

## Ketamine Interest Group

### Meeting Minutes

Thursday, April 16<sup>th</sup>, 2020 @ 2:00pm ET

**Co-Chairs:** Amanda Heeren (Iowa), Mark Niciu (Iowa), Adam Kaplin (JHMI)  
**Attendees:** Paula Bolton (McLean), Jonathan Cole (Cincinnati), Bill Coryell (Emory), Ray DePaulo (JHU), William McDonald (Emory), Robert Meisner (McLean), Jennifer Severe (Michigan), Jennifer Vande Voort (Mayo), Subhdeep Virk (OSU), Benjamin Yudkoff (Harvard), Peter Zandi (JHU)  
**NNDC:** Diana Burnett

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1. McLean “Urgent ECT to Ketamine Pivot (Briefing)”  
If anyone is trying to do something similar, the draft may be useful (attached).
2. Ketamine Site Survey
  - a. The completed survey was shared with the agenda.
  - b. Decision was made that only one person per NNDC Ketamine site should be invited to complete the survey. Diana will share the site list with the co-chairs to determine who the survey will be sent to.
3. Operation of Clinics in the COVID-19 Climate
  - a. **Iowa:** Not doing ketamine infusions or intranasal ketamine.
  - b. **McLean:** Transitioning to ketamine from ECT is considered less risk (non-invasive ventilation is used). Insurance companies are much more willing to cover esketamine than IV ketamine, regardless of the cost differential. Inpatients: For those who would normally be prescribed ECT, offer TMS or IV ketamine – transitioning to outpatient at discharge. This has been fairly successful for TRD patients, not psychotic patients.
  - c. **Emory:** Similar practices as McLean. Putting people into IV ketamine. Not putting new people into TMS.
  - d. Procedures might be considered “safer” if performed with similar PPE and procedures and done in an office setting outside a hospital.

**Next Meeting:** Thursday, May 21<sup>st</sup>, 2020 @ 2pm ET