Hospice Admissions for Cancer within the Last Three Days of Life: Independent Predictors and Implications for Quality Measures (TH317-A)

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Objectives
- Identify four patient characteristics associated with late admission to hospice among patients with cancer.
- Describe the importance of case-mix adjustment strategies for quality measures in end-of-life care.

Original Research Background: The National Quality Forum (NQF) and the American Society for Clinical Oncology (ASCO) have jointly endorsed quality measures for end-of-life care in cancer patients, including the proportion of hospice enrollments within the last 3 days of life. If late hospice enrollment is to be used as a quality measure, it is important to understand how patient characteristics influence performance.

Research Objectives: To define patient characteristics associated with hospice enrollment in the last 3 days of life and to describe adjusted proportions of patients with late referrals among patient subgroups that could be considered as case-mix adjustment variables for this quality measure.

Methods: Electronic health record–based retrospective cohort study of patients with cancer admitted to 12 hospices in the CHOICE network (Coalition of Hospices Organized to Investigate Comparative Effectiveness).

Results: Of 64,264 patients admitted to hospice with cancer, 10,460 (16.3%) had a length of stay ≤3 days. There was significant variation among hospices (range 11.4%-24.5%). In multivariable analysis, among patients referred to hospice, patients who enrolled in the last 3 days of life were more likely to have a hematologic malignancy, more likely to be male and married, and younger (age <65). Patients with Medicaid or self-insurance were less likely to be admitted to hospice within 3 days of death.

Conclusions: Quality measures of hospice lengths of stay should include case-mix adjustments for type of cancer and site of care. Patients with hematologic malignancies are at an especially increased risk for late admission to hospice.

Implications for Research, Policy, or Practice: As efforts to improve end-of-life care for patients with cancer continue, it will be essential to find ways to optimize transitions to hospice. The results of this study identify patient populations to target with education and outreach efforts. In addition, trustworthy quality measures tied to data and case mix adjustment strategies are critical for practice improvement.