PALLIATIVE CARE IN ONTARIO: A POPULATION-BASED STUDY ACROSS HEALTH SECTORS USING HEALTH ADMINISTRATIVE DATABASES

(APPLIED HEALTH RESEARCH QUESTION)

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CONTEXT

In collaboration with Cancer Care Ontario, the Central East LHIN led the work of the Data and Performance Subcommittee of Provincial Hospice Palliative Care Steering Committee, with the responsibility of developing and implementing a data and performance measurement strategy. To inform the work of Committee, the Central East LIHIN submitted two Applied Health Research Questions (AHRQ) to HSPRN, seeking to understand the current state of palliative and end-of-life care in Ontario. The first AHRQ examined the feasibility of using health administrative databases to assess the provision of palliative and end-of-life care in Ontario. This follow-up AHRQ builds on these findings and examines the provision of services across the continuum of health care settings.

OBJECTIVES

This report aims to describe the characteristics and overall health care utilization of individuals in their last year of life across a variety of health care sectors; determine distribution of palliative care encounters; and measure and compare regional and sub-regional differences in end-of-life and palliative care across identified settings.

METHODS

Using Ontario's Registered Persons Database, all deaths occurring in Ontario between April 1, 2010 and March 31, 2012 were captured. The socio-demographic characteristics of the entire cohort and of the cohort that utilized Long-Term Care (LTC), home care, Complex Continuing Care (CCC), or rehabilitation in the last year of life, were examined. Palliative care was captured through billing and diagnostic codes in various health administrative databases. The intensity, time of initiation, and continuity of palliative care were examined for each decedent who was recorded to have received palliative care. The sum of costs was identified from a variety of sectors including: LTC, home care, CCC, rehabilitation, inpatient services, outpatient services, OHIP billings, drugs and devices.

FINDINGS

About one quarter of all decedents used LTC, and approximately half used home care. Only 10% and 1.5% of decedents used CCC and rehabilitation, respectively. Approximately half (51.9%) of all decedents had at least one record of receiving palliative care in their last year of life. Of those identified to have received palliative care, a large proportion was identified in acute care hospitals and through outpatient physician claims (84.9% and 63.9%, respectively). Approximately one-third of the palliative cohort received palliative home care through the Community Care Access Centres. About 1 in 10 of all decedents received a palliative physician home visit. The proportion of decedents receiving palliative care varied across the 14 Local Health Integration Networks in Ontario.

Initiation: Of those receiving palliative care, about half had their care initiated in the last 2 months of life. *Continuity:* Among patients receiving palliative care, 78% had at least 2 days of palliative care, from time of initiation, each month until death. *Intensity:* Despite an average of 35 total palliative care days in the last year of life, a significant number received 2 or less days. *Cost:* The total average cost in the last year of life among patients receiving palliative care ($57,424) was higher than that among those who did not ($44,023). The difference is attributed to the higher cost of inpatient care.

CONCLUSIONS

The results suggest that palliative care is likely underutilized, especially in the home setting. The significant regional variations in the provision of palliative care show that there are likely best practices that can be adopted to improve the reach of palliative care in the dying population.

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