

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)***



Laura Hanson, MD MPH FAAHPM, University of North Carolina, Chapel Hill, NC. Antonia Bennett, PhD, University of North Carolina, Chapel Hill, NC. Betty Ferrell, MA CHPN FAAN FPCN, City of Hope National Medical Center, Duarte, CA. Jean Kutner, MD MSPH FAAHPM, University of Colorado School of Medicine, Aurora, CO.

#### *Objectives*

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

- Apply selected clinical assessment tools for palliative care and hospice quality improvement or research.

**Objectives.** Palliative care assessment is holistic, covering a broad array of domains important to comfort, quality of life and supportive needs for patients with serious illness and their caregivers. Clinical assessments may be enhanced with validated measurement instruments, yet finding those that are ready for application in clinical quality improvement or in a research project is a “needle in a haystack” problem. Session attendees will learn: 1) to appraise clinical assessment tools using freely available Palliative Care Research Cooperative resources, and 2) to apply selected clinical assessment tools for palliative care and hospice quality improvement or research.

**Session Content.** Presenters for this session are leaders in the Palliative Care Research Cooperative group (PCRC). The PCRC is an interdisciplinary research community with over 400 members who are committed to advancing rigorous palliative care science and improving care for people with serious illness. With funding from the National Institute for Nursing Research (NINR), the PCRC Caregiver and Measurement Cores have compiled validated clinical assessment instruments relevant to palliative care clinical practice and research. The PCRC Instrument Library is a novel and freely available web-based resource to facilitate identification of relevant and high-quality instruments for patient assessments. The PCRC Caregiver Core has evaluated and compiled high-quality instruments for caregiver domains. Presenters will provide an overview of how to choose clinical assessment tools for quality improvement versus for research (Hanson), how to access and use the PCRC Instrument Library (Bennett), how to select and apply caregiver assessment tools (Ferrell), and how to select and apply patient assessment tools (Kutner). The session will include interactive learning components to demonstrate searching and selecting assessment instruments for patients and caregivers, as well as audience discussion of successes and barriers when incorporating validated clinical instruments in quality improvement and research. (Funding NINR U24 NR014637).

***A Quantifiable Spiritual Assessment Model in Palliative Care: Putting Two and Two Together for Improved Spiritual Care (TH320)***



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IL. Aoife Lee, DMIN, Rush Oak Park Hospital, Oak Park, IL. Anna Lee Hisey Pierson, MDiv, Advocate Aurora Good Samaritan Hospital, Downers Grove, IL. Karen Pugliese Northwestern Medicine Central Dupage Hospital, Winfield, IL. Stacie Levine, MD FAAHPM, University of Chicago, Chicago, IL.

*Objectives*

- Describe the limitations of current approaches to spiritual assessment in palliative care.
- Describe the development of a new model for spiritual assessment in palliative care that quantitatively summarizes the extent of a patient's unmet spiritual needs.
- Use the model to perform a preliminary assessment of the unmet spiritual needs of a palliative care patient.

Spiritual care is a well-established component of quality palliative care (PC) with board-certified chaplains considered the spiritual care specialist on the PC team. Spiritual assessment is a key activity performed by the chaplain; however, there is no consensus on best practices for spiritual assessment in PC. Currently, most chaplains use locally-developed, narrative models for spiritual assessment that were designed to be used within all clinical contexts. The limitations of these one-size-fits-all narrative models for spiritual assessment are becoming increasingly apparent in clinical practice.

This workshop will report the work of a team of PC chaplains participating in a regional interdisciplinary PC training program, the Coleman Palliative Medicine Training Program. A team of 7 chaplain champions developed a quantifiable model for assessing and reporting unmet spiritual needs in patients receiving PC. The model assesses 7 areas of unmet spiritual needs: 1) need for meaning in the face of suffering, 2) concerns about family and/or significant others, 3) need for a legacy, generativity, 4) concern or fear about dying or death, 5) issues related to making decisions about treatment, 6) religious/spiritual struggle, and 7) other unmet needs. A review of literature provided the initial list of needs which has been modified based on monthly case discussions by the team. The scoring of the needs was adapted from the Spiritual Distress Assessment Tool (Monod et al. 2010). Through monthly case discussions team members have developed reliability in using the model to assess unmet spiritual needs.

In this workshop we will describe the model, its conceptual foundations and its development. The session will include the opportunity for participants to actively apply the model to assess unmet spiritual needs in a PC case. The strengths and weaknesses of the model, as well as areas for future research in spiritual assessment in PC will be discussed.