used a multivariable model with county-level fixed effects to assess factors associated with enrollment in hospice from the community.

Results. Pathways to hospice did not change from 2011 to 2018, with 37.2% enrolling in hospice directly after hospital discharge and 47.5% enrolling within 30 days after hospitalization. However, hospice pathway strongly varied by illness and state of residence, with decedents with cancer more likely to enroll in hospice from the community and those with dementia more likely to enroll from the nursing home. In addition, those enrolled in MA were more likely to enroll in hospice from the community, even in adjusted models (AOR 1.7, 95% CI 1.65-1.68).

Conclusion(s). The locations of care before hospice have not changed between 2010 and 2019 and continue to be driven by inpatient hospital stays, although they are influenced by illness, region, and MA enrollment.

Impact. Understanding how region and MA shape hospice use may help improve care and access to hospice.

Variation in Benzodiazepine and Antipsychotic Prescribing Among Hospice Agencies (CO203D)

Lauren Gerlach, DO MS, University of Michigan. Lan Zhang, PhD, Michigan Medicine. Julie Strominger, MS, University of Michigan. Julie Bynum, MD, University of Michigan. Hyungjin Kim, DSc, University of Michigan. Joan Teno, MD MS, Oregon Health & Science University. Donovan Maust, MD, University of Michigan.

Outcomes.

1. The attendee will be able to explain and recognize patient-level factors associated with benzodiazepine and antipsychotic prescribing in hospice

2. The attendee will be able to explain and recognize hospice agency-level factors associated with benzodiazepine and antipsychotic prescribing in hospice

Importance. Benzodiazepines and antipsychotics are routinely prescribed for symptom management in hospice, but they are not without important risks. An understanding of the factors associated with prescribing of these medications is important.

Objective(s). Examine patient- and hospice-agency-level characteristics associated with incident prescribing of benzodiazepines and antipsychotics in hospice.

Method(s). Retrospective cohort study of a 20% sample of Medicare beneficiaries newly enrolled in hospice from 2014 to 2016, restricting to those without benzodiazepine (N = 169,688) or antipsychotic (N = 190,441) prescription fills in the 6 months before hospice enrollment. The primary outcome was incident (i.e., new) prescribing of a benzodiazepine or antipsychotic in hospice. A series of multilevel Cox regression models with random intercepts for hospice agency were fit to examine the association of incident benzodiazepine and antipsychotic prescribing with patient and hospice agency characteristics.

Results. A total of 91,728 (54.1%) and 58,175 (30.5%) hospice beneficiaries were newly prescribed a benzodiazepine or antipsychotic across 4,347 hospice agencies. The prescribing rate of the hospice agency was the strongest independent predictor of incident psychotropic prescribing. Compared to those in agencies in the lowest quartile of benzodiazepine prescribing, those in agencies in the highest quartile were 10.7 times more likely to be newly prescribed a benzodiazepine (adjusted hazard ratio [AHR] 10.7, 95% CI 10.1-11.3). Those in agencies in the highest quartile of antipsychotic prescribing were 51.7 times more likely to receive an antipsychotic (AHR 51.7, 95% CI 44.3-60.4) compared to those in the lowest quartile. Results remained consistent, accounting for comfort kit prescribing.

Conclusion(s). Enrollment in a high-prescribing hospice agency was the characteristic most strongly associated with incident prescribing of benzodiazepines or antipsychotics, exceeding every other patient-level factor.

Impact. While it is unclear what the "right" level of prescribing is in hospice, this significant variation may reflect a strong local prescribing culture across individual hospice agencies.

Rapid Poster Abstracts

Pilot Randomized Controlled Trial of an Advance Care Planning Video Decision Tool for Patients with Advanced Liver Disease (RP301)

Nneka Ufere, MD, Massachusetts General Hospital. Blair Robinson, MD MPH, Massachusetts General Hospital. John Donlan, BS, Harvard Medical School. Teresa Indriolo, BA, Massachusetts General Hospital. Abigail Scherrer, MPH PA-C, Massachusetts General Hospital. Judith Bloom, MS APRN MGH, Massachusetts General Hospital. Nancy Mason, MSN, Massachusetts General Hospital. Arpan Patel, MD PhD, UCLA. Jennifer Lai, MD MBA, University of California, San Francisco. Raymond Chung, MD, Mass General Hospital. Angelo Volandes, MD, MPH MGH. Areej El-Jawahri, MD, Harvard Medical School.

Outcomes.

1. Identify current barriers to the delivery of advance care planning to patients with chronic liver disease

2. Interpret the results of a randomized control trial of an advance care video decision support tool