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FOR HEALTH POLICY & CLINICAL PRACTICE

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Medicare Spending and Care Intensity at the End of Life Increases, While Time in the Hospital Declines

New findings show longitudinal change for care provided to chronically ill Medicare patients

Lebanon, N.H. (June 12, 2013) – Medicare spending for chronically ill patients at the end of life increased more than 15 percent from 2007 to 2010, according to a new brief from the Dartmouth Atlas Project. The updated data also shows that Medicare patients spent fewer days in the hospital and received more hospice care in 2010 than they did in 2007.

The trends across regions and hospitals show that in 2010, compared to 2007, patients were:

- Less likely to be in the hospital during the last six months of life;
- More likely to be enrolled in hospice care during the last six months of life;
- Less likely to die in the hospital;
- More likely to see more than ten physicians during the last six months of life; and
- Just as likely to spend time in intensive care units (ICUs) during the last six months of life, with virtually no change from 2007 to 2010.

There were substantial changes in many individual hospitals and regions, but not in the same direction; some increased the intensity of care, while others provided less intensive care over time.

"The growing use of hospice care and decrease in hospital use at the end of life are promising trends that may reflect attempts to provide care that aligns more closely with patients' preferences," said David C. Goodman, M.D., M.S., co-principal investigator for the Dartmouth Atlas Project. "However, improvements in care are not even across regions and hospitals, and many are changing at a much slower pace, or not at all. We continue to see that where patients live and receive care are some of the most significant factors in how they spend their last years."

This research looks at the last two years of Medicare claims records of 1,107,702 Medicare patients who died in 2010, both among 306 hospital referral regions and among more than 2,400 hospitals. The findings were also reflected in a recent report by the Dartmouth Atlas Project and the California HealthCare Foundation, which highlighted disparities in patients' preferences for care at the end of life and the actual care provided to patients in California.

Medicare spending per patient during the last two years of life

Overall, the average spending per chronically ill Medicare patient in the last two years of life increased 15.2 percent from $60,694 in 2007 to $69,947 in 2010. In 2010, spending rates per Medicare beneficiary varied from a high of $112,263 in Los Angeles, Calif., to a low of $46,563 in Minot, N.D.

From 2007 to 2010, Bloomington, Ill., was the only region in the nation showing a decrease in spending, as spending per Medicare patient decreased from $57,802 in 2007 to $53,674 in 2010.

Deaths occurring in hospitals

From 2007 to 2010, the percentage of chronically ill patients dying in hospitals and the average number of days they spent in the hospital before their deaths declined in most regions of the country and at most hospitals. In 2007, 28.1 percent of patients died in a hospital; by 2010, the rate had dropped to 25 percent. In 2010, the highest rates of death in a hospital remained in regions in and around New York City, including Manhattan (43.7%), the Bronx (37.7%), East Long Island (37.4%), and White Plains (36%), though all these regions showed decreased rates from 2007. Chronically ill patients were far less likely to die in a hospital in Dubuque, Iowa (15.2%), Cincinnati, Ohio (16.8%), and Fort Lauderdale, Fla. (17%).

Patients seeing 10 or more doctors during the last six months of life

Overall, chronically ill patients were significantly more likely to be treated by 10 or more doctors in the last six months of life in 2010 than they were in 2007, as the national rate increased from 36.1 percent to 42 percent. In 2010, patients in East Long Island, N.Y. received the most intensive care by this measure, with 62.3 percent of patients seeing 10 or more doctors in the last six months of life. Other regions with high rates included Ridgewood, N.J. (62.1%) and Royal Oak, Mich. (60.2%). Regions with low rates included Idaho Falls, Idaho (14.5%), Grand Junction, Colo. (17.7%), and Missoula, Mont. (18.2%). Only seven regions decreased in this measure from 2007 to 2010, including Neenah, Wis. (from 25.2 percent in 2007 to 21.4 percent in 2010) and Santa Cruz, Calif. (from 31.8 percent in 2007 to 28.9 percent in 2010).

The Dartmouth Atlas Project is located at the Dartmouth Institute for Health Policy & Clinical Practice and principally funded by the Robert Wood Johnson Foundation, with support from a consortium of funders that includes the WellPoint Foundation, the United Health Foundation, and the California HealthCare Foundation. Full data tables can be found at www.dartmouthatlas.org.

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About the Dartmouth Atlas Project
For more than 20 years, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. This research has helped policymakers, the media, health care analysts and others improve their understanding of our health care system and forms the foundation for many of the ongoing efforts to improve health and health systems across America.