

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.

**Background.** During the early stages of the COVID-19 pandemic, a number of opinion pieces were written proclaiming the need for palliative care services, particularly with the prospect of scarce resources.

**Research Objectives.** To understand the response of palliative care services in the early stages of the COVID-19 pandemic and identify potential gaps in care.

**Methods.** Longitudinal in-depth interviews with palliative care implementers at seven hospital systems with varying maturity of inpatient and outpatient services in the San Francisco Bay Area.

**Results.** In the inpatient setting, palliative care was typically included in surge planning, including ethical approaches to care and planning for comfort care in the event of resource scarcity. Anticipating high demand, palliative services put effort into upskilling primary providers and enhancing goals of care communication skills. Both inpatient and outpatient settings employed various forms of virtual care. In inpatient settings, iPads were used widely for provider visits to reduce PPE usage and to connect patients with their families during visitor restrictions. In outpatient settings, visits became nearly 100% virtual, which posed challenges for recently established outpatient clinics to establish trust with new patients and required creative solutions for POLST signing, including different electronic signature vendors and “drive-thru” signing. Chaplaincy services at some systems offered emotional support to help providers and staff cope with stress. Bereavement support, particularly for caregivers experiencing complex grief during COVID, was limited.

**Conclusion.** Palliative care contributed prominently to surge planning and in expanding systemwide capabilities for goals of care communication. Virtual care posed many challenges, especially around POLST completion. Providing bereavement support represented a common challenge.

**Implications for Research, Policy, or Practice.** Ready access to completed POLST forms requires a policy shift. Improving programmatic bereavement support, particularly for complex grief, requires enhanced study and practice innovation.

### *Palliative Care Referral Patterns and Outcomes for Patients with End-Stage Liver Disease at an Academic Liver Transplant Center (SCI913)*

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Center. Sean G. Kelly, MD, The Ohio State University Wexner Medical Center.

#### *Objectives*

1. Describe Palliative Care (PC) referral reasons, timing, and outcomes for patients with end stage liver disease (ESLD) at a large academic transplant center with limited outpatient PC access for ESLD patients.
2. Identify targets for future clinical care initiatives and research with aim to improve upstream access to PC for ESLD patients and their families.

**Background.** Patients with end-stage liver disease (ESLD) have significant symptom burden and psychosocial needs, along with unpredictable clinical trajectories. These patients may benefit from Palliative Care (PC) alongside disease-directed therapies. However, PC is often underutilized or delayed until the end of life (EOL). Investigation of our referral patterns and outcomes may identify ways to increase upstream access to PC.

**Research Objectives.** To characterize PC referral reasons, timing, and outcomes for patients with ESLD admitted to our institution

**Methods.** We performed a retrospective chart review of hospitalized patients with ESLD who received inpatient PC consultation between February 2017 and February 2019. Death data was obtained via medical record and obituaries. Descriptive statistics were used for referral reasons and outcomes, and Kaplan-Meier curves were constructed to analyze the chronologic relationship between PC consult, hospice referral, and death.

**Results.** Out of 230 encounters, most PC referrals were for goals of care (89%). Nearly one quarter (24%) of patients sought disease-directed care at discharge, over one third (40%) discharged with hospice services, and another third (35%) died in the hospital. Median time from study period PC consult to hospice referral was thirteen days (95% CI: 8, 24) and from study period PC consult to death was fourteen days (95% CI: 10, 18). Eighty five percent of patients were confirmed deceased by study closure.

**Conclusion.** Most PC referrals for ESLD patients occurred near EOL, and many patients shifted to comfort-focused care after PC involvement. Late referrals may be due to lack of outpatient PC for ESLD patients at our institution, leading to reliance on inpatient consults during acute illness.

**Implications for Research, Policy, or Practice.** Improved upstream PC access may lead to earlier identification of patient care goals and improve goal concordant care. Future work at our institution should focus on expanding early access to PC for patients with ESLD.