

Palliative Care and Quality of Life Interdisciplinary Council

November 8, 2019

8:30 AM -4:00 PM

Members in Attendance: Elizabeth Keene, Lauren Michalakes, James VanKirk, Greg Burns, Terry Baker, Kirsten Skorpen, Myra Ross

Convening member: Kandyce Powell

Guests: Melanie Feinberg, Rebecca Pearce, Margaret Craven, Aysha Sheikh

Community and Provider Members: Jane Conrad, Vanessa Little, Hilary Schneider

Time	Topic	Discussion	Action Items/Outcome
8:30-8:50	Welcome and Introductions	We have guests from the House of Representatives, Maine CDC, the Maine Cancer Foundation and the community	Sign in sheets distributed.
8:50-9:45	1. Membership a. Confirmed 2019 Appointments b. Resignations c. Nominations 2. Responsibilities and expectations	Elizabeth and Kandyce reviewed the Statute and memberships under the law. We have had 3 recent resignations that will need to be filled.  Role and responsibilities of the Advisory Council discussed. We reviewed statute and conversation evolved to explore the balance between advising and doing important work. There is a balance here. It will take a fully	Lauren, Elizabeth and Kandyce will consider potential candidates for vacancies on the Advisory Council. We will contact AARP and Maine Primary Care Association to explore the candidates discussed.

		<p>engaged Advisory Council to move an aggressive agenda forward.</p> <p>Candidates from AARP and the Maine Primary Care Association were discussed.</p>	
9:45-10:45	<p>Legislative Updates:</p> <ol style="list-style-type: none"> <li>1. PCHETA- Hilary</li> <li>2. State Support – Rep. Margaret Craven</li> </ol>	<ol style="list-style-type: none"> <li>1. Hilary reported that PCHETA (H.R. 647) has passed in the US House of Representatives. It is now headed for the Senate. Copy of the House bill attached. Congress is busy and distracted, but hopefully the Senate will also pass. We discussed what effect this might have on our state. Hilary explained that UNE, with Medical, Social Work and Pharmacy Schools might actually qualify as a Palliative Care Center of Excellence. She also explained that we might actually qualify for some funds to support community education. More to follow.</li> <li>2. Hilary presented the role that ACS CAN had in the writing of initial legislation that established the Advisory Councils in our State and others. Further they are considering what Palliative Care 2.0 will look like. It is possible it will include PCHETA-like State initiatives, possibly palliative care ECHO. More to follow.</li> <li>3. Rep Margaret Craven described legislation that she has submitted to support payment for palliative care under MaineCare, which was declined by</li> </ol>	<ol style="list-style-type: none"> <li>1. Information shared</li> <li>2. We will work with Margaret Craven as she crafts future legislation on behalf of palliative care.</li> </ol>

		Legislative Council for introduction in the 2020 legislative session. She will appeal, and would appreciate assistance with language to make this attempt more successful.	
10:45-11:00	Break		
11:00-12:00	<p>Initiative Update</p> <ol style="list-style-type: none"> <li>1. Project ECHO</li> <li>2. Payer</li> <li>3. Pediatrics</li> </ol>	<ol style="list-style-type: none"> <li>1. Project ECHO reviewed and discussed. This has been a very successful initiative thus far. We have an average of 34 participants per ECHO, as many as 40. Cumulated post-session surveys and end-of-year-surveys briefly discussed. Poster to be presented at CAPC National Seminar later this month. There is much energy about this initiative, and the Council is very appreciative of MaineHealth's contribution.</li> <li>2. Brief discussion of Pediatrics provided by Greg Burns. A recent retiree from Boston Children's PACT program is adding to the energy and initiative throughout the State. Dr. Allison Caldwell, at MMC, is also a tremendous resource to all of us. Dr. Christine Bennet, of Intermed, is also taking this on in her pediatric group, through Maine Med and elsewhere. There is an interest in a Pediatric Palliative Care ECHO. More to follow.</li> </ol>	<ol style="list-style-type: none"> <li>1. Information shared on all items</li> </ol>

		<p>3. Lauren described the activities and conversations that involve a payer-provider relationships in palliative care. One of the biggest barriers to the development of palliative care is the lack of reliable and sustainable reimbursement. A project between a payer and a provider of team-based palliative care would certainly result in outcomes of improved quality outcomes for patient and family, and desirable outcomes for the payer. Kevin and Lauren have engaged in discussions. The project is a bit on hold due to Lauren’s staffing challenges, as well as some leadership changes at CHO. More conversations followed that there might be opportunities to expand this concept.</p>	
12:00-1:00	Lunch		
1:00-2:30	CDC Comprehensive Cancer Plan – Palliative Care Goal Setting	<p>Aysha Sheikh, of the Maine Cancer Foundation, presented the work of Maine’s Impact Cancer Network and their relationship to the CDC. The CDC is required to create Statewide Comprehensive Cancer Plans every 5 years. Maine’s Impact Cancer Network is contracted to create that plan.</p> <p>Palliative and EOL Care are strategic priorities within the overall Comprehensive Cancer Plan. Lauren and Kandyce are part of</p>	<p>1. Aysha will integrate comments and suggestions of this conversation into an updated draft of Palliative Care goals, objectives and strategies. She will circulate copies of draft for more comment and discussion. Members of the Advisory Council should feel free to reach out to Aysha with questions or comments.</p>

		<p>the planning committee for the Cancer Plan to help create Palliative Care and EOL strategic priorities. This agenda item was specifically designed to explore interest in bringing together these two entities, under legislation, to communicate and report on behalf of patients with life-limiting illnesses, including cancer.</p> <p>Aysha described and presented the present version of goals, objectives, strategies and targets. She requested feedback from this group of palliative care experts and stakeholders. See attached agenda and documents provided by Aysha regarding this segment of the agenda.</p> <p>This group provided much discussion regarding her presented goals, objectives and strategies. Aysha will take this rich discussion and input back to the palliative care planning committee and insert this discussion into the draft palliative care plan, as deemed appropriate by the process described in her presentation, and relationship with the CDC.</p>	
2:30-2:45	Break		
2:45-3:30	<p>Initiative Update (cont)</p> <ol style="list-style-type: none"> <li>1. Rural Palliative Care</li> </ol>	<ol style="list-style-type: none"> <li>1. With regard to rural palliative care, it was acknowledged that that Kandyce and Bill Primmerman have done a great deal of work in Somerset County to</li> </ol>	<ol style="list-style-type: none"> <li>1. Information provided</li> <li>2. Hilary is willing to help advisory council members introduce the concept of a State</li> </ol>

	<p>2. Community Education</p>	<p>address the lack of broadband, health access, EOL and hospice care. Many challenges remain. Lauren drew attention to a paper that was circulated (and attached) describing a palliative care initiative that took place in rural Minnesota communities. The article described concrete initiatives and outcomes. Perhaps the state of Maine, through the Advisory Council could replicate the approach described in the article. Perhaps we could reach out to critical access and rural regions in order to educate and inform, complete needs assessments and explore goals for each region. The Maine Palliative Care Community/Initiative might be a resource to share common practices, challenges and successes. This might result in more programs, and more support in rural regions. Technology would likely be a factor in program and care development. ECHO and Telemedicine are critical tools for both education and care delivery. Hilary suggested that this might be something that a funder, like MeHAF would be interested in funding.</p> <p>2. There is a continued interest in public education about palliative care using social media. There was an application</p>	<p>wide Rural Palliative Care Initiative to MeHAF. We are happy to engage.</p> <p>3. Kandyce to re-visit her original presentation to MeHAF, regarding social media funding. The Council is supportive and willing to help reframe the exploration with MeHAF.</p>
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		to MeHAF for a discretionary grant that was declined. But it is certainly appropriate to re-address and re-submit,	
3:15-4:00	<ol style="list-style-type: none"> <li>1. Final comments from Council Members</li> <li>2. Comments from Guests, Public:</li> <li>3. Next steps:</li> <li>4. Next meeting:</li> </ol>	<p>This was an energetic and engaged meeting. We look forward to the initiatives described.</p> <p>Proposed meetings dates for 2020:</p> <p>January 31, 2020  April 17, 2020  July 24, 2020  October 23, 2020</p>	<ol style="list-style-type: none"> <li>1. Final comments reflect commitments to move forward.</li> <li>2. We will circulate minutes</li> <li>3. Feel free to communicate with members of Advisory Council leaders regarding comments, questions, and potential goals for this Council.</li> <li>4. Elizabeth will poll the group for the 2020 meeting dates.</li> </ol>