

Palliative Care and Quality of Life Interdisciplinary Council

October 30, 2020

9:00 AM -12:00 PM

Members in Attendance: Vanessa Little, Elizabeth Keene, Pam Brown, Terry Baker, Steve D’Amato, Myra Ross, Kirsten Skorpen, Kevin Lewis, Greg Burns

Convening member: Kandyce Powell

Guests:

Community and Provider Members: Melanie Feinberg, Hilary Schneider, Margaret Craven, Jane Conrad

Time	Topic	Discussion	Action Items/Outcome
9:00-9:15	Welcome and Introductions, updates and Membership review	<p>News shared that Jim Van Kirk will be leaving Maine. He is moving back to Virginia to develop palliative care in his home state. We will miss him, of course, but wish him well. This will leave a vacated position on the Advisory Council. In addition, there is also a vacancy for an individual representing the “over 55” cohort. Discussion followed about possible candidates to fill these appointments. Hilary offered to confirm AARP’s interest. The PC Advisory Council statute re appointments/reappointments needs to be reviewed</p> <p>Margaret gave an update of legislative activities. Due to COVID, no new legislation has been introduced. Margaret believes it would be appropriate to resubmit LD 1950, but the previous timeline has been delayed. She will keep us updated. It was also suggested that we take a look at LD 1950 and align it with the report we are working on.</p>	<p>Kandyce and Hilary will review statute. New candidates for new appointments to be explored. We need to follow up with AARP.</p> <p>Margaret to keep us updated regarding opportunity to resubmit bill or new legislation</p>

<p>9:15-10:45</p>	<p>Letter from HHS: Legislative Opportunity</p>	<p>Letter prepared by Lauren, as result of input from sub-committee was presented. Lauren’s comments were that the letter is long, almost 2000 words, and hopefully includes elements that were discussed as important, and that no critical items were excluded. This is the first draft, and merely represents an attempt to give people something concrete to respond to. There was conversation about formatting, editing, resources to include. The consensus was that it was reasonably written, easy to follow, and seems inclusive for this purpose.</p> <p>Conversation followed regarding summary and recommendations portion of the document. Kandyce provided much content and structure here. Others contributed. They include:</p> <ol style="list-style-type: none"> 1. Comprehensive Education Initiatives for consumers, patients, providers 2. Adoption of the national Consensus Guidelines for Quality 3. Suggestion for 3-year pilot project 4. Suggestions for policy changes as result of pilot project findings. 5. Recommend bundled payment model for comprehensive PC reimbursement. 6. Align/integrate into other value-based Medicaid initiatives where appropriate. 7. Funding to support the work of the Advisory Council. 	<p>Lauren, Elizabeth, Kandyce will continue to refine the document, including summary and recommendations suggested by Kandyce and others.</p> <p>People can send comments to Lauren, Kandyce and Elizabeth.</p> <p>We will share next version once comments reviewed and assimilated.</p>
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10:45-11:00	Break		
11:00-11:45	Legislative networking	<p>There was discussion about how to inform/educate legislators and stakeholders. There was a suggestion to create an “Executive Summary” with bulleted high points. This could serve as an introduction to the overall document, as well as a resource for members of Advisory Council to share with legislators and supporters.</p> <p>Margaret gave direction here. She did not see value in creating a stakeholder’s letter of support. That will be more appropriate when a bill is submitted.</p>	<p>Executive Summary document to be created as part of report to HHS. This can be used as talking points as we share with legislators.</p> <p>Margaret will keep us informed as to next steps for legislation.</p>
11:45	Schedule 2021 council meetings	All agree that quarterly meetings are reasonable and appropriate, although statute only requires 2/year. We will continue via ZOOM in the short term, and attempt in-person meetings when the conditions allow.	