

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)



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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

ACO-type model just for dialysis patients). The Pathways Project developed a change package which consists of 14 evidence-based practices which the Collaborative teams are to test, implement, and evaluate. Examples of these best practices are identifying seriously ill patients, implementing advance care planning and shared decision-making, providing medical management without dialysis as an alternative to dialysis, and offering palliative dialysis and systematic dialysis withdrawal for appropriate patients. The Pathways Project developed the change package and associated tools and resources with input from the Pathways' interdisciplinary Technical Expert Panel (TEP), which included patient subject matter experts. This session will introduce these best practices and describe successes and roadblocks encountered in implementing them within nephrology and dialysis settings. The session will also describe the latest results from the CMMI ESCO demonstration and discuss how palliative care aligns with the ESCO goals. Speakers will guide participants in assessing the readiness of their palliative care service to build bridges with ESCO models and dialysis centers in their community to strengthen nephrology/palliative care collaboration.

Implementing a Bereaved Family Survey to Improve Palliative and End of Life Care at Academic Medical Centers (FR406)



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Objectives

- Describe the process needed to implement the Bereaved Family Survey (BFS) at academic health systems.
- Explain the importance of the BFS and how it can be used to improve the quality of palliative and end of life care provided by medical systems.

With the growth of value-based payment and alternative payment models, health systems have an interest in addressing the significant deficiencies in the care of serious illness including the quality of palliative and end of life care (PEOLC). A key obstacle to improvement is difficulty in measuring care processes and outcomes at the end of life. The patient and caregiver's experience with PEOLC is an important domain of quality inaccessible using administrative data and requires direct patient and family feedback. The Bereaved Family Survey (BFS) is endorsed by the National Quality Forum and has been used

nationally by the Department of Veteran's Affairs (VA) since 2010 to assess PEOLC at inpatient facilities. However, it has not been broadly used outside the VA or in the outpatient setting. BFS results can identify systematic problems in relation to communication, pain and symptom management, and care of the dying patient as well as patient characteristics associated with a poor end-of-life experience.

This concurrent session will help participants to assess whether the BFS is appropriate for their institutions and will provide guidance about implementation in the inpatient and ambulatory care setting. We will discuss the steps needed to execute the BFS in a large health system as well as strategies for automating the process. The presentation will review research and experiences with the BFS, address challenges in the implementation process including recent efforts in our own health systems, and provide potential solutions to these barriers, and discuss opportunities for collaboration in using it for quality improvement. The BFS collects valuable information regarding gaps in care quality vital to improve the quality of PEOLC.

Transcending Emotional Labor in Palliative Care: How Best Practices from Organizational Psychology Can Enhance Workplace Well-Being (FR407)



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Objectives

- Describe emotional labor and understand its significance within palliative care.
- Demonstrate best practices for emotion management from research within service industries and discuss the relevance within palliative care.
- Outline tips that palliative care providers can use to strategize their day to mitigate emotional labor at work.

Emotional labor, often referred to as emotional management, is an underrecognized area of research within palliative care. Emotional labor is the process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. Given the highly emotional nature of this work, palliative care providers are frequently attending to others' emotions as well as those within oneself. Often, providers are able to display their true emotions, but at other times may experience emotional discrepancy and engage in emotional management. It is this emotional labor