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Differential Use of Outpatient Palliative Care by Race and Ethnicity

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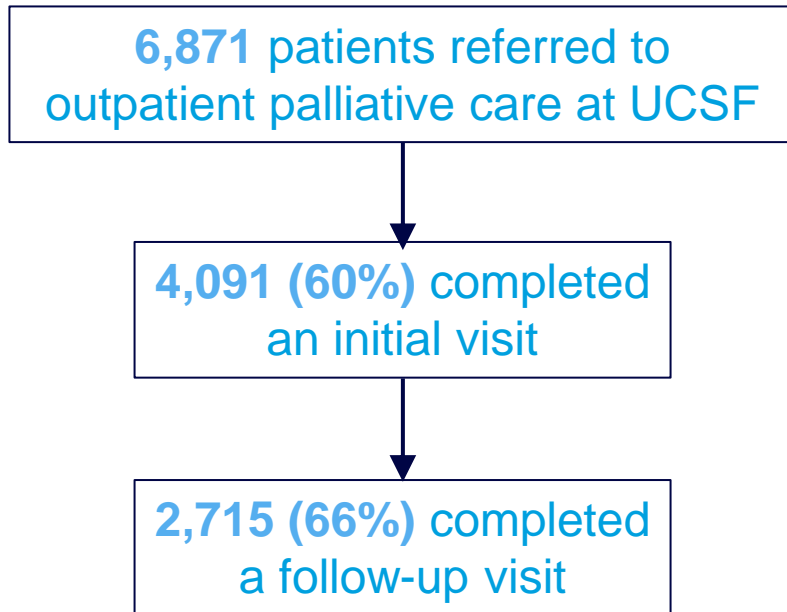
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Background and Methods

- People identifying as African American, Hispanic, Asian, and Native American, and those with low SES have lower use of inpatient palliative care and hospice
- Similar disparities may exist in outpatient palliative care, but this was unknown
- We used deidentified data from the EHR to identify patients referred to outpatient palliative care at UCSF from 2017-2021
- We conducted multivariable logistic regression to determine patient and clinical characteristics associated with:
 - 1) completing an initial visit after being referred, and
 - 2) completing a follow-up visit after an initial visit

Disparities in Use of Outpatient Palliative Care at Two UCSF Clinics



	Completed initial visit	Completed follow-up
	aOR (95% CI)	
Age	0.94 (0.89, 0.98)	0.88 (0.82, 0.94)
Men	0.99 (0.88, 1.1)	0.83 (0.71, 0.96)
Asian	1.02 (0.86, 1.2)	1.0 (0.79, 1.3)
Latinx	0.69 (0.57, 0.83)	1.09 (0.84, 1.4)
Black	0.71 (0.56, 0.90)	0.85 (0.60, 1.2)
Other race/ethnicity	0.71 (0.5, 1.1)	0.95 (0.68, 1.3)
Non-English language	1.1 (0.8, 1.6)	0.71 (0.54, 0.95)
Medicaid	0.82 (0.69, 0.97)	1.1 (0.86, 1.4)
Private insurance	1.03 (0.88, 1.21)	0.99 (0.8, 1.2)
Not-partnered	0.80 (0.71, 0.90)	0.88 (0.75, 1.04)

- Among patients referred to palliative care, those identifying as Black have **29% lower odds** of completing an initial visit compared to patients identifying as White.
- Identifying these disparities was an important first step → Led to patient/caregiver interviews to better understand the reasons for these disparities.

Preliminary Findings from Patient/Caregiver Interviews

Qualitative telephone interviews with 2 patients and 12 caregivers

Historical treatment by the medical system:

→“My lack of trust in the medical industry” (11)

→"What I didn't like is there's these panels of doctors that make a decision on who's eligible for transplants and who is not.... I think they put a value on to the individuals.... From my perspective, I didn't even have an opportunity of talking with these doctors.” (21)

Preliminary Findings from Patient/Caregiver Interviews

Feelings about being referred to palliative care:

→“I never heard of it... I didn't know what to expect.” (11)

→“It was a huge shock when they did the inpatient palliative care referral. I was against it. It was not something that had ever like been talked about in my in my household.” (15)

→“I've known that I can't do it all myself and I know that God has His hand in it. So I think that everything has a purpose and I think palliative care was put in my path on purpose.” (14)

Preliminary Findings from Patient/Caregiver Interviews

Background influence on feelings about medical care:

- “We believe in God, we’re Catholic okay. So I wanted to say in the beginning it was a hard time kind of accepting that there is no cure, and this is what's going to happen.” (28)
- “I know a lot of people in my culture that don't really like to go to the doctor or feel like they need to go to the doctor... [but] that’s not true for our case.” (15)
- “I didn't actually open up all the way about a lot of issues. So a lot of it is my part. Some things are kept confidential within myself. I have a degree of pride.” (11)

Preliminary Findings from Patient/Caregiver Interviews

All patients and caregivers described having a sense of trust with the palliative care team and felt the pall care team showed respect for their culture and background:

→“Always involving us in their decisions, and just always educating us every time they're going to make a change. And then also knowing that, if it's like a bigger change, they also involve our other teams.” (15)

→“They always leave room for me to question... they probe enough, and I probe enough. So we're on very equal understanding.” (11)

→“It's always nice that she speaks Spanish to my mom.” (15)

→“I'm dealing with a multi racial kind of soup here, and I love it.” (11)

Next Steps

- Complete interviews and qualitative analyses
- Use both the quantitative and qualitative data to drive quality improvement locally in an effort to make palliative care equitably available and inclusive
- We welcome other sites who are interested in doing similar quantitative or qualitative analyses to partner with us