland Memorial Hospital in Midland. She has relocated to Corpus Christi to work with the Christus Health System and is the palliative care nurse for her father.
- Ms. Karen Hardwick, Ph.D., is the Coordinator for Specialized Therapies for the Department of Aging and Disability Services (DADS). Her specialty is occupational therapy, and she has worked with individuals with developmental disabilities (IDD) for over 40 years.
- Ms. DeiLaSheun Botts is a registered nurse (RN) by training and has worked with every population throughout the span of life -- from neonates to elderly patients. She currently works as the Health Services Director for United Healthcare Community Plan of Texas with the Medicaid population to educate individuals about their health choices.
- Dr. Bob Fine has completed boards in internal medicine, geriatrics, and palliative medicine. He is the founder and Clinical Director of both Clinical Ethics and Supportive & Palliative Care at Baylor Scott and White Health, several hospitals of which have been recognized for excellence in palliative care by the Joint Commission and/or the American Hospital Association. He has served on the ethics committee of the AAHPM, the 2014 National Quality Forum EOL Steering Committee, and the Editorial Board of the Journal of Pain and Symptom Management.
- Ms. Erin Perez, a nurse practitioner (NP), does palliative care for the geriatric population in a consultative practice with Baptist Health System in San Antonio. She testified for H.B. 1874 and noted that Texas is far behind states on the West and East Coast, but Texas can look at ways to speed up the process and provide excellent care as well as be a good steward of funds.
- Dr. Mike Ragain, board certified in palliative care, is the chief medical officer of UMC, the teaching hospital for the Texas Tech School of Medicine in Lubbock. He authored a grant and received funding to start a program on palliative care for medical students and help develop a palliative care fellowship that graduates two palliative care fellows each year.
- Dr. Hattie Henderson is a trained family physician and an advocate for patients working mostly with the geriatric population. Patient education is important to help families speak with providers for a better quality of life.
- Mr. Bruce Christensen is a physician assistant and the president of the Texas Academy of Physician Assistants. He works at the Cancer Therapy and Research Center at the University of Texas Health Science Center in San Antonio.

- Ms. Mary Beth Keen is a clinical nurse specialist and an advanced practice nurse who began her work in palliative care in Canada in 1993. She has worked with Dr. Fine as well as Dr. Driver on the Texas Pain and Advocacy Network, and for Seton collaborating with Dr. Hurwitz. Her personal experience with palliative care in Florida involved the death of her mother and motivates her to improve care for others.
- Dr. Larry Driver is a Professor in the Department of Pain Medicine and a Professor of Clinical Ethics at the University of Texas MD Anderson Cancer Center in Houston. At a very young age, he watched his grandmother provide care for his great grandmother, then watched his mother provide care for his grandmother. In a psychology class on death and dying in college, he learned from visiting professor, Elizabeth Kübler-Ross, a pioneer in the field near-death studies and in the movement to promote the availability of hospice care. He trained in anesthesiology in medical school with a desire to ease pain for patients.
- Dr. James Castillo is a palliative care physician in the Rio Grande Valley. As part of the inaugural residency class of palliative care at the University of Texas San Antonio, he brought palliative care to the Valley to enact change. He became a hospitalist and helped build the palliative care program at Valley Baptist Medical Center in Harlingen. His current ventures involve working with Aspire Healthcare to expand outside of the hospital walls to establish home-based palliative care which has resulted in a 65 percent reduction in hospital inpatient admission.
- Mr. Nat Jones is a pharmacist with family experience with cancer. He owned and ran a compounding pharmacy for 20 years as compounding is something that meets those unique needs of patients and their family members when patients are not treated in facilities.
- Dr. Amy Moss is a geriatrician internist representing Kindred Healthcare. She is the national medical director for their Hospice Division and also serves as the medical director for a palliative care service line delivered in the NICU through to the other end of the spectrum as a large consult service.
- Ms. Jennifer Carr Allmon is the Associate Director of the Texas Catholic Conference of Bishops which serves as the Bishops' public policy voice. She completed certification as a bioethicist through the National Catholic Ethics Center with focus on informed-consent, autonomy, and a balance of patient and provider rights.
- Dr. Rajendra Parikh is the Medical Director of Texas Medicaid and is an ex-officio member. He commented to the importance of broad representations of backgrounds because of the interaction between physicians and their patients for decision-making.
- Dr. Jim Rogers is a board certified child and adolescent psychiatrist serving as the medical director for the Texas Department of Family and Protective Services (DFPS). Dr. Rogers has limited family experience with palliative care and what had him face death most poignantly was the diagnosis of Leukemia for his eldest child in 1984. They did not have palliative care and she was in treatment for two and a half years; today she is a nurse. In foster care, many children are seriously medically ill and would benefit from palliative care.
- Ms. Barbara Jones, Ph.D. is the Assistant Dean for Health Affairs and a professor at the University of Texas in Austin. She began her career as a pediatric oncologist social worker doing pediatric palliative care. Currently, her work is not clinical but

involves conducting research for how to improve care for patients. She also provided testimony for H.B. 1874.

- Dr. Craig Hurwitz has worked as a pediatric oncologist for the past 30 years. He is the director of the Pain and Palliative Medicine Program at Dell Children's Medical Center.

### **Agenda Item 3: Appointment Terms**

Mr. Blanton announced that the standard term is four years but because this is the first term and the Council will be staggering appointment terms, some Council members will have an initial term of two-years. Terms will expire on December 31 of even-numbered years.

Appointment terms were as follows:

Dr. Castillo - 2 year  
Dr. Driver - 4 year  
Dr. Fine - 2 year  
Dr. Fleener - 2 year  
Dr. Hurwitz - 4 year  
Dr. Moss - 2 year  
Dr. Ragain - 4 year  
Ms. Kean - 2 year  
Ms. Perez - 2 year  
Mr. Christensen - 4 year  
Ms. Carvajal Sevcik - 4 year  
Ms. B. Jones - 4 year  
Mr. Jones - 4 year  
Ms. M. Jones - 2 year  
Ms. Carr Allmon - 2 year  
Ms. Botts - 2 year  
Dr. Henderson - 4 year  
Mr. Scott - 4 year

### **Action Item:**

Mr. Blanton asked that any Council member that drew a four-year term but desired a two-year term please notify staff.

\* Following the meeting, Ms. Perez and Ms. Sevcik exchanged appointment terms.

### **Agenda Item 6: Election of Presiding Officer and Assistant Presiding Officer**

Mr. Blanton referenced the PowerPoint and described the process for electing a chair and vice chair and asked for nominations from Council members.

### **Motion:**

Members stated no objections to the process for electing a chair. Ms. Perez made a motion to accept the process. Ms. Botts seconded the motion. With no nays and no abstentions, the motion passed unanimously by voice vote.

Mr. Blanton called for nominations.

- Dr. Driver self-nominated for the inaugural chair of the PCIAC. Stating his support from MD Anderson and the groups there, as well as support of fellow doctors in the Texas Medical Association (TMA) to help move this effort forward.

- Ms. Perez self-nominated stating her support and backing by the Texas Nurse Practitioners, the University of Texas Medical Branch, and the Baptist Health System allowing her to serve on their behalf.
- Dr. Hurwitz nominated Dr. Barbara Jones and she accepted the nomination.
- Dr. Regain self-nominated, noting his experience leading the Statewide Health Coordinating Council and his willingness to serve, if chosen.

**Public Comment:**

Dr. Dennis Pacl, in private practice in Austin, asked that the chair or vice-chair have a strong background in public policy. He noted the broad clinical expertise of members and the smaller amount of public policy experts.

**Motion:**

Mr. Scott made a motion to conduct the election votes separately: one for chair and a second for vice-chair. Dr. Fleener seconded the motion. With no nays and no abstentions, the motion passed unanimously by voice vote.

Mr. Blanton noted that this process will become part of the bylaws and that under current draft rule, the presiding officer term will be a two-year term with the chair term ending in an even year and the vice-chair term ending in an odd-numbered year.

Mr. Blanton restated that Dr. Driver, Ms. Perez, Dr. Barbara Jones, and Dr. Ragain accepted nominations for chair. Members voted by paper ballots. Mr. Blanton announced that Dr. Driver was elected chair by majority vote.

Mr. Blanton called for nominations for vice-chair. Hearing none, Mr. Blanton restated the nominees for chair as Ms. Perez, Dr. Barbara Jones, and Dr. Ragain. Council members voted by paper ballot and Dr. Barbara Jones was elected vice-chair of the PCIAC.

**Action Item:**

- Mr. Blanton will work with the Facilitation Services Office to ensure that the bylaws reflect the desires of the Council in regards to election of officers.

The Council adjourned for lunch at 11:58 a.m. and reconvened at 12:34 p.m. with Dr. Driver presiding.

**Agenda Item 4: Background Presentations**

**i. House Bill 1874 and Legislative Charges**

Mr. Blanton referenced the PowerPoint and the documents entitled *H.B. No. 1874*, and *Rule 351.8XX The Palliative Care Interdisciplinary Advisory Council*.

Highlights of the presentation included:

- H.B. 1874 charged the Commission to establish an advisory council to assess the availability of patient-centered and family-focused palliative care in Texas.
- Many members mentioned that palliative care is not just for end of life care, but for patients at all ages and all stages of a serious illness.
- The Council will have four meetings this year to complete work for the policy report and to launch the education program prior to the upcoming legislative session.

**ii. Rules and Bylaws**

Mr. Blanton referenced the PowerPoint and the documents entitled *H.B. No. 1874, Rule 351.8XX The Palliative Care Interdisciplinary Advisory Council*, and the rule document edited by Dr. Fine provided in the member packet. Mr. Blanton noted that HHSC is in the process of doing the draft rules and wanted the ability to receive feedback from stakeholders and committees.

- Staff will be filing two reports for the Council. One will be filed with the HHSC Executive Commissioner that will include the meeting dates, attendance records, and a description of items the Council worked on.
- The second report will be a work product to provide information for the Executive Commissioner and the Legislature and provide recommendations consistent with the purpose of the Council.

Members discussed the edits to the draft rule provided by Dr. Fine.

**Motion:**

Dr. Fine made a motion to accept the edits to the draft rule, submitted by the Council. Dr. Barbara Jones seconded the motion.

Additional discussion included:

- Dr. Barbara Jones noted that this is a pretty significant addition to what the legislation states in definition of the Council and there may be dispute with the general public. However, part of the charge of the Council is defining palliative care.
- Dr. Parikh, as a non-voting member, added that the term alignment of physical, emotional, and spiritual pain in the same direction may be contradictory. The reduction of physical pain may not create reduction of spiritual pain, based on upbringing.
- Make a change from "address" spiritual pain to "lessen" spiritual pain. It may not be possible to lessen spiritual pain or spiritual turmoil but may address it.
- The domain of care calls for "spiritual" and making a change to "holistic" may be connoted in a variety of ways.

Dr. Fine restated the sentence to read: "The Council works to ensure that relevant, comprehensive, and accurate information and education about palliative care including complex symptom management, care planning coordination needed to address the physical, emotional, social, and spiritual suffering associated with serious illness is available to the public, health care providers, and health care facilities."

**Motion:**

- Dr. Driver called for a vote of the language that Dr. Fine restated to the Council. With no nays and no abstentions, the motion passed unanimously by voice vote.

Mr. Blanton restated discussion making a change to align the terms of the Chair with the legislative session.

**Motion:**

Dr. Castillo made a motion to align the term of the presiding officer with the legislative session. Dr. Hurwitz seconded the motion. With no nays and no abstentions, the motion passed unanimously by voice vote.

Mr. Blanton restated discussion that term of office would expire on the odd numbered years instead of even-numbered years, to allow the chair to serve a full four years to ensure completion of Council deliverables.

**Motion:**

Dr. Fleener made a motion to change the term of office to expire on the odd-numbered years instead of even-numbered years. Dr. Castillo seconded the motion. With no nays and no abstentions, the motion passed unanimously by voice vote.

**Action Item:**

- Mr. Blanton will ensure that the recommendations made by Dr. Fine are submitted to the staff that are reviewing the rules.

**iii. Background from other State focused Initiatives**

Ms. White stated that a SharePoint site will be set up to share information among staff and Council members. Ms. White noted that it is important to continue looking at the work other states are doing and thanked Ms. Perez and everyone that submitted materials.

**Action Item:**

- Mr. Blanton will put in a request for SharePoint and will get accounts established for members.

**Agenda Item 5: Council Discussion on Background Presentations**

Mr. Blanton referenced the PowerPoint to initiate discussion for how to divide the work into workgroups.

**Agenda Item 7: Council Discussion on Initial Deliverables and Work Plan****i. Timelines**

Mr. Blanton reviewed the PowerPoint and the documents entitled *PCIAC Timeline (Proposed)* and the graph timeline also entitled *PCIAC Timeline (proposed)*. Mr. Blanton stated that in order to meet the October 1, 2016 deadline, it will be necessary to have the report completed by September 1, 2016. At the full Council meeting in July, staff will have a complete draft of the recommendation report for the Council to consider and ensure that the recommendations are approved with the precise language and conditions the Council wants included in the narrative.

**ii. Guidelines for Recommendations**

Mr. Blanton stated that the Council is not making the policy but providing a collective voice to policymakers.

**iii. Definition of Palliative Care**

Members noted the importance of looking at palliative care for all ages.

**iv. Focus Areas**

Mr. Blanton reviewed the PowerPoint and noted the key focus areas including barriers and access to care; policies, practices, and protocols; and a third area to include establishment of an information and education program.

**v. Data/Analytical Needs**

Mr. Blanton noted that the first focus area of 'barriers and access of care' would require collection of data and would be a larger volume of work for that workgroup.

**vi. Potential Work Groups**

Mr. Blanton referenced the documents entitled *PCIAC Work Groups (Proposed)*. Staff will hold workgroup calls to compile the recommendations before the next full Council meeting scheduled in April when recommendations will be voted on. Some specific items that need guidance include access to care and data.

#### **vii. Future Meetings**

Mr. Blanton noted that part of the Council's charge is to identify what resources or expertise is needed for the Council to utilize. He further noted that regarding the budget, funds may be rolled forward to plan some expenditures for the second year of this biennium.

Dr. Driver commented that if the Council produces excellent materials, lawmakers may provide additional funding to enable them to reach more people. Dr. Driver also stated that grant funding may be considered in the future.

Members will identify their interests in order to select a workgroup on which to participate. As chair, Dr. Driver may assign members to workgroups or they may select them, as long as a quorum is not reached.

#### **Public Comment:**

Dr. Pacl provided a written comment.

"Under workgroup 3, the focus seems to be on education resources. It would be essential to recognize the limited impact that information and training in Palliative Care will have limited direct benefit for patients and their informal caregivers. Given the triple aim for optimizing health care systems, a major determinant of patient centeredness, population health, and cost reduction - involves the social determinants of health. With that in mind, it seems to me as an individual devoted to patient safety and the experience of consumers in health care settings, the advisory council would be remiss if research and mapping of consumer experience across settings, and review of effective support programs and training models for informal caregivers, was not a specific charge of work group 3, and/or work group 2. This patient and caregiver advocacy, for specific consideration of the consumer stakeholder landscape in this council's work, would go a long way to move the CAPC grade and changing the culture of clinical practice through empowered and trained consumers."

#### **Motion:**

A motion was made and seconded to accept the proposed workgroups, as recommended. With no nays and no abstentions, the motion passed unanimously by voice vote. The adopted workgroups included:

- 1) Barriers and Access to Care;
- 2) Policies, Practices, and Protocols; and
- 3) Information and Education.

#### **Action Item:**

- Mr. Blanton will include information about the budget in the next meeting.
- Mr. Blanton will send an email to members to rank their interests for the three workgroups.

#### **Agenda Item 8: Public Comment**

No public comment was heard.

**Agenda Item 9: Action items for staff or member follow-up**

- Mr. Blanton will send out an email to the membership asking for responses for the three workgroups by Tuesday.
- Mr. Blanton will also ask for leadership to get those as well, then start scheduling calls.
- Mr. Blanton will include the Council's comments on the rules with the draft and as soon as the meeting is concluded, will get the draft changes submitted by deadline at the end of the day.
- Mr. Blanton will provide the email address for Dr. Driver at member's request.
- The Facilitation Services Office will provide the draft meeting minutes to Mr. Blanton for review by the Council to make changes or corrections, then approve at the next meeting.

Mr. Blanton referred to the document *Travel Reimbursement Guidelines: Palliative Care Interdisciplinary Advisory Council* provided in the member packet and stated that authorized travel may be reimbursed according to the guidelines.

**Agenda Item 10: Adjourn**

Dr. Driver adjourned the meeting at 2:03 p.m.