

will learn options for managing pain in patients who are taking buprenorphine for opioid use disorder, both in the inpatient and outpatient setting, as well as in hospice. We will discuss cases that present dilemmas in buprenorphine prescribing particularly relevant to hospice and palliative care, including managing pain crises and transitions to hospice care.

***Improving the Care of Culturally Diverse Patients: Strategies to Address and Navigate the Elephant in the Room (P09)***



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*Objectives*

- Describe the importance of and challenges to discussing cultural beliefs and values when interacting with diverse patients and their families.
- Demonstrate at least 3 culturally-competent strategies that clinicians may use to inquire about and address what matters most to culturally-diverse patients and their families.
- Identify communication “red flags” which suggest that the clinician and patient may not be “speaking the same language” and practice communication strategies to promote shared understanding and improve patient care.
- Describe how principles of conflict management can be used in goals of care discussions to promote acceptance of the beliefs, values, and preferences of diverse patients and families when these beliefs differ from those of the clinician.

Cultural beliefs often shape perceptions of illness, prognosis, and suffering and may inform preferences for end-of-life care. With the increasing cultural diversity of seriously ill patients and their families, clinicians must frequently care for patients whose beliefs, values, and preferences may differ from their own. Studies suggest that both clinicians and patients and their families find these interactions particularly challenging. In addition, diverse patients and families rate the quality of communication lower in these culturally-discordant interactions. As such, intentionally recognizing and addressing the importance of culture is one strategy to promote access to equitable, high quality care for diverse patients and their families. This interactive half-day session will provide practical strategies and tools which can be incorporated into practice by clinicians caring for culturally diverse patients and

their families. The session will include facilitator-guided experiential, interactive learning with dyads and small groups using a variety of instructional methods, such as videos, role play, teach-back, and Q&A. Participants will observe and practice culturally-competent strategies to: (1) inquire about and explore the cultural beliefs of patients and families, particularly those which guide care; (2) develop shared understanding with patients and work to ensure clinicians and patients are “speaking the same language” in culturally-discordant interactions; (3) manage conflict in a way that promotes clinician’s acceptance of cultural beliefs which impact decision-making and that also facilitates high quality patient care. The session will challenge the beliefs and assumptions which may guide our interactions with culturally diverse patients and their families and help participants to develop a best-practice approach based on current evidence. Following the session, we anticipate that learners will feel more confident inquiring about the cultural ‘elephant in the room’ and recognize the importance of addressing culture in improving the care of diverse patients and families.

***Palliative Nursing Leadership Essentials (P10)***



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*Objectives*

- Differentiate Essential Nursing Leadership Qualities.
- Apply 3 areas of palliative leadership.
- Create an action plan of next steps of leadership.

Leadership within palliative nursing is not defined or grounded by level of nursing practice nor education but rather on qualities. Many organizations have focused time and resources to enhance leadership skills in their staff. These initiatives usually focus on dedicated nurse leadership positions, such as administrators, managers, directors, or executives. However, leadership extends beyond these roles such as clinical practice, policy/advocacy, research, education, public health, and metrics. Leadership in palliative care is characterized by leading others with a clear vision of palliative care initiatives, motivating and inspiring others to achieve excellence in care, positively relating to others to create healthy work environments, and changing the behavior of others to work collaboratively in palliative care (Speck 2006; Dahlin and Coyne, 2018; Dahlin, Coyne, Goldberg and Vaughn, 2018). Nurse leaders must focus on a broad view of

nursing and the ability to respond to change proactively, rather than reactively, in anticipating the future landscape (Wolf, 2012). More specifically, the nurse leader must first assess their personal leadership capabilities prior to moving towards team development and competence. Through didactic, role play, and interactive media, this session will examine palliative nursing leadership, describe key leadership characteristics, explore leadership possibilities, and create an action plan to move into leadership.

### ***Succeeding with What You Wished For: Alternative Payment Models and Key Success Factors (P11)***



Torrie Fields, MPH, Blue Shield of California, San Francisco, CA. Allison Silvers, MBA BA, Center to Advance Palliative Care, New York, NY. Phillip Rodgers, MD FAAHPM, University of Michigan, Ann Arbor, MI. Diane Meier, MD FACP FAAHPM, Icahn School of Medicine at Mount Sinai, New York, NY. Dana Lustbader, MD FAAHPM, ProHEALTH, New York, NY.

#### *Objectives*

- Describe how different types of health plans approach payment for palliative care services.
- Describe what process is being followed to develop a serious illness alternative payment model in traditional Medicare, and what palliative care programs must do to be prepared.
- Articulate at least three operational features that are needed to succeed under alternative payment.

The drive towards alternative payment continues across all types of payers, including Medicare, Medicare Advantage, commercial health plans, and Medicaid managed care organizations. Many palliative care programs now have a variety of opportunities to secure payment outside the hospice benefit, beyond traditional fee-for-service reimbursement for physician and advanced practice professional (NP/PA) services. This interactive workshop will help attendees to understand both the opportunities and challenges in alternative payment for community-based palliative care, and to identify strategies that can work for their particular circumstances.

The Workshop is held in four parts. It begins with a review of the current landscape of alternative payment for palliative care services, including an inside look at how two health plans—one commercial and one Medicaid—have developed their payment models, and work with their providers under these new models. The Workshop then continues with a spotlight on an upcoming Medicare alternative payment model, reviewing its history and what is known about its status. Then, with a better understanding of what alternative payment models might be available, the Workshop then turns to what it takes to remain

financially-viable under these payment models, which often provide a fixed payment per patient regardless of the service intensity delivered along with an additional payment based on performance on quality measures and/or cost savings. Throughout these sections, attendees will be participating in exercises to think through both the benefits and challenges of alternative payment participation, ending the workshop with a structured exercise to develop strategies and specific next steps for their particular program, drawing on the support of both faculty and fellow attendees. Participants will also leave the session with several take-home tools to enable their ongoing engagement with a rapidly changing payment environment.

### ***My Life, My Story: Connecting Patients, Providers, and Student Learners with Life Stories (P12)***



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#### *Objectives*

- Conduct an interview and write up a first-person narrative based on that interview.
- Explain the difference between a diagnostic interview, a life story interview, and the respective narratives that are written from them.
- Develop an action plan for formalizing a narrative life history interview program at their respective institutions, both VA and non-VA alike.

My Life, My Story is a novel healthcare intervention that interviews palliative care (and other) patients, writes up their stories, and places them in the chart where they are easily accessible to providers. At the VA these stories have become a common thread in the care conversation. They heal:

“Going through this process of writing my life story has helped relieve some of the pain (physical and emotional) but more importantly just when I thought I hadn’t made an impact on anyone’s life, after sharing my story with family/friends, I realize that I did.”

They inform clinical care:

“Yesterday I met with a Veteran who has recently received a terminal diagnosis. He completed his My Story this week, reported it was a powerful experience, and had several copies at his bedside. We used the document not just to look back at his life, but as a way to think through what he feels is most important to do and say in his remaining time.”