Prevalence of Patients Appropriate for PC Referral

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Background/Objectives

Nationally, increasing numbers of people are receiving palliative care or hospice services, yet aggressive treatment at the end of life persists unabated. More than 25% of Medicare payments each year are for the 5% of Medicare beneficiaries who die in that year.[1] In light of a rapidly aging population, health care providers, payers, and policymakers are striving to promote the timely provision of palliative care services to patients with life-limiting illnesses to improve clinical outcomes and deliver high-value, patient-centered care to this population.

Because the extent of the unmet need for palliative care in US hospitals remains largely unknown, we conducted a cross-sectional, retrospective point prevalence ("day in the life") analysis to:

1. Determine the share of patients currently receiving care in US hospitals for whom referral to palliative care would be appropriate based on diagnostic "triggers"

2. Determine what percentage of patients with palliative care needs have been referred for consultation or enrolled in palliative care or hospice services

Methods

Patients for whom palliative care referral was appropriate were defined as adults (≥ 18 years) who were inpatients on May 13, 2014, with one or more of the following diagnoses:

- Poor-prognosis cancer[2]

- New York Heart Association[3] Class IV congestive heart failure (CHF) or other classification of advanced heart failure, including those requiring intensive cardiac interventions (e.g., left ventricular assist device), or ejection fraction < 35%

- Oxygen-dependent chronic obstructive pulmonary disease (COPD) as evidenced by documented oxygen dependency/chronic oxygen use, or forced expiratory volume in 1 second < 30%

Data for patients who met these criteria—including demographic variables (age, gender, payer), ICD-9 codes for all diagnoses, do-not-resuscitate (DNR) status, presence of the V66.7 code, and discharge disposition—were collected from the UHC Clinical Data Base.

Participating hospitals were each given a list of patients with qualifying ICD-9 codes and asked to conduct chart reviews to collect supplemental data, including documentation of advanced CHF and/or COPD; verification of DNR status and discharge disposition; and dates of palliative care referral, consult, and initiation of services, if applicable.

Results

Thirty-three UHC member hospitals (27% of invited hospitals) in 19 states participated in the study, including 29 academic medical centers, 3 affiliated community hospitals, and 1 stand-alone cancer facility. Average bed size for the participating hospitals was 680. The charts of 2,119 patients were reviewed.

- Approximately **19% of all patients met the study definition** of patients for whom palliative care referral was appropriate.

  - Among the 33 participating hospitals, the percentage of patients meeting the definition ranged from 9.8% to 37.3%. Three-quarters of the hospitals had prevalence rates between 15% and 21%.

- Among patients for whom referral was appropriate, **29.8% received a referral and 31.6% received palliative care services**. (In some cases, palliative care services such as psychological counseling were provided without a referral to or consultation with the palliative care team.)

  - The majority (60.9%) of patients for whom palliative care referral was appropriate received neither a referral nor services (Figure 1).

Figure 1. Prevalence and Palliative Care Referral and Service Delivery Rates for Patients for Whom Referral Was Appropriate
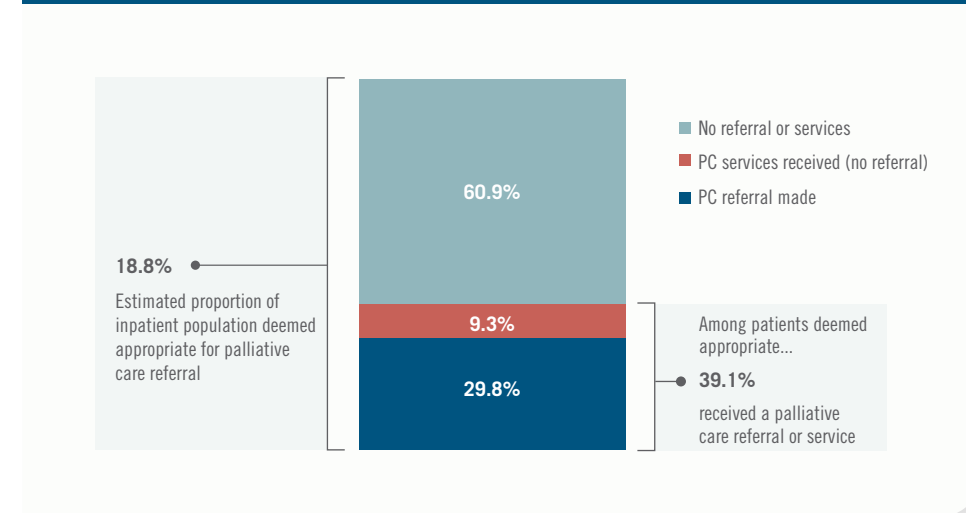
PC = palliative care.

Palliative care referral rates varied widely among hospitals, from 12.5% to 58.8%, with a median of 28.3%, as did the mix of referred patients by diagnosis (Figure 2).

Figure 2. Proportion of Patients for Whom Palliative Care Referral Was Appropriate Who Received a Referral, by Hospital and Diagnosis
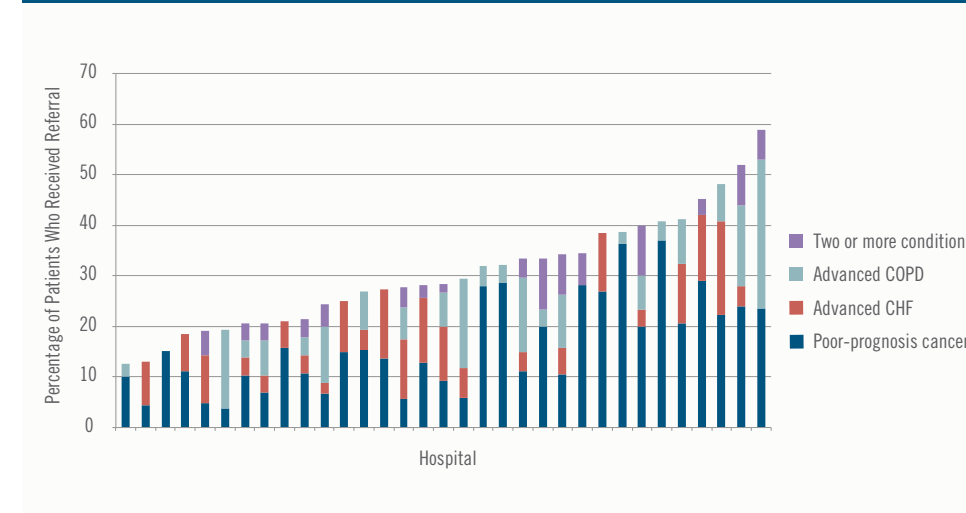
CHF = congestive heart failure; COPD = chronic obstructive pulmonary disease.

Rates of palliative care service delivery ranged from 11.5% to 95.0%. The services most frequently provided were goals-of-care discussions (58.5%) and pain and symptom management (51.9%; Figure 3).

Figure 3. Proportion of Patients Who Received Palliative Care Services,[a] by Type of Service
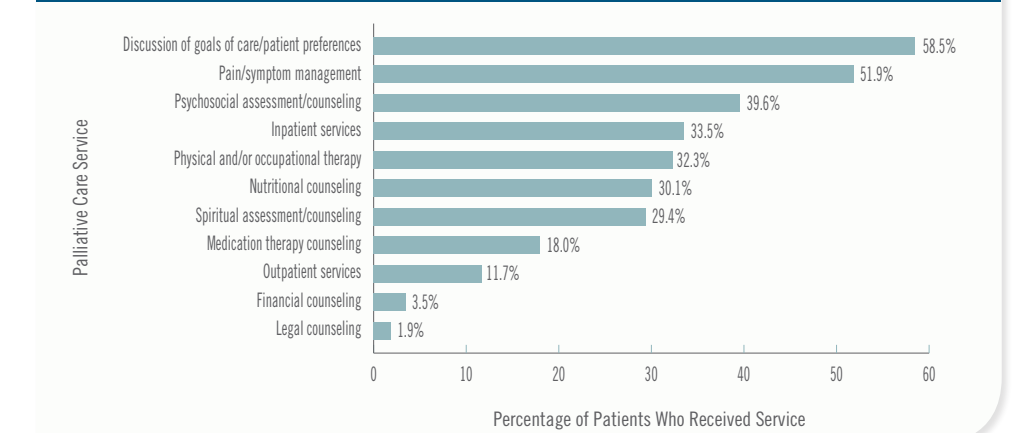
[a] *Includes only patients for whom service data was reported.*

Of patients for whom palliative care referral was appropriate, nearly 9% died during their study admission, 7% were discharged to hospice (in either the home or a medical facility), and more than half (54.8%) were discharged to home without hospice; Figure 4). Only 29.1% had a DNR order in place.

Figure 4. Referral Rates for Patients for Whom Palliative Care Was Appropriate, by DNR Status and Discharge Disposition
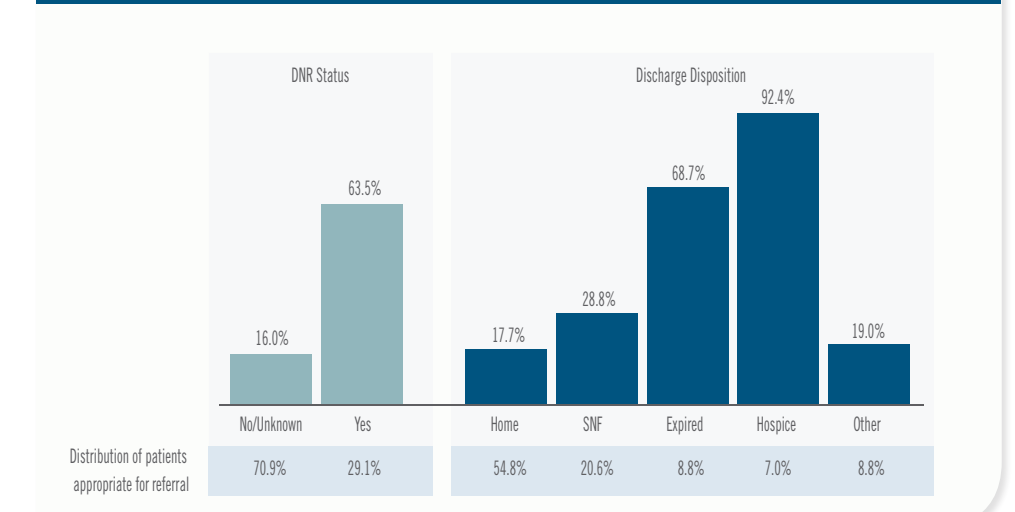
DNR = do not resuscitate; SNF = skilled nursing facility.

Patients who had a DNR order and those who were discharged to hospice or died during the study admission were significantly more likely to receive a palliative care referral, suggesting that these patients were referred late in the course of their illness.

Conclusion

This is the first multisite study designed to estimate the percentage of hospitalized patients for whom a palliative care referral would be appropriate in US hospitals and whether those patients are receiving such referrals. The findings suggest a need to expand the availability of palliative care services, including primary palliative care services delivered by frontline providers. We hope that this study provides useful information for those who are striving to increase the timely delivery of high-quality and high-value palliative care services for patients with life-limiting illnesses.

References

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