

Palliative Care and Quality of Life Interdisciplinary Council

January 31, 2020

8:30 AM -4:00 PM

Members in Attendance: Elizabeth Keene, Lauren Michalakes, James VanKirk, Greg Burns, Terry Baker, Kirsten Skorpen, Myra Ross, Kevin Lewis, Pam Brown, Marge Kilkelly (representing Maine Primary Care Association), John Seksay (AARP)

Convening member: Kandyce Powell

Guests: Melanie Feinberg, Margaret Craven, Kitty Purington (call),

Community and Provider Members: Lori Dyer, Karen Flynn, Jessica Clark

Time	Topic	Discussion	Action Items/Outcome
8:30-8:50	Welcome and Introductions		Sign in sheets distributed.
8:50-9:30	1. Membership a. Confirmed 2019 Appointments b. Resignations c. Nominations 2. Responsibilities and expectations	We now have all members identified. Pam Brown now has her confirmation letter, as does Myra Ross.  John Seksay, a volunteer with AARP is in attendance, waiting for confirmation Marge Killkelly us in attendance, filling in for Sarah Morrill, of the Maine Primary Care Association  We discussed the goal to engage all members of the Advisory Council in ongoing conversations and initiatives	Information shared

<p>9:30-10:15</p>	<p>Legislative Updates:</p> <ol style="list-style-type: none"> <li>1. PCHETA- Hilary</li> <li>2. State Support – LD 1950Rep. Margaret Craven</li> </ol>	<ol style="list-style-type: none"> <li>1. No new information on PCHETA, things appear to be on hold at present</li> <li>2. LD 1950 discussed. Impressions of Public Hearing discussed. There seemed to be lack of clarity, as to what palliative care is. Some “push back,” some saying that palliative care is already paid for. Apparently what people might have been referring to were the Advance Care Planning billing codes, which allows providers to bill for their time to have goals of care conversations. This does not represent the full interdisciplinary-delivered palliative care endorsed by the NQF. If this legislation is to move forward, we will need to advocate and educate by sending testimony to the Health and Human Services Committee, and through the Work Session. It is unclear when that will happen, likely within 2 weeks.</li> </ol>	<ol style="list-style-type: none"> <li>1. Information shared</li> <li>2. We will work with Margaret Craven as she continues to push LD 1950 forward.</li> </ol>
<p>1015-10:45</p>	<p>State wide palliative care conference</p> <ol style="list-style-type: none"> <li>1. Potential Funding from Maine Cancer Foundation</li> <li>2. Identify a planning committee</li> </ol>	<p>The Maine Cancer Foundation/Maine Cancer Coalition/Maine Impact Cancer Network attended last meeting and allowed us to take part in discussions regarding the Palliative Care Objectives to be included in Maine’s Comprehensive Cancer Plan. This led to a suggestion that a state wide conference in palliative care would be a wonderful opportunity to continue to expand our work, bring us together. The Maine Cancer Foundation is interested in having the Advisory Council submit a Grant Application in order to support a Palliative Care Conference that focuses on Cancer.</p> <p>Kandyce is working with Aysha Sheikh of the MCF to complete the application.</p>	<p>Kandyce will organize a conference call for those interested in taking part of the planning process.</p> <p>Kandyce and Jessica will work on the Grant application to MCF.</p>

		There was then a discussion about identifying a planning committee in order to organize the event. Council members who volunteered include Greg Burns, Myra Ross, Terry Baker, Kirsten Skorpen, and Jim VanKirk. Community member from Androscoggin Home Health and Hospice also expressed an interest.	
10:45-11:00	Break		
11:00-12:00	National Academy of State Health Policy (NASHP) – report on palliative care initiatives	Kitty Purington, joined us remotely and shared NASHP’s work on State Policy work regarding Palliative Care. A Power Point presentation was shared, and discussion followed. The group was left with a better understanding of what other states and where the successes and challenges lie. This helped inform the group regarding reasonable and realistic goals for our group.	Information shared. See Power Point
12:00-1:00	Lunch		
1:00-1:30	Update from Margaret Craven	Margaret joined us after lunch to provide update on LD 1950. Some challenges were identified, based on the public hearing. We can be most helpful by trying to support a better understanding among the HHS Committee members regarding palliative care, both in definition and scope.  We also need a voice at the Work Session. Apparently there was a request from the Chairs of the HHS Committee that physicians be present.	<ol style="list-style-type: none"> <li>1. Physicians on the Advisory Council will try to attend the work session for LD 1950</li> <li>2. Other members of the Advisory Council should submit testimony to the HHS Committee to try to align member understanding of palliative care barriers and issues with what can be achieved with this legislation</li> </ol>
1:30-2:30		Kandyce, Lauren and Elizabeth met with Frank Martinez Nocito, Program Officer for MeHAF regarding the possibility of securing funding for a new round of grants called SIIRG, Systems	Kandyce will try to attend one of the informational sessions.

		<p>(Improvement and Innovation Responsive Grants) to support a state-wide rural palliative care initiative. There seems to be synergy here with regard to trying to improve access to palliative care in rural areas of Maine.</p> <p>Frank shared with us the timeline and deadlines. LOI funding opportunity is apparently due to be posted on Feb 4, with informational sessions scheduled. LOI is due on March 5.</p> <p>This was discussed as a potential opportunity for the Advisory Council to explore.</p>	<p>We will further discuss the possibility of creating a State-wide palliative care initiative.</p>
1:30-2:30	CDC Comprehensive Cancer Plan: Melanie Feinberg	<p>Melanie provided an update on the overall Comprehensive Cancer Plan, and the specific objective regarding Palliative Care. Recall at our last meeting we provided input and discussion about what this should look like, from the perspective of our Advisory Council. This is a great collaborative opportunity.</p>	<p>Information shared. See Power Point.</p> <p>We are grateful for this collaborative opportunity with the CDC.</p>
2:30-2:45	Break		
2:45-3:30	<p>Initiative Update Rural Palliative Care</p> <ol style="list-style-type: none"> <li>1. Rural Access</li> <li>2. Pediatrics</li> <li>3. Project ECHO</li> <li>4. Community Education</li> </ol>	<p>See above regarding Rural Access</p> <p>Greg Burns shared updates on our pediatric palliative care initiative including DAISY (Discussions Around Serious Illness.) Plans are underway for statewide education and there is strong interest from providers throughout the state.</p> <p>Project ECHO continues to grow in participation and support for providers hoping to expand their expertise in the care of patient with serious illness. Our average participation is 35-40, far above the national average.</p>	<p>Information shared.</p> <p>Greg will invite Dr. Christine Bennett and Janet Duncan to the April council meeting to discuss pediatric palliative care.</p>

		Community education: Needs further discussion. We would need financial support to proceed.	
	<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>	Good meeting. Lots of information shared. We will stay in touch!	Next meeting April 17, 2020 at the Maine State Library Author's Room