



High Value Care at End of Life

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CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Presenters



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Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: **Better Health, Better Care, Lower Cost**

We are:

- Non-profit
- Independent
- Objective

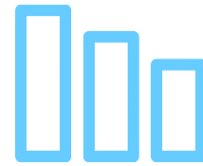


Focus Areas



Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications



Custom CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs



Data Literacy

Attend data academies to learn how to use available data resources across the state and country



CIVHC Connect

Participate in convenings to discuss innovative ideas and programs aimed at transforming health care



Programs and Convening

Get involved with data, education, work groups, and convening around serious and advanced illness



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Poll Question

- What category best describes you?
 - Healthcare -clinical background (i.e., doctor, nurse, therapist)
 - Healthcare -administrative
 - Data Analytics, Statistician, or another like field
 - Community member (i.e., patient, family, etc.)
 - Other



What's IN the CO APCD?



870+ Million Claims (2013-2021)



36 Commercial Payers, + Medicaid & Medicare*



5+ Million Lives*, Including 1M (50%) of self-insured



Nearly 70% of Covered Lives (medical only)*



Trend information 2013-Present

*Reflects 2021 calendar year only

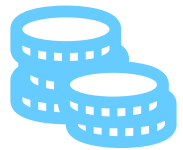
What's **NOT** In the CO APCD



Federal Programs – VA, Tricare, Indian Health Services



Majority of **ERISA-based self-insured employers**



Uninsured and self-pay claims



Supplemental Info (incomplete)



Project Background

- CIVHC has led efforts in Palliative Care, Transitions of Care and Payment Reform since its inception in 2009
- Partnering programs work and CO APCD data through this project, creates a powerful set of actionable data
- Goal is to inform work around serious illness, palliative care and advance care planning. Additionally, this data can help individuals plan for chronic disease progression.



Project Overview

- To describe health care cost, utilization and quality of publicly and privately insured Coloradoans at end of life
- First analysis that looks across all payer types and not just Medicare
- Identify Advance Care Planning and Palliative Care services within claims
- Iterative Report
- Create actionable data that can inform work in this space
- Identify healthcare cost trajectory by diagnosis for planning purposes
- Create a replicable methodology for other states



Definitions

- **Palliative Care** means specialized medical care for people with serious illnesses.
 - relief from the symptoms, pain and stress of serious illness, whatever the diagnosis.
 - The goal is to improve quality of life for both the patient and the family.
 - Interdisciplinary approach- physicians, nurses and other specialists who work with a patient's other health care providers to provide an extra layer of support.
- **Advanced Care Planning** is the process of identifying your medical wishes should you be unable to.
 - Collaborative Discussion
 - Update as goals change
 - All persons over 18 years of age should complete

Definitions continued

- **Hospice Care**- a comprehensive set of services identified and coordinated by an interdisciplinary group to care for a **terminally ill** patient and family members as delineated in a specific patient plan of care.
- **Home Health Care**- Services provided in a home or home like setting.
 - Physical, Occupational and speech Therapy
 - Part-time or Intermittent skilled nursing services, including medication
 - Medical Social Services



Poll Question

- Have you done any advance care planning for yourself, family or others? (i.e., Medical Power of Attorney, Living Will, etc.)
 - Yes
 - No
 - Unsure



Data Filtering

CO APCD members
18 years and old
(n=13-14 million records)

Match to Death Registry at CDPHE
for decedents in 2019 and 2020
(n=62,472)

Traumatic Deaths removed
(n=54,825)

Filter members with
multiple claims after DOD
(n=54,633)

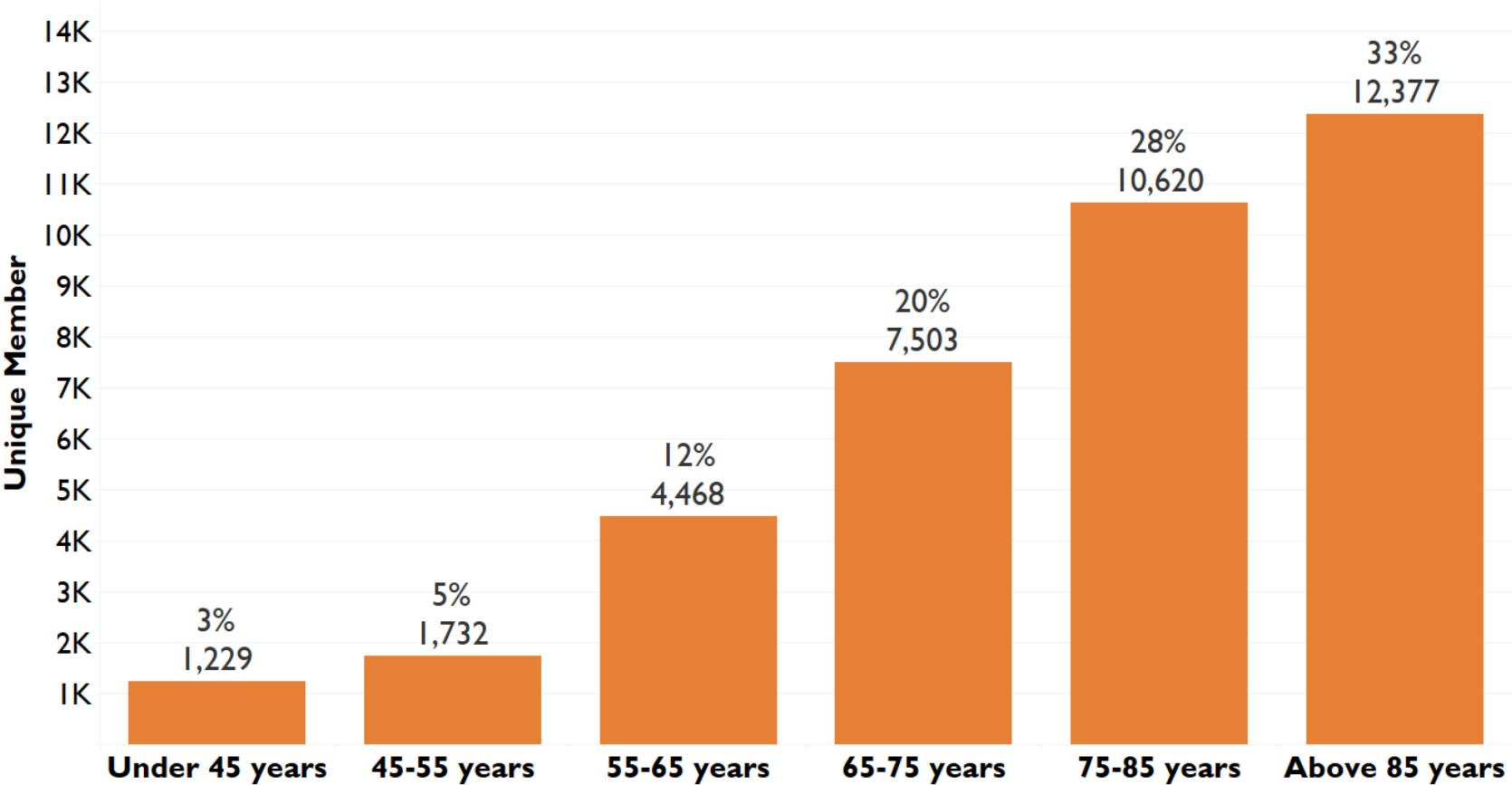
Filter members with
inadequate claims history
(n=37,929)

Pull claims for
4 years preceding death
(n=37,929)

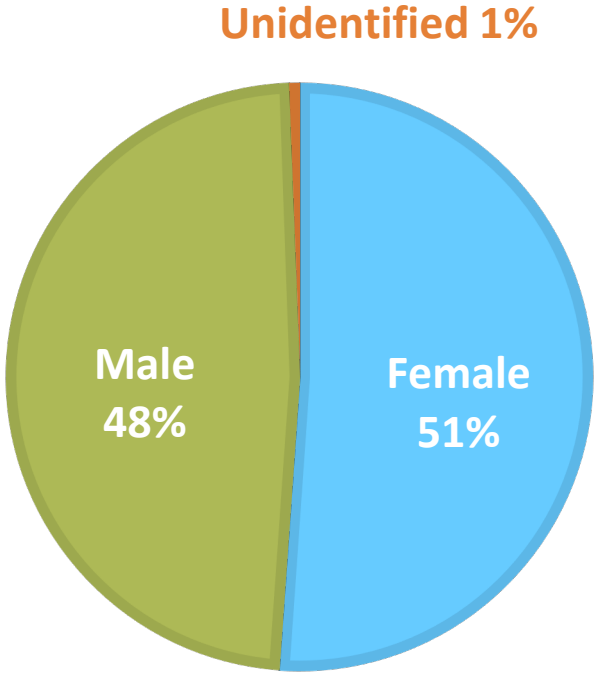
Analysis
n=37,929

Study Population includes 37,929 unique persons

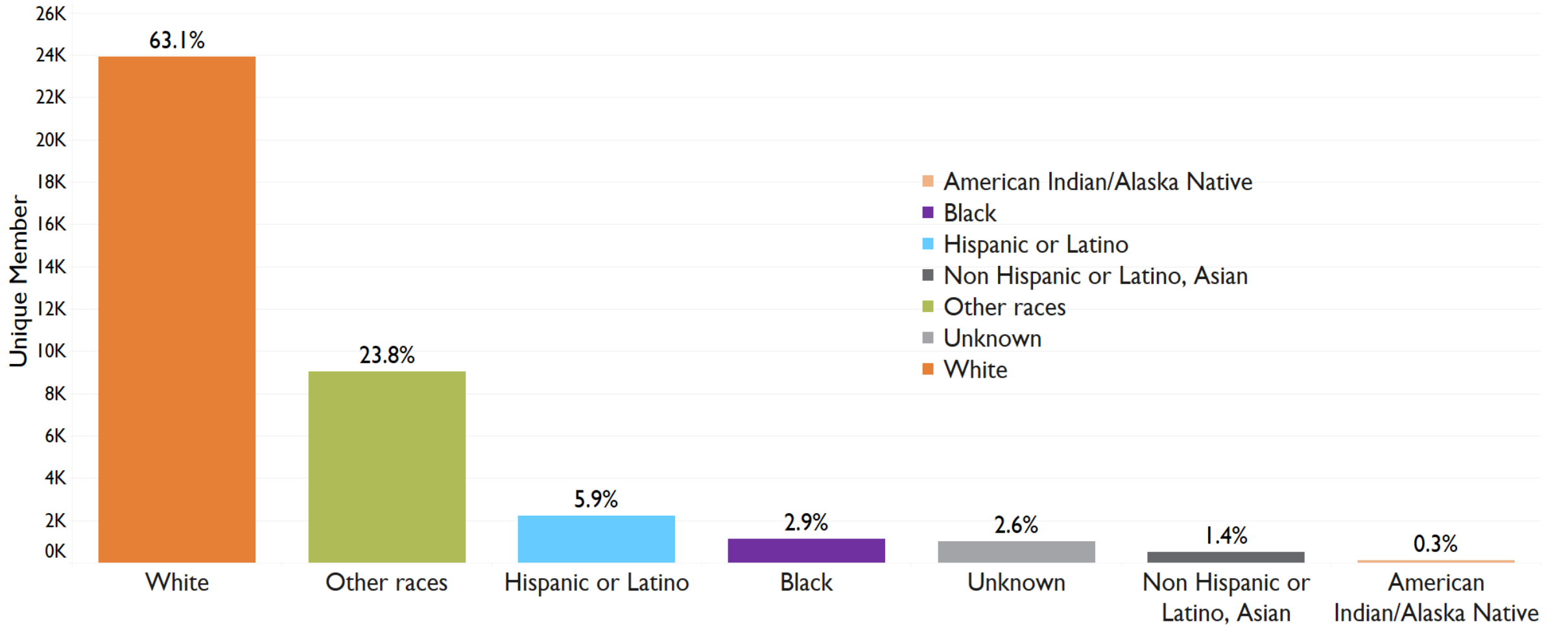
Age Breakouts



GENDER ON DEATH CERTIFICATE



Race and Ethnicity



Measures

- Population Description:

- Demographics
- Place of Death
- Diagnosis Groupers
- Primary Diagnosis

- Cost:

- Cost by Payer, Claim Type
- Cost Breakout -Year before Death

- Quality:

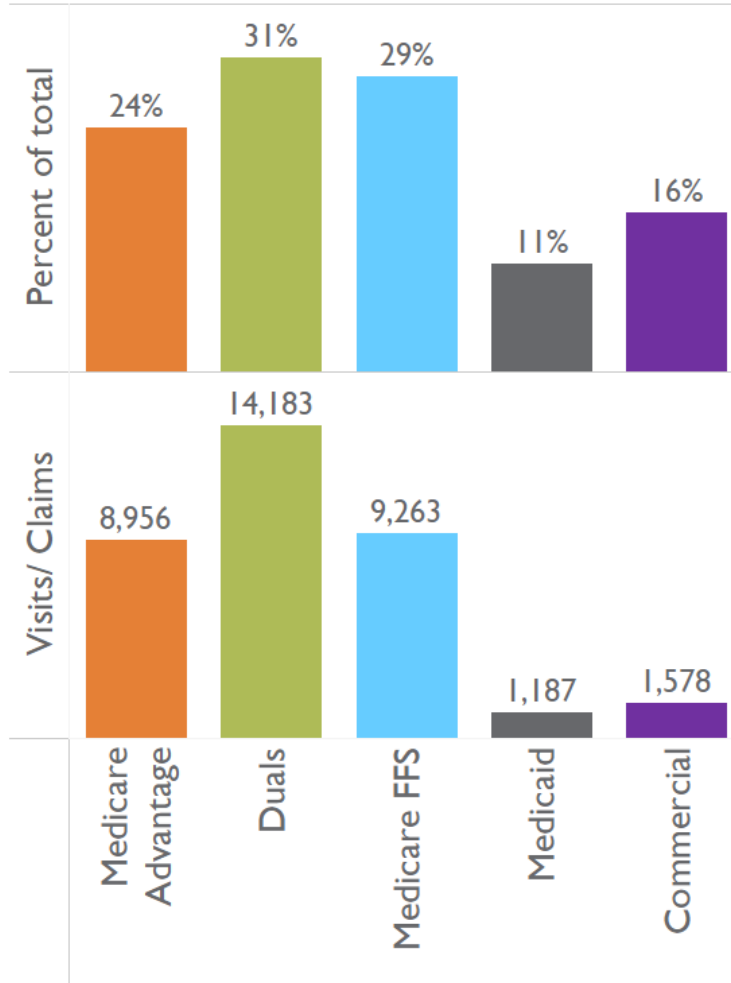
- 30 Day and 7 Day Readmission Rate
- Ventilator use

- Utilization:

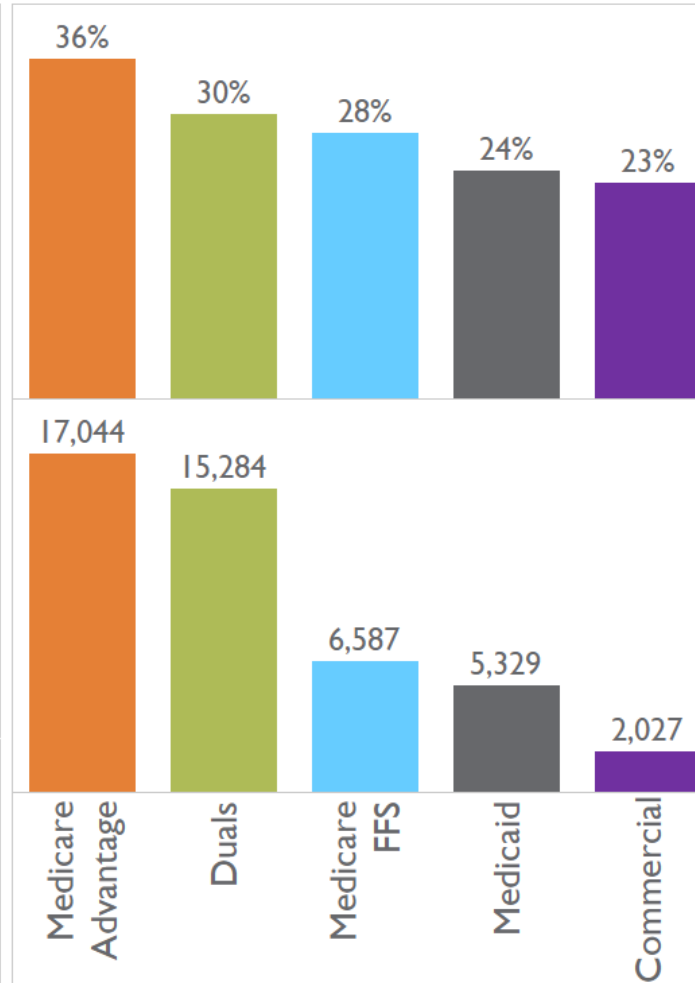
- Home Health
- Long Term Home Health
- Length of Stay
 - Acute Care
 - Hospice
 - ICU
- Inpatient Admission, ED, Observation
- Palliative Care
- Advance Care Planning

Utilization Measures

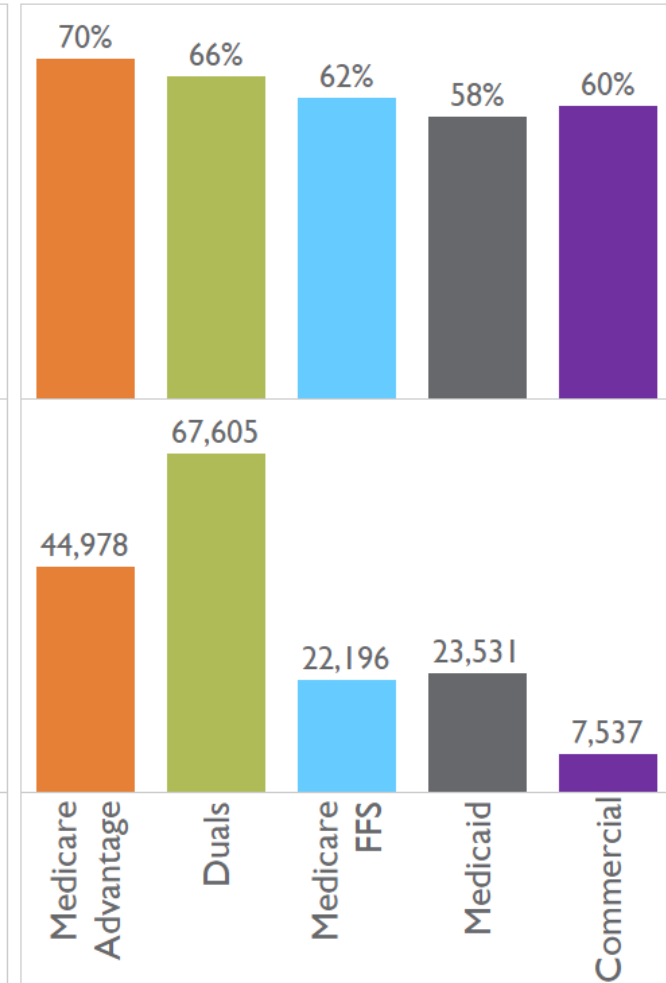
Advance Care Planning



Observational Stay

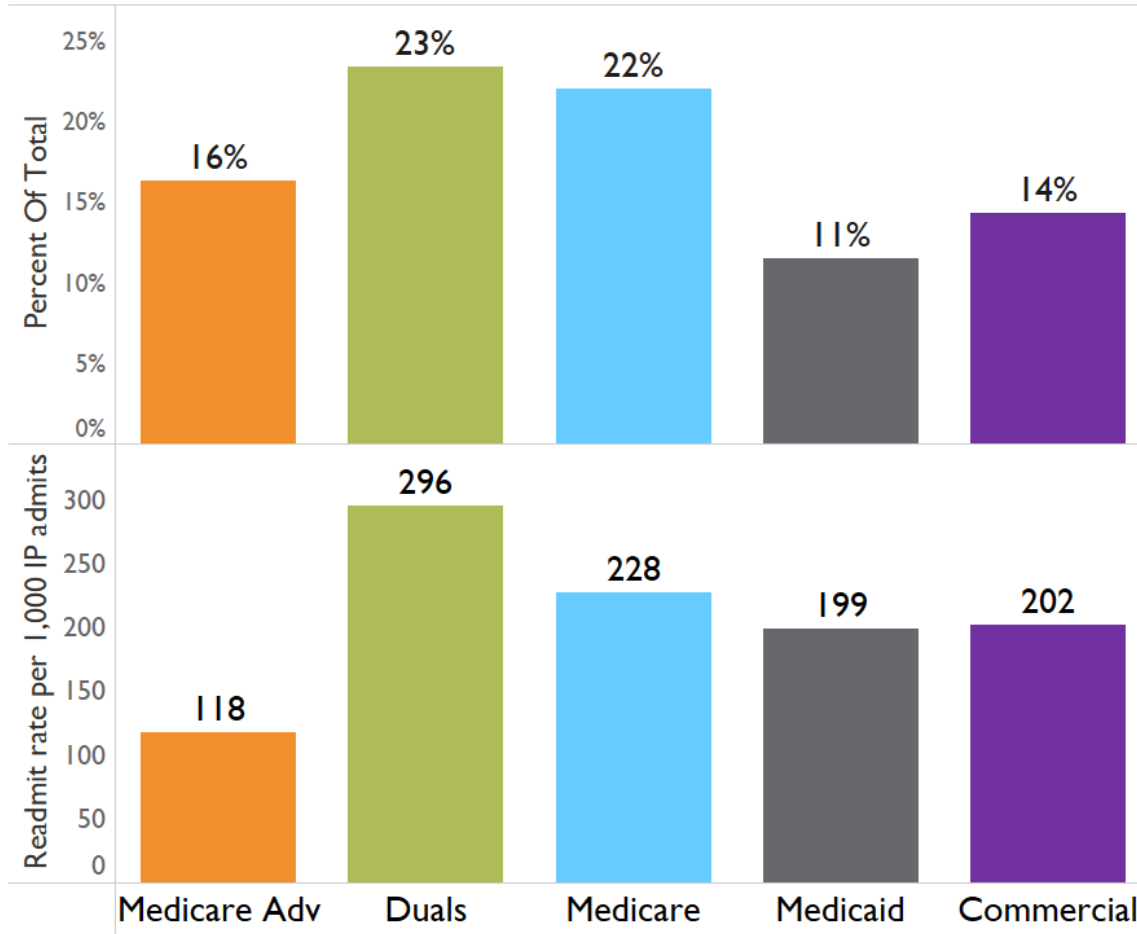


ED Visits

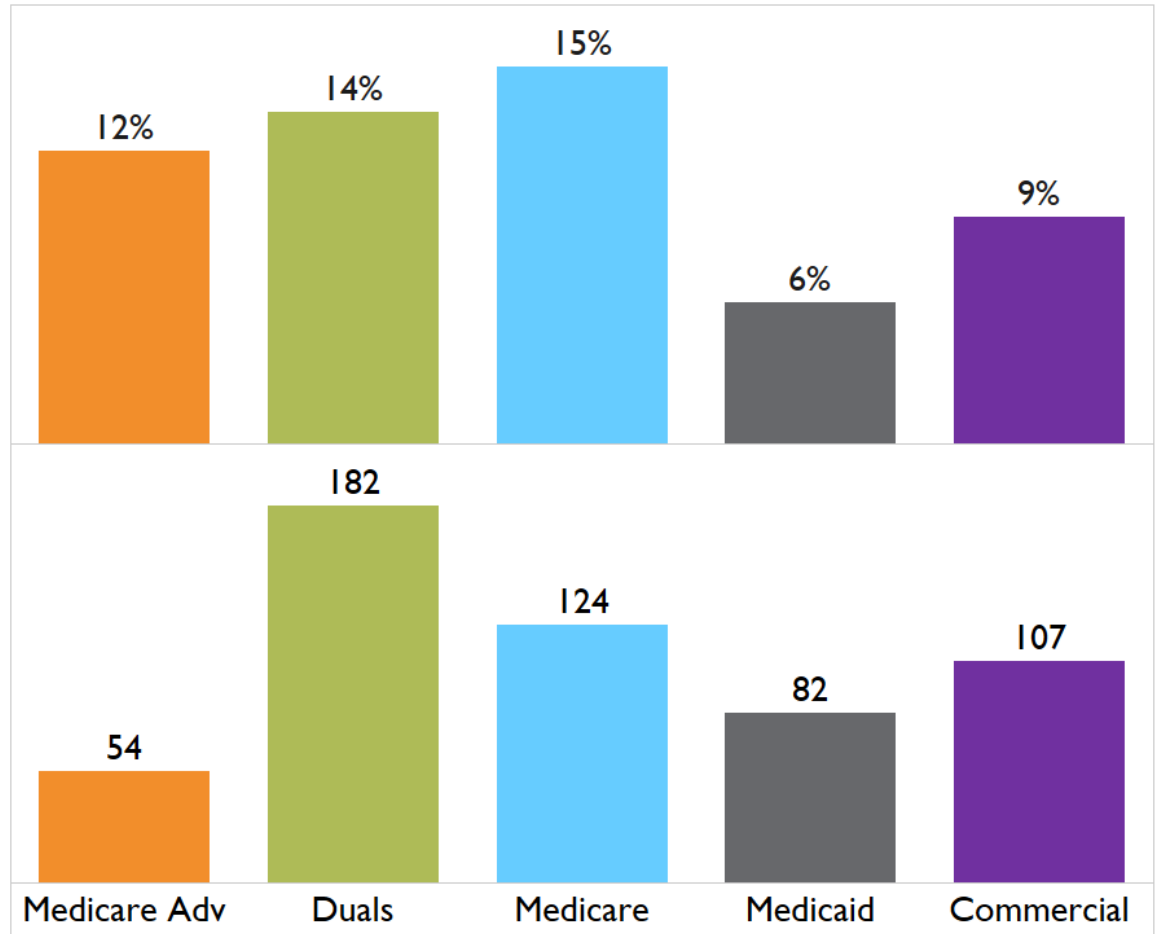


Quality measures

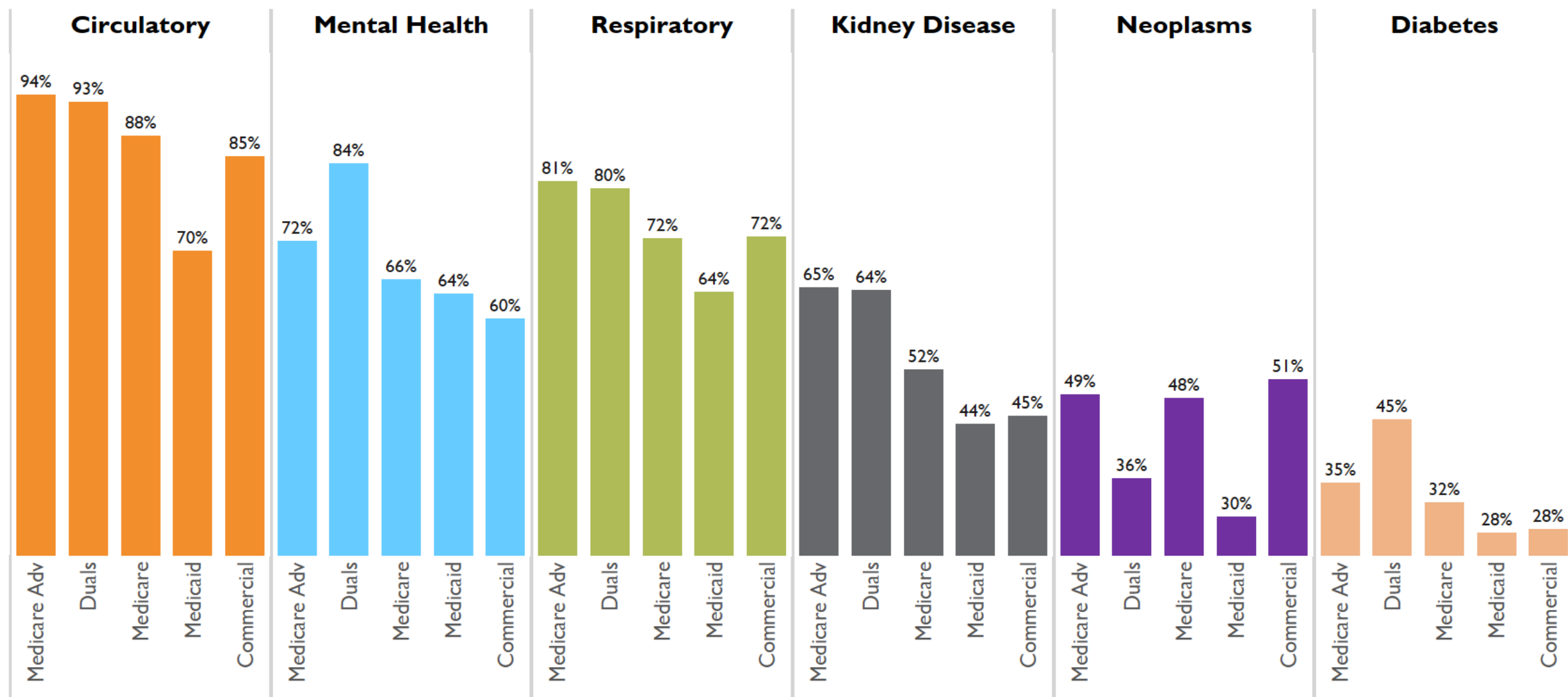
30-day Readmission



7-day Readmission



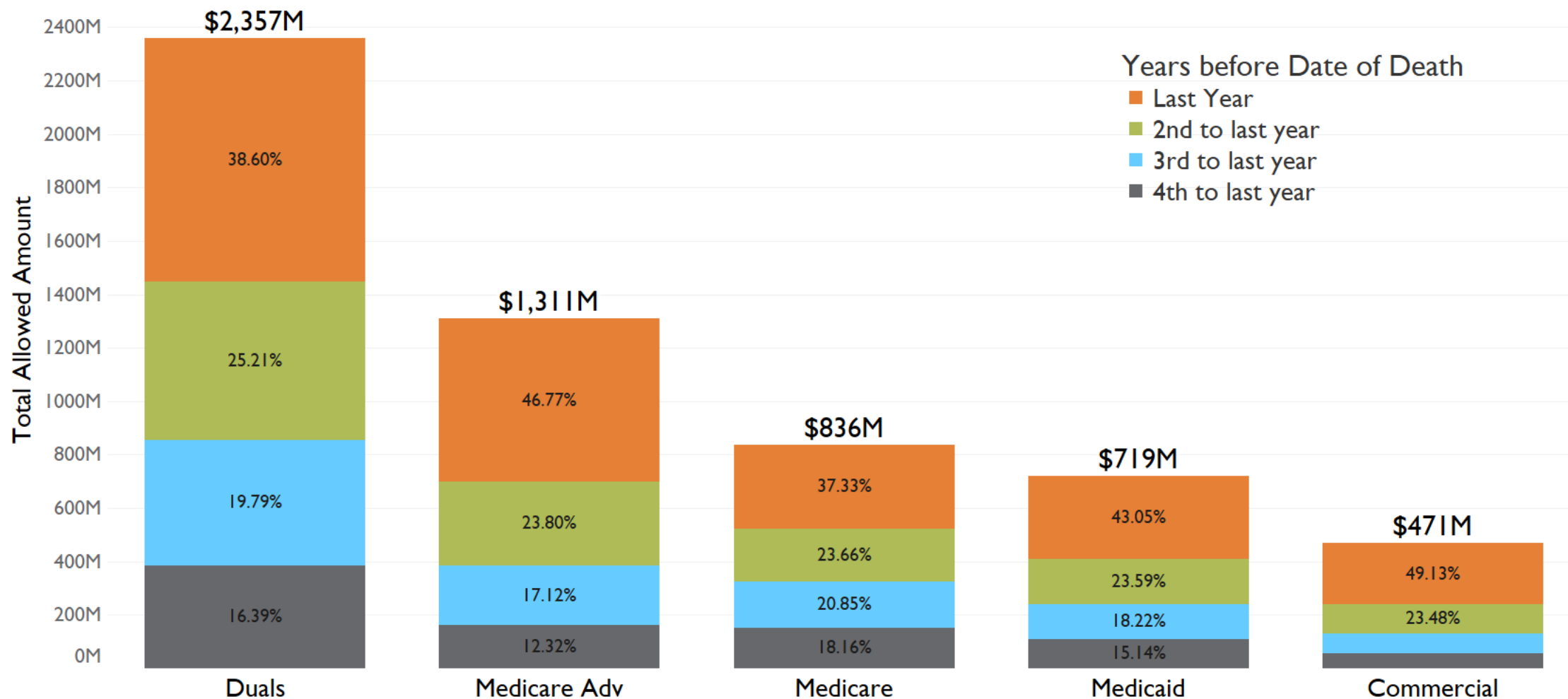
Diagnosis by Payers



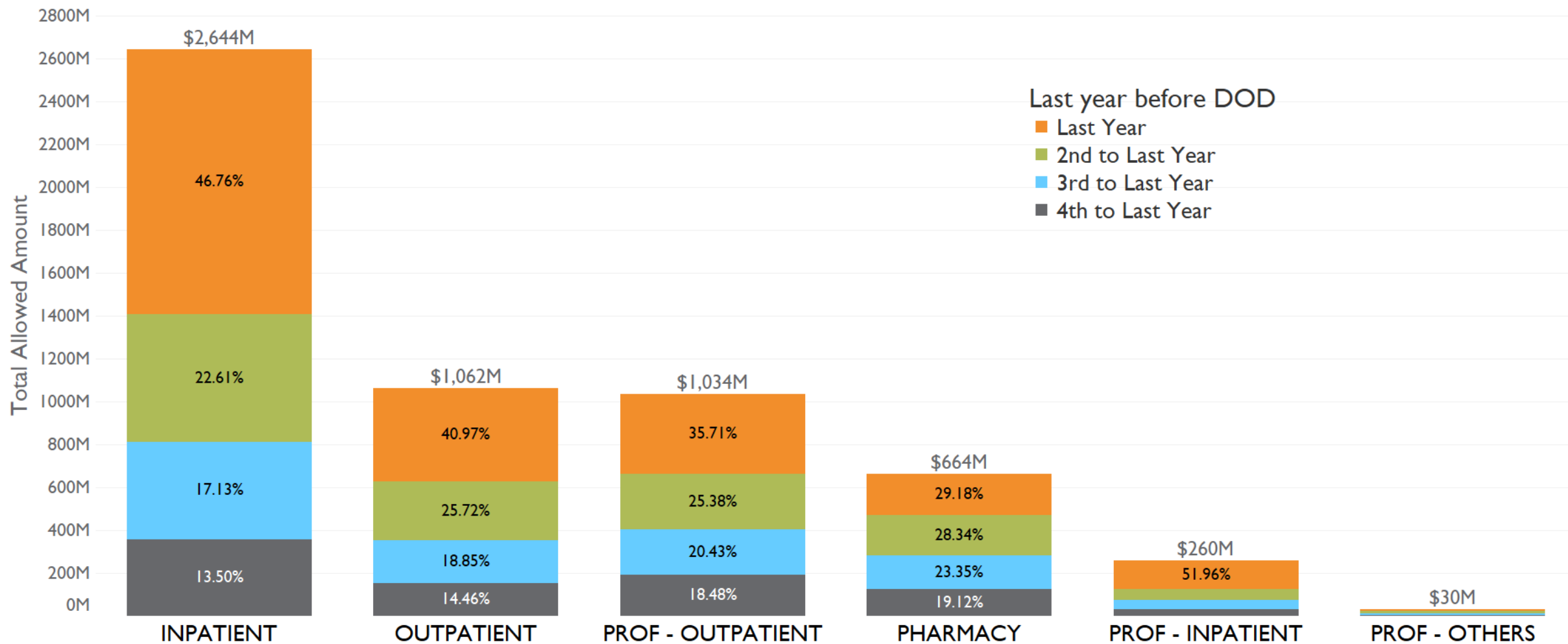
Poll Question

- Which payer type do you think has the highest costs?
 - Medicare FFS
 - Medicaid
 - Medicare Advantage
 - Commercial
 - Dual

Total Cost by Payer, Four Years Before Date of Death



Total Cost by Type of Claim



Palliative Care

Member counts by Last years before their Date of Death

Years before Date of Death	Unique Member Counts per year	Unique Encounters	Z code encounter per member
Last Year	14,726	52,926	3.59
2nd to last year	2,237	8,565	3.83
3rd to last year	1,062	3,727	3.51
4th to last year	472	1,523	3.23
		66,741	

- Palliative Care is not easily found in claims since it isn't reimbursable in many states. When it is billed, it may be billed as a physician or LCSW visit.
- Next phase we will look at HEDIS Measures, HCPCS Codes and by providers with a Palliative Care Certification



Key Insights

- Medicare Advantage has high utilization of services
 - Additional evaluation needs to be done to understand the these drivers
- Last year preceding death has higher use of inpatient, ED and observation stay
- Advance Care Planning conversations are most used in the last year preceding death



Poll Question

- Which of these topics would you want to see in our next iteration?
 - In-depth analysis on the top diagnosis codes
 - Understanding of the cost drivers in the last year of life and dual population
 - Break out of COVID related care
 - Further breakout of demographics (i.e. age and race breakout by payer)
 - Analysis with Pharmacy-Medication Data

Next Steps

- Incorporate decedents from 2018 and 2021
- Further analysis on home health services
- Deeper dive into measures including how COVID-19 is impacting the study population
- Analysis on the pharmacy-medication data
- More Palliative Care measures including looking at providers that have a Palliative Care Certification and what services are they providing
- Continue to work with stakeholders to create actionable data to inform efforts impacting the seriously ill population

Questions and Feedback



Reach out to info@civhc.org



Connect with CIVHC on Facebook, LinkedIn, and Twitter



Recording will be posted here:

www.civhc.org/about-civhc/news-and-events/event-resources/

