Indiana Palliative Care and Quality of Life Advisory Council					
Meeting Date	Friday, March 17, 2017				
Meeting Time	3:00 to 4:30 p.m.				
Meeting Location	Little Red Door Cancer Agency, 1801 N. Meridian St., Indianapolis, IN 46202, Large Board Room				
Recorder	Grace Miller				
Attendees	Susan Hickman, Mika Hill, Derek Imars, Steve Ivy, Karen Moody, Lynn Robin, Stacy Sharp, Gerald Walthall, Keylee Wright, Grace Miller, Liz Carroll, Rosa Mercadal Nuria, and Emily Jones.				
Other	Chris Brinneman, Katie Hokanson, and Kelly MacKinnon participated over the phone.				
Topics	Discussion	Action or Follow-up	Responsible Person		
Welcome and Introductions	Susan Hickman, PhD, Council Chair, provided welcoming remarks. Meeting participants introduced themselves.				
Approve Meeting Minutes	Meeting minutes from the January 19, 2017 meeting were reviewed. Gerald Walthall made the motion to approve the minutes, Steve Ivy seconded the motion, and the minutes were approved by Council members.				
Electronic Communications Participation Policy	Kelly MacKinnon, JD, Transaction Chief at the Indiana State Department of Health (ISDH), reviewed a draft electronic communications policy drafted for the ISDH Board of Directors that can also serve as a framework for the Council's policy. The group was pleased with the policy, and the group confirmed it is wise to have a broad and generous policy for electronic attendance/participation because as a statewide council, it can be difficult to attend in person at times. The group can add that certain situation should be covered under exceptions, such as emergencies. Kelly stated we must have at least four council members physically present during each meeting in order for the meeting to count, but two persons could participate to meet the quorum. At the next meeting, we will have comments/suggestions in order to vote and approve on the policy.	E-mail the draft policy to solicit feedback, changes, etc.	Emily Jones, ISDH, Cancer Survivorship Director		
Action Planning Session	Susan Hickman facilitated the action planning session. She reviewed that the group identified three priority areas to take a closer look at and do some sort of assessment with. They are: access to palliative care services, opioid use, and advance cared planning. Access to palliative care services				

Emily Jones reviewed data collection measures from Texas, Florida, and Rhode Island and		
reminded the council they have the option to determine what data they want to collect and		
how such data will be collected and used. Some states examined how many providers hold a		
palliative care certification? How many hospitals in the said state have palliative care services –		
what do those look like? Where can we access data? Stacy Sharp, MBA, Community Health		
Network, mentioned the Palliative Care Registry as a potential data source. It is voluntary, but		
many hospitals/programs participate. Susan Hickman discussed folks from Center to Advance		
Palliative Care (CAPC) reached out to Keylee Wright, MA, ISDH, and Emily Jones. Folks from		
CAPC are interested in what our council is working on. They have data and information that they		
would be willing to share; specifically they would like us to share a recent blog post to the		
group. Barriers to care are important as well and need to assess. There are different levels		
which need to be examined when it comes to access to palliative care services, and although we		
might not be able to act on it, we can describe it in a meaningful way. Lynn Robbin, MSN, RN,	Meet	Lynn, Stacy, and
Franciscan Health, and Stacy Sharp have access to CAPC and will look into what kind of	between	Susan
information we can use. It was also noted to see what standards are from the Joint Commission	meetings to	
and to ensure we are in line with those standards. Derek Imars, PharmD, St. Vincent Anderson,	review CAPC	
mentioned a lot of information outside the palliative care registry is also accessible. Things to	data.	
keep in mind: communicate to hospitals there is a financial advantage to have inpatient		
palliative care programs. The Optimistic Project that Susan Hickman works on is working to		
reduce hospitalizations from nursing homes. There is an opportunity to look at work-force		
issues – need to get numbers to know where we are. Some places throughout the state have		
difficulty with good hospice coverage, like Gary, IN. Rural areas also struggle. Challenges could		
be related to nursing availability. In everything we look at, we will include a subset of pediatrics.		
Access through oncology programs is becoming more popular. It was asked if the Indiana Cancer		
Consortium tracks this and they do not. Perhaps the Indiana Hospital Association does.		
Opioids		
We need to be thinking of what do we want to know? There are many challenges to controlling		
opioids but also ensuring patients who need them have timely access. A large issue is improper		
waste of opioids. After a patient passes away, their opioids become property of the family, and		
families don't always turn over the medication. There is opportunity to empower caregivers to		
ask for the medicine for proper disposal. Other challenges include changing laws which can lead		
to providers getting rejection letters when prescribing certain kinds of drugs to patients who		
really need them. No one knows Medicaid's "algorithm". Opioid drug manufacturing will		
decrease 25 percent in the near future. Generics of drugs will be going away. Pharmacies have		

Upcoming Meeting	May 18, 2017 1 – 2:30 pm		
	A Doodle Poll will be administered to determine the day, time, and location of the May meeting.	Send Doodle Poll.	Emily Jones
	Advance Care Planning Susan Hickman highlighted groups in Indiana that focus on advance care planning: Indiana Patient Preference Coalition, Honoring Choices Indiana, the Indianapolis Coalition for Patient Safety, and the Central Indiana Care Coordination Commission. There is a company called Q source that works on improving quality of life, and questioned whether we should try to get involved with this, try to create a centralized space for information, and create consistency in messaging. Regulation issues/potential areas to look at include: Changes to the POST act by making modifications to the surrogates. EMS have be certified within their first two years of certification, but it is one-and-done, so that could be addressed more broadly. Home care nursing are allowed to follow at DNR request; the group would like to see that legislation. The group in interested what kind of resources are already out there and where information could be posted to make it centralized. The five wishes form is not allowed in Indiana. Access issues still exist, and there is no registry at this time.	Look into developing a webpage for the council.	ISDH staff to contact the ISDH Office of Public Affairs.
	quotas on certain kind of opioids which means even if a patient has a prescription, they have a hard time getting it filled. This is tracked by the DEA. There needs to be some sort of allowance. The Indiana Board of Pharmacy can help with this. It was noted hospice patients can get partial scripts if it says "partial script", however, palliative care patients can't. There is no palliative care representation on rule boards, and this is where our council could come in and provide guidance. The group needs to understand what triggers refusals. The council determined they must get in touch with Indiana's Task Force on Opioid use to align efforts. SB 226 provides a limit of seven days, but there is an exemption for palliative care. Patients are being sent to palliative care who don't need it, and this is creating a back-log for patients who truly do need palliative care. There is a need to get insurance companies involved in these issues as well. The group settled on getting a contact for the State Task Force on Opioid Use, increasing awareness for what can/can't be done, and perhaps include an education component. Joan Duwve, MD, MPH, Chief Medical Consultant at ISDH will provide leadership support as an ISDH representative. She has expertise on the opioid topic, therefore will be able to contribute her perspective during the next meeting.	Establish a connection with the Indiana Task Force on Opioid use.	Keylee Wright