

- Articulate the business case for ACO investment in palliative care services.
- Apply at least 2 additional relationship strategies needed for long-term partnership with ACOs.

Currently, less than one-third of accountable care organizations (ACOs) have formal contracts with palliative care providers, despite the fact that many of the ACO goals can be advanced through palliative care services. At the same time, there are ACOs that have been leaders in starting, growing, and/or driving access to palliative care services for their patients, and many are seeing positive results. This session will cover three things. First, it will explore the state of accountable care in the US, highlighting geographic, ownership and maturity variations that can make a difference in partnership interest levels. Second, drawing on cases of successful palliative care-ACO partnerships, the session will provide attendees with the business case that they can make for investment in palliative care. Lastly, because the path towards financial partnership is rarely straight-forward, this session will also explore what a program might expect even once the business case is successfully made.

Innovative Applications of ELNEC Curriculum: Eighteen Years Equipping Nurses to Deliver Palliative Care in Diverse Care Settings (FR413)



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Objectives

- Define primary palliative care and name three reasons why primary palliative care is important for all patients and families.
- Describe the ELNEC program and model for dissemination of primary palliative care education and give three examples of how ELNEC curriculum has been adapted in diverse care delivery settings to provide clinicians with primary palliative care education

Background. The End-of-Life Nursing Education Consortium (ELNEC) was established in 2000 as a national education initiative to expand the capacity of nurses in diverse care settings to integrate palliative care into practice. ELNEC uses a train-the-trainer model and adaptable curriculum materials. ELNEC has expanded to offer multiple specialty courses; and in 2017, the ANA and HPNA recommended that all nurses have ELNEC training as the basis of primary palliative nursing practice.

Methods. We use case examples to demonstrate how ELNEC curriculum has been successfully adapted for diverse learners.

Results. ELNEC curriculum has been implemented to educate acute care nurses, graduate students in a palliative care certificate program, and care managers and social workers within a health plan:

1. A metropolitan medical center administered a needs assessment survey to all inpatient nursing staff. Based on the survey results, multiple 30-minute unit-based educational sessions using portions of ELNEC modules are being piloted to increase nurses' knowledge of palliative care.
2. Clinical staff at a community hospital wanted to better support families after they had received bad news. ELNEC Core curriculum was used to provide a 3-hour training on communication.
3. Learning strategies from the ELNEC modules are being threaded throughout graduate level interdisciplinary palliative care courses housed within the School of Nursing at a university.
4. An ELNEC Course was offered to more than 250 care managers and social workers for a health plan to increase awareness of the comprehensive needs of members with serious illness and encourage early referral to palliative and community resources.

Conclusions. Across care settings, nurses, care managers, and social workers are ideally positioned to identify and address unmet palliative care needs in the populations they serve. These examples demonstrate how ELNEC curriculum can be adapted to disseminate primary palliative care knowledge, enabling clinicians to improve quality of life for their patients living with serious illness.

General Inpatient Payment and the Office of Inspector General...Can They Live Together in Perfect Harmony? (FR414)



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Objectives

- Recognize the issues faced by hospice programs providing, or not providing, the general inpatient (GIP) level of care.
- Examine the Medicare regulations pertaining to the hospice GIP level of care.
- Demonstrate knowledge of clinical criteria for initiating, continuing and terminating the GIP level of care.

Over the past decade, the hospice industry has experienced increasing regulatory scrutiny and change. One area of recent focus is the provision of the general

inpatient (GIP) level of care. The Office of Inspector General (OIG) published a report in 2016 concluding one-third of GIP stays in 2012 were inappropriate, costing Medicare \$268 million in unnecessary care. In response, CMS began tracking hospice GIP stays longer than 5 days in the Program for Evaluating Payment Patterns Electronic Report (PEPPER).

Conversely, CMS also includes “no GIP” use as a target area in the PEPPER, which has confirmed a number of hospices do not offer any GIP care. A few mainstream media articles have lashed out at the hospice industry for not offering higher levels of care and leaving patients and families without symptom management when they need it most. Interestingly, CMS has given this issue less attention.

From the government’s perspective, it seems there is either too much or too little GIP. What is a hospice to do in this no-win situation? First, hospices that do not provide GIP need to address the obstacles that prevent them from offering this required level of care. Second, hospices that offer too much GIP need to review and better understand the Medicare regulations as well as clinical criteria and decision-making related to GIP.

This session reviews the risks and challenges hospice programs face in providing, or not providing, the GIP level of care. The discussion then takes a deeper dive into the Medicare regulations and clinical criteria, decision making, and care transitions that need to be considered when offering the GIP level of care. Through didactics, case presentations, and audience participation, learners will be able to navigate GIP care confidently and compliantly... resulting, hopefully, in their hospice programs achieving GIP and OIG harmony.

Picture My Voice: Harnessing the Power of Comics in Palliative Care (FR415)



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Objectives

- Identify ways that palliative providers can use comics to share and process powerful experiences in care.
- Cite examples of how comics can be used to support patients through illness and provide education.
- Participate in creation of a brief comic narrative demonstrating the power of graphic medium in sharing thoughts or experience.

Graphic narratives, often referred to as “comics,” are increasingly recognized as a unique and powerful platform to help both healthcare providers and patients in promote education and exchange of stories in illness

and care. For Palliative Care providers who are seeking ways to support clinicians and reduce burnout, graphic narrative can be an accessible and rapid means for processing distressing healthcare experiences, and resultant works can be used to provide support to colleagues. For patients, graphic narrative can be a moving method for sharing their illness with subtleties of emotion or experience that are not easily captured with prose, and comic educational materials may be more approachable for a variety of audiences and literacy levels than simple text. Finally, reviewing the graphic narratives of others helps patients humanize their illness and offers healthcare providers a unique window into what their patients are experiencing.

Many palliative providers may be unfamiliar with the literature that exists on comics in healthcare, unaware of graphic resources available to patients, and uncertain how to utilize graphic narrative in the care of themselves and those they treat. In this conference session, an interdisciplinary duo will open the pages of “graphic medicine” to participants with case examples and visual representations of outstanding health comics that highlight their potential uses in Palliative Care. Providers will develop a toolkit of techniques for using graphic narrative to care for themselves and their patients, and the session will close with an opportunity for participants to create their own brief comic narrative.

Navigating the Landscape of Increased Cancer Survivorship: When Malignant Pain Transitions from Acute to Chronic (FR416)



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Objectives

- Consider how immunotherapy and prolonged survival are impacting symptom management in patients with incurable malignancies.
- Describe how to assess symptom burden and likelihood of persistence in patients with cancer.
- Identify therapies and conditions which warrant consideration of prophylactic interventions to mitigate development of cancer related pain.

Recent advances in cancer therapies, especially immunotherapy, have drastically impacted cancer treatment and survival. These advances engender earlier diagnosis and longer survival. Increased survivorship and novel therapies bring new challenges including symptom clusters and pain syndromes as well as unknown long-term and late effects of both disease and