

Primary care physician involvement at end of life associated with less costly, less intensive care

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Regions of the country with greater primary care physician involvement in the last six months of life appear to have lower-intensity, lower-cost end-of-life care. The research by Claire K. Ankuda, MD, MPH, with the Robert Wood Johnson Clinical Scholars Program at the University of Michigan Health System in Ann Arbor, and colleagues is published in the January/February 2017 issue of *Annals of Family Medicine*.

Analyzing 2010 Medicare Part B claims data for 306 U.S. hospital reference regions, capturing 1,107,702 beneficiaries with chronic disease who died, the researchers found chronically ill adults living in regions with greater primary care physician involvement experienced less intensive care unit care in their last six months of life and were less likely to have more than 10 physicians in their care. Additionally, these regions had less costly end-of-life care, despite lower rates of hospice use.

Specifically, they found HRRs with the greater primary care involvement had lower Medicare spending in the last two years of life (\$65,160 vs. \$69,030) and fewer ICU days in the last six months of life (2.9 vs. 4.3) but also less hospice enrollment (45 percent vs. 50 percent of decedents).

The authors offer several possible explanations for the paradoxical finding that greater [primary care](#) physician involvement is associated

with less hospice use.

The authors conclude these findings can help us better understand and optimize the role of [primary care physicians](#) in care at the end of life in order to both improve the care of the dying and reduce unnecessary and costly intensive care.

Provided by American Academy of Family Physicians

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