INTRODUCTION

- In 2016 ASCO recommended that patients with advanced cancer receive dedicated palliative care (PC) services1. Early PC involvement is associated with lower spending, fewer 30-day readmission rates, decreased chemotherapy administration at the end of life (EOL) and increased hospice referrals2.
- Many patients are not referred and continue to receive chemotherapy and utilize high-acuity services near the EOL.
- The Oncology Care Model (OCM) is a CMS episode-based alternative payment model promoting high-value care.
- We evaluated the effect of PC visits on EOL outcomes including code status (CS) and spending in the last 30 days of life.

METHODS AND MATERIALS

- Identified OCM patients with episodes April 1 2016- July 1 2018 with GI and H&N malignancies who had died and had 2 or more visits with a medical oncologist at Sidney Kimmel Cancer Center.
- Conducted a retrospective chart review and collected data on cancer stage at diagnosis, tumor type, palliative care consultation (inpatient or outpatient), code status documentation, and demographics including zip code and marital status.
- Code status (CS) was recorded at the start of each episode and at the time of death.
- Data were analyzed to determine if associations exist between palliative care visits and lower non-hospice spending, chemotherapy and inpatient utilization, as well as improved documentation of CS.

RESULTS

- Hypothesis: PC intervention is associated with greater documentation of CS before death, as well as lower spending and utilization of chemotherapy or acute care in the last 30 days of life.
- Rates of outpatient PC referral were low (18% of patients).
- PC intervention is associated with improved CS documentation.
- Patients who saw PC were significantly more likely to have a DNR/DNI code status at death.
- Initial DNR status is associated with lower acute care spending, whereas final CS was not.
- Initial CS is an important variable linking early PC intervention to lower spending.

DISCUSSION

- Patients who saw PC were significantly more likely to have a DNR/DNI code status at death.
- Patients who saw PC were significantly more likely to have a DNR/DNI code status at death.

CONCLUSION

- Our analysis of OCM patients further demonstrates the value of early PC intervention not only on cost reduction but also on EOL care and utilization.
- Our analysis of OCM patients further demonstrates the value of early PC intervention not only on cost reduction but also on EOL care and utilization.
- We plan to continue this project to expand data analysis to include more OCM patients with other solid tumors.

REFERENCES

1. Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. Ferrell, B. R., et. al., Journal of Clinical Oncology 2017 35:1, 96-112

Abstract ID: 45
Correspondence: alg027@jefferson.edu