

Associations Between Medical Facility-level Characteristics and Disparities in Specialist Palliative Care Delivery Among People with Advanced Heart Failure

INTRODUCTION

- Palliative care is an important component of guidelinedirected care for people with advanced heart failure (aHF).
- People who identify as Black are less likely to receive specialist palliative care (SPC) relative to people who identify as White.

OBJECTIVE

To examine if hospital and SPC delivery characteristics (e.g inpatient vs. outpatient, SPC team) explain differences in SPC consultation

THEORETICAL FRAMEWORK

We used the Socio-cultural Framework for Health Service Disparities (SCF-HSD) guided this study.

METHODS

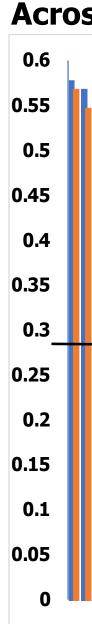
- Retrospective analysis of Veterans (n=21,654) with aHF cared for between 1/1/2018 to 7/1/2020 from 83 VA Medical Centers.
- aHF defined as ICD-9/10 stop codes and hospitalizations
- Calculated case mix-adjusted rates of SPC consultation by adjusting age, gender, race/ethnicity, comorbidities and number of death in each facility.
- Used multiple linear regression to examine differences in adjusted rates of SPC consultation among race (Black vs. White).
- Models adjusted for facility complexity and urbanicity, and SPC delivery characteristics.

DISCLOSURES/FUNDING SOURCE

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Table Specia

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RESULTS

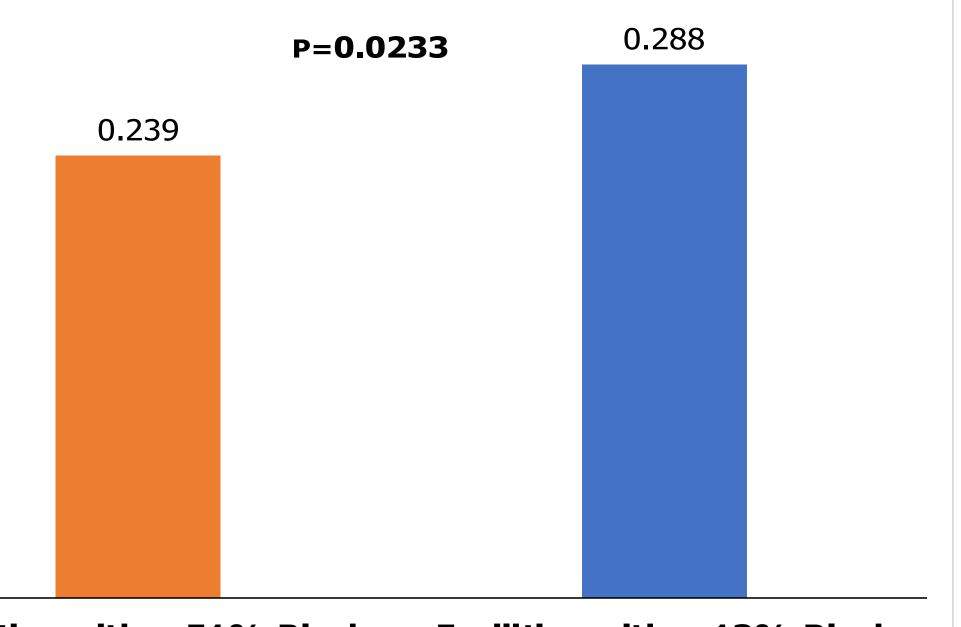
Table 1. Characteristics of Patients Who Did and Did not Receive Specialist Palliative Care				Figure 2. A Proportion	
Characteristic	Total Sample N = 21654	Received PC	Did Not		
Age, M \pm SD	72.9 ±10.9	72.5 ±10.9	72.2 ±10.7	0.3	
Gender, N (%)					
Female	452 (2.09)	128 (2)	324 (2)	0.25	
Male	21,202 (97.91)	15,279 (98)	5923 (98)	0.23	
Race N, (%)					
White	13330 (61.56)	3,851 (64)	9479 (61)	0.2	
Black	6969 (32.18)	1772 (29)	5197 (33)		
American Indian	110 (0.51)	39 (0.64)	71 (0.46)	0.15	
Asian	85 (0.39)	38 (0.63)	47 (0.3)	0.15	
Mixed Race	202 (0.93)	65 (1.07)	137 (0.88)		
Pacific Islander	143 (0.66)	40 (0.66)	103 (0.66)	0.1	
Unknown	815 (3.76)	246 (4)	569 (3.65)		
Hispanic, N (%)	1281 (5.9)	260 (4.3)	1021 (6.5)		
Non-Hispanic, N (%)	20373 (94.1)	5791 (95.7)	14582 (93.5)	0.05	
		s of Specialist Pa	alliative Care Reach	0	
Across 83 VA Medi	cal Centers				F
0.6					
0.55			Crude rates	• Mea	n;
0.5			Adjusted rates		
0.45				=10	_
		Now Notional	Maant 200/	iden	tifi
0.4 New National Mean: 28%					

CONCLUSION AND IMPLICATIONS Facilities with high proportions of persons with aHF who identify as Black have lower rates of SPC consultation Research is needed to determine whether SPC consultation within these hospitals differs by racial and ethnic groups

Rang 9-57%, 95% CI [25%-30%]



Absolute Rates of SPC Consultation Among Facilities With Different on of People Who Identified as Black



Facilities with > 51% Black Facilities with < 13% Black

age of patients was 72.9 years (Standard Deviation 9), 97.9% were male, 61.6% were White, and 32.2% ified as Black. (Table 1)

• Facility rates of SPC consultation among people with aHF ranged from 9-57%. (Figure 1)

SPC consultation was 5% lower among facilities with > 51% of people who identified as Black relative to facilities where <13% of people identified as Black. (Figure 2)

LIMITATION AND NEXT STEPS

• Case-mix adjustment variables, e.g people's educational level was not collected by the VA

• Generalizability is limited to VA medical system

• Only examined White vs. Black and will examine other races or ethnic groups in next steps