

BACKGROUND

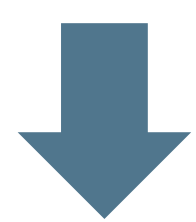
- Catchment area data analyses often focus on describing cancer incidence and mortality.
- However, to fully capture the cancer burden, data needs to be collected that characterizes the **entire cancer care continuum**.
- There is a gap in our understanding the quality of end-of-life (EOL) cancer care.

Our goal was to:

- 1) Examine patterns in EOL care over time
- 1) Describe disparities across ages at death, geography, race and ethnicity, insurance, and sex in the receipt of inappropriate EOL care within our catchment area

METHODS

Data were obtained from the University of North Carolina's Cancer Information and Population Health Resource, which includes statewide cancer registry data linked to Medicaid, Medicare, and private health insurance claims



Evaluated EOL care for adult decedents who were diagnosed with cancer and had insurance coverage at the time of death between Feb 1 2003 and Dec 31 2020 (n=161,138)

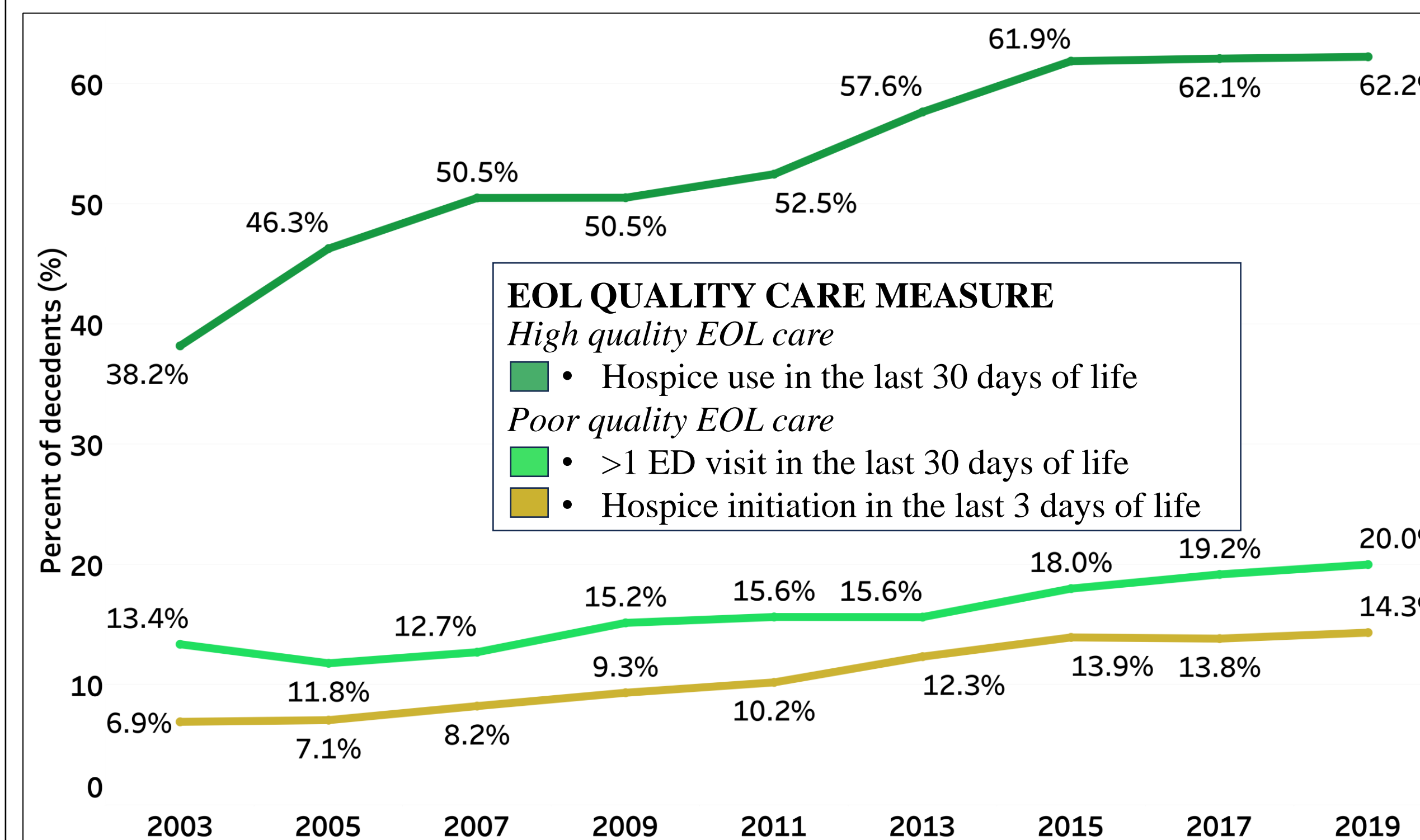


Appropriate EOL care included hospice use in the last 30 days of life as well as six measures of inappropriate EOL care including:

- Intravenous chemotherapy in the last 30 days of life
- Hospital admission in the last 30 days of life
- ICU admissions in the last 30 days of life
- In-hospital death
- Hospice initiation in the last 3 days of life
- >1 emergency department (ED) visit in the last 30 days of life

OUTCOMES

Figure 1. Trends in select end-of-life (EOL) quality care measures (2003-2019)



Most frequently observed EOL care measure over time:
• Hospice use in the last 30 days

From 2003 to 2019, we observed increases over time in:
• Hospice initiation in the last 3 days
• >1 ED visit in the last 30 days

Figure 2. Select EOL quality care measures, by insurance type (2015-2019)

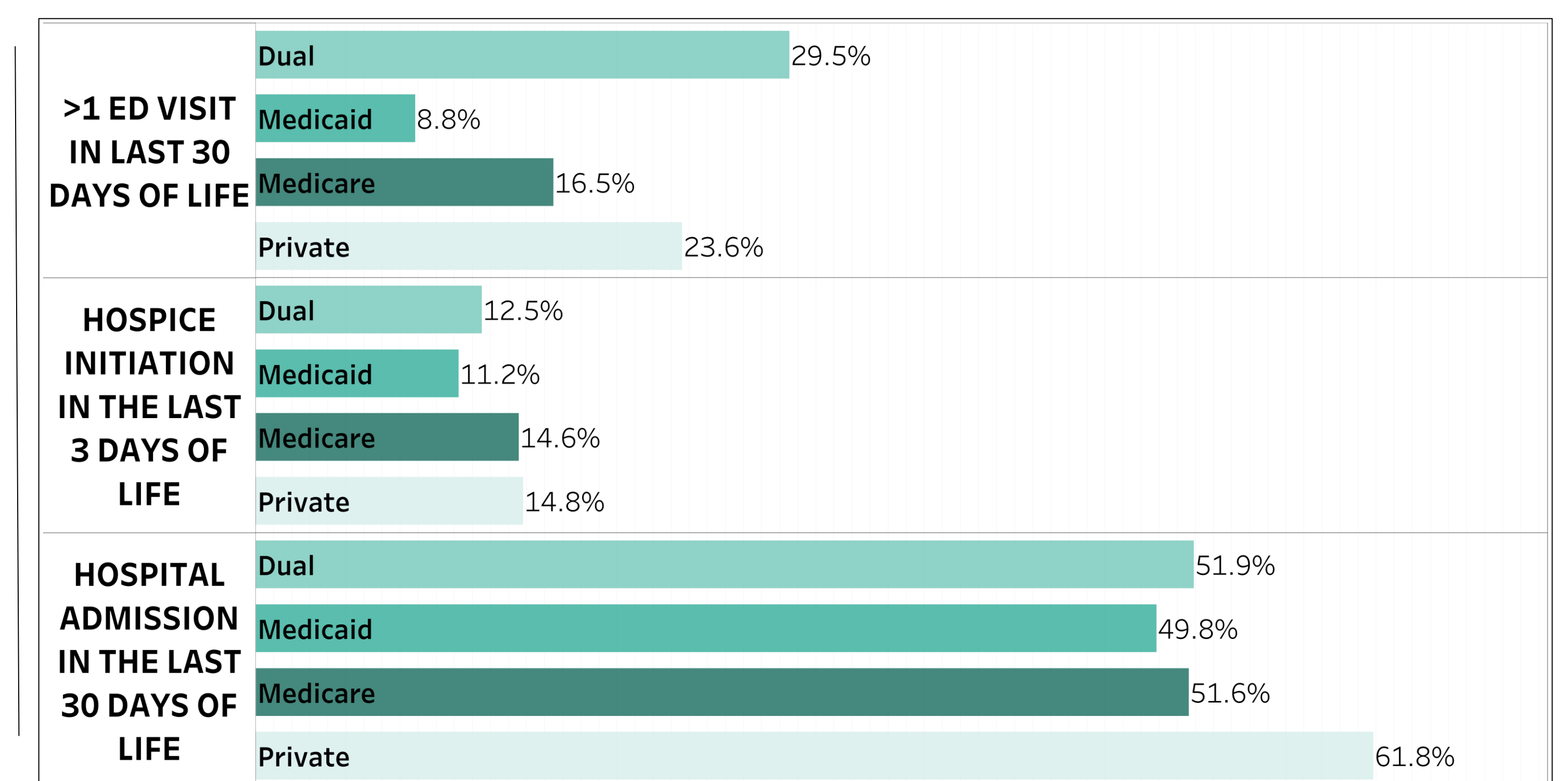
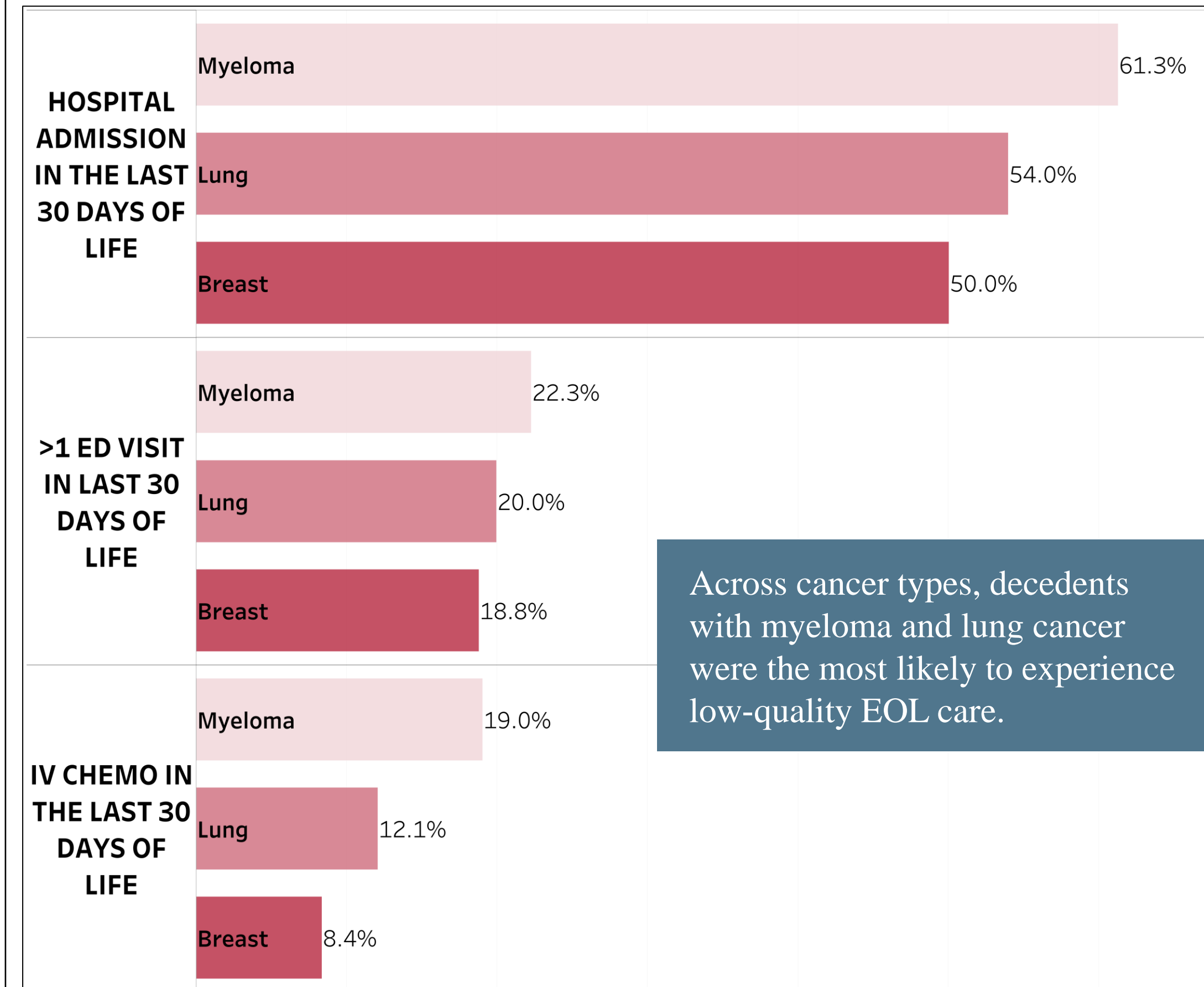
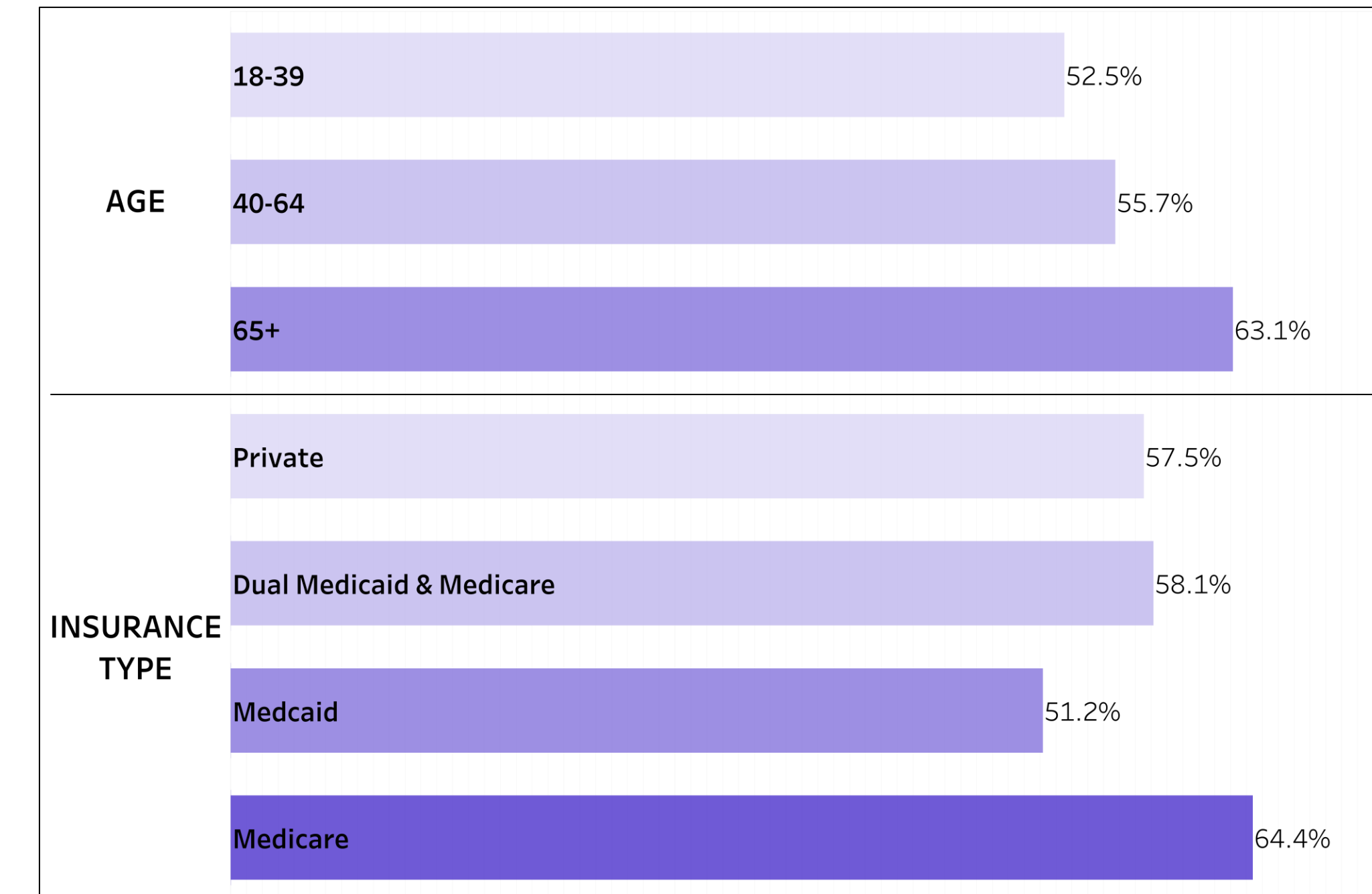


Figure 3. Select EOL inappropriate care measures, by cancer type (2015-2019)



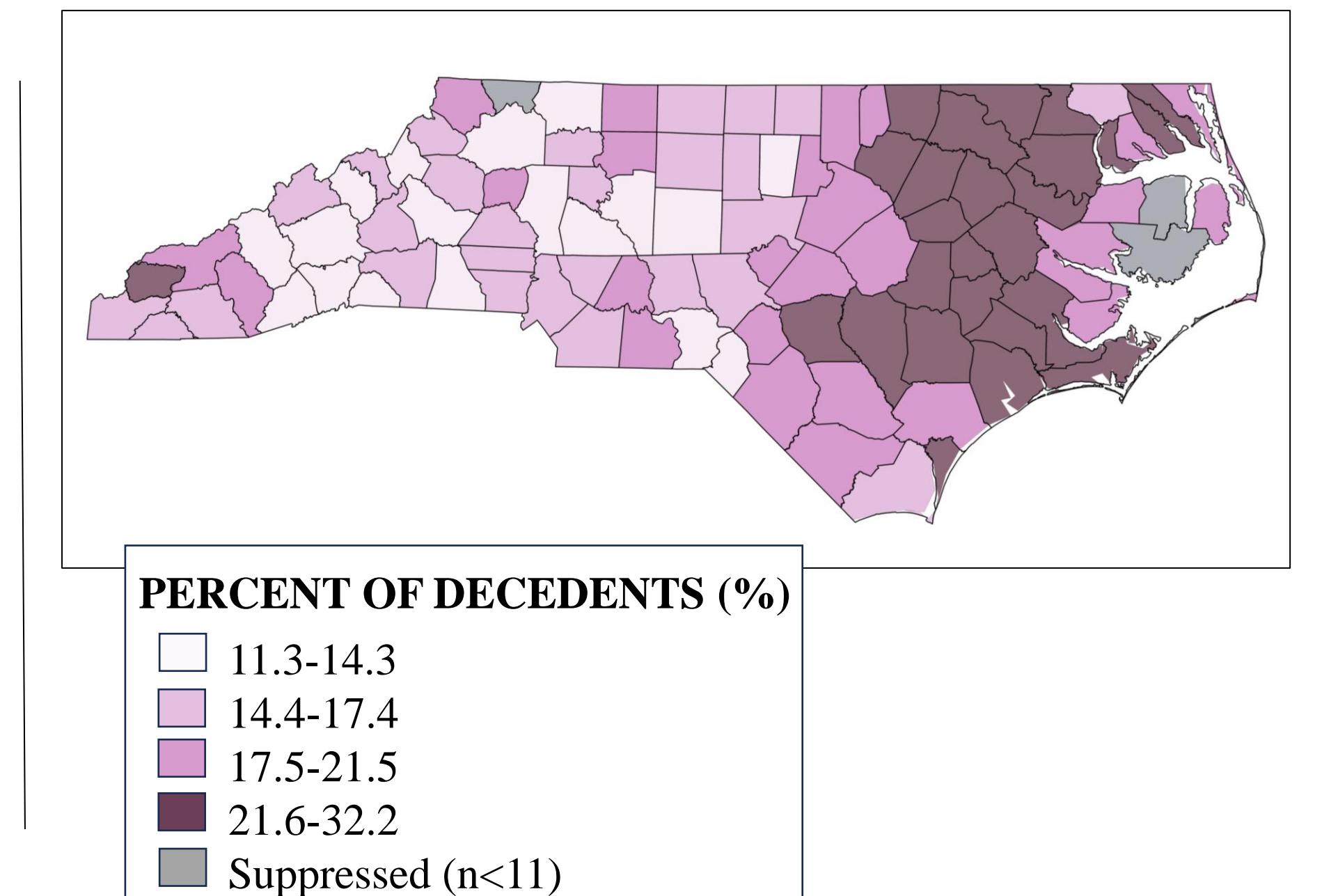
Across cancer types, decedents with myeloma and lung cancer were the most likely to experience low-quality EOL care.

Figure 4. Measure of high-quality EOL cancer care: HOSPICE USE IN THE LAST 30 DAYS OF LIFE (2015-2019)



Across age groups, decedents ages 18-39 and decedents with Medicaid were less likely to receive hospice care in the last 30 days of life compared to, respectively, decedents ages 65+ and decedents with Medicare.

Figure 5. Geographic distribution of select EOL quality care measure: IN HOSPITAL DEATH (2015-2019)



Inappropriate EOL care was most frequently observed in Eastern North Carolina, particularly in coastal counties

LESSONS LEARNED

SCAN THE QR CODE ON THE HANDOUT FOR AN INTERACTIVE END-OF-LIFE QUALITY CARE DATA DASHBOARD!

Future Directions:

Optimize age-appropriate EOL care for patients with cancer



Focus on improving EOL care for patients in Eastern North Carolina



Standardize processes for collecting EOL care quality measures



ACKNOWLEDGEMENTS

CIPHR is supported by the University of North Carolina Lineberger Comprehensive Cancer Center, with funding provided by the University Cancer Research Fund via the state of North Carolina.