COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

Intensity of Care and High Costs at End-of-Life and Impacts of Advance Care Planning, Hospice and Palliative Care

Intensity of Care and Medical Costs at End of Life

- **Stays in the intensive care unit of longer than a week have been increasing.**[1]
  - ◊ In 1996, 12.5% of California Medicare recipients spent at least a week in intensive care during the last six months of their lives.
  - ◊ By 2007, the number was 20.3%.
- **Almost a third of Californians see 10 or more physicians in the last six months of their life.**[2]
- **Nearly one in three Medicare recipients in the final year of life had surgery during that last year. Nearly one in five had surgery in the last month of life. Nearly one in 10 had surgery in the last week of life.**[3]
- **Patients with chronic illness in their last two years of life account for about 32% of total Medicare spending.**[4]

Impacts of Advance Care Planning, Palliative Care & Hospice

- **End-of-life discussions were not associated with patients feeling "depressed," "sad," "terrified," or "worried."**[5]
- **Patients who had end-of-life discussions preferred medical treatment that focused on relieving pain and discomfort over life-extending therapies, and many have a DNR.**[6]
- **Those with advance directives often receive less aggressive treatment when death is near, as well as hospice care, and more often die at home.**[7]
  - ◊ The study showed that 41% of Medicare patients with an advance directive entered hospice care, compared with 24% of those without a directive. The patients with advance healthcare directives were also much less likely to die in the hospital.
- **Hospital palliative care consultation teams are associated with significant hospital cost savings.**[8]
  - ◊ Palliative care patients who were discharged alive had an adjusted net savings of $1,696 in direct costs per admission and $279 in direct costs per day.
  - ◊ Palliative care patients who died had an adjusted net savings of $4,908 in direct costs per admission and $374 in direct costs per day.
- **A large-scale study of cancer patients found that costs were about a third less for patients who had end-of-life discussions than for those who didn't.** [9]
  - ◊ Aggregate costs of care (in 2008 US dollars) were $1,876 for patients who reported end-of-life discussions compared with $2,917 for patients who did not, a cost difference of $1,041 (35.7% lower among patients who reported end-of-life discussions).

- **For certain well-defined terminally ill populations, patients who choose hospice care live an average of 29 days longer than similar patients who do not choose hospice.[10]**
- **Hospice use reduced Medicare costs during the last year of life by an average of $2,309 per hospice user.[11]**
  - ◊ Costs after the start of hospice were $7,318 for hospice users compared to $9,627 for controls.

Sources

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[5] Alexi A. Wright, et al. Associations between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment. *JAMA* 2008, 300(14).
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[11] Donald H. Taylor, et al. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Social Science & Medicine* 2007, 65.

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