

dearth of content on hospice and palliative care. This session aims to change that by giving tools to hospice and palliative care practitioners to develop and disseminate their own podcasts.

The workshop will be led by GeriPal Co-Founders Alex Smith and Eric Widera. GeriPal is one of the premier blogs in the hospice and palliative care space, with over 10,000 regular subscribers and listeners across social media platforms.

In the first portion of the session, Alex and Eric will discuss the importance of social media to promote the palliative care movement. We will then describe the steps needed to create one's own hospice and palliative care podcast, drilling down to the nuts and bolts including recording equipment and software, conducting live and remote interviews, and working in a team vs. solo.

In the second portion of the session, we will conduct a live Podcast on a cutting edge published paper, chosen in advance at a date closer to the meeting. We will model for the audience how to talk with an author about: how they became interested, what they did, what they found, and why this matters. The audience will have an opportunity to ask questions of the guest speaker during the podcast.

In the third phase, we will discuss the steps that follow the podcast. These steps include post production editing, transcription of the podcast for persons who prefer to read rather than listen, hosting the podcast, and dissemination. Audience members will create individualized goals of commitment to use social media to advocate for hospice and palliative medicine.

“Too Good to be True? No!” Exploring Self, Incorporating a Quick and Easy Reflective Writing Exercise that Anyone Can Do (TH339)



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Objectives

- Identify innate qualities of Self, such as feelings, beliefs, expectations, values, and yearnings, and how they relate to how we define ourselves.
- Construct a self-reflective and insightful 6-10 word phrase.
- Integrate a brief mindfulness exercise into clinical practice and teaching to improve individual and team well-being, resiliency, compassion, and hope and minimize burnout and compassion fatigue.

Narrative medicine is defined as clinical practice strengthened by the ability to “recognize, absorb, interpret, and honor the stories of self and other.” [1] In the form of reflective writing, it has been shown to

help healthcare providers improve critical thinking, understanding of self, cultural humility, and psychological resilience, as well as to better connect with each other, their patients, and their families. [2,3,4] But reflective writing can feel intimidating or overwhelming to clinicians who have never had any formal experience or training in writing or the reflective practices.

We will set the expectation for self-contemplation by reading a poem, completing a mindfulness exercise, and then examining the deeper structures of our coping stances. We will explore our feelings, beliefs, perceptions, expectations, values, and yearnings as they all make up our sense of self. Participants will engage in an innovative self-reflective writing exercise that anyone can adopt and gain insight from, whether professional writer or novice learner. It begins with pen to paper and, through a distillation process, culminates in a 6-10 word revelation. The exercise becomes one of purification, where the result is a precise truth or an unveiled discovery. [5]

- [1] Miller E, Balmer D, Hermann N, Graham G, Charon, R. Sounding Narrative Medicine: Studying Students' Professional Identity Development at Columbia University College of Physicians and Surgeons. *Acad Med* 2014;89:335-342.
- [2] Schuessler JB, Wilder B, Byrd LW. Reflective journaling and development of cultural humility in students. *Nurs Educ Perspect* 2012;33:96-99.
- [3] Sexton JD, Pennebaker JW, Holzmüller CG, et al. Care for the caregiver: benefits of expressive writing for nurses in the United States. *Prog Palliat Care* 2013;17:307-312.
- [4] Sewell E. Journaling as a mechanism to facilitate graduate nurses' role transition. *J Nurses Staff Develop* 2008;24:49-52.
- [5] Forner, Kristin. “Finding Meaning in Stream of Consciousness.” *Mending the Fractured Story*. March 2018. <https://mendingthefracturedstory.weebly.com/blog>

Estimating Costs Across Hospice Episodes (TH340A)



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Objectives

- Describe variation in costs across hospice enrollment periods.
- Compare costs across hospices that provide high quality of care and those that provide low quality of care.

Original Research Background. Routine home care (RHC) payments under the Medicare Hospice Benefit

are intended to align with average costs of providing hospice care. Little is known about variation in costs across hospice enrollment periods.

Research Objectives. Estimate RHC costs across days of hospice enrollments and examine their association with payment, accounting for differences in the quality of care.

Methods. Our analytic file was based on 100 percent hospice claims ending in Federal Fiscal Year 2016 and Medicare cost reports for freestanding hospices. For each day of hospice, we estimated costs of care based on minutes of care provided monetized using Bureau of Labor Statistics (BLS) wage rates and the costs reported in the cost reports. We combined this information with measures of quality (overall hospice rating) based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) data.

Results. While mean RHC costs per day of about \$121 were below mean payment rates of \$153 per day, hospice costs in the first and last week of hospice enrollment substantially exceeded payment rates. Mean payment per day exceeded mean costs for the majority (78.6 percent) of hospices. Relative to hospices that provided the lowest quality of care, hospices that provided the highest quality of care tended to incur higher costs and receive lower payment across all hospice enrollment periods. Payments exceeded costs by about \$16.9 per day for hospices in the top decile of quality and by about \$41.0 per day for hospices in the bottom decile of quality.

Conclusion. RHC payments exceeded costs on average even for those hospices that provide the highest quality of care.

Implications for Research, Policy, or Practice. Understanding the nature of heterogeneity in costs across days of hospice episodes will help to gauge the adequacy of payments for an efficient delivery of hospice care.

Comparative Study of Quality of End of Life Between LGBTQ and Non-LGBTQ Hospice Patients (TH340B)



Stephanie Kemery, MSN RN, University of Indianapolis, Indianapolis, IN.

Objectives

- List the similarities and differences in the quality of dying and death in LGBTQ and non-LGBTQ individuals receiving hospice care.
- Describe the need for research in LGBTQ experiences in hospice care.
- Discuss need for incorporating LGBTQ training for hospice providers.

Original Research Background. While there is evidence that lesbian, gay, bisexual, transgender, and queer (LGBTQ) people experience health inequities

when compared to the non-LGBTQ population, this phenomenon has not been adequately explored in hospice care. Understanding whether disparities exist at the end of life may assist health care providers in supporting LGBTQ patients and family members.

Research Objectives. The purpose of this study was to compare the quality of dying and death of LGBTQ people with non-LGBTQ people in order to determine whether the inequities found in other health-care settings extend to hospice.

Methods. A primarily quantitative comparative descriptive study was implemented to explore the difference between groups. The Quality of Dying and Death Version 3.2a Family Member/Friend After-Death Self-Administered Questionnaire was modified to exclude ICU-specific instructions to collect quantitative data via online surveys. This instrument contains 22 items measuring aspects of the end-of-life experience (QODD-22) and an additional single item rating the overall quality of dying and death (QODD-1). Family members and close friends of adults who died under hospice care in the previous five years were recruited. A total of 122 data sets (66 from family members of non-LGBTQ individuals and 56 from family members of LGBTQ individuals) were included in the final analysis.

Results. These results are from preliminary analysis, final analysis will be completed by February 2019. The non-LGBTQ group had eleven QODD-22 mean scores higher than the highest QODD-22 mean score in the LGBTQ group, indicating better quality of dying and death in the non-LGBTQ group across numerous aspects of the end-of-life experience. A comparison of QODD-1 scores between the LGBTQ and non-LGBTQ groups revealed statistically significant differences ($p=0.035$).

Conclusion. Based on these findings, there is evidence that LGBTQ individuals experience a poorer quality end of life than non-LGBTQ individuals.

Implications for Research, Policy, or Practice. Hospice providers should consider implementing provider training to improve LGBTQ end of life.

More Professional Staff Visits in the Last Days of Life Are Associated with Better Hospice Care Experiences (TH340C)



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Objectives

- Describe the importance of professional staff visits in the last days of life with bereaved primary