

# Meeting Minutes

## A Backup Plan for Solos Task Force

Tuesday, October 24, 2017 – 7:30 to 9:30 AM  
Mount Zion Temple, St Paul, MN

**Task Force Members Present:** Kathleen Dempsey, Joyce Edwards, James Falvey, Genevieve Gaboriault, Ellie Hands (co-chair), Susan Henry, Darla Kashian, Greg Owen, Mark Peterson (co-chair), Sabina Sten, Martin Wera

**Members Not Present:** Karen Peterson, Peter Rothe

**Staff & Staff Support Present:** Sean Kershaw, Linda Camp, Marit Peterson, Julie Roles

### Overarching Goal

Stimulate the development of a supportive infrastructure to help solo older adults successfully navigate health related events and, therefore, be less likely to become vulnerable adults—with its accompanying loss of self-determination for the individual and high costs to society.

### Expected Outcomes of the Project

- General profiles of solo older adults (situation, needs, perceived barriers)
- A description of the current Minnesota infrastructure to support solos health decision making
- Description of the core elements of a health decision “backup plan”
- A list of important resource gaps and potential solutions
- A list of recommended priorities for future action and preliminary work plan

### Proposed Outcomes for October 24 meeting:

- Gain a better understanding of relevant laws, policies, and terminology related to health decision making.
- Develop a preliminary list of topics and questions to explore during the Discovery phase of the project.

### Welcome/Negotiate Agenda

Co-chair, Mark Peterson, called the meeting to order at 7:30 AM. Asked for additions, deletions, changes to the minutes of the 9/27/17 meeting. Minutes were approved as submitted. Mark reviewed overarching goal of the project and expected outcomes with the task force.

Co-chair, Ellie Hands, reviewed the agenda for the day and asked for additions, deletions, changes. Task force agreed to agenda.

### Updates and Check-in

- *Ellie:* A number of people have noted that they are not available for the task force meeting schedules for November 21 (Thanksgiving week). Members discussed whether they would like to cancel that meeting and possibly schedule an additional meeting at a later date. Three members (including both of the co-chairs) are not available that day. The group decided to meet as scheduled. Staff will arrange for another task force member to chair the meeting that day.
- Member suggested that we should be sure to get input from the LGBTQ community. Someone suggested Marsha Berry from Training to Serve as a speaker. Linda invited Marsha Berry to be on the task force and she declined because of the time commitment.

## **Additional Discussion about Substitute and Supported Decision Making**

Marit Peterson, Minnesota Elder Justice Center, and Genevieve Gaboriault, Managing Attorney  
– Senior Law Project, Mid-Minnesota Legal Aid

- Marit suggested that we agree to use the term “healthcare directive” rather than the broader “advance directive”. Advance directive can refer to many types of planning. The group agreed to use healthcare directive.
- Attorneys who help people make healthcare advance directive often see them as add on. Their focus is on the testamentary plan and the healthcare directive is often an afterthought. There is confusion when the documents are created at the same time.
- POLST (Provider Orders for Life-Sustaining Treatment). Created with healthcare provider. Has the weight of a doctor’s order. Usually used when someone has a terminal illness. POLST form: <http://www.mnmed.org/getattachment/advocacy/improving-health-of-minnesotans/POLST-Communications/POLST-Form.pdf.aspx?lang=en-US>
- A POLST can be executed without the signature of the principle. A physician alone can prepare the order. A healthcare directive requires the signature of the principle or a substitute decision maker with the proper authority. Providers like POLST. It is easy for them to prepare. A danger is that the discussion may have been eclipsed.
- Healthcare directive does not have a prescribed form. Many organizations provide forms, Honoring Choices, healthcare organizations, attorneys.
- Both a healthcare directive and the POLST can be entered into an Electronic Healthcare Record (EHR). An individual needs to provide the healthcare directive to be added. The POLST is created with the healthcare professional and so is more likely to be entered into the EHR
- A member recommended listing to a Podcast about the widespread use of healthcare directives in LaCrosse, Wisconsin. “The Town Where Everyone Talks About Death.” According to the podcast, “Some 96 percent of people who die in La Crosse have an advance directive or similar documentation.”  
<http://www.npr.org/sections/money/2014/03/05/286126451/living-wills-are-the-talk-of-the-town-in-la-crosse-wis>.
- A member shared her experience around the success of medical systems being able to replicate what happened in LaCrosse. The time spend on creating healthcare directives is not billable. In LaCrosse, it is a small community and there is one healthcare system (Gunderson). Difficult to replicate the success in other places.
- A member described a recent experience where a person she was an agent for was taken to the hospital from his nursing home. When he got to the hospital they found that they had a do not treat order on file and they sent him back to the nursing home with no treatment. A wasted trip.
- A member noted that some faith communities are anti-POLST. Many Catholics are conflicted about the topic.
- With a POLST, in effect a healthcare provider can be the substitute decision maker.
- How does POLST work with hospice care? Need more information about hospice. Hospice isn’t what many people expect it is as it relates to end-of-life care.

- Best Interest and Substituted Judgment Standards. See Marit's slides, page 53 through 55.
- A member suggested viewing "Being Mortal," a Frontline documentary with Dr. Atul Gawande. <https://www.youtube.com/watch?v=J5ckON3HxRc>.

[See Marit's PowerPoint on website at <https://citizensleague.org/projects/solos/>.]

## Gathering Information about Solos

Linda told members that we have received agreement from the following as guest presenters in upcoming task force meetings:

November 7

- **Carl Hokanson**, Licensed Graduate Social Worker (MSW, LGSW), Capitol View Transitional Care, Regions Hospital
- **Dr. Carolyn McClain**, Emergency Care Physician

December 12

- **Thaddeus Pope**, Director of Health Law Institute at Mitchell Hamline

## What questions do you want to ask of solos?

- Do you have a healthcare agent? If you don't can you think of someone who could service in that role?
- What are you afraid of?
- What are your hopes for now and for the future?
- What arrangements have you made for healthcare, financial and housing?
- Are you emotionally and financially prepared for long-term health and care?
- Describe your housing situation. Live in a community, condo, rural, urban, single family home. Helps to understand the need.
- What are the best human resources you have found to help you as a solo?
- Do you have a network that can provide \$10 if you need it? A place to sleep for a night? Etc.
- What are the barriers in using your network for supporting healthcare decisions?
- What barriers do you face in making healthcare decisions?
- Narrow down. Help identify sources.
- Do you delay treatment because you don't have support (for example, colonoscopy)?
- What would you be willing to pay for a healthcare advocate or agent?
- What is the value of an advocate or agent?
- What broadly would you like you legacy to be?
- Who do you turn to for advice? Who are your trusted advisors?

## Who should we ask?

Three small groups of task force members ranked in order of priority, 1 being the top priority)

- |          |          |          |   |
|----------|----------|----------|---|
| <b>3</b> | <b>1</b> | <b>2</b> | Diverse cultural/ethnic individuals           |
| <b>1</b> | <b>4</b> | <b>2</b> | Various income levels                         |
| <b>2</b> | <b>3</b> | <b>1</b> | Geographic diversity (urban, suburban, rural) |
| <b>5</b> | <b>5</b> | <b>5</b> | Age diversity                                 |
| <b>4</b> | <b>4</b> | <b>2</b> | Different solo life situations                |

*Other:* LGBTQ perspectives

## How should we gather information?

- 5 Invite to task force meeting
  - X 3 X Focus groups
  - X 2 X Interviews
  - 1 Survey
  - X 4 Research, reports, printed materials
- Other:* LGBTQ perspectives

### **Evaluation**

Members rated the meeting: 4, 4, 5, 5, 5, 5, 4.5, 4, 4.5, 4, 4

*Member:* Like the small group work, time to work together

*Member:* Concerned that our work is too top down. Not hearing from solos.

*Member:* Too much on the agenda, can't get everything done.

*Mark:* Next meeting is November 7 at Wilder Center, 451 Lexington Pkwy N. St Paul, MN, 7:30 to 9:30 AM. A meeting notice will be sent out. Thank you all.