

POSTER SESSION 1 ABSTRACTS
12th Annual HMO Research Network Conference
May 1-3, 2006 Boston, MA

Cancer
PS1-5

Concentration of Medical Care Utilization at End-of-Life for Ovarian Cancer Patients

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Background: Prior studies of Medicare beneficiaries indicate that healthcare utilization increases exponentially as aged persons approach end of life. Other studies indicate significant underuse of hospice care. Our primary aim is to examine the rate at which women dying of ovarian cancer were referred to hospice care and the timing of that referral. A secondary aim is to examine the concentration of medical care during the last six months of life by service type, patient demographics, and disease severity.

Methods: This is a retrospective cohort descriptive study using data extracted from automated medical records, hospital discharge abstracts, claims, and administrative information systems. Enrollees who died from ovarian cancer were identified by matching health plan enrollment data to cancer registry data and State vital statistics information. Expert reviewers confirmed each case's cause of death through chart abstraction. We included all women aged 18 years and older who died at any age of epithelial ovarian cancer during the six-year period 1995-2000. The number of women eligible for the study was 421. All study cases were continuously enrolled in a healthcare system during their last 18 months of life.

Results: Use of ambulatory visits was evenly distributed across the last six months of life for the sample overall and by selected patient characteristics. Hospitalizations and dispensings showed modest concentration towards the end of life. Referral to home health and hospice were the most concentrated services, with about 70% of patients referred to hospice less than 60 days before death. Patients with pain episodes had more delayed referral to hospice. Younger patients, patients diagnosed within a year of death, and patients with no comorbidities demonstrated significantly higher concentration of services. Patients with the highest comorbidity scores were referred to home health much earlier.

Conclusions: Virtually all patients had continuous access to medical care during the last six months of life. Access to hospice was the most significantly rationed resource. Patients whose ovarian cancer was diagnosed late, were younger, and had fewer comorbidities represented a group whose cancer episodes were highly compressed, thereby leaving much less time to prepare for death.