**Palliative Care Outcomes of Minority Patients Receiving Home-Based Primary and Palliative Care (FR436-A)**

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**Objectives**

- Describe racial and ethnic differences in patients receiving home-based primary and palliative care.
- Discuss differences in palliative care outcomes among minorities and non-minorities receiving home-based primary and palliative care.

**Original Research Background:** Data suggest that minority patients use healthcare resources at a higher rate than nonminorities and have documented preferences for more aggressive care at the end of life. There is a paucity of information on the effects of home-based primary and palliative care (HBPC) on symptom management, advance care planning, and healthcare utilization among minority patients with serious illness.

**Research Objectives:** Compare the palliative care outcomes of nonminority versus minority patients (black and Hispanic) with serious illness receiving care from the Mount Sinai Visiting Doctors Program (MSVD), a HBPC model.

**Methods:** We performed retrospective chart reviews of all MSVD patients who died in 2012. We performed bivariate analysis comparing differences in outcomes among minority and nonminority patients.

**Results:** We identified 189 patients. Six patients (3.17%) died in nursing homes and were excluded because we could not access their care patterns. Of those remaining, 95 (52%) were nonminorities, 42 (33%) black, and 46 (25%) Hispanic. Minority patients were younger (p=0.003), insured by Medicaid (<0.001), had higher rates of home nursing services (p<0.001), had poorer performance status on the Karnofsky scale (p=0.007), were less likely to have MD visits in the last month of life (p=0.04), and were more likely to die in the hospital (p<0.001). There were no statistically significant differences in rates of DNR (p=0.31), rate of healthcare proxies (p=0.77), the use of opioids for symptom management (p=0.28), or rates of hospice enrollment (p=0.41).

**Conclusions:** There were no differences detected in advance care planning, symptom management, DNR orders, and enrollment in hospice among minorities receiving HBPC. However, even with the support offered by HBPC, minorities still had higher rates of healthcare utilization.

**Implications for Research, Policy, or Practice:** Future efforts should focus on minority patients’ preferences and the role of HBPC to decrease hospitalizations among minority patients with limited prognosis.