

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)



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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)



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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

contribute to quality monitoring and “dashboarding.”

The Institute for Human Caring (Institute) was founded in 2014 and charged with advancing models of goal-aligned care across the Providence St. Joseph Health system. The Institute has focused on operationalizing a scalable pilot to demonstrate the feasibility of delivering high quality goal-aligned care, while also attending to patients’ emotional, spiritual, interpersonal, social and mental wellbeing.

Using resources from Ariadne labs, CAPC, and ACP Decisions, the Institute deployed a mutually-reinforcing strategic change program at a 327 bed hospital in California. A core element of this program empowers non-palliative care clinicians to conduct goals of care (GOC) conversations with seriously ill patients. All inpatient clinicians were encouraged – and some mandated – to attend in an educational, skill-based training session focused on GOC conversations. Electronic health record (EHR) tools were created to document GOC conversations, which allowed for the creation of automated dashboards displaying unit-based performance. On site, project management support was deployed to inpatient units to assist clinicians in utilizing patient-education and EHR tools.

A total of 5,148 GOC conversations occurred over a two-year period. During the initial launch quarter, only 1% (32/3186) of hospitalized patients with a chronic serious illness had a documented GOC note; the frequency rose to 42% (1235/2928) in the final quarter of the pilot program. These conversations were associated with important differences in code status preferences. During hospitalization, 4% of seriously-ill patients without a GOC note changed their code status, compared to 8% with a GOC conversation in their EHR. Palliative care consultation further increased the percent of code status changes. Additionally, patient experience, measured by key Press-Ganey items showed improvement in domain of nurse and physician communication when a GOC conversation was documented.

Detailed, updated results will be presented along with methodologies, tools, and lessons learned for implementing a program of this type.

The –ibs, –abs and Beyond—Immunotherapies for Pediatric Cancer Treatment and What They Mean for Pain and Symptom Management and Patient Prognosis (TH337)



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Objectives

- Describe immunotherapy and its use in pediatric cancer treatment, including the risks and benefits of immunotherapy.
- State what symptoms are expected for patients receiving immunotherapy.
- Recognize how immunotherapies are changing prognosis for pediatric cancer patients.

Background. Use of Immunotherapy for pediatric cancer treatment is rapidly increasing. Medications such as blinatumomab, dinutuxumab, tisagenleclucel and others are dramatically changing the field of pediatric Oncology, and it is imperative that Pediatric Palliative Care (PPC) providers understand pain and symptom management needs as well as changes in prognosis for patients undergoing intensive immunotherapy.

Discussion. Using a case-based discussion, we will review immunotherapies currently in use and being studied for treatment of pediatric cancers. We will discuss the risks, benefits and symptom burden that accompany each medication. We will also discuss which medications are being used for management of which pediatric cancers, and how these medications are changing prognosis and patient outcomes. We will talk in-depth about what PPC teams should know when providing decision-making support to patients and families who are considering immunotherapies for cancer treatment.

Conclusions. Given the rapid pace at which pediatric cancer treatment is changing, PPC providers must add management of immunotherapy side effects and counseling around treatment risks and benefits to their palliative toolbox. This session will help keep providers up to date on the changing landscape of pediatric cancer therapy.

GeriPal Podcast Live! Podcasting in Hospice and Palliative Care (TH338)



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Objectives

- Describe the steps in developing a podcast on a limited budget.
- Utilize effective interview strategies to engage guest speakers about their work.
- Commit to one change in their use of social media following the session.

One in four Americans listen to podcasts on at least a monthly basis. Apple features more than 500,000 active podcasts in more than 100 languages. Despite the growing importance of this medium from a clinical, research, and educational perspective, there is a