One in four Medicare dollars goes to care for individuals in the last year of their life. The Dartmouth Atlas Project has just released a new study looking at end-of-life medical care. The study found that there are lessons to be learned by looking at geographical differences.

In 2003, 32.2 percent of patients died in a hospital but by 2007, the rate had dropped to 28.1 percent. The rates vary greatly by geography: In 2007, the highest rates of death in a hospital were in regions in and around New York City, including Manhattan (45.8%), East Long Island (41.9%) and the Bronx (39.9%). Chronically-ill patients were far less likely to die in a hospital in Minot, N.D. (12.0%), Fort Lauderdale, Fla. (19.0%) and Portland, Ore. (19.6%).

David C. Goodman, M.D., M.S., lead author and co-principal investigator for the Dartmouth Atlas Project, and director of the Center for Health Policy Research at the Dartmouth Institute for Health Policy and Clinical Practice said, “It may be possible to reduce spending, while also improving the quality of care, by ensuring that patient preferences are more closely followed.”

The factor of geography -- where the patients lived and where they received care -- was important in determining patients' treatment. From 2003 to 2007, 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 academic medical centers. But in some areas there was no decline in such costly care and in other areas the rate of decline was considerably less than in other areas.

During the study period, 2003 to 2007, the number of days of hospital care in the six months of life dropped from 11.3 to 10.9 per patient. But during that same time period, the number of patients seeing 10 or more specialists increased.

"This report has important implications for patients, health care providers and policymakers. Providers can look for insights into potential savings they can achieve through improved care of chronic illness that allows patients to remain safely out of the hospital, and policymakers can identify regions that may have promising approaches,” said Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation, a longtime funder of the Dartmouth Atlas Project.

The Dartmouth Atlas Project is located at the Dartmouth Institute for Health Policy and Clinical Practice. A link to the full report, Trends and Variation in End-of-Life Care for Medicare Beneficiaries with Severe Chronic Illness, and data tables can be found at www.dartmouthatlas.org[2].

Resources:

Utah again tops on end-of-life care measure, April 12, 2011, Salt Lake Tribune[3]

Focus more on patient wishes with end-of-life care, April 12, 2011, ModernHealthCare[4]