

need for expansion. Understanding current cardiac palliative care services, potential funding sources, and future needs is a high clinical/research priority.

Implications for Research, Policy, or Practice. Study results provide an initial picture of cardiac PC specialty programs which will be further expanded based on qualitative interviews.

A Palliative Care Patient Navigator and Counseling Intervention for Latinos with Stage III/IV Cancer (S807)



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Objectives

1. Describe a method for culturally tailoring a counseling intervention.
2. List 3 elements of feasibility when pilot testing a new intervention.

Original Research Background. Latinos with advanced cancer are unlikely to access palliative care and can have high distress. To address this, we adapted and combined two successful interventions, a patient navigator and a counseling intervention. In prior work, the patient navigator intervention increased advance care planning for Latinos, and the counseling intervention reduced depression in a general population using behavioral activation and interpersonal psychotherapy.

Research Objectives. (1) Adapt the content and format of the counseling intervention to ensure cultural and literacy appropriateness with Latinos; (2) Determine the feasibility of the combined patient navigator and counseling intervention, including video counseling visits.

Methods. (1) Community participatory action approach. We collaborated with Latino patient navigators (n= 5) and a Latina psychologist with multiculturalism expertise to revise the counseling treatment manual and patient materials. (2) Pilot test in Latino patients with stage III/IV cancer who screen positive for high distress or depressive or anxiety disorder.

Results. 1) The counseling intervention underwent major changes. The written patient materials were adapted to a 5th-6th grade reading level. Thirteen stories of adjusting to illness were culturally tailored in an iterative process using paired navigator/study team members. Stories were transformed into video scripts using a similar process, with multiple revisions to

increase cultural tailoring and adhere to core counseling components. Videos were subsequently produced. 2) 14 of 23 eligible Latinos with stage 3/4 cancer enrolled. Participants were distressed (mean baseline NCCN distress 6.2/10, SD 1.4; PHQ8 10.6, SD 6.2; GAD7 9.4, SD 6.5). Intervention visits are ongoing and final pilot data will be presented.

Conclusion. A patient navigator and counseling intervention was adapted for use with Latino populations.

Implications for Research, Policy, or Practice. Developmental studies that culturally tailor established interventions to specific populations require time and funding. The community participatory action approach we used could be applied to other interventions and populations.

Behind the Scenes: The Care Coordination/Non-Billable Time Associated with Outpatient Pediatric Palliative Oncology (S808)



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Objectives

1. Describe the unique aspects of a pediatric palliative oncology clinic and the time spent in care coordination.
2. Identify the demographic and disease-based factors that contribute to increased care coordination time.
3. Formulate talking points to advocate for appropriate care coordination time in your outpatient clinic model.

Original Research Background. Integrated pediatric palliative oncology (PPO) outpatient models are emerging to assist oncologists and patients with longitudinal support, symptom management, and care coordination. Considerable time is devoted to care coordination, but the scope, time per patient, and ratio of non-billable to billable (NB:B) minutes is unknown. This information is crucial to designing new PPO outpatient clinics in order to understand and advocate for appropriate personnel, physician time, and resources.

Research Objectives. To determine the trends and ratio of NB:B minutes for PPO clinic patients.

Methods. All encounters were tracked from June 2017 through April 2018 for a single-institution 1-day per week PPO clinic. Administrative minutes and PPO inpatient time were excluded. Billable and non-

billable (e.g. care coordination) minutes were recorded. Descriptive statistics were conducted. The overall ratio of NB:B minutes and ratios by diagnosis type and vital status were calculated. One-way ANOVA and chi-square tests were used to assess differences in the NB:B ratios.

Results. Out of 98 patients, PPO had billable visits on 54 (55%) and assisted without billing in the care of 44 (45%). Twenty-four (25%) patients are deceased; vital status did not differ by diagnosis type ($p=0.29$). Patients had solid tumors (ST; 42, 43%), brain tumors (BT; 33, 34%), leukemia/lymphoma (L/L; 21, 21%), and other diagnoses (2, 2%). Overall NB:B ratio was 1.03. NB:B ratios differed among diagnoses ($p<0.0001$), with L/L the highest at 2.5 compared to ST (0.9), BT (0.8) and other (0.5). Deceased patients had a higher ratio of NB:B minutes than alive patients ($p<0.0001$; 1.9 vs 0.8).

Conclusion. Care coordination in PPO clinic is time-intensive and grows with clinic volume. For patients with L/L and those who were deceased, non-billable minutes outpaced billable clinical minutes.

Implications for Research, Policy, or Practice. When devising a PPO outpatient program, this NB:B ratio should be accounted for in physician time, and personnel devoted to patient and family assistance.

The Gang's All Here: All-Inclusive Interprofessional Education in a Palliative and Hospice Center (S809)



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Objectives

1. Describe the interprofessional education process that included non-clinical staff.
2. Discuss tools utilized to measure readiness for interprofessional learning, team collaboration, burnout and knowledge.
3. Describe outcomes of the interprofessional educational intervention.

Original Research Background. Nursing assistants (NAs), housekeepers, dietary staff, volunteer coordinators, and clerical staff are integral team members

in inpatient palliative and hospice settings, but may not be included in interprofessional education.

Research Objectives. The primary aim of this study was to evaluate the impact of interprofessional education on collaborative work practices. Secondary aims included: knowledge changes, job burnout, and retention.

Methods. Staff in a new palliative and hospice care center participated in a 12-session interprofessional education program. Participants' preparation included discipline specific reading materials. Session format focused on group exercises to maximize interaction among disciplines. All participants were evaluated pre/post education and at 3-month follow-up using the following tools: Readiness for Interprofessional Learning Survey (RIPLS), Assessment of Interprofessional Team Collaboration Survey (AITCS), and Maslach Burnout Inventory (MBI). Registered nurses (RNs) and NAs also completed knowledge surveys. RNs also completed the End of Life Professional Caregivers Survey (EPCS).

Results. RNs ($n = 15$), NAs ($n = 4$), housekeepers ($n = 2$), cooks ($n = 3$), a volunteer coordinator ($n = 1$), and clerical staff ($n = 3$) participated in the education. A significant increase in participant AITCS and EPCS scores was observed post education and sustained through 3-month follow-up (AITCS 16.4 percent increase at 3-month, $p<0.0001$; EPCS 17.7 percent increase at 3-month, $p<0.0001$). RNs (15.7 total point increase 95% CI (6.3, 25.1)) and NAs (4.3 total point increase 95%CI(0.3, 8.2)) both demonstrated significantly improved scores on knowledge surveys and, and after 3 months, reported significantly reduced emotional exhaustion (20.0, 95%CI (14.9, 25.2)) and depersonalization (6.0, 95%CI (3.2, 8.9)).

Conclusion. Our interprofessional education intervention has improved overall team function, which may ultimately affect patient outcomes and experience with care.

Implications for Research, Policy, or Practice. The education's sustained impact will be evaluated at 6 months follow-up. Interprofessional education will be studied among diverse groups within the broader medical center and region.

General Practitioners' Barriers and Facilitators to Opioid Prescription in Medellin, Colombia (S810)



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