

Assessing Progress in End-of-Life and Serious Illness Care

National Academy of Medicine

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Professional Education & Development

REPORT-OUT TEMPLATE

Overall takeaways (briefly characterize discussion overall—did anything surprise you? What did you find most encouraging?)

- There are educational opportunities that exist; we need to make sure we're sharing best practices and funding them adequately and motivating learners to be involved
- Language matters: how we discuss palliative care can make an impact once we get down to learners and we need to be thoughtful about the language being used
- Need for integration with other recommendations
- Regulation/licensure/accreditation alone will not work—there needs to be a culture change
- Make sure we're measuring impact on care

Chief barriers identified by both groups

- Graduate debt burden
- Lack of motivated learners (RVU/time famine)
- Not enough faculty
- Ongoing silos in training and practice

Most promising opportunities/solutions identified by both groups

- Flexible training opportunities (MOOC)
- Picking the right intervention for the right target
 - Education targets: Health system & C-suite, faculty/curricula, trainees, policy/administrative leaders, foundations, academic health centers (AAMC/AAHC)
 - Developing curriculum, faculty, and funding and matching them with motivated learners
- Aligning educational goals with ACA, MACRA/MIPS and other quality incentives

Top 3-5 priority action items and actors identified by both groups

Top Priority Action Items		Actor(s)
1	Cataloguing existing training opportunities across specialties and professions	Specialty & professional organizations
2	Encourage development of interprofessional education & practice models (and promote existing models)	Individual colleges & universities shared through specialty & professional organizations
3	Gather and report from specialty organizations current	Specialty & professional

	palliative care skills & knowledge for the non-palliative care specialist	organizations
4		
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