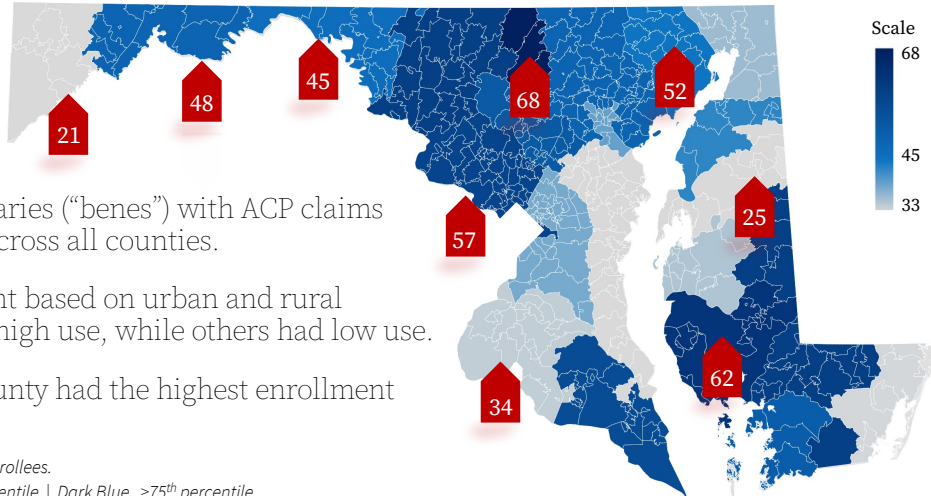


The Maryland Health Care Commission (MHCC) explored advance care planning (ACP) use in Maryland from 2016-2020.

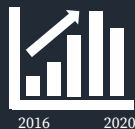
Beneficiaries with ACP Claims in Maryland*

- ▶ There were high rates of beneficiaries (“benes”) with ACP claims during the COVID-19 pandemic across all counties.
- ▶ Patterns of use were not consistent based on urban and rural status– some small counties had high use, while others had low use.
- ▶ Dense areas like Montgomery County had the highest enrollment rates.



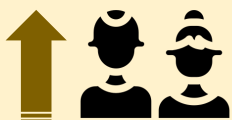
*Graph represents 2020 data only. Rates are per 1,000 enrollees.
Key : Grey <25th percentile | Light Blue 25th to 75th percentile | Dark Blue >75th percentile

A First Look: Key Findings



Overall, ACP use increased from 2016-2019 but dropped slightly during the COVID-19 pandemic in 2020.

We assessed benes with ACP claims by **age** across six age categories (41-55 years, 55-64 years, 65-75 years, and >76 years).



As expected, ACP use increased with age.

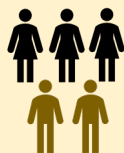
10%

From 2019-2020, ACP use declined by 10% among patients aged 65 and over.

We assessed benes with ACP claims by **race** (Black, White, Hispanic, Asian, Native American, Other) and **gender** (male and female).

40%

During the pandemic in 2020, White patients had 40% more ACP visits than Black patients.



Women used ACP the most; white women had the highest rates of use. Hispanic men had the lowest.

We examined benes with ACP claims based on **geographic location** analyzing data across 25 counties within five regions in Maryland.



Dorchester and Carroll counties had the highest rates of ACP use during the pandemic.



Disparities exist between and within rural and urban areas. Driving forces for these inconsistencies are unclear.

Recommendations

- Develop targeted campaigns to increase knowledge and awareness of advance care planning among underutilized groups.
- Launch pilot programs to promote patient-provider communication to increase use of advance care planning.
- Identify factors that explain differences in advance care planning among select populations.