

Primary care visits reduce hospital utilization among Medicare beneficiaries at the end of life

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Researchers from Boston University School of Medicine (BUSM) have found that primary care visits reduce hospital utilization among Medicare beneficiaries at the end of life. The recently published study appears in the *Journal of General Internal Medicine*.

According to researchers, medical treatments for the six percent of Medicare beneficiaries who die each year comprise almost 30 percent of Medicare expenditures. In addition, the quality of end-of-life care is often poor. Problems include late referrals to hospice, undertreatment of pain, overtreatment with unwanted or ineffective procedures, poor communications regarding prognosis and treatment preferences, and in-hospital deaths that are inconsistent with stated preferences.

Researchers measured hospital utilization during the final six months of life and the number of primary care physician visits in the 12 preceding months for 78,356 Medicare beneficiaries age 66 +. Hospital days, costs, in-hospital death, and presence of two types of preventable hospital admissions also were studied.

Thirty-eight percent of adults did not have any primary care visits during their final six months of life, 22 percent had one to two primary care visits, 19 percent had three to five visits, 10 percent had six to eight visits and 11 percent had nine or more visits. More primary care visits in the preceding year were associated with fewer hospital days (15.3 days

for those with no primary care visits vs. 13.4 days for those with nine or more visits) lower costs (\$24,400 vs. \$23,400) less in-hospital death (44 percent vs. 40 percent) and fewer preventable hospitalizations for those with congestive heart failure or chronic obstructive pulmonary disease.

"Primary care visits in the preceding year of life are associated with less, and less costly, end of life hospital utilization," said senior author Andrea Kronman, M.D., an attending physician in the Section of General Internal Medicine at Boston Medical Center and instructor of medicine at BUSM.

Researchers further concluded that providing more primary care to Medicare beneficiaries may improve the quality of end-of-life-care while reducing time spent in the hospital and overall costs. In 2001, nine primary care visits cost Medicare \$3,000; nine days in the hospital cost Medicare \$11,000.

"Decreasing just one hospital day for each Medicare beneficiary at the end of life could have saved millions of dollars," added Kronman. "More care at the end of life by a primary care physician could enhance quality and reduce costs, since the provider may have more opportunities to prevent medical complications, discuss patient preferences, and coordinate home palliative care."

Source: Boston University

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