

Lynn McPherson: Hello, this is Dr. Lynn McPherson and welcome to Palliative Care Chat, the podcast brought to you by the Online Master of Science and Graduate Certificate Program at the University of Maryland. I am very excited to introduce our guest today. It's Dr. Michael Fratkin with Resolution Care Network, and he is the founder and CEO. Dr. Fratkin welcome.

Dr. Fratkin: Hi, Lynn. Thanks for having me.

Lynn McPherson: Absolutely. Why don't we start off by you telling us a little bit about your own background, what is Resolution Care Network? What's the deal?

Dr. Fratkin: Well, my own background is as interesting and boring as everybody else's. I grew up in upstate New York. I was a ski bum. I was a fisherman in Alaska. I did some mountaineering. And the long and short of it is I found my way to medical training and a real interest in the human lived experience of very serious illness.

Lynn McPherson: Mm-hmm (affirmative)

Dr. Fratkin: Yeah,.

Lynn McPherson: That's great.

Dr. Fratkin: I mean I can tell you a little bit about Resolution Care Network, we launched in the context of my burnout, frankly, about five years ago. I am, I live here in far Northern California, Humboldt County. We're about five hours north of San Francisco.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And I worked for a small health system and built out first hospital-based consultation program in palliative care and then a small outpatient clinic based program and for seven to 10 years I couldn't beg, borrow or steal the resources needed to do the good and important work of providing the extra layer of support that palliative care early is whether you're hospitalized or whether you're dealing with a cancer diagnosis and it's just so frustrating. I had for years and years, four or five times as much work as I could possibly do by myself or with my part time social worker at the hospital.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And I made presentations, I created PowerPoint presentations, I wrote business plans, got help from others and still I couldn't basically get a stapler.

Lynn McPherson: Wow, goodness.

Dr. Fratkin: Because it's just hard for them, in a rural hospital, to invest in something that they didn't really understand quite so well. Now after I produced a program and

delivered them value over time, they still had a hard time putting the resources to meet the need. And so I just got super frustrated in 2014 and a couple of ideas came to my mind. One was this smartphone in my pocket, this crazy little supercomputer that I carried around all day long seemed to have some value as a potential tool for doing my work, Project Echo, which you can talk about with another day.

Dr. Fratkin: But Project Echo just seemed like a great way to share expertise in a powerful way so that other people could get good at primary palliative care. And then a friend of mine who was a graphic designer and artist needed a large format printer for her studio and she crowdfunded the money that she needed. And in a couple of weeks she had twice the gizmo that she was trying to finance and everybody had fun jumping in to help her achieve what was needed for her business. So by November of that year, which was pretty well timed until the one that is both being mortal came out the Institute of medicine, second report on dying in America, came out and a young woman in California, Brittany Menard, a young woman with a brain tumor, moved to Oregon and spent much of the last few months of her life promoting choice in relationship to the care that she wanted to receive.

Dr. Fratkin: All those things drew attention to the topic. And when I launched my crowdfunding campaign in November, I successfully raised about \$140,000.

Lynn McPherson: Wow.

Dr. Fratkin: And by January, yeah, that was amazing. My daughter was the first donor, \$18.33 cents from her piggy bank.

Lynn McPherson: Awe.

Dr. Fratkin: And then in January we walked into a donated office space, a colleague of mine had an urgent care, let us move in upstairs.

Lynn McPherson: Wow.

Dr. Fratkin: So myself and an administrative assistant walked in the door and pulled the trigger on building a completely home-based, well composed team of nurse, social worker, doctor, chaplain, community health worker, coordinator, the whole team.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Home-based team that used technology and tele-medicine to provide care.

Lynn McPherson: That's an awesome story.

Dr. Fratkin: And fast forward.

Lynn McPherson: That's awesome.

Dr. Fratkin: It's quite a story, huh?

Lynn McPherson: Yeah.

Dr. Fratkin: I have to tell you, it took at least three tanker trucks full of coffee to achieve what we've achieved.

Lynn McPherson: Just hook it up IV.

Dr. Fratkin: Yeah, it would have been better, but I didn't have a pharmacist on hand like you.

Lynn McPherson: You have pharmacists now on your team though?

Dr. Fratkin: We have pharmacists available to us.

Lynn McPherson: Yeah.

Dr. Fratkin: But no we haven't been able to add that to our team [inaudible 00:05:51].

Lynn McPherson: Oh I see. Okay.

Dr. Fratkin: But I called on you a time or two.

Lynn McPherson: That's right. It's on a wishlist. Definitely. So now-

Dr. Fratkin: What I'll tell you is where we are five years later, and then we'll move through.

Lynn McPherson: Yeah. Sure.

Dr. Fratkin: But I want to get people a sense of what we've built.

Lynn McPherson: Please.

Dr. Fratkin: In these five years, we built a team of about 35 employees.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: We take care of about 200 people in their homes and we've touched the lives of probably, I think the number's probably 1300 people and families that would have otherwise had no access to any palliative care, have gotten really inspired and wonderful palliative care.

Lynn McPherson: And they would not have had access because their geographic location?

Dr. Fratkin: Well, there just wasn't any palliative care program doing work in the home until we built it.

Lynn McPherson: That's amazing.

Dr. Fratkin: I mean, we're not unique. I mean rural America is short on all kinds of resources.

Lynn McPherson: Sure.

Dr. Fratkin: And 25-30% of Americans live in beyond the suburbs.

Lynn McPherson: Yeah.

Dr. Fratkin: Even within urban centers and populated regions. Access to palliative care is dismal.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And so up here in the Hills, nobody is building programs specifically designed for rural populations before we showed up.

Lynn McPherson: That's wonderful. And insurance companies cover this service for the patients?

Dr. Fratkin: Well insurance companies, it turns out, are our best partners.

Lynn McPherson: Wow.

Dr. Fratkin: So we have more value based contracts.

Lynn McPherson: Uh-huh (affirmative).

Dr. Fratkin: With health plans that align their desire for better quality care, better satisfaction and avoidant of excess wasteful utilization with our commitment to improve quality of life, symptom control, coordination care and optimal decision support and communication support.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: In value based contracts. Contracts that pay us on a monthly basis for people they determine to be eligible for the resource.

Lynn McPherson: That's awesome and I'm sure you have very high satisfaction ratings from your patients and families.

Dr. Fratkin: We do. We do because the truth is, and what I tell them when I first introduced myself to them, because we actually don't take care of any patients.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: We just take care of people and that's built in to the DNA of our organization. The reason we did this.

Lynn McPherson: Yeah.

Dr. Fratkin: The reason we launched. The reason we built our system of care and our model and our platform.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Is because we actually care about the lived experience of human beings that have serious illness.

Lynn McPherson: Uh-huh (affirmative)

Dr. Fratkin: Not the serious illnesses themselves.

Lynn McPherson: I remember one time I lectured with Dr. Steven Pantilat, also from California.

Dr. Fratkin: Mm-hmm (affirmative).

Lynn McPherson: And hearing him explain palliative care. That if palliative care were a medication, every patient would want it prescribed for them and every doctor would want to write for it.

Dr. Fratkin: That's true.

Lynn McPherson: I think that's so profound.

Dr. Fratkin: There's recent data from the Center to Advance Palliative Care, from CAPC, that sort of confirms what Mark Ganz from Regents and Cambia has been saying for years. He's been saying that if people really understood what it was, 95% of people would want it.

Lynn McPherson: Yeah.

Dr. Fratkin: And what CAPC did, the leadership that I admire, is they actually studied what would happen if we really told people who might have a need for palliative care, what it was, how many of them would want it. And Mark was maybe a little hyperbolic as from his point of view, but it was about 80 to 90% of people when they understood what it actually was.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Said they would want it for themselves and the people they love.

Lynn McPherson: Absolutely. So tell me how your team actually makes visits to these patients out down all these country roads or tele-health or what do you do?

Dr. Fratkin: Well, it's interesting. I mean Covid 19 has done an extraordinary force, a muscular force, not just on the Resolution Care Network, but on every aspect of our society.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Nobody would have been able to anticipate or predict that the kind of changes in behavior that have occurred across the planet, could occur as quickly as they have.

Lynn McPherson: Yeah.

Dr. Fratkin: But they have. About two weeks ago, we started the week with about 40-45% of everything we do, done by video conferencing. And by Wednesday of that week, we were at 100%.

Lynn McPherson: Wow.

Dr. Fratkin: All of the work that we're doing is done by video conferencing.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: We did that because we really do care about the safety of the vulnerable people we cared for and we really do care about the safety of the people that work with us, that are our workforce and their families.

Lynn McPherson: Sure.

Dr. Fratkin: And the vulnerable people in their lives. So we couldn't mandate a switch like that without the presence of Covid 19 but we discovered that we could do it, rather quickly. And so the couple of hundred people we have under care are all being seen 100% by tele-medicine. What's interesting for us, since we've been using quite a lot of this technology for these last five years, is that nobody really noticed the difference. The people under our care didn't really notice.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: The biggest change for our workforce is they had to get past their own biases against it and their own desire to want to go visit and hold hands and hug and that sort of thing. But they're struggling and like everybody else is to learn how to work from home.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: But they're able to work from home and they're able to be first responders really in healthcare, without placing themselves or the people under their care at risk of transmission on this terrible virus.

Lynn McPherson: So has the nature of your work changed at all since the Covid virus? For example, palliative care, I just interviewed Dr. Arif Kamal earlier today talking about how palliative care is really come to the forefront and it's certainly it's pain and symptom management, but it's things like helping transition people off of a ventilator. How do you do a vent withdrawal? It's the goals of care conversations. It's anticipatory grief from the patients and the family. So has the nature of your interventions changed at all?

Dr. Fratkin: Because we're home-based, though we're developing programs that provide consultation in the hospital, because we're home-base, what's changed is that we've been able to mitigate the anxieties for the most vulnerable folks through the technology. What's changed is that Covid has entered the conversation.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: It's allowed us to go deeper with goals of care conversations for people that aren't teetering on the edge or going to the emergency room. It's allowed us to be more effective, keeping people out of the hospital because they no longer default in a circumstance of change, to wanting to just skadoodle over to the emergency room. Nobody wants to go to the hospital. Nobody wants to go to the emergency room. And quite frankly, the hospitals and emergency rooms don't want people that can be managed as an outpatient coming through their doors.

Lynn McPherson: Of course.

Dr. Fratkin: Right?

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: So it's changed our ability to do the things that have always been important to us, which is to manage people where they are, keep them safe, keep their quality of life and their intentions and preferences front of mind. It's also changed, I think the impressions that people have with palliative care somehow. That the impact and extent of the threat-

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Has got people thinking about what it means to look at human beings dealing with serious illness as the human beings they are.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: It's not business as usual. It's not transactions, it's not procedures. It's not grinding through the delivery of some medical service, transaction by transaction. People get it because they're managing their own anxieties as the people that they are rather than just the healthcare providers that they are.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: They get it. Being excluded from visitation in the hospital or being placed on a ventilator when you might not really know what that is.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: To be threatened by mortality, now on both sides of the equation.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: People with illness and then the people that serve the people with the illness. That threat, that presence of mortality has got people's radar receptive for understanding better, what palliative care does.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: I mean people like Steve and Steve Pantilat and Arif and Diane Meyer and all of the folks that have been working in the background and my mentors for you know, 20-25 years have taken palliative care to, nearly to the tipping point.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: I think that Covid 19 will take palliative care as an essential and integrated part of health care for seriously ill folks. I think it will cross the threshold of that tipping point to where at the other end of Covid 19, there'll be a generally understood expectation. That palliative care is a part of care.

Lynn McPherson: Yes.

Dr. Fratkin: Everybody with a serious illness.

Lynn McPherson: It seems like, in a very sad sort of way, Covid has upped the game and the seriousness and the street cred of palliative care. Would you agree?

Dr. Fratkin: I would agree entirely. And I mean as a tele-medicine guy and tele-palliative care guy, for five years I've been telling the world, tele-medicine is actually better than real life.

Lynn McPherson: Mm-hmm (affirmative)

Dr. Fratkin: And the first time I say it, people kind of think about that. They go, hmm, and that's fascinating and provocative, Dr. Fratkin.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: But the second time they hear it, they roll their eyes and figure, well, it's not as good as real life.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: But the truth is with these last few weeks, I would've said that tele-health and video-based encounters in real time would represent 50% or more of all healthcare provider encounters in the next five or 10 years, if you'd asked me a month ago. But I was wrong. It was actually five or 10 days and now more than 50% of all direct clinical encounters are happening by video conferencing and people are discovering how it is better than real life.

Lynn McPherson: Mm-hmm (affirmative). So hopefully the virus will go away at some point. But do you believe that perhaps tele-health will have established a stronger foothold in the way we practice as a result of this?

Dr. Fratkin: Let me share the metaphors. The horse is out of the barn, the toothpaste is out of the tube, the genie is out of the bottle. Nobody is going to be able to push tele-health back into the fringe of healthcare delivery after this.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Because like I said, it's actually better than real life. On an economic level.

Lynn McPherson: Absolutely.

Dr. Fratkin: As well as at a relational level. I mean when people don't have to schlep themselves out of their homes and take time off or have their daughters take time off from work to come for quality of life care in a clinical setting, they will not let this toothpaste get stuffed back into the tube.

Lynn McPherson: But aside from the patients and the families thinking that, I believe also our compatriots in healthcare also have come to see that as well. Do you agree?

Dr. Fratkin: I agree. I think that the framing of a video conference is such a unique and interesting new dimension or domain for providing care. I think there's so many advantages to the providers. Once they get past all of their preexisting biases, get some experience and start to realize how much better it is for all parties. I think that they'll very much embrace this kind of engagement with people and the intimacy that's available with the boundary that's built, is far more efficient and far more impactful than flesh to flesh environments where people have to

either drag their poor, sorry selves into hospitals and clinic environments or they have to accept a home invasion from a home health professional.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: I think that the professionals will realize that there's more efficiency, there's more boundary, there's more control and freedom for providing the care.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: The technology use, I mean we, we all got used to using telephone.

Lynn McPherson: Sure.

Dr. Fratkin: I think we're going to get used to using these technologies as well.

Lynn McPherson: Is there a skill set we need to teach our healthcare provider colleagues as well as the patients to maximize the capability of tele-health? If not-

Dr. Fratkin: Absolutely.

Lynn McPherson: It's more than clicking on the zoom link.

Dr. Fratkin: That's for sure. Now that Covid 19 has kind of gotten me to jump into the realm of contributing by teaching as much as possible, so I'm doing a virtual office hours with CAPC. I'm doing a CHCF funded open forum on tele-health with the Institute of Palliative Care in California and I'm doing local grand rounds as well as communication support and training for the communities where we're active.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: We're working hard to try and teach people the basics. I mean five years of doing it, I've learned many tricks. Some of them take time to integrate, but some of them I think we can quick start by people a way of thinking about this new domain of treatment.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Of care. That's why we're talking frankly, is that I want to spread the word about this.

Lynn McPherson: Absolutely.

Dr. Fratkin: At the end of the day, I won't be the only tele-palliative care provider out there and I want to make sure that people get good at it quickly and comfortable with it.

Lynn McPherson: Yeah. You should develop and teach a MOOC, a Massive Open Online Course. It doesn't have to be long, but I agree. I think you know I have developed this online master science program and a lot of people are terrified of the technology. They'll say, I haven't been to school in 30 years and now I have to use the computer. But it's true with proper orientation, within about a week or so, the technology kind of just goes away and they forget about it.

Dr. Fratkin: Talking about MOOC?

Lynn McPherson: But I do think that's an important learning curve.

Dr. Fratkin: How do you say that? Multiple what?

Lynn McPherson: Multiple? What'd I say? I don't know.

Dr. Fratkin: You said a MOOC, a massive-

Lynn McPherson: Oh a MOOC, Massive Online Open Course. It's like an online course only in generally speaking, it's free.

Dr. Fratkin: Got it.

Lynn McPherson: Like Stanford offers it, Harvard. All the big colleges offer MOOCs on a variety of topics.

Dr. Fratkin: Cool, I want to do a MOOC. I'll totally do a MOOC.

Lynn McPherson: You should do a MOOC. Let's MOOC together.

Dr. Fratkin: Maybe you could do it for the University of Maryland.

Lynn McPherson: There you go. Let's do it. Well, I have another question. I think that Covid has opened the eyes of young people about the importance of advanced directives. As we hear about these young doctors and nurses being affected. What are your thoughts? Have you seen that as well?

Dr. Fratkin: I have. I'm having conversations with my daughter that are deep. She's 14 year old and she's deeply asking the questions of what if.

Lynn McPherson: Oh my.

Dr. Fratkin: What if somebody who I love or what if even myself gets affected by this and yeah, she's well-trained as the daughter of a palliative care doctor to think about some of these issues, but the depth at which she's inquiring is much more substantial. I think that this is a moment, some of which is going to be transient, sadly, where everybody is having to deal with an invisible threat to their mortality. Now, before Covid 19, every one of us had the risk of getting cancer

or getting hit by a car or a falling meteorite or some other such calamity of random unexpected catastrophe and we ignored it.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And sadly, I'm pretty sure we'll go back to that state in the months to years that follow. But in this moment, everybody is made aware of their own impermanence.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And having to deal with their anxieties, their fears, their sense of self.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: Who and what is important when you're at present with your own mortality and death. For myself, and for many of my palliative care colleagues, we find that living in this world with people who are facing their mortality is one way for us to remember that our own mortality, it should have something to do with what we define as most important to us.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: And where we put our energy and how we balanced our lives and how we tend to our wellbeing and what are the things that are most important to us. As palliative care professionals, we're all immersed in that world at the other end of Covid 19, we'll still be that way, but for the moment we're in the same boat as everybody else in the society.

Lynn McPherson: Sure. But building on that, what do you believe is palliative care's role or responsibility to our non palliative colleagues to promote better self care? This is a crazy time.

Dr. Fratkin: This is a crazy time. I wish I could say that self care was more obvious or easy for me then it is for anybody else. One of the things that this shelter in place scenario has done is it's brought me home. It's had me become more aware of how I'm using my time and using my energy. What I've had to do is I've had to carve out four hours every afternoon to share the responsibilities of homeschooling my nine year old son and what I've realized trying to drag my phone around in those environments is that I can't actually divide my attention. That was a... It's a fallacy and what I realized is, while I was bouncing on the trampoline with him trying to squeeze out his persuasive essay, is that we can't really divide our attention, but we can shift its focus.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: So what I realized about myself is I can broadly focus on a whole lot of things. That's my natural tendency, but my resolution of all that information is low. In other words, I can get less information about more stuff. And that's good for a leader. That's good for a people when you're trying to generate vision about the way to go and where to go, but also leaves the people in your life feeling maybe unseen. And so what I'm learning to do is narrow my focus and direct it and target it to the people in my life, my wife, my daughter, my son, and I can know more about less while giving them my targeted attention. So I think everybody is learning new lessons and has this opportunity to see things differently and maybe clearer in how they manage their relationships in their life, how they manage their intake, food and nutrition, whether they really are able to increase their wellbeing while locked inside the environment of their homes. I'm really aware of how much energy I'm putting out to work and how there's been some sacrifices made by the people I love.

Lynn McPherson: And do you think when the virus goes away we'll retain those lessons or do you think they'll go the way the virus?

Dr. Fratkin: I'm committed to my home.

Lynn McPherson: One can hope. Good.

Dr. Fratkin: I'm committed that I will.

Lynn McPherson: Yeah.

Dr. Fratkin: And my wife is going to keep an eye on me to make sure that I fulfill on that.

Lynn McPherson: Maybe we need to hold each other accountable.

Dr. Fratkin: I think we have to hold each other accountable for our wellbeing.

Lynn McPherson: Yeah, absolutely. So let me close with one more thing. Get out your crystal ball. When do you think this is going to wrap up? What are your thoughts? How long are we in this for?

Dr. Fratkin: Well it depends on how narrow you target your attention. In terms of the horrendous loss of life and the enormous challenge to our healthcare systems. It will be many months before we can really recognize that we're on the other side of it.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: I'll be surprised if it feels normal in some way before six months passes.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: In terms of the impact on our society. It will be more like a year or two before we stopped thinking about Covid 19 and coronavirus and its impact on all elements of our society and our sense of ourselves globally and all the rest of it.

Lynn McPherson: Yeah.

Dr. Fratkin: So it's going to be one of those experiences for my children, for my family that will mark a substantial change in the nature of human beings. Now I was thinking a lot about the Apollo missions and those photographs that came back.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: In the early missions of that big blue marble, the gorgeous appearance of the planet earth against the inky black emptiness of space. Getting smaller and smaller as they move closer and closer to the moon. That was a pivotal moment in human consciousness.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: This is more subtle, but on the other end of this infection, people will feel their connection to all other human beings on the planet in a way that even communication technology couldn't accomplish over these last 20-30 years.

Lynn McPherson: Mm-hmm (affirmative).

Dr. Fratkin: We are connected and vulnerable and a single species on a tiny little planet floating around in the inky vastness of the universe. That's important perspective and I don't think that will go away. I think people will understand they are part of a human family.

Lynn McPherson: Mm-hmm (affirmative). Wow. Pretty profound.

Dr. Fratkin: I took a lot of classes.

Lynn McPherson: Yeah. Any other thoughts you want to share Dr. Fratkin? You're very enjoyable to speak with.

Dr. Fratkin: Oh, I enjoyed it a lot. These are the conversations that help me understand how to make all those smaller decisions in my life as I sort of work from the higher elevations and then downward to choosing left, right, up, down, yes, no.

Lynn McPherson: Yeah.

Dr. Fratkin: So this is really important to me. To have these opportunities to come back away and take some time breaths and think about the big picture.

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Lynn McPherson: Absolutely. Well congratulations on your innovative model. Keep up the awesome work and hopefully we'll chat again soon maybe when we roll out your MOOC. How about that?

Dr. Fratkin: That sounds good.

Lynn McPherson: Okay, well again, this is Dr. Lynn McPherson. I would like to thank Dr. Michael Fratkin for our amazing conversation and I would like to thank all of you for listening to the Palliative Care Chat Podcast. This presentation is copyright 2020 University of Maryland. For more information on our completely online master of science and graduate certificate program in palliative care or for permission requests regarding this podcast, please visit graduate.umaryland.edu/palliative. Thank you.

Dr. Fratkin: Thank you.