

End-of-Life Care for Dementia Patients in the Program of All-inclusive Care for the Elderly (PACE): A Quality of Care Assessment

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Background:

- The majority of Americans want to die at home, but this occurs <40% of the time.
- This is particularly challenging for patients with dementia and as our population continues to age, this will become increasingly problematic.
- The mission of PACE is to allow patients to remain at home until death and therefore offer more support at the end of life allowing a greater percentage to die at home.
- The National Quality Forum (NQF) and the Carolinas Center for Medical Excellence Hospice PEACE (Prepare. Embrace. Attend. Communicate. Empower) project has developed several quality measures to evaluate care at the end-of-life.

Goal:

- The goal of this project was to assess quality measures during the last 6 months of life for patients with the diagnosis of dementia while enrolled in PACE.

Methods:

- Retrospective study starting at 6 months prior to death for patients admitted to the Baltimore PACE with the diagnosis of dementia between years of 2010-2014.
- Quality measures for evaluation were selected from 2 national quality assessment programs and one from the National Hospice and Palliative Care Organization.
- Using the quality measure definitions, we evaluated conformance with each metric during the last 6 months of life while admitted to the Baltimore PACE program.

Table 1: Population Characteristics, Comorbidities, Cognitive Status, Medication Usage

CHARACTERISTICS	Mean ± S.D., or N (%)
DEMOGRAPHICS	
Age in years, mean ± sd	84.42 ± 7.9
Female, % (n)	54 (74%)
White, not Hispanic, % (n)	34 (48%)
African American, % (n)	33 (47%)
COMORBIDITIES	
TOTAL COMORBIDITY, mean ± sd (count)	9 ± 3.2
COGNITIVE STATUS	
MMSE Score, mean ± sd	11.6 ± 6.9
Mild (20-25)	7 (10%)
Moderate (10-19)	40 (57%)
Severe (<10)	23 (33%)
Total number of medications	
Medications, mean ± sd	8.6 ± 4.0

Results:

- 78% of patients had advance directives but only 38% of patients had documentation about preferences regarding hospitalization.
- None had documentation that spiritual, existential, nor bereavement concerns were addressed.
- Only 8% had documentation that caregiver burden was assessed.
- 46% of patients were not screened for pain and in those who were only 14% was a pain tool used or severity of pain documented.
- Of the patients who had pain, 48% were treated with Tylenol alone and 51% were treated with opiates (with 38% of those on no bowel regiment).
- 50% were screened for shortness of breath, 34% screened positive, and only 8% of those were on morphine or any additional medication beyond bronchodilators and oxygen.

Table 2: Length of Stay, Number of Admission, Location of Death

Characteristics	Mean ± S.D., or N (%)
Length of stay	39± 35.1
Number of Admission in last 6 months of life	
Admissions	0.9± 1.2
Location of Death	
Hospital	5 (7%)
Home	20 (30%)
Assisted living	46 (69%)
Nursing home	17 (25%)
Rehab	4(5%)

Discussion:

- Medicare beneficiaries comprise 80% of all deaths that occur in the United States and about 25% of Medicare dollars are spent on patients during the last year of life.
- The Medicare hospice benefit states that the prognosis must be 6 months or less. This criterion does not fit the trajectory of death for most older adults with dementia; which is preceded by years of progressive decline.
- One way to deal with this challenge is through the Program of All-Inclusive Care for the Elderly (PACE), whose goal is to allow older adults to continue living at home until death.
- Unlike the Medicare hospice benefit, hospice-level services in PACE are not limited to a particular time window. End-of-life care can be implemented at an earlier stage in the disease course than would be allowed on the traditional Medicare hospice benefit. Ultimately, this could improve quality of life and decrease health care expenditures.

Conclusions:

- This PACE program allowed most patients with dementia to die outside of a hospital (93%).
- However, these results show that there needs to be more standardization in quality metrics, similar to those used in hospice, to ensure high quality of life for dementia patients while dying on PACE.

References

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