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Care for dying: Too high a price?

A study suggests area hospitals may be giving more costly care without aiding survival. Penn, Jefferson show 2 different styles.

By Josh Goldstein
Inquirer Staff Writer

Philadelphia's two leading academic medical centers, the Hospital of the University of Pennsylvania and Thomas Jefferson University Hospital, have dramatically different styles of caring for chronically ill, dying patients, a recent study shows.

Jefferson patients got far more care. They averaged more time in the hospital, saw many more doctors, and spent nearly three times as much time in intensive care or similar settings in their last two years of life, according to the Dartmouth Atlas of Health Care 2006.

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The differences may indicate that terminal patients are being overtreated at Jefferson, a conclusion the hospital's chief medical officer disputes.

The study also highlights a larger problem that Philadelphia-area hospitals in general - including Penn - may provide more care than is necessary, driving up costs without improving survival, according to the Dartmouth researchers.

In the last two years of life, Medicare spent an average of \$38,872 on chronically ill patients in the Philadelphia region. That compares with a national average of \$29,199. This area was the 20th-most expensive of the nation's 307 hospital referral regions, the study found.

More care does not necessarily produce better quality; in fact, it can harm patients, said Dartmouth Medical School professor Elliott S. Fisher, a leader of the Atlas project. "If you spend twice as much time in a hospital, you are twice as likely to experience a medical error or complication of a procedure," he said. "I think most Americans, if given the choice between good care and better care that costs less, would say: 'Sign me up. I would like better care for less.'"

Jefferson's acting chief medical officer, Rachel Sorokin, contended that the Dartmouth researchers, by starting with the death of chronically ill patients and looking back at their care, could not determine if the hospital's style benefited patients by keeping them alive longer.

"We see our ICUs as providing excellent services to patients needing aggressive support to get them out of the hospital and back to their lives," Sorokin said.

At Penn, there has been a major effort in the last several years to eliminate waste and reduce inefficient care, in part because of financial problems in the late 1990s.

"We have got to use the beds for the right patients and not for longer than it is needed," said P.J. Brennan, the Penn system's chief medical officer. "We have triage practices in place to try to move patients efficiently through the system."

The study is the latest version of the Dartmouth Atlas, which for more than 10 years has chronicled large variations in how physicians and hospitals around the country treat similar patients.

The Dartmouth researchers argue that the differences in the amount of care that patients receive depend more on the supply of health-care providers - particularly how many specialists and hospital beds are available - than on a patient's needs or medical evidence.

The Dartmouth researchers estimate that the Medicare program could save \$40 billion a year - nearly a third of its spending on the chronically ill - if the nation's hospitals all delivered care with the high quality and low intensity of those in Salt Lake City, where the Intermountain Healthcare system is widely considered a model.

"Having this kind of waste in the system can't go on," said Margaret E. O'Kane, president of the National Committee for Quality Assurance, which accredits health plans. "There is really an ethical responsibility on the part of the Medicare program, and other payers as well, to address these disparities."

This area is characterized by high spending and heavy use.

"Philadelphia is among the highest-intensity regions in the country in terms of the amount of resources it deploys in the care of chronically ill patients," Dartmouth's Fisher said.

Andrew Wigglesworth, president of the Delaware Valley Healthcare Council, which represents local hospitals, said various factors accounted for the high costs.

Those include a concentration of medical schools and teaching hospitals, the large number of patients with multiple chronic conditions, and the practice of defensive medicine to ward off lawsuits.

"It is entirely possible that areas with lower utilization aren't providing optimal care," Wigglesworth said. "If I were a patient fighting for my life, I would rather be in a place like Philadelphia that has the resources to devote to my care."

In Utah, surgeon Brent James of Intermountain Healthcare, a 22-hospital network, helped establish more than 100 care regimens to improve patient care while reducing costs.

While it would be impossible to create a single standard that fits every patient's needs, he said, Intermountain's standards allow doctors to spend their time adapting the best medical evidence to each case.

Some argue that patients in Philadelphia and other large urban areas are too different from those in other regions and institutions touted by the Dartmouth Atlas for high-quality low-cost care, such as Portland, Ore., and the Mayo Clinic's St. Mary's Hospital in Rochester, Minn.

Demographics and socioeconomic factors make this region more similar to New York City, Los Angeles, Chicago and Miami than to Salt Lake City, Wigglesworth said.

But that does not explain the differences between local hospitals, such as Penn's HUP and Jefferson.

The Atlas project examined care of Medicare fee-for-service beneficiaries with 12 life-threatening conditions - including cancer, heart failure, and diabetes with organ damage - who died between 2000 and 2003.

At Jefferson, those patients spent nearly three times as many days in intensive-care units or similar settings as those at Penn - 17.6 days compared with 6.0 days - during the last two years of life.

The Jefferson patients averaged 104 doctor visits in that time, including 58 with specialists. Penn's patients had 73 doctor visits with 37 to specialists.

Penn's patients also spent three fewer days in the hospital, 33.5 in their last two years compared with 36.8 days for those treated at Jefferson, the study found.

Despite the greater amount of care provided by Jefferson, more of its patients got hospice care at the end of life - a sign of appropriate end-of-life care - according to the Dartmouth researchers. More than 31 percent of Jefferson got hospice care compared with 28 percent of Penn's, the study shows.

Contact staff writer Josh Goldstein at 215-854-4733 or jgoldstein@phillynews.com.