

how these factors act to influence the course and outcomes of hospice care, or their role in shaping race/ethnic and socioeconomic disparities in burdensome outcomes like acute hospitalization. This presentation uses the theoretical lens of Cultural Health Capital to explore how socio-cultural factors affect patient-provider interactions within the home hospice setting. Qualitative interviews were conducted with both providers (N=32) and patients/caregivers (N=7) at a large not-for-profit hospice agency in New York City. Themes identified from these interviews included prior knowledge and familiarity with hospice, family dynamics and social support, and linguistic and cultural barriers to care. Findings indicate the need for greater attention to socio-cultural influences on interactional dynamics within home hospice.

#### **RISK FACTORS FOR DISENROLLMENT AMONG HOME HOSPICE PATIENTS WITH DEMENTIA**

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Hospice delivers care to a substantial and growing number of individuals with primary and comorbid dementia diagnoses. Dementia diagnosis and racial/ethnic minority status are risk factors for hospice disenrollment. However, little research examines racial/ethnic disparities and other risk factors for hospice disenrollment among hospice patients with dementia. This paper uses multinomial logistic regression to explore sociodemographic and functional status risk factors for hospice disenrollment among 3,949 home hospice recipients with primary or comorbid dementia. Results indicate that patients with a primary dementia diagnosis, racial/ethnic minority groups, and those higher functional status have elevated risk of disenrollment due to hospitalization, disqualification, and electively leaving hospice care. Additional research is needed to understand why primary dementia diagnosis and underrepresented racial/ethnic status are associated with multiple kinds of hospice disenrollment so that hospice practice can be tailored to respond to the needs of these individuals.

#### **CARE MANAGEMENT CHALLENGES AND PROGNOSTIC TOOLS FOR HEART FAILURE PATIENTS IN HOSPICE**

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Heart failure (HF) patients enroll in hospice at lower rates despite their worse prognosis. This multi-method study explores the characteristics and challenges associated with caring for HF patients. Data from qualitative interviews with hospice providers (n=32) and quantitative records (N=1,114) were used to identify care management issues and prognostic tools. Hospice providers described HF patients unique and often unpredictable symptomatology, their limited understanding and discordant hospice expectations, and difficulties managing symptoms at home. Providers also highlighted HF

patients use of assistive medical devices and complex medication regimens. Palliative Performance Scale (PPSv2) scores at hospice enrollment were found to be strongly associated with hospice survival (AUC: 7 days=0.80; 14 days=0.77) and live discharge risk (PPSv2 50-70% AOR=5.68 [CI=3.66-8.79]). Findings underscore the need for specially-tailored trainings and protocols for providers to prevent unplanned discharges and support HF patients at end-of-life.

#### **THE DEVELOPMENT AND IMPLEMENTATION OF A CARDIAC HOME HOSPICE PROGRAM FOR ADVANCED STAGE HEART FAILURE PATIENTS**

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Heart failure (HF) patients encounter distressing symptoms at the end-of-life including dyspnea, edema, and fatigue. Left untreated, these symptoms increase risk for hospice disenrollment. This presentation used the RE-AIM framework to examine a cardiac home hospice program for HF patients. Qualitative interviews with hospice providers (N=32) and quantitative medical record data were used to examine the program. Reach—1,183 HF participants were served between 2013-2016. Effectiveness—Enrollment of HF patients in the hospice program increased from 7.9% to 9.5% after the cardiac protocol was implemented. Adoption—implementation was spearheaded by a clinical champion aware of the challenges of HF symptom management. Implementation—additional support services (i.e., paramedicine, infusion services, cardiac comfort medication kits) were incorporated in the cardiac protocol to better manage complex clinical cases in the home. Maintenance—Reinforcing factors include ongoing training for nursing staff and a 3.5-hour introduction module providing information about HF case management and symptoms/treatments.

#### **PERSPECTIVES ON SETTING GOALS OF CARE AMONG HOSPICE PATIENTS WITH HEART FAILURE, THEIR FAMILIES, AND HEALTHCARE TEAM**

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Older adults with heart failure (HF) face many end-of-life care issues. Shared decision making (SDM) in hospice is an important process that allows HF patients and their family caregivers to discuss their preferences on goals of care (GOC) with their healthcare team. Yet, little research has explored how the values and preferences of HF patients and their family are integrated into their care plans through SDM process. This presentation examines facilitators and barriers to setting GOC among hospice HF patients. Qualitative interviews were conducted with HF patients/family caregivers