

40 **H.R. 1589: ADDRESSING RACIAL AND ETHNIC
DISPARITIES IN ADVANCE CARE PLANNING AMONG
MEDICARE BENEFICIARIES**

A Effiong¹, D Myrick² ¹*Kennedy Institute Of Ethics, Georgetown University;*
²*Department of Human Services, National Institutes of Health*

10.1136/bmjspcare-2012-000250.40

U.S minorities continue to have poorer health outcomes and are more likely to have worse quality of care. These gaps are partly attributed to socioeconomic status, public health practices, and lifestyle behaviours. These disparities become even more pronounced at the end of life because minorities are less likely to complete advance directives, enrol in hospice, receive appropriate symptom management, or be satisfied with the quality of care and communication. Cultural preferences, values, and mistrust of healthcare providers result in lower rates of advance care planning among minority patients who are terminally ill. These disparities can be minimised through interventions tailored toward minority populations that are resistant to change. To address these gaps, H.R. 1589 (Personalise Your Care Act of 2011) encourages voluntary consultations between physicians and patients to discuss advance care plans, allows for reimbursement through Medicare, promotes extended and complex counselling for the development of end of life care plans regardless of race or ethnicity, and supports routine advance care planning in community and clinical practices. In this presentation, the authors will discuss: the strengths and limitations of H.R. 1589, how to successfully engage patients in advance care planning discussions, and the use of information and communication technology (ICT) to influence provider behaviour toward minority patients.