State of Maine Palliative Care Advisory Council
July 21, 2017

Present: James VanKirk, Lauren Michalakes, Kandyce Powell, James(Greg)Burns, Bruce Condit (afternoon), Dennis Fitzgibbons (morning), Elizabeth Keene, Kevin Lewis (morning), Debra O'Neil, Hilary Schneider Scribe: Elizabeth Keene
Guests: Carla Tanguay, Zachary Levine (complementary medicine); Bill Primmerman and Alan Duplissis (rural access from Somerset County/Jackman); Ben Tucker (Senator King's office), Karen Staples (Congressman Poliquin's office )and Bethany Beausang (Congresswoman Chellie Pingree's office)

| Topic | Discussion | Follow up |
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| Welcome and Introductions 8:15 am | Jim welcomed the council and guest presenters. Representatives from our federal Congressional delegation arrived throughout the morning. | |
| Approval of minutes from last meeting | No comments | Minutes approved |
| Complementary and Alternative Medicine (CAM) | Carla Tanguay (music therapist) and Zachary Levine (acupuncturist) presented on complementary medicine and its integration with palliative care.<br><br>Lauren Michalakes introduced the session noting that at the recent pain conference it was noted that if we start using less opioids to treat pain, what else can be used? This presents an exciting opportunity for complementary medicine. How can we get it into the mainstream? How can practitioners get paid? (This area is not well reimbursed.)<br>She reviewed terminology:<br>-Alternative medicine refers to something in place of Western medicine<br>-Complementary medicine refers to something in conjunction with Western Medicine<br>-Integrative medicine is a developing sub-specialty<br><br>Lauren referred to recent articles in the Journal of Alternative and Complementary Medicine which indicate a growing evidence base. | |

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| | These therapies are mostly available in the outpatient setting and often patients pay out-of-pocket. There is good evidence that CAM can reduce depression and anxiety.<br><br>Jim Van Kirk noted that Eastern Maine Health System is hosting three oncologists from China and discussed some of the cultural biases around acupuncture and other CAM methods (which have been used for thousands of years.) A recent NY Times article called for health care to consider reimbursing for CAM in light of the changes in opioid prescribing. For more articles about the efficacy of CAM, see the Cochran database.<br><br>Carla Tanguay (Music Therapist):<br>Music therapy has been a profession for the past 50 years. Coursework for music therapists parallels that of medical students. (Occupational therapy has followed a similar course.) Currently 70 colleges offer a bachelor's degree in music therapy. In addition 1200 hours of clinical training is required, followed by national board certification and continuing education requirements for 100 hours every 5 years. It is not a technique; it is a profession whose tool is music. Music therapy focuses on integrating the whole person (physical, emotional, spiritual, social and cognitive) while using music to reach a non-musical goal.<br><br>Research on how music gets processed in the brain shows that our brains are hardwired more for music than for language. Music is processed in more areas of the brain than any other single activity (speech only uses one area of the brain.) Music can be used to help with gait problems as movements with music use different parts of the brain than simply walking. Music therapy fits very well with palliative care and hospice; it can stimulate those who can barely | |

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| | respond. It can help with pain management, respiratory comfort and managing agitation. Tempo and lyrics can be changed to match patient's breathing. Music can also invite people to explore memories or engage in life review. It was noted that scientifically music evokes memories better than almost any other cue. Music can be used even at extubations at end of life as part of a sacred ritual.<br><br>Music therapy focuses mostly on live music as the relationship with the therapist is a key to the therapy. (Music medicine uses music as an intervention-such as playing a CD but music therapy includes a therapeutic relationship to affect quality of life.)<br><br>Kandyce noted music is used at the prison and it creates a better atmosphere. Music therapy can be used for deaf or hard of hearing people (focus on vibrations or use of tactile instruments.)<br><br>Other settings for music therapy included the hospital (can eliminate the need for sedation for some procedures) and rehabilitation settings to help with stroke, speech and gait issues.<br><br>Challenges: Reimbursement is a challenge. Some private insurance does cover it on a case by case basis when it's ordered by a physician. Worker's compensation usually does cover it.<br><br>Kevin asked about how to govern utilization to focus on the best impact? An assessment and plan of care to ensure standards are being followed was the response.<br><br>Zachary Levine (Acupuncture)<br>Zac presented a brief background about the use of CAM and how Americans spend $30 billion out-of-pocket on CAM each year. This | |

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| | has helped shift the approach of medicine from disease-centered to healing-centered.<br><br>Acupuncture addresses the body, mind and emotions; its roots are in Chinese medicine. The underlying principle is that a single part can only be understood in relation to the whole; physiology and psychology are not separate.<br><br>He noted the increased rates of addiction and depression in our society which he relates to loneliness. Using Chinese medicine in Western healthcare settings can help to reduce costs and improve outcomes. It is patient-centered, convenient, and improves patient satisfaction.<br><br>He described work with veterans for chronic pain and how pain and anxiety were reduced and functionality was increased. He also works at the Dempsey Center for Cancer Care and noted that acupuncture can help with chemotherapy side effects, fatigue and stress. As with music therapy, the relationship with the practitioner is key. Acupuncture encourages the practitioner to treat towards the virtue, not the pathology.<br><br>Acupuncture is often referred for musculoskeletal issues and for chronic headaches, addiction, back pain and osteoarthritic knee pain. Employers who cover CAM find that employee morale and retention increase.<br><br>Acupuncturists must be licensed by a state board and a Master's degree is required. Physicians can provide acupuncture after a 300 hour course. | See attached hand-out |

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| | Challenges:<br>Insurance cover and reimbursement are challenges although Anthem, Aetna, Cigna and Harvard Pilgrim do reimburse; CMS does not.<br>There needs to be education about the benefits of acupuncture. | |
| Rural Access | Bill Primmerman and Alan Duplissis from the Greater Somerset County Public Health Collaborative presented on rural access to palliative care. Bill expressed appreciate to Kandyce for her work in the Jackman area and noted that while there is good health care provided from hospitals and federally qualified health centers (FQHC), the area does lack palliative care and hospice care. It is considered an "inland island" in reference to lack of access.<br><br>He noted the recent concern that their nursing home has closed and some residents were moved 200 miles away from family. Jackman is also losing its urgent care and ambulance service which is very stressful for the senior residents. They do have hospice volunteers but no medical hospice (hospice care is not available beyond Bingham.)<br><br>A community assessment indicated an aging population but issues common to rural areas such as lack of transportation, food insecurity and chronic medical conditions. The community is trying to think creatively and work concurrently with CMS and the state on their goal to be safe, healthy and happy. Senior gatherings occur across the service area and good community collaboration is making a positive impact.<br><br>He referred to current legislation about Rural Health Access to Hospice which would reimburse FQHCs in order to provide hospice | |

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| | services – similar to a waiver program.<br><br>Penobscot County Health Center (PCHC) has partnered with Jackman to provide services Monday-Friday but they cannot provide urgent care. The community tried for a grant to cover this but it was denied.<br><br>Senator King's office is working to help this community and Ben Tucker encouraged everyone present to think of their congressional delegation when facing community issues-"Think of us first; don't wait until you are out of options."<br><br>Kandyce mentioned the community based model in Alaska (Nuka) which is successfully providing care to its community. | |
| Opioid-Prescribing Law | Hilary provided an update on the opioid prescribing law. When the rule was published in January it provided an exemption for cancer and aftercare treatment but limited aftercare to 6 months post remission. The American Cancer Society (ACS) has worked to abolish the 6 month limit and recently it was decided to remove the time limit. Another revision was to remove the Prescription Monitoring Program (PMP) requirement for home hospice.<br><br>In follow-up to a question from the previous council meeting, it appears that the physician must check the PMP individually; it will not suffice for a person with the physician's group to check it. | |
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| Strategic Planning: Terms for Members | Hilary and Kandyce reviewed the history of this council from its inception after a bill was passed in 2015 and the first council meeting in January 2016. They reviewed the statute and the council's purpose: to improve quality and delivery of patient-centered and family-focused palliative care. Duties include: | |

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| | -Consult with and advise the Maine Center for Disease Control regarding palliative care<br>-Analyze palliative care being provided in the state of Maine<br>-Make recommendations to improve palliative care<br>-Submit a report about the work of the council<br><br>Other requirements:<br>-Hold at least 2 meetings per year<br>-Meetings to be open to the public<br>-if resources allow: provider consumer information and education, publish and maintain a website and offer other initiatives<br>[Ben Tucker recommended a facebook page rather than a website for wider reach]<br><br>Council member terms are for 3 years although some initial appointments were for 2 years so not all members' terms would expire at the same time. In case of vacancy, the appointing entity must place for 3 years.<br><br>Members shared their reasons for serving on the council. Themes included sharing our unique areas of expertise, creating a model for the state and the country, in our service, we find joy.<br><br>Upcoming term expirations:<br>Denise Needham (pharmacist)-Lauren Michalakes will reach out to her<br>Jason Whitney and Dennis Fitzgibbons-Deb O'Neil will reach out to them<br>Opening for Roland Joy (representative from Aroostook County and representative for seniors)-Suggestions included reaching out to AARP, Organization of Maine Nursing Executives (OMNE) and | Council does have a website and facebook page through the Maine Hospice Council grant; send information to populate this to Scott Fish: Scottfish44@gmail.com |

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| | Maine Partners for Nursing Education and Practice (MPNEP)<br>Peggy Belanger sent correspondence that she is retiring in December; the council welcomes her to continue to serve in her retirement (ACS CAN representative)<br>Discussed commitment of council members; share expectations and commitment with renewing or new members | |
| Strategic Planning | Hilary and Kandyce sent reflection questions and a framework for our discussion. The council would like to develop a work plan each year. ACS CAN is trying to get every state to form a council and New England is leading the way in establishing councils.<br><br>Ben Tucker shared that palliative care helps to bring back people's self-esteem at a time they need it most. He shared a quote:<br>"Wings on the angels in our lives show up on the backs of the most unlikely people."<br><br>Reviewed what has worked well (information gathering and panels) and what could be improved (how to have an impact, sparse attendance, need to create recommendations.) How can we capture/catalogue our work from the past 18 months? How can we best develop a report to DHHS and other bodies? How can we engage the Maine CDC?<br><br>Began a review of meetings to identify key learnings and challenges from each topic. Recommendations for our work plan:<br>-Create a pilot with insurance complies to expand palliative care (include reimbursement for CAM)<br>-Expand access to palliative care by exploring CMS wavier for rural health access and broadband access<br>-Education initiatives for the public and for primary palliative care providers | Lauren will lead work group on pilot with payers; Hilary will ask Annie Graham to join as well<br><br>Jim with lead workgroup on rural access with Kandyce and Greg<br><br>Deb will lead education workgroup with Elizabeth and |

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| | Each of the above might include potential legislation or regulations<br><br>Discussed how many meetings to have each year and how to accomplish our work through subcommittees or virtual meetings. Initial thoughts include having 2 day long meetings spring and fall and then do work in subcommittees but this is still open for discussion. Suggested communication to committee about a new phase of our work and encouraging commitment to this. | Greg<br><br>Jim Van Kirk will send an email to council members about commitment to the work of the council |
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| Next meeting | Conflict for next scheduled meeting (10/28/17)<br><br>Try for 10/12 or 10/26 | Doodle poll will be distributed for October<br><br>Agenda: Develop strategic work plan for next 18 months |
| Meeting adjourned | Jim adjourned the meeting at 4:00 pm | Respectfully submitted<br><br>Elizabeth Keene |