

communication skills with patients, families, and colleagues.

- Apply techniques from Improvisational theater to teach primary palliative communication skills with a specific emphasis on self-awareness and listening in order to engage in shared medical decision making.

Improvisation is a well-defined technique in the theater arts and can have direct application to patient care. While the word improvisation (improve) implies spontaneity and impulsivity, theatrical improvisation consists of an underlying skill set that allows actors to quickly build trust and communication with each another while simultaneously building the narrative of the scene. Through an exploration of themes and interactive skill building, this workshop will apply the framework of improv theater to teaching primary palliative communication skills, with a specific emphasis on self-awareness and listening to engage in shared medical decision making. The session will include a discussion of improv concepts and ground rules, considerations and case examples of the application of improv concepts to palliative medicine, and small group improv exercises of relationships and situations commonly encountered in palliative medicine. For novice palliative practitioners, this session will provide an opportunity to apply improv theater methods to improve one's own communication skills and will illustrate how medical educators can use improv theater pedagogy. For intermediate and advanced palliative practitioners, this session will provide skills and tools for applying improv theater methods to teach primary palliative communication skills.

The XYZs of Billing and Clinical Revenue: Going Way Beyond the ABC's (TH335)



Christopher Jones, MD MBA HMDc FAAHPM, Perelman SOM at the University of Pennsylvania, Philadelphia, PA. Phillip Rodgers, MD FAAHPM, University of Michigan, Ann Arbor, MI.

Objectives

- Describe five commonly used groups of billing codes applicable to palliative care teams' clinical work.
- List the 3 components of a relative value unit (RVU) and compare the relative differences between commonly used codes.
- Consider the clinical components of a billable encounter to choose the correct billing code or codes to compliantly maximize revenue.

Once niche services that flew well under the fiscal radar, many Palliative Care (PC) programs now have 7-figure budgets and a dozen or more clinicians. As programs cost more, sponsoring institutions' expectations for clinical revenue grow, leaving PC team

members working longer hours to see more patients and close yawning budgetary gaps. Most PC providers have become accustomed to basic billing and coding principles, but significant revenue opportunities exist among rapidly expanding breadth of professional fee codes, even for seasoned clinicians and program leaders. How do programs tap these opportunities? In this concurrent session, two PC physicians responsible for the financial health of their teams and a nationally-recognized billing-and-coding expert will elevate clinicians with a fundamental knowledge of billing and clinical revenue to the next level. We will open with a brief review of the billing codes now available to PC providers – Evaluation and Management (E/M), Advance Care Planning, Face-to-Face and Non-Face-to-Face Prolonged Service Codes, and Chronic and Complex Chronic Care Management Codes. Relative Value Units (RVUs) for these codes will be unpacked, explained and compared as well. The session will then transition to lively case-based learning with extensive audience interaction. Inpatient, outpatient, and home care clinical scenarios will be described and dissected and, when different codes or combinations of billing codes could be compliantly chosen, RVU differences will be highlighted to show which billing codes might be selected to optimize revenue. Attention will also be paid to using complexity- and time-based codes (alone and in combination), documentation, and billing for team based care.

The time has ended when PC programs' costs were nothing more than an organization's financial rounding error. It is incumbent on program leaders and seasoned clinicians to understand clinical billing at a deep level, to maximize revenue that will sustain and grow their teams.

Routinizing Goals of Care Conversations—Improving Patient Outcomes and Satisfaction (TH336)



Matthew Gonzales, MD, Providence St. Joseph Health, Torrance, CA. Yvonne Corbeil, RN, Providence St. Joseph Health, Torrance, CA. Nusha Safabakhsh, MS MBA, Providence Health and Services, Torrance, CA. Jennifer Kozakowski, MN MPH, Providence St. Joseph Health, Torrance, CA. Ira Byock, MD FAAHPM, Providence Institute for Human Caring, Torrance, CA.

Objectives

- Discuss how quadruple aim goals can be achieved by embedding palliative care knowledge, attitudes, and skills within routine patient care.
- Identify educational and operational components of a goals of care conversation initiative.
- Outline key informatics and analytic principles that allow for automated storage and retrieval of goals of care conversations from an EHR to