

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

Indiana Palliative Care and Quality of Life Advisory Council			
<b>Date</b>	December 12, 2018		
<b>Time</b>	11:00 - 12:30 pm		
<b>Location</b>	Indiana State Department of Health, Yoho Board Room, 2 North Meridian Street, Indianapolis, IN 46204		
<b>Recorder</b>	Grace Miller		
<b>Attendees</b>	Susan Hickman, Natasha Young, J. Derek Imars, Amy Haskamp, Tom Ledyard, Lynn Robbin, Chris Brinneman, Gerald Walthall, Doug Tannas, Megan Agnew, Riddhi Shuklar, Audrey Martin		
<b>Other</b>	Call in – Liz Carroll, Keylee Wright, Deena Dodd		
<b>Topics</b>	<b>Discussion</b>	<b>Action or Follow-up</b>	<b>Responsible Person</b>
<b>Welcome and Introductions</b>	Susan Hickman, PhD, Council Chair, provided welcoming remarks and attendees gave introductions.		
<b>Approve Meeting Minutes</b>	Meeting minutes from the Sept 26 <sup>th</sup> , 2018 meeting and October 29 <sup>th</sup> , 2018 were motioned to be approved.	Send both Final draft Sept. & Oct. minutes to be posted online	Natasha Young
<b>Updates on Palliative Care in Indiana</b>	<p>The following updates were provided during this meeting:</p> <ul style="list-style-type: none"> <li>- Derek Imars mentions Amy Haskamp’s work with cancer survivor Tyler Trent at Purdue, the recent media coverage, his call out to palliative/hospice care and all the great work she has done with him.</li> <li>- Grace Miller gives update that PCHETA will not be moving forward in the lame duck session, but will be brought back in the future.</li> <li>- Dr. Hickman gives reminder of the RESPECT Center conference and a reminder to register.</li> <li>- Natasha Young announced her departure from ISDH. Council thanked her for her help throughout the year and well wishes as she moves to Columbia, MO. Megan Agnew will be helping with the council for the</li> </ul>		

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p style="text-align: center;">remainder of its term.</p>		
<p><b>Year Three Report final review</b></p>	<p>Dr. Hickman started the discussions of the remaining issues that still needed to be settled for the IPCQLAC year three report. The first topic was the review &amp; vote on final recommendation for the definition of Palliative Care. Dr. Hickman mentions the group does not have to reinvent the wheel, there are some good definitions available at the national level, and the definition used in the creation of this council may also suffice. Knowing the long-term effects of a definition. The group can also just recommend that an official definition be created</p> <ul style="list-style-type: none"> <li>▪ [Definition included in Year 3 draft] defines what PC is and who a PC provider is. “These are the facts.” Straight forward.             <ul style="list-style-type: none"> <li>• Could recommend that this definition lives on and should not be sunset in June 2019</li> </ul> </li> <li>▪ Is there a significant difference between health care and medical care? Yes – health care is more inclusive – reflective of national conceptions of care             <ul style="list-style-type: none"> <li>• Modify to reflect the choice of health care</li> </ul> </li> <li>▪ We need a definition in order to get Medicaid/Medicare reimbursement. Would be a good thing to have a definition. And future opioid regulations</li> <li>▪ Recommend that a definition goes into code</li> <li>▪ Will continue to work on defining a PC team through June</li> <li>▪ Make sure we’re being clear on appropriate multi-modal therapy up to opioid use (? Not sure if I worded that</li> </ul>		

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p style="text-align: center;">right...)</p> <ul style="list-style-type: none"> <li>• Can Derek look at this section and help with wording?</li> </ul> <ul style="list-style-type: none"> <li>○ Clarify final council recommendations: Pain medication disposal &amp; drafting a standard of care policy with accountability measures –             <ul style="list-style-type: none"> <li>▪ Starts on Page 13 of draft report</li> <li>▪ Adjusting 7-day limits</li> <li>▪ Hospice waiver program?                 <ul style="list-style-type: none"> <li>• There are waiver program(s) for hospice, but not yet for PC. This is something we should look into – these patients need to be seen differently than your run of the mill patient.</li> <li>• Recommendation: Board of Pharmacy should create similar waiver structure to hospice for PC</li> <li>• Natasha &amp; Susan to rework &amp; send to Derek for review                     <ul style="list-style-type: none"> <li>○ Make sure it is in 5th-8th grade level so non-health professionals can understand</li> </ul> </li> </ul> </li> <li>▪ Pain medication disposal – there aren't enough places to do so safely.                 <ul style="list-style-type: none"> <li>• Poly-pharmacy?</li> <li>• Law permits hospices to dispose, but what about</li> </ul> </li> </ul> </li> </ul>		
--	--	--	--

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p style="text-align: center;">outside the healthcare system?</p> <ul style="list-style-type: none"> <li>• Could recommend a standard for hospice centers outlining who is responsible for what, but we need to be looking at PC</li> <li>• Disposal is not just about diversion – it’s also about quality of the care if there are other medications just laying around they might take on accident</li> <li>• What is the state’s role in this?</li> <li>• Is the environmental impact of all this disposal? <ul style="list-style-type: none"> <li>○ DEA only mandates that the drug is irretrievable</li> </ul> </li> <li>• Recommendation: increase disposal sites</li> </ul> <ul style="list-style-type: none"> <li>▪ Why we decided to not move forward with the standard of care and best practices piece <ul style="list-style-type: none"> <li>• There were other organizations providing that oversight</li> </ul> </li> <li>▪ PC care is coming to the forefront at educational institutions</li> <li>▪ Get submitted internally by the 21st – might not happen but something to shoot for. To be submitted officially by the end of the month <ul style="list-style-type: none"> <li>• Take a look at format and section on “looking to</li> </ul> </li> </ul>		
--	---	--	--

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	the future”		
<b>Review the palliative care team survey responses</b>	<ul style="list-style-type: none"> <li>○ Teams had through the 10th of December to submit surveys <ul style="list-style-type: none"> <li>▪ Not all got their survey in on time, but</li> <li>▪ Tried to get ahold of others, but to no avail. Will send link to those groups so they will see that they could be included in the future</li> <li>▪ CAPSI info is not legible.</li> </ul> </li> <li>○ How critical is it that we include full/part time staffing? <ul style="list-style-type: none"> <li>▪ Not critical. To delete FTE. Important to know if there is a physician as part of the team</li> </ul> </li> <li>○ Not a lot of folks had websites.</li> <li>○ To move forward with adding verified &amp; unverified teams. Include a date so folks when it was included in case things have changed <ul style="list-style-type: none"> <li>▪ Can it be updated? Natasha to make sure we have the info to the website editor.</li> </ul> </li> </ul>		
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>○ Officially a Council through June. Do we want the Council to be renewed <ul style="list-style-type: none"> <li>▪ Grace to look into what other states who have had advisory councils are doing – what have they accomplished? Are they still together? What are they working on? Find out</li> </ul> </li> </ul>		

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p>who the author was, chat with Bryan about next steps</p> <ul style="list-style-type: none"> <li>▪ Who is interested in our advice? What is our impact?</li> <li>▪ Limited by being in statute and supported by ISDH, but also would have that support structure which is significant</li> <li>▪ Advanced Care Planning perspective – if we don't have a group together talking with each other creating kind of a standard, what will it look like?</li> <li>▪ Should mention this in the Year 3 and Final reports</li> </ul>		
<p><b>Upcoming Meeting</b></p>	<p>TBD - February 2019</p>		