primary providers in palliative interventions and communication. This is increasingly recognized in value-based payment models such as Accountable Care Organizations (ACOs) and the Comprehensive Primary Care Plus program, thus creating an opportunity for palliative care clinicians.

This concurrent session will present unique, multidisciplinary approaches to enhance primary palliative care delivery. These models vary from providing training for hospital-based and primary care clinicians to integrating palliative specialists in primary care. They include:

1. Focused geriatrics and palliative care skills training for primary care physicians within an ACO.
2. A trial of home-based palliative care embedded within a primary care practice vs. usual office-based care enriched with palliative care training for primary care clinicians.
3. A systematic intervention to improve serious illness communication in primary care.
4. A curriculum on best practice approaches to delivering primary palliative care for hospital-based teams with community education and outreach.

Both primary care and palliative care needs and resources vary widely by region and practice. Each model presented will emphasize the process of needs assessment and stakeholder engagement preceding program design and implementation. This will equip attendees to return to their own communities and begin to engage with primary care practices around developing models of care.

The Epidemiology of Community-Based Pediatric Palliative Care: A Descriptive Study (TH370A)

Rachel Diamond, MD MS, University of Rochester, Rochester, NY. David Korones, MD FAAHPM, University of Rochester Medical Center, Rochester, NY. Susan Ladwig, MPH, University of Rochester, Rochester, NY. Philene Cromwell, MS RN PNP, Lifetime Care—CompassionNet, Rochester, NY. Alyssa Gupton, MSW LCSW, Lifetime Care—CompassionNet, Rochester, NY.

Objectives

- Describe the demographics of the pediatric population served by a community-based palliative care program.
- Recognize survival data of the pediatric population served by a community based palliative care program and its implications on the care needs and support for these children and their families.

Original Research Background. Pediatric Palliative Care (PPC) is a rapidly-growing pediatric subspecialty. While there is ample literature characterizing children receiving inpatient palliative care services, little is known about the children enrolled in community-based pediatric palliative care programs.

Research Objectives. To characterize a large cohort of children in upstate NY cared for by CompassionNet, a community-based pediatric palliative care program.

Methods. Children were identified by reviewing the CompassionNet database from 2008-14. Children were eligible for the program if they were <22 years old and had an illness that put them at risk of dying before age 21. Demographic data, time on the program, disease categories, overall survival, and date of death were extracted from the database. Disease type was defined by ICD9 codes for complex chronic conditions (CCC).

Results. 713 children were enrolled and followed during the study period. The median time children were on the program was 3.5 years (range 0-15 years). Median age at time of enrollment was 6.5 years (0-24). 379 (53%) were male. 426 (60%) were white, 102 (14%) black, 38 (5%) were Hispanic and 49 (7%) were other. The most common CCC's were malignancies 265 (37%), cardiovascular disease 81 (11%), and neonatal disease 58 (8%). 546 (77%) of children enrolled in the program are alive. At 1 and 2 years, 82% and 56% of children are still being served by the program, respectively.

Conclusion. These data suggest there is a role for community-based pediatric palliative care programs in caring for children with CCC's and that with many of these children surviving a long time, that role can continue over many years.

Implications for Research, Policy, or Practice. Children with complex chronic conditions live a long time and spend much of that time in the community. Broader support for community-based programs is needed to provide these children and their families support at home, not just in the hospital.

Improving Moral Distress and Provider Perceptions with an Integrated Palliative Care Conference in the Neonatal Intensive Care Unit (NICU) (TH370B)

Riddhi Shukla, MD MPH, Indiana University School of Medicine, Indianapolis, IN. Rebecca Baker, MPH, Indiana University, Indianapolis, IN. Karen Moody, MD MS, MD Anderson Cancer Center, Houston, TX.