The Palliative Care Interdisciplinary Advisory Council  
FINAL DRAFT Meeting #17 Meeting Minutes  
Tuesday, February 25, 2020  
10:07 a.m.  

Health and Human Services Commission  
Brown-Heatly Building  
Public Hearing Room  
4900 North Lamar Boulevard  
Austin, Texas 78751

Agenda Item 1: Welcome and introductions
The Palliative Care Interdisciplinary Advisory Council (PCIAC) meeting was called to order at 10:07 a.m. by Dr. Larry Driver, Chair. Dr. Larry Driver, Chair, welcomed everyone to the meeting. Council members introduced themselves.

Mr. John Chacón, HHSC Advisory Committee Coordination Office (ACCO) conducted a roll call and noted that a quorum was present.

Mr. Jimmy Blanton, Health and Human Services Commission (HHSC), provided an overview of the objectives for the meeting.

Table 1 notes Council member attendance.

Table 1: The Palliative Care Interdisciplinary Advisory Council member attendance at the Tuesday, February 25, 2020 meeting.

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<tr>
<th>MEMBER NAME</th>
<th>YES</th>
<th>NO</th>
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<td>Allmon, Jennifer Carr</td>
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<td>Jones, Nathan Jr. RPh</td>
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<td>Christensen, Bruce DHSc</td>
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<td>Madisetti-Vemireddy, Bhavani</td>
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<td>Driver, Larry MD</td>
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<td>Fenter, Jerry MD</td>
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Yes: Indicates attended the meeting  
No: Indicates did not attend the meeting  
P: Indicates phone conference call

Agenda Item 2: Approve minutes from February 27, 2019, and November 5, 2019, meetings
Dr. Larry Driver, Chair, asked for members to review the meeting minutes and if there was any changes or edits. He then called for a motion to approve the minutes of the February 27, 2019, and November 5, 2019, meetings.

Motion: Dr. Mike Roger Ragain moved to approve the minutes of the February 27, 2019, and November 5, 2019, meetings as presented. Dr. Robert Fine seconded the motion. By voice vote and roll call vote for members in the phone, with eleven yeas’, no nays, one abstention, the motion passed.
Agenda Item 3: Update on PCIAC New Member Appointment Process
Mr. Jimmy Blanton, HHSC, provided an update on the PCIAC New Member Appointment Process. The following are highlights from the update:

- Mr. Jimmy Blanton stated that Outgoing Members are:
  - Bruce Christensen
  - Larry Driver
  - Erin Perez
  - Hattie Henderson
  - Craig Hurwitz
  - Barbara Jones
  - Nat Jones
- Outgoing members are eligible for another term. The selection process and timeline is as follows:
  1. Applications should open around the end of February
  2. One-month application deadline
  3. Hope to have new members by the next CE Event on November 2020

Agenda Item 4: Presentation: Compassionate Use Program
Mr. Jason D. Hester, Assistant Chief of Texas Department of Public Safety in the Regulatory Services Division, provided a presentation on the Compassionate Use Program and referenced a PowerPoint entitled “Texas Department of Public Safety – Compassionate Use Program” slides #7 - #15 from the “Palliative Care Interdisciplinary Advisory Council (PCIAC) February 25, 2020” PowerPoint. Mr. Morris Denton, CEO of Compassionate Cultivation, Mr. Jason Hamilton, Compassionate Cultivation, and Ms. Kelley Roland, Compassionate Cultivation, provided a presentation on how Compassionate Cultivation follows the regulatory requirements of the Compassionate Use Program and referenced a PowerPoint entitled “Compassionate Cultivation”. Dr. Nathan Jones, Clinical Compounding Pharmacist, provided a presentation prescription cannabidiol options and how this complies with the Compassionate Use Program. Dr. Robert Fine, facilitated a Q&A panel discussion with Mr. Denton, Mr. Hamilton, Ms. Roland, and Dr. Jones. The following are highlights from the presentation:

Compassionate Use Program:

- Mr. Jason Hester stated that there were about 890,000 potential patients eligible and just over 1,300 patients are active in the program. There are three licensed dispensaries in Texas.
- Dr. Larry Driver, Chair, asked what has been done for outreach and public education and Mr. Hester stated that there was no funding for outreach but that there are FAQs on the DPS website. Dr. Driver, Chair, stated that he hopes to see funding for outreach made available.
- Dr. Robert Fine asked about subspecialists that are registered and Mr. Hester stated that some physicians have multiple certifications. They do not have that data immediately available.
- Dr. Fine asked how many doctors opted to be listed publicly. Mr. Hester stated that the majority are. Dr. Fine talked about THC and its effects and asked about cross referencing between THC prescribing and those who are prescribing CBD. Mr. Hester stated that he is not aware of THC prescribing. He stated they do not track that.
- Mr. Hester stated that prescriptions are all e-prescribed.
Dr. Driver, Chair, asked if this would show up on the PMP and Mr. Hester answered in the negative.

**Compassionate Cultivation:**

- Mr. Denton stated that they are the only licensed cannabis business in Texas. They are one of three licensed dispensaries.
- Mr. Denton described their organization as:
  - One of three licensees in Texas
  - First to market with 80% of the market share
  - A science focused company with ratio-based formulations based on clinical trials
  - Governed by a nine-person advisory board
  - Tremendous engagement with patients and their families, constantly working to improve the patient experience
  - On-going focus groups with patients and prescribers
  - Trusted and respected relationship with key members of the Texas Legislature and senior political leaders
  - A leader in the cannabis industry
- Mr. Denton described the issues they faced establishing their business. He further mentioned the testimonials they have received from families expressing the importance of their company and their products. He stated that they have more than 1,200 registered patients.
- Mr. Denton stated that it was not until fall that the doctors were able to register. They have physicians across different specialties and some D.O.s are registering.
- Dr. Robert Fine stated that the reason there are so few oncologists is because by the time they get involved, the patient is far along and in hospice services.
- Mr. Denton stated that they have tried to provide consumer information and outreach.
- Mr. Denton stated that there is an increased interest in the use of cannabinoids in the treatment of symptoms in cancer and palliative care patients. Chronic pain can be a serious, negative consequence of surviving cancer and 70%–90% of patients with advanced cancer experience significant pain.
- Dr. Fine stated that there is chronic pain where these agents are effective but in advanced cancer pain, cannabinoids were no more effective than placebo.

**Prescription Cannabidiol options and how this complies with the Compassionate Use Program:**

- Dr. Nathan Jones, RPh, stated as a disclaimer, that he is an employee of Professional Compounding Centers of America (PCCA).
- Dr. Jones stated that Pharmacy Compounding is when a pharmacist makes a customized medication for a patient or physician that is not commercially manufactured to fit their need or suitability for patients who:
  - Have allergies to common mass-produced medicine fillers (casein, gluten, dyes, etc.)
  - Aren’t taking medication as prescribed due to unpleasant side effects or lack of improvement
• Need custom medicine strengths and dosage forms (like a liquid if not manufactured, creams or suppositories)
• Dr. Jones stated that they are not new drugs, only different dosage forms.
• Dr. Jones stated that several studies suggest that CBD is non-toxic in non-transformed cells and does not induce changes on food intake, does not induce catalepsy, does not affect physiological parameters (heart rate, blood pressure and body temperature), does not affect gastrointestinal transit and does not alter psychomotor or psychological functions. Also, chronic use and high doses up to 1,500 mg/day of CBD are reportedly well tolerated in humans.
• Dr. Jones stated that PCCA has developed 25+ formulations using cannabidiol as an API, which are available to our subscribing member pharmacies. Additionally, analytical work to assess the physicochemical stability of some of these formulations is underway. They currently have approximately 350 members in Texas.

**Question and Answer Session:**

• Does one need to register to get the cannabidiol product? Speaker stated that no you do not have to register since there is no THC involved. In the dispensary products are very different and registration is required.
• How much would a patient pay for the product through the dispensary? Speaker stated that it is $275-300 per month. Dr. Larry Driver, Chair, stated that someone had told him he could get the product on the street for significantly less. Speaker stated that through a dispensary there would be physician involvement. You do not need a prescription for CBD oil. The state regulates the dispensaries and their products. Their product is also pharmaceutical grade. People are often interested in getting more THC than the state would allow through a dispensary.
• Dr. Fine was critical of limiting the product to terminal cancer patients, when it is less effective. We should be treating patients early and controlling their symptoms early. At the right time then we should get them into hospice. Medicaid will not cover CBD products. Medicare covers limited amounts of Cannabinol.

**Agenda Item 5: Medicaid Community-based palliative care benefit**

Mr. Jimmy Blanton, HHSC, provided an update on the Medicaid Community-based palliative care benefit and referenced slides #18 - #24 on PowerPoint entitled "Palliative Care Interdisciplinary Advisory Council (PCIAC) February 25, 2020". The following are highlights from the update:

• Mr. Blanton stated that there were several states selected to participate in a seminar on palliative care. The work in California was interesting enough to follow up on. There were issues in California that were similar to Texas. However, Texas is not an expansion state and California is.
• Mr. Blanton noted that the Council has been interested in addressing/expanding palliative care through Medicaid.
• Dr. Larry Driver, Chair, addressed the demographics issues of both states.
• Dr. Robert Fine inquired about data and when will they have something to report? Mr. Blanton stated that they may have data available now. The uptake for the benefit was less than they expected. Dr. Fine stated that at Baylor, Scott, and White they are not able to source data right now related to Cancer patients and the services they received including palliative care. Mr. Blanton stated that within the program HHSC has claims information and with 916 there is the possibility to look at the services and do some research through EQRO.
• Dr. Driver, Chair, stated that the data may be available in some unrefined form.
Agenda Item 6: Staff Update: Palliative Care Pilot Study Progress
Mr. Jimmy Blanton, HHSC, provided an update on the Palliative Care Pilot Study Progress and referenced PowerPoint slides from #25 - #32 entitled “Palliative Care Interdisciplinary Advisory Council (PCIAC) February 25, 2020”. The following are highlights of the update:

- Dr. Robert Fine inquired about quality and patient perceived quality. They survey patients for how things changed and how they felt. Mr. Jimmy Blanton stated that the qualitative study mentioned was looking at what other states were doing. Using the triple Aim it would be difficult given the current data. DSRIP exists but it is not very systematic (data availability). Dr. Fine stated that maybe the state could cooperate with large institutions like MD Anderson, Baylor, and Texas Tech to collect patient centered quality data. Mr. Blanton stated it would be a voluntary effort and must be Medicaid clients, so protections would be enforced.

- Dr. Larry Driver, Chair, suggested perhaps using a three-month snapshot prospectively using agreed upon data points. He stated that the involvement of statisticians in defining the data needed would be helpful.

- Mr. Blanton stated that they could look at claims data and look at readmissions. He stated that HHSC will have a good look at claims, benefits that should be added to the study and include telemedicine.

- Ms. Heather Patterson stated that the information must be set up to be quarriable. She stated that one would be looking at two points in time entrance and exit and if you felt better. She stated that one would be looking for pain but what else? Dr. Driver, Chair, stated that they would look at sleep, anxiety and depression.

- Dr. Fine stated that MD Anderson is the pro at this. Baylor Scott and White is still in the process of electronic medical record transferring. He stated that they ask about advanced directives but with pain it is dependent on the palliative care professional; it is a subjective symptom. It is good but not nearly as robust as MD Anderson.

- Mr. Blanton stated that they had a good discussion on the study and staff can work on the plan. The hard part will be looking at quality and we will need partnerships with others at table.

Agenda Item 7: 2020 Legislative Report

a. Timeline and Goals
b. Recommendation Topics
c. Topic breakout session
d. Topic breakout reports
e. Next steps and goals

Mr. Jimmy Blanton, HHSC, provided an update on the timeline and goals as well recommendation topics to consider for the Legislative Report. Mr. Blanton an overview of the Senate Bill 916 Work Plan and referenced PowerPoint slides #33 - #38 entitled “Palliative Care Interdisciplinary Advisory Council (PCIAC) – February 25, 2020”. The following are highlights from the recommended topics discussion:

- Due to time constraint and not enough members present both physically and via teleconference, the council didn’t conduct breakout sessions on the four recommended topics. Mr. Blanton lead the discussion and asked members to provide feedback.

- Enhancing Family Caregiver Support, Dr. Hurwitz stated that care must be family centered to include the caregivers.

- Utilizing Telemedicine for Supportive Palliative Care (an emerging issue).

- Adoption of a Medicaid community-based palliative care benefit.

- Fine-tuning Texas policy surrounding Low THC cannabis eligibility requirements for cancer patients.
• Next steps and goals:
  o Staff will provide topic research support
  o Members begin drafting body of report
  o Have all topic recommendations fully written out by next meeting.
  o Finish writing report before Sept. 1, 2020

Agenda Item 8: Action items for staff member follow-up

• Staff will notify committee members of when the member appointment applications for the committee are posted.
• Staff will consider setting up a tour of the Compassionate Cultivation facility with interested committee members.
• Staff will research data for the legislative report for information that demonstrates how patients end up in the hospital more frequently when caregivers are burnt out and look at if there is a cost savings study available.
• Staff will send out slides from the presenters as well as slides from the NASHP website from a family caregiving policies webinar.
• Staff will research what internal requirements must be done to get an op-ed letter approved by HHSC and sent to the Texas Tribune.

Agenda Item 9: Public comment
Dr. Kristin McGarity, DMA, audio engineer, composer and patient advocate, representing herself provided public comment regarding gaps between pain care and palliative care. Dr. McGarity stated that there are people who have failed at different pain therapies. There are many pain specialists but no one to serve the more challenging cases. People are trapped in their homes with autoimmune disease. She was wondering if palliative care professionals could address this group who have fallen through the cracks.

Agenda Item 10: Adjourn
Dr. Larry Driver, Chair, adjourned the meeting at 2:07 p.m.

Below is the link to the archived video of the February 25, 2020 Palliative Care Interdisciplinary Advisory Council (PCIAC) meeting that can be viewed approx. two years from the meeting date.

Palliative Care Interdisciplinary Advisory Council