

State of Maine Palliative Care Advisory Council

April 26, 2019

Present: Lauren Michalakes, Elizabeth Keene, Lauren Michalakes, James (Greg) Burns, Steve D’Amato, Kandyce Powell, Jim VanKirk, Hilary Schneider, Kevin Lewis, Myra Ross, Kirsten, Terry Baker, Kolawole Bankole, Kirsten Skorpen

Guests: Jeff Aalberg, Jane Conrad

Topic	Discussion	Follow up
Welcome and Introductions	Welcoming remarks by co-chair Elizabeth Keene	
Approval of minutes from last meeting		
<b>Update on Council Membership</b>	<p><b>Kandyce Powell</b> has been working with Senate Majority leaders to facilitate process of approval of nominations to Council.</p> <p>This has been successful and most members are now approved.</p>	
<b>Legislation impacting Palliative Care</b>	<p><b>Kandyce Powell</b> —provided information on five bills pending before the legislature regarding <b>drug pricing</b>. The HHS Committee is hearing testimony on LD 1162, LD 1272, LD 1387 and LD1499.</p> <p>Kevin Lewis and Steve D’Amato provided their perspectives on the pending legislation and challenges of ensuring that the benefits of regulation benefit consumers, rather than pharmacy benefit managers or manufacturers.</p> <p>Hillary Schneider reported that the <b>Palliative Care Hospice Education and Training Act</b> has been introduced in Congress again this legislative session. She is more optimistic about its passage this year. The entire Maine delegation has supported this bill.</p> <p>There was a lengthy discussion about pending legislation on <b>physician-assisted dying</b>.</p>	

	<p>There was discussion regarding whether the Advisory Council should take a position, at this point. The hospice Council, hospice communities, as a whole, including the NHPCO, traditionally take positions against. Yet the AAHPM and MMA have preferred to stay neutral, but informed.</p> <p>The consensus was to use the Death With Dignity option to educate the public about palliative care and highlight the need for access to quality palliative and hospice care throughout Maine. The Council's survey indicated that services are not available in many areas, particularly out of hospital settings. Public policy should support adequate end-of-life care.</p> <p>The HHS Committee work session on physician-assisted dying is at 1 p.m. on May 1. The Committee will hear testimony from the public at that time, which unfortunately conflicts with the Pain Symposium.</p> <p><b>Public Policy Advocacy</b></p> <p>Dr. Michalakes stated that the discussion reinforces the notion that the Council should assume a more public advocacy role. She recently circulated the 4<sup>th</sup> Edition of the Clinical Practice Guidelines from the National Coalition for Hospice and Palliative Care.. Both providers and the community, as a whole needs to be aware of the availability of high quality palliative care for patients in need.</p> <p>There was a suggestion that the Council should support a broad range of advance care planning and communication around the goals of patients with serious illnesses.</p> <p>Dr. VanKirk pointed out that it is true that there are only a limited number of specialty-licensed palliative care physicians in our state, but Serious Illness Conversation training and Project ECHO learning collaborations can support and educate primary care and other specialty physicians who are providing palliative care. We should educate the HHS</p>	
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	<p>Committee on these efforts, which can increase the availability of quality care.</p> <p>Ms. Powell will invite the Acting Director (or new Director, if one is appointed by then) of the CDC to an upcoming meeting. When appropriate, she will invite the Commissioner of HHS, as well.</p>	
<p><b>Telehealth Discussion with T. Morris, aide to Senator Angus King</b></p>	<p>Mr. Morris circulated Senator King’s proposed roadmap and legislation designed to improve broadband throughout Maine, which would improve access to telemedicine. The Council then provided information to Mr. Morris about a number of telehealth efforts.</p> <p>While at MaineHealth, Dr. Aalberg led a telemedicine program by which COPD patients in rural Maine were able to be seen and treated by pulmonary specialists in Portland through virtual visits. The program was supported by a grant from Harvard Pilgrim and was highly successful. Challenges included billing and different electronic record systems.</p> <p>Dr. Ross reported that she used telemedicine regularly when she worked at the VA. It was noted that the reimbursement and e-record challenges do not exist with the VA.</p> <p>Greg Burns noted that he has provided telehealth nursing visits, although these are not reimbursed. Northern Light and MaineHealth Care at Home provide monitoring of vital signs through telehealth.</p> <p>Dr. Michalakes stated that it is her understanding that she will be able to bill for virtual visits starting in 2020.</p> <p>Clearly, the fact that there is very little reimbursement for telehealth is impeding access to service. If Medicaid and Medicare covered telemedicine visits, it would reduce costs and improve patient care.</p>	

	<p>Project ECHO is another telehealth tool. It is a platform created by a physician at the University of New Mexico for the purpose of increasing access to patients in rural New Mexico to services. Through this program, patient waiting times were reduced from nine months to three weeks.</p> <p>Dr. Lauren Michalakes serves as the “hub” for the palliative care Project ECHO, which is open to providers from throughout Maine from any health system. Once a month, there is an hour-long session consisting of a didactic educational presentation on a topic such as pain management, then a discussion of a challenging case so that providers can share information and ideas.</p> <p>The palliative care ECHO typically has 34-38 participants from all over the state, due in part to the fact that individuals from this Council have promoted its benefits. Although many participants are currently specialists trained in palliative care, the goal is to share expertise with primary care physicians and other specialists who provide palliative care as well. Through this technological platform, practitioners are building a network and expertise that will improve care throughout the state.</p> <p>Mr. Morris stated that Senator King has a new health policy staff person, Megan DeKamp. The Council stated that it would be wonderful if Senator King could attend a meeting of this Council.</p>	
<p><b>Rural Access</b></p>	<p><b>Kandyce Powell</b> reported on these efforts since Bill Primmerman was unable to be here. The group in Jackman continues to work on a program to provide end-of-life care there. Additional partners are needed to improve health care access in that remote area.</p> <p>Governor Mills’ administration is making broadband internet more available a priority.</p>	<p>Ms. Powell will approach timber companies as possible partners to support health care in rural Maine.</p>



<p><b>PROJECT ECHO</b></p>	<p>patients have had to meet hospice criteria for providers to be reimbursed using the hospice benefit, thereby excluding payment for palliative care.</p> <p>Dr. Michalakes stated that the July 2019 Project ECHO topic will focus on pediatric palliative care.</p> <p>As above, ECHO is becoming a successful initiative for spreading palliative care information and skills to rural parts of the state. Due in large part to this council, many providers throughout the state are now aware of this opportunity for learning and collaboration. Anyone interested in participating should email Lauren Michalakes so that they can be connected through Rita Ready at MaineHealth.</p> <p>Dr. Michalakes has the curriculum set for all monthly 2019 programs.</p>	<p>covers concurrent care</p> <p>Ms. Schneider will connect with Greg Burns and L. Michalakes to promote attendance at this ECHO session with the American Academy of Pediatrics Maine chapter</p>
<p><b>PILOT PAYMENT PROJECT</b></p>	<p>Dr. Michalakes described the pilot project she and Kevin Lewis are hoping to develop, as an example of collaboration between a palliative care team with a payer. This program would rely on meaningful advance care planning conversations, careful care planning and symptom management. The goal is to demonstrate higher quality care, at a lower cost by decreasing unwanted ED visits and hospital days. Dr. Michalakes is still working with her leadership in establishing the optimal staffing model.</p>	<p>Dr. Michalakes and Kevin Lewis will keep us informed on their progress.</p>

**NEXT MEETING IS TENTATIVELY  
SCHEDULED FOR JULY 26, 2019.**

It was agreed that an interim conference call would be useful.

Meeting adjourned at 3:15 p.m.

Scribe: Jane Conrad

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