

8:15–10 am

### Plenary Session

#### ***Defining Hope: What Makes Life Worth Living (102)***



Carolyn Jones, Award-winning photographer and filmmaker.

##### *Objectives*

- Provide an outsider-looking-in perspective, and show what patients and families experience when receiving care.
- Remind healthcare professionals why it's critical to have in-depth conversations with patients and families that cover all of the choices they will need to make when faced with a life-threatening illness.
- Explore the general public's misconceptions about end-of-life care and hospice, and consider how, as a healthcare professional, you have an opportunity to dispel people's fears.

In this session, filmmaker and ethnographer Carolyn Jones will bring an outsider-looking-in perspective, describing her journey into the world of healthcare as a journalist, a patient, and a family member. Having collected countless stories for her book and documentary film projects, Jones exposes some of the public's biggest misconceptions about hospice and palliative care, and examines what it's like to be on the receiving end of that care. Jones will share clips from *Defining Hope*, her latest film, which follows patients with life-threatening illness as they make choices about how they want to live, how much medical technology they can accept, what they hope for and how that hope evolves when life is threatened. It is about optimism and reminds us that we have choices in how we die.

In this session, among other stories, Jones will also delve into her own personal experience with loss, which took place unexpectedly in the midst of filming *Defining Hope*. Empowered with the knowledge and tools from years of interviewing healthcare professionals about end-of-life choices, she was able to navigate the impossible decisions she and her family were forced to make. Her goal is to jumpstart critical conversations and help people define what truly makes life worth living.

10:45–11:45 am

### Concurrent Sessions

#### ***Advancing Legal and Medical Collaboration in Advance Care Planning (FR411)***



Amy Berman, LHD RN FAAN, John A. Hartford Foundation, New York, NY. David Godfrey, JD, American

Bar Association Commission on Law and Aging, Washington DC. Sarah Hooper, JD, UCSF/UC Hastings Consortium on Law, Science & Health Policy, San Francisco, CA. Rebecca L. Sudore, MD, University of California, San Francisco, San Francisco, CA.

##### *Objectives*

- Describe the barriers to collaborating and communicating people's medical wishes between the medical and legal professions,
- Evaluate solutions to medical-legal collaboration concerning advance care planning,
- Describe the new advance care planning guide for lawyers, and
- Employ three or more tools to improve communication between lawyers and health care providers on advance care planning.

While health systems are increasingly engaged in advance care planning, patients are still more likely to complete formal planning with lawyers than with medical or other professionals. Yet the medical and legal professions view advance care planning through different lenses and without much interprofessional dialogue. Opportunities to improve the quality and efficacy of ACP practice are too often missed. To address this gap, a diverse group of organizations, lawyers and healthcare professionals helped to identify the most common barriers to effectively communicating individuals' medical wishes among medical providers, lawyers, and healthcare systems. Working groups helped to determine solutions culminating in a new guide for lawyers called "Advance Directives: Counseling Guide for Lawyers," by the American Bar Association Commission on Law and Aging. The guide provides detailed information on how to bridge the chasm between lawyers and doctors. This session will discuss the development of this toolkit and best practices in collaborating across the medical and legal fields to ensure patients' advance care planning wishes are honored. This was a collaborative project funded by the John A. Hartford Foundation that included the American Bar Association Commission on Law and Aging, the American Academy of Hospice and Palliative Medicine, the University of California, San Francisco Medical School and the UCSF/UC Hastings Consortium on Law, Science & Health Policy.

#### ***Palliative Care and ACOs: Making the Case for a Match Made in Heaven (FR412)***



Allison Silvers, MBA BA, Center to Advance Palliative Care, New York, NY. Robert Saunders, PhD, Duke University, Durham, NC. Laura Patel, MD, Transitions LifeCare, Raleigh, NC.

##### *Objectives*

- Describe at least 3 priorities of accountable care organizations (ACOs) in the US, and how they might differ by type of organization.

- 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)***



Jennifer Seaman, PhD RN, University of Pittsburgh, School of Nursing, Pittsburgh, PA. Susan DeSanto-Madeya, PhD MSN RN APRN, Boston College, Chestnut Hill, MA. Laura Fennimore, DNP RN, University of Pittsburgh, Pittsburgh, PA. Constance Dahlin, ANP ACHPN FAAN FPCN, Hospice and Palliative Nurses Association, Pittsburgh, PA.

#### *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)***



Ruth Thomson, DO MBA HMDC FAAHPM FACOI, Jack Byrne Center for Palliative and Hospice Care, Hanover, NH. Terri Gross, BS RN CHPN, Hospice of Dayton, Dayton, OH.

#### *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