# Impact of Palliative Care Consultation on End of Life Care Measures: A Retrospective Analysis of Patients in the Oncology Care Model

Alison Greidinger, Maria Vershvovsky, Evan Lapinsky, Alison Rhoades, Amy Leader, Vittorio Maio, Jared Minetola, Karen Walsh, Valerie Csik, Ruben Rhoades

Sidney Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA, USA

## INTRODUCTION

- In 2016 ASCO recommended that patients with advanced cancer receive dedicated palliative care (PC) services[1]. 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 referrals[2].
- 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

**Any Palliative Care Intervention**

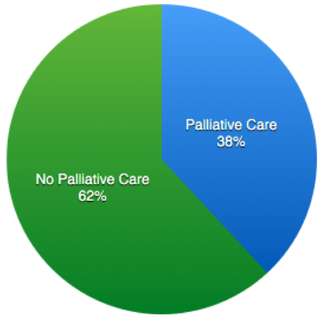



**Figure 1.** Proportion of patients who had ever seen Palliative Care in the inpatient or outpatient setting

**Code Status By Palliative Care vs. None**

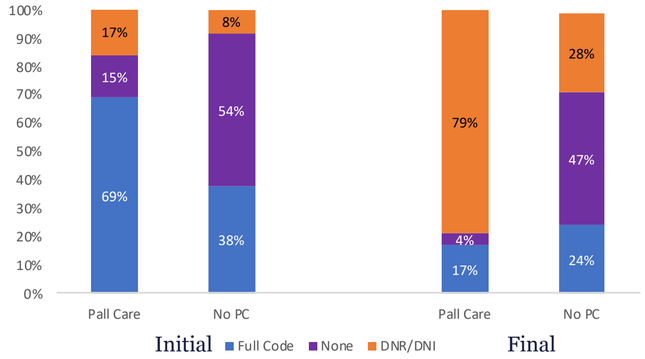
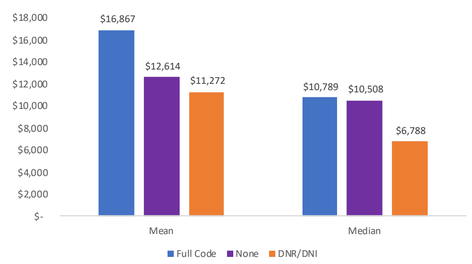
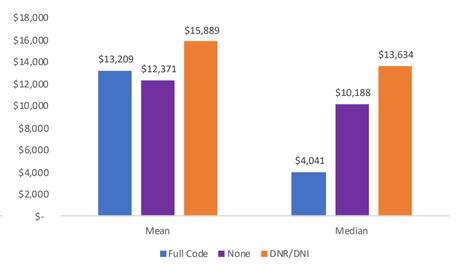



**Figure 2.** Distribution of initial and final code statuses for patients who had seen Palliative Care as compared to those who had never seen Palliative Care

**Non-Hospice Spending by Initial Code Status**




**Non-Hospice Spending by Final Code Status**




**Figures 3 & 4.** Comparison of mean and median non-hospice spending for patients by initial versus final documented code status

## DISCUSSION

- 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.

## 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.
- PC intervention was most notably associated with lower spending at EOL.
- 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
2. Standardized Criteria for Palliative Care Consultation on Solid Tumor Oncology Service Reduces Downstream Health Care Use. Adelson, K., et. al., Journal of Oncology Practice 2017 13:5, e431-e440

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**Correspondence: alg027@jefferson.edu**