

## Health Disparities in Palliative Care Consults in the ICU

Masuma Syed  
*Lehigh Valley Health Network*

Matthew McCambridge MD  
*Lehigh Valley Health Network, [Matthew.Mccambridge@lvhn.org](mailto:Matthew.Mccambridge@lvhn.org)*

Follow this and additional works at: <https://scholarlyworks.lvhn.org/select-program>



Part of the [Medical Education Commons](#)

**Let us know how access to this document benefits you**

---

### Published In/Presented At

Syed, M. & McCambridge, M. (2020). *Health disparities in palliative care consults in the ICU*. Poster presented at Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Health Disparities in Palliative Care Consults in the ICU

Masuma Syed, Matthew McCambridge

Lehigh Valley Health Network, Allentown, Pennsylvania

## Background

- Palliative care betters communication between patients and healthcare teams, supports patients and families, works on goals of care, and decreases symptom burden<sup>1,2</sup>.
- Despite evidence backing palliative care, surveys completed by ICU clinicians found that 75% of clinicians felt that palliative care was underutilized<sup>3</sup>.
- Fear of upsetting patients, seeing palliative care as a “sign of giving up”, and lack of understanding of the role of palliative care prevents physicians from putting in palliative care consults<sup>4</sup>.
- Many prior studies have shown that disparities exist within medicine. This study looks at whether palliative care in the ICU is consulted at different rates in patients regarding race, sex, age, and/or insurance type.

## Problem Statement

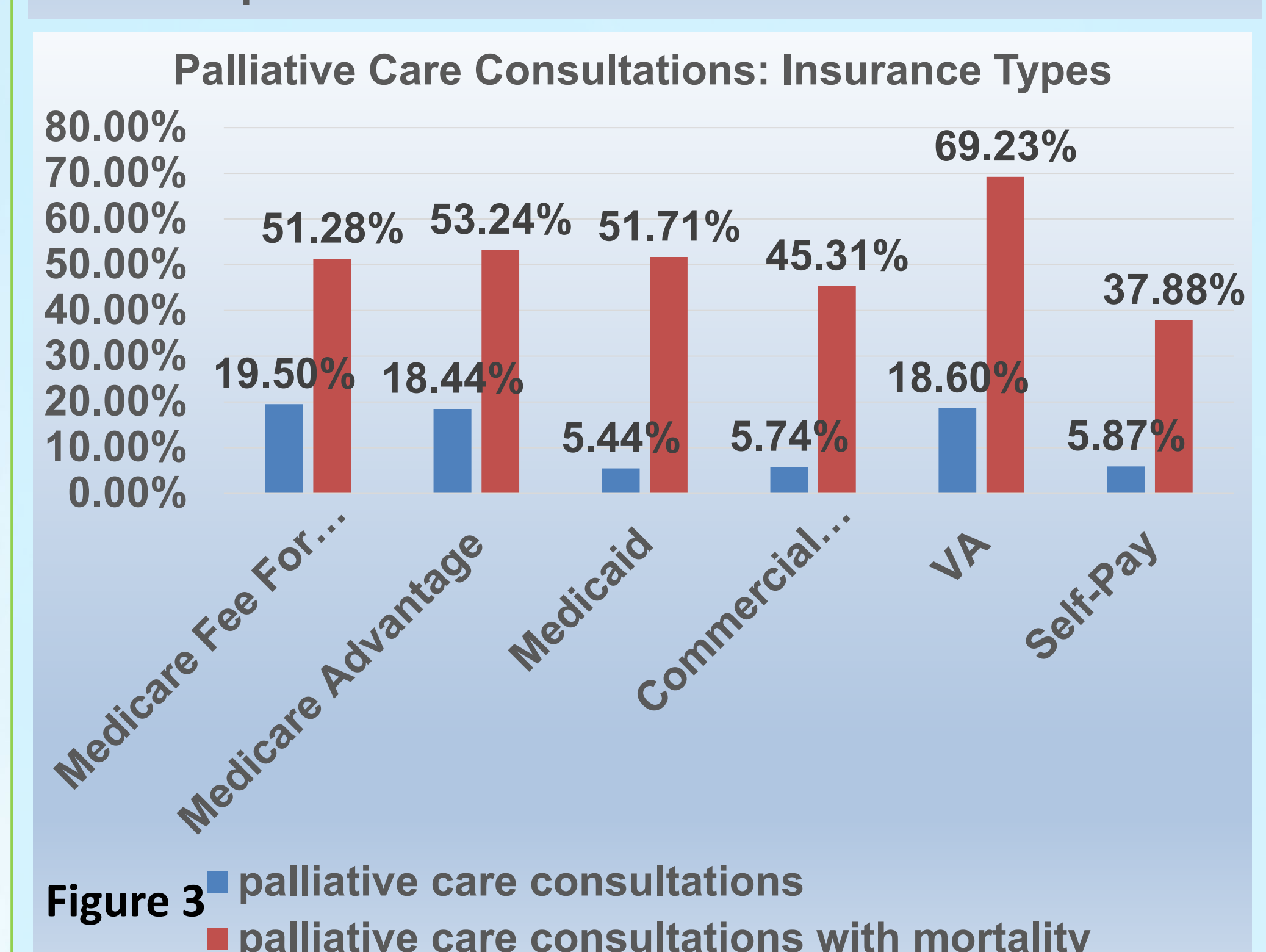
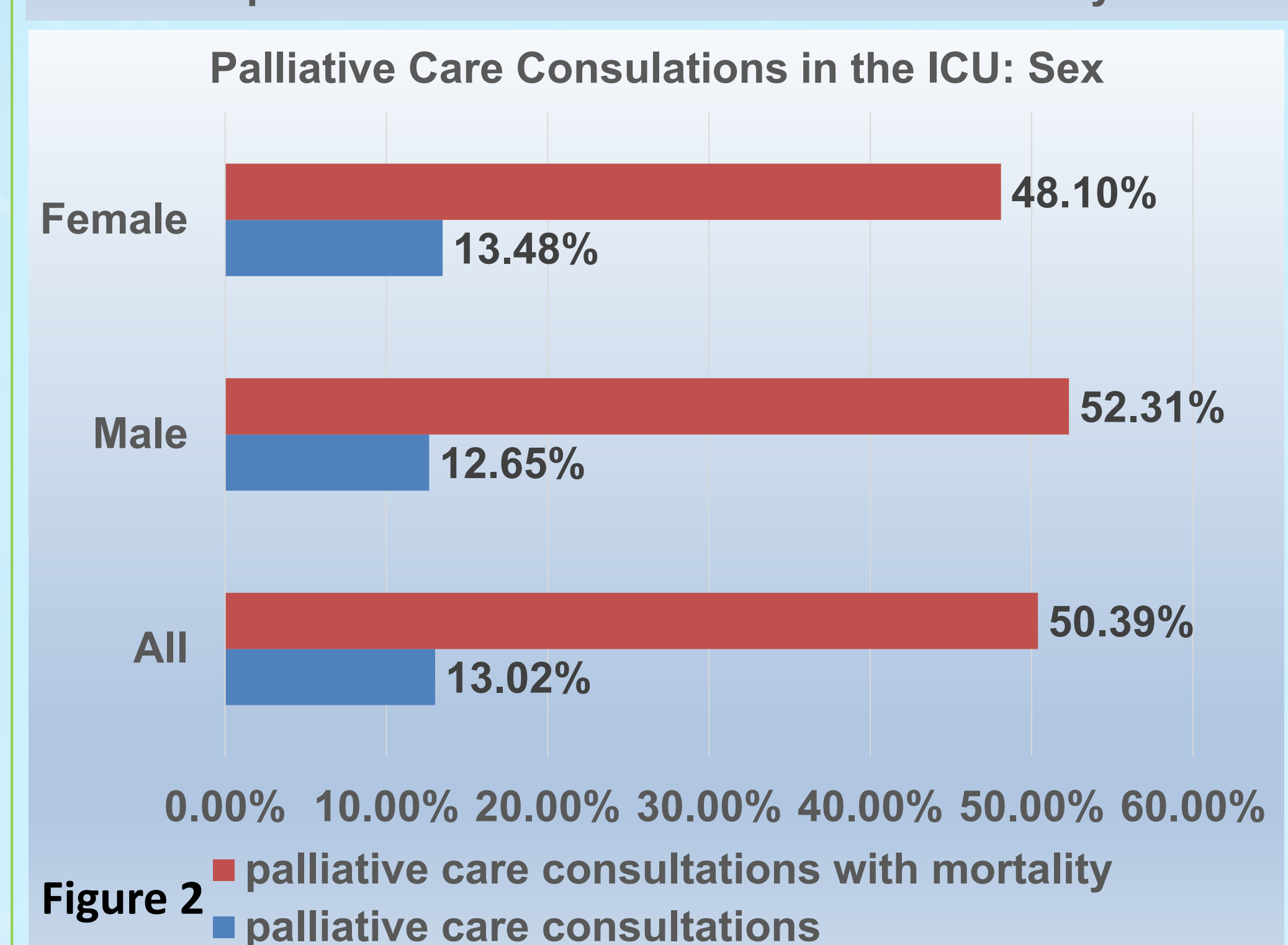
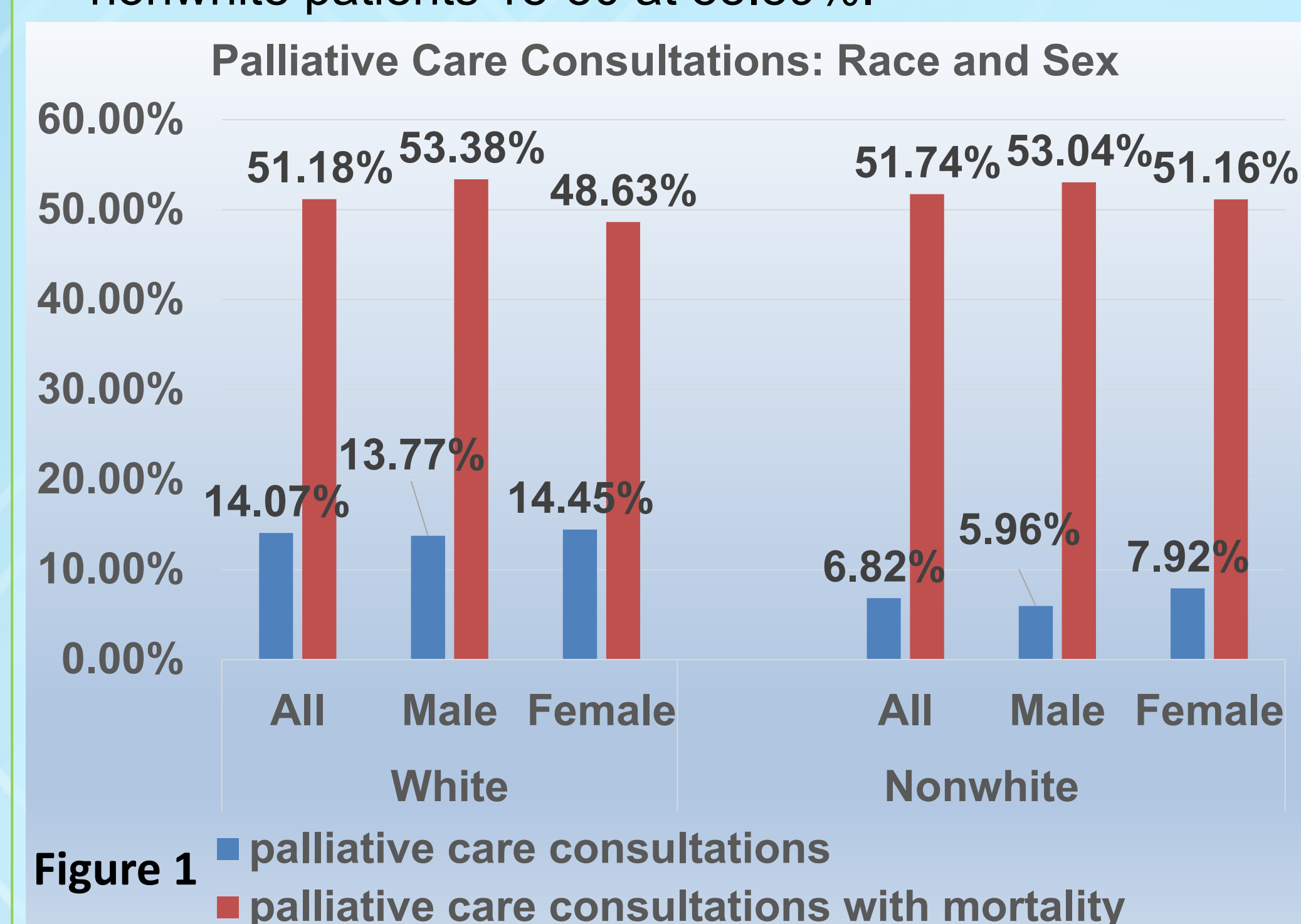
This study looks at whether different rates of palliative care consultation exist based on patient demographics (race, sex, age, and/or insurance type).

## Methods

- Lehigh Valley Health Network (LVHN)'s Analysis Portal ICU Tableau was used for a retrospective chart analysis looking at patients admitted to LVHN's ICUs between 1/1/2015-12/31/2019.
- Views on the Analysis Tableau helped sort patients into categories of sex, race, age, and insurance type (Original Medicare, Medicare Advantage, Medicaid, Commercial, VA, Self-Pay).
- Race classifications were based on patients' self-identification per patient charts and divided into white or nonwhite. Patients who did not enter a race, declined, refused, or had an unavailable/unknown race were removed from the study.
- Two variables were studied for each category: palliative care consultations and palliative care consultations with mortality.
- The analysis also compared those two variables for subsets of race divided by age, and subsets of race divided by sex.
- An Excel data sheet was used to make comparisons between each subset in every category.

## Results

- 33,627 patients were in the study:
  - Race: 28,786 white; 4,841 nonwhite
  - Sex: 19,795 male; 16,905 female
  - Insurance Type: Original Medicare: 12,549; Medicare Advantage: 6,339; Medicaid: 5,272; Commercial Insurance: 10,289; Self-Pay: 152
  - Age Group: U-18: 6,278; 18-30: 1,732; 31-40: 1,463; 41-50=2,373; 51-60=4,820; 61-70=6,547; 71-80=6,561; 81-90=4,863; 91-100=1,246; 100+ = 15
- 13.02% had palliative care consultations, 50.39% with consultations passed away during their stay.
- Consultation rate increased with age (U-18 = 0.22%, 18-30 = 3.97%, 31-40 = 5.43%, 41-50 = 8.34%, 51-60 = 12.14%, 61-70 = 15.17%, 71-80 = 17.91%, 81-90 = 24.16%, 91-100 = 28.81%, 100+ = 31.25%).
- Broken down by age and race, mortality was highest in nonwhite patients 18-30 at 88.89%.



## Discussion

- Because the SELECT competency my capstone focuses on is values-based patient centered care, this project addresses palliative care consultations in the ICU
- Understanding more about ICU health disparities will help to identify how palliative care is and can be utilized.
- There was a discrepancy in the rate of palliative care consultations between white and nonwhite patients, regardless of sex. There is a possible racial bias factor in palliative care consultations.
- Rates of palliative care consultations were similar for male and female patients.
- The rate of palliative care consultations steadily increased with age.
- The rate of palliative care consultations with mortality for nonwhite patients 18-30 (88.89%) is higher compared with all groups.
- Project limitations include sample population (mainly white/Caucasian), limited data range, language barriers, and unknown religious beliefs of patients.

## Conclusions

- This study shows us that few palliative care consultations actually take place in the LVHN ICUs
- Twice as many total palliative care consultations were placed for white patients than nonwhite patients, regardless of sex
- Future studies are needed to understand the reasoning behind why certain patients did or did not receive palliative care consultations in the ICU

## REFERENCES

- McAteer R, Wellberry C. Palliative Care: Benefits, Barriers, and Best Practices. American Academy of Family Physicians. 2013;88(12). doi:10.3139/15360288.2014.91801.
- Strengthening of Palliative Care as a Component of Integrated Treatment throughout the Life Course. *Journal of Pain & Palliative Care Pharmacotherapy*. 2014;28(2):130-134. doi:10.3109/15360288.2014.911801.
- Corl K, Levy M, Phillips G, Terry K, Friedrich M, Trivedi AN. Racial And Ethnic Disparities In Care Following The New York State Seniors Initiative. *Health Affairs*. 2019;38(7):1119-1126. doi:10.1136/hlthaff.2019.011119.
- Dumanovsk DE, Morrissey J. Palliative Care in the Hospital: A Review. *Journal of Palliative Medicine*. 2016;19(1):1-10.

