

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)



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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.”