

Fall Related Hospitalizations Among Elderly Medicare Beneficiaries

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DATA

MEDPAR inpatient hospital discharge data are examined for Medicare fee-for-service beneficiaries age 65 or over discharged during CY 2004 with any diagnosis of ICD-9-CM codes E880 – E888 (accidental falls) (N=82,341). These hospitalizations are examined by condition, age, race, sex, admission source and discharge destination. Also, length of stay, use of therapy services and total Medicare covered charges are examined.

DRGs with the Greatest Number of Hospitalizations for Falls

DRG 210 Hip & Femur Procedures, except Major Joint, with CC.
16.5% (N=13,603).

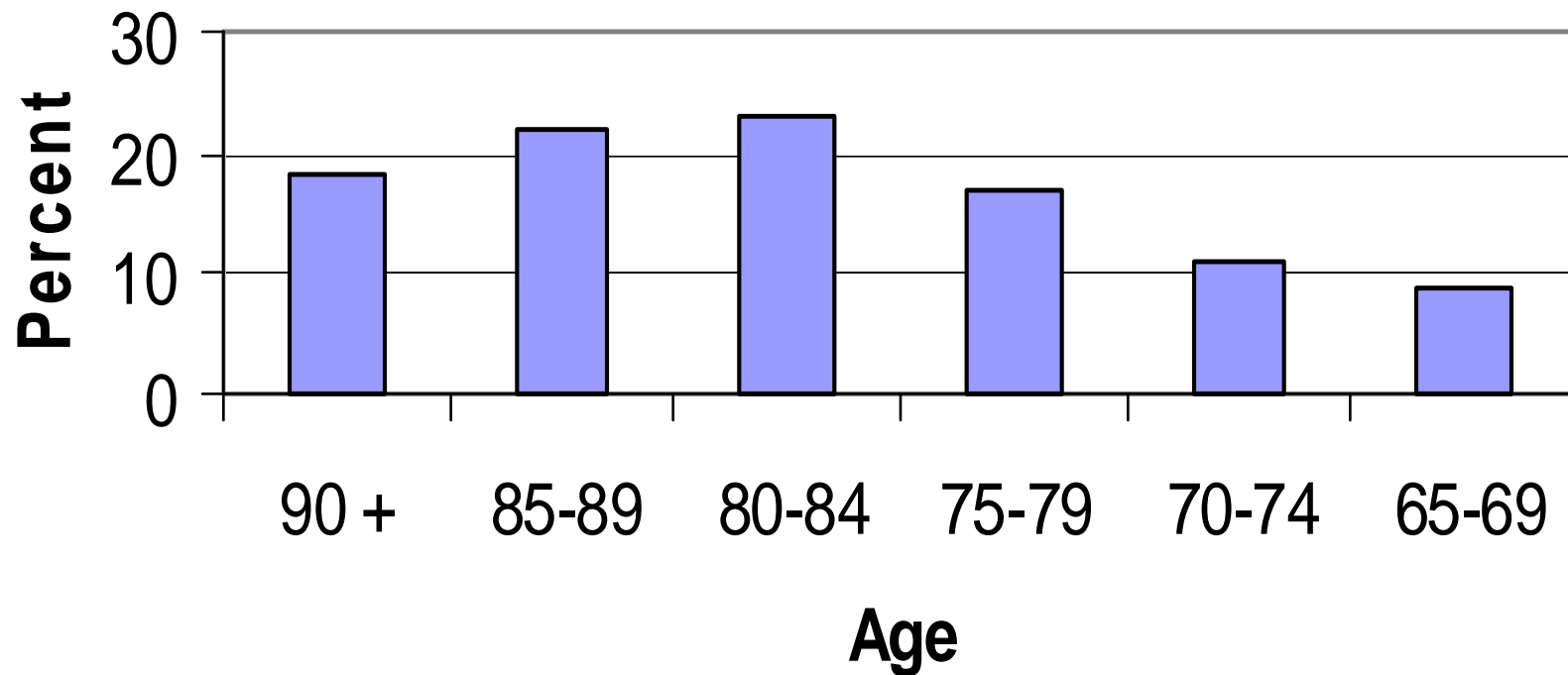
DRG 209 Major Joint & Hip Reattachment Procedures, 11.9%
(N=9,834).

DRG 236 Fracture of Hip and Pelvis, 6.5% (N=5,375).

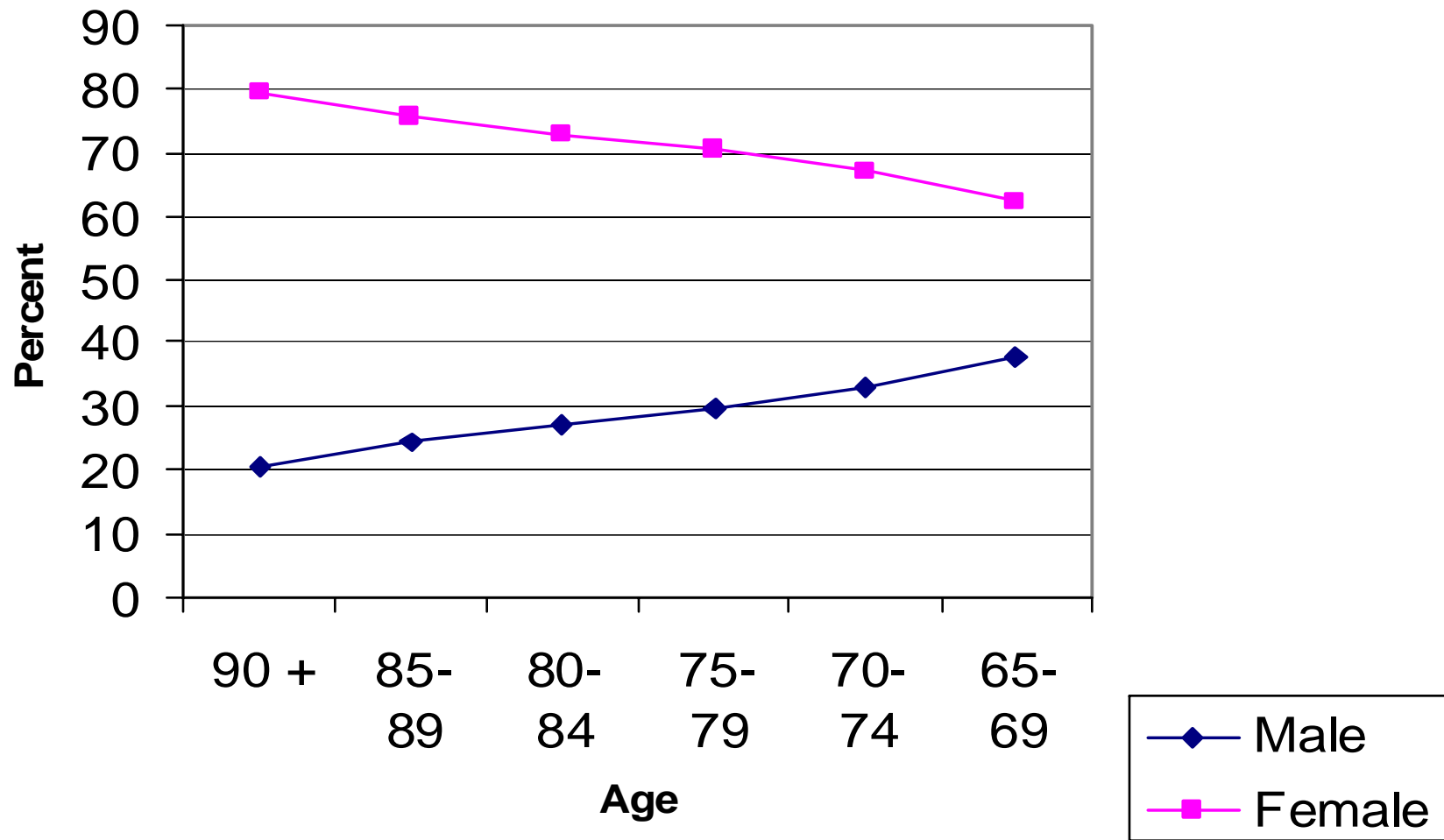
DRG 243 Medical Back Problems, 4.4% (N=3,585).

DRG 210 Hip & Femur Procedures, except Major Joint, without CC.
4.1% (N=3,358).

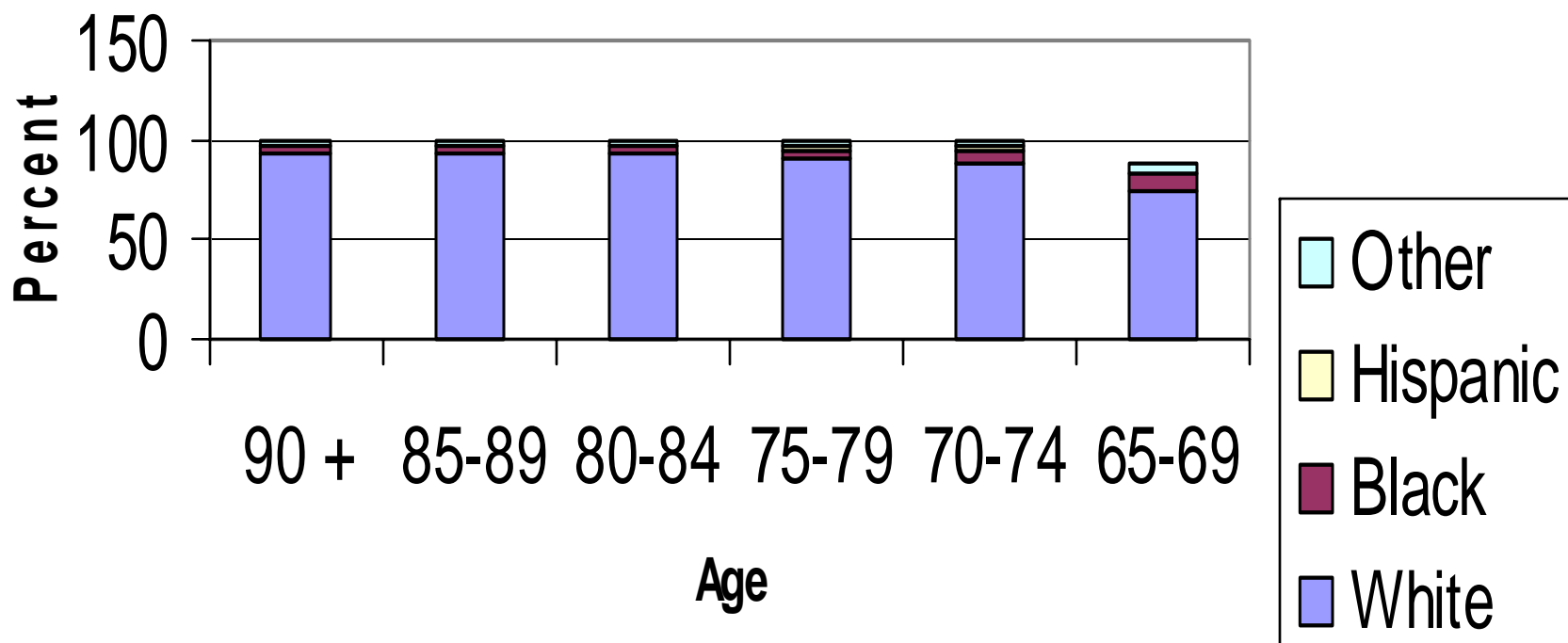
Age Distribution of Medicare Beneficiaries with Fall Related Hospitalizations



Sex of Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



Race of Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



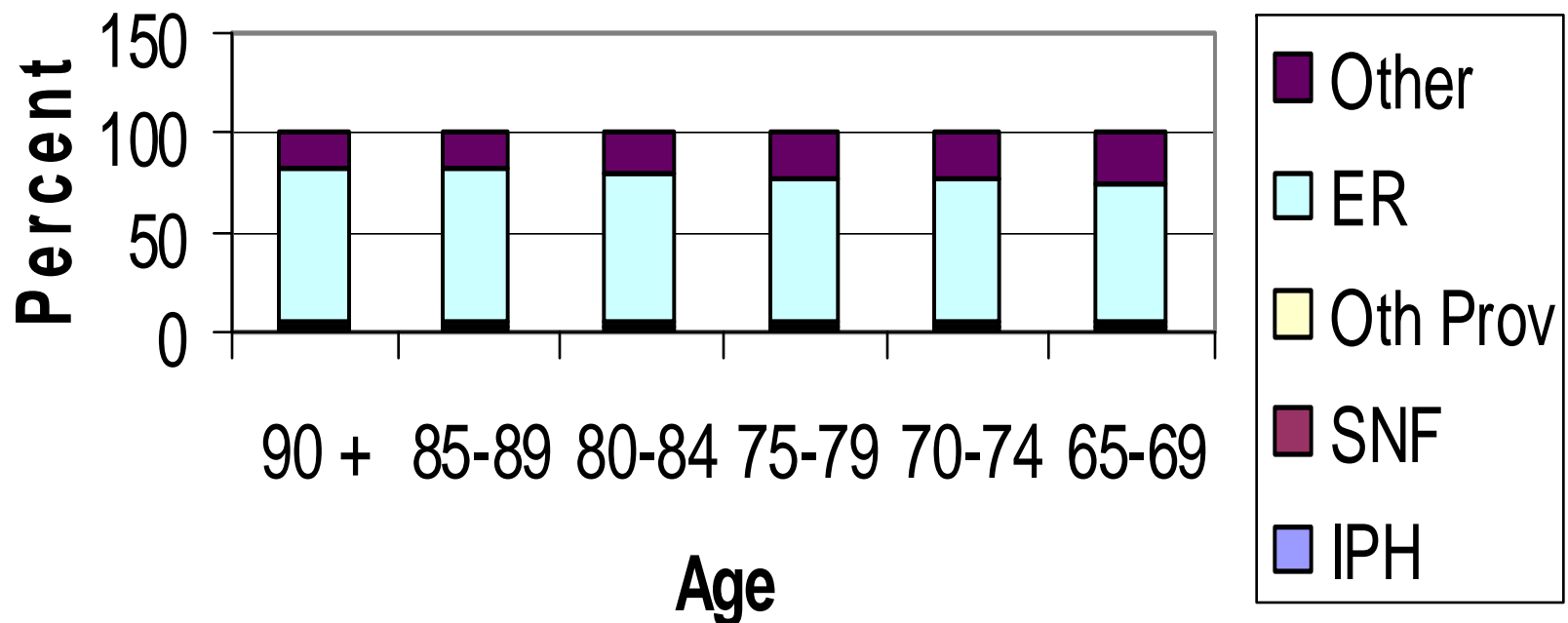
Mean Resource Use for Medicare Stroke NOS Discharges by Age Group

| Age Group | Length Of Stay | ICU Days | Physical Therapy Charges | Occup. Therapy Charges | Speech Therapy Charges | Inhalation Therapy Charges |
|--------------|----------------------|-------------|--------------------------------|------------------------------|------------------------------|----------------------------------|
| 90 and Older | 5.09 | 0.49 | \$ 458 | \$ 99 | \$ 32 | \$ 347 |
| 85 - 89 | 5.19 | 0.57 | 458 | 111 | 32 | 398 |
| 80 – 84 | 5.09 | 0.57 | 472 | 112 | 30 | 412 |
| 75 - 79 | 5.02 | 0.58 | 446 | 103 | 26 | 466 |
| 70 - 74 | 4.85 | 0.61 | 427 | 98 | 23 | 504 |
| 65 – 69 | 4.89 | 0.58 | 403 | 98 | 25 | 478 |
| Total | 5.06 | 0.56 | 457 | 105 | 29 | 422 |

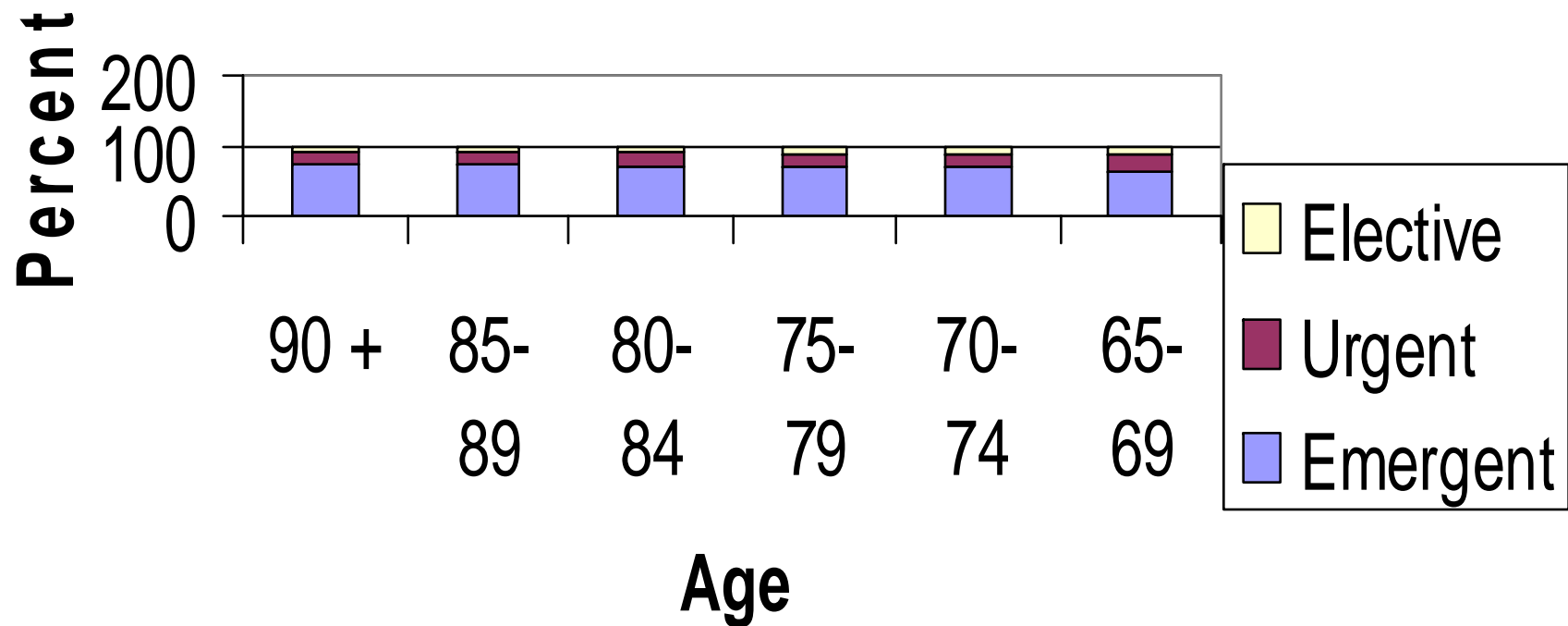
Mean Charges for Medicare Stroke NOS Patients by Age Group

| <u>Age Group</u> | <u>Total Covered Charges</u> | <u>ER Charges</u> | <u>OR Charges</u> | <u>ICU Charges</u> |
|------------------|------------------------------|-------------------|-------------------|--------------------|
| 90 and Older | \$ 20,802 | \$ 700 | \$ 2,383 | \$ 1,108 |
| 85 - 89 | 21,983 | 687 | 2,545 | 1,360 |
| 80 - 84 | 22,338 | 693 | 2,673 | 1,341 |
| 75 - 79 | 22,483 | 687 | 2,759 | 1,324 |
| 70 - 74 | 22,354 | 674 | 2,866 | 1,355 |
| 65 - 69 | 23,018 | 678 | 2,932 | 1,326 |
| Total | 22,065 | 689 | 2,650 | 1,300 |

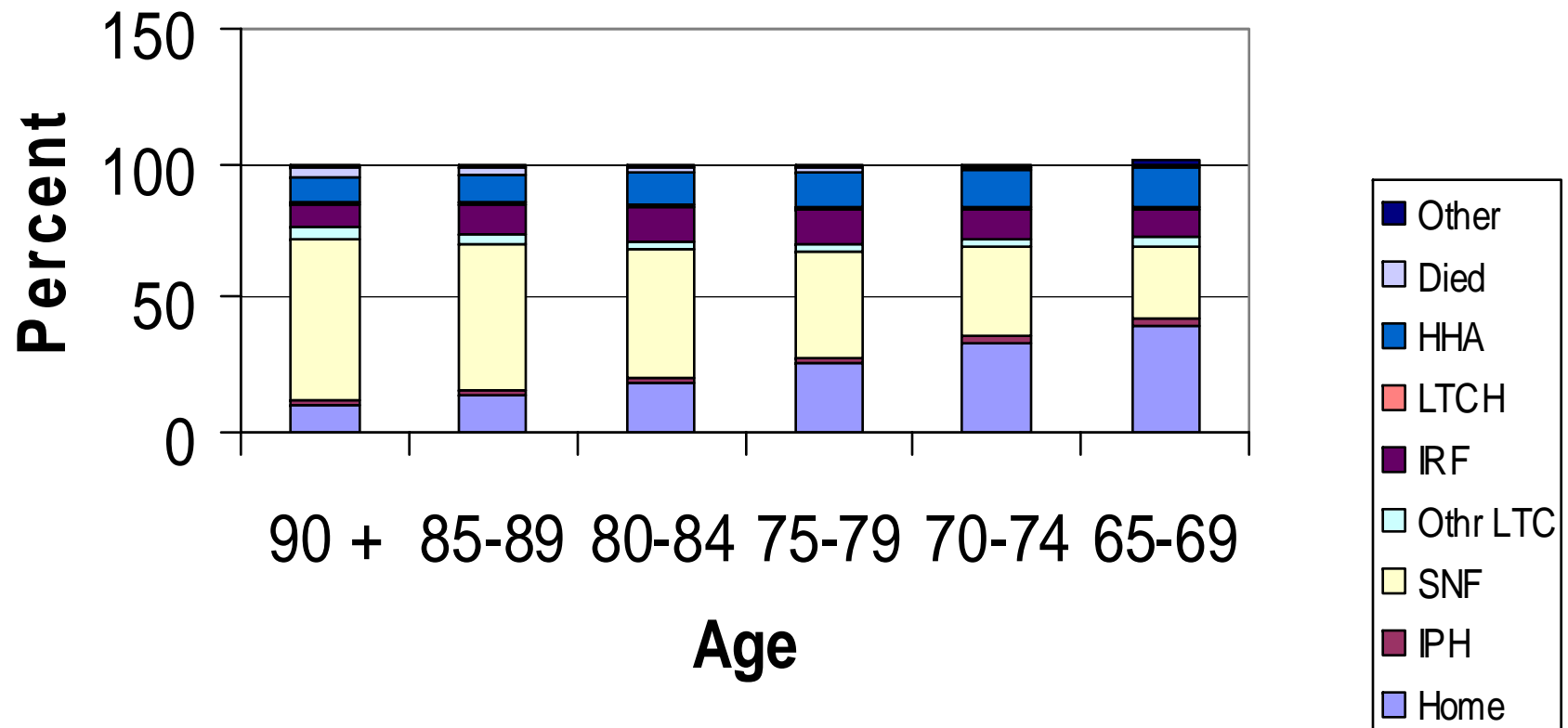
Admission Source for Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



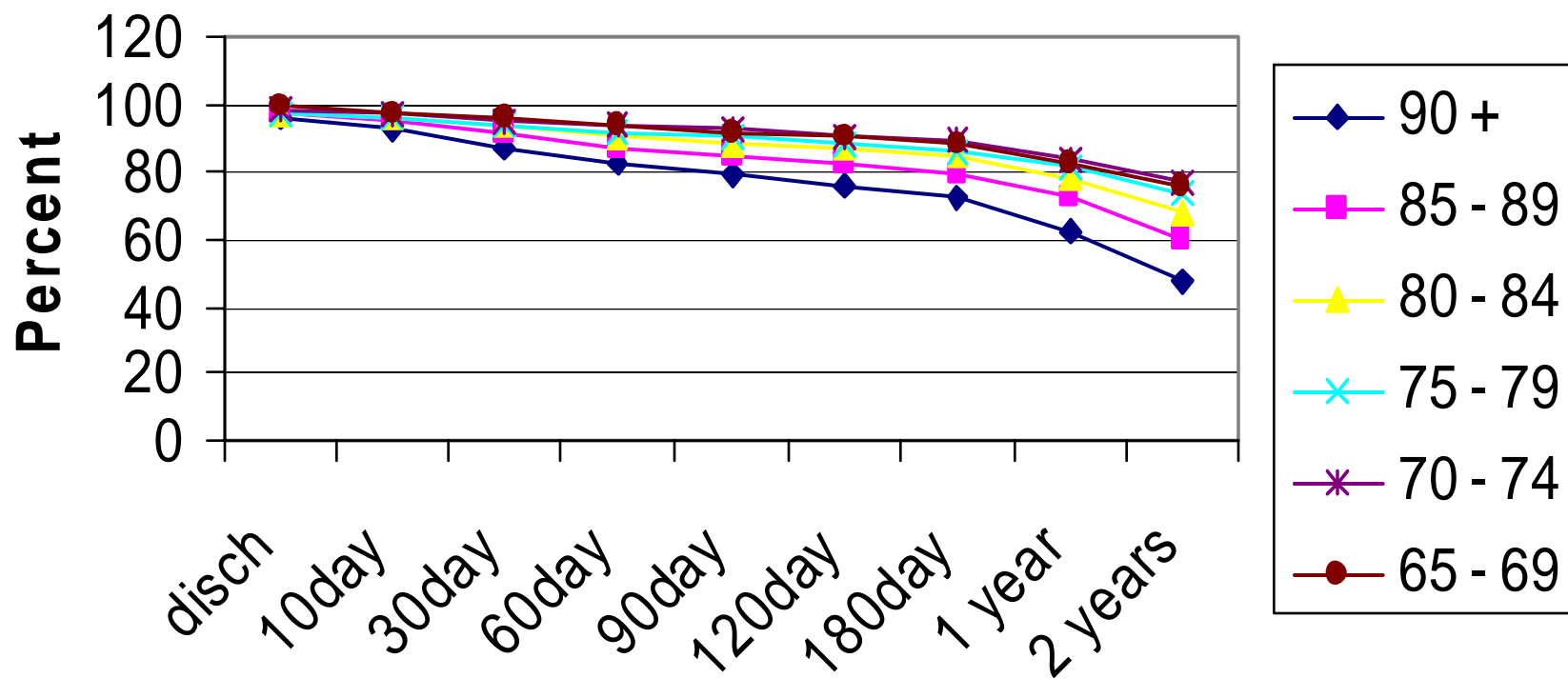
Admission Type for Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



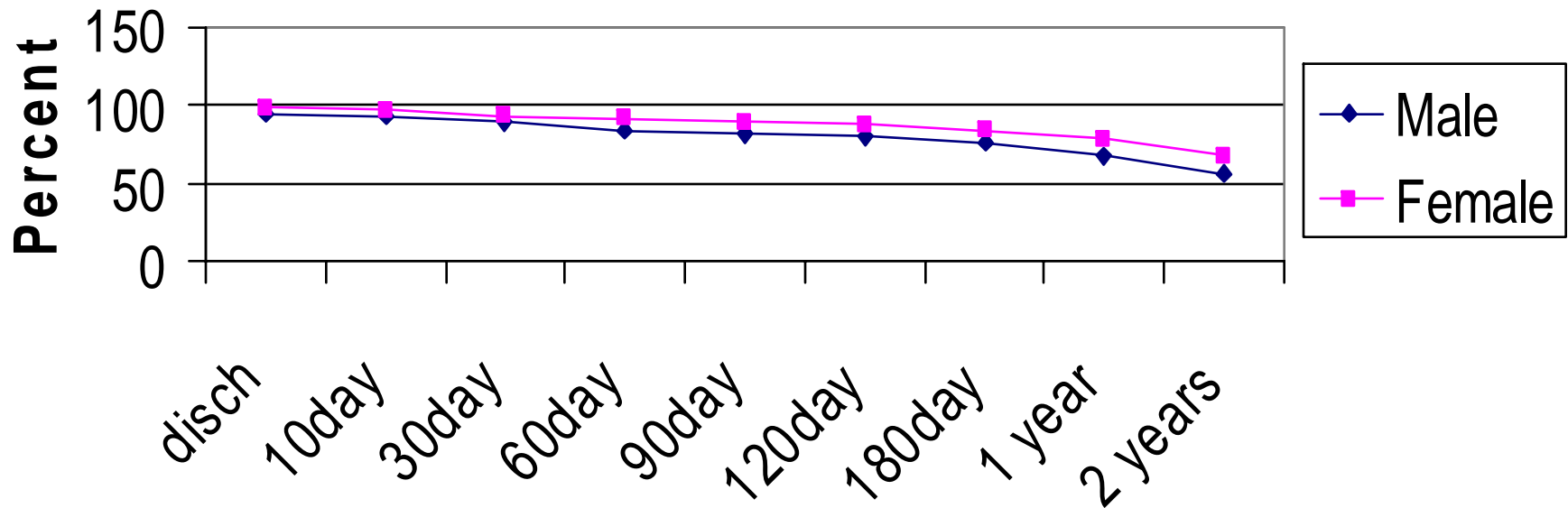
Discharge Destination for Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



Post-Discharge Survival for Medicare Beneficiaries with Fall Related Hospitalizations by Age Group



Post-Discharge Survival for Medicare Beneficiaries with Fall Related Hospitalizations by Sex



Summary

- The data presented show that falls requiring hospitalization among elderly Medicare beneficiaries are most likely to involve hip and femur procedures.
- Over 60% of fall hospitalizations are for patients age 80 or older.
- Women are more likely to have a fall related hospitalization and their likelihood of fall related hospitalization increases with age.
- Most fall related hospitalizations are emergent admissions.
- Discharge destination differs markedly with age. Younger patients are more likely to be discharged to home. Older patients are more likely to be discharged to SNFs.
- In-hospital mortality for fall related hospitalization is relatively low.
- Post discharge survival is greater over time for women and younger patients.
- These findings were consistent with previous studies of fall related hospitalization.

Discussion

- With the expected increase in the age 80 and over population on future years, it is likely that the number of fall related hospitalizations will increase as will the proportion of these hospitalizations requiring nursing home care.
- Often, these patients' previous level of functioning is never regained.
- While these hospitalizations are not overly costly per discharge, many can be prevented by interventions designed to lower the risk of falls.