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What's Happening to our Patients in their Final Year of Life?

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Background

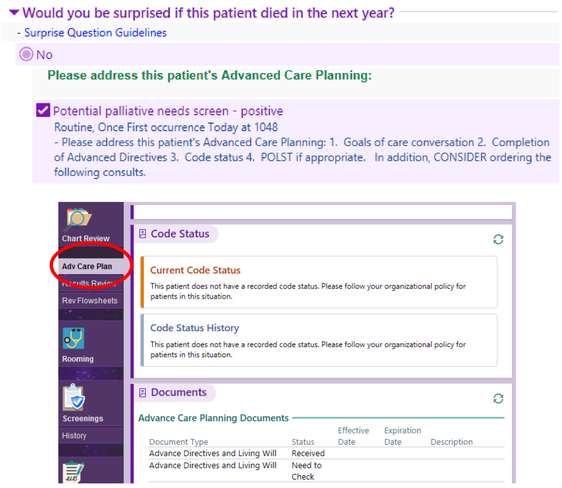
We want to "die well" which includes:
- Effective symptom management
- Receiving care consistent with wishes

Who achieves this, and how?
- Primary care physicians (PCPs)
  - Insufficient time and training
- Palliative care physicians
  - Better quality care and decreased health care cost in last years of life
- "Surprise Question"
  - "Would you be surprised if this patient dies in the next year?"
    - To recognize our sickest patients and discuss goals of care and consult palliative care, if appropriate
- "Advance care planning tab"
  - To record code status, advance directive, POLST forms, medical power of attorney

Primary Questions

What are the overall health care usage patterns of our patients in their final year of life?

1. Are primary care providers *identifying* their sickest patients?
2. If so, did we *address* their goals of care?
3. If so, did we *document* their goals of care?
4. Did we *involve* palliative care?
5. Did palliative care involvement *improve* end of life care?



Methods

Population: Patients of Portland and Falmouth Family Medicine Clinics who died in the year 2017

Study design: Retrospective chart review of each patient's year prior to death

Dataset: Variables included:
- Health care encounters (office visits, hospitalizations, ED visits, telephone calls),
- "Surprise question"
- Adverse in-hospital events
- Documentation of goals of care conversations
- Code status changes
- Advance directive, POLST, power of attorney
- Involvement of palliative care

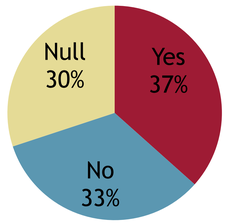
Analysis variable: Did involvement of palliative or geriatrics affect any of the above mentioned variables?

Results

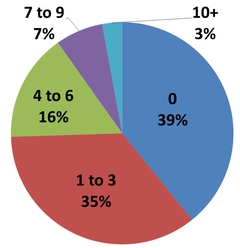
Number of deceased patients in 2017 = 102

	Average (Total)
Age at death	65.8 years
Telephone encounters	20.9, (2127)
Specialist encounters	5.7, (584)
Office visits	4.2, (433)
Home care encounters	4.0, (403)
Patient outreach	1.8, (186)
Hospitalizations	1.5, (153)
ED visits	1.1, (117)

Would you be surprised if patients dies in 1 year?

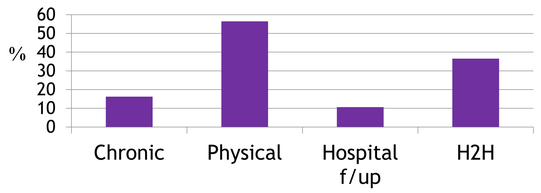


# of code status changes in last year of life

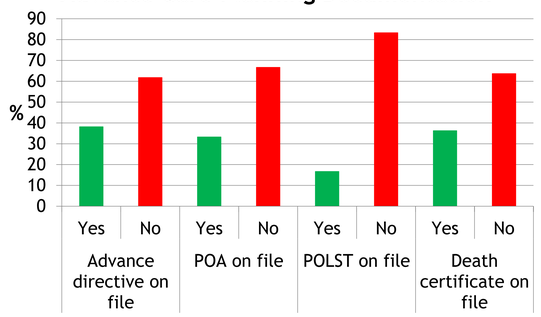


Results

Advance care planning discussion during office visits

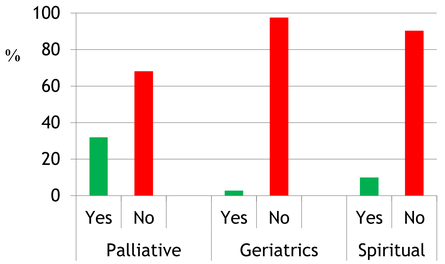


Advance Care Planning Documentation



Did we involve end-of-life consultants in hospital?

Outpatient palliative care consulted for only 6.9% of patients



Did palliative care involvement improve care?

	Palliative care		No palliative		p-value
Person level	N = 42	%	N = 60	%	
Advance directive	27	64.3	12	20.0	<0.0001
POA	25	59.5	9	15.0	<0.0001
POLST	15	35.7	2	3.3	<0.0001
At least 1 Code Δ	39	92.8	23	38.3	<0.0001
Hospital Level	N=59		N=94		
Surprise answer is "no"	24	40.7	27	28.7	0.31
Goals of care on problem list	9	15.3	4	4.3	0.02
Office visit level	N=194		N=239		
ACP discussed (non-acute visit)	36/143	25.2	15/153	9.8	0.0005

Conclusions

1. PCPs are inadequately recognizing the risk of death faced by their chronically-ill patients
2. PCPs are inadequately addressing goals of care
3. The electronic medical record does not adequately document goals of care
4. Involvement of palliative care is associated with an improvement in these above measures

Next steps: ongoing study (some of which is already in process) on how to better recognize patients nearing end of life, and how to best empower PCPs to address advance care planning or utilize palliative care.

Strengths and Limitations

Strengths:
- Comprehensive review that included both dataset collection and chart review, inclusion of several types of variables

Limitations:
- Relatively low sample size, not every note for each patient was reviewed so it is possible some metrics were missed

Acknowledgements

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