Talking Points on Hospice

Any examination of hospice care and its primary source of reimbursement, the Medicare hospice benefit, require analysis of many factors, none of which should be taken lightly when the future outcome – whether imminent or longer term – is death.

Dying has Always Accounted for Significant Healthcare Spending

- Caring for dying patients and the associated costs did not originate with hospice care, although, hospice provides the most appropriate, highest quality, patient-and-family centered care available for people at life's end.
- Prior to hospice, patients died in hospitals and other settings that cost the government billions.
- Approximately 30% of all Medicare expenditures are attributed to the 5% of beneficiaries that die each year, with 1/3 of that cost occurring in the last month of life; those costs are not solely for hospice care.

Hospice Accounts for 2% of Medicare Spending

- Yes, there has been growth in hospice care yet it should be stressed that hospice represents only 2 percent of Medicare spending.

Research Confirms Benefits of Hospice

- Research published in peer-reviewed journals amply demonstrate that hospice care saves the health care system money; about $2,800 per Medicare beneficiary reports a Duke study.
- A recent study from the Icahn School of Medicine at Mt. Sinai, clearly demonstrates higher quality services and better outcomes for the patient and family.
- The provision of quality end-of-life care can reduce hospital costs by reducing readmissions, emergency department visits and intensive care stays.

Family Satisfaction Highest in Healthcare Field

- Data from the national Family Evaluation of Hospice Care (a post-death survey with 228,000 responses):
    - 97.3% of respondents indicated that they would recommend their hospice to others.
    - 93.5% of respondents rated the care the patient received by hospice as "excellent" or "very good."
    - 95.1% of respondents indicated that the patient received "the right amount" of medication for pain.
    - 95.8% of respondent indicated that the hospice team "clearly explained the plan of care to the patient's family."

Growth in Hospice is Warranted

- Last year, more than 1.56 million dying Americans received care from hospice.
- Growth in the hospice sector over the past four decades reflects that more dying Americans are receiving high quality care and dignity at life's end.

Medicare Hospice Benefit was Created as a Risk-based Model

- The hospice benefit was created with the goal of serving a mix of long and short stay patients through payment of a fixed daily reimbursement (about $150 per day).

1731 King Street • Suite 100 • Alexandria, VA 22314
703/837-1500 • 703/837-1233 (fax) • www.nhpco.org • www.momentsoflife.org

Short-stay and Long-stay Patients are Both Important

- Analysis of national data from NHPCO reports that approximately 35 percent of hospice patients receive care for seven days or less. More than half die within 21 days. This is far too short a period for the patient and family to fully benefit from the services hospice offers.
- This portion of short-stay patients, given the intensity of services needed, must be offset by longer-stay patients.

Six-Month Life Expectancy can be Complicated and Misunderstood

- The Medicare hospice benefit does require a six-month prognosis in order for a person to begin care – but that should not be confused with a limit to care.
- People do not come with an expiration date, nor does their end-of life-care. Predicting a six-month life expectancy, even on an ongoing basis as required by the federal hospice regulations, is a complex and inexact art and science.
- Misunderstandings about the "six month rule" have long been considered a barrier to timely access to hospice.

NHPCO and Hospice Community Support Safeguards and More Frequent Surveys

- NHPCO supports legislation that would require more timely and appropriate surveys of providers every three years.
- NHPCO is committed to providing tools and resources to ensure that hospice providers understand the ever-changing regulations and are compliant with them.
- NHPCO, on behalf of the hospice community, continues to work closely with both MedPAC (a Congressional advisory body) and the Centers for Medicare and Medicaid Services (the hospice community's principal regulator) to identify problems and fashion responsible and reasonable safeguards to correct gaps in the regulations.

Hospice has Grown and Evolved in its Mission to Serve

- What began as a grassroots, volunteer-driven movement in the mid-1970s, has evolved and led to the creation of many kinds of hospice programs: nonprofit, for-profit, system-owned, government-owned, single-site, multi-state, etc.
- The hospice community reflects what is commonly seen in all other U.S. health care sectors as a fairly equal mix of not-for-profit and for profit providers.
- Research has shown differing labor allocations among provider-types but no research has found a difference in quality of care.

Compliance and Quality are not Optional

- The federal Hospice Conditions of Participation provide the minimum standards for care provision and all providers should not only meet but exceed the COPs.
- If hospice programs are abusing the system, then they ought to be singled-out and their practices corrected.

Hospice Makes Sense for Patients and Families: Patients and families should not hesitate about discussing their end-of-life wishes and when appropriate seek the high quality and compassionate end-of-life care that hospices have delivered for the past 40 years.

-###-

1731 King Street • Suite 100 • Alexandria, VA 22314
703/837-1500 • 703/837-1233 (fax) • www.nhpco.org • www.momentsoflife.org