

Effects of COVID-19 on Health Care Costs at End-of-Life in Colorado, 2020-2021

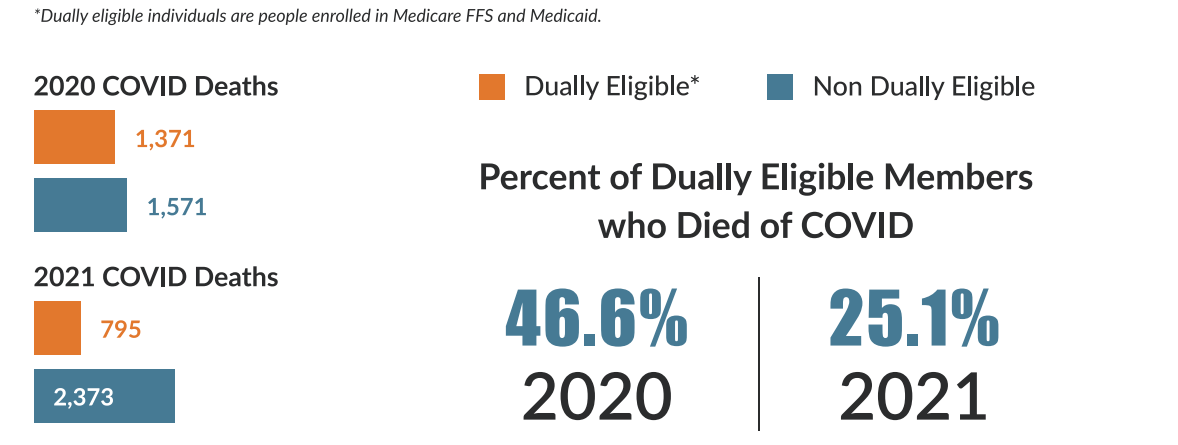
MARTHA MEYER, KIMI LANDRY, MEGHA JHA, DARCY HOLLADAY FORD | CENTER FOR IMPROVING VALUE IN HEALTH CARE



To access the full EOL abstract and to learn more about public and non-public CO APCD data, visit civhc.org or view the QR code.



In 2020, nearly half of all COVID deaths were for dually eligible people, compared to only 25% in 2021



Background and Research Objective

What we know

Even before COVID-19, end-of-life (EOL) care showed inequities in care intensity and hospice care by insurance type.¹

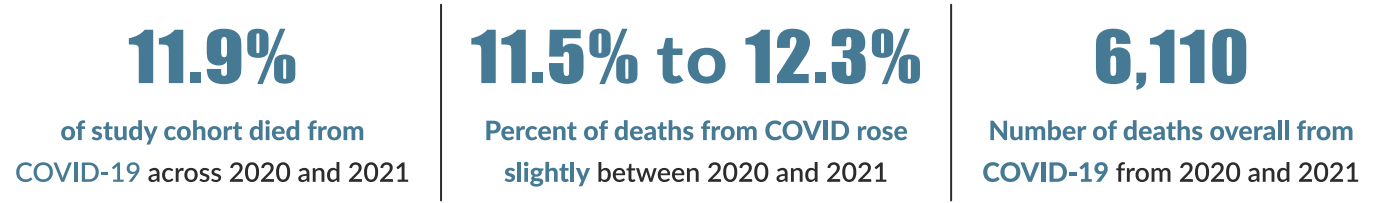
Racial disparities in advance care planning (ACP), palliative, and EOL care are substantial, and likely further tested during the pandemic.^{2,3}

Most EOL studies have been conducted with a single insurance type, which does not allow for analysis across all insurance types and member payer movements over time.

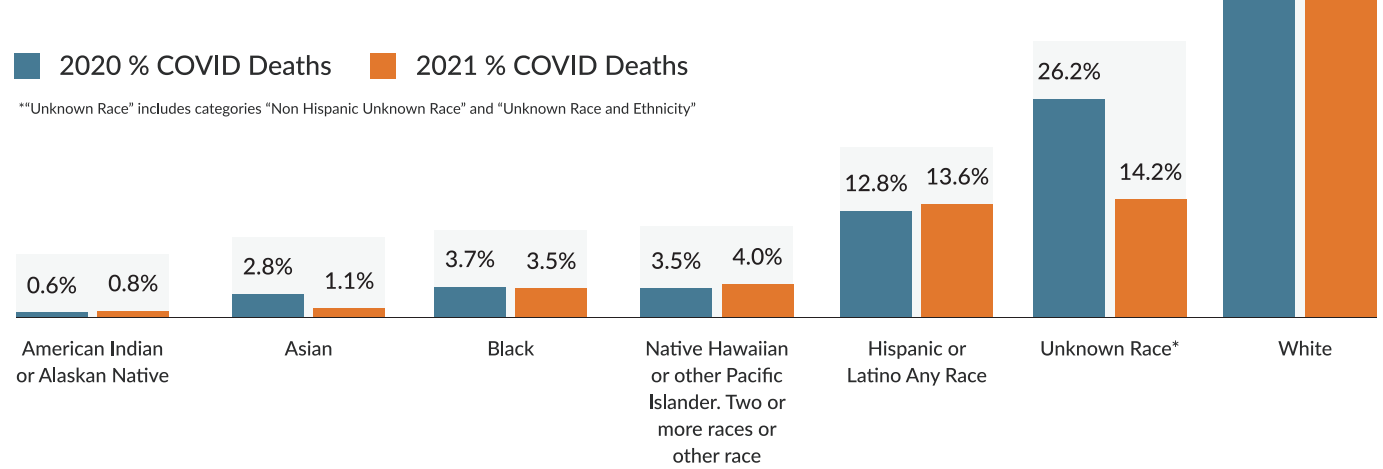
What we want to know

We want to understand variation in EOL health care utilization and associated costs (medical and pharmacy) among different demographics for Coloradans with a primary cause of death of COVID-19 vs. non-COVID-19.

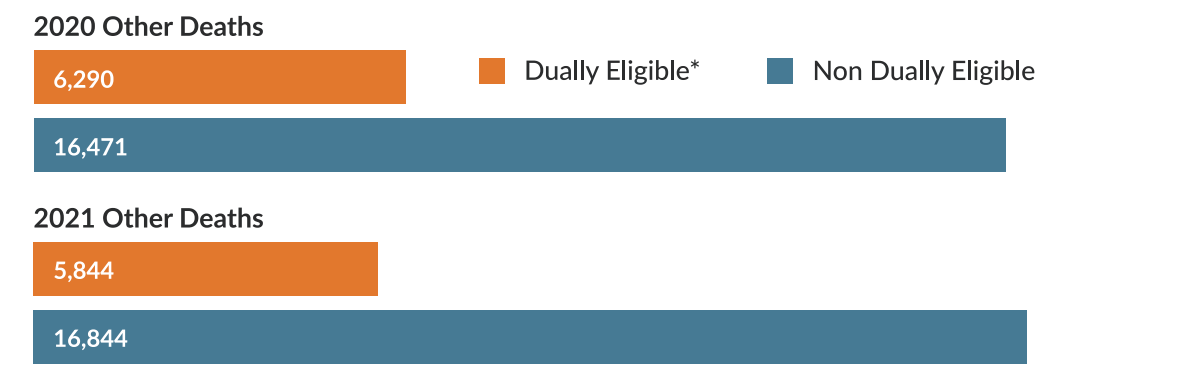
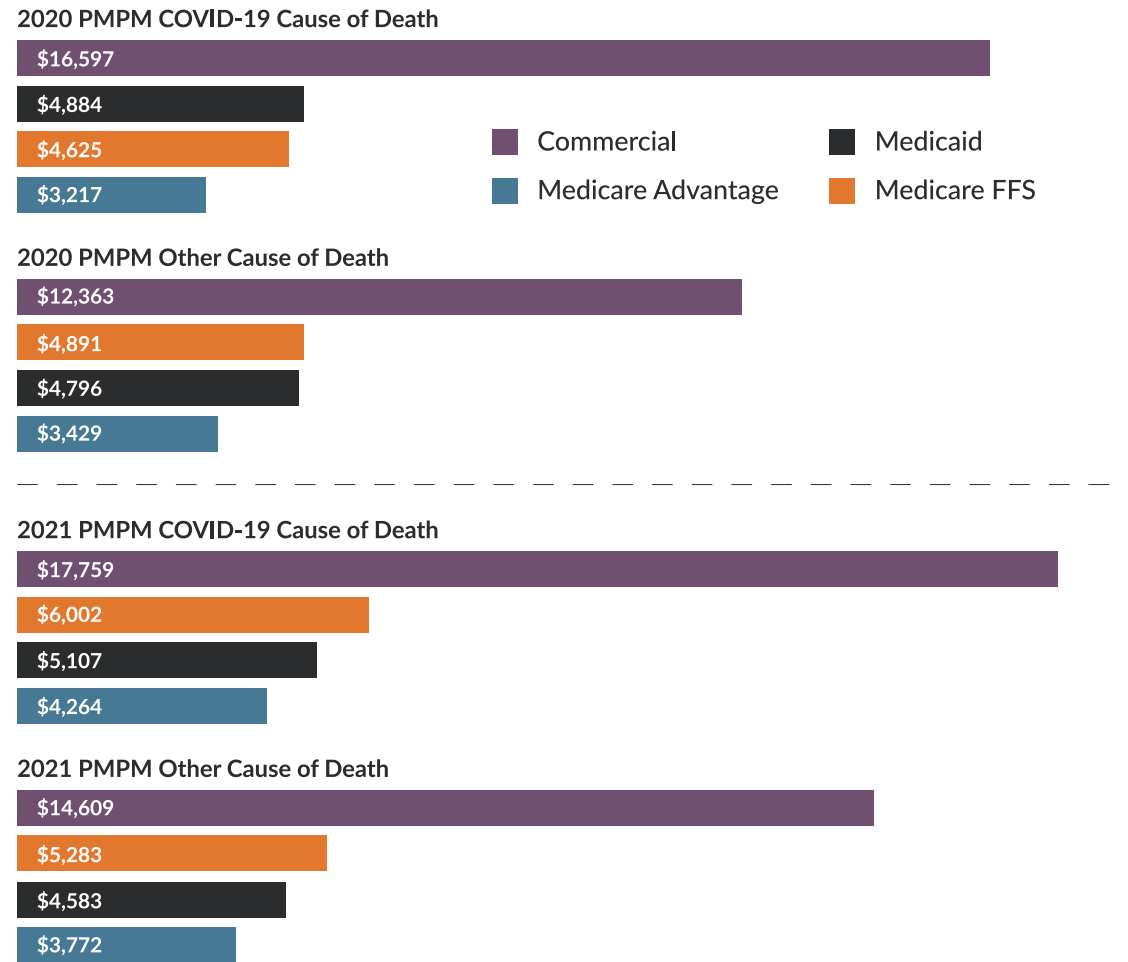
Principle Findings



Percent of COVID-19 Deaths Changed Significantly for Some Race and Ethnicity Groups Between 2020 and 2021



PMPM Costs for COVID-Related Deaths Increased for all Payers Between 2020 and 2021



Member Health Care Coverage Months Analysis Revealed



Study Design

Medical and pharmacy claims data was sourced from the Colorado All Payer Claims Database and used for a retrospective analysis of EOL utilization patterns among deceased members spanning the years 2020 and 2021.

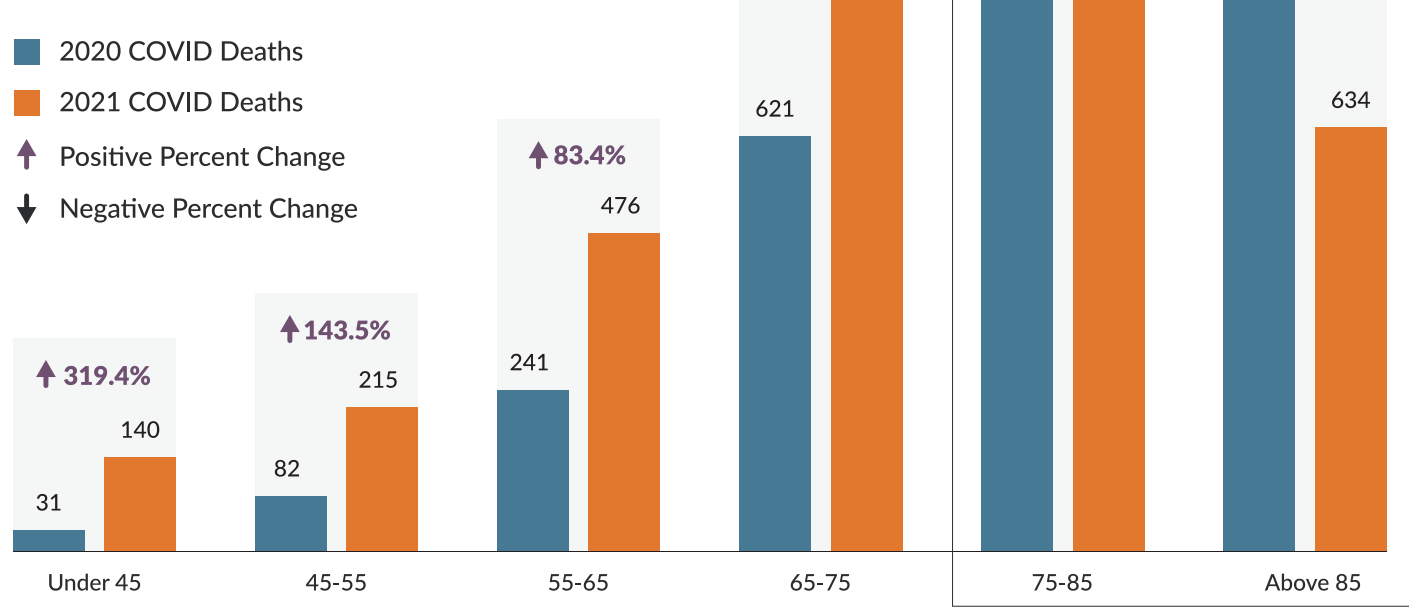
A visual representation of the cohort design is below. Vertica SQL and SAS v 9.4 were employed for data analysis.



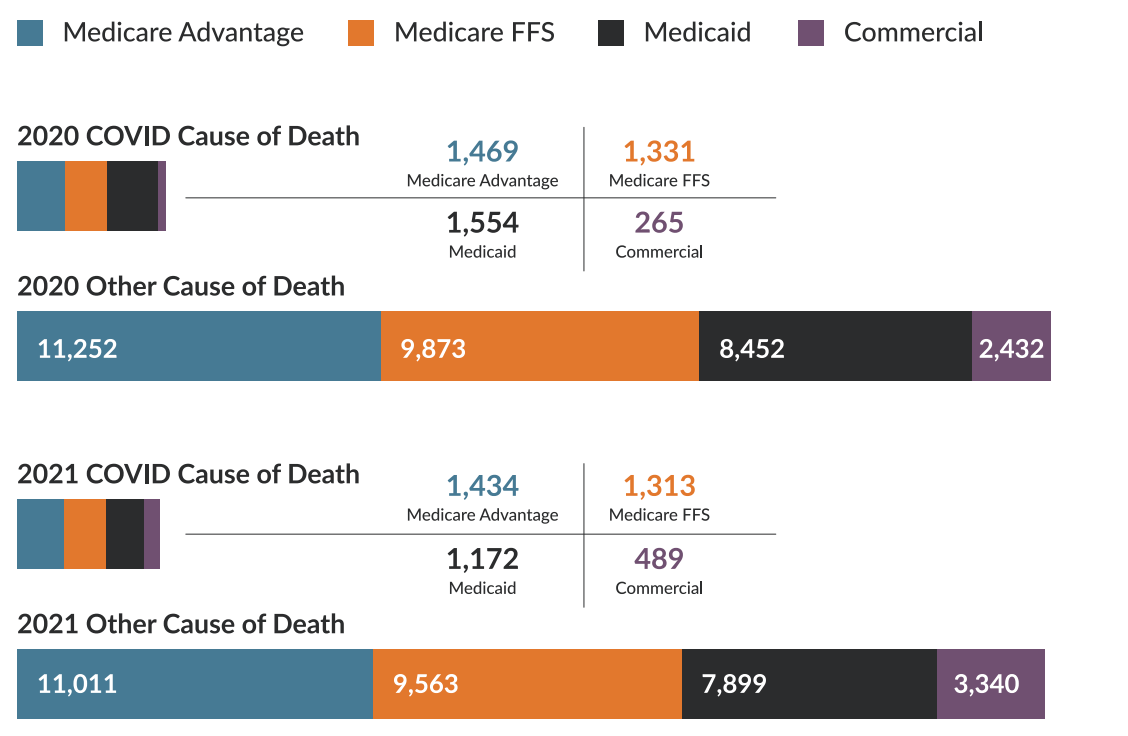
- ### Excluded
- Traumatic deaths
 - People with claims after they died
 - People without six-months of eligibility prior to death

*CO Department of Public Health and Environment death record information was used to identify members in the CO APCD

In 2020 the oldest population was dying most frequently from COVID-19 but in 2021 people under 65 were dying from COVID-19 at a higher rate.



Number of deaths related to COVID Varied by Payer Type and Across Years



Conclusion

This analysis highlights the complex impact of COVID-19 on end-of-life health care utilization and costs in Colorado. Understanding demographic variations in mortality rates, age distribution changes, and insurance differences is crucial for targeted interventions and resource allocation.

Next Steps and Takeaways

- For future pandemics, more resources are needed for end-of-life care that can be dedicated to addressing the specific and varying needs of different populations.
- More research is needed to further understand factors that may be influencing disparities in volume and cost between payers and populations.

References

1. Yang, Annie, et al. "Racial disparities in health care utilization at the end of life among New Jersey Medicaid beneficiaries with advanced cancer." JCO oncology practice 16.6 (2020): e538-e548
2. Bazargan M, Bazargan-Hejazi S. Disparities in Palliative and Hospice Care and Completion of Advance Care Planning and Directives Among Non-Hispanic Blacks: A Scoping Review of Recent Literature. American Journal of Hospice and Palliative Medicine®. 2021;38(6):688-718. doi:10.1177/1049909120966585
3. Panattoni, Laura E., et al. "Effect of the COVID-19 pandemic on place of death among Medicaid and commercially insured patients with cancer in Washington State." Journal of Clinical Oncology 41.8 (2023): 1610-1617