

Decline in medicare patients who die in acute care hospitals

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service decedents, the use of an intensive care unit during the last 30 days of life increased from 24.3 percent in 2000 and stabilized at 29 percent between 2009 and 2015. Health care transitions during the last three days of life increased from 10.3 percent in 2000 to a high of 14.2 percent in 2009 and decreased to 10.8 percent in 2015 among Medicare fee-for-service decedents. Similar patterns were observed among decedents with Medicare Advantage.

"Among Medicare fee-for-service beneficiaries who died in 2015 compared with 2000, there was a lower likelihood of dying in an [acute care hospital](#)," the authors write.

One author disclosed ties to health care companies.

More information: [Abstract/Full Text](#)

(HealthDay)—Medicare fee-for-service beneficiaries were less likely to die in acute care hospitals in 2015 than in 2000, according to a study published online June 25 in the *Journal of the American Medical Association*.

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Joan M. Teno, M.D., from Oregon Health & Science University in Portland, and colleagues conducted a [retrospective cohort study](#) among a 20 percent random sample of 1,361,870 decedents who had Medicare fee-for-service (2000, 2005, 2009, 2011, and 2015) and a 100 percent sample of 871,845 decedents who had Medicare Advantage (2011 and 2015) to describe changes in site of [death](#) and patterns of care.

The researchers found that from 2000 to 2015, the proportion of deaths that occurred in an acute care hospital decreased from 32.6 to 19.8 percent among Medicare fee-for-service decedents and deaths in a home or community setting that included assisted living facilities increased from 30.7 to 40.1 percent. Among Medicare fee-for-

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