

This session will highlight current evidence supporting MBE in healthcare, as well as ongoing work by palliative care programs with trainees and interprofessional teams. Finally, we will demonstrate examples of art-based teaching strategies with audience participation such that participants may begin to design MBE programs tailored to their home institution.

Partnerships in Dialysis and Palliative Care & Hospice: Innovative Models for End-of-Life Care for End-Stage Renal Disease Patients' (TH315)



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Objectives

- Describe the end of life outcomes for end stage renal disease (ESRD) patients and the need for innovative models of care for this population.
- Dialysis organization perspective: Describe an Innovative Model for concurrent hospice and dialysis patients.
- Hospice organization perspective: Expanding Access for ESRD patient's within Current Medicare Hospice Benefit (MHB)

As multiple different studies and surveys continue to illustrate, palliative and hospice medicine has failed to have an appropriate impact on the quality of life for the end-stage renal disease (ESRD) population. People with Chronic Kidney Disease (CKD) remain less likely to die at home, spend more time in the hospital and at higher costs in the last 3 months of life. (Kerr M et al, NDT, 2016).

The tide does to be slowly changing 'upstream' as aggressive dialysis centered care intersects further with palliative patient-centered approaches for this fragile patient population. The evolution of movements such as Comprehensive Conservative Care (CCC) focus on holistic patient-centered care for patients with stage V CKD (Davison et al Kidney Int 2015). Another example would be similar work being done by The Coalition for Supportive Care of Kidney Patients. Nearly all CKD patients want to discuss their prognosis, treatment options and ultimately die comfortably at home. (Clin J Am Soc Nephrol 5: 2010) Fortunately this has not gone unnoticed by the ultimate original payer, Medicare, and hence in 2013, CMMI's demonstration project for ESRD holds renewed hope with creation of new coordinated programs with new acronyms: CEC (comprehensive ESRD Care) and ESCO (ESRD seamless care organizations). We will not only look at national U.S. ESCO outcomes data, but will share a detailed information about Dialysis Clinic Inc (DCI) experiences with this truly innovative model. As the largest non-profit

dialysis provider in the U.S. we will go beyond the data and share first hand details of care coordination strategies and how the field of nephrology has begun to reset its paradigm for treating CKD. The role of palliative and hospice care in the ESCO model also be discussed.

Unfortunately, further downstream in the trajectory of life for ESRD patients, the dialysis churn for the Medicare population continues to limit access to hospice. In a very recent large cross-sectional study of 770,000 Medicare beneficiaries, only 20% of these patients enrolled in hospice and of this subset, nearly half only enrolled for 3 days or less. Although dying at home was more likely in the hospice patients, they did not fare any better in regards to hospitalization, ICU admits and overall healthcare costs in the last week of life. (Wachterman et al; JAMA Int Med April 30, 2018).

In order to increase hospice access for dialysis dependent patients, we will explore the history of 'Open Access' models as well as share outcomes on 'Expanded Access' program within a large not for profit hospice in PA. (UPMC Family Hospice). We will show how close coordination with Palliative nephrologists can result in significant increase in hospice length of stay as well as patient satisfaction and decreased hospitalization. Lastly, we will share our thoughts on how the Medicare hospice benefit 'Carve-In' model will likely increase hospice Los for dialysis patients through improved care coordination.

No Patient Left Behind: Integrating Addiction Treatment with Buprenorphine into Your Outpatient Palliative Care Practice (TH316)



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Objectives

- Describe the principles of buprenorphine (Suboxone) prescribing for opioid use disorder.
- Identify different strategies that outpatient palliative care practices can use to incorporate buprenorphine treatment of addiction into their setting.
- Discuss how to overcome barriers to implementing buprenorphine prescribing within their palliative care practices.

Patients with serious illness are not exempt from opioid use disorders raging through our communities. Outpatient palliative care clinicians are increasingly

challenged to manage patients with both serious illness and active opioid use disorders. In this population, the use of opioids for pain is particularly complicated, and we struggle to provide safe, rational, and appropriate care. Buprenorphine (brand names include Suboxone, Zubsolv, and Bunavail) is a partial opioid agonist that can be used for maintenance treatment of opioid use disorders in the outpatient setting. In addition to providing analgesia, buprenorphine stabilizes the cycle of craving and withdrawal experienced by individuals with addiction. To prescribe buprenorphine for addiction in an office setting, clinicians of all specialties can complete 8 to 24 hours of online and/or in-person training and apply to the DEA for an 'X' waiver.

Individuals with serious illness often have difficulty attending a typical addiction treatment program due to their poor health and the need to continue treatments such as chemotherapy. A few palliative care clinicians across the United States have begun including addiction treatment with buprenorphine into their outpatient palliative care practice to provide care to this underserved and stigmatized population. This session will inform participants of different models of using buprenorphine for addiction within palliative care, and discuss common issues that arise when undertaking care of patients with addiction. Participants will be able to differentiate its use for addiction versus pain. After a brief review of the pharmacology of buprenorphine, we will describe patient selection, buprenorphine prescribing and monitoring in the treatment of addiction among patients with serious illness. Four palliative care clinicians from different medical centers, including two physicians, a nurse practitioner, and a psychiatrist, will discuss challenges and successes developing a buprenorphine program within their outpatient practices.

Psychedelic-Assisted Therapies—Palliative Care Clinical & Research Priorities (TH317)



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Objectives

- Identify types of suffering of psychological, emotional, social, spiritual, or existential nature that are potential indications for supervised therapy involving psychedelic medications, as well as important contraindications to this class of drugs.
- Critically evaluate published findings from the expanding evidence base of clinical research into psychedelic-assisted treatment of patients with

depression, anxiety, demoralization, and existential and spiritual suffering.

People with advanced medical illness often experience anxiety, feelings of hopelessness and loss of meaning and value of life. Some conclude that their life is not worth living and desire to hasten their deaths. Currently available treatments for depression, anxiety, and spiritual distress often fail to alleviate suffering among people who are seriously ill. Research involving psilocybin and related compounds have shown significant benefit suggesting that this class of drugs may offer therapeutic potential in treating persistent, non-physical suffering.

During the 2018 AAHPM-HPNA Assembly Meeting a concurrent session on psychedelic therapy drew approximately 600 participants, indicating substantial interest among palliative care providers in the research, cautions, and potential clinical application of these medications.

The 2019 session will build on this interest and the content of the previous session to begin defining priorities for research and clinical use of psychedelics within palliative care practice. Recent and ongoing clinical studies pertaining to psychedelic-assisted therapies in care of seriously ill patients will be reviewed. Session faculty will present results of key informant interviews conducted with palliative care clinicians and researchers regarding their priorities for future studies and therapeutic application of these medications. Survey items will include considerations of: a) patient selection and screening, b) frequency and duration of treatment sessions with specific drugs, c) selection of medications (entheogens and empathogens) in treating syndromes of depression, anxiety, demoralization and PTSD, d) necessary levels of supervision, e) safety and therapeutic influence of different settings. These results will inform discussion among session participants. A distillation of this interactive discussion will inform priorities for a developing Special Interest Group on Psychedelic Therapies.

Using PCRC Resources: Patient and Caregiver Assessment Tools for Quality Improvement and Research (TH318)



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Objectives

- Appraise clinical assessment tools using freely available Palliative Care Research Cooperative resources.