

Redistribution of US Hospital Services for Older Adults Over Time

Karina A. Janicka, Bruce Leff, MD; Alicia I. Arbaje, MD, MPH.

The research reported on this poster was supported by the MSTAR program and the Division of Geriatric Medicine and Gerontology. The investigators retained full independence in the conduct of this research.

INTRODUCTION

- Dramatically increasing older adult population
- Increasing service redistribution among affiliates
- Ability of hospital systems to care for older adults uncertain.

OBJECTIVE

- Describe trends in the proportion of hospitals offering services relevant to older adults and service redistribution among affiliates.

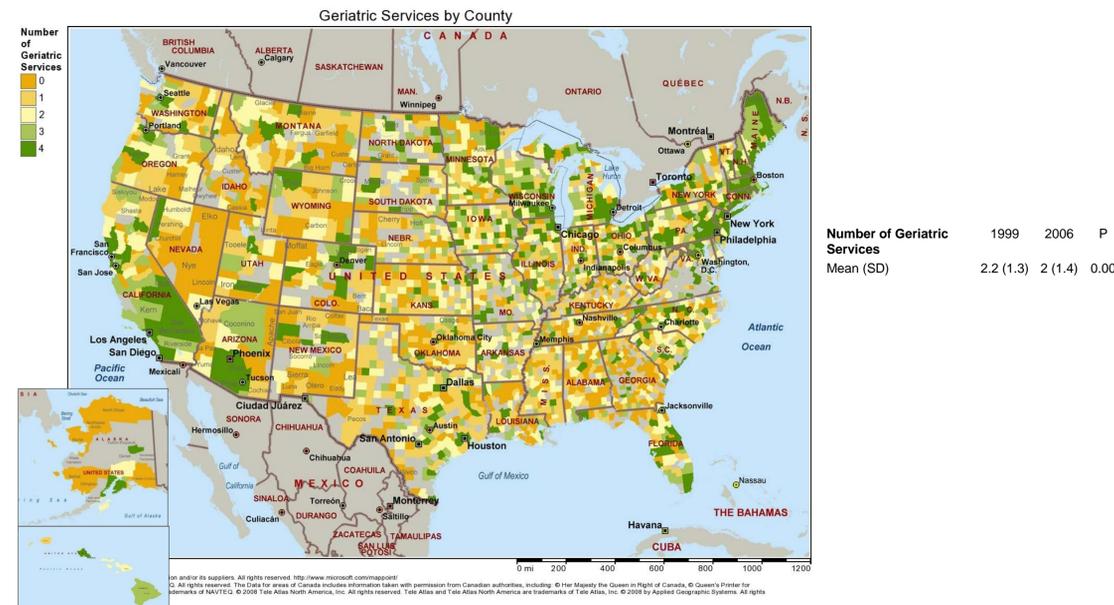
METHODS

- **Design:** Retrospective Cohort Study
- **Participants:** US hospitals in the nationwide American Hospital Association Annual Survey of Hospitals in 1999 and 2006 (n=4831 and 3988)
- **Measures:** Proportion of hospitals and affiliates offering geriatric medicine, geriatric psychiatry, home health and palliative care.
- **Data Analysis:** Two-sample comparisons using *chi-square* or *t-tests*.
- **Hospital Characteristics**

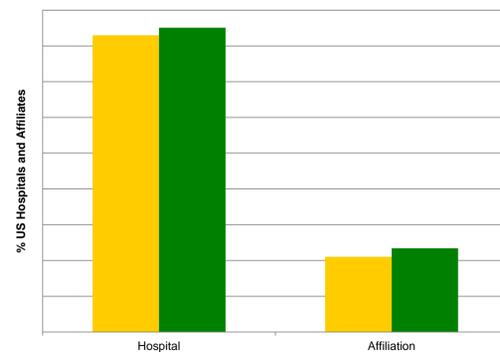
Characteristic	1999 (n=4,831)	2006 (n=3,988)
Ownership		
Government	29.1	27.7
Non-profit	57.3	57.2
For-profit	13.7	15.2
Bed size		
< 100	45.1	47.1
100-299	38.6	35.8
300-500	10.9	11.3
> 500	5.5	5.7
Mean occupancy rate (% , SD)	56 (34)	57 (21)
Medicare discharges		
< 1000	9.2	8.9
1000-3000	8.7	4.5
> 3000	82.1	86.6
Degree of centralization (1-centralized, 5-independent)	3.4 (1.0)	3.5 (1.1)

■ Highlighted areas represent comparison between years with $P < .05$

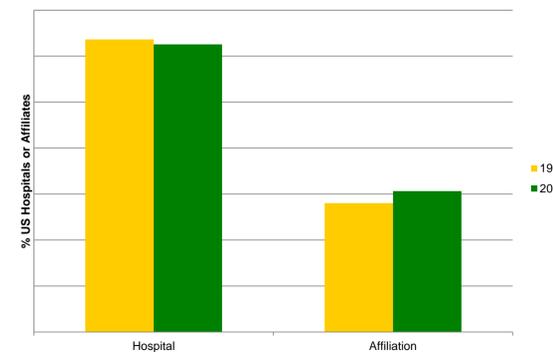
RESULTS



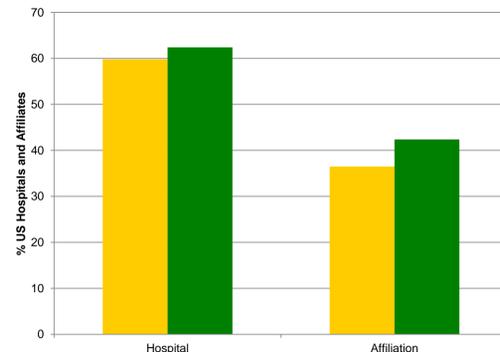
Distribution of Geriatric Services, 1999 to 2006



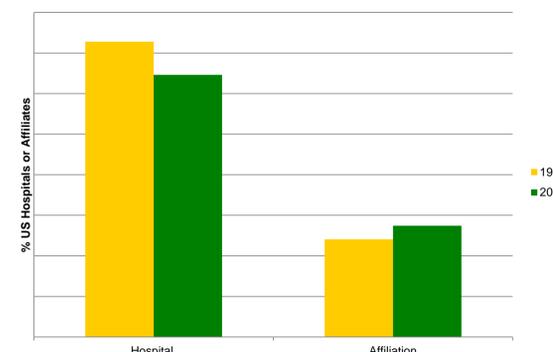
Distribution of Geriatric Psychiatric Services, 1999 to 2006



Distribution of Palliative Care Services, 1999 to 2006



Distribution of Home Health Services, 1999 to 2006



CONCLUSIONS

- In 2006, 56% of US hospitals or affiliates offered none or one geriatric service.
- The mean number of geriatric services offered by either hospitals or affiliates has not changed significantly from 1999 to 2006.
- The distribution of hospitals or affiliates offering geriatric services nationwide may differ from the population distribution of older adults.
- There was no substantial increase in hospital-based services for older adults from 1999 to 2006.
- Changes in the growth and distribution of geriatric services was primarily through redistribution to hospital affiliates.

LIMITATIONS

- Self-reported data, and only on presence or absence of service.
- Data not reflected in terms of per capita.
- Not all services specific to older adults.
- Data does not reflect availability of other community resources of older adults.

IMPLICATIONS

- Findings serve as baseline information for analysis of trends and distribution of geriatric services nationwide
- Findings may guide needs assessment for hospital systems planning for services for older adults.
- Findings can be compared to future data to assess the impact of recently passed healthcare legislation on the provision of services for older adults.