Conclusions. Patients with moderate-to-very severe COPD and their family caregivers had several unmet palliative care needs and limited awareness of palliative care; however, dyads unanimously found EPC acceptable after being given a description.

Implications for Research, Policy, and Practice. These data will guide development of interventions to integrate EPC in COPD.

3–4 pm

Concurrent Sessions

AAHPM Collaborations in the Field: Mapping Community Palliative Care and Modernizing the EDRS System (FR450)

Cordt T. Kassner, PhD, CEO, Hospice Analytics, Colorado Springs, CO. Maggie Rogers, MPH, Center to Advance Palliative Care, New York, NY. Rachael Heitner, MA, Center to Advance Palliative Care, New York, NY.

Objectives

- Describe the current status of the Mapping Community Palliative Care project goals.
- Understand how to register a new program on the Mapping Community Palliative Care website.
- Summarize key goals and progress of the Next Generation Electronic Death Registration System (EDRS).

AAHPM collaborates with multiple partners across the country, and this session will review two such collaborations. First, the Academy works with the Center to Advance Palliative Care (CAPC) and the Mapping Community Palliative Care project. Currently over 2,000 community palliative care providers are included – is yours one of them? Presenters will review current status of this project, how information being collected is being used, and answer your questions. Second, the Academy works with the Centers for Disease Control and Prevention to update the Next Gen Electronic Death Registry System (EDRS). Presenters will review goals and current status of this project, and answer any questions.

Making Meaning of Metrics: Utilizing Data in Home- and Community-Based Palliative Care in Large Healthcare Systems (FR451)

Sarina Isenberg, PhD MA, Sinai Health System, Toronto, ON, Canada. Bonnie Chen, MD, Kaiser Permanente, Oakland, CA. Laura Cantino, MD, Kaiser Permanente East Bay and Oakland Medical Center, Oakland, CA. Steve Lai, MD FAAHPM, Palo Alto Medical Foundation, Palo Alto, CA. Amy Hsu, PhD, Ottawa Hospital Research Institute, Ottawa, ON, Canada. Peter Tanuseputro, MD MHSc CCFP FRCPC, University of Ottawa, Ottawa, ON, Canada. Dana Benton, MS RN CNS, Kaiser Permanente Northern California, Sonoma, CA. Kuljeet Multani, MD HMDC, Palo Alto Medical Foundation, Freemont, CA.

Objectives

- State common potential benefits and challenges of collecting data about home and community-based palliative care (HCPC) in a variety of health systems.
- Compare approaches about how to best leverage this data to assess the impact of HCPC and to inform program growth.

Our international, multi-disciplinary panel will discuss both opportunities and lessons learned in leveraging data collection to support the growth of home and community-based palliative care (HCPC) programs within large health care systems.

Our presentation showcases three case studies:

- The single payer healthcare system in Ontario, Canada has allowed for large health administrative datasets. We will provide an overview of the data, and present two studies demonstrating the datasets use for research, policy and practice. Our 2011-2015 study (n=277,128) examined the relationship between receipt of HCPC in the last 90 days of life and subsequent health utilization/outcomes. This research has informed the Ontario government's investments into HCPC.
- Palo Alto Medical Foundation/Sutter Health is a large, multispecialty group serving about 1 million patients in Northern California at 4 clinical sites, with each providing a community-based palliative care program. We will discuss our efforts to leverage data to plan for sustainable growth for the program, including measurement to capture the work of each discipline, processes to utilize resources on interdisciplinary team effectively, and standardization of clinical assessments.
- Kaiser Permanente Northern California is an integrated health care system serving 4.2 million members at 15 clinical sites and 21 hospitals, with ambulatory palliative care available at all sites. We will present on efforts to standardize care across our system, including provision of process measures to allow sites to standardize clinical assessments, unifying documentation, and proactive patient identification using a regional registry.

By the end of this presentation, participants will be familiar with approaches to collecting data in HCPC, including challenges of doing so in diverse practice settings. Lessons learned in this session will assist participants in thinking through how to use this data for research and clinical applications.