Provider Perceptions of Implementing Home-Based Palliative Care as a Covered Health Benefit (S815)

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Objectives

1. Describe the provider-level barriers and facilitators to implementing a home-based palliative care program within a community-based hospice agency.
2. Describe several strategies for implementing a home-based palliative care program within a community-based hospice agency.

Original Research Background. Despite repeated studies demonstrating that home-based palliative care (HBPC) can improve patient outcomes while decreasing costs of care, replication of this model in fee-for-service has been stymied by a lack of reimbursement structure. To overcome this barrier, a large California-based health insurer has begun to reimburse contracting medical group providers for HBPC. Little is known about the provider-level experience of developing and implementing a reimbursable HBPC program as part of a community-based hospice organization.

Research Objectives. The purpose of this qualitative study was to explore the provider-level impact of implementing HBPC as a covered health benefit.

Methods. Focus groups were conducted among three interdisciplinary HBPC teams from community-based hospice organizations implementing the HBPC program and serving geographically and culturally diverse patient populations.

Results. Participants consisted of physicians (8%), nurse practitioners (23%), registered nurses (23%), social workers (30%), chaplains (8%), and patient coordinators/liaisons (8%). The majority of participating providers were Caucasian (85%) females (85%). Qualitative data were analyzed using grounded theory and results revealed three independent themes: 1) Referrals to the HBPC program; 2) Organizational factors; and 3) Reimbursement for HBPC. Findings highlight barriers and facilitators to implementing HBPC such as: impact of the organization's reputation in the community, the dynamic and "teaminess" of the HBPC team, having a site champion, and issues associated with working in a siloed medical system. Participants across all study sites also discussed several challenges with patient referrals that focused on a lack of knowledge of palliative care (both physicians and patients) and physicians' lack of communication with the patient being referred to HBPC.

Conclusion. Findings highlight barriers and facilitators to implementing HBPC and a set of implementation strategies has been developed.

Implications for Research, Policy, or Practice. Findings hold implications for practice and widespread replication of the HBPC model as other health insurers and CMS look for effective ways to support their members with serious illness.

Access to Pediatric Palliative Care in the Neonatal Intensive Care Unit by Minorities and Rural-Dwellers in the Deep South: Patterns of Care from 2009-2017 (S816)

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Objectives

1. Describe patterns of pediatric palliative care and care disparities in neonatal intensive care unit (NICU) patients and families hospitalized in the Deep South (Alabama, Louisiana, and Mississippi).
2. Describe implications for practice related to current trends of pediatric palliative care use in the NICU and implications for future research.

Original Research Background. Pediatric mortality is the highest in the first year of life. In 2013, 23,446 infants died in the U.S. Access to timely pediatric palliative care (PPC) services are limited for seriously ill infants and their families in the U. S. Deep South. Patterns of PPC in the neonatal intensive care unit (NICU) and the extent of PPC disparities in the Deep South are unknown.

Research Objectives. Examine racial and geographical differences in pediatric palliative care (PPC) consultation for seriously ill infants in the neonatal intensive care unit.

Methods. This was a retrospective medical record review of infant decedents who received PPC while hospitalized in a level III NICU at an academic children's hospital in Alabama from 2009-2017. Demographic characteristics, timing of palliative care consultation, hospice enrollment, final resuscitation status, circumstances at time of death, and interventions received in the last 48 hours of life. Data were analyzed in SPSS using descriptive statistics and t-tests.

Results. The percentage of infants receiving PPC in the NICU increased over time from 7% in 2009 to 38% in 2017. Infant decedents (N=140) who received PPC in the NICU were mostly Caucasian (58%) and African American (39%), receiving Medicaid (84%), and had genetic (53%) and prematurity (34%) diagnoses. There were no statistically significant differences between racial or urban versus rural groups in the timing of PPC consultation during the NICU admission. Infants who lived over 1 hour away received PPC significantly later than infants living less than 1 hour away from the NICU (p= 0.03).

Conclusion. There were no racial or rurality differences in PPC timing during hospitalization; however, traveling over an hour to the hospital was associated with a delay in receiving PPC.

Implications for Research, Policy, or Practice. Interventions tailored to reduce disparities in timely PPC in the Deep South may need to account for families living great distances from their hospitalized infant.

"Why Would You Choose Death?": Heart Failure Patient Attitudes Regarding Palliative Care (S817)

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Objectives

1. Discuss relationships among attitudes toward palliative care, advanced care planning and care satisfaction among patients with heart failure.
2. Identify implications for PC implementation in HF care.

Original Research Background. Patient-level factors potentially influencing perceived need for palliative care (PC) in heart failure (HF) remain unclear.

Research Objectives. Explore HF patients' attitudes toward PC, including self-defined triggers for specialty PC.

Methods. Semi-structured interviews exploring palliative needs, the extent to which those were met within current HF management, and preferences regarding PC initiation. Two investigators independently analyzed transcript data using thematic analysis. The Kansas City Cardiomyopathy Questionnaire (KCCQ) was administered to measure symptom burden.

Results. 28 patients recruited from a quaternary care hospital were interviewed. The average participant was 63 years old, male and Caucasian with 3.4 symptoms and KCCQ score of 39. 71% (n=20) had advanced disease (NYHA III/IV). After being read a definition of PC expressing its role in symptom control and quality-of-life across the illness trajectory, most viewed it favorably. However, participants also expressed preferences to delay specialty PC involvement until their disease became terminal. Other themes include: (1) exhaustion of treatment options, and loss of ability to perform activities-of-daily-living as triggers for specialty PC involvement; (2) lack of relationship between symptom burden and advance care planning activities; (3) general satisfaction with HF management despite identifying gaps (e.g. social services management) in treatment.

Conclusion. Our results suggest HF patients, despite positively viewing PC as an option for symptom control across HF's disease course, prefer to utilize PC solely for end-of-life care.

Implications for Research, Policy, or Practice. Efforts are needed to negate patient reluctance to PC across the illness trajectory, as patients may believe PC is reserved exclusively for terminal care.

Spirituality and Religiosity and Burnout in Latin-American Palliative Care Health Care Professionals (LAPC) (S818)

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Objectives

1. Identify demographic factors related to spirituality and religiosity in PC health care providers from Latin America.
2. Identify factors related to burnout in PC health care providers and the relationship with spirituality and religiosity.

Original Research Background. Spirituality(S) and religiosity(R) are common with Latino cultural values. These elements are essential in delivering Quality Palliative Care (PC). There is limited literature regarding Latin American clinicians' spiritual and religious characteristics, or how these commitments shape their clinical engagement and presence of burnout.

Research Objectives. To describe the frequency, intensity and importance of self-reported S and R and burnout on the clinical practice of LAPC.

Methods. From 6/1, to 12/31, 2017, a cross-sectional study using an anonymous and voluntary Online Survey was provided to active members of PC-Latin American-Association. We collected and analyzed data regarding demographics, personal and professional role of S and R and burnout.