

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