Care Quality and Cost Implications of the Timing of Palliative Care Consultation Among Patients with Advanced Cancer Treated at the UCSF Helen Diller Comprehensive Cancer Center (SA516-A)

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Objectives
- Understand the role of early palliative care in the treatment of patients with advanced cancer at the end of life.
- Recognize that specialty palliative care services are underutilized in patients with advanced cancer.

Original Research Background: The American Society of Clinical Oncology (ASCO) recommends that palliative care (PC) be offered alongside standard oncologic care for patients with metastatic cancer and/or high symptom burden. There are limited data about how the timing of palliative care affects the quality, intensity, and cost of medical care at the end of life for patients with advanced cancer.

Research Objectives: To understand how timing of PC referral is associated with the quality and cost of medical care delivered to patients with advanced cancer at the end of life.

Methods: In this retrospective cohort study, we analyzed administrative and billing data to assess patterns of healthcare utilization of patients cared for at the UCSF Cancer Center who died from cancer between Jan 1, 2010, and May 31, 2012.

Results: Among 978 decedents who received regular cancer treatment at UCSF, only 298 (30%) had specialty palliative care referrals. Of these, 94 (31.5%) had early PC referrals (EPC) while 204 (68.5%) had late PC (LPC). Patients who received EPC had a lower rate of inpatient admissions (33% vs 66%, p=0.002), lower rates of ICU stay (5% vs 20%, p=0.0005), and fewer ED visits in last month of life (34% vs 54%, p=0.0002), as well as fewer instances of hospice service <3 days (7% vs 20%, p=0.0001) and a lower rate of inpatient death (15% vs 34%, p=0.0001). The direct cost of inpatient care in the last 6 months of life for patients with EPC was significantly reduced when compared with LPC patients ($19,000 vs $25,700), while the direct cost of outpatient care was higher in the EPC compared to LPC population ($13,000 vs $11,500).

Conclusions: EPC is associated with less intensive acute medical care, lower costs, and improved quality outcomes at the end of life for patients with advanced cancer.

Implications for Research, Policy, or Practice: Barriers to the early provision of specialist outpatient palliative care should be addressed.