

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

Indiana Palliative Care and Quality of Life Advisory Council			
<b>Date</b>	Friday, September 29th, 2017		
<b>Time</b>	2:00 to 3:30 p.m.		
<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>	Chris Brinneman, Susan Hickman, Steve Ivy, Tom Ledyard, Lynn Robbin, Gerald Walthall, Katie Crawford, Grace Miller, Keylee Wright, and Heather 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 July 10th, 2017 meeting were reviewed and had one amendment adding Katie Crawford and Lynn Robbin as present on the phone. Minutes were approved by Council members, pending the change.		
<b>Updates:</b>	Derek Imars and Tom Ledyard continued the previous meeting's presentation on pain management, opioid access, and diversion.		
<b>Continuation of Pain Management, Opioid Access and Diversion</b>	<p>Dr. Ledyard began the presentation by describing the opioid epidemic from a legal standpoint and speaking to the need for the IPCQLAC to move forward with advising new polices to the state. The book, "Dreamland" was provided as a reference to give historical context of the current crisis. Dr. Ledyard shared that the current regulations regarding prior authorizations are an enormous burden. It takes dedicated staff to deal with pharmacies and insurance companies and they are often unable to verify board certifications.</p> <p>Mr. Imars describes the effected patients that are in limbo between palliative care and not. Indiana implemented a law that you can only get opioids for seven days if you are a new patient or not on palliative care or hospice. As a result, prescriptions for patients in the gray area are being denied, and patients have to endure and suffer because they are unable to receive the right care in temporary phases.</p>		

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Dr. Gerald Walthall noted that there a lot of agencies working on opioids, and suggested that the IPCQLAC focus on the regulatory exceptions for palliative care and hospice. The Council could help clarify why palliative care programs and patients need to have these exceptions, and let policy-makers decide how to move forward. He also suggested that when thinking about policy, the Council should limit its focus to goals that are reasonable and achievable. The opioid crisis a widespread issue, but making sure palliative care/hospice patients are protected may be an achievable goal.

Concerns exist around current waste and disposal regulations that place responsibility on the user, spouses, and caregivers to dispose of medication. There is no law in Indiana that states the caregiver must turn over or dispose of medication after a loss. Mr. Imars reported that the amount of opiates left after a death can be significant. It was suggested that a plan be developed for prescriptions to be turned in by hospice nurses, who could be responsible of disposing the medications by creating a form allowing the family to turn over the medication with proper documentation. Another suggestion was made with respect to “drug busters,” which inactivate medications and can destroy medication on site. There are DEA sites where authorized persons can turn in medications, but access can be difficult. However, there are no available measures when an emergency occurs, and the state may be able to find a way to provide last-minute needed prescriptions. It was suggested that the Council form relationships with retail entities who provide these services.

Further conversations were held regarding precedents with respect to waste disposal and a potential policy in place in Ohio, where nurses become the custodian of the prescriptions with family consent. Dr. Hickman raised concerns about putting nurses in danger and brought the focus back to the main goal of making sure people are getting the medications they need when they need them. Mr. Imars mentioned that a state law would help pave the way. Another difficulty brought to the Council’s attention is that at times a patient can leave various medications in a home that no one lives in. A suggestion was made to draft a model policy for standard of care that would include accountability measures to ensure no one is walking off with these medications. Other comments on this issue:

- Develop tools to help hospitals, nursing homes, etc. to track the disposal of drugs. The CMS could have available data. This is something the work groups can dig into.

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<b>Next Steps:</b>  <b>Review Scope, Establish Workgroups and Identify Process</b>	<ul style="list-style-type: none"><li>○ Do we have reporting requirements for employees if there are concerns about diversion? This is a potential concern for palliative care programs.</li></ul> <p>Ideas were generated on how to pull upon the broader community to help with awareness of advanced care planning and to fight against the opioid epidemic. Clergy have their own available groups or hubs, which can be separated by conservative, progressive, and open values. Pastors are also frontline in the opioid crisis. Tom gave the example of LaCrosse, Wisconsin and Dr. Hickman gave Tracy Balboni's research work at Harvard regarding advanced care planning.</p> <p>A conversation was held on the need to move forward with work groups. Dr. Hickman suggested the group might want to create an overview for each topic outlined in the statute. She suggested the group think about the gaps in each area, create an outline, and decide if the area needs a workgroup. Lynn Robbins noted that we have multiple audiences and we need to be thinking about each one, such as Public, providers, health systems and it might be a good way to break it down. Derek suggested legislators need a "current state" statement and could be created for each of these subject areas.</p> <p>Conversation was also held on needing a better understanding of what the committee is advocating for and the need to have a legal voice involved in discussions. Keylee reported that Dr. Adams encouraged committee to stick to small p policy and suggested inviting new commissioner to next meeting. It was suggested to go more in depth when formulating legislature recommendations and the need to put together work groups. Dr. Hickman reported she would make an attempt at putting these work groups together, which could also serve as the beginning of the annual report. Derek and Stacy (via Tom) agreed to take a look at them. It was suggested the work groups should have very short terms in order to encourage people to come but not take up too much of their time. Meetings are in addition to larger meeting. This way by our next meeting we will have our bullet points to share with Dr. Cox to share what we have been doing.</p>		
<b>Upcoming Meeting</b>	November 20 <sup>th</sup> , 2017 2:00 to 3:30 p.m.		