Trends in Medicare Payments for Beneficiaries in the Last Year of Life, 1978-2006

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Examining End of Life Care

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Impressions

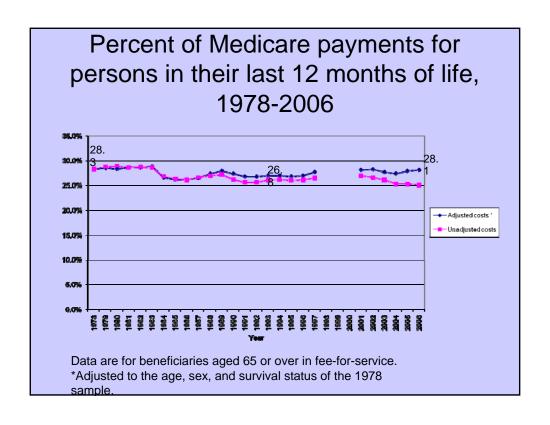
- Costs for terminally ill are driving increase in US health care costs
- There is a lot of expensive, unecessary, care for terminally ill elderly, i.e,. "heroic measures"
- Inaccurate statements common: *Fill in blanks:*_____ % of all health care costs are for persons in their last _____ (months, years) of life
- Has the share of Medicare payment for persons in their last year changed from 1978 to 2006?

Medicare

- 38 million enrollees 65 and over
- 5% die each year
- 20% of health care spending in US (aged & disabled, 2008)
- 49 % of total spending for 65+

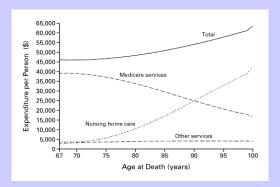
Data & Methods

- Continuous Medicare History Sample—5% longitudinal sample begun in 1974
- Used data from 1978 to 2007
- Allocated Medicare costs between decedents and survivors
 - Decedent costs=all costs for enrollees dying in a given year + costs occurred within 12 months before death that year for decedents in next year
 - Survivor costs=all other costs in a given year
- HMO enrollees excluded
- No Rx drug or nursing home data (SNF is included)



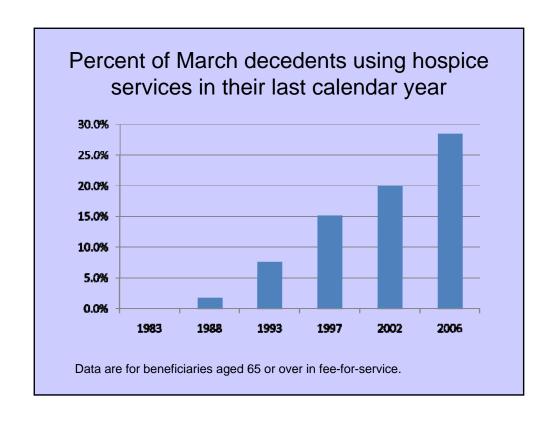
				er person and surviv	_		
	1978				2006		
	Decedents	Survivors	Ratio	Decedents	Survivors Ra	atio	
Person-years	62,669	1,144,983		71,283	1,385,889		
Average age	77.9	73.0		81.1	74.6		
Total	\$13,401	\$1,858	7.2	\$38,975	\$5,993	6.5	
65-69	\$15,775	\$1,500	10.5	\$46,352	\$4,214	11.0	
70-74	\$15,346	\$1,796	8.5	\$46,644	\$5,672	8.2	
75-79	\$14,479	\$2,151	6.7	\$44,680	\$6,887	6.5	
	nflatioĥ l²adj us			\$39,817	\$7,737	5.1	
Data are for	beneficiaries	aged,65,0	or oyer in	n fee-for-service	\$8,352	4.1	

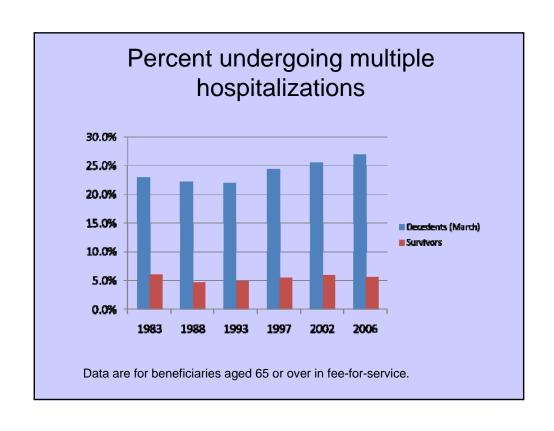
Health Care Expenditures in the Last Two Years of Life, According to the Type of Health Service and the Age at Death

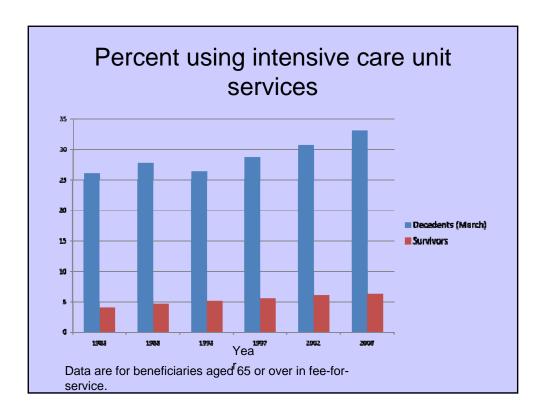


Percent distribution of Medicare payments among types of service

	1978		2006		
	Decedents	Survivors	Decedents	Survivors	
Payments per person-year	\$13,401	\$1,858	\$38,975	\$5,993	
Type of service					
otal	100.0%	100.0%	100.0%	100.0%	
Inpatient hospital	76.3%	64.7%	50.2%	37.7%	
Physician/other medical	17.3%	27.9%	18.8%	35.3%	
Outpatient	2.6%	4.3%	6.8%	13.0%	
Hospice	0.0%	0.0%	9.7%	1.0%	
Dollar suare familiation-ac	divisted tå.9%nos	1.2%	10.4%	7.4%	
Data are for beneficial service.		•	4.1%	5.6%	







Conclusions

- Share of Medicare payments going to last year of life has not changed substantially
- Factors driving medical care costs affect care for decedents and survivors similarly
- Hospice has not had a large impact on the share of expenditures going to end of life care
- Increases in both intensive and non-intensive services at end of life
- Limitation—most long term care costs not in our data

Interpretation

- In context of other findings:
 - Increase in use of diagnostic imaging for cancer patients. (Dinan et al. JAMA, 2010)
 - Increase in incidence of treated chronic conditions. (Thorpe et al. Hlth. Affrs. 2010)
 - Per capita spending increased more for nondisabled than for disabled elderly. (Chernow et al. Hlth. Affrs. 2005)

Extra slide follows

