of palliative care and a communication component focusing on leading code status discussions and family meetings about goals of care. AAHPM workshop participants will have an opportunity to experience some of the curriculum elements in an interactive fashion. Outcomes data will be shared about the curriculum content, effectiveness of the IP curriculum and instructional design, and the impact on IP attitudes.

Can You See Me Now? Exploring Telehealth in Palliative and Supportive Care (FR402)

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Objectives
- Explore the current evidence base for benefits of telehealth interventions in various palliative and supportive care settings.
- Summarize the potential benefits and barriers to implementing a telehealth program within palliative and supportive care.
- Develop an operational checklist of items to consider when starting a telehealth program.

Community-based Palliative Care focuses on delivering the elements of Palliative Care where people with serious illnesses spend the majority of their time − at home. This support is provided through a variety of models of care designed to meet the needs of seriously ill individuals. With increasing focus on eliminating unnecessary emergency room visits and hospitalizations while increasing quality of life and satisfaction with healthcare services, the current U.S. Health System is driving healthcare delivery models outside of the traditional hospital/clinic settings. This is encouraging healthcare providers to develop new and innovative models to provide care for seriously ill people and their families including telehealth strategies. In the emerging field of telehealth and, in particular, palliative care telehealth, there is much to be learned. Telehealth strategies have great potential in this population of patients who may struggle due to their serious illness to travel to healthcare appointments and may feel burdened by many appointments with various specialists. Several studies in this area have shown that patients with advanced diseases are willing to participate in telehealth interventions. In fact, Palliative Care telehealth can remove physical and financial burdens associated with travel to and

from appointments while caring for patients, managing symptoms, and even supporting caregivers. In this interdisciplinary session presented from the perspectives of medicine, nursing and administration, we will introduce the evidence base supporting the idea of telehealth as a viable strategy to provide Palliative and Supportive Care services. Additionally we will address the various potential barriers and challenges of implementing a telehealth Palliative and Supportive Care program in a large hospital system and provide an operational checklist of items to consider when starting a telehealth program.

Build It and They Will Come: Outcomes of Developing a Palliative Care Identification and Machine Learning Algorithm (FR403)

April Krutka, DO, Intermountain Healthcare, Salt Lake City, UT. Hannah Luetke-Stahlman, MPA, Cerner Corporation, Kansas City, MO. Sarah Hill, PhD, Ascension Health, St. Louis, MO.

Objectives
- Discuss how development of a software tool can drive development of inpatient and outpatient palliative care programs.
- Discuss Algorithms 101.
- Discuss 'lessons learned' and results of going live with a Palliative Care Algorithm in the acute care setting.

One of the largest barriers for seriously ill patients, is timely identification of Palliative Care needs. In the acute care setting, many admitting and consulting physicians struggle with identification of appropriate patients. Intermountain Healthcare and Ascension Health, in collaboration with an electronic medical record company, developed an electronic Palliative Care identification algorithm, or trigger, which leverages historical and near real-time data to identify patients that would benefit from Palliative Care services. This project allowed several iterations of the algorithm, which ran in 'silent mode' in the electronic medical record. Over time, accuracy has improved with a current positive predictive value of 80%. It has identified nearly 26% of this 310 bed hospital's adult population as appropriate for Palliative Care services. This algorithm led to accurate data for program development and resource allocation at Intermountain Healthcare. Ascension's St. John Providence Hospital has utilized this same Palliative Care identification algorithm in a live clinical setting since April 2017. Many lessons were learned at both the algorithm development and the deployment state which can benefit others hoping to utilize similar methods. Due to the high volume of patients and staffing capacity of most palliative care programs, risk stratification for identified patients will be necessary. Therefore, development is underway for a machine

learning algorithm to help assign a risk score to each patient identified as appropriate for palliative care services. This stratification will allow for appropriate resource allocation, identification and education about primary Palliative Care, and further adjustments to the electronic solution to help embed Palliative Care throughout the healthcare continuum. This presentation reviews the current state of an ongoing collaborative project between a major electronic medical record company and multiple large healthcare systems, as well as the lessons learned in the technology and healthcare delivery industries.

Palliative Radiation Therapy for Palliative Care Providers: What You Need to Know and How You Can Best Advocate for Your Patients (FR404)

Emily Martin, MD, University of California, Los Angeles, Los Angeles, CA. Shayna Rich, MD PhD MA, Haven Hospice, Gainesville, FL. Joshua Jones, MD MA, University of Pennsylvania Health System, Philadelphia, PA. Candice Johnstone, MD MPH, Medical College of Wisconsin, Milwaukee, WI.

Objectives
- Describe the process of palliative radiation therapy delivery and how to best support patients through the process.
- Define appropriate indications for palliative radiation therapy based on current evidence.
- Describe the most common adverse effects of palliative radiation therapy and interventions to prevent or treat them.

Radiation therapy is a highly effective intervention in the palliative management of patients with advanced cancer. Patients may have rapid and durable relief of pain, bleeding, or obstructive symptoms; reduced risk of seizures or paralysis; and improved quality of life. Unfortunately, radiation therapy can also add physical, financial, and psychosocial burdens. It is important for hospice and palliative medicine (HPM) providers to understand how to best integrate radiation therapy into a patient's treatment plan. Patients may look to their HPM providers to clarify whether palliative radiation aligns with their goals of care, to provide reassurance during the treatment process, and to offer psychosocial support. HPM providers may need to advocate for their patients to ensure appropriate use of palliative radiation, including shorter treatment schedules, technologies with rapid turnaround times, or omission of radiation therapy altogether. HPM providers may also need to manage the adverse effects of radiation therapy and to identify patients likely to benefit from re-irradiation, as follow-up with radiation oncologists may be limited in the palliative setting.

Insufficient education in palliative radiation among HPM providers has been identified as one reason palliative radiation remains underused. In this session, we will discuss the key aspects of palliative radiation that we believe all HPM providers should know. We will explain basic terminology, provide an overview of the treatment process, and define the indications for and expected outcomes of palliative radiation. Using case examples, we will review common early and late toxicities and give recommendations about side effect prevention and management. We will also discuss how to provide support for patients throughout the radiation process. Our session's goal is to increase HPM providers' knowledge of palliative radiation so that they can advocate for the radiation regimen that is most suited for their patient.

Let All Flowers Bloom: Encouraging Innovation in Kidney Supportive Care through Partnerships with ESCOs—The Pathways Project (FR405)

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Objectives
- Describe the fourteen best practices for supportive kidney care developed for the Pathways Project change package.
- Discuss the opportunity that the ESCO accountable care model provides for innovating and integrating palliative care into the continuum of kidney care.
- Assess the potential for leveraging value-based purchasing arrangements to foster integration of supportive care practices in your own community.

The current care of patients with advanced chronic kidney disease (CKD) and end stage renal disease (ESRD) in the U.S. is not patient-centered, nor does it utilize palliative care approaches to optimize patients' quality of life. In several recent studies, patients with ESRD compared to patients with other chronic diseases have received the most intensive treatments at the end of life including cardiopulmonary resuscitation, intensive care unit admission, mechanical ventilation, and feeding tube insertion. The Pathways Project, which originates from Quality Insights' Coalition for Supportive Care of Kidney Patients, seeks to address this deficit through the implementation of an 18-month national Collaborative funded by the Gordon and Betty Moore Foundation. Fourteen teams consisting of nephrology and palliative care staff from ESRD Seamless Care Organizations (ESCOs) are participating (ESCOs are an