Indiana Palliative Care and Quality of Life Advisory Council						
Date	Thursday, May 18, 2017					
Time	1:00 to 2:30 p.m.					
Location	Indiana State Health Department, Yoho Board Room, 2 North Meridian Street, Indianapolis, IN 46204					
Recorder	Grace Miller					
Attendees	Susan Hickman, Karen Moody, Lynn Robin, Stacy Sharp, Gerald Walthall, Grace		Hokanson, Chris			
	Brinneman, Tom Ledyard, Ann Alley, Joan Duvwe, Katherine Crawford, and Heather	r K. Sager.				
Other	Derek Imars and Mika Hill 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.	гонож-ир	T CISOII			
Approve Meeting Minutes	Meeting minutes from the March 17, 2017 meeting were reviewed and approved by Council members.					
Electronic Communications Participation Policy	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.					
Strategies for Creating Change in Indiana	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					

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.

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. Duwve 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. Duvwe 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. Duwve 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.

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.

Action Planning | Dr. Hickman started the action planning session. She suggested that the Advisory

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Session	Council might benefit from reviewing which hospitals are active in palliative care, and the programs that are already underway, and explore which facilities are not providing palliative care, and examine what barriers exist that are preventing that care.				
	Heather K. Sager spoke about the webpage for the Advisory Council, which will take a look at the content and design of webpages of other palliative care advisory councils, as well as other advisory councils in Indiana. Heather will bring the findings to the next meeting. Dr. Hickman noted that Colorado has a great example of defining and really outlining what is out there using the NQF guidelines.	Compile findings and present at the next meeting.	Heather K. Sager		
	Lynn Robbin and Stacey Sharp presented, "Improving Access and Influencing Policy." They raised the point that rural areas have a great need. The CAPC Report card is limited to 12 hospitals, though the survey is very detailed and can be very overwhelming. It was suggested that the Advisory Council make a recommendation to CAPC.				
	Stacey Sharp and Lynn Robbin noted that all of the relevant information is included in the email and packets. Indiana has a Grade B currently, and it is very difficult to find Indiana-specific information. Data is compiled around in-patient settings, not at home. The Council should look at what the A states are doing. Deficits that need addressing include infrastructure, workforce & evidence. Indiana is also in great need of quality metrics. The question of how much the Council can recommend as far as regulation and legislation was raised. The Patient Quality of Life Coalition was noted as a great resource, as was the report card as a tool for legislation.				
	A discussion ensued, and it was suggested that the Council set forth specific goals to work toward, such as create a list of concrete ideas based on meeting discussions, or a list of potential targets and action items. The Health Affairs article was suggested as a source of great examples.				
	The question was raised as to whether Governor Holcomb have the power to mandate education of the Medical Licensing Board. It was suggested that the group should add advance care planning to the minimum data set, and propose adding it to	Determine and list actionable	Dr. Susan Hickman and Grace Miller		

	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	items from Action Planning	
	was adding consumer voices to the council. Dr. Hickman and Grace Miller to go through and find actionable items to assist with goal setting.	Session.	
		Send Doodle Poll.	Heather K. Sager
	A Doodle Poll will be administered to determine the day, time, and location of the July meeting.		
Upcoming Meeting	July 10, 1:30 p.m. to 3:00 p.m.		