How lucky I am to have something that maker saying goodbye so hard.

- Winnie the Pooh



May Hua, MD, MS
Beeson Graduation Talk
November 18th 2021

Validation of the V66.7 Code for Palliative Care Consultation in a Single Academic Medical Center

May Hua, MD, MSc,^{1,2} Guohua Li, MD, DrPH,^{2,3} Caitlin Clancy, BA,¹ R. Sean Morrison, MD,⁴ and Hannah Wunsch, MD, MSc^{1,5,6}

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Table 2. Performance of V66.7 Code for Identifying Receipt of Palliative Care Consultation for All Patients and Across Subgroups

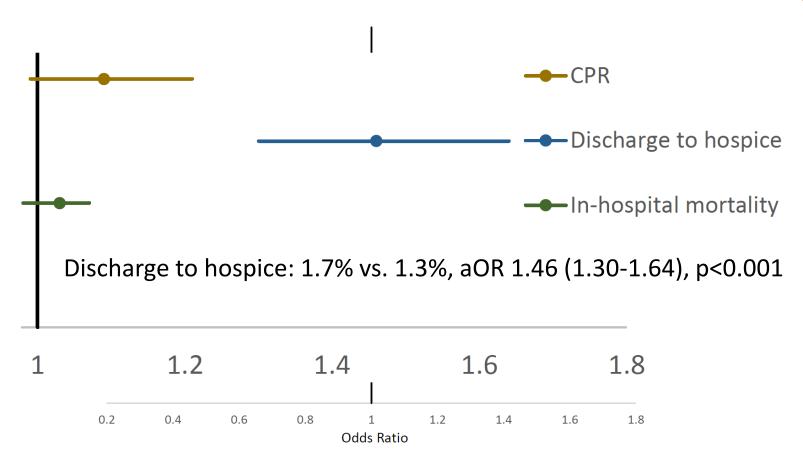
	Sensitivity, %	Specificity, %	AUC	PPV, %	NPV, %	LR+	LR-
All patients	49.87	99.14	0.75	54.01	98.99	58.1	0.51
Died in hospital Yes No	53.91 47.92	75.06 99.59	0.64 0.74	43.95 61.72	81.78 99.28	2.16 116.34	0.61 0.52
Admitted to ICU Yes No	42.56 55.40	97.31 99.37	0.70 0.77	55.54 53.16	95.54 99.42	15.80 87.71	0.59 0.45

Association between the Availability of Hospital-based Palliative Care and Treatment Intensity for Critically III Patients

May Hua¹, Xiaoyue Ma^{1,2}, R. Sean Morrison³, Guohua Li^{1,2,4}, and Hannah Wunsch^{1,5,6,7}

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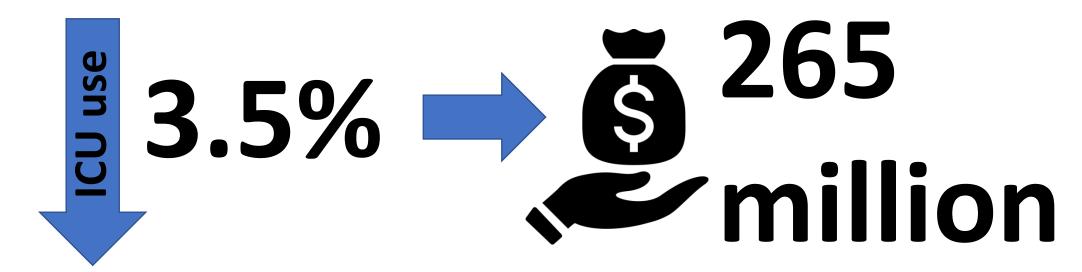
	Non-teaching Hospitals		Teaching Hospitals		Bed size 100 – 399		Bed size >=400	
	(N=230,568)		(N=794,935)		(N= 396,249)		(N=629,254)	
	Adjusted Effect	P value	Adjusted Effect	P value	Adjusted Effect	P value	Adjusted Effect	P value
	(95% CI)		(95% CI)		(95% CI)		(95% CI)	
Secondary								
Outcomes								
Tracheostomy [‡]	1.36	0.001	0.93	0.10	1.16	0.01	0.87	0.009
	(1.13 - 1.63)		(0.86 - 1.01)		(1.03 - 1.31)		(0.79 – 0.97)	
Gastrostomy tube	1.26	0.009	0.94	0.18	1.20	0.002	0.86	0.004
placement [‡]	(1.06 - 1.49)		(0.87 - 1.03)		(1.07 - 1.35)		(0.77 - 0.95)	
Discharge to	0.90	0.31	1.87	<0.001	0.97	0.68	2.81	< 0.001
hospice ^{‡,§}	(0.73 - 1.10)		(1.60 - 2.18)		(0.83 - 1.13)		(2.26 - 3.49)	

Original Investigation | Critical Care Medicine

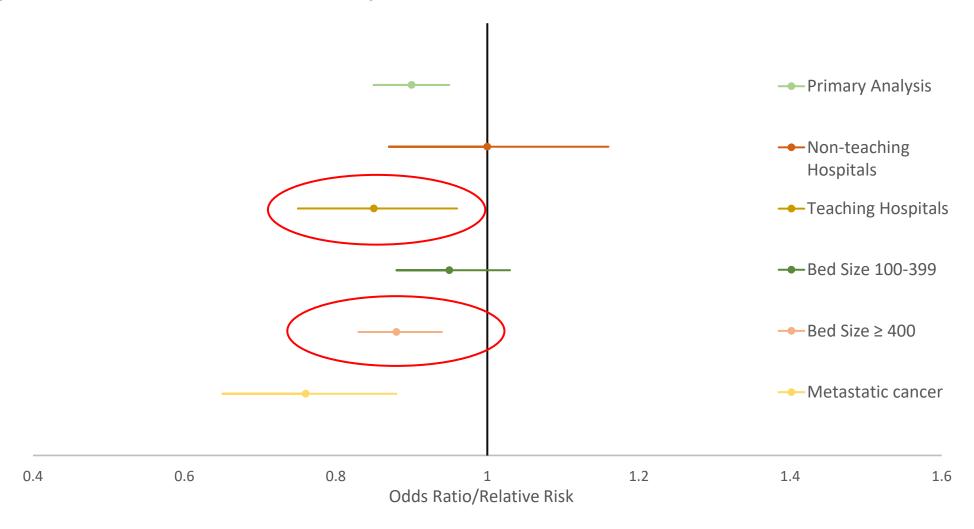
Association Between the Implementation of Hospital-Based Palliative Care and Use of Intensive Care During Terminal Hospitalizations

May Hua, MD, MSc; Yewei Lu, MS; Xiaoyue Ma, MS; R. Sean Morrison, MD; Guohua Li, MD, DrPH; Hannah Wunsch, MD, MSc

	Case		Control	DID Estimator	P-Value
	Before After				
ICU use, %	52.8 49.3		46.0	0.90 (0.85 – 0.95)	0.0004



The effect of implementing palliative care is dependent on hospital environment



Implementation of Specialist Palliative Care and Outcomes for Hospitalized Patients with Dementia

Deven Lackraj, MPH,* Dio Kavalieratos, PhD,† Komal P. Murali, PhD,‡ Yewei Lu, MS,* and May Hua, MD, MS*§

Table 2. Difference-in-Differences Analysis Examining the Effect of Implementing a Palliative Care Program on Resource Utilization in Patients with Dementia

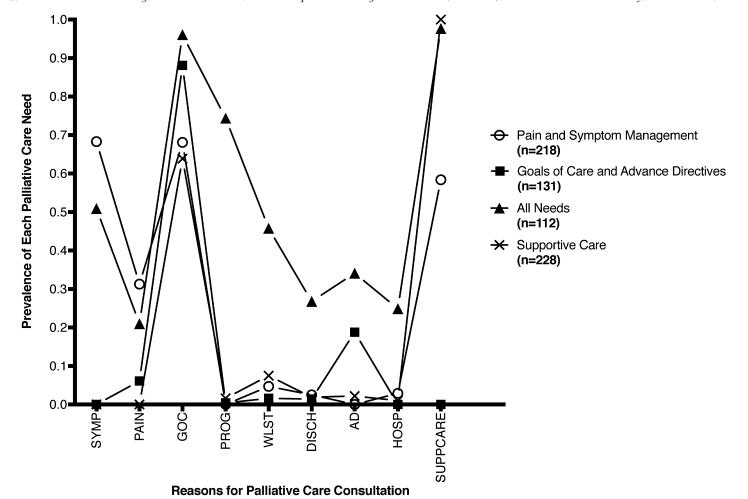
			Unadju	sted Outcor	nes			
			Implementation o	f Palliative	Care Program			
			Yes (N = 41,277	No (N = 40,841)				
			Before After			Difference-in-Differences Estimator ^a (95% CI)		<i>P</i> value
Primary outcome								
Discharge to hospice,	Discharge to hospice, %b		3.9	6.6	4.6	1.35 (1.19–1.51)		<.0001
	Nonteaching Hosp (N = 35,228)	-	Teaching Hos (N = 57,60	•	Bed size 100- (N = 70,618		Bed Size ≥400 (N =	22,212)
	Estimator ^a (95% CI)	<i>P</i> value	Estimator ^b (95% CI)	<i>P</i> value	Estimator ^c (95% CI)	<i>P</i> value	Estimator ^d (95% CI)	<i>P</i> value
Primary outcome Discharge to hospice, %e	0.63 (0.46–0.91)	.009	1.74 (1.49–1.99)	<.001) 1.18 (1.00–1.36)	.06	1.51 (0.82–1.20)	.15

Latent Class Analysis of Specialized Palliative Care Needs in Adult Intensive Care Units From a Single Academic Medical Center

David Wang, MD, Caleb Ing, MD, MS, Craig D. Blinderman, MD, MA, and May Hua, MD, MS

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(C.I., M.H.), Mailman School of Public Health; and Department of Medicine (C.D.B.), Columbia University, New York, New York, USA



Palliative care delivery is not a singular intervention

 ${\it Table~2}$ Association Between Latent Class Membership and High Use of Specialized Palliative Care

	Crude (OR [95% CI])	<i>P</i> -value	Adjusted ^a (aOR [95% CI])	<i>P</i> -value
Goals of Care and Advance Directives Pain and Symptom Management All Needs Supportive Care	Ref 1.76 [1.04-2.98] 2.36 [1.32-4.22] 1.88 [1.12-3.16]	 0.03 0.004 0.02	Ref 2.02 [1.16-3.50] 2.61 [1.41-4.83] 1.94 [1.12-3.34]	 0.01 0.002 0.02

 Table 3

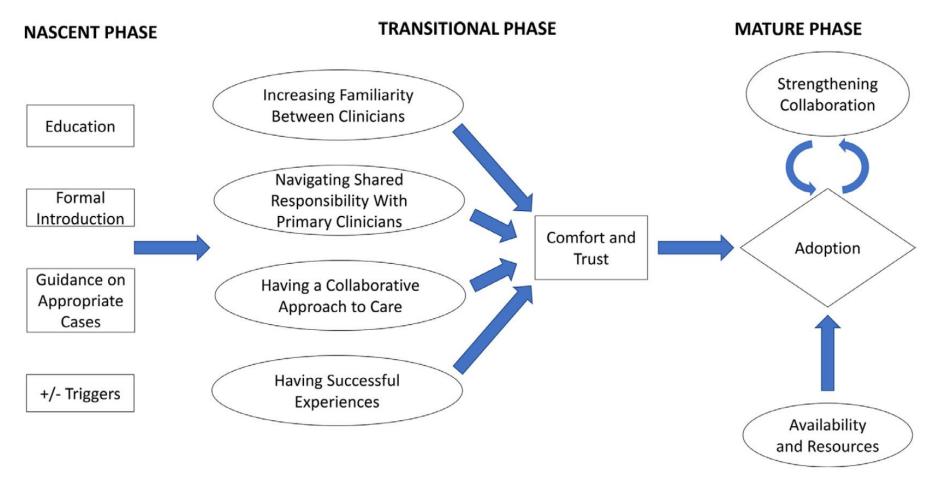
 Association Between Latent Class Membership and Number of Visits by Type of Palliative Care Clinician

	MD/NP ^a (aOR [95% CI])	<i>P</i> -value	Social Worker ^b (aOR [95% CI])	<i>P</i> -value	Chaplain ^b (aOR [95% CI])	<i>P</i> -value
Goals of Care and Advance Directive	es Ref	_	Ref	_	Ref	_
Pain and Symptom Management	1.10 [0.92-1.31]	0.31	1.00 [0.77-1.30]	1.00	1.69 [0.72-4.00]	0.23
All Needs	1.31 [1.08-1.60]	0.007	1.06 [0.79 - 1.42]	0.71	0.91 [0.34 - 2.42]	0.85
Supportive Care	0.79 [0.66-0.95]	0.01	1.40 [1.10-1.79]	0.007	2.29 [0.99 - 5.28]	0.052

Original Article

What Affects Adoption of Specialty Palliative Care in Intensive Care Units: A Qualitative Study

May Hua, MD, MS¹, Laura D. Fonseca, MS², R. Sean Morrison, MD³, Hannah Wunsch, MD, MSc⁴, Robert Fullilove, EdD⁵, and Douglas B. White, MD, MAS⁶



Hua et al. J Pain Symptom Manage 2021.

Determinants of Palliative Care Effectiveness for Patients with Metastatic Cancer

Figure 1. Conceptual Framework for Proposed Research Aim 2 Aim 3 Characteristic Differences in Quality Metrics for End-Palliative Care Program of-Life Care Hospital Implementation Factors Team Attributes Hospice use (e.g. composition, expertise) Operational Factors Length of hospice (e.g. availability, quality monitoring) enrollment ICU use Receipt of Specialist Palliative chemotherapy Care 30-day readmissions Yes/No Early vs. Late High-dose vs. ED/inpatient visits Low-dose Aim 1

- Hannah Wunsch
- Sean Morrison
- Guohua Li
- Craig Blinderman
- Laura Fonseca
- Xiaoyue Ma
- Yewei Lu

