

Ketamine Interest Group

Conference Call Meeting Minutes

Tuesday, November 5th, 2019 @ 4:00pm ET

Attendees: David Silbersweig (Harvard), William Coryell (Iowa), Mark Niciu (Iowa), Amanda Heeren (Iowa), Adam Kaplin (JHU), J. Ray dePaulo (JHU)

NNDC: Diana Burnett, Pat Rinvelt

Unable to attend: Sandra Weiss (UCSF), Peter Zandi (JHU); Jess Fiedorowicz (Iowa)

1. Introductions

2. Purpose of the Group

This conference call is an organizing meeting to address the emerging need to share information and learn from each other's experiences as ketamine and esketamine clinics are established across the Network.

Input for the meeting includes the survey the Suicide Prevention Task Group ran requesting information about Ketamine clinics at NNDC sites: 21 sites responded, answering whether they had a ketamine clinic (5 = no; 10 = planned; 6 = yes).

3. Group Structure & Leadership Discussion

- a. Questions: Should this be a Task Group or an Interest Group? Should there be one group that addresses ketamine & esketamine? Or separate groups? Or combined into an existing group?
 - i. There are so many people are involved in ketamine and related compounds doing work that they should all be talking directly to each other.
 - ii. There should be a resource page for these people to share materials.
 - iii. **DECISION:** A KETAMINE Interest Group will be formed and will evolve to a "task group" as appropriate. Ketamine and esketamine both will be addressed within this group, initially. Subgroups may be formed, as appropriate.
 - iv. Adam Kaplin and Mark Niciu will serve as founding co-chairs

4. Discussion – Actions we can take as a group

- a. Use NNDC Member portal (or create a wiki page or similar) to keep track of the centers that are starting esketamine clinics and for those centers to share their experiences and suggest solutions to common challenges (billing, etc.)
 - i. How secure would a page be (ie, HIPAA concerns regarding clinical data and collaborative materials)?
 1. NNDC Member Portal (Peter Zandi has access to determine whether this meets the needs of the group).

2. Access can be controlled based on the needs of the group
 3. **ACTION:** Is this HIPAA-compliant? (Diana to follow up)
 4. Potential to address study startup, billing, surveys, sharing IRB docs, protocols other logistics in addition to collaborative materials.
 5. **ACTION:** Diana to add Mark, Adam and Amanda to Portal so they can assess usability for this effort
 6. Include a section to include steps to set up a ketamine clinic (MOP; living document). This will include aspects such as ethics, regulatory, pharmacy, compliance, logistics, etc. Items such as which outcomes and baseline measures to use will fall to the collaborative area.
 7. **ACTION:** Co-chairs Mark Niciu and Adam Kaplan will draft group purpose statement and work with Pat Rinvelt to draft an email to the NNDC member sites to determine the level of participatory interest (within 2 weeks). Diana to set up initial conference call for group based on responses.
- ii. Explore the NIMH R01 suicide prevention opportunity (and opportunity to collaborate with other Task Groups) <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-19-044.html>
- iii. What are the standard mood outcomes in use for ECT/TMS?
1. MOP: PHQ9, GAD7, Columbia (not primary care sites)
 2. Consider input from ECT/TMS and Biomarker groups
- ACTION:** Cross-list membership of this group with those in ECT/TMS and Biomarker groups (Diana/Pat).

The call was adjourned at 4:54pm.

Next Meeting: TBD.