Variation in End-of-Life Care in California

David Goodman, MD, MS

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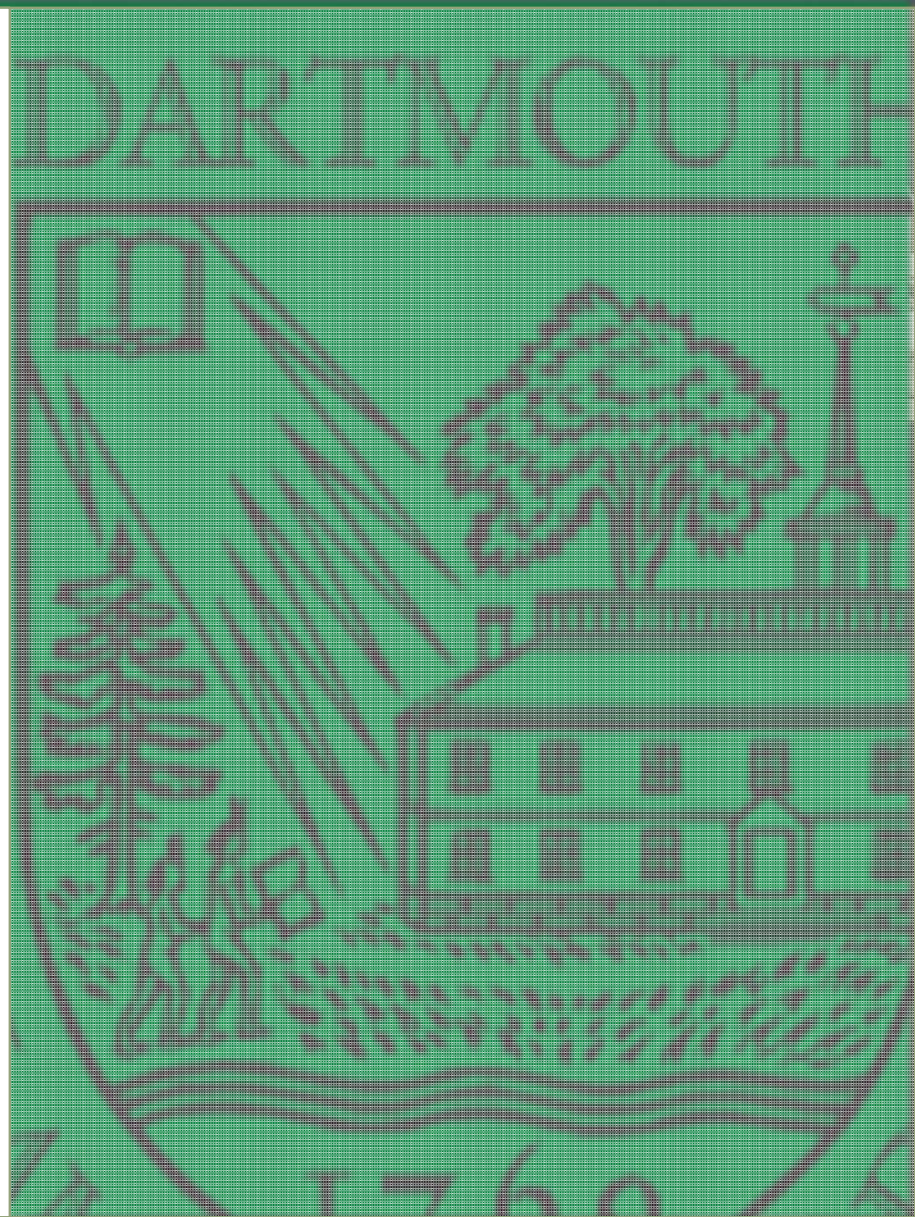

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The Dartmouth Atlas of Health Care

- 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

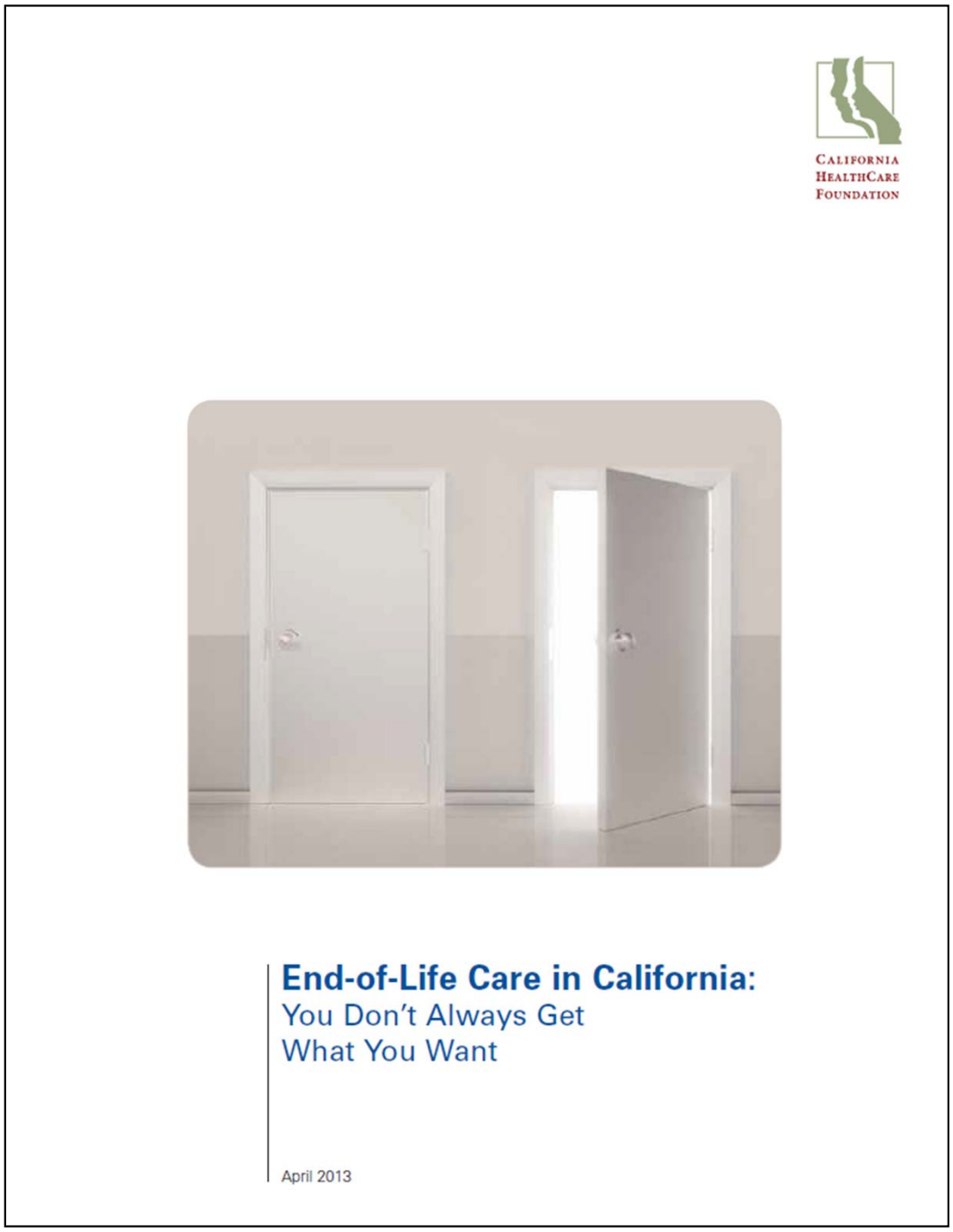
End-of-Life Measures

- 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

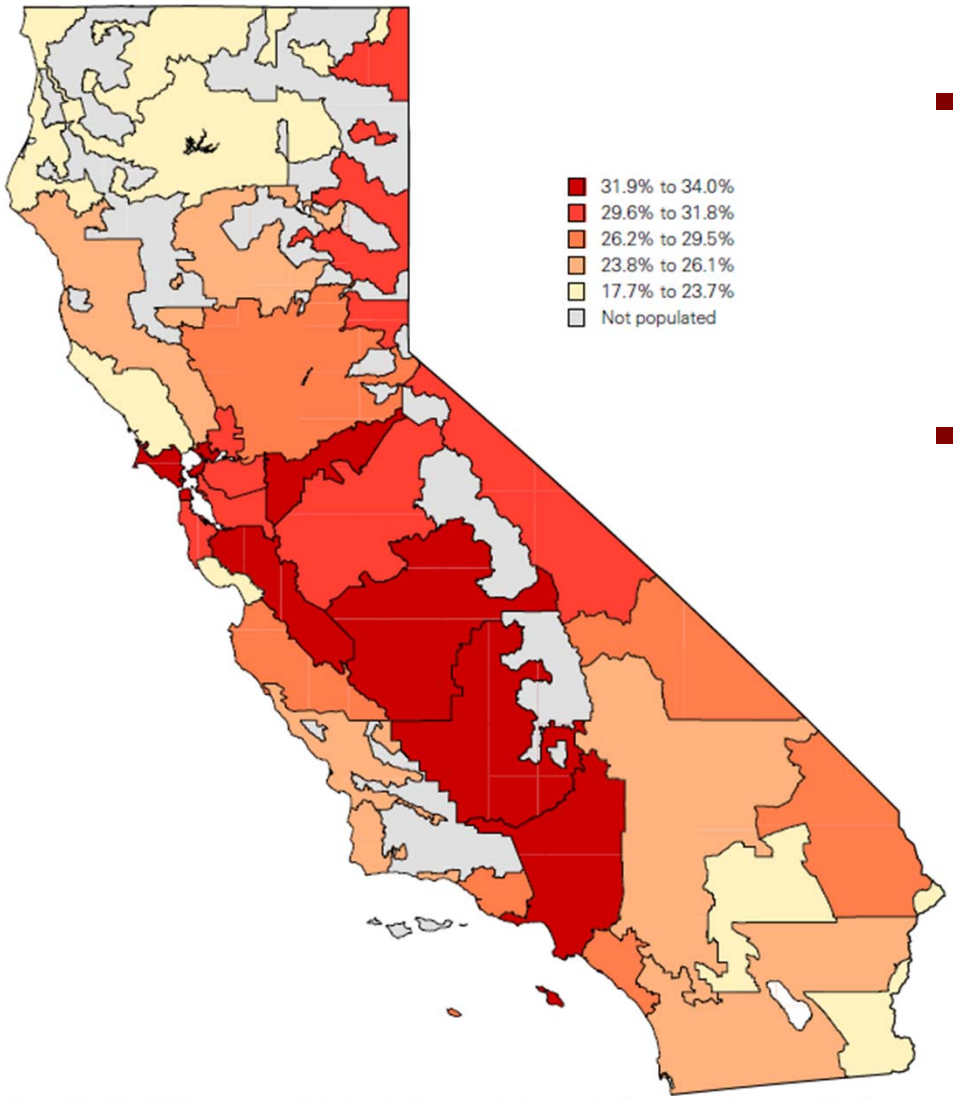
What Is the Right Rate in End-of-Life Care Measures?

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.


California
HealthCare
Foundation
End-of-Life Care in California:
You Don't Always Get
What You Want
April 2013

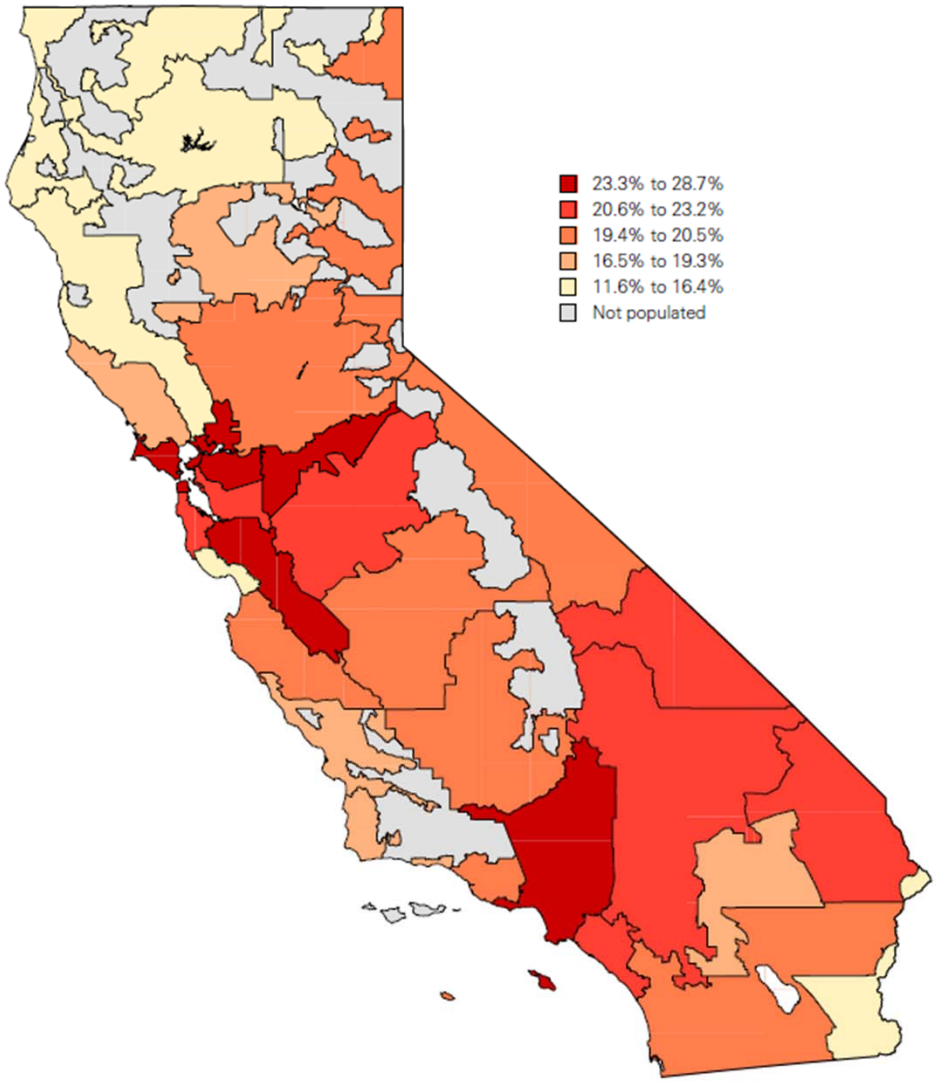
Significantly More California Medicare Beneficiaries Die in the Hospital Compared to US Rate



Map 1. Chronically Ill Medicare Patients Dying in Hospital, by California HRR, 2010

- 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%)

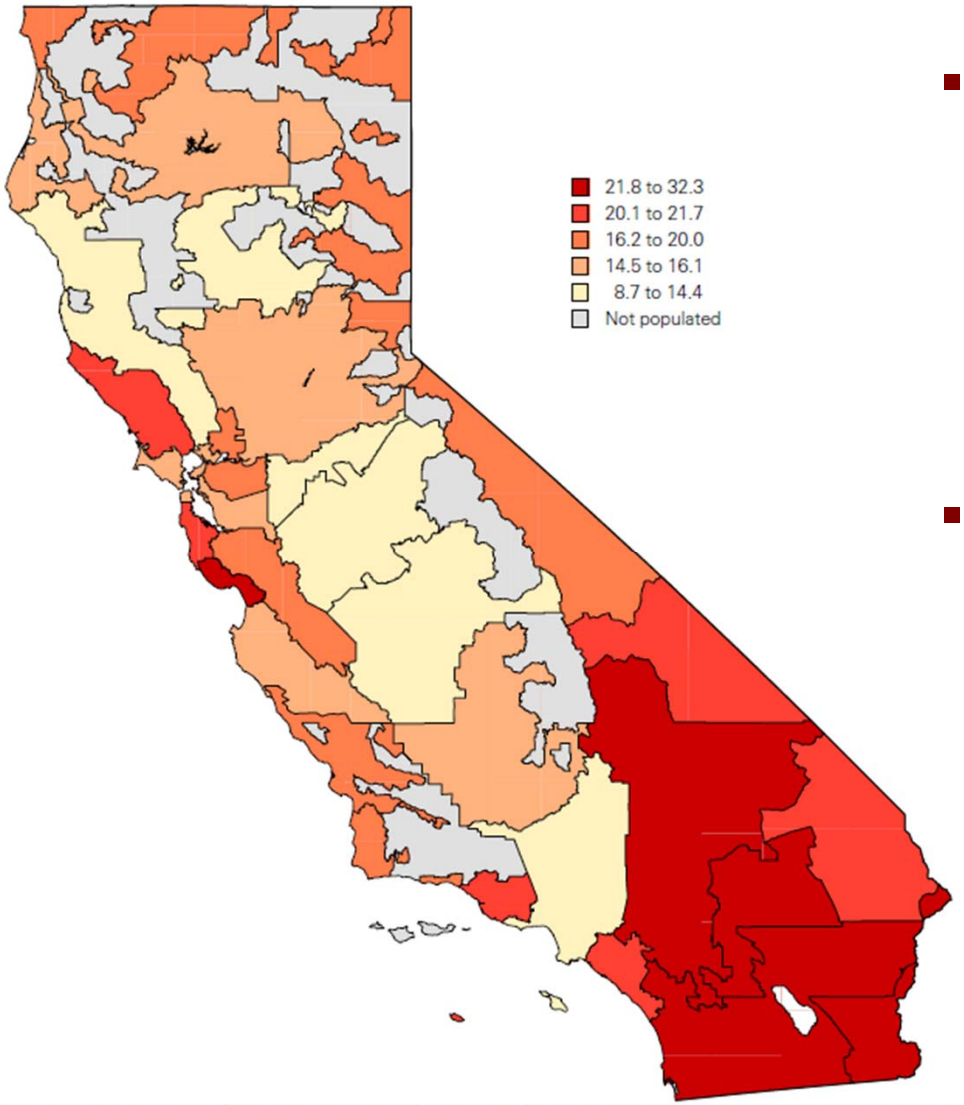
Deaths for California Medicare Beneficiaries Are Often Associated with a Stay in the ICU



Map 2. Chronically Ill Medicare Patient Deaths Associated with ICU Admission, by California HRR, 2010

- 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



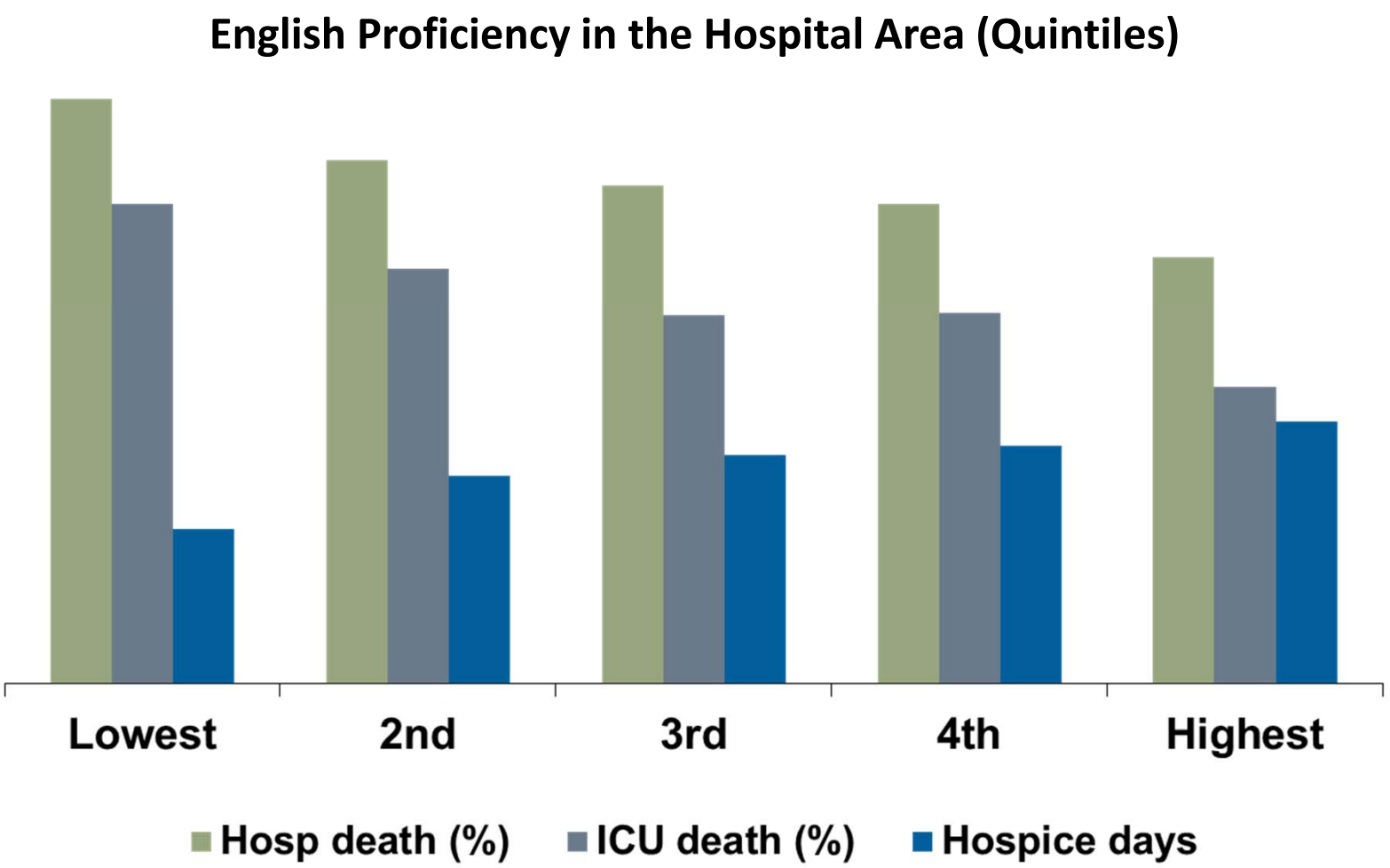
Map 5. Hospice Days per Chronically Ill Medicare Patient During Last Six Months of Life, by California HRR, 2010

- 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

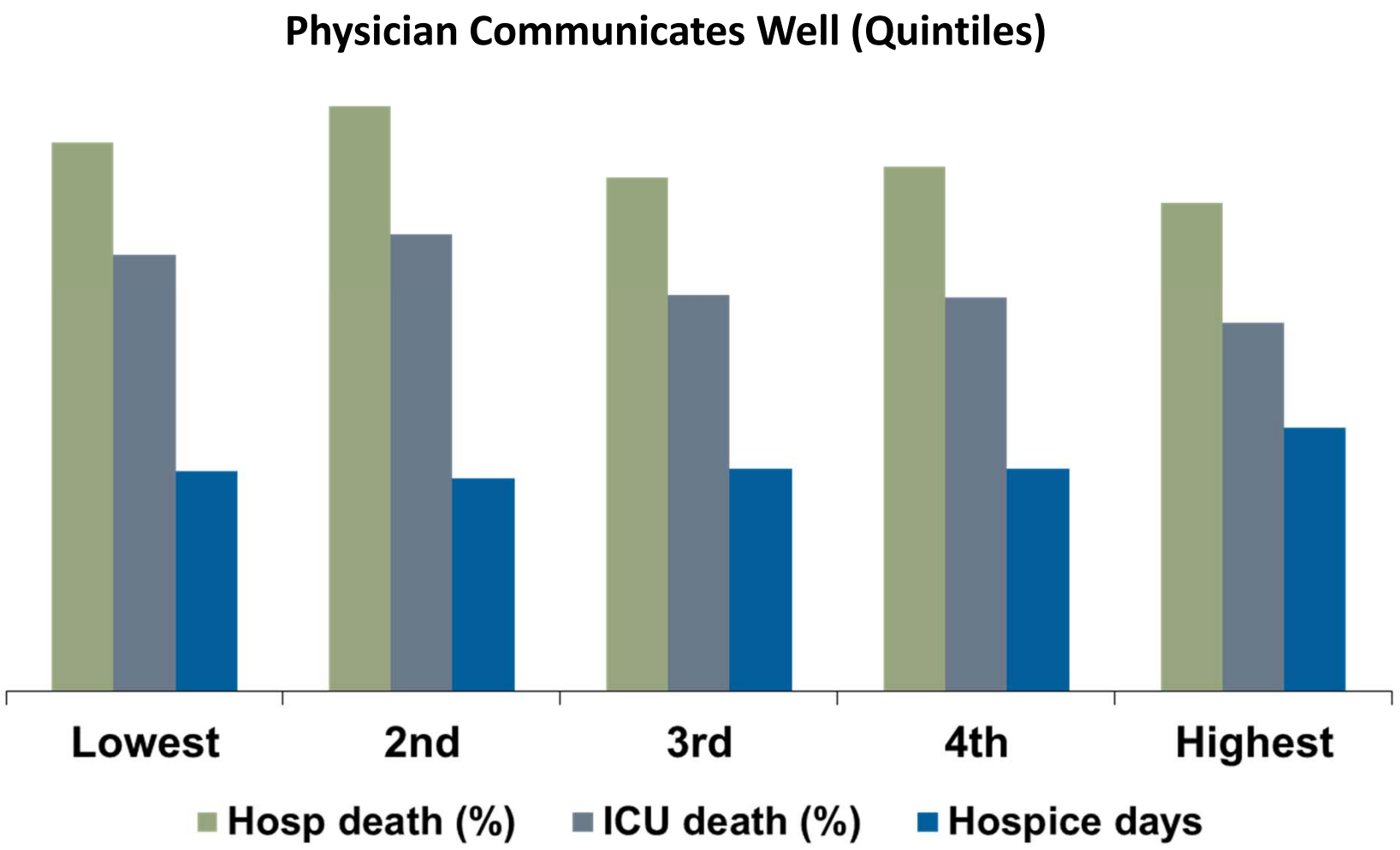
- Lack of communication between doctors and their patients
- Lack of advance care planning
- Under use of hospice and palliative care

Hospital Death and Hospice Use is Related to Patient English Proficiency



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



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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:

	Non Hispanic White	Hispanic	Black	Other
In a hospital	8.0 (6.8-9.2)	15.2 (9.6-23.4)	17.7 (14.4-21.6)	16.3 (10.1-25.3)
In a nursing home	5.2 (4.3-6.2)	1.9 (0.5-7.3)	7.7 (5.6-10.6)	4.4 (1.6-11.0)
At home	86.9 (85.3-88.3)	82.9 (74.4-88.9)	74.6 (70.3-78.4)	79.4 (69.9-86.4)

Barnato AE, Anthony DL, Skinner J, et al. Racial and Ethnic Differences in Preferences for End-of-Life Treatment. J Gen Intern Med 2009; 24(6):695–701.

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.*

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