Variation in End-of-Life Care in California

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The Dartmouth Atlas of Health Care

- Provides national public reporting of health system performance over time through the lens of variation in utilization, cost, quality, and patient experience.

- Highlights variation, its causes, and its consequences in order to provide target audiences with compelling data to effect positive changes in the health care system.

- www.dartmouthatlas.org
Unwarranted Variation in Health Care
Research, surveillance, and public reporting

- Unwarranted variation is variation that cannot be explained by:
  - Patient illness or
  - Patient preference

- Unwarranted variation across regions and hospitals are differences in health system performance:
  - Patient quality of care and
  - Efficiency of care
End-of-Life Measures

- Percent of chronically ill Medicare patients dying in the hospital
- Hospital days during the last six months of life
- Percent of hospital deaths associated with ICU admission
- ICU days during the last six months of life
- Percent of patients seeing ten or more physicians during last six months of life
What Is the Right Rate in End-of-Life Care Measures?

There is no single right rate, but:

- We know that most patients with life-threatening chronic illness would like to spend their last days at home.

- Most patients do not want painful or uncomfortable treatments that offer little hope of a longer life – of a life that is meaningful to them.

- Patients want to live long and to live well. Most patients near the end of life do not want care to keep them from home, family, and friends.
End-of-Life Care in California: You Don’t Always Get What You Want

April 2013
Significantly More California Medicare Beneficiaries Die in the Hospital Compared to US Rate

- 29.3% of beneficiaries died in a hospital in 2010, compared to the US average of 25%
- The highest rates were in Los Angeles and San Francisco (both 33.9%) and Stockton and San Jose (both 33.0%)

Map 1. Chronically Ill Medicare Patients Dying in Hospital, by California HRR, 2010
Deaths for California Medicare Beneficiaries Are Often Associated with a Stay in the ICU

- 24.4% of deaths were associated with an ICU stay in 2010, compared to the US average of 16.7%

- Rates were highest in Los Angeles (28.7%), San Francisco (25.8%), and Stockton (24.6%) and lowest in Redding (14.5%), Santa Cruz (14.8%), and Napa (15.5%)
California Medicare Beneficiaries Receive Fewer Days of Hospice Care

- The average number of days of hospice care in the last six months of life was lower in California (16.8 days) than the US average (21 days) in 2010.

- San Diego, Santa Cruz, and Palm Springs/Rancho Mirage delivered the most days of hospice per patient (24 to 22 days), while Stockton, Modesto, and Fresno delivered the fewest (9 to 13 days).
Potential Issues

- Lack of communication between doctors and their patients
- Lack of advance care planning
- Under use of hospice and palliative care
Hospital Death and Hospice Use is Related to Patient English Proficiency

English Proficiency in the Hospital Area (Quintiles)

Hosp death (%)  ICU death (%)  Hospice days

Lowest  2nd  3rd  4th  Highest

Understanding Variation in End-of-Life Care in the Dartmouth Atlas 2010 Analysis
Neil S. Wenger, MD, MPH; Takehiro Sugiyama, MD, MSHS; David Zingmond, MD, PhD
Hospital Death and Hospice Use is Related to Physician Communication

Physician Communicates Well (Quintiles)

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Want to Spend Your Last Days in the Hospital...?

- National random survey of 2,847 community dwelling Medicare beneficiaries > 65 years 2003:

<table>
<thead>
<tr>
<th></th>
<th>Non Hispanic White</th>
<th>Hispanic</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a hospital</td>
<td>8.0 (6.8-9.2)</td>
<td>15.2 (9.6-23.4)</td>
<td>17.7 (14.4-21.6)</td>
<td>16.3 (10.1-25.3)</td>
</tr>
<tr>
<td>In a nursing home</td>
<td>5.2 (4.3-6.2)</td>
<td>1.9 (0.5-7.3)</td>
<td>7.7 (5.6-10.6)</td>
<td>4.4 (1.6-11.0)</td>
</tr>
<tr>
<td>At home</td>
<td>86.9 (85.3-88.3)</td>
<td>82.9 (74.4-88.9)</td>
<td>74.6 (70.3-78.4)</td>
<td>79.4 (69.9-86.4)</td>
</tr>
</tbody>
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What Have We Learned from This and Other Studies

- California lags the nation in end-of-life care. The problem is from:
  - Uneven quality.
  - An emphasis on subspecialty care, imaging, tests, procedures, with the goal of curing disease – in elderly patients with chronic illness.
  - An assumption that more care, and more costly, is always better.
  - Care decisions that are dominated by the values of health care professionals, not the values of patients.
What We Can Do to Improve Care

- *Listen to what patients want.*
- Include palliative care early to ensure comfort care as well as life-prolonging care.
- Invest wisely – we need more primary care and palliative care; we should be cautious about adding more hospital and ICU beds.
- Pay for quality and outcomes, not higher volume of medical services.
- *And again, listen to what patients want.*