

## **South Carolina Study Examines Medicare Utilization and Expenditures in Last Six Months of Life**

Scientists from the [Rural and Minority Health Research Center](#) at the University of South Carolina's Arnold School of Public Health have recently completed a Medicare usage study. The researchers examined the differences in Medicare utilization and expenditures in the last six months of life among patients with and without Alzheimer's disease and related disorders.

The study was led by Health Services Policy and Management Assistant Professor [Elizabeth Crouch](#) and conducted with collaborators from her department, the Epidemiology and Biostatistics department, and the Family and Preventive Medicine department in the University of South Carolina's School of Medicine. Their findings were published in the [Journal of Palliative Medicine](#).

Previous research has not focused on the differences at the end of life among Medicare beneficiaries (either with or without a diagnosis of Alzheimer's disease and related disorders). This study aimed to fill this gap by looking at the differences in the utilization of inpatient services and Medicare expenditures—both overall and by category—in the last six months of life for patients with Alzheimer's and related disorders versus patients without this diagnosis.

Dr. Crouch and her team used data from the 2013 Medicare Research Files to examine the association of Alzheimer's disease and related disorders with end-of-life service utilization and expenditures. The researchers found that patients with Alzheimer's and related disorders were overall less expensive (11% less) than their peers who did not have these diagnoses due to the reduced use of high-cost services. In addition, urban patients were more likely than rural patients to use hospice and other services among both groups.

The authors suggest that future research examine the informal caregiving costs of caring. These costs are a significant part of care for patients with Alzheimer's and related disorders, as the residential setting of the beneficiary highly influences costs.

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