Estimating the Need for Community-Based Palliative Care in a Public Health System

Anne Kinderman, MD[1,2], Heather A. Harris, MD[1,2], Kathleen Kerr, BA[3]

[1] University of California San Francisco, School of Medicine; [2]Division of Hospital Medicine, ZSFG; [3]Kerr Healthcare Analytics

Background

- Most of California's 22 public health systems have existing inpatient palliative care programs, and are now considering developing or piloting Community-Based Palliative Care (CBPC) programs
- The state of California now mandates that patients enrolled in managed Medicaid with cancer or end-stage heart failure, liver, and pulmonary disease must have access to palliative care (SB 1004)
- In order to estimate the need for CBPC and prepare to meet the mandate of SB 1004, we analyzed the end-of-life care utilization patterns for patients receiving care in the San Francisco Health Network (SFHN)

Methods

- Retrospective cohort study of SFHN patients who died between July 2013 and June 2015
- Matched list of clinically-active SFHN patients with death data for the state of California
- Examined patterns of health care utilization in the final twelve months of life, prior to the initiation of CBPC services

Study Goals

Examine how patients in a public health system receive medical care in the last year of life

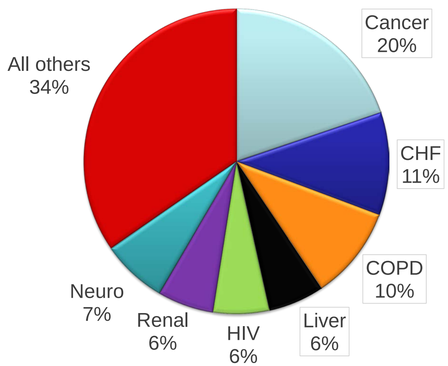
Use this baseline information to forecast the impact of expanded CBPC services

Results

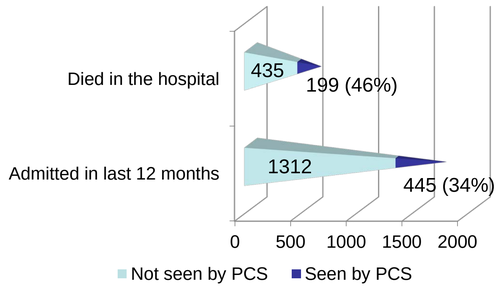
Baseline Data

- 2030 patients died in the 2-year period

What were their primary diagnoses?



How many patients are admitted or die in the hospital? How many are seen by the inpatient PCS?



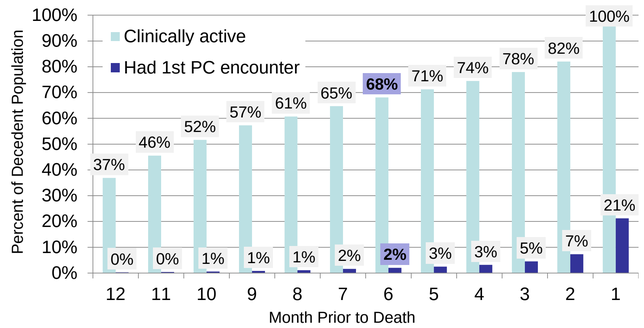
Number of days between first contact with inpatient PCS and death:

- Average = 44 days
- Median = 13 days

Medicaid Population

When do patients become clinically active?

Patients with any system contact vs. seen by PCS



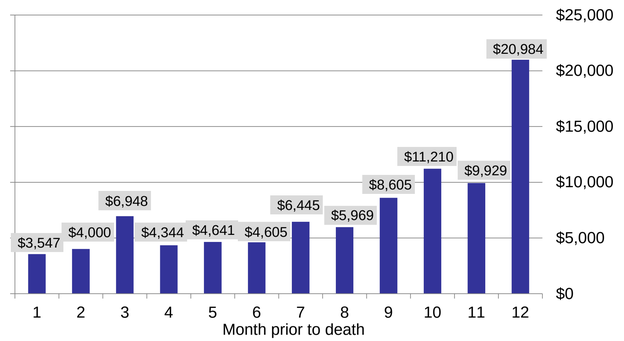
Average direct costs in the last year of life

Primary payer	Cost
Medicaid	**$48,161**
Medicare	$32,274
Commercial	$31,550
Uninsured	$17,089
Other	$16,466
All patients	$36,234

415 of 724 Medicaid patients (57%) or more than 200 patients per year would have qualified for SB 1004 palliative care

How are costs distributed in the last year of life?

Average costs per month prior to death (Medicaid)



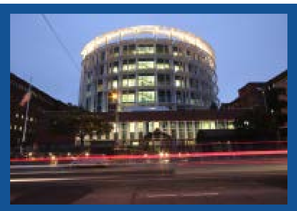
Conclusions

- Without CBPC services in place, only a small proportion of patients who died received palliative care
- Those patients who received palliative care only got it within weeks of death
- Although many patients in our system present very late and with advanced disease, more than two thirds of patients are clinically active six months before death, and could be potentially referred for CBPC
- Medicaid patients have the highest end-of-life care costs
- These costs typically occur within the last three months of life and are primarily due to repeated emergency department visits and hospitalizations
- Other studies have demonstrated improved quality of care, greater patient and caregiver satisfaction, and reduced healthcare utilization when patients can access CBPC more than 90 days before death

Implications

- There is a robust case for initiating CBPC to improve the quality of care and reduce unnecessary healthcare costs in this vulnerable patient population
- This methodology can be replicated by palliative care programs, provider organizations and payers, to estimate the need for CBPC

This work was conducted with the support of the California Health Care Foundation



Division of Hospital Medicine, Department of Medicine
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER