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Objectives

- Gain insight into the approach to highly skilled communication.
- Skill demonstration in order to demystify the communication process for clinicians.
- Enhanced understanding of the invisible process an expert takes when approaching a complicated situation.

Clinician/patient communication is a central skill of the palliative care and hospice professional. While a variety of training methods and approaches are used to teach communication skills, the opportunity to learn directly from a leader in the field is rare. Even rarer is the opportunity to hear about their personal and professional development. Participants will hear the expert comment on their strategies, thought processes, and development. Our presentation is based upon a "Master's Class" in which the audience learns from the demonstration of skill by an acknowledged expert and a discussion of their development and approach. We presented this session in 2018 with Dr. Ira Byock and plan to reprise our session in 2019 with another expert, ideally in a larger room with video capability so the audience can better see the expert's face and body language on screen.

The program is broken into thirds. In the first portion, the interviewer digs deeper into the expert's personal and professional development into a leader of the field. In the second portion, attendees observe our expert in an uninterrupted simulation such as a family meeting. In the final portion interviewers walk the expert through the simulation to gain insights into their thought process about the communication strategies used and alternatives they considered.

For example we may ask about how they prepare for a consult, how they cope after a difficult day, or how they balance work and family. We engage the audience in the form of submitted questions on paper. This session lends itself to being repeated annually with a different expert participant.

Our group, over time, wants to represent a diverse group of experts. If accepted this year we intend to approach Susan Block, Martha Twaddle, or Diane Meier.

Calculating Conversations About Opioid Conversions: Not Your Mama's Equianalgesic Chart! (FR475)



Mary Lynn McPherson, PharmD MA MDE BCPS, University of Maryland School of Pharmacy, Baltimore, MD. Mellar Davis, MD FCCP FAAHPM, Geisinger Medical Center, Danville, PA.

Objectives

- Describe reasons why patients need to switch from one opioid regimen to a different opioid regimen.

- Describe recent data that evaluates including switching from IV hydromorphone to oral hydro-morphone, morphine or oxycodone, and other conversions.

- Describe considerations for future opioid switching best practices: equivalency vs. utility.

It is not uncommon for patients to require switching from one opioid to a different opioid to maximize pain control and minimize adverse effects. This may be due to transitions in care (between acute and chronic care), due to lack of an acceptable therapeutic response, or due to opioid-induced toxicity. Practitioners rely on equianalgesic tables to determine an equivalent dose of a different opioid regimen. Much of the data that supports these tables is from single-dose studies, not steady-state clinical trials, and seldom if ever consider patient-specific considerations. In the past 2-3 years, better evidence has emerged in opioid conversions, including data from steady-state clinical practice. In this presentation participants will learn about this emerging data that demonstrates best practices in switching between opioid and dosage formulations. Using a case-based format, the presenters will guide participants through the application of this data, and use of a "new and improved" equianalgesic table. Last, participants will leave about a new concept of "opioid utility" which may be the next concept in opioid conversions. This presentation will share cutting-edge data that provide more accurate guidance than traditional opioid equianalgesic charts have in years past.

Managing Scarce Resources: Best Practices in Using Triggers in the Hospital and in the Community (FR476)



Allison Silvers, MBA BA, Center to Advance Palliative Care, New York, NY. Dana Lustbader, MD FAAHPM, ProHEALTH, New York, NY. Rachel Adams, MD, Icahn School of Medicine at Mount Sinai, New York, NY.

Objectives

- List the key data elements used in effective patient identification algorithms, and explain the variation needed between inpatient and outpatient services.
- Describe the key steps in implementing a proactive patient identification program, including ensuring patient engagement.
- Devise strategies to achieve buy-in and support from treating providers, accounting for the needs and culture of their organization.

With limited resources and a specialized skill set, palliative care services must be delivered to the appropriate set of patients to ensure value to the organization. Unfortunately, referrals from treating providers do not always result in palliative care teams seeing the right patients at the right time. As an