

## Serious Illness Care Task Force Meeting 7 Summary

North Carolina Institute of Medicine

630 Davis Drive, Suite 100 Morrisville, NC 27560

Friday, October 11

10:00 am--3:00 pm

**Co-Chairs in attendance:** Jonathan Fischer, Joyce Massey-Smith

**Members in attendance:** Mary Bethel, Vicky Bovaiill, Christine Brown, David Cook, Wendee Cutler, Linda Darden, Brad Drummond, Bridget Earle, Ann Elmore, Debbie Futrell, Beth Golding, Mark Hensley, Donna Lake, Kristen Lakis, Saberna Lea, Laura Marx, Ellie McConnell, Adrienne Mims, Debi Nelson, Susan Nestor, Laura Patel, John Perry, Melanie Phelps, Janna Pogers, David Sevier, John Smith, Apollo Stevens, Pam Strader, Keith Stirewalt, Charlotte Sweeny, Lynne Templeton, Stan Walters, Ellie Ward, Polly Welsh, Betsy Vetter

**Steering committee members in attendance:** Cathy Sevier, Steve Freedman

**Speakers:** Lori Byrd, Sarah Ravenbach, Tish Singletary

**Guests in attendance:** Marla Allen, Whitney Bangert , Adam Koontz, Ramon Negrón, Kathie Smith, Danielle Snyder, Lisa Wilcox , Jenny Womack, , Brittany Worden

### Welcome and Introductions

Task Force Co-Chair Joyce Massey-Smith brought the meeting to order and facilitated welcome and introductions. Every meeting attendee introduced themselves by stating their name, title, and organizational affiliation.

### Recommendations Discussion: Advance Care Planning

Facilitator:

**Michelle Ries, MPH**

*Project Director*

North Carolina Institute of Medicine

Michelle started off the day facilitating discussion and debate around the advance care planning task force recommendations. Throughout the discussion, recommendations were revised and reworded based upon suggestions by Task Force members. There was consensus among the Task Force on the recommendations except for recommendation 1.a. which proposes that the North Carolina General Assembly revise statute regarding the two signatures and a notary requirement for advance directive documents to an and/or signature and notary options. Some members of the Task Force expressed the 2 signatures and notary requirement was needed to prevent fraud with advance directive documents and expressed fear that changing these requirements would lead to increased cases of fraud. Task Force

members in favor of changing the signatory requirements to an “and/or option” argued that the 2 witnesses and a notary requirement was burdensome to many and reduced the uptake of the advance directive documents across the state. They also argued that there was no verifiable proof that changing the signatory requirements would lead to increased cases of fraud. Since a consensus could not be reached on 1.a., a vote was held. The majority of Task Force members, voted in favor of recommendation 1.a., while 4 voted in opposition. The 4 in opposition wanted it noted for the record that they were only opposed to part a., not the other parts of the recommendations.

### **New Opportunities in Serious Illness Care Workforce: Community Paramedicine**

The second session of the day was a presentation from Sarah Rivenback about community paramedicine in North Carolina and the Community Paramedicine Program at New Hanover Regional Medical Center, and the ways this program is innovative in providing care .Topics and points she covered included:

- What community paramedicine is and the history of New Hannover’s community paramedicine program
  - Work within the community
  - Serve healthcare navigators and coaches
  - Address specific community or organizational needs
- How community paramedicine works within the 911 system to prevent hospitalization through community and in-home care
- Provided a snapshot of community paramedicine programs in NC. Becoming more popular in North Carolina
  - More than a dozen programs active or in the planning stages
  - Most programs work at the county or hospital system level
  - Every program has a different focus based on community needs
- The impacts that community paramedicine pilot programs have had on EMS/ED utilization and hospital readmission
- Went over the home visit process for the New Hanover Program
- Talked about the future of community paramedicine/mobile integrated health

### **[Rivenback Presentation](#)**

#### **Best Practices in Serious Illness Care Training Pipeline: Panel Discussion**

Facilitator:

**Charlie Hardy, PhD**

*Founding Dean and Professor*

College of Health and Human Services

University of North Carolina at Wilmington

Speakers:

**Debby Futrell, PharmD**

*President and CEO*

Area L AHEC

**Tish Singletary**

*Community Health Worker Program Coordinator*

Office of Rural Health

NC Department of Health and Human Services

**Lori Byrd, DNP, MSN**

*Associate Director, Academic Programs for Health Sciences*

NC Community College System

The third session of the day was a panel discussion focused on building a shared understanding of distinct types of workforce training for serious illness care pipeline, curricula basics, and main obstacles and opportunities in training the serious illness care workforce.

To begin, the three panelists each spoke about perspective on the serious illness care workforce training pipeline. They addressed the following:

- Dr. Byrd
  - Start the workforce pipeline early in high schools
    - Train young people to be CNAs or get them apprenticeships at hospitals or provider offices
    - Wants a system where beginning as a CNA is the first step in a long career ladder in healthcare
    - Community colleges are important for training frontline serious illness care workforce because community college students are locals and stay in the area once they graduate
    - Frontline workers deserve to be paid higher wages and need more resources
  
- Debby Futrell
  - What AHEC is and what the different AHECs in NC are doing across the state
  - Talked about the how AHEC in North Carolina is one of the best and forward-thinking in the nation
  - Talked about what AHEC does
    - Specifically talked about some of the statewide AHEC initiatives and training on serious illness care
  - Challenges that AHEC faces in its work
  
- Tish Singletary:
  - Talked about the history of the Office of Rural Health (ORH)
  - Talked about ORH's community health worker initiative
    - Went over what a community health worker is and how they serve their communities
  - Talked about ORH's partnerships with community colleges to train community health workers

- Went over the development and details of the community health worker training curriculum
- The need for serious illness care to be added to the community health worker curriculum
- How community health workers can fill the rural health workforce gap

After the 3 panelists, Dean Hardy shared his vision for the serious illness care workforce pipeline

- We need to understand what the serious illness workforce is.
- We need to look at the workforce from a team-based approach
  - We need to train our new workforce to be effective members of the care team
  - We have a rapidly growing and aging population that will need care
  - Need to break down training and care silos and work from an integrated training and care approach
  - When we talk about serious illness workforce, we need to think about rural area workforce shortages and how to address it
  - Inter-professional collaboration and practice is the way to go

**Small-Group Discussion Exercise: Payment/Financing and Professional Development and Report Back and Next Steps**

The final session of the day was a small group discussion exercise on fleshing out and developing recommendations around payment, financing, and professional development. All meeting attendees were broken into groups and were given a worksheet and discussion points to consider when drafting potential recommendations. After small group discussion, every group reported back their ideas for the larger group to consider.