Consequences of Overlooking Advanced Care Preferences: A Case Report

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Introduction

- One of the most important decisions that a patient can make when being admitted to the hospital is that of his/her code status.
- Failure to provide care that is congruent with the patient's desired goals of care has both ethical and financial implications.
- This case report illustrates the financial impact of noncompliance with a patient's advanced care planning preferences.

Case Description

- 61-year-old woman with a history of uncontrolled diabetes and tobacco abuse presented with gangrene on her right first and second toes and second degree burns on her left foot acquired after sleeping on a heating pad.

- On admission, the patient signed paperwork expressing her wish to not be resuscitated and/or intubated in the setting of cardiopulmonary arrest.

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Case Description Cont.

- Vascular surgery consultation was requested due to the presence of critical limb ischemia.
- Day #5: MPS negative
- Day #8: Surgery
- She was admitted to the ICU postoperatively.

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Case Description Cont.

- The patient was very delirious and violent in the ICU.
- Day #12 intubated
- Day #16 Right Heart Cath
- Over the next several days, she was extubated and subsequently reintubated.
- Tracheostomy was considered but was decided to be against the patient's wishes.
- Finally on Day #28, the patient was extubated again

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Case Description Cont.

- Day #29 Transferred to floor/Fell
- Day #36 PEG Tube placement
- Day #37 Wound vac placed
- Day #42 Ex lap and G tube replaced
- She was discharged to an LTAC on Day #48
- She had 9 consultants, 3 surgeries, 2 cardiac procedures, 1 IR procedure, and 2 CT scan during her hospital stay.

Case Description Cont.

- The patient failed to progress with curative measures at the LTAC and was ultimately discharged to hospice care.
- She was seen in follow-up appointments for removal of her gastrostomy tube and requested amputation of her toes.
- She died approximately 5 months after her initial intubation in the hospital.

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Discussion

- DRG 237: Major Cardiovascular Procedures with Major Contributing Comorbidities
- Billed charges were $334,661.80
- Medicare paid $72,222.81 (roughly 22%)
- Estimated direct cost was $69,000
- With an overhead rate of about 30%, the hospital lost about $21,000 as cost would increase to approximately $90,000 conservatively

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Discussion

- DRG 238: Major Cardiovascular Procedures without Major Contributing Comorbidities has:
  - Average Charges: $88,267.83
  - Total Payments: $19,793.33
  - Average Medicare Payments: $18,022.92

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Discussion

- In order to be billed as a separate DRG, DRG 237 and 238 must differ by at least 20% and at least $4,000
- Therefore, Average Charges for DRG 238 would be estimated at no less than $105,921.40
- Given this estimate, the difference in this patient's pre-intubation and post-intubation charges is approximately $225,000

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Discussion

- 19.6% of the population will be over the age of 65 by 2030
- In 2000, 12.3% of the population was over the age of 65
- In 2001, Medicare spending account for 17.0% of total national health expenditures
- Approximately 27.4% of all Medicare spending occurs in the last year of life
- On average, 70% of the cost for the last 12 months occurs in the last 6 months (19.2% of Medicare spending)

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Discussion

- CMS plans to pay physicians for advance care planning services starting January 1, 2016
- CPT code 99497 up to 30 minutes
- CPT code 99498 > 30 minutes
- No payment rate has been set yet for these billing codes

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Discussion

- The average length of stay following aortobifemoral bypass has been reported to be 5-7 days.
- The length of stay in this case was 48 days.

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Conclusion

- There are moral and ethical implications involved in intubating a patient with advance care paperwork indicating they do not want to be subjected to heroic measures.
- This case demonstrates that there can be financial consequences to overlooking a patient's wishes, as well.
- Cost-conscious care should include respecting the directive of the patient.

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References

1. Mount Sinai Hospital. Aortoiliac and Aortofemoral Bypass Graft Surgery.
2. DRG Summary for Medicare Inpatient Prospective Payment Hospitals, FY2013.
3. Ingenix APS DRGs All Payer Severity Adjusted DR (APS DRGs) Definitions Manual. Version 27. April 2010.
4. Calfo S, et al. Last Year of Life Study. Centers for Medicare & Medicaid Services, Office of the Actuary. https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/downloads/Last_Year_of_Life.pdf
5. Hogan et al. 2002. Medicare Beneficiaries' Cost of Care in the Last Year of Life. Health Affairs, 20(4): 189-195.
6. Riley GF et al. Long-Term Trends in Medicare Payments in the Last Year of Life. Health Serv Res. 2010 Apr; 45(2): 565-576.
7. CMS Begins Implementation of Key Payment Legislation. 08 July 2015.