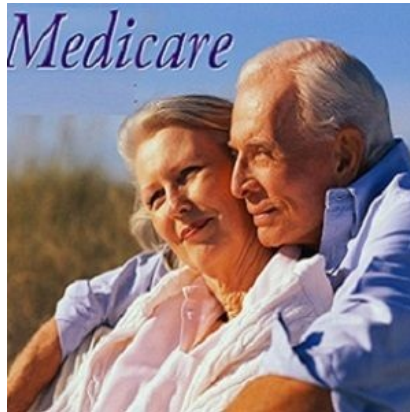




## Medicare: Drop in Mortality, Hospitalisation and Costs



During 1999-2013, all-cause mortality and hospitalisation rates, along with inpatient expenditure per death, decreased for U.S. Medicare beneficiaries age 65 years or older, according to a new study published in *JAMA*.

“Even though it is difficult to disentangle the specific reasons for improvement, it is clear that over the past 15 years there have been marked reductions in mortality, hospitalisation, and adverse hospital outcomes among the Medicare population aged 65 years or older,” Harlan M. Krumholz, MD, SM, of the Yale University School of Medicine, and co-authors write.

The study covered 68,374,904 Medicare beneficiaries (fee-for-service and Medicare Advantage). Researchers examined national trends between 1999 and 2013 in all-cause mortality for all Medicare beneficiaries and trends in all-cause hospitalisation and hospitalisation-associated outcomes and expenditures for fee-for-service beneficiaries.

The analyses included adults 65 years of age or older. Geographic variation, stratified by key demographic groups, and changes in the intensity of care for fee-for-service beneficiaries in the last 1, 3, and 6 months of life were also examined.

Results showed that the annual all-cause mortality rate across the Medicare population declined from 5.3 percent in 1999 to 4.5 percent in 2013. Among hospitalised fee-for-service beneficiaries, in-hospital mortality declined, as did 30-day and 1-year mortality.

These other trends were observed in Medicare fee-for-service beneficiaries:

- Total number of hospitalisations decreased between 1999 and 2013, as did the number of hospitalisations that involved major surgical procedures.
- The median hospital length of stay for beneficiaries who had at least one hospitalisation declined from 5 to 4 days.
- Average inflation-adjusted inpatient expenditures per beneficiary declined from \$3,290 to \$2,801.

There was also a decrease in total hospitalisations and inpatient expenditures for fee-for-service beneficiaries in the last six months of life.

- The number of hospitalisations decreased from 131 to 103 per 100 deaths. -The percentage of beneficiaries with one or more hospitalisations decreased from 70.5 to 57 per 100 deaths.

- Inflation-adjusted inpatient expenditures per death increased from \$15,312 in 1999 to \$17,423 in 2009 and then decreased to \$13,388 in 2013.

The researchers also found that patients were increasingly discharged to rehabilitation and nursing facilities or with home healthcare, while the proportion of patients discharged to home without care decreased steadily.

Source: [JAMA](#)

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