**Project ECHO October 23, 2019**

**Attendees:**

1. Barb Perry, Survivorship Program Manager, MaineHealth Cancer Care Network
2. Heather Sinclair, LSW, Navigator and Palliative Care Program at MDI Hospital
3. Lauren Michalakes, MD, Palliative Care Physician, Pen Bay Medical Center
4. Kim Danforth, LMSW, Oncology Navigator, Pen Bay Medical Center
5. Beth Ann Platt, Patient Navigator, Northern Light Sebasticook Valley Hospital
6. Robin Letarte, Financial Advocate, New England Cancer Specialist
7. Katelyn Michaud, Program Manager, Maine Cancer Foundation
8. Heather Drake, Program Manager, Maine Cancer Foundation
9. Aysha Shiekh, Director of Programming, Maine Cancer Foundation
10. Cherry Lynn Maglangit, Nurse Navigator, Dartmouth Hitchcock Medical Center
11. Heather Stevens, Harold Alfond Center for Cancer Care
12. Magda Alden, American Cancer Society, Patient Navigator, Maine Medical Cancer Institute
13. Kerri Medeiros, Harold Alfond Center for Cancer Care
14. Patricio Massanga, Patient Navigator, Greater Portland Health
15. Katherine Perkins, Patient Navigator, Caring Connections Bangor YMCA
16. Devan Oleksyk, Patient Advocate, Northern Light EMMC Cancer Care

**Recommendations for Case Study**

Case Study Presenter: Kim Danforth, LMSW, Pen Bay Medical Center

* Patients from the prison population. Came to ED and found liver cancer. Unable to talk with patient, communication happened through staff at prison. Very important to have navigator following this case and connecting prison to oncology/radiology, working on behalf of the patient though not having contact with patient
* Kerri at Harold Alfond Center has experienced similar issues with head/neck cancer patients from the prison population. The pain with treatment is intense and it’s difficult to get patients to care they need.
* Heather at MDI Hospital, have palliative care program, started as grant, includes RN, SW, MD but is RN led now. MD comes in on as needed basis. Home visits, transportation big barrier. Still in infancy, only been a couple of years. Still helping individuals understand hospice vs. palliative care.
* First steps for starting a new palliative care program? It’s the standard of care for the cancer patient population. It adds quality to lives of cancer patients and other patients. Message to hospital leaders: decrease costs for facility and patients. Speak to what’s most important to the organization and how palliative care can help.
* Resources for New Mainers or patients who do not speak English as a first language? Learn to structure approach to palliative care based on understanding of who the person is and the religious/cultural diversities at play. Bring in community individuals who can help
* Without specialty level palliative care team, are there ways to implement palliative care? Find ways to meet the need with clinical staff available. Clinical social workers work with patients on a much broader level, working with families, can sometimes be a front line person for implementing palliative care. Find opportunities to bring palliative care skill set into the organization. Trainings: Serious Illness Conversation Guide (physician guide for oncologists); Vital Talk. To train clinicians on how to have serous conversations with patients about their choices for care.
* Are there trainings available for non-physician clinical staff?

**Next Patient Navigation ECHO Call:**  
November 20, 3-4pm, Patient Empowerment