

Cost of End-of-Life Inpatient Encounters in Patients with Chronic Kidney Disease in the United States: A Report from the DISCOVER CKD Retrospective Cohort

Real-world data reporting HCRU and costs associated with end-of-life care for patients with CKD are limited; these data will facilitate better healthcare delivery in the future

STUDY DESIGN

A DISCOVER CKD retrospective cohort study

Data source



US Premier Hospital
Database
Jan 2016–Mar 2020

Eligibility criteria



- ≥18 years
- ICD-10 code (Stage 3–5 CKD/kidney failure)

Outcomes



Encounters ending
in death

Reason for encounter (ICD-10 code)



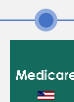
Infection

CV

Kidney
failure

Other

Insurer



Medicaid

Medicare

Commercial

Other



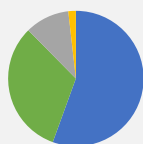
Total cost and length of hospitalisation per encounter calculated

RESULTS

237,734

encounters ending in death

Reasons for Encounter



Infection
32.1% (n = 76,307)

CV
10.6% (n = 25,118)

Kidney failure
1.8% (n = 4210)

Other
55.6% (n = 132,099)



Duration

(mean range [days])
of hospitalisation per
encounter



Cost

(median [IQR])
per encounter

Most common reason for encounter*

8.7–12.7 days

\$16,403 (\$7762–34,910)

7.5–10.5 days

\$17,503 (7766–39,693)

Highest costs and longest hospital stays

10.7–15.9 days

\$18,469 (\$8673–38,315)

NR

NR

Highest cost of all insurers

Median (IQR): **\$16,189** (\$7725–33,443)

Conclusion: End-of-life encounters were most frequently related to infection. Kidney-failure-related encounters were associated with the longest hospital stays and the highest costs compared with CV and infection.

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*Among the specific three reasons for encounter assessed. CKD, chronic kidney disease; CV, cardiovascular; ICD-10, international classification of diseases, tenth revision; HCRU, healthcare resource utilisation; IQR, interquartile range; NR, not reported; US, United States.