



Poster # 14

Title of poster: Variations in health care utilization at the end of life

Abstract

Background: With the aging of the population and concomitant increases in the number of individuals with acute and chronic illnesses, understanding the patterns of health services use among the elderly at the end-of-life is increasingly important to Canada's health care system. Accordingly, our objective was to examine health services utilization at the end-of-life, with a focus on sex-based differences in health care use.

Methods: This population-based retrospective cohort study included elderly (≥ 65 years) residents of Ontario who died between April 1, 2004 and March 31, 2013. Vital status data was obtained from the Ontario Registered Person Database and this information was linked to several population-based administrative datasets to describe health care use. Indicators of use included, hospital and intensive care unit (ICU) admissions, emergency department visits and physician visits. Descriptive statistics are reported to describe the study population.

Results: The cohort included 764,081 decedents, 50.6% of whom were women and 46.1% died in-hospital, with 22.5% of in-hospital deaths occurring in the ICU. Compared to men, women were older (mean 78.6 (14.6) versus 73.2 (15.3) years), had fewer deaths occurring in-hospital (43.8% versus 48.5%), and fewer ICU admissions in the terminal hospital episode (29% versus 34.2%). In the 6-months prior to death, 51.8% of decedents saw 10 or more physicians, with a lower proportion of women (48.7%) than men (55%) seeing 10 or more physicians. Women also had fewer emergency department visits (mean 1.7 (1.9) versus 1.9 (2.2)), admissions to ICU (mean 0.2 (0.6) versus 0.3 (0.7)), hospitalizations (1.1 (1.2) versus 1.3 (1.3)), and fewer hospital days 13.8 (20.9) versus 14.7 (21.5) days).

Conclusion: This study highlights differences in health care utilization between men and women at the end-of-life. Understanding the determinants of these differences will be informative to efforts aimed at improving the quality of end-of-life care for elderly Canadians.

