

resource use. Interviews were transcribed verbatim and analyzed using constant comparative analysis.

Results. Of 86 invited participants, 45 were able to be contacted and interviewed. Interview/non-interview participant groups were well-balanced with no significant between-group differences in baseline sociodemographic characteristics or primary outcomes except gender. Interview participants were an average age of 62.6 (SD 7.3); 71.1% female; 66.7% African American; 66.7% urban residents. Fourteen themes emerged clustering around 3 categories: 1) intervention impressions and dose attributes, 2) individual contexts (e.g. life considerations like employment, caregiving responsibilities, comorbidities), and 3) study outcomes. Description of dose attributes (e.g. duration, frequency, amount, intensity, timing, and delivery), included the relationship on outcome change. The intervention was well-received, but participants varied on how the intervention dose should be modified to achieve intended outcomes. They described their study experience as filtered through a personal contextual lens (disease-related factors, family support, nurse coach relationship, emotions) which impacted their intervention experience and potentially their outcomes. Participants also described overall study impact on their health-seeking behaviors, HF knowledge, provider communication, and non-healthcare relationships.

Conclusion. The intervention dose and experience resonated differently among participants.

Implications for Research, Policy, or Practice. These differing perspectives of early palliative care intervention dose and design support the rationale for considering principles of precision medicine, adaptive interventions, and SMART trial design.

Early Impacts of COVID-19 on the Utilization of the Medicare Hospice Benefit (SCI911)



Michael Plotzke, PhD, Abt Associates. Thomas Christian, PhD, Abt Associates.

Objectives

1. Describe the prevalence of COVID-19 amongst Medicare Hospice beneficiaries.
2. Describe changes in utilization of the Medicare hospice benefit (as measured through visits and live discharge rates) during the Public Health Emergency (PHE) compared to before the PHE.

Background. The COVID-19 Public Health Emergency (PHE) has substantially impacted the utilization of healthcare services. Due to the mortality rate associated with COVID-19 in elderly patients, COVID-19 may have a profound impact on hospice users. Abt Associates is working with the Centers for Medicare & Medicaid Services Chronic Care Policy Group to

monitor the impact of COVID-19 amongst hospice users.

Research Objectives. Within this presentation, we describe how Medicare beneficiaries have utilized the Medicare Hospice Benefit (MHB) during the early months of the PHE and how that compares to the utilization of the MHB prior to the PHE.

Methods. We examined Part A and Part B Fee-for-Service (FFS) Medicare claims from January 1, 2019–May 31, 2020. We identified the presence of COVID-19 based on the presence of ICD-10 codes.

Results. As of May 31, 2020, we identified approximately 39.0 million unique FFS beneficiaries in 2020, 2.0% of which had at least one hospice claim during 2020. Although the overall rates of hospice utilization amongst patients with COVID-19 is relatively low (1.8%), there is substantial state-level variation (e.g., 8.2% in Massachusetts and 0.3% in Tennessee). Average per-beneficiary per-month hospice visits under MHB have fallen from April 2019 (7.4 aide visits, 6.6 skilled nursing visits) to April 2020 (4.7 aide visits, 5.0 skilled nursing visits), which indicates that COVID-19 may have had an impact on the number of in-person visits. Live discharge rates have also fallen slightly between FY2019 and FY2020 (17.5% to 15.8%).

Conclusion. There have been noticeable changes in the number of visits and live discharge rates during the PHE compared to before the PHE.

Implications for Research, Policy, or Practice. CMS should continue to monitor rates of COVID-19 amongst hospice users and measures of hospice utilization (visits, live discharge) in order to better understand how the PHE impacts the provision of the Medicare Hospice Benefit.

“Never Waste A Good Crisis”: A Qualitative Study of Programmatic Challenges, Opportunities, and Gaps Illuminated by the COVID-19 Pandemic in Seven Hospital Systems (SCI912)



Laura Holdsworth, PhD, Stanford University School of Medicine. Heather Mui, MPH, Stanford University. Marcy Winget, PhD, Stanford University School of Medicine. Karl Lorenz, MD MSHS, VA Palo Alto Health Care System.

Objectives

1. Describe how palliative care services of varying maturity at seven diverse hospital systems responded to the COVID-19 epidemic.
2. Describe innovative solutions to address the needs of patients, caregivers, and providers during surge and shelter in place scenarios.
3. Recognize the care gaps that may extend beyond the early stages of the pandemic for patients and families.