

THE  
Dartmouth  
INSTITUTE

FOR HEALTH POLICY & CLINICAL PRACTICE

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

# Our Parents, Ourselves: Health Care for an Aging Population

MAY 2016

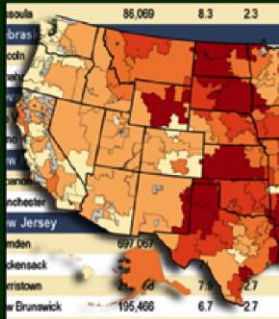
Princeton

# Variations in Practice and Spending

## *The Dartmouth Atlas*

### The Quality of Medical Care in the United States:

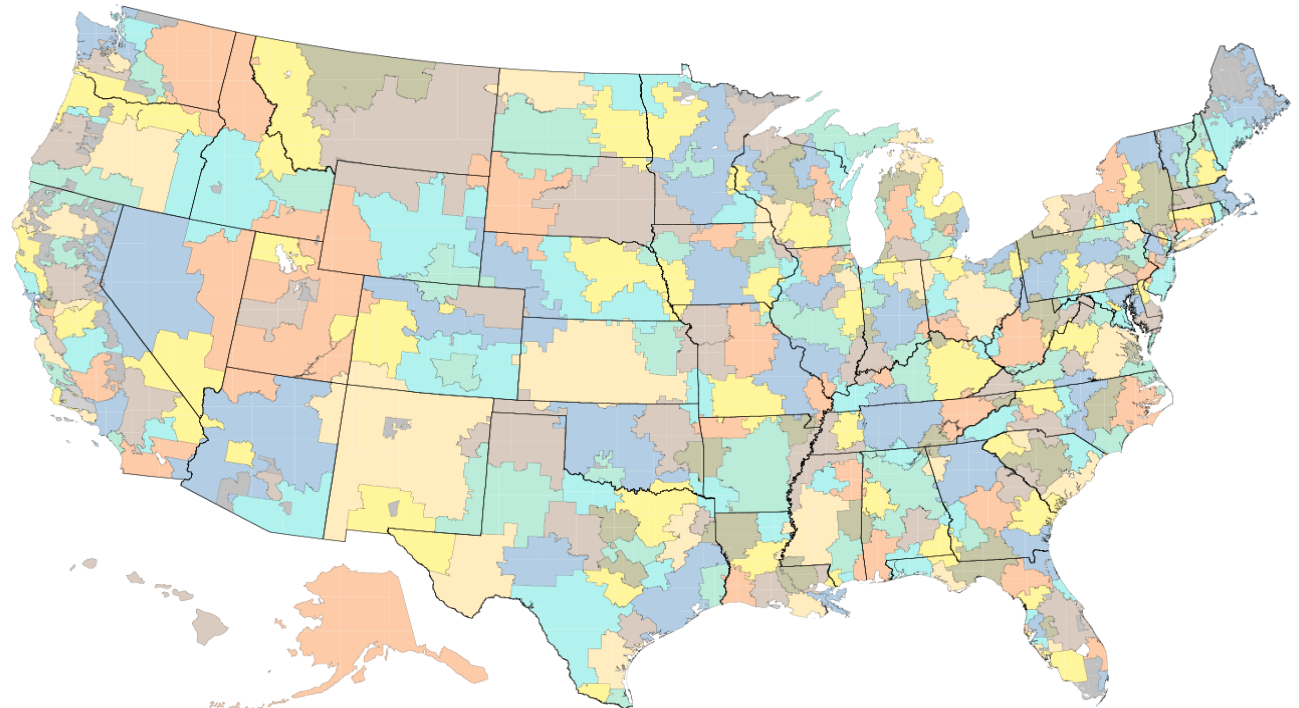
A Report on



The Center for  
Dartmouth

The Dartmouth

### U.S. Hospital Referral Regions

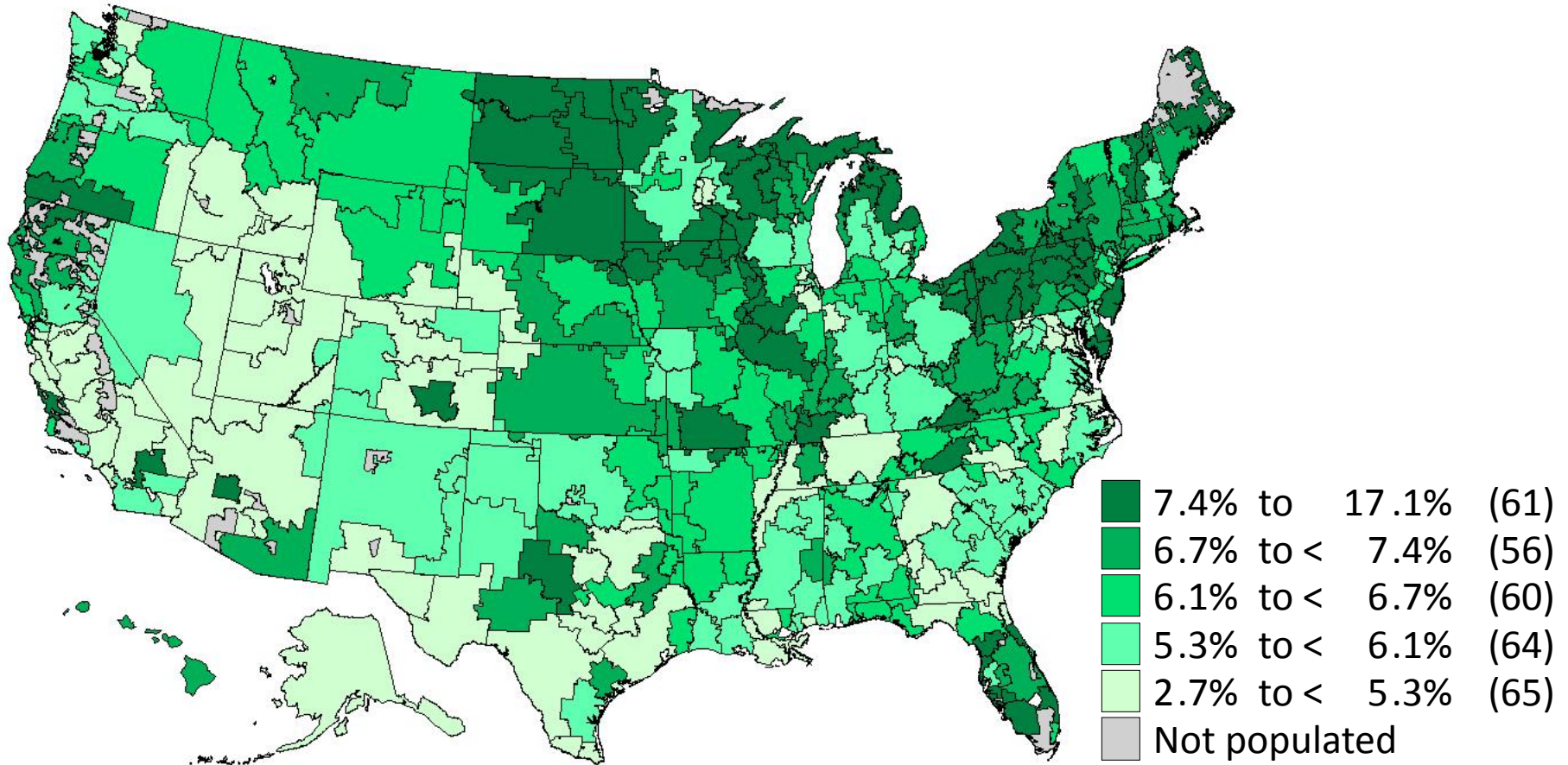


# Motivation for Current JAHF-Funded Report

- Health Care for Aging Population requires attention to the populations special characteristics and needs
- Report Covers:
  - Population characteristics
  - Areas where benefits/risks & preferences important
  - Indicators for how interact with health system
  - Areas showing improvement
  - Focus on dementia and multiple chronic conditions

# Percent of U.S. population age 75 years and older, by HRR (2012)

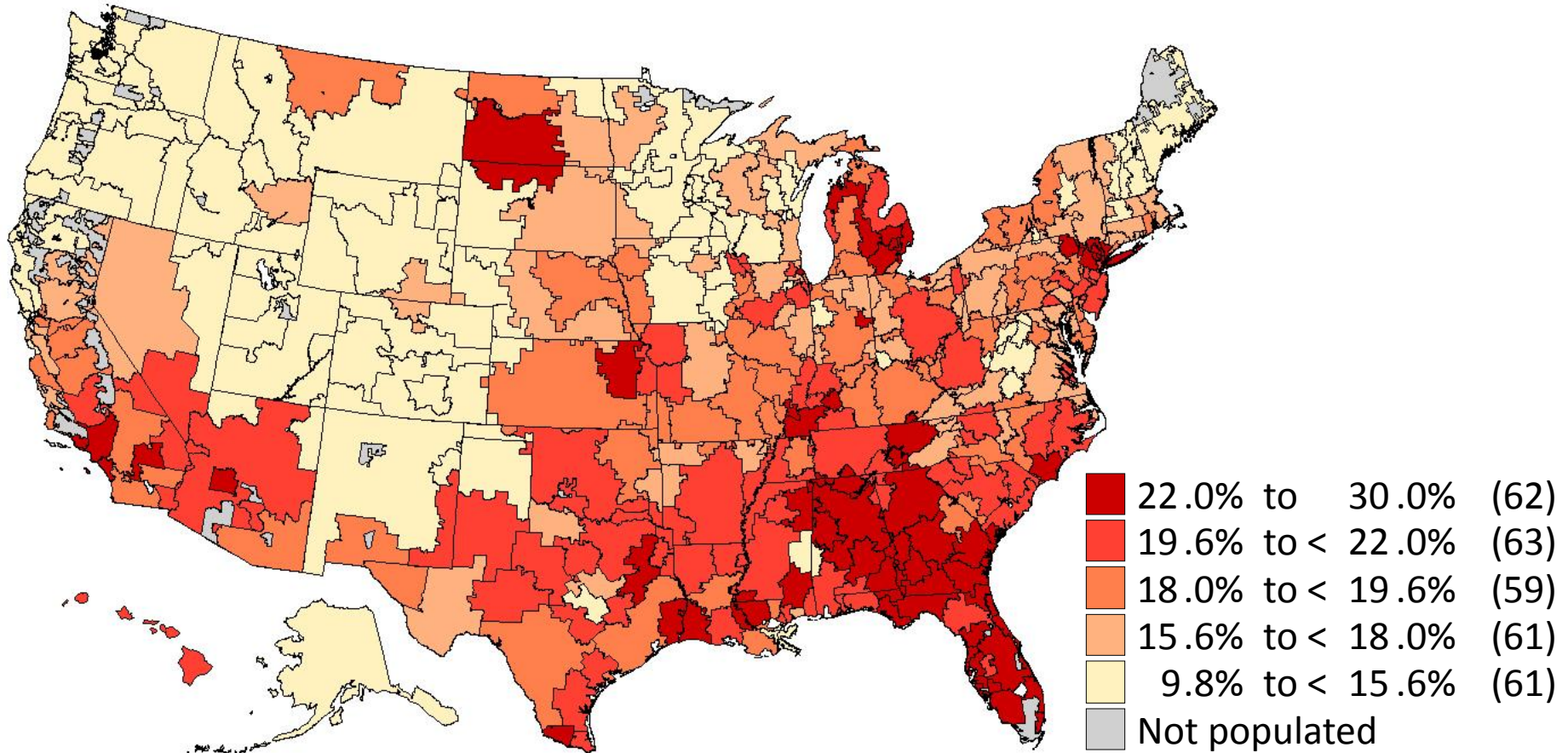
## Population Characteristics





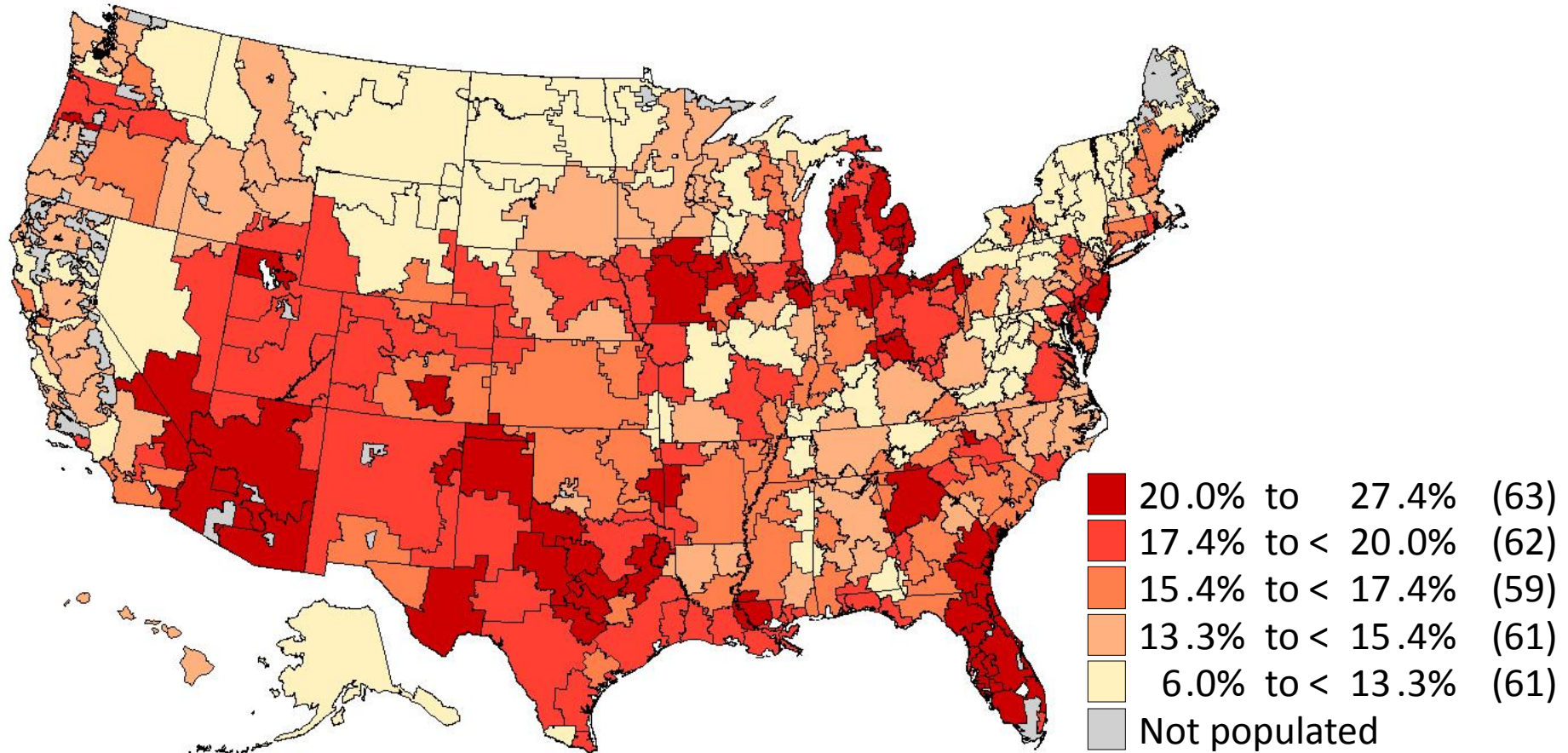
# Percent of male Medicare beneficiaries age 75+ receiving a screening PSA test, by HRR (2012)

Benefit/Harm with Age: Guidelines recommend against screening men over 75



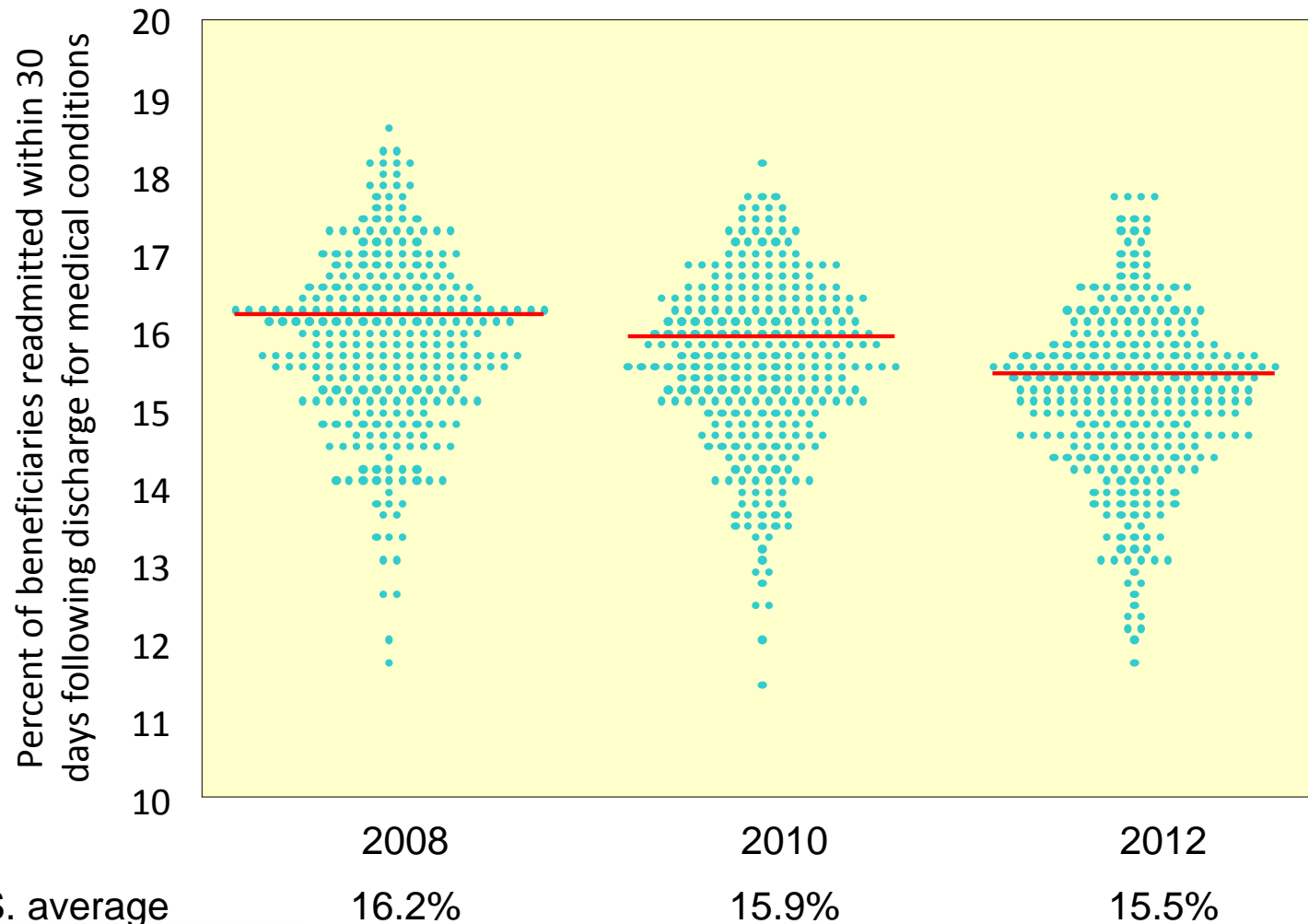
# Percent of Medicare decedents enrolled in hospice care during the last three days of life, by HRR (2012)

Preferences matter: Late identification and referral limits potential benefits of Hospice



# Percent of Medicare beneficiaries readmitted within 30 days following medical discharge, by HRR

Areas of Improvement: Readmission declining lower but still room to improve



U.S. average

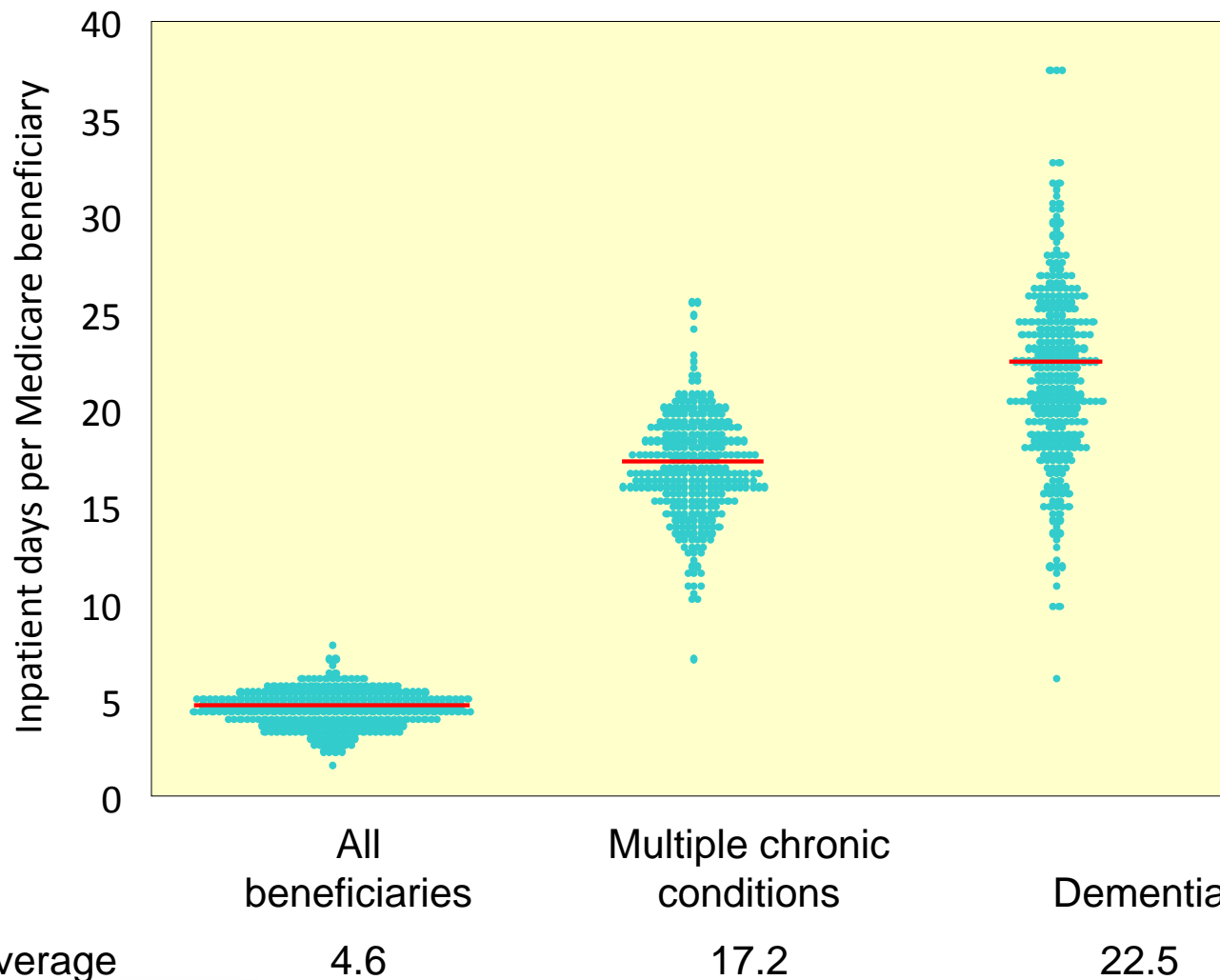
16.2%

15.9%

15.5%

# Number of days spent in inpatient settings among three patient cohorts, by HRR (2012)

## Special Populations: Multiple Chronic Conditions or Dementia





# Number and source of contact days for Medicare beneficiaries in Lebanon, NH, and East Long Island, NY (2012)

How many days of the year does the **average** FFS Medicare beneficiary Leave the home to receive health care?

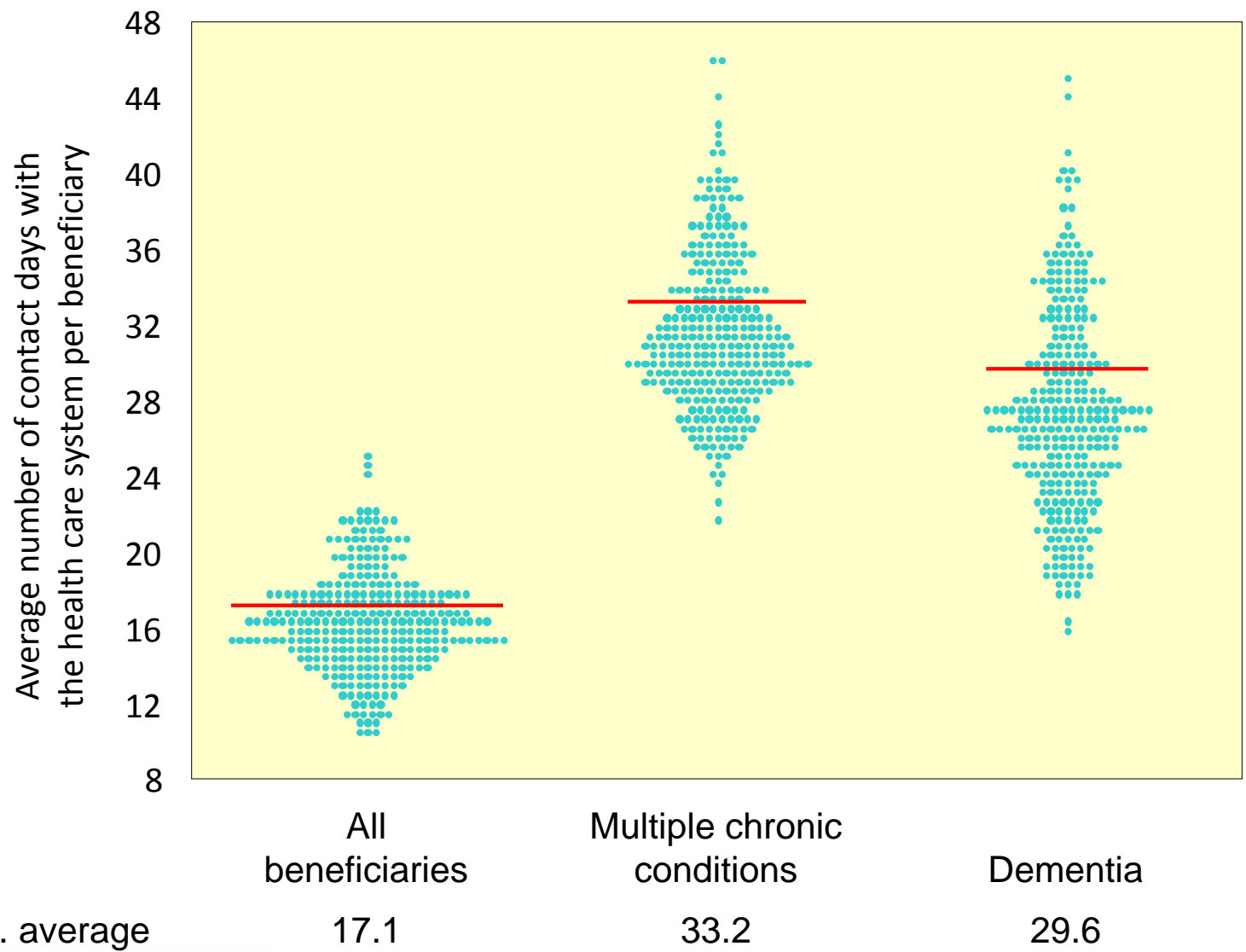
(doctors visits, procedures, labs and imaging, inpatient days)

|                   |         |                        |
|-------------------|---------|------------------------|
| National Average: | 17 days | 3 ½ business day weeks |
| Minimum:          | 10 days | 2 business day weeks   |
| Maximum:          | 25 days | 5 business day weeks   |

## People with Two or More Chronic Conditions

|                   |         |                        |
|-------------------|---------|------------------------|
| National Average: | 33 days | 6 ½ business day weeks |
| Minimum:          | 22 days | 4 ½ business day weeks |
| Maximum:          | 46 days | 9 business day weeks   |

# Number of contact days with the health care system among three patient cohorts, by HRR (2012)

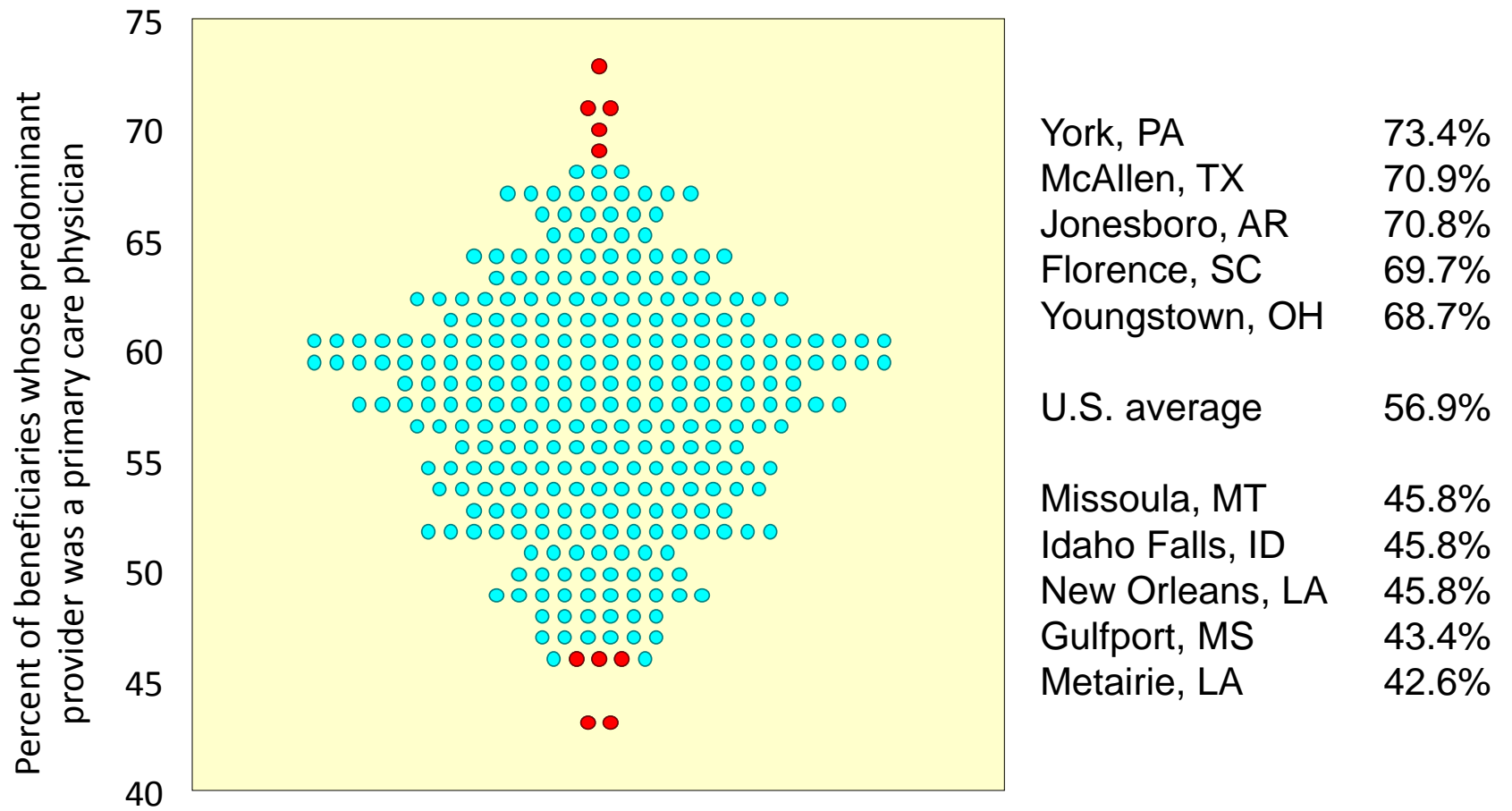


U.S. average



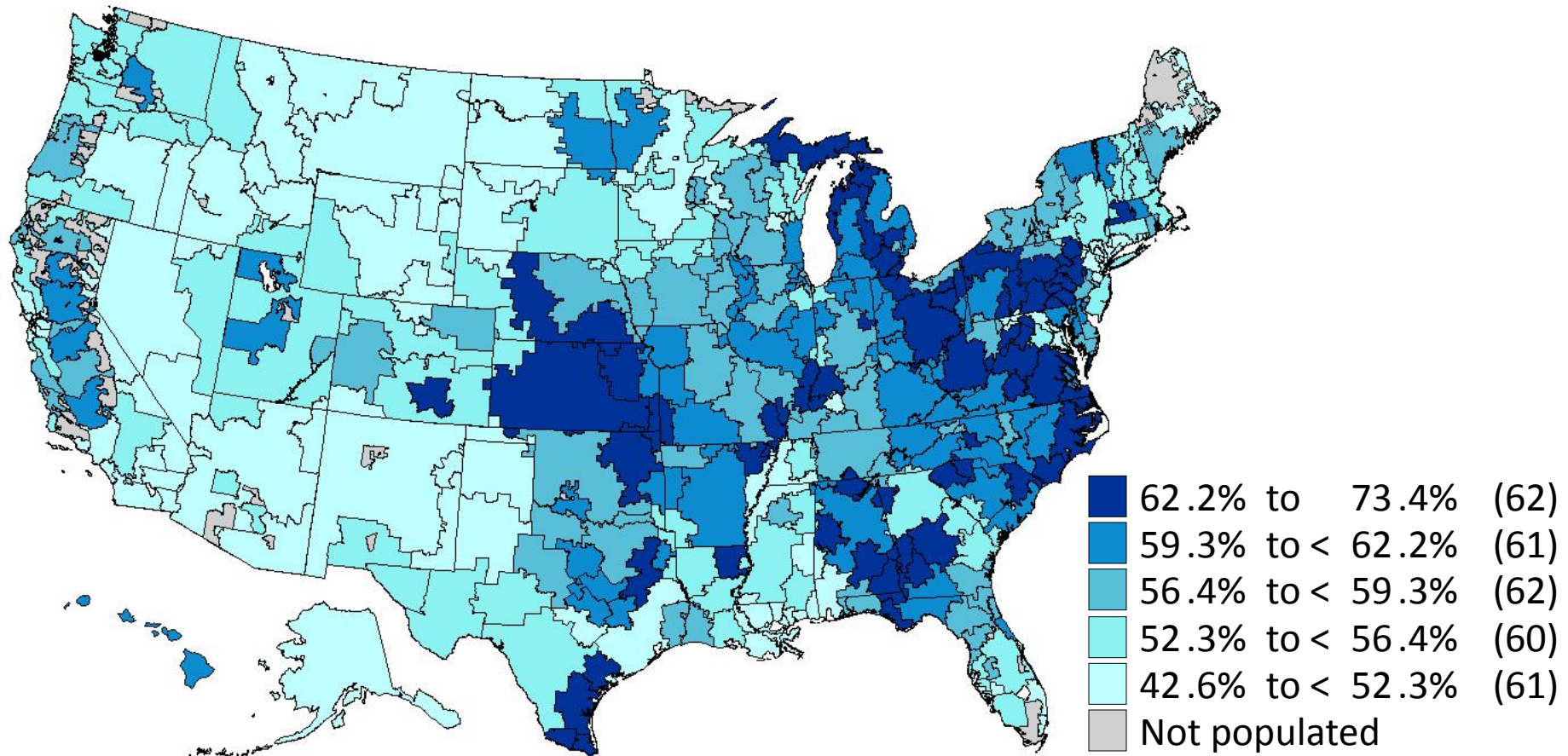
# Percent of beneficiaries who had a primary care physician as their predominant provider of care, by HRR (2012)

Interacting with Health System: Specialty of the Doctor seen most as outpatient



# Percent of beneficiaries who had a primary care physician as their predominant provider of care, by HRR (2012)

Interacting with Health System: Specialty of the Doctor seen most as outpatient







# THE DARTMOUTH ATLAS OF HEALTH CARE

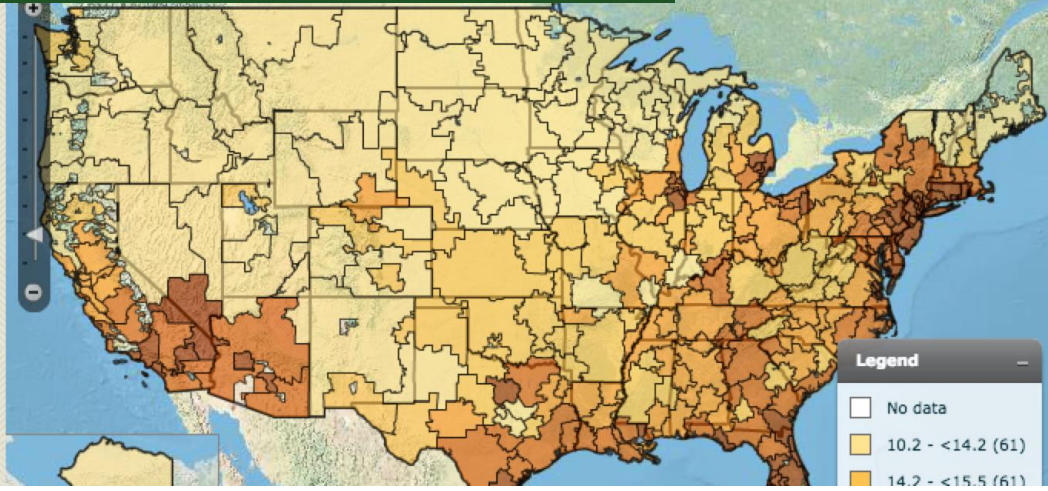
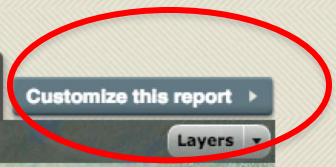


- DATA BY REGION
- DATA BY HOSPITAL
- DATA BY TOPIC
- TOOLS
- KEY ISSUES
- PUBLICATIONS
- PRESS ROOM

## Understanding of the Efficiency and Effectiveness of the Health Care System

For more than 20 years, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed across the country. We use data to provide information and analysis to help patients, their affiliated physicians. This research has helped us to improve their understanding of our health care system and to improve health and health systems across the country.

Report & Interactive Data  
www.dartmouthatlas.org  
Questions about data  
atlas@dartmouth.edu  
My email:  
julie.bynum@dartmouth.edu



### SPOTLIGHT

#### OUR PARENTS, OURSELVES: HEALTH CARE FOR AN AGING POPULATION

This report, supported by [The John A. Hartford Foundation](#), explores the care experienced by older adults in the U.S., including the number and types of care providers they see, along with the frequency with which they have contact with the health care system. It identifies areas where improvements are most needed and recognizes areas in which improvements are already under way. Finally, it notes the distinctive challenges and opportunities presented by people with multiple chronic conditions and dementia. Read the [report](#), [policy-oriented](#) or [consumer-oriented](#) press release, [download data tables](#), or [purchase a copy](#).

[READ MORE](#)

#### MAKING SENSE OF PRICE AND QUANTITY VARIATIONS IN U.S. HEALTH CARE

A casual reader of *The New York Times* article by Kevin Quealy and Margot Sanger-Katz, "The Experts Were Wrong about the Best Places for Better and Cheaper Health Care," would be forgiven if they missed this critical point. By focusing only on total