

State of Maine Palliative Care and Quality of Life Advisory Council Meeting Minutes October 26, 2017

State of Maine Palliative Care Advisory Council
October 26, 2017

Present: James VanKirk, Lauren Michalakes, Kandyce Powell, James(Greg)Burns, Jason Whitney, Kolawole Bankole, Bruce Condit (afternoon), Elizabeth Keene, Kevin Lewis (morning), Peggy Belanger, Hilary Schneider Scribe: Elizabeth Keene
Guests: Christine Grundy, UNE intern at CHANS and Maine Hospice Council

Topic	Discussion	Follow up
Welcome and Introductions 8:15 am	Jim welcomed the council and introduced guest Christine Grundy, a UNE social work intern at CHANS and the Maine Hospice Council.	
Approval of minutes from last meeting	No comments	Minutes approved
Council Composition for 2018	<p>Reviewed council membership requirements and term limits. Several council members' terms will expire in December 2017. Deb O'Neil submitted a letter of resignation effective immediately. Discussed possible recommendations for replacements:</p> <p>Greg Burns-term expiring-plans to renew Jason Whitney-term expiring-plans to renew Dennis Fitzgibbons-term expiring Denise Needham (pharmacy)-vacant Roland Joy (people over 55/Aroostook County)-vacant Deb O'Neil-resigned</p> <p>Hilary has original recommendation letters that were sent to appointing authorities; she will make these available to Jim Van Kirk to use as a template for our recommendations.</p> <p>Three names were suggested for the vacant seats; Jim will contact Dennis Fitzgibbons about his interest in renewing his service.</p> <p>The council expresses gratitude to Deb O'Neil for her service on the council the past 2 years; she provided valuable insights and expertise.</p>	Jim, Kandyce and Hilary will invite people who were suggested as new council members and Jim will then send recommendation letters to appropriate appointing authorities.
Council Leadership	Jim suggested that council leadership be rotated among interested	

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	<p>members and that the format be modified to a model of co-chairs. Lauren Michalakes expressed interest in serving as co-chair to replace Jim Van Kirk. Council voted to have Lauren Michalakes and Elizabeth Keene serve as co-chairs.</p>	
<p>Updates</p>	<p>Council members shared updates from their respective areas:</p> <ul style="list-style-type: none"> -Kandyce reported that the Maine Hospice Council is having their annual conference at Togus on 11/3/17 entitled “Chronic and End Stage Liver Disease” in the Togus Theater Building #210. On 12/5 the holiday educational event will be held at the prison on “Healing: The Restorative Power of Love.” POLST trainings are available; a reminder that there is a need for on-going education as staff turn-over. Kandyce also reported that she is going to Scotland in November to offer 5 presentations about the palliative care in prison work she has been doing. -Peggy reported that the American Cancer Society Cancer Action Network (ACS CAN) is preparing for the next legislative session. All Maine delegates support the palliative care legislation at the federal level. SMHC is experiencing increased palliative care consultations especially since they embedded the “surprise” question in assessments. They also use the Mitchell Mortality Risk Scale. -Greg reported that Maine Medical Center now has a pediatric palliative care physician. Discussed the use of telehealth as a tool for providing palliative care in rural areas although there continue to be reimbursement issues. Greg also reported that Maine is one of the few states where infant/maternal mortality rates are rising. The Maternal Child Health program in the state no longer provides home visits to the general population which could be a contributing factor. -Bankole noted that if the President designates the opioid epidemic as a public health emergency, more funding may become available. He reported that Portland is now offering a day shelter, in addition to 	

	<p>overnight shelters.</p> <ul style="list-style-type: none">-Jim presented the concern that opioids may be entering the community through home hospice patients whose medications are not properly disposed of after the patient dies. Discussed previous efforts by the Maine Hospice Council to set up standards on medication disposal. A successful pilot mail-back program seemed promising but there was no funding after the pilot. How do we prioritize the money we do have to implement evidence-based interventions? Jim also noted that the ACO in the Bangor area supports palliative care as a quality improving and cost saving measure.-Elizabeth noted that Physician-Assisted Suicide (PAS) may be broached again as a referendum in the state of Maine. She reported on the Lewiston area coalition for palliative care and a consistent framework for advance care planning conversations.-Kevin discussed the need for updated language around palliative care/hospice services in insurance coverage.-Jason reported that Riverview is awaiting news about CMS funding and discussed the use of complementary and alternative medicine treatments.-Lauren reported on mergers happening across the MaineHealth system. She also reported on the Davis Family Foundation grant for education around Serious Illness Conversations.-Hilary reported on a recent session with government relations directors in the ACS CAN. Discussed the upcoming vote on MaineCare expansion and the legislative task force on opioid addiction which is focused largely on treatment and addiction. She also noted that the Maine Cancer Foundation has grant funding for patient navigators.-Nationally, Kandyce brought a few items to our attention:<ul style="list-style-type: none">-There is federal legislation for funding physicians for hospice medical coverage.	
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	<p>-The Patient Choice and Quality Care Act also relates to palliative care (including POLST.)</p> <p>-There is controversy over a volunteer program for medical hospice that has never been part of CMS and is seen by other Medicare certified programs as “unfair competition.”</p> <p>-The South Central Foundation from Alaska has a successful community based program and some representatives from this program will be in Maine to present on the model.</p>	
Subcommittee Groups	<p>The council reviewed its work since inception-we gathered information on the state of palliative care in Maine, identified needs from vulnerable populations and identified gaps. The next task is to prioritize and address these needs. Three areas have arisen as initial focus areas: education, access to care and finding a way to pay for palliative care. What can we do as a council? What recommendations can we make? Divided into 3 subcommittees to explore these focus areas.</p> <p>Rural access: Kandyce, Jim</p> <p>Education: Greg, Elizabeth, Bankole, Jason</p> <p>Pilot with payers: Lauren, Kevin, Peggy, Hilary (for Annie Graham)</p>	How can we include people in our workgroups who aren't on the council but would have expertise or an interest?
Subcommittee Reports	<p>Each subcommittee reported on their initial meeting:</p> <p>-Rural Access 1. Need for broadband access or telehealth Continue working with Senator King's office; can satellite be used instead of broadband?</p> <p>2. Possible recommendation: certify extenders to be legitimate providers (Nurse Practitioners and Physician Assistants)</p> <p>3. Explore viable community health plans who use creative ways to ensure rural access (such as South Central Alaska Foundation) This subgroup would like additional members.</p> <p>-Payer Group 1. Focus on high cost utilizers and payer-provider relationships. Payers (and even providers) are not always clear on the</p>	<p>-Hilary will connect this subgroup to people from the state initiative for broadband access and/or Coastal Enterprises, Inc.</p> <p>-Those who did not attend the 10/26 meeting-please indicate your interest for a subcommittee to Elizabeth or Lauren.</p>

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	<p>definition of palliative care.</p> <ol style="list-style-type: none"> 2. Partner with specialty organizations who can help increase awareness (who have incorporated early introduction of palliative care into care plan.) 3. Work with ACOs to focus on specific diseases 4. Gather results from studies about cost savings, increased patient satisfaction and better health outcomes <p>Education</p> <ol style="list-style-type: none"> 1. Educate the public on the work of this council 2. Education for community and providers-Palliative Care “211” type of resource? 3. Use social media as a strategy (perhaps engage a media outlet as a partner for this); list data and resources on website 4. Education in academic centers (nursing, medical school, social work) and utilize palliative care fellows to help educate residents and interns <p>Discussion: What are other state councils doing? How to have paradigm shift away from death-denying culture? What priorities will we establish for 2018?</p> <p>Hilary noted that most state palliative care councils are housed in the state public health department but in Maine, we are convened through the Maine Hospice Council. Hilary noted that if federal legislation on palliative care (PCHETA) passes, there will be a national public education campaign about palliative care.</p>	<p>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</p>
Work plan for 2018	<p>Discussed framework for workplan in 2018. Are our 3 subcommittees comprehensive? What else might arise as a priority? Hilary encouraged us to think about prioritizing the populations we are trying to educate-how do they get information? Who are their</p>	

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	<p>trusted messengers on health? (Nurses, individual doctors, organizations like ACS) Can we connect our message to an established time (such as November for National Hospice and Palliative Care Month)? Can we connect provider education to existing sessions such as conferences or professional newsletters?</p> <p>Additional considerations:</p> <ol style="list-style-type: none"> 1. Add a fourth subgroup for pediatrics (Greg) 2. Distill what we learned from the presentations on vulnerable populations to key considerations for our workplan (Kandyce) 3. Identify trends in state politics, medical culture such as nursing shortage and possible referendum on PAS <p>Operationalizing work groups:</p> <ul style="list-style-type: none"> -Convener may utilize conference calls -Use part of quarterly meetings for work groups -Define goals/objectives/meetings -Distribute work group minutes to council 	<p>Work group conveners: Please define goals/objectives and meetings for 2018</p>
Annual Report	<p>The annual report on the work of the council is due by 12/31/17</p> <p>Consider using the report for public education or media tour</p>	<p>Kandyce will work on the report using minutes of 2017 meetings</p>
2018 meetings	<p>Set tentative meeting dates for 2018</p> <ul style="list-style-type: none"> -Continue on fourth Fridays <p>January 26, April 27, July 27, October 26</p>	
Meeting adjourned	<p>Jim adjourned the meeting at 3:40 pm</p>	<p>Respectfully submitted</p> <p>Elizabeth Keene</p>