

## Medical Expenditures in the Last 6 Months of Life

*Patient characteristics and regional factors account for only a small portion of cost variability.*

Medical expenditures during the last 6 months of life vary substantially, and studies suggest that higher-intensity treatment might not be associated with quality of care or patient satisfaction. In this study, researchers evaluated the effects of patient and regional characteristics on expenditures in the last 6 months of life. More than 2300 Medicare decedents (2000–2006) who were older than 65 were included in the analysis. Regional healthcare data were acquired from the [Dartmouth Atlas of Health Care](#).

The median Medicare expenditure in the last 6 months of life was US\$22,407 (range, \$0–\$390,000). The model explained only 15% of the variance in expenditures: Patient-level factors explained 10%, and regional factors explained 5%. The decedents' educational level, marital status, net worth, and religion were not associated with expenditures. Spending was 40% higher for black or Hispanic patients than for non-Hispanic whites, whereas spending was 10% lower when family members lived nearby and 22% lower for patients with dementia, compared with the cohort as a whole. Regional characteristics, including number of hospital beds, available specialists, or availability of palliative care services had minimal effects on expenditures.

**Comment:** In this study, patient factors had a greater effect on medical end-of-life expenditures than did regional factors, but the model explained only a small portion of the variability. The results suggest that much remains unknown about factors that influence end-of-life medical expenditures.

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