

Measure at a Glance

CBE #5591: Percentage of Patients who Died with Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score – better)

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how often patients with cancer are admitted to the intensive care unit (ICU, a hospital unit for very sick patients) in the last 30 days of life. This measure shows trends in ICU use near the end of life and supports efforts to increase early palliative care (care focused on relieving pain, symptoms, and stress to improve quality of life).

The measure calculates the percentage of these patients who had an ICU stay close to death. A lower score means fewer ICU stays and better performance.

It includes patients aged 18 years and older who died with cancer. In addition to a cancer diagnosis, patients must have had at least two outpatient visits and continuous coverage during the measurement period. The measure excludes patients if they had specific treatments, such as bone marrow transplant or chimeric antigen receptor (CAR) T-cell therapy, within 60 days before death.

This measure is reported at the clinician group or practice level and focuses on care provided in ambulatory settings, such as clinics or offices. While care is delivered in these settings, the measure tracks outcomes such as ICU stays that can happen in hospitals.

The measure uses claims data to identify ICU stays that happen within 30 days before death.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure focuses on care at the end of life for patients with cancer. Family caregivers report that ICU stays, hospital visits, and emergency care in the last 30 days of life are associated with lower quality end-of-life care. Many patients nearing the end of life prefer to die at home rather than in the hospital. Care at home with hospice is associated with higher ratings of care quality compared to care in the hospital or ICU.

The measure supports the use of palliative care by helping assess patterns of high-intensity care and supporting efforts to encourage earlier use of palliative care and advance care planning.

Patients, family caregivers, and experts contributed to the development and review of this measure. Public comment feedback in May 2025 showed that most respondents agreed the measure reflects quality of care at the end of life and distinguishes differences in care across providers.

Usability (How will providers use this measure to improve care delivery?)

The measure may also support quality improvement efforts by showing trends and variation across practices. The data may help practices see where they stand compared to others,

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identify differences in care, and observe their own performance over time. However, results may vary due to factors such as patient preferences, access to care, and sudden health changes.

The results may help practices understand their care patterns, including how often they provide high-intensity care, such as ICU stays, in the last 30 days of life.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

This measure uses claims data collected during routine health care services. Because the data are part of regular billing, organizations do not need to collect new information. The data are stored in structured fields, which means the measure may be easier to use and can be calculated using existing organized and reliable electronic systems.

However, claims data may have delays, and coding differences may affect results. Standard billing codes and validation processes may help reduce these issues.

The measure does not require manual data entry, chart review, or extra reporting tools. Clinicians do not need to change how they document care or interact with patients. This helps reduce burden and allows providers to focus on care instead of reporting tasks. Data can be checked for accuracy using identifiers such as claim numbers.

Overall, the measure may be feasible for many organizations because it uses data that are already available and does not add new workload.

Impact (How will using this measure improve patient experiences and outcomes?)

Evidence shows that earlier use of palliative care results in fewer ICU admissions, fewer hospitalizations, and fewer emergency department visits. Patients who receive palliative care may have lower health care costs, including reduced spending near the end of life.

Reducing high-intensity care, such as ICU use, may improve symptom control and quality of life for patients with advanced illness. This measure aligns with efforts to reduce high-intensity, low-value care at the end of life and supports care that reflects patient needs and preferences.

Performance Gap (Based on current performance, where and how much care can improve?)

Data from 2023 to 2024 include 563 clinician groups or practice entities, with at least five patients per entity and a total of 15,685 patients. The performance scores range from 0% to 100%, with a mean (average) of 37%.

Deciles divide clinician groups and practices into 10 equal parts based on performance. Decile 1 includes practices with the lowest scores, and Decile 10 includes practices with the highest scores. A lower score means better performance, so performance is worse in higher deciles.

Decile results show an increase from 7% in Decile 1 to 72% in Decile 10. This wide range suggests large variation in how practices and clinician groups deliver care near the end of life. One practice reports no ICU use, while one reports ICU use for all patients. These differences may reflect variation in care decisions, timing of palliative care, or access to services.

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Practices with higher scores may have opportunities to increase early palliative care and improve discussions about patient goals and preferences.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.