



Sample Concurrent Abstract Submission

“This Was Not What I Had in Mind,” and Other Palliative Challenges Encountered in Left Ventricular Assist Device (LVAD) Care (TH321)

J. Hunter Groninger, MD FAAHPM, Medstar Washington Hospital Center, Washington, DC

George Ruiz, MD, MedStar Heart Institute, Bethesda, MD

Joan Panke, MA NP ACHPN, Medstar Washington Hospital Center, Washington, DC

Anne Kelemen, MSW, MedStar Washington Hospital Center, Washington, DC

Objectives

- Recognize current left ventricular assist device (LVAD) technologies, eligibility, complications, and controversies, with specific attention to LVAD use as destination therapy, and cardiology gaps in LVAD management providing opportunities for palliative care collaboration.
- Discuss developing a framework for successful advanced heart failure-palliative care team collaboration through palliative medical and psychosocial assessment and management strategies for patients and family caregivers, building from The Joint Commission requirements for LVAD-DT advanced certification and concept of the palliative clinician as learner,
- Discuss how to strategically develop PC program action items to build close collaboration with advanced heart failure teams at institutional level and supportive care network at local/regional level.

With the evolution and growing availability of mechanical circulatory support (MCS) technology for patients with advanced heart failure come new frontiers for palliative care (PC) teams.

Although data demonstrates that MCS devices, including left ventricular assist devices (LVADs), can improve survival and quality-of-life for patients with advanced heart failure, patients remain at risk for catastrophic events, like stroke or hemorrhage, persistent functional decline, or progression of other life-threatening medical conditions. Among patients receiving LVAD devices as destination therapy (DT), 30% will die within 2 years of implantation. Thus,

PC is increasingly invited by advanced heart failure teams to provide patient and family support, sometimes even prior to implantation. As of October 2014, the Joint Commission on Accreditation of Healthcare Organizations requires PC representation on the core interdisciplinary team for LVAD-DT advanced certification.

How can PC clinicians best navigate these unfamiliar waters? In this concurrent session, clinicians from a multidisciplinary advanced heart failure program will use case studies, clinical literature, and pilot data from this institution's experience to share challenges and solutions supporting patients receiving LVADs as destination therapy and building strong collaborative ties to an advanced heart failure program. Device eligibility, medical complications, and current controversies are introduced by an advanced heart failure specialist. Psychosocial assessment strategies that help risk-stratify patients, advance care planning approaches and challenges, and caregiver burden specific to LVAD therapy, will be described. Finally, presenters will broach challenges to implementing PC principles within an advanced heart failure team and describe opportunities for building bridges toward community-based supportive care networks. Building from the context of the palliative expert as a learner of advanced heart failure therapies, through concrete palliative strategies to meet LVAD patient/family needs, this session will offer clear concepts to facilitate PC program development for the LVAD-DT population.



Sample Concurrent Abstract Submission

The Billing Boys Tell All: Preparing to Succeed with Medicare and the Billers at Home (TH334)

Christopher Jones, MD MBA HMDC FAAHPM, University of Pennsylvania

Phillip E. Rodgers, MD FAAHPM, University of Michigan

Objectives

- Describe five commonly used groups of billing codes applicable to palliative care teams' clinical work.
- Discuss the new Medicare documentation guidelines and how they can help save time and increase revenue.
- Review billing code selection in all clinical settings, to take full advantage of all the tools now available from Medicare and commercial health plans.

Palliative Care (PC) programs are growing nationally. Once niche services well under the fiscal radar, many PC programs now have seven-figure budgets and a dozen or more clinicians. As programs cost more, sponsoring institutions' expectations for clinical revenue grow, leaving PC team members working longer hours to see more patients to help close the yawning budgetary gap. Most PC providers have become accustomed to basic billing and coding practices, but significant opportunities exist, even for seasoned clinicians and program leads, in the rapidly expanding array of billing revenue opportunities. In follow-up to a standing-room-only session at the 2019 Assembly, two PC physicians responsible for the financial health of their teams will elevate clinicians' knowledge of billing and clinical revenue to the next level. The session will open with a brief review of commonly used billing codes—Evaluation and Management, Advance Care Planning, Face-to-Face and Non-Face-to-Face Prolonged Service Codes, and Chronic and Complex Chronic Care Management Codes. Relative Value Units (RVU) for these codes will be unpacked and explained, with an emphasis on optimal code selection in common visit scenarios. Presenters will also discuss the updated Medicare documentation guidelines, which offer real opportunities to save time and increase revenue. The session will then transition to lively case-based learning with extensive audience interaction. Inpatient, outpatient, and home care scenarios will be described and dissected and, when different codes or combinations of billing codes could be compliantly chosen,

RVU differences will be highlighted to show which billing codes might be selected to optimize revenue. The time has ended when PC programs' costs were nothing more than an organization's financial rounding error. It is critical for all clinicians to understand billing at a deeper level, and this session will help attendees feel comfortable with more complex billing topics.