

# Evidence-Based Integrative Approaches In Palliative Care: Challenges And Opportunities

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# I will talk about:

- 1) What is ***integrative care***?
- 2) Implementation across ***hospital-based, hospice and LTC***
- 3) ***Evidence*** and uses in palliative care populations
- 4) Integrative Palliative Care ***at the VA***
- 5) Delivery models: creating ***sustainable IPC*** services
- 6) Challenges and opportunities
- 7) Questions

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# 1. What is integrative care

## Alternative vs complementary vs integrative

### \* **Alternative therapies**

- \* *instead of, or at the exclusion of, conventional (currently for non-evidence based approaches)*

### \* **Complementary therapies**

- \* *alongside with, or as an adjunct to, conventional (collaborative)*

### \* **Integrative therapies**

- \* *Combining complementary and conventional therapies in synergy*
  - ***complementary therapies within medical environments***

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# Evolution & NIH perspective

- \* OAM (Office of Alternative Medicine) 1995
- \* CAM (Complementary & Alternative Medicine) - during 1990's-2000's
- \* Current: **Integrative** or **Complementary & Integrative**
- \* NCCAM is now NCCIH since 2015 **National Center for Complementary and Integrative Health**
  - \* Preferred term for CTs in hospital environment is “CIM” (Complementary & Integrative Medicine) or “IH/IC” (Integrative Health/Care)
  - \* <https://nccih.nih.gov/> and <https://nccih.nih.gov/news/press/12172014>

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# Beyond Complementary Therapies: IC as Multi-Dimensional Care *Transforming the culture of care*

Care that integrates all human dimensions  
*Physical, Emotional, Psycho-social, Mental, Spiritual*  
**Whole Health Care**

**Whole Health: Caring for patients and caregivers**  
*Caring for the family caregiver*  
*Caring for the health care provider*

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# Integrative Care as Cross-Cultural Phenomenon

- Retirement village in Australia with Tai Chi taught by a 90 y.o. woman
- Inner-city hospital in Buenos Aires has yoga, massage & art therapy program
- PC wards in Japan: hand & foot massage, acupuncture, art, music
- UK day hospice with day-long stay and menu of integrative therapies
- Multi-million facilities with state of the art building and full menu of integrative therapies (*Dana-Farber, MD Anderson, etc.*)
- Training staff to deliver integrative therapies across all services (i.e. UCLA)

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## 2. Implementation in HOSPICE Settings

- \* **National surveys :**

- \* 60% of hospices in US (Demmer, 2004) and Canada (Oneschuk et al., 2007)

- \* **State-wide surveys:**

- \* 86% in WA (Kozak et al., 2009)
- \* 90% in IL (Van Hyfte, Kozak & Lepore, 2013)
- \* 57% in TX (Olotu et al, 2014)

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# Most common integrative therapies in HOSPICE

- Touch Therapies & Massage
  - Benevolent Touch, Massage Therapy, Namaste Care, Reflexology, etc.
- Mind-Body & Contemplative Practices: Guided Imagery, Hypnosis, Meditation
- Biofield Therapies: Healing Touch & Reiki
- Aromatherapy
- Animal-Assisted Therapy
- Expressive arts: visual arts, writing, legacy interventions, music, thanatology.
- Tai Chi/Qi Gong, Yoga/Seated Yoga
- Acupuncture

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# Implementation in LTC Settings

- \* Anecdotal data showing increasingly offered
- \* At the VA: **Whole Health**
  - \* Touch Therapies & Massage Therapy: caring touch by CNAs or volunteers (hand/foot, scalp, “touch with presence”)
  - \* Aromatherapy, Music, Healing Touch and Reiki
  - \* Tai chi , Shibachi, seated yoga, dance
  - \* Animal-assisted therapies and animal residents
- \* EXAMPLE VA Community Living Center, DC:  
<https://www.youtube.com/watch?v=LcPcle1Clpw&list=PLp2unjw6823VkWUcgICuhGbAOj2BiSBYh&index=11>

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# Implementation in HOSPITAL Settings

## Increasing number of hospitals & cancer centers offer integrative care

- As part of Patient-Centered Care and focus on patient experience
- Growing number of Integrative Oncology (IO) services
- Inpatient and outpatient models
- Mixed funding and delivery models

## Common IO services:

- *acupuncture, massage, aromatherapy, music, yoga, tai chi, expressive arts, meditation, hypnosis, guided imagery, Healing Touch, Reiki, animal-assisted therapies*

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## Example – new cancer center



- Radiation Oncology, Medical Oncology, Surgical Oncology, Breast Health/Breast Surgery, Cancer Screening & Diagnostics, Clinical Trials & Research, Genetic Counseling, Oncology Rehab.
- Outpatient Palliative Care
- Psychosocial Oncology, Wellness & Resource Center, Survivorship
- **Integrative Oncology, incl. Nutrition**
- **On-site complementary services such as PT, naturopathy, acupuncture, support groups and other services**
- Centralized treatment spaces
- Comfortable consultation rooms
- Healing environment with welcoming spaces and natural light

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# Dana-Farber Cancer Center Video

## Zakim Center for Integrative Oncology – VIDEO

<https://www.youtube.com/watch?v=8x9sToonoAk>

- funded by donor
- mixed funding (insurance, self-paid, free group classes)
- self-sustaining
- progressive academic environment (Boston)
- Integrative “menu:” *acupuncture, massage, Reiki, group programs for movement, meditation, creative arts, exercise, nutrition.*

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# University of Buenos Aires Teaching Hospital “Hospital de Clinicas,” Argentina **Video**

*What does integrative PC look like in low-income environments?*

<https://www.youtube.com/watch?v=Uj5HqoEAlOo&list=PLp2unjw6823VkWUcgICuhGbAOj2BiSByh>

- Hospital-based, 90% volunteer and 10% staff-delivered
- Adapted to low-income population
- Yoga, expressive arts, massage, reflexology, Reiki, music
- Emphasis on training family caregivers

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### 3. Integrative modalities - Evidence Summary

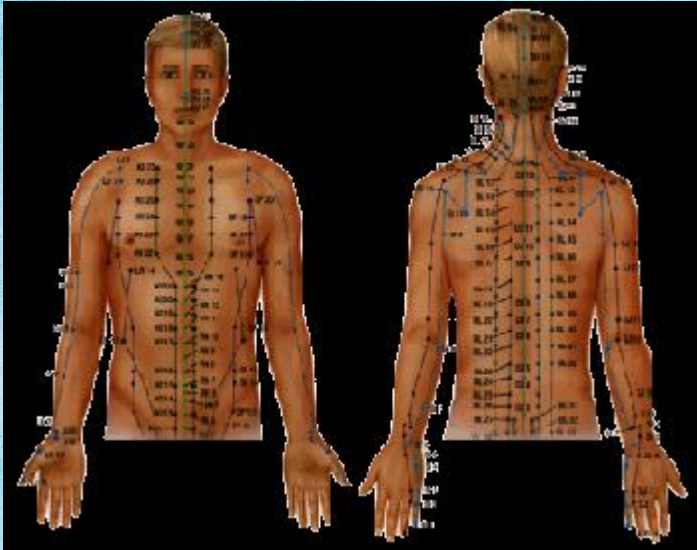
<b>Modalities</b>	<b>Symptoms with supporting evidence of benefit...</b> <i>(highest level of evidence in red)</i>		
<b>Acupuncture &amp; Related</b>	<b>Pain</b> & fatigue	<b>Chemo-related nausea</b>	Dry mouth and breathlessness
<b>Aromatherapy</b>	Pain	<b>Anxiety</b>	Sleep
<b>Biofield Therapies</b>	Pain, fatigue & QOL	Anxiety	Sleep
<b>Expressive arts</b>	Pain & QOL	<b>Anxiety</b>	Sleep
<b>Massage</b>	<b>Pain, Fatigue &amp; QOL</b>	<b>Anxiety</b>	<b>Sleep</b>
<b>Mind-Body</b>	<b>Pain, QOL</b>	<b>Fear &amp; anxiety</b>	Sleep
<b>Movement</b>	<b>Pain, Fatigue &amp; QOL</b>	<b>Anxiety</b>	Sleep



# Acupuncture

## Uses in Palliative Care

- Pain (including neuropathic)
- Chemo-induced nausea & vomiting
- Fatigue
- Dry mouth
- Breathlessness
- Stress/anxiety, depression, QOL



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# Acupuncture in geriatric and EOL care



<https://www.youtube.com/watch?v=ItBZ8iKonPI&index=25&list=PLp2unjw6823VkWUcgICuhGbAOj2BiSByh>

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# Biofield Therapies

## Uses in Palliative Care

- Pain
- Stress/Anxiety
- Sleep
- QOL



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# BIOFIELD THERAPIES

<https://www.youtube.com/watch?v=pJH6zabG4BA&feature=youtu.be>

- **“Biofield” concept in Western and Eastern traditions:** *chi, prana, vital energy, vital force, life force.*
- **Western Science and Medicine:**
  - Vital force: 1700’s “Vitalism” *pre-Darwin*
  - “Radiation Biology:” 1900’s-2000’s, *bio-electro-magnetic fields*
  - Consciousness research: 2000’s, *intention in healing, energy vs consciousness*

## Modalities:

- Therapeutic Touch (Krieger and Kunz, 1970’s)
- Healing Touch (Mentgen, 1970’s)
- Reiki (Japanese)
- Pranic Healing (Hindu)
- “External” Qi Gong (TCM)

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# BIOFIELD THERAPIES Evidence

- \* Most studies show positive impact in stress-related sx & QOL
- \* Many observational and fewer RCTs, sometimes poorly controlled (Anderson et al., 2011)
- \* Similar methodological issues than acupuncture
  - \* Length of sessions, number and frequency of sessions
  - \* Difficult to compare studies
  - \* Similar to acupuncture: Blinding or sham control
  - \* Wide differences in practitioners' skill levels and great influence of interpersonal relationship between pt and practitioner

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# BIOFIELD THERAPIES - studies

## Therapeutic Touch

- \* Alzheimer's Disease: agitation, pacing, and walking (Woods et al., 2005)
- \* Bone marrow transplant: comfort (Smith et al., 2003)
- \* Burn victims: anxiety (Turner et al., 1998)
- \* Advanced cancer: QOL (Glasson et al., 1998)
- \* Post-operative pain: need for medication (Meehan, 1992)

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# BIOFIELD THERAPIES – studies (2)

## Healing Touch

- \* Alzheimer's Disease: functional behaviors (Ostuni et al., 2001)
- \* Elderly nursing home residents: pain, tension, worry, happiness, and nervousness (Gehlhaart et al., 2000)
- \* Cancer patients: blood pressure, respiratory rate, heart rate, fatigue, mood disturbance, pain (Post-White et al., 2003)

## Reiki

- \* Cancer: pain and overall QOL (Olson et al., 2003)
- \* HIV/AIDS: pain and anxiety (Miles et al., 2003)

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# Animal-Assisted Therapy (ATT)

*Incorporation of trained animals (or patient's pets) into patient's treatment goals*

- Visiting animals
- Resident animals
- Companion animals
- Pet therapy

## Animals involved in AAT

Dogs, cats, horses, exotic birds, donkeys, pigs, fish, others.



**Zachary – ICU stay**

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# Evidence for Animal-Assisted Therapy

Interaction between person and animal is physically & psychologically beneficial



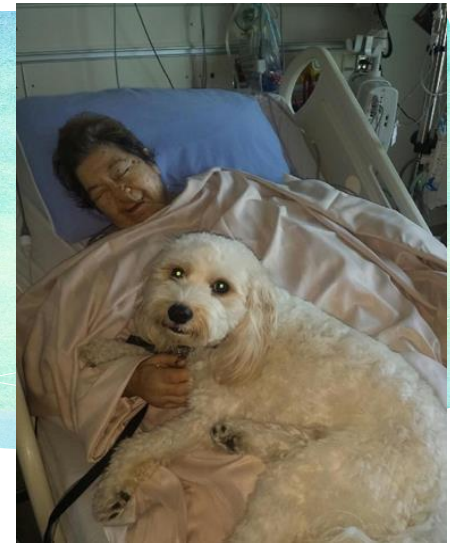
- **Physical indicators:** *Lower BP, higher survival rate from heart attack, accelerated recovery from illness & surgery.*
- **Psychological indicators:** *Decreased depression, anxiety and isolation, increased well being and socialization and interaction.*

**In plain language...** *a dog's [or other animal] unconditional love has countless benefits for patients, family members, and caregivers.*

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# Evidence for Animal-Assisted Therapy



- Pet-Assisted Living in nursing homes program helps preserve/enhance function of AL residents with cognitive impairments (Friedmann et al, 2015).
- AAT may delay progression of neuropsychiatric symptoms in nursing home residents with dementia (Majić et al, 2014)
- Canine-assisted ambulation may decrease hospital length of stay and thereby decrease costs of HF care (Abate et al, 2011)
- ATT improves BP and neuro-hormone levels, and decreases anxiety in patients hospitalized with heart failure (Cole et al, 2007)

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- Stephanie desperately wished to see her horse Luna one last time. *Zachary's Paws for Healing* made her wish come true.
- Luna was delivered to Juravinksi Hospital in Hamilton, ON. Her visit with Stephanie was 1<sup>st</sup> time special visit with a pet other than dog/cat.



**Zachary's Paws For Healing** is a Foundation in memory of *Zachary Noble* and his dream of providing companion pet visits to hospital patients.

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## Resources for family pet visitation

If you are interested in bringing AAT to your facility (consent forms, responsibility waivers, etc.)

<http://www.zacharyspawsforhealing.com/resources.html>

*Video Pet Visitation* <https://youtu.be/gXps9EpDstl>



### Patients and Pets are a Healing Combination

The Juravinski Hospital has partnered with Zachary's Paws for Healing to allow patients a visit with their family dog or cat while staying in the hospital. Please join us as we celebrate the official launch of our Pet Visitation Program.

**Monday November 30, 2015**

1:30 pm – 2:30 pm  
Juravinski Hospital Lobby

Refreshments & Potluck format agenda



### Family pet hospital visiting guidelines

<http://www.zacharyspawsforhealing.com/uploads/5/7/9/6/57961003/familypetvisitguidelinesportrait-th.pdf>

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# Expressive Art Therapies



## Uses in Palliative Care

- Pain
- Anxiety & Death anxiety
- Depression
- Sleep
- Psycho-social and spiritual sx including existential (meaning, purpose), loneliness, etc.



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# Expressive Art Modalities

## Music

- Music therapy (prescriptive music)
- Therapeutic music (live or recorded)
  - Music Thanatology, harp vigil at EOL
  - Bedside choirs, Capella singers for comfort at EOL

## Expressive writing

- Journaling, narrative, story, poetry, letter writing (sent or un-sent), life review

## Art therapy

- Painting, drawing, sculpture, etc.

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# Expressive arts evidence

- \* Most studies report on music therapy: benefit for pain, anxiety, depression
- \* Therapeutic Music (music thanatology, bedside singing, etc.) anecdotal and observational evidence only in QOL
- \* Expressive writing shows benefit in controlled studies for QOL and stress-related symptoms
- \* Painting, drawing and sculpture are difficult to study but anecdotal and observational studies suggest benefits in QOL

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# Expressive Art Therapies studies

## Music

- \* Pain, stress, oxytocin, cortisol in open heart surgery (Nilsson, 2009)
- \* Decreased pain & opiate use (Cepeda, 2006; Nilsson, 2008; Engwalls and Duppils, 2009)
- \* QOL in EOL Cochrane review (Bradt and Dileo, 2010)
- \* Pain and guided relaxation with music (Gutgsell et al., 2013)
- \* Dyspnea and music therapy (Gallagher et al., 2006)
- \* Pain after mastectomy (Li et al., 2011; Binns-Turner et al., 2011)
- \* Cancer pain in hospitalized patients (Huang et al., 2010)

## Expressive writing and art therapy

- \* Cancer patients & caregivers self-forgiveness (Toussaint et al, 2014)
- \* Cancer symptoms (Milbury et al., 2014)
- \* Depression and fatigue in chemo-pts: (Bar-Sela et al., 2007)
- \* Emotional expression, relaxation & QOL in advanced cancer (Lin et al., 2012)

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# Mind-Body Interventions



## Uses in Palliative Care

- Pain
- Breathlessness
- Stress/Anxiety and Depression
- Fatigue
- Gastrointestinal problems
- Sleep
- Surgical preparation/recovery
- Psychosocial-spiritual support

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# Mind-Body Modalities

- Contemplative & reflective practices
  - Mindfulness
  - Meditation
  - Prayer
- Relaxation techniques, Guided Imagery & Hypnosis
- **“Mindful Movement” practices**
  - *Yoga: Seated and bed-bound adaptations*
  - *Tai-chi/Qi Gong: Seated and bed-bound adaptations*



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# Mindful Movement studies: Yoga and tai chi

- \* Physical and psychosocial benefits of yoga in cancer patients and survivors (Buffart et al, 2012).
- \* Yoga for breast cancer patients and survivors: a systematic review and meta-analysis (Cramer et al, 2012)
- \* Meditative Movement Therapies and Health-Related QOL in Adults: A Systematic Review of Meta-Analyses (Kelley & Kelley, 2015)
- \* Effects of tai chi on renal and cardiac function in pts with chronic kidney and cardiovascular diseases (Shi et al, 2014)

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# Tai chi Dorrie's secret weapon at 90



90 y.o. Dorrie Ellard leads a tai chi class

Dorrie has also been sharing her love of tai chi by teaching classes to women at the *Berri Cottage Homes retirement village in Riverland, SA.*

*... "The elderly ladies need this because we're not as active normally. The beauty is you can do this standing up or sitting down, it doesn't matter. You can be in a wheelchair and still get the benefits for your body and your brain."*

<http://www.abc.net.au/local/stories/2012/12/14/3654468.htm>

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# Touch Therapies and Massage Therapy



## Uses in Palliative Care

- Pain
- Stress/Anxiety
- Depression
- Breathlessness
- Sleep
- QOL
- Psycho-social support



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# Differences between Touch Therapies and Massage Therapy

**Touch Therapies = caring touch**

Benevolent Touch

Soft-Touch

Touch, Caring & Cancer

**Massage Therapy =**  
**caring touch + expert tissue manipulation**  
Swedish, Deep Tissue, Thai, etc.

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# TT and MT evidence

- \* 1300+ clinical trials on Pubmed
- \* Reduce severity of wide range of sx, including pain, nausea, anxiety, depression, stress and fatigue (Collinge et al., 2013).
- \* Improve mood and QOL (Field, 1998; Moyer et al., 2004).
- \* Touch may be as effective as massage in EOL (Kutner et al, 2008)
- \* Systematic reviews: mixed quality of studies (Ernst, 2009).
- \* Methodological issues: impossible to blind, or control/sham

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# TT and MT studies - hospital

## **VA Ann Arbor Medical Center - Prospective outcome study (Mitchinson et al., 2013)**

- 153 palliative care pts, diverse conditions incl. advanced cancer, COPD, end-stage KD, congestive heart failure, dementia, etc.
- 20-minute sessions MT tailored to patient's condition
- Significant decreases in pain and other symptoms

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# TT and MT studies - hospice

## Population-based Palliative Care Research Network

(Kutner et al., 2008)

- RCT with 380 hospice pts, caring touch compared to MT
- Both groups decreased pain, and improved mood & QOL
- Massage showed greater magnitude

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# TT and MT studies - oncology

## “Touch, Caring and Cancer” program (Collinge et al., 2013)

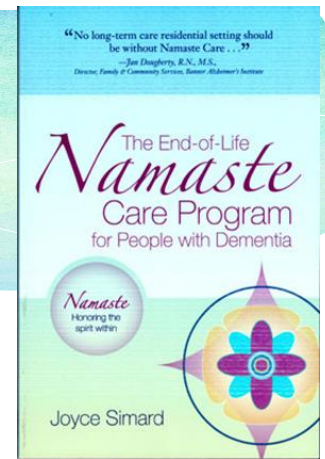
- RCT with 97 patient/family caregiver, multi-ethnic/multi-lingual dyads
- Instruction via 78-minute video (DVD) and manual
- 29%-44% decrease for pain, fatigue, stress/anxiety, nausea; significant gains in caregiver efficacy & comfort using touch
- Results replicated by ***pilot with Veterans and spouses at Seattle VA Medical Center*** (Kozak et al, 2014)

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# Synergistic Integrative Modalities: Namaste Care for advanced dementia

**Namaste Care:** The power of loving touch, music, aromatherapy and continuing meaningful activities



[https://www.youtube.com/watch?v=5N\\_WYQB2aFdM](https://www.youtube.com/watch?v=5N_WYQB2aFdM)

- Increases residents' QOL
- Decreases behavioral symptoms & anti-psychotic use

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# Namaste Care (NC) for advanced dementia



- Residents involved in NC for at least 30 day showed decrease in withdrawal, delirium indicators, trend for decreased agitation pre/post NC implementation (Simard & Volicer, 2007; Volicer, 2007).
- Severity of behavioral symptoms, pain & disruptiveness significantly lower after NC implementation (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2015)
- Decreased antipsychotics and hypnotics use over a 4-month period, discontinued utilization for some patients. (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2014).

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# 4. Integrative Care the VA - Whole Health

VA's patient-centered, personalized, integrative care model

- Office of Patient Centered Care & Cultural Transformation, VA Central Office (OPCC&CT - VACO)
- Patient-Centered & Relationship Centered Care ([www.planetree.org](http://www.planetree.org))
- Personalized Medicine approach
- Integrative Medicine:
  - Complementary therapies within hospital environments for sx management, psycho-social support, comfort & wellness
  - *Integrative care as “multi-dimensional” care*



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# Whole Health in Hospice, Palliative Care and Geriatrics at the VA

VA ENVIRONMENT	Most Common	Sometimes Offered	EB but Seldom Offered
<b>Hospice &amp; PC</b> Increasing # facilities offering IC as part of WH curriculum	Animal-Assisted Aromatherapy Biofield : HT& Reiki Guided Imagery & Hypnosis Music Seated Yoga	Expressive arts Life Review/Legacy Seated Tai Chi Mindfulness Mantram Med.	Acupuncture Massage Therapy Touch Therapies
<b>VA Community Living Center</b> (LTC-nursing home)	Animal-Assisted (incl. “Resident Animals”) Aromatherapy Biofield: HT Expressive arts Music Yoga Touch Therapies	Life Review/Legacy Interventions Tai Chi	Acupuncture Massage Therapy Namaste Care

## 5. Delivery Models: Creating *sustainable IPC* services

### GOAL:

Providing wide access to Integrative Palliative Care  
regardless of socio-economic level

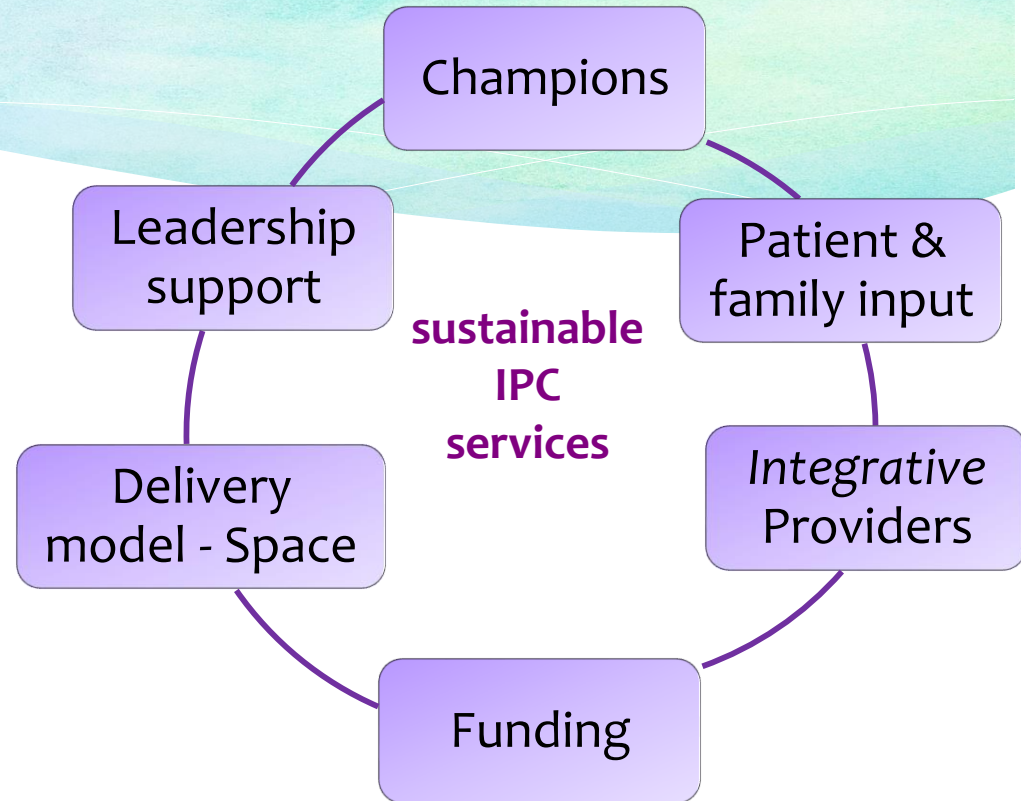
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# Creating sustainable IPC services

- **Champions** - identify passionate and knowledgeable “anchors”
- **Patient & family input** - PFCs, surveys
- **Providers** - identify staff trained or train them, hire staff already trained (or combination)
- **Delivery models, space & Funding** – creative delivery models (community partnerships, combining resources, etc.)
- **Leadership support** – education based on evidence and models successfully implemented



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**Creating program by identifying staff with training in IC, training staff or hiring staff already trained, or a combination**



**Urban Zen Integrative Therapy Program UCLA Medical Center**

<http://rehab.ucla.edu/body.cfm?id=49>

**Boulder Community Health Hospital, Boulder, CO**

<https://www.bch.org/leadership-update/update-12716.aspx>

- 12-week training for clinical staff, but long-term objective to engage all employees
- Reiki, gentle yoga, aromatherapy and contemplative practices to help patients deal with pain, anxiety or insomnia at bedside
- Expect staff to use for own stress & strengthen mind, body and spirit

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# CHALLENGES

- Funding:
  - *Who is going to pay for this?*
  - *How do we organize services to facilitate access to all?*
- Education for providers
- Many modalities may result in similar effects (decrease anxiety, pain, etc.) but we **do not know** which modality helps which patient most (comparative effectiveness)

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# OPPORTUNITIES

- Funding: **Develop creative delivery models & include family and volunteers**
  - *Train family caregivers & lay volunteers: under-developed resource*
  - *Train staff: include within clinical duties*
  - *Increase community and academic partnerships*
- Education: **Enhance education opportunities in integrative care**
- Many modalities may result in similar effects: **Emphasize patient preferences**
  - *Which modalities helps patient most? **ones that patient prefers***

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# Integrative Palliative Care Education: R41 NCI Online CE Program for Palliative Care Providers Co-PIs: Kozak & Collinge

## Phase I completed: multidisciplinary 51 PC providers

- High interest from providers: 158 applications within 2 weeks
- 22 Nursing, 11 physicians, 13 social work, 4 chaplaincy, 4 administrators, 2 counseling/psychology.
  - *Pilot testing 3 modules: acupuncture, massage and music*
- **Key attitudinal outcomes showed changes in:**
  - confidence regarding ability to function in EB-informed manner
  - confidence in understanding safety considerations, making EB recommendations and explaining CIM to pts/family/colleagues
  - Large gains in confidence, high satisfaction, high relevance
- **Phase 2: partnering with NHPCO**

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# THANK YOU for your attention and your work providing and transforming PC! **QUESTIONS?**

- \* Grateful for the **videos** provided by **SatoriSeven Productions, Sher Emerick-Safran & Rob Safran** [www.satoriseven.com](http://www.satoriseven.com)
- \* For questions, comments and resources, contact me at [leila.kozak@gmail.com](mailto:leila.kozak@gmail.com) or [leila.kozak@va.gov](mailto:leila.kozak@va.gov)
- \* To watch Integrative Palliative Care videos and download articles: [www.leilakozak.org](http://www.leilakozak.org) and [www.integrativepalliativecare.org](http://www.integrativepalliativecare.org)

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