HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

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Increased Medicare Spending Among Beneficiaries with HIV in the 12 Months Prior to Death

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BACKGROUND

- Medicare spending tends to be disproportionately higher among beneficiaries in their last year of life.
- We currently lack empirical data on how spending differs among Medicare beneficiaries with HIV in the last 12 months of life compared with Medicare beneficiaries with HIV who survive 12 months.

METHODS

- Using a 20% yearly sample of Medicare fee-for-service claims data (2016-2018), we identified beneficiaries with HIV aged 65 and older with Part D coverage.
- We examined mean annual Medicare spending among beneficiaries with HIV who survive the calendar year compared with mean spending in the 12 months prior to death among beneficiaries with HIV who died, stratifying results by age group.
- After 1% winsorization, we calculated mean total spending, as well as mean spending across six subcategories:
  - Direct medical treatment of HIV (excluding drugs)
  - HIV-associated conditions and infections
  - Mental health disorders
  - Other medical spending
  - Spending on ART
  - Spending on other drugs

RESULTS

In a national study of older Medicare beneficiaries with HIV and Part D coverage, beneficiaries in their last year of life incurred substantially higher spending compared to survivors, *except for ART spending, which declined*.

- The study sample included 5,601 beneficiaries with HIV who survived and 706 beneficiaries who died from 2016-2018 (study period).
- Mean annual Medicare spending was substantially higher among decedents in the 12 months prior to death compared to people who survived, with the largest difference observed among beneficiaries aged 65-69 ($126,969 vs. $55,662).
- Mean annual spending was higher among decedents with HIV (compared with survivors) across most subcategories, except total drug spending.
- Beneficiaries of all age groups who died had lower spending on ART ($23,256-$16,532 vs. $30,650-24,159), with the greatest decrease among older beneficiaries.

Mean Medicare spending over 12 months among beneficiaries with HIV and Part D who died vs. beneficiaries with HIV who survived, 2016-2018

Age Group	Age 65-69 years		Age 70-74 years		Age 75-79 years		Age 80+ years	
	Died (N=276)	Survived (N=6,151)	Died (N=205)	Survived (N=3,760)	Died (N=125)	Survived (N=1,461)	Died (N=100)	Survived (N=766)
Total Spending	$126,969	$55,662	$113,665	$54,348	$111,245	$54,345	$103,490	$50,034
Direct Medical Treatment of HIV (Excluding Drugs)	$11,163	$1,669	$8,478	$1,586	$6,505	$1,648	$6,635	$1,873
HIV-Associated Conditions and Infections[1]	$11,787	$896	$10,595	$820	$11,065	$973	$7,995	$1,111
Mental Health Disorders	$978	$334	$895	$274	$514	$223	$562	$176
Other Medical Spending	$67,380	$13,396	$62,283	$14,332	$62,106	$15,465	$62,460	$16,899
Total Drug Spending	$34,204	$37,952	$31,315	$36,189	$29,868	$34,883	$25,614	$28,622
Spending on ART	$23,256	$30,650	$21,430	$29,629	$22,234	$29,235	$16,532	$24,159
Spending on Other Drugs	$10,787	$7,205	$9,775	$6,470	$7,561	$5,518	$8,736	$4,457

CONCLUSIONS

- In this national study of older Medicare beneficiaries with HIV and Part D coverage, beneficiaries in their last year of life incurred substantially higher spending compared to survivors, particularly among younger beneficiaries.
- However, ART spending declined markedly in the last year of life, especially among older beneficiaries, which suggests ART cessation at the end of life.
- These findings have important implications as the HIV population grows older, and a greater number of people with HIV receive healthcare coverage through the Medicare program at the end of life

ADDITIONAL KEY INFORMATION

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