

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

Indiana Palliative Care and Quality of Life Advisory Council			
Date	July 23, 2018		
Time	2:00 - 3:00 p.m.		
Location	Indiana State Department of Health, Yoho Board Room, 2 North Meridian Street, Indianapolis, IN 46204		
Recorder	Megan Agnew and Natasha Young		
Attendees	Susan Hickman, Chris Brinneman, J. Derek Imars, Tom Ledyard, Lynn Robbin, Stacey Sharp, Gerald Walthall, Murray Lawry, Ann Alley, Natasha Young, Kaitlyn Boller, Lori Davenport, Derris Harrison, Steve Bordenkecher		
Other	Call in – Amy Haskamp, Mika Hill, Liz Carroll, Jon Kavanagh, Deena Dodd, Darren Covington, Colleen Brown		
Topics	Discussion	Action or Follow-up	Responsible Person
Welcome and Introductions	Susan Hickman, PhD, Council Chair, provided welcoming remarks and verbalized a goal of meeting today is to discuss the work being done by workgroups and create next steps for each workgroup.		NA
Approve Meeting Minutes	Meeting minutes from the April 27, 2018 meeting were reviewed and approved by Council members.	Post on website	Natasha
Updates on Palliative Care in Indiana	Dr. Hickman gave update on POST forms. As long as statute backs up practice, old POST forms can still be used and signed by a PA or APRN. It was also noted it is unclear whether emergency medical responders are getting information about changes in statute. Lori Davenport mentions the Indiana Patient Preferences, model policies need to be updated.		
Review Webpage Content	Natasha Young showed council the webpages for the Indiana Health Care Quality Resource Center and The Palliative Care Information Center and links to The Palliative Care Advisory Council website. It was noted some overlap makes sense between links because we are not sure how individuals will get to website. It was suggested to add more community-based		

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p>palliative care resources to the website information center. The group was pleased with website results.</p>		
<p>Palliative Care Team Survey Review and Plan for Sharing</p>	<p>Dr. Hickman sent out survey to all palliative care teams and her law student shared indicators of whether or not they had palliative care teams. Goal is to have this information online and all the names and emails of all palliative care team contacts to be vetted before posting online.</p> <p>Dr. Hickman has template and summary of what she has so far; half of the teams responded.</p> <p>Chris Brinneman noted that having detailed information about services provided is valuable information; having a robust look.</p> <p>Stacey Sharp noted that having the setting of care listed will be important as she has gone online to find clinics outside her service area and it has been a challenge.</p> <p>Dr. Hickman shared this information can be put on the The Palliative Care Information Center website, provide a date the information was current online and will be available to the public. She mentions they will do another round of cleanup, add “services provided” and share this with each hospital one more time for confirmation. Lynn Robbin shares she can help with Crown Point in Lafayette hospital information. Natasha mentions survey results can also be added as an addendum in the annual report for the council.</p>	<p>Finalize & vet palliative care team information to be included online</p>	<p>Dr. Hickman</p>
<p>Workgroup Updates: Access to Palliative Care Workgroup</p>	<p>Workgroup chairs, Stacey Sharp and Chris Brinneman discussed updates from the first meeting of the Access to Palliative Care Workgroup. Stacey reported there was a lot of brainstorming and defining of the practice of palliative care; identifying policies. Next steps for this workgroup will be to send out SWOT analysis and prioritize - defining practice, billing and reimbursement, registry idea requirements for health</p>		

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

<p>Advocacy and Advance Care Planning Workgroup</p>	<p>systems, Medicaid eligible on HIP at home and nursing, and identifying best practice policies. Chris mentions they tightened down areas of the SWOT, access for Medicaid folks and with their input it brought us all the way around to the issue of access with HIP individuals. Workgroup combined the first three areas into one, which is looking at definition and practice expectations. Natasha mentions leaving specific definition details up to Council, but giving recommendation that a definition is needed. And Stacey mentions the importance of tying definition in to the billing reimbursement practice. Susan shared that identifying best practice policies seemed to fall by wayside. Colleen shared that goal got shoved behind the bigger issue of determining the definition. Susan shared they plan to bring examples of CO statute to next workgroup.</p> <p>Lynn Robbins mentions her experience encountering patients with HIP and having no hospice or palliative care coverage as a huge barrier and the need for them to use charity funds for services. Stacey notes this is definitely something that needs to be on their radar moving forward that outpatient hospice is not paid for under HIP.</p> <p>Next steps for this workgroup are to reconvene and work through SWOT analysis making sure each recommendation has a purpose and rationale/paragraph in order to make sure the work doesn't get lost in the shuffle.</p> <p>Workgroup chair, Lynn Robbins discussed updates from the first Advocacy and Advance Care Planning Workgroup. The workgroup began by Chris Brinneman giving a synopsis of advanced care planning at Parkview, including 8 hospitals and expanding in waves. Other topics in the workgroup included: minimum data sets of nursing homes. advanced care planning</p>		
--	--	--	--

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p>data fields a few states added; pathways for advance care planning and data collection – who does it?, lots of questions and if not followed, high deficiency mark against facility and have to follow corrective action. It was noted a lack of integrity and clarity between providers; standardization between settings. CMS is adding quality measures; long term hospitalizations and research matched to goals; there is a need to make it simplified. When it comes to honoring advance directions and post forms each institution has own requirements, there are many different forms and many interpretations of EMR and not one standardization in EMRs. Regarding training professionals in advance care planning, the workgroup didn't see it as a big focus of the group as its too broad and too many groups involved.</p> <p>Living will revisions – movement died in committee; conversations among stakeholders to move forward, other states have in place. Talked about removing changes to living will and decided to add it back on – unclear if anything in next session will be moving forward.</p> <p>The workgroup ranked order of focus: living will statute, registry repository, nursing home data requirements, education and training for providers</p> <p>Lynn Robbins proposed to review Terry Whitson's registry report before next meeting. Dr. Hickman shared that advanced directives and how written might not be well-utilized before we have widespread use of documentation EMS calls and never has a hit which may become deprioritized; interoperability between systems could access it which I think makes more sense, but Jim Fuller of the Indianapolis Patient Safety Coalition said they hit tech wall with trying to get that to work. Gerald mentions concern about updates, new documents and</p>		
--	--	--	--

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p>how to get into registry; can't get away from that. Susan shared she doesn't know if registry fixes that; health exchange doesn't include nursing homes. Colleen Brown shares she doesn't know if the POST form improves care; these things are ignored in nursing home and emergency room; hard to find; don't know if being ignored; access needs to work on; Susan – observational studies with POST suggest it does alter outcomes; living wills don't change care because vague and written in ways that are hard to interpret and imply. Gerald gives suggestion of an increase in legally appointed healthcare representatives could potentially solve written problems; well-educated verbal spokesperson; go a long way with legal representatives appointed and educated.</p> <p>Derris—we have added education about advance care planning to the value based purchasing program and borrowed from OPTIMISTIC program, worth 5 points, educating someone in facility to speak around advance care planning; 7/1/2019 effective; can morph into something bigger; educating those in nursing facilities and families</p> <p>Chris – If concept of registry is too daunting, value of wallet card that says advanced directive with info on who is legal rep; starting place for standardization. Stacey – Respecting Choices has cards with first steps. Lori shares requirements of participation, every time she transfers a patient that is required; need to take EMR info and make consistent; EMRs are behind ROPs; 3-phase November 26, 2016 three phase-in.</p> <p>In recap, a registry can prove to be cumbersome. Susan shared the name of an app called “Mind your Loved One”- an avenue to have a central repository for family members so everyone has the same documentation.</p>		
--	--	--	--

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

<p>Pain Medication Access and Management Workgroup</p>	<p>Workgroup chair, Derek Imars gave an update on the Pain Medication Access and Management Workgroup's first meeting. He shared there was a robust conversation and great representation overall. Under the objective regarding the 7-day limit adjustment in the SWOT analysis Dr. Fettig mentions the succinct point part of this process and regulation is to define population; not a great definition for these patients to get meds they need; hospice patients have more flexibility with way things are described. Lori comments on the gaps in pain management and all under different rules; can't let someone have unmanaged pain; have to wait 4+ hours because don't have pharmacy on site; Susan asked Lori if she would you join the group's next meeting and Lori responded she would be happy to. In addition, the Director of pharmacy will be at next meeting which might be a help because all sorts of mixed perspectives that could have consequences for other groups.</p> <p>Pain management education was discussed with a mandate to receive some CE on pain management prescribing (2hrs). Susan shared SB 225 wouldn't not just be for physicians only but also for nurse practitioners.</p> <p>Efficient Methods of Disposal were discussed. Fort Wayne example pulled in drug enforcement with big take back days. A portable means to dispose of drugs – Drugbuster was discussed; Indiana pharmacy involved in take back days. Lori shared that they sometimes go through that in a day; pharmacy won't take narcotics from a long-term care facility. Flushing down the toilet – EPA doesn't like this. Derek mentions putting Drugbusters on nursing units and last for months. Susan shares that we've talked a lot about this idea; RESPECT Center conference; framing – meds are going to be out there and a barrier to those who need the meds receiving the meds; "inheritance" becomes a barrier. When a provider prescribes</p>		
---	---	--	--

Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

	<p>something new, then there is a need to bring in and destroy the old. Lots of confusion in the public. Liz shared deterra offered to donate packets; we could certainly brainstorm ways to get that info out there; can send info with home hospice trade association too. Lyle mentions hospice nurses takeback and destroy; DEA clause moving through federal house. Lori give example of CBD oil; illegal national; federal and state discrepancy. Susan - Non-pharmacologic interventions for pain – pain education and training piece; content of pain education on non-pharma interventions. Tim – Doesn't say you have to take this particular CME, just have to take CME. Not as much discussion was held regarding drafting model policy.</p>		
<p>Next Steps : Summary and Planning for September Meeting</p>	<p>Goal is for workgroups to reconvene one more time in August to come up with clear recommendations</p> <p>There is opportunity to participate in advisory council meetings for those workgroup members who are interested after workgroups end however, this is not mandatory like it for council members.</p> <p>Cleaning up palliative care survey</p> <p>Report due next year and what else do we want to accomplish (council continuation?)</p>		
<p>Upcoming Meeting</p>	<p>September 26, 2018 from 1:00-2:30 pm</p>		