Statewide Palliative Care Management Intervention Reduces Total Costs For Seriously Ill Medicaid Beneficiaries at End of Life

Community Care of North Carolina (CCNC) is a community-based, public-private partnership that takes a population management approach to improving health care and containing costs for North Carolina's most vulnerable populations. Through its 14 local network partners, CCNC creates over 1800 primary care "medical homes" in all 100 counties for Medicaid beneficiaries and uninsured people.

Background

Despite the growing availability of hospice and palliative care (PC) programs, such services remain underutilized by low income patients. Disparities in access to PC worsen symptom burden and reduce quality of life at end-of-life. Barriers among economically vulnerable populations include medical comorbidities, financial limitations, fragmented systems of care, and language/cultural barriers. Our belief is that better access to PC leads to lower likelihood of dying in intensive care, increased care consistent with preferences, increased hospice use, and significant cost reductions.

Intervention

The CCNC Palliative Care initiative looked to "insert a pause" into end-of-life care, to further discussion of the goals of care and increase the likelihood of greater concordance of care with patients' wishes. CCNC developed reliable systems to identify seriously ill Medicaid patients so that CMs may offer opportunities for advance care planning, improved symptom management, enhanced psychosocial support and hospice referrals.

Methodology

The preliminary evaluation described in this poster aimed to identify any "signal" that Palliative Care interventions performed by CCNC care managers impacted subsequent healthcare cost and utilization.

We examined costs and utilization for 836 deceased NC Medicaid patients: 207 receiving Palliative Care intervention, and 629 who did not.

For the intervention group, the inpatient discharge around which the patient received the palliative care intervention was referred to as the index discharge.

For the control group, the first inpatient visit that occurred during the last year of the person's life was identified as the index discharge. To maximize comparability with the control group, we stratified patients according to when they died relative to the index discharge in both groups – ensuring comparisons between groups were based on similar risk of mortality, risk of admission/readmission, and similar time until mortality.

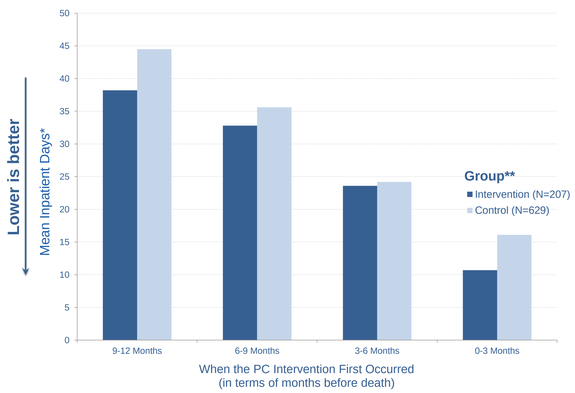
KEY POINTS

- CCNC's palliative care initiative exhibits substantial savings in months prior to death for NC Medicaid patients.
- Medicaid patients participating in the PC care management initiative used more hospice services, but had *fewer hospital days and lower total healthcare costs* in the time period leading up to their death.
- We found an average coast savings of $1,661 per patient, per month. Overall, ***there was an estimated $2.0 million in savings*** from the intervention.

Results

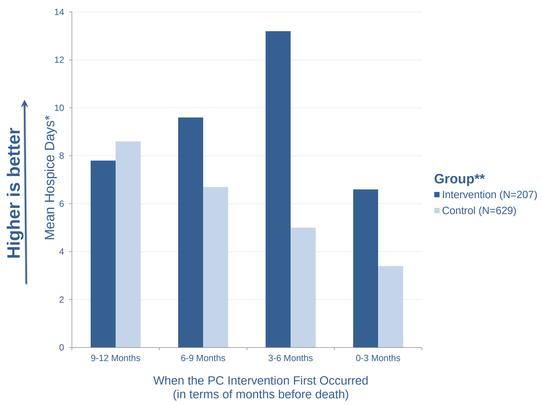
More hospice care - fewer outpatient days - reduced in-patient hospitalization – lower total costs

Figure 1: Effect of Palliative Care Intervention on Inpatient Utilization in Months before Death



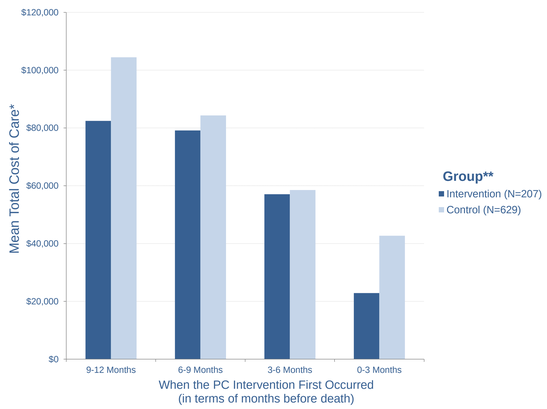
*Number of inpatient days following index discharge
**Both groups had either catastrophic or multiple complex chronic conditions and had an index admission where they either got an intervention (intervention group) or didn't (control group).

Figure 2: Effect of Palliative Care Intervention on Hospice Utilization in Months before Death



*Number of hospice days following index discharge
**Both groups had either catastrophic or multiple complex chronic conditions and had an index admission where they either got an intervention (intervention group) or didn't (control group).

Figure 3: Total Cost of Care in Months before Death



†significant group differences, p<.05

*Total Medicaid Cost of Care following index discharge
**Both groups had either catastrophic or multiple complex chronic conditions and had an index admission where they either got an intervention (intervention group) or didn't (control group).

Presenters

Jonathan Fischer, M.D., CAQHPM, Julian Thomas, Carlos Jackson, Ph.D