

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

Indiana Palliative Care and Quality of Life Advisory Council			
<b>Date</b>	Thursday, May 18, 2017		
<b>Time</b>	1:00 to 2:30 p.m.		
<b>Location</b>	Indiana State Health Department, Yoho Board Room, 2 North Meridian Street, Indianapolis, IN 46204		
<b>Recorder</b>	Grace Miller		
<b>Attendees</b>	Susan Hickman, Karen Moody, Lynn Robin, Stacy Sharp, Gerald Walthall, Grace Miller, Katie Hokanson, Chris Brinneman, Tom Ledyard, Ann Alley, Joan Duvwe, Katherine Crawford, and Heather K. Sager.		
<b>Other</b>	Derek Imars and Mika Hill participated over the phone.		
<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. Meeting participants introduced themselves.		
<b>Approve Meeting Minutes</b>	Meeting minutes from the March 17, 2017 meeting were reviewed and approved by Council members.		
<b>Electronic Communications Participation Policy</b>	Heather K. Sager, JD, Cancer Health Education and Communications Director at the Indiana State Department of Health (ISDH), reviewed an electronic communications policy drafted for the Indiana Palliative Care and Quality of Life Advisory Council, based on a policy drafted for the ISDH Board of Directors that was previously reviewed at the March meeting. Some updates to the sample were made, such as substituting terms in order to specify roles within the council. It was noted that the new policy has more flexibility for those at a distance from Indianapolis, and requires in-person attendance at least one meeting per year. Approved by Council members.		
<b>Strategies for Creating Change in Indiana</b>	Susan Hickman introduced Dr. Joan Duvwe, who spoke about the current status of palliative care in Indiana. Dr. Duvwe noted that the Council should look at the environment, and whether Indiana is ready for change, as well as develop a full idea of the change the Council may want to focus on. She noted that opioids and pain management is not the only choice for palliative care, and that other options may meet the needs of different patients and families. Dr. Duvwe further discussed		

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<p><b>Action Planning</b></p>	<p>modernizing end of life care and palliative care through collaboration with patients and families, as well as innovation in care. She recommended exploring how those who are not medically trained may or may not be aware of which care to request for themselves or patients, and noted that there is an overwhelming ignorance in the public and health care systems. She concluded that palliative and end-of-life care affects everyone, and suggested that the biggest priority for the Council might be education.</p> <p>Dr. Gerald Walthall raised the point that funding is required for education, and noted that appealing to legislators or applying for grants might be good options. Dr. Hickman explained that we have outlined three areas of focus, but stated that the Council has been discouraged from legislative actions, though has had some positive responses from Representative Kirchhofer and advocacy groups. Dr. Hickman suggested exploring what the Council can do to support advocacy actions, or where there might be already existing activities the Council can coordinate with. Dr. Duvve suggested that representatives from different agencies and stakeholder groups need to be at the table, such as a representative from FSSA, a member of the legislature, nursing groups, or others, and noted that what the Council is able to do is a function of who is at the table. Dr. Ledyard suggested that insurers and payers, both public and private, be included. Dr. Duvve agreed, and explained that the Council needs to understand these topics from all perspectives in order to both avoid unintended consequences and the need for clean-up later. Including a large variety of representatives could help the Council find creative solutions to problems. Dr. Duvve stated that for payers, Ann Zen would be great, as well as Dr. Jennifer Walthall. She stated that the Medical Licensing Board is not interested in mandating further education, however, there is currently no quality, evidence based education available.</p> <p>Dr. Moody suggested that hospice care facilities need a license, and that might be an area to explore for palliative care. It was noted that the facilities are regulated, but not the practice of hospice care. Dr. Duwe suggested the group ask Terry Woodson about licensing, who may have some good insights.</p> <p>Dr. Hickman started the action planning session. She suggested that the Advisory</p>		
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	<p>the Indiana requirements, while also being open to different ideas from other states. It was noted that the AAHPM is talking about pulling together other PCHTA groups, and that this would be a place to learn and borrow ideas. An additional idea was adding consumer voices to the council. Dr. Hickman and Grace Miller to go through and find actionable items to assist with goal setting.</p> <p>A Doodle Poll will be administered to determine the day, time, and location of the July meeting.</p>	<p>items from Action Planning Session.</p> <p>Send Doodle Poll.</p>	<p>Heather K. Sager</p>
<p><b>Upcoming Meeting</b></p>	<p>July 10, 1:30 p.m. to 3:00 p.m.</p>		