



CALIFORNIA HEALTHCARE FOUNDATION

What We Have and What We Need: Prevalence and Sufficiency of Palliative Care Services in California

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The Palliative Care Mapping Project

Objectives:

- To map current inpatient (IP) and community-based palliative care (CBPC) capacity in California, by county
- To estimate need for PC among Californians in the last year of life, by county
- To estimate sufficiency of existing specialist PC services, by county

Notes on Approach

- Assumed equal need for inpatient and community-based services
 - Different scope, duration of engagement, sponsoring entities
- We did not assess availability of hospice
 - Only 42% use
 - > 60% use for a month or less; 35% use for a week or less
 - In most instances not available to individuals seeking disease-focused treatments



Identifying IPPC Programs

- Starting point: 2013 Office of Statewide Health Planning and Development (OSHPD) Utilization Report of Hospitals (URH)
- OSHPD report form includes questions about the presence and staffing of a PC program, defined as:

An interdisciplinary team that sees patients, identifies needs, makes treatment recommendations, facilitates patient and/or family decision making and/or directly provides palliative care for patients with serious illness or their families.

IPPC: Verifying Presence

- Focused on non-specialty, short-stay, acute care hospitals
- Program presence validated through:
 - Concordance with 2012 URH response
 - Concordance with data reported in the American Hospital Association Annual Survey
 - Outreach to system and program leaders
 - Review of hospital web-site



Estimating IPPC Capacity: Service Volume

- Volume data were gathered from system and PC program leaders
- When actual data were not available we developed an estimate of volume, based on median service volume reported by hospitals with similar numbers of general acute care beds

Capacity was defined as the number of admissions that the IP PC service sees, annually



Identifying CBPC Programs

- OSHPD data from hospitals and hospices/home health agencies
- Online survey developed for the project
- Outreach to leadership of systems with established CBPC programs and cancer centers
- Information gathered from a variety of CHCF projects and other publically available data



Estimating CBPC Capacity: Service Volume

- Volume data were gathered through the on-line survey, and from system and PC program leaders
- When actual data were not available we developed an estimate of volume, based on median service volume reported by each type of CBPC service
 - Clinics
 - Home-PC
 - Cross-setting-PC

Capacity was defined as the number of individuals the CBPC service cares for, annually



Defining Need

Populations that would benefit from PC:

Those with serious illness that resolves

Those with on-going (years) of need

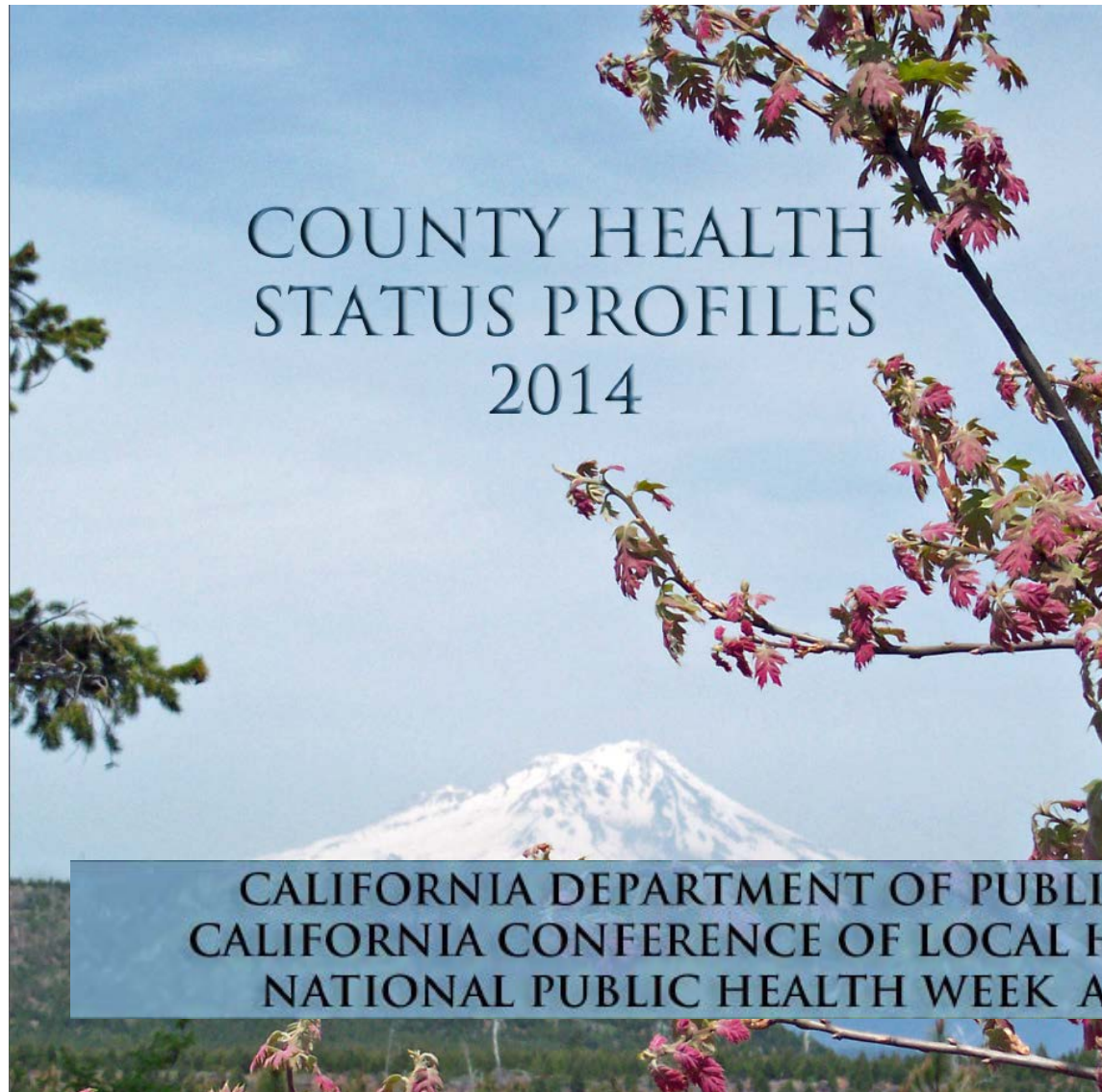
Those in the last year of life

For this analysis, estimate of need is based on the number of individuals in the last year of life





Estimating Need: Number of Deaths Annually



Reports population figures, by county, from 2011

Reports deaths, by county, as a 3-year average (2010-2012)

Estimating Need: Low-High Estimates

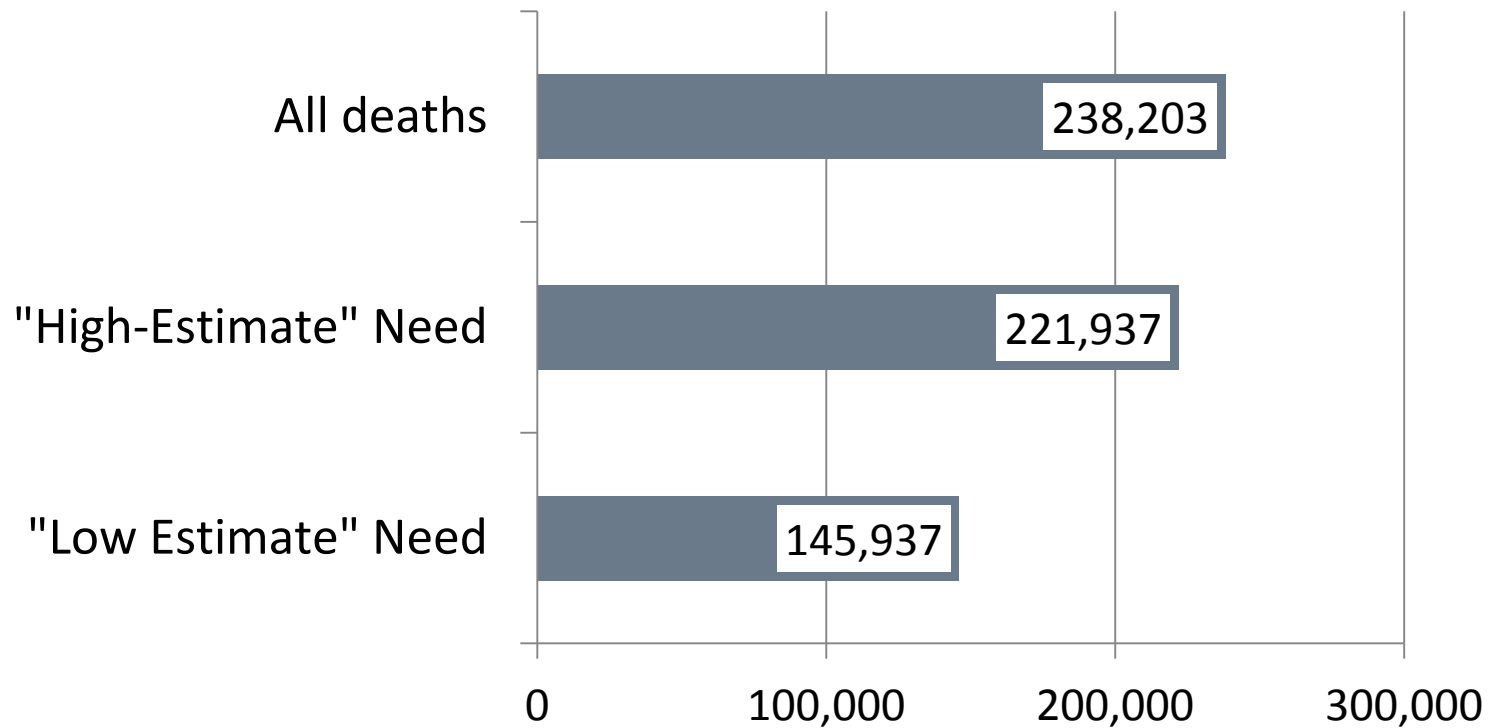
“Low estimate of need” = # individuals dying of seven conditions

- Cancer (all types)
- Diabetes
- Alzheimer’s disease
- Coronary Heart Disease
- Cerebrovascular Diseases (Stroke)
- Chronic Lower Respiratory Diseases
- Chronic Liver Disease and Cirrhosis

“High estimate of need” is all deaths excluding those caused by accidents, homicides, suicides



Estimating Need: Low-High Estimates



Low- estimate of need = 61% of all deaths

High-estimate of need = 93% of all deaths

IP PC: Prevalence, Capacity, Sufficiency

- 369 acute care hospitals
- 186 (50.4%) with active IPPC programs
- IPPC available in 39/58 (67%) CA counties
- Contributing to more than 72,000 inpatient admissions each year

Current capacity is between 33-50% of need



CBPC: Prevalence, Capacity, Sufficiency

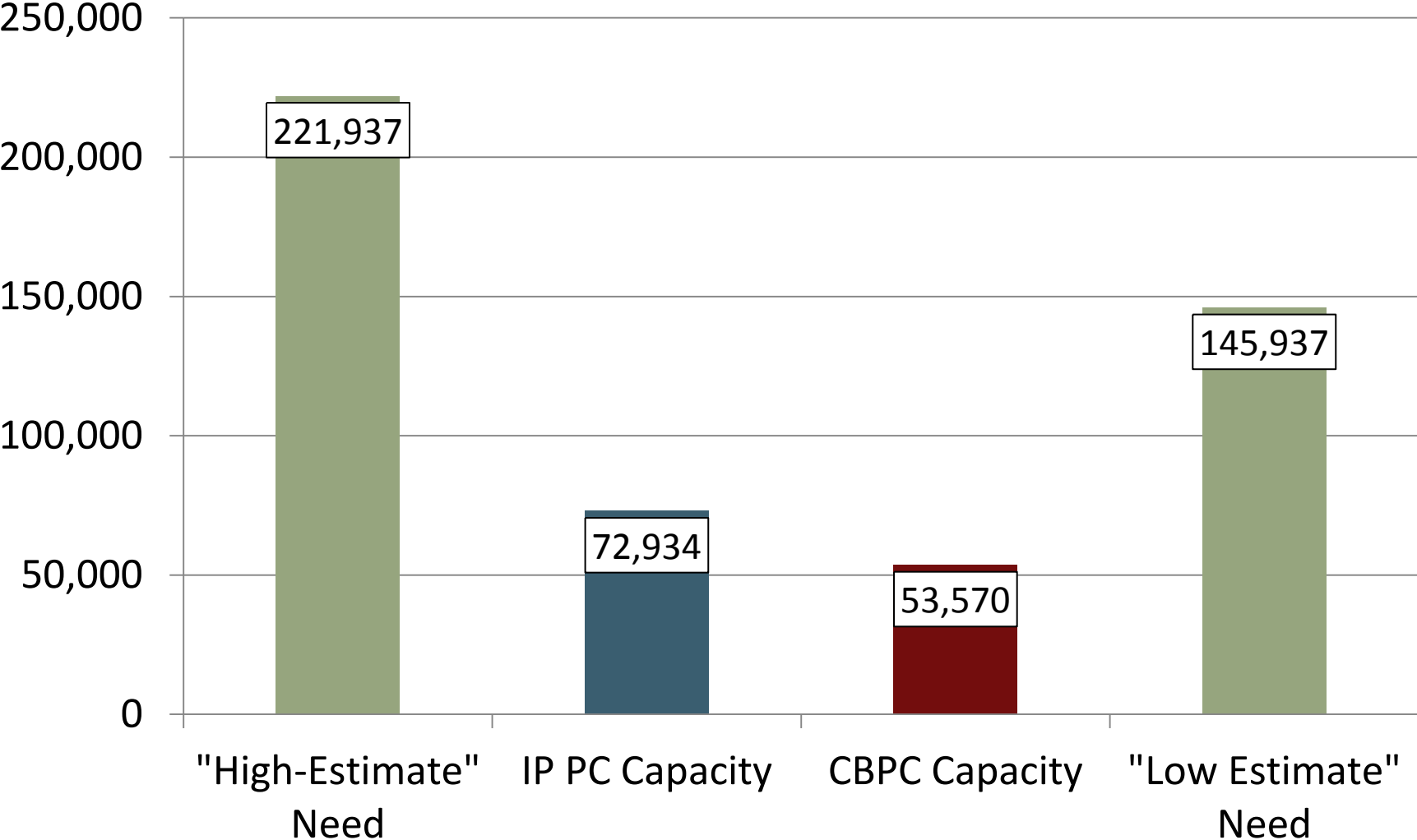
- 189 CBPC programs
- Sponsored by 147 organizations
- Programs available in 36/58 (62%) CA counties
- Serving more than 53,500 individuals annually

Current capacity is between 24-37% of need





Need vs. Capacity



All data displayed in interactive maps



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Uneven Terrain: Mapping Palliative Care Need and Supply in California

<http://www.chcf.org/publications/2015/02/palliative-care-data>

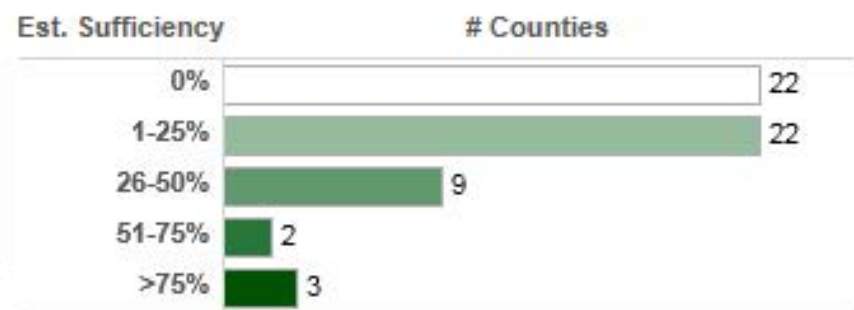
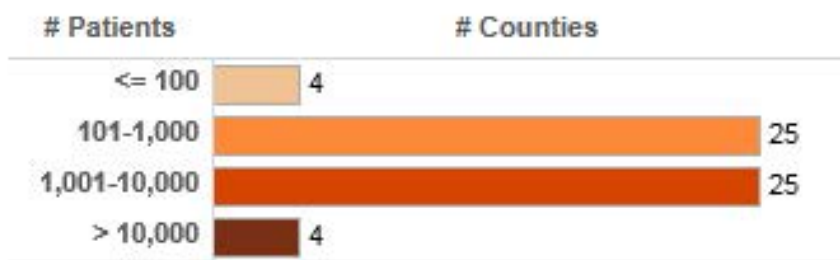
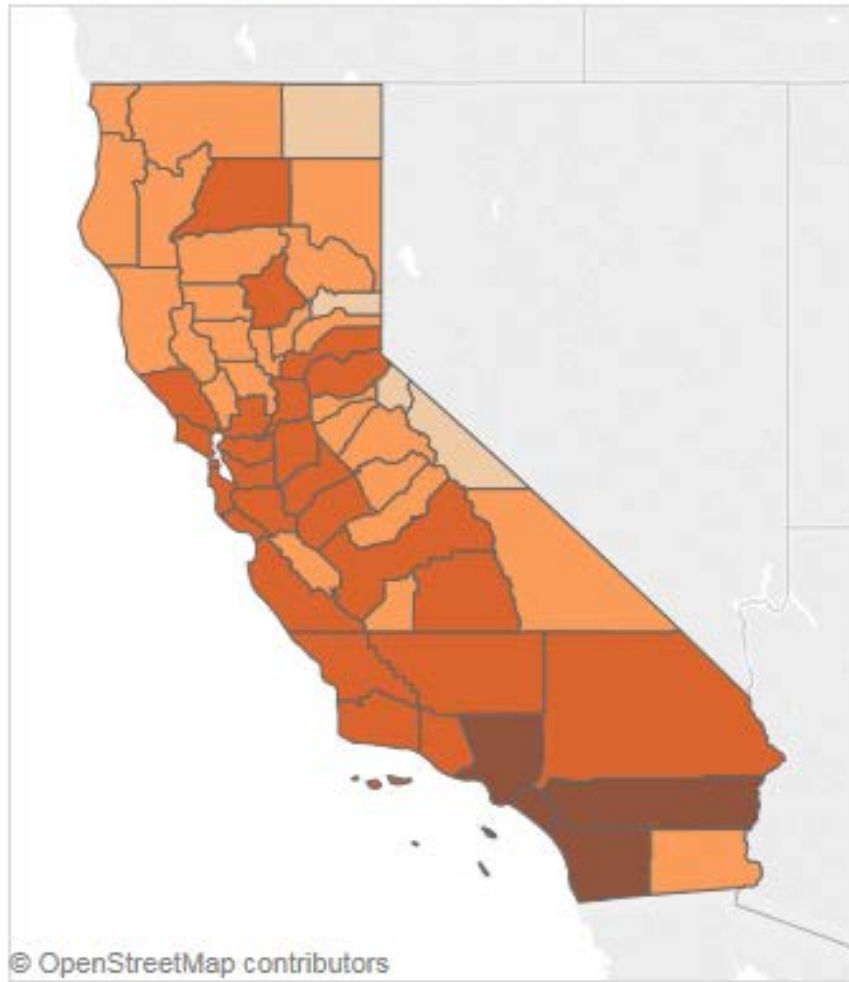


Estimated Palliative Care Need

Patients Needing PC in the Last Year of Life

Estimated Community-Based PC Sufficiency

Community-Based PC Capacity as % of Need



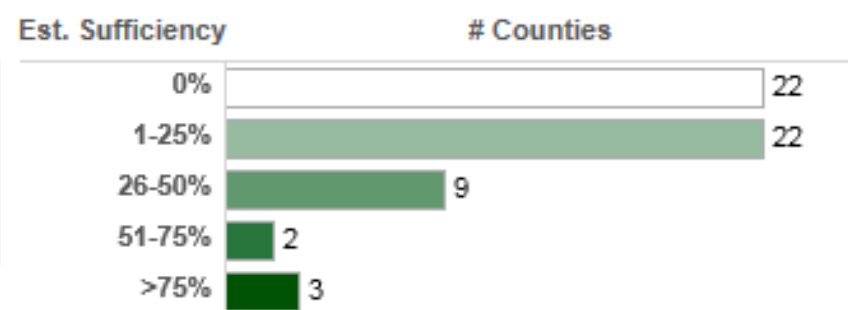
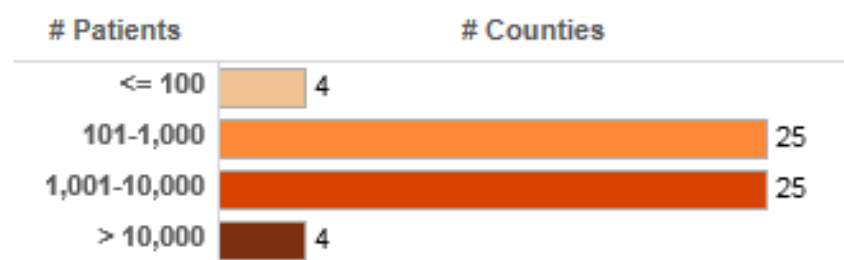
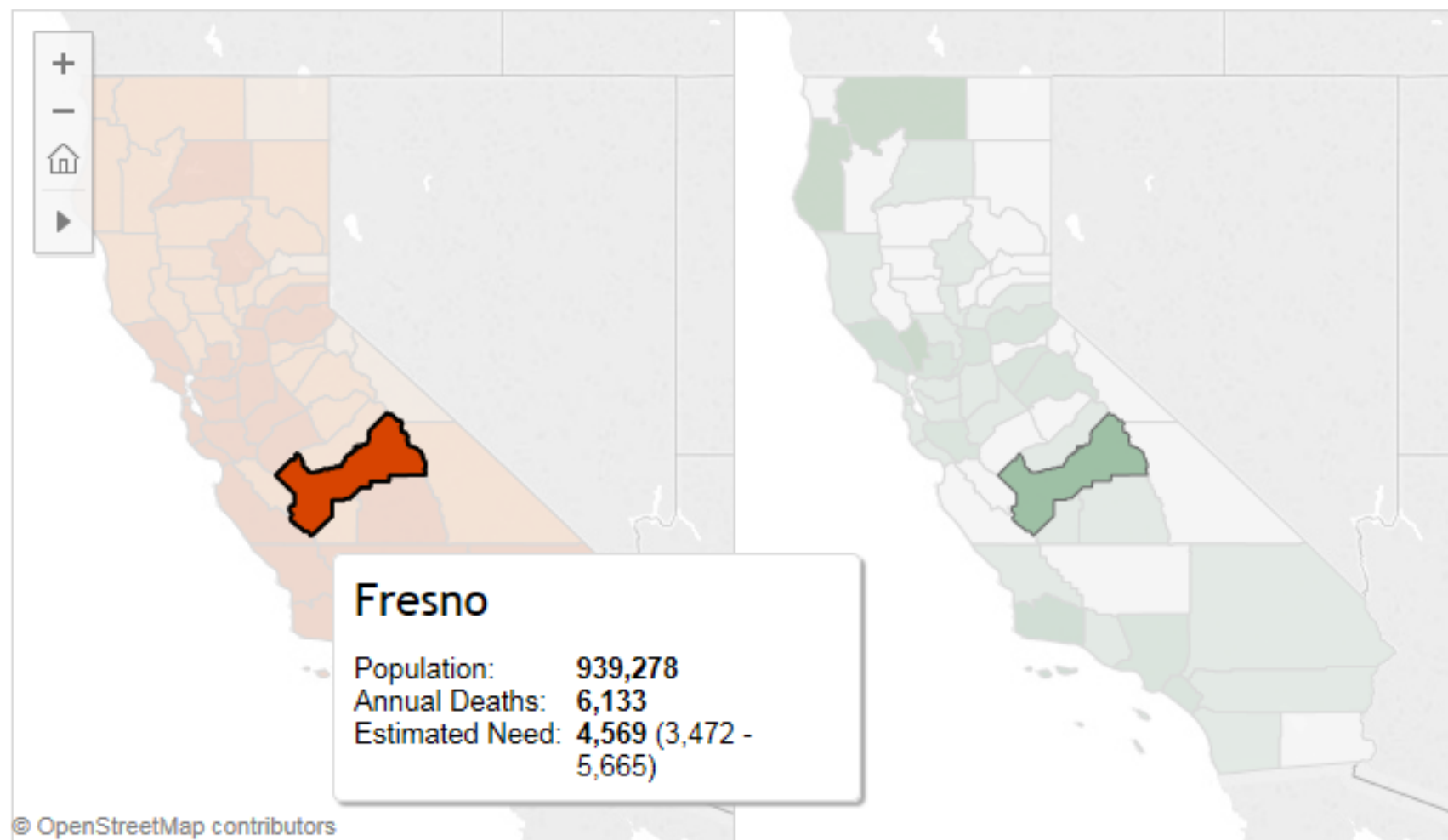


Estimated Palliative Care Need

Patients Needing PC in the Last Year of Life

Estimated Community-Based PC Sufficiency

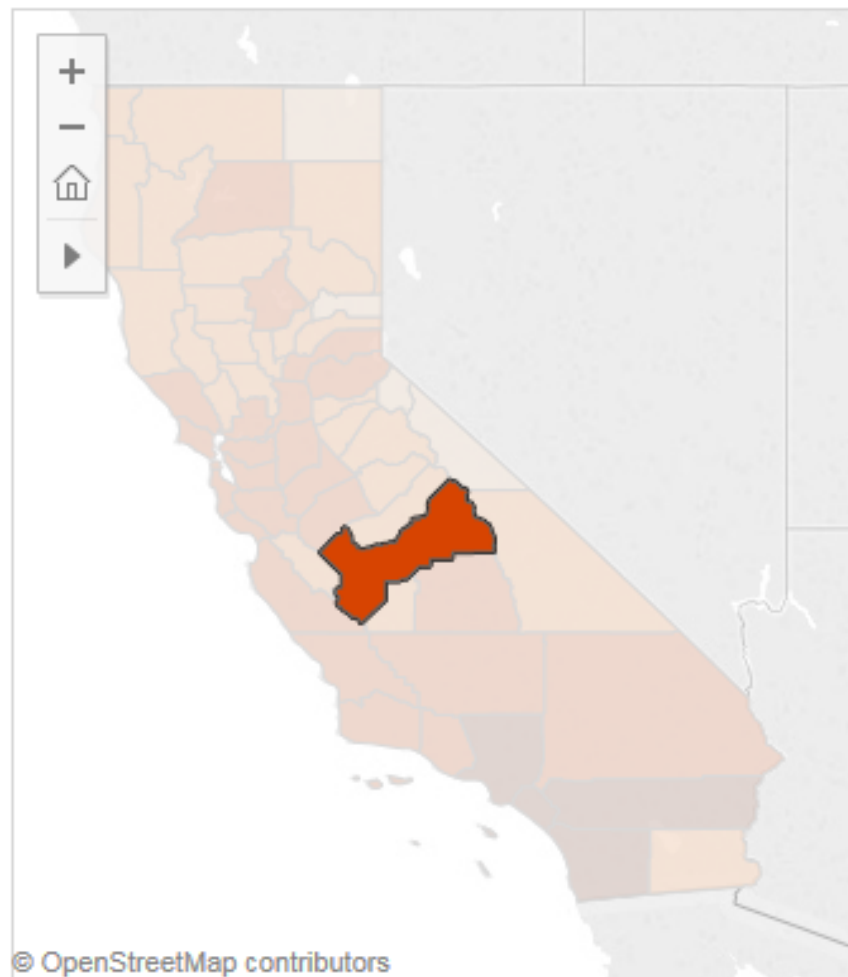
Community-Based PC Capacity as % of Need





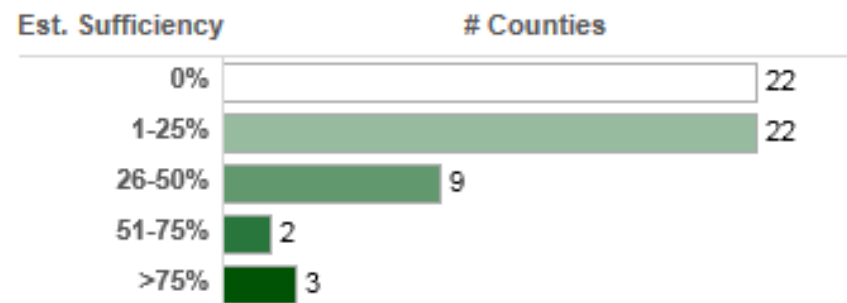
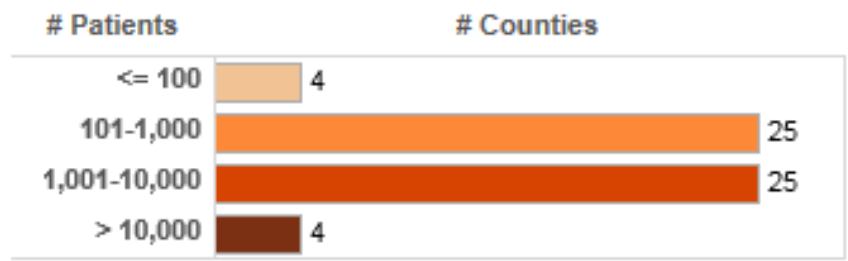
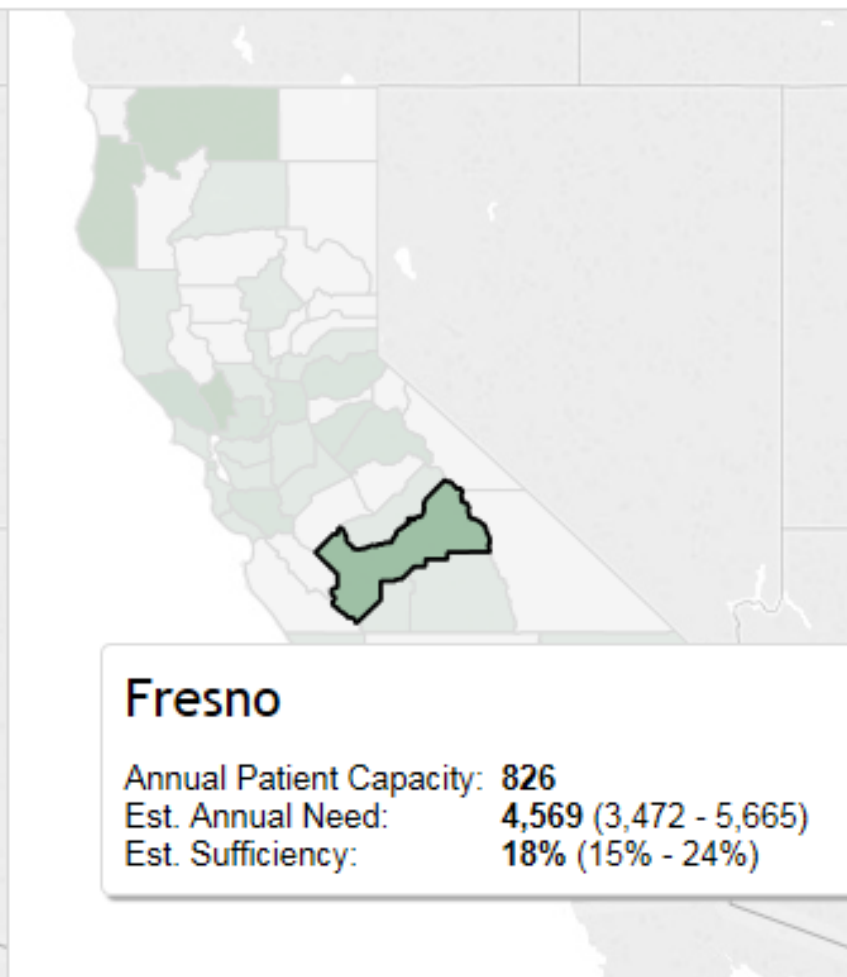
Estimated Palliative Care Need

Patients Needing PC in the Last Year of Life



Estimated Community-Based PC Sufficiency

Community-Based PC Capacity as % of Need



Limitations and remaining questions

- Self-reported data
- CBPC services sponsored by many types of entities, no central reporting
 - We almost certainly missed some services
- Highly dynamic environment
- Limited attempt to gather information about service structures, processes, or outcomes
- No attempt to gather information about patients
 - Diseases and conditions, payer mix



Take-home points

- IP PC is available in most counties and in most hospitals
- CBPC services are spreading rapidly, and are also available in most counties
- Even so ... lots of unmet need for both types of services



The PC Mapping Team

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Questions and discussion

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Map URL:

<http://www.chcf.org/publications/2015/02/palliative-care-data>

