

serious illnesses and how it may pertain to patients with LVADs including loss of control, self-image, dependency, social stigma, anger, abandonment, isolation and thinking about death. Tools to manage psychosocial stressors such as local support groups and the implementation of therapeutic metaphors (the Labyrinth and Butterfly Release Life Transformation Celebration for LVAD patients) will be described in detail. We will discuss the incorporation of our palliative care team in assisting with management of LVAD patients in collaboration with the advanced heart failure team including advanced care planning and assessing psychosocial factors prior to implantation. Through brief case examples from our experience, we will discuss how spirituality has played a role in decision-making for patients as they view their heart as a sacred entity.

### ***Project ECHO: A Disruptive Innovation to Expand Palliative Care (SA503)***



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#### *Objectives*

- Describe the needs within the larger palliative care community, including workforce shortage, that could be addressed with the use of Project ECHO and other innovative practices.
- Explain the concept and practice of Project ECHO around the world and its role in disseminating specialty medical knowledge to medically underserved populations.
- Discuss the value of interdisciplinary input and multi-site collaboration in palliative care.

Project ECHO uses teleconferencing to link specialist medical teams with community medical care providers who are seeking expertise in a specific field. The specialist teams hold regular “teleECHO” sessions, essentially virtual grand rounds, combining teaching, mentoring and patient case presentations. Over the past few years palliative care programs internationally have begun to utilize this method to expand palliative care knowledge and services in communities. As workforce shortages continue, Project ECHO is an innovative way to increase the capacity of providers by offering education, resources and skills. We will conduct a teleECHO session, using ZOOM videoconferencing. The purposes of the session are

to explain and model Project ECHO, facilitate a discussion of how it and other innovative programs can be used in palliative care, to encourage group input and to model interdisciplinary and international collaboration.

People can participate in several different ways—through attending the session in person or by logging into the session from anywhere. The interdisciplinary specialist team will facilitate the discussion from the concurrent session room.

We will follow a typical ECHO session agenda:

1. Didactic presentation: The didactic topic will be “Project ECHO-A Revolutionary Model for Expanding Access to Care”. The presenter will be a Project ECHO leader/expert. The goal is to familiarize audience/participants with the ECHO model.
2. Case presentation and discussion: The “case” will involve a palliative care provider presenting to the session participants some obstacles their organization and providers face. Main question for interdisciplinary specialist team and session participants will be “what innovative solutions have other groups used to address needs/deficiencies in their palliative practice communities?” We will have some of our international ECHO colleagues participating. We will encourage audience to share their own innovative ideas. Interdisciplinary expert panel will share with the audience how Project ECHO has been used to address needs in the PC community.

### ***Beyond Meditation and Deep Breathing: Programmatic Strategies for Clinician Wellness and Team Resilience (SA504)***



Arif Kamal, MD MBA MHS FAAHPM, Duke Cancer Institute, Durham, NC. Kristin Edwards, MD FACP CPE, YNHHS-Bridgeport Hospital, Bridgeport, CT. Katy Hyman, MDiv, MemorialCare Long Beach Medical Center, Long Beach, CA. Sumathi Misra, MD MPH CMD FAAHPM, Vanderbilt University Medical Center, Nashville, TN. Ashley Albers, DO HMDC, Four Seasons Compassion for Life, Flat Rock, NC.

#### *Objectives*

- Describe the intrinsic framework and core features of five diverse wellness programs across the spectrum of hospice and palliative medicine practices.
- Identify organizational, programmatic and team related challenges and strategies to overcome them when developing, implementing and sustaining wellness programs in diverse settings.
- Adapt and apply at least three strategies/tools that could be implemented in attendees’ own practice environments.

Clinician Wellness, including resilience and burnout, has been gaining recognition as a critical area within health care quality in recent years. In the palliative care community, it has long been recognized that the intensity of the emotional work required in palliative care can contribute to burnout (marked by emotional exhaustion, cynicism, and decrease personal efficacy). Until recently, however, much of the efforts for clinician wellness, such as mindfulness and mind-body techniques, have been targeted at personal resilience strategies. Though important, personal strategies are only half the story. There is growing recognition that promoting clinician wellness and thriving at work requires both personal strategies and organizational support.

During this presentation, we will review five geographically and organizationally diverse programs and their innovative efforts to provide programmatic approaches clinician wellness. The multidisciplinary panel has been chosen from a variety of practice settings to demonstrate the range of programs that are possible, including a tertiary academic center, two community hospital settings with different leadership perspectives, a tertiary teaching program with strong VA affiliations, and one hospice setting. Each clinical environment presents unique challenges and opportunities for implementing programs, including resource limitations, parent institution culture, geographic challenges including rural and urban settings within one larger program, and program size with associated growth related challenges.

We will begin with a brief overview of current research in general clinician wellness, and then progress on to Palliative Care specific content. We will identify organizational, programmatic and team related challenges and strategies to overcome them when developing, implementing and sustaining wellness programs. We will host an interactive discussion to allow personalization and adaptation of strategies and tools that could be implemented in attendees' own practice environments.

### ***New Drugs and Drug News: The 411 and Implications for Palliative Care (SA505)***



Mary Lynn McPherson, PharmD MA MDE BCPS, University of Maryland School of Pharmacy, Baltimore, MD.

#### *Objectives*

- List new drugs approved by the FDA in 2018. For each drug the participant will be able to describe the approved indication, unapproved uses of the medication, common adverse effects and drug interactions.
- For each new relevant medication approved in 2018, describe the burden-to-benefit ratio and the role of the medication in caring for patients with advanced illness.

- Analyze important drug alerts and their relevance to drug therapies commonly used in hospice and palliative care patients.

Up to 100 new drugs and dosage formulations are approved every year by the Food and Drug Administration (FDA). Some of these are new molecular entities, while others are new formulations, new indications, generic drug approvals or labeling revisions. Even if a drug is a "new" molecular entity, it may not be "improved" over molecular entities already commercially available. In caring for patients with advanced illnesses, practitioners must make prudent drug therapy choices. Part of this decision-making process is a careful assessment of the burden-to-benefit ratio, including the financial burden of using each medication.

This concurrent session is a follow-up to the previous year's very popular update on new drugs. For relevant drugs approved in 2018, participants will learn about the FDA-approved indication for using the medication, unapproved uses of the medication (particularly as it applies to palliative care patients), if it is a controlled substance and the schedule (if appropriate), adverse effects, major drug interactions, dosing, and financial implications of drug procurement and monitoring if relevant.

Participants will learn what "NDA Chemical Type" (e.g., new molecular entity, formulation, manufacture, indication or OTC switch), and "Review Classification" (priority, or standard review; orphan drug status) was assigned by the FDA. If available, participants will also learn the "new drug comparison rating" (1-5, 5 highest in terms of drug importance). Most importantly, the participant will learn about the role of the new agent in caring for patients with advanced illnesses, and how this medication compares with medications already available. Public health advisories and drug-related alerts pertinent for end of life care will also be discussed, and their impact on caring for palliative care patients. Inappropriate use of medications in hospice or palliative care may result in suboptimal symptom management. This is a session that every health care professional needs to attend!

### ***Not Just for Neonatologists Anymore—The Blueprint for the Perinatal Palliative Care Consult (SA506)***



Jonathan Mullin, MD, Washington University School of Medicine, Saint Louis, MO. Christopher Collura, MD, Mayo Clinic, Rochester, MN. Joan Rosenbaum, MD FAAHPM, Division of Newborn Medicine, Saint Louis, MO.

#### *Objectives*

- Recognize trends in the growth of perinatal palliative care and the evolution in characteristics of