Palliative and end-of-life care in patients with kidney disease

Ann M. O’Hare, MA MD
VA Puget Sound Healthcare System
Department of Medicine and Kidney Research Institute, University of Washington, Seattle
Medicare spending on beneficiaries in last year of life

Figure 1: Percent Dying and Percent of Medicare Payments Spent in the Last 12 Months of Life, among Medicare Beneficiaries Aged 65 and Older, 1978–2006
End-of-life expenditure index by hospital referral region
Who makes treatment decisions at the end of life?

Figure 1: Schematic Representation of the Study Population. Actual numbers of subjects in the study are shown.
Treatment Intensity at the End of Life in Older Adults Receiving Long-term Dialysis

Utilization among Medicare beneficiaries with ESRD in last 6 months of life
Utilization among Medicare beneficiaries with ESRD in last 6 months of life
Utilization among Medicare beneficiaries with ESRD in last 6 months of life

- **percent hospitalized**
- **percent hospitalized patients admitted to ICU**
- **percent ICU patients receiving intensive procedure**

Year:
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011

%
Utilization among Medicare beneficiaries with ESRD in last 6 months of life

- percent hospitalized
- percent hospitalized patients admitted to ICU
- percent ICU patients receiving intensive procedure
- percent of deaths occurring in the hospital

Year:
- 2000
- 2001
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- 2003
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- 2010
- 2011

%
Utilization among Medicare beneficiaries with ESRD in last 6 months of life

- **percent hospitalized**
- **percent hospitalized patients admitted to ICU**
- **percent ICU patients receiving intensive procedure**
- **percent of deaths occurring in the hospital**
- **percent of out-of-hospital deaths occurring within a month of discharge**
Utilization among Medicare beneficiaries with ESRD in last 6 months of life

- Median hospital days among hospitalized patients

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Utilization among Medicare beneficiaries with ESRD in last 6 months of life

- Median hospital days among hospitalized patients
- Median ICU days among ICU patients

USRDS
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% Medicare beneficiaries with ESRD referred to hospice before death

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% Medicare beneficiaries with ESRD who discontinued dialysis before death


CATEGORIES:
- 19-54 years
- 55-69 years
- 70-84 years
- 85+ years

% discontinued
Regional Variation in Health Care Intensity and Treatment Practices for End-stage Renal Disease in Older Adults

Figure Legend:

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Prognostic discordance between patients and nephrologists

<table>
<thead>
<tr>
<th>Patient estimates of 5 year survival, %</th>
<th>≥90</th>
<th>61-89</th>
<th>40-60</th>
<th>11-19</th>
<th>≤10</th>
<th>Total</th>
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<tbody>
<tr>
<td>≥90</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>42%</td>
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<td>61-89</td>
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<td>2</td>
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<td>40-60</td>
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<td>5</td>
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<td>2</td>
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<td>4%</td>
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<td>≤10</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2%</td>
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<tr>
<td>Total, %</td>
<td>4%</td>
<td>6%</td>
<td>31%</td>
<td>35%</td>
<td>11%</td>
<td>n=62</td>
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</tbody>
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Wachterman et al. JAMA Internal Medicine. 2013
## Advance directives in patients receiving dialysis

<table>
<thead>
<tr>
<th>Study</th>
<th>Patient Population</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Holley et al. (80 patients)</td>
<td>AJKD 1997</td>
<td>Have talked with family about wishes: 67%</td>
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<tr>
<td>Sehgal et al. (65 nephrologists)</td>
<td>JAMA 1996</td>
<td></td>
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<tr>
<td>Kurella Tamura et al. (61 patients)</td>
<td>NDT 2010</td>
<td>Have talked with a physician about wishes: 14%</td>
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<td>Have completed an advance directive: 35%</td>
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<tr>
<td></td>
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<td>Have talked with family about wishes: 57%</td>
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</table>
USRDS Special Study Center on Palliative and End-of-Life Care

Ann M. O’Hare and Manjula Kurella Tamura (Co-PI’s)
USRDS SSC Specific Aims

• Aim 1: To evaluate the palliative care needs, quality of communication about end-of-life care, prognostic expectations, and readiness to engage in advance care planning among patients with ESRD.
USRDS SSC Specific Aims

- **USRDS Study of Treatment Preferences (UState)**
USRDS SSC Specific Aims

- **USRDS Study of Treatment Preferences (UState)**
- Survey of patents receiving maintenance dialysis
USRDS SSC Specific Aims

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- Domains: symptom burden, palliative care needs, readiness to engage in advance care planning, prognostic awareness, treatment preferences in setting of serious illness, discussions with providers about dialysis discontinuation and hospice

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- Linkage to USRDS/Medicare claims
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- **Aim 1:** To evaluate the palliative care needs, quality of communication about end-of-life care, prognostic expectations, and readiness to engage in advance care planning among patients with ESRD.

- **Aim 2:** To evaluate the end-of-life experience of a representative national sample of US adults with ESRD and their families.
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• **USRDS Study of Treatment Preferences –Family (UState-Family)**
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- **USRDS Study of Treatment Preferences – Family (USState-Family)**
- Survey close friends and family members of patients receiving dialysis
USRDS SSC Specific Aims

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• Domains: care role, understanding of patient’s readiness to engage in advance care planning and treatment preferences.
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- Linkage to patient survey and USRDS/Medicare claims
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• **Aim 3**: To assess the relationship between advance directives and palliative care consultations with downstream healthcare utilization and costs in patients with ESRD.
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- **Tasks:** Descriptive analyses for annual report
Investigators and staff

• University of Washington, Kidney Research Institute
  • Investigators
    – Ann O’Hare, MD MA (contact PI)
    – Yoshio Hall, MD MS
    – Danielle Lavallee, PharmD
    – J. Randall Curtis, MD
    – Elizabeth Vig, MD
    – Paul Hebert, PhD
    – Ruth Engelberg, PhD
    – Ronit Katz, DPhil
  • Staff
    – Sue Hailpern, BSN DrPH MS
    – William Kreuter, MPA
    – Linda Manahan, BA

• Stanford University
  • Investigators
    – Manjula Kurella Tamura, MD MPH (Co-PI)
    – Manisha Desai, PhD
  • Staff
    – Maria Montez-Rath, PhD
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