Beyond the Horizon: Providing Palliative and End-of-Life Care for Undocumented Immigrants in the United States (TH368)

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Objectives

- Investigate factors that complicate caring for seriously ill undocumented immigrants.
- Discuss options for quality end-of-life care for undocumented immigrants.
- Design or revise institutional policies to protect undocumented patients/families and healthcare providers.

Approximately 11 million undocumented immigrants (UI), accounting for 14.6% of the uninsured population living in the United States are not eligible for insurance under the Affordable Care Act, limiting options for palliative and end-of-life (EOL) care. Though the Universal Declaration of Human Rights includes the right to dignity-conserving care for all, access to quality EOL care eludes UI, with limited access to charity hospice care. UI experience many challenges when seeking healthcare including language/cultural barriers, limited social support, financial stressors, lack of access to care and insurance, discrimination and general mistrust in the healthcare system. Some mistrust can be mitigated through developing institutional policies to protect UI and their families when ICE officers are present in health care settings. UI rely on hospitals, including safety-net institutions for healthcare; unfortunately, they often present with advanced illness due to limited access (with delayed diagnosis, fragmented care and lack of advance care planning). While some barriers can be overcome through development of institutional policies to protect UI and their families, palliative providers are confronted with challenges in providing continued symptom management with limited charity care and resources available to this vulnerable patient population.

Using case-based presentations, experts from different states will provide insight into the current plight of the seriously ill UI and the healthcare personnel caring for them. We will identify strategies and outline ways to advocate for access to medical and hospice services. Through an interactive immersive learning structure we will identify best practices in different geographical regions of the US as a collaborating practice to protect the basic human rights of the seriously ill and their families including approaches to medical repatriation.

Expanding Palliative Care Accessibility: Models for Palliative Care delivery in Primary Care and Hospital-Based Settings (TH369)

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Objectives

- Compare and contrast primary palliative care and consult based care delivery.
- Describe interdisciplinary peer education strategies.
- Describe longitudinal support system from academic center to rural community hospital to improve palliative care access for patients in rural communities.
- Evaluate successes and barriers in supporting palliative care planning and implementation in rural ICU setting.

Primary palliative care is a model to deliver palliative care that can be used by treatment teams without access to full palliative care consult teams. This includes primary care offices which are the center of care for many patients with serious illness, especially those in rural and underserved regions. Ensuring excellent palliative care delivery within these models is critical to improving quality of care across the trajectory of serious illness.

Primary palliative care benefits patients and families by decreasing symptom burden, suffering, conflict and non-beneficial treatments while increasing quality of life, comprehension and satisfaction. It similarly benefits clinicians and health systems by decreasing conflict, costs, length of stay and delivery of non-beneficial therapies. Primary palliative care can use triggers, guidelines and decision support tools to aid