

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)



Eileen Ahearn, MD, VA Hospital, Madison, WI. Carole Ewald, MSW LCSW BCD, Tomah VA Medical Center, Tomah, WI. Susan Nathan, MD, VA Boston Healthcare System, West Roxbury, MA. Thor Ringler, MFT, Department of Veterans Affairs, Madison, WI.

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.”

And they train future providers:

“I had the privilege to interview a veteran I had worked with earlier in the year at my Psychology rotation, this time in the recovery unit after major surgery. He was beyond touched when I read his story out loud to him. I felt it was something he needed to let out for so long, and he finally did through this project. It was truly a humbling and great learning experience.”

Our interdisciplinary team of co-presenters includes representatives from three institutions and varied disciplines. Attendees will conduct practice interviews and write up stories, understand the difference between diagnostic and life interviews, and develop action plans for formalizing a narrative life history interview program at their respective institutions, both VA and non-VA alike.

1:15–5 pm

HPM Educators Forum: Mentoring Trainees to Produce Scholarly Work—A Roadmap with Expert Guides (P13)



Jane deLima Thomas, MD FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Brigham and Women's Hospital, Boston, MA. Joanne Wolfe, MD MPH FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Boston Children's Hospital, Boston, MA. Christina Ullrich, MD MPH FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Boston Children's Hospital, Boston, MA. Justin Sanders, MD MSc, Harvard Medical School, Dana-Farber Cancer Institute/Brigham and Women's Hospital, Boston, MA. Laura Morrison, MD FAAHPM, Yale School of Medicine, New Haven, CT. Alexander K. Smith, MD, MS, MPH, UCSF Division of Geriatrics and San Francisco VAMC, San Francisco, CA.

Objective

- Review helpful approaches in mentoring trainees to produce scholarly work.
- Describe best practices for producing each of four types of scholarly work: case/scientific abstracts, poster presentations, large group lectures, and written work for publication.
- Practice editing and strengthening scholarly works with the aid of expert guidance, faded examples, and group discussion.

A core task for faculty in academic palliative care programs is mentoring trainees in producing scholarly work, such as abstracts, posters, lectures, and publications. Not all faculty have received formal instruction in producing academic work themselves, however, and only a subset of them have received guidance about mentoring others for scholarly productivity.

This interactive preconference will provide participants with expert guidance in mentoring trainees to produce scholarly work. Participants will identify challenges in mentoring trainees to produce scholarship and then discuss best practices in doing so, including providing mentees with opportunities for scholarship, providing constructive guidance and editing, balancing redirection with taking over, and deciding authorship. Presenters will provide roadmaps for preparing each of four types of academic work: scientific/case abstracts, poster presentations, lectures, and written work for publication. Presenters will also provide cases to work through, giving participants an opportunity to use guidelines to edit and strengthen sample works. Participants will leave the session with a deeper understanding of what comprises high-quality scholarship, and how to mentor trainees successfully through the process of producing it.

AAHPM Leadership Forum: Ignite—Woke Up One Day to Find Out I'm In Charge—Practical Tips for Early Stage Leaders in Hospice and Palliative Care (P14)



Ellissa Tiller, MD CPE FAAHPM, Medical Affairs, Hope West, Grand Junction, CO. Jacob J. Strand, MD FACP FAAHPM, Mayo Clinic Center for Palliative Medicine, Rochester, MN. Kevin Nguyen, MD, Kaiser Permanente, Oakland, CA. Christina Rowe, MSOL, The Collaborative LLC, Denver, CO.

Objectives

- Learn how to develop a functional team, starting with building trust.
- Use identified strengths to develop a plan for translating their vision into an operational strategy, including obtaining buy in.
- Discuss practical tips to improve communication and give appropriate feedback to direct reports that empowers rather than discourages.

Hospice and palliative care is a rapidly growing field with increasing demand for the growth of clinical services. Palliative care and hospice physicians are often thrust into leadership roles with minimal leadership experience and limited resources for leadership training and advancement. This program will allow participants to explore vision, strategy and operations as it applies to leadership in different levels of the organization as well as from the perspective of their own strengths. Three leaders who have experienced common challenges such as 1) translating a vision through the lens of institutional priorities, 2) developing teams, both established teams and teams needing to be created and 3) giving appropriate feedback will guide participants and provide a framework throughout the session. An experienced leadership and strength-based coach