Disparities in Hospitalized Cancer Patients Receiving Palliative Care Consultation (FR436-C)

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Objectives  
- Describe the baseline differences in symptoms and healthcare utilization among minorities and nonminorities with advanced cancer.  
- Compare the outcomes of minority and nonminority patients receiving inpatient palliative care consult.

Original Research Background: Racial and ethnic disparities in health care have been documented among minority groups. As a result, minorities are diagnosed with late-stage cancer and have inferior outcomes likely leading to increased suffering. Little is known, however, about disparities in access to and outcomes of patients receiving specialty palliative care (PC).

Research Objectives: Evaluate outcomes among minority patients (black and Hispanic) receiving palliative care consultation.

Methods: We used data from the Palliative Care for Cancer Patients study (PC4C), a multisite observational study of the effect of inpatient PC on patient health outcomes and utilization among advanced cancer patients. We limited our sample to patients receiving PC from established, interdisciplinary teams. Univariate analyses and multiple regression analyses compared differences in outcomes among minority and nonminority patients.

Results: 583 (19%) patients received PC. Of those, 166 (28%) were minorities and 418 (72%) nonminorities. Mean days to PC was 4.4 versus 3.2 for nonminorities and minorities, respectively (p=0.65). At baseline, minorities reported a higher burden of symptoms on the Condensed Memorial Symptom Assessment Scale (CMSAS). Similarly they were less likely to have discussed their wishes with their doctor (p=0.04), were less likely to have completed a living will (p<0.001) or have a proxy (p<0.001), and had no difference in pain but were less likely to be taking pain medications (p<0.001) or report relief from pain medicines (p=0.05). After PC, all CMSAS symptoms improved for minority patients (except worry; p=0.03). In addition, after PC there were no longer any significant differences among minorities with respect to discussing their wishes (p=0.27), DNR completion (p=0.72), proxy assignment (p=0.22), and taking pain medications (p=0.22) when compared with nonminorities.

Conclusions: PC is associated with improvements in symptom control and discussions of care goals among minority patients who have worse baseline health assessments.

Implications for Research, Policy, or Practice: Future efforts should focus on increasing availability and use of PC for this at-risk population.