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