



The Value of Hospice in Reducing Hospitalizations

Rehospitalizations of patients are costly in more ways than one. Admissions to hospitals often result in unwanted medical treatments and interrupt the patient’s plan of care. Studies¹ show 80% of Americans would prefer to die at home, if possible. Yet only 20% die at home, with the rest passing on in hospitals or nursing centers.

Hospice services have significant value for patients and their families throughout the end-of-life care and have also shown to reduce Medicare spending overall. Studies now show hospice services also play an important role in reducing costly hospitalizations and readmissions.

Growth in Hospice Care

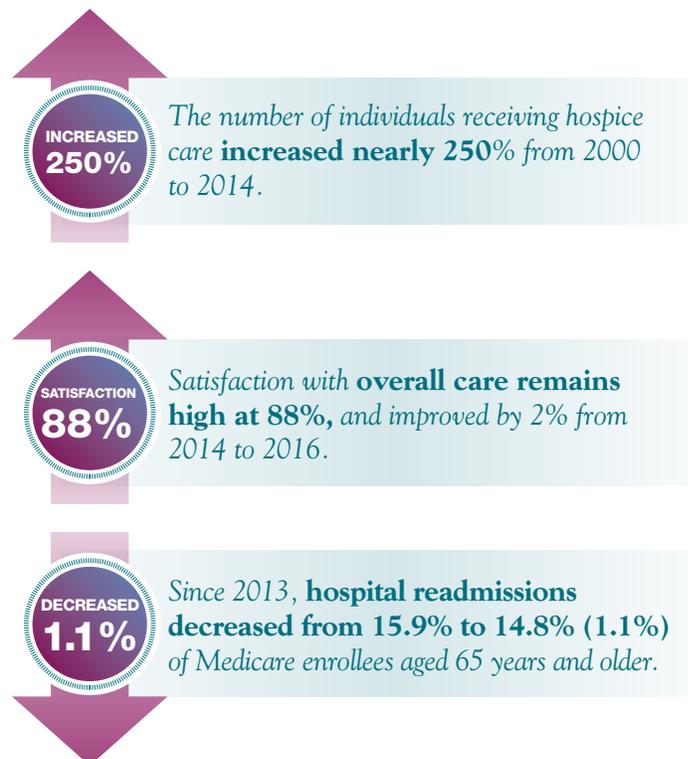
Hospice care is intended for patients living with an end-stage illness with a life expectancy of six months or less should the disease run its normal course. The focus shifts from curative treatments to pain control and providing emotional support for patients and their loved ones.

In 2014, more than 85 percent of hospice patients were covered by Medicare. Studies indicate that “spending on Medicare beneficiaries in their last year of life accounts for about 25 percent of total Medicare spending on beneficiaries age 65 or older.”²

According to *America’s Health Rankings, 2017 Senior Report*,³ the number of individuals receiving hospice care increased nearly 250 percent from 2000 to 2014.

Additionally, the rate of hospital deaths among Medicare hospice beneficiaries has continuously improved since 2013. Effective hospice programs are able to significantly improve physical and social symptoms, family caregiver well-being, bereavement outcomes, and patient, family, and physician satisfaction.

Not only is hospice utilization increasing, but according to the SHP National Database, satisfaction with “overall care” remains high at 88 percent, and improved by 2 percent from 2014 to 2016.⁴



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Satisfaction with **overall care remains high at 88%**, and improved by 2% from 2014 to 2016.

Since 2013, **hospital readmissions decreased from 15.9% to 14.8% (1.1%)** of Medicare enrollees aged 65 years and older.



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Reduced Hospitalizations = Lower Costs

Preventable hospital readmissions are a big part of unnecessary medical spending, and according to data from the Center for Health Information and Analysis (CHIA) are estimated to cost \$17 billion annually.

While the Centers for Medicare and Medicaid Services hospital readmission reduction program has decreased unnecessary readmissions through financial incentives to lower the rate of rehospitalizations, hospitals face record fines in 2017. The proper and timely use of hospice services may be part of a hospital's strategy to reduce readmissions.

Past research has shown that hospice enrollment reduces the frequency of hospitalization. It has also found that Medicare beneficiaries "with poor-prognosis cancer, those receiving hospice care versus not (control), had significantly lower rates of hospitalization, intensive care unit admission, and invasive procedures at the end of life, along with significantly lower total costs during the last year of life."⁵

Research indicates that not just use the hospice services, but continuous use of the benefit, reduces the use of hospital-based services and the likelihood of death in the hospital.⁶

Sources

1. "Where Do Americans Die?" *Palliative Care: Education & Training*. N.p., 20 Apr. 2013. Web. 25 July 2017. <https://palliative.stanford.edu/home-hospice-home-care-of-the-dying-patient/where-do-americans-die/>
2. Gerald F. Riley and James D. Lubitz, "Long-Term Trends in Medicare Payments in the Last Year of Life," *Health Services Research* April 2010; 45(2):565-576.
3. "2017 Senior Report." *America's Health Rankings*. United Health Foundation, May 2017. Web. May 2017. http://assets.americashealthrankings.org/app/uploads/ahr2017_seniorreport.pdf
4. Kindred 2016 Quality Report. Kindred Healthcare, Inc., 2017, p. 19,

The Kindred Experience

Kindred's specially-trained hospice physicians, nurses and other professional caregivers work together to create and support a familiar and comfortable environment while delivering expert medical care, pain management and extensive emotional and spiritual support tailored to the needs and wishes of the patient and their loved ones.

We are committed to compliance and compassionate patient-centered hospice care as we create the most dignified end-of-life experience possible. Additionally, our hospice professionals provide ongoing educational and grief support for families throughout the dying process.

In 2016, Kindred Hospice's services outperformed national benchmarks in nearly all quality measures according to the SHP Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

For more information or a referral, contact your Hospice Specialist.

Kindred 2016 Quality Report, www.kindredhealthcare.com/docs/default-source/default-document-library/2017-quality-report-digital.pdf?sfvrsn=0.

5. Ziad Obermeyer, MD, MPhil; Maggie Makar, BS; Samer Abujaber, MBBS; et al; "Association Between the Medicare Hospice Benefit and Health Care Utilization and Costs for Patients With Poor-Prognosis Cancer" *JAMA*. 2014;312(18):1888-1896.
6. Carlson MDA, Herrin J, Du Q, Epstein AJ, Barry CL, Morrison RS, et al; "Impact of hospice disenrollment on health care use and Medicare expenditures for patients with cancer"; *Journal of Clinical Oncology*. 2010;28(28):4371