

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)*



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#### *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

caregiver perceptions of the experience of hospice care.

- Discuss how to interpret composite and single items scores on the CAHPS hospice survey.

**Original Research Background.** As a person dies, symptoms increase, and family caregivers need both practical and emotional support. Previous research has found striking variation in professional staff visits in the last two days of life, but the association between these visits and patient and family experiences of hospice care is unknown.

**Research Objectives.** Examine the association between professional staff visits in the last two days of life and hospice care quality.

**Methods.** Using 2016 claims and survey data, we ran hospice-level cross-sectional regression models to examine associations between proportion of professional staff visits in the last two days of life and hospice performance on CAHPS Hospice Survey composites (e.g. timely care, caregiver training, emotional support) and items (e.g. willingness to recommend the hospice), adjusting for case mix and mode of survey administration.

**Results.** Among the 2,236 hospices in our dataset (50.5% for-profit, 51.6% chain), the proportion of patients receiving professional staff visits in the last two days of life varied from 0% to 100%, with a median of 84.6 (IQR 15.1). For all CAHPS outcomes with the exception of caregiver training, we observed significant positive associations between the proportion of patients receiving staff visits and hospices' performance starting at the sixth decile of visits (87.5% and higher). Family caregivers in hospices in the highest decile of professional staff visits (97.4% and higher) rated the hospice 5.2 points higher on timeliness of care, and between 2.3 and 4.5 points higher on other outcomes, than caregivers in hospices in the lowest decile (67.5% and lower).

**Conclusion.** Professional staff visits to actively dying patients may impact the quality of hospice care.

**Implications for Research, Policy, or Practice.** Promoting visits from professional staff in the last days of life may improve patient and family experiences of hospice care.

### ***Pediatric Hospice and Palliative Care: A State-Wide Needs Assessment (TH340D)***



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#### *Objectives*

- List the key components in conducting a comprehensive statewide community needs assessment (CNA) of palliative care resources, using Georgia as an example.

- Describe the key hospital-based, community, and university collaborators in conducting a statewide needs assessment of palliative care resources.

- Consider findings of the presented state-based needs assessment, and identify an approach to conducting a similar assessment in your own setting.

**Original Research Background.** As awareness increases regarding the benefits of palliative care services for children, additional studies will be needed to examine the scope of pediatric palliative care (PPC) and hospice services available, gaps in care, and opportunities for improvement. In Georgia, the Children's Healthcare of Atlanta's Palliative Care Team, Georgia Hospice and Palliative Care Organization, and Rollins School of Public Health at Emory University collaborated to conduct a statewide community needs assessment (CNA) of pediatric palliative care (PPC) and hospice resources.

**Research Objectives.** The CNA sought to identify the following:

- What is the scope of pediatric palliative care clinical services at the inpatient, outpatient, and community levels within the state of Georgia?
- What are the gaps in pediatric palliative care services within the state of Georgia?
- What is needed to grow pediatric palliative care services within the state of Georgia?

**Methods.** A mixed-method descriptive design with multiple stages incorporating different methodological approaches was utilized. These included: (1) literature review and community profile, (2) survey and interview questionnaire development, (3) windshield survey, (4) identifying and interviewing key informants, and (5) quantitative and qualitative survey of the state's hospice organizations.

**Results.** Four key themes and 10 key subthemes were identified, which were triangulated across all existing data collection techniques. Ten recommendations were created and organized by both importance and feasibility.

**Conclusion.** While pediatric palliative care services have been established at the hospital level in key geographic locations within Georgia, there is significant need for growing resources at the community level. Pre-existing models of care within the state could be leveraged to improve quality and access to care through alliances and networking.

**Implications for Research, Policy, or Practice.** This methodological approach can be utilized by other state organizations, institutions, or governments looking to perform a CNA of pediatric palliative care and hospice resources, or could be applied to other geographical settings or types of care.