

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



Alexis Coulourides Kogan, PhD MSG, University of Southern California, Los Angeles, CA.

#### *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)***



Erin Currie, RN, University of Alabama at Birmingham, Birmingham, AL. Joanne Wolfe, MD MPH FAAHPM, Dana-Farber Cancer Institute, Boston, MA. Renee Boss, MD, Johns Hopkins University School of Medicine, Baltimore, MD. Deborah Ejem, PhD, University of Alabama at Birmingham, Birmingham, AL. Sam Perna, DO, University of Alabama at Birmingham, Birmingham, AL. James Dionne-Odom, PhD RN ACHPN, University of Alabama at Birmingham, Birmingham, AL. Susan Buckingham, MD, University of Alabama at Birmingham, Birmingham, AL. Kathleen McKillip, MD, Creighton University, Omaha, NE. Marie Bakitas, DNSc NP-C FAAN, University of Alabama at Birmingham School of Nursing, Birmingham, AL.

#### *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.