



Advising the Congress on Medicare issues

Hospice Visit Patterns

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Commission's prior findings

- Medicare's hospice payment system does not align well with hospices' provision of care at the end of life
- Medicare makes a flat per diem payment for most hospice care
- Hospices provide more services at beginning and end of the hospice episode (u-shaped pattern)
- This makes long hospice stays generally more profitable for hospices than short stays

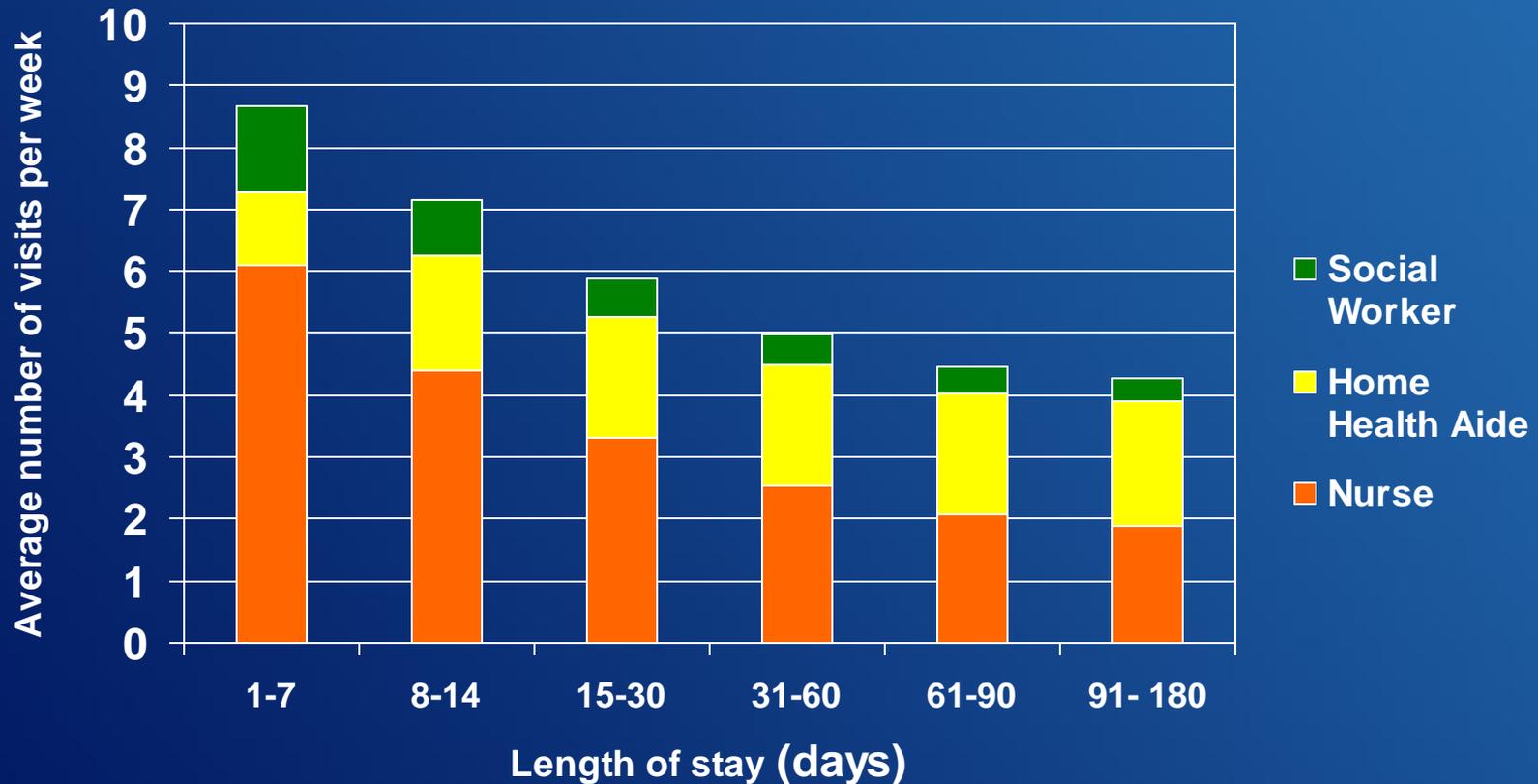
Commission's recommendations (March 2009)

- Reform the hospice payment system to:
 - increase payments per day at the beginning of the episode, and reduce payments per day as the length of the episode increases, and
 - provide an additional end-of-episode payment to reflect hospices higher level of effort at the end of life
- Change recommended for 2013
- In the meantime, Commission recommended additional claims and cost report data collection

New data on hospice visits

- Prior analyses of visit data came from one large for-profit chain provider
- Two new data sources
 - Medicare claims data from July – December 2008
 - Number of visits per week for nurses, home health aides, social workers
 - Data from 17 nonprofit hospices from October 2005 - September 2008
 - Number and duration of visits by nurses, home health aides, social workers, therapists, chaplains, and others

Number of visits per week is greater for patients with shorter stays than longer stays



Note: Data reflect routine and continuous home care visits provided to patients who did not receive inpatient hospice care.

Source: MedPAC analysis of Medicare claims data, July – December 2008.

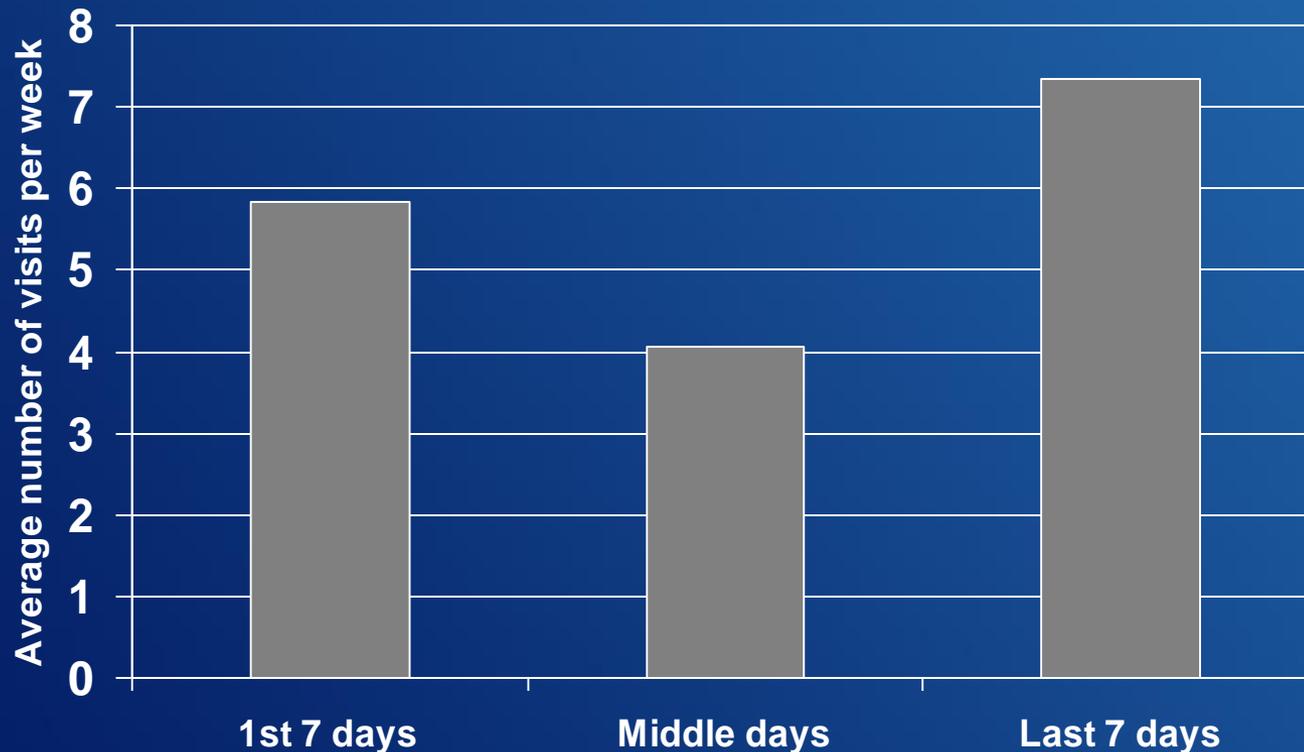
Provision of hospice visits follows a u-shaped pattern

Length of stay (days)	Average number of visits per week		
	1 st 7 days	Middle days	Last 7 days
1-7	10.4	N/A	10.4
8-14	7.3	N/A	7.7
15-30	6.3	5.1	7.2
31-60	5.7	4.4	7.2
61-90	5.6	4.2	7.4
91+	5.5	4.0	7.6

Note: Data reflect routine home care visits provided to patients who did not receive inpatient hospice care and who were discharged from hospice deceased. Physician visits and volunteer visits are excluded.

Source: MedPAC analysis of patient-level data from 17 nonprofit hospices.

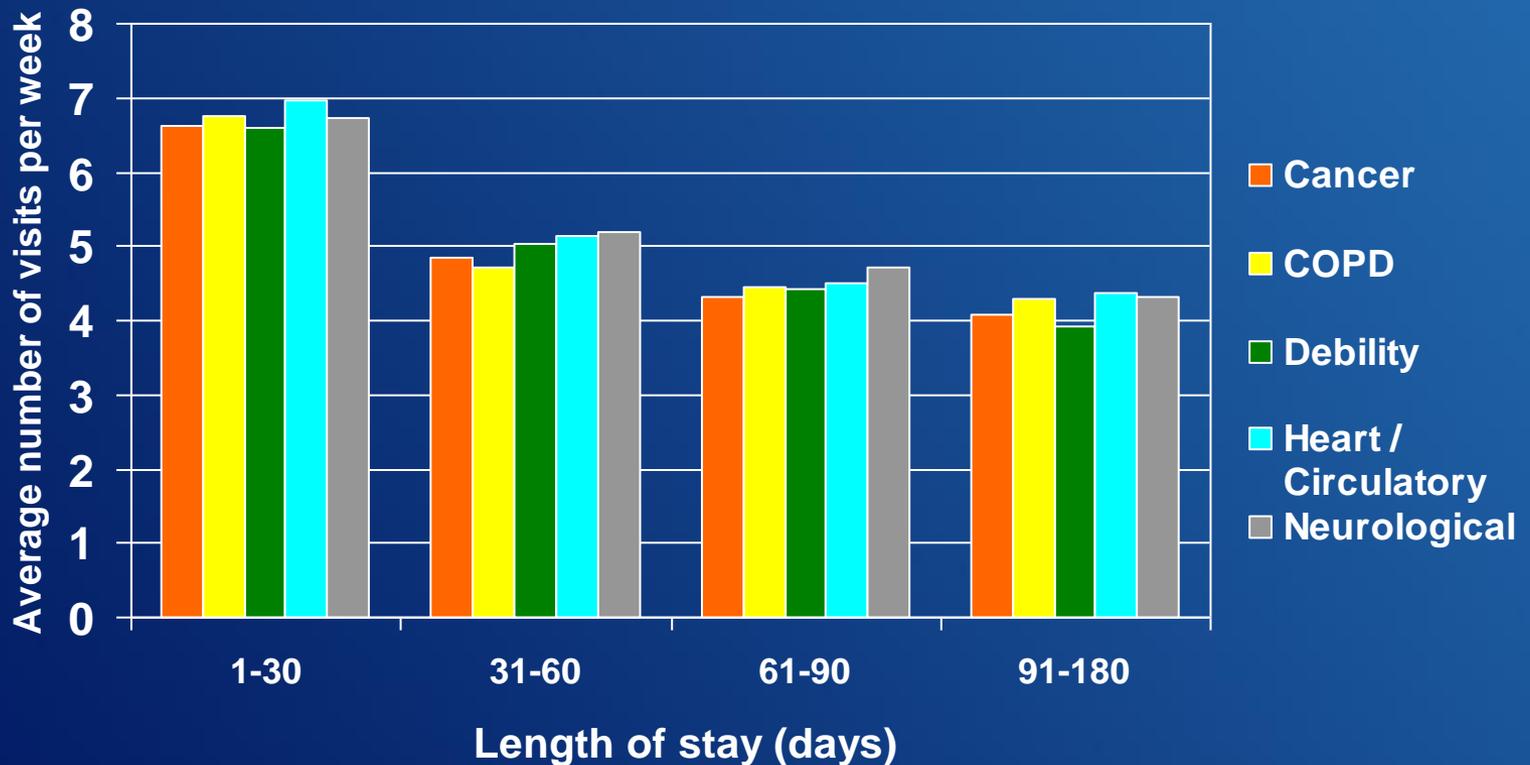
U-shaped pattern of hospice care



Note: Data reflect routine home care visits provided to patients who did not receive inpatient hospice care, who had a length of stay of at least 15 days, and who were discharged from hospice deceased. Physician visits and volunteer visits are excluded.

Source: MedPAC analysis of patient-level data from 17 nonprofit hospices.

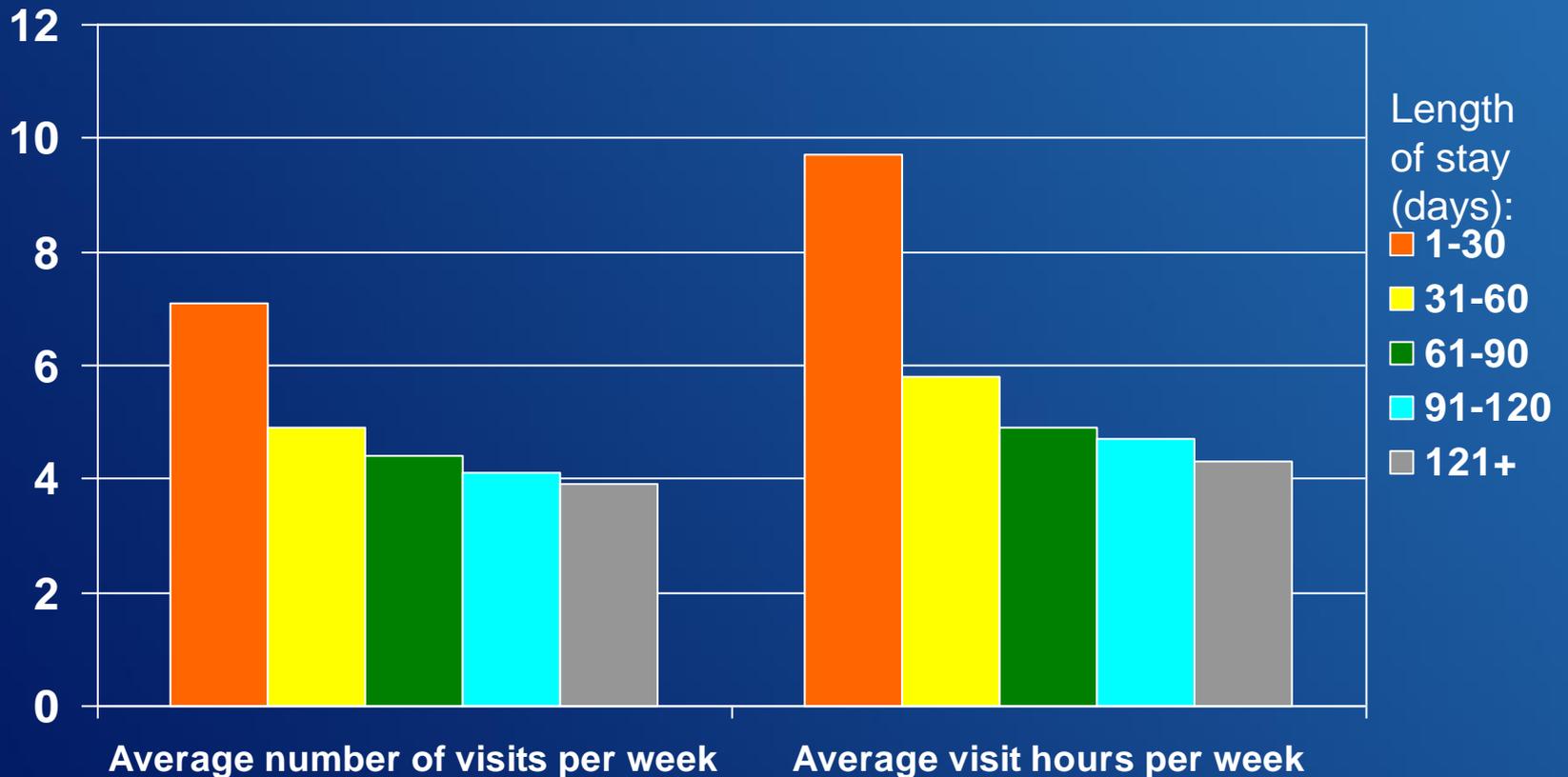
Visit frequency does not vary much by diagnosis once length of stay is taken into account



Note: Data reflect routine and continuous home care visits provided to patients who did not receive inpatient hospice care.

Source: MedPAC analysis of Medicare claims data, July – December 2008.

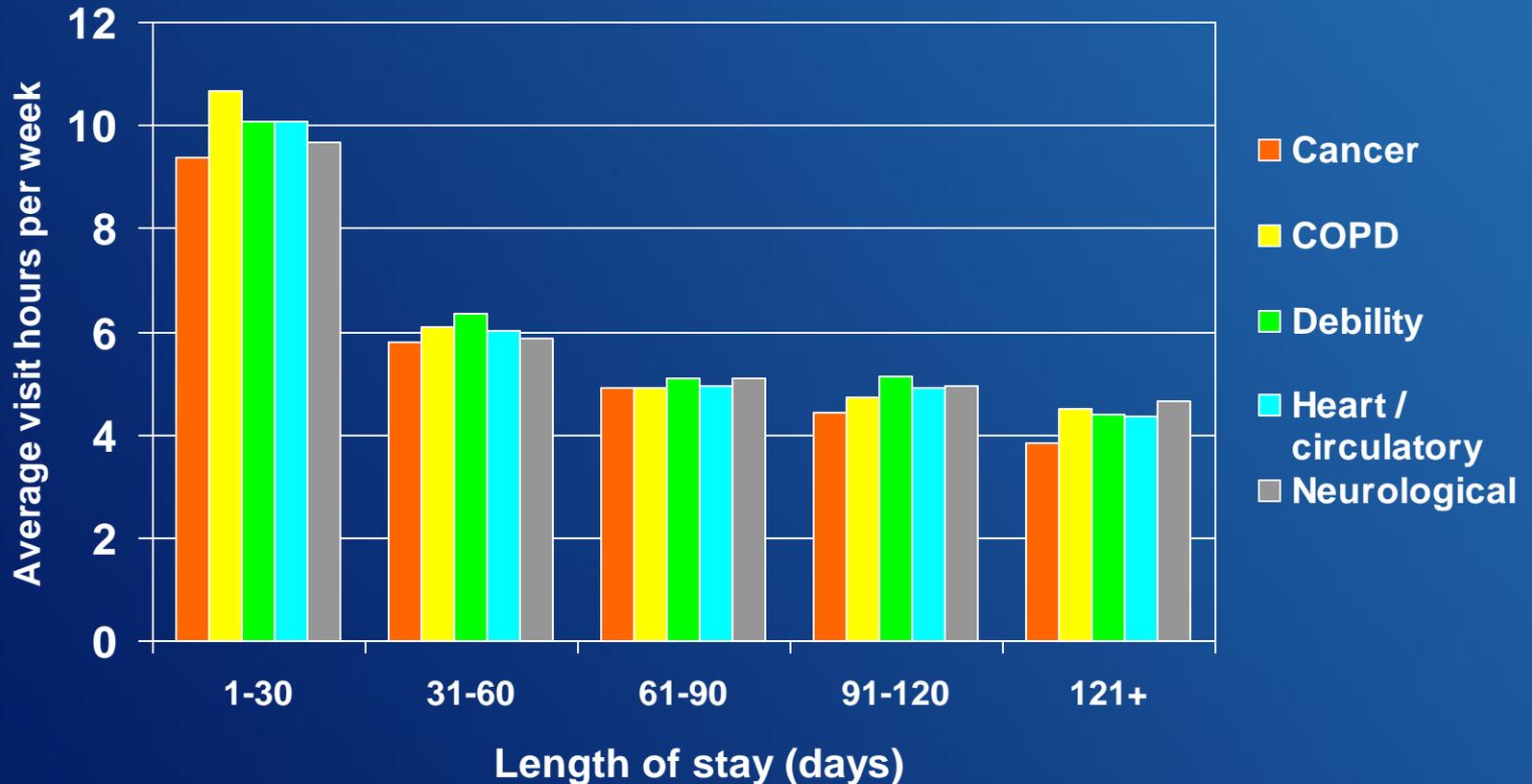
Both number of visits and visit hours per week are greater for short stays than long stays



Note: Data reflect routine home care visits provided to patients who did not receive inpatient hospice care. Physician visits and volunteer visits are excluded.

Source: MedPAC analysis of patient-level data furnished by 17 nonprofit hospices.

Visit hours per week do not vary much by diagnosis once length of stay is taken into account



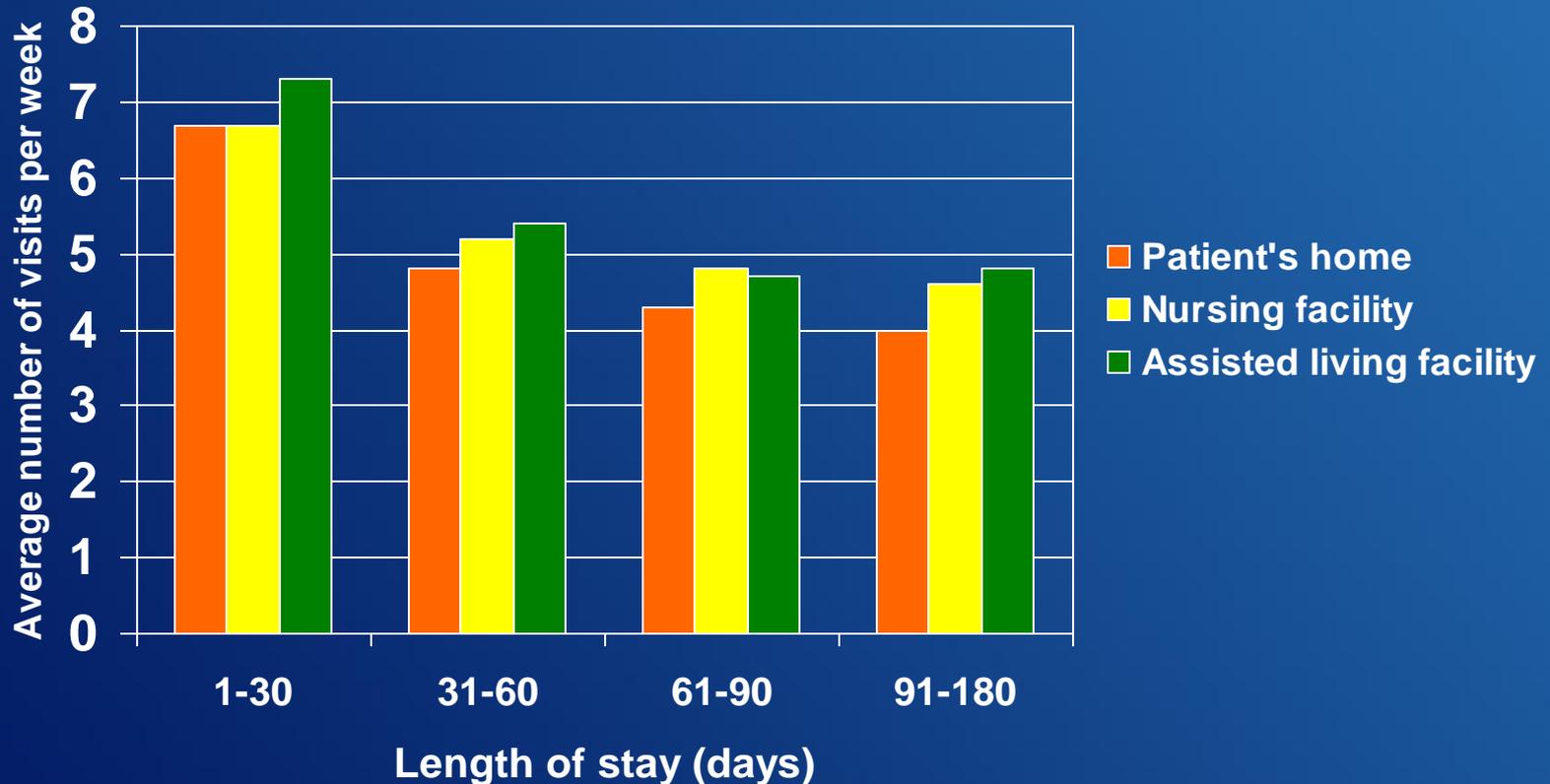
Note: Data reflect routine home care visits provided to patients who did not receive inpatient hospice care. Physician visits and volunteer visits are excluded.

Source: MedPAC analysis of patient-level data furnished by 17 nonprofit hospices.

The mix of hospice visits varies by length of stay and diagnosis

- Both the claims data and the data from the 17 hospices show:
 - Short stay patients receive a greater share of visits from nurses relative to home health aides than long stay patients
 - After taking into account length of stay, cancer patients receive a slightly higher share of visits from nurses than patients with other diagnoses

Hospice visits are slightly more frequent for facility residents than patients in the home after taking into account length of stay



Note: Data reflect routine and continuous home care visits provided to patients who did not receive inpatient hospice care.

Source: MedPAC analysis of Medicare claims data, July – December 2008.

Visit frequency by type of hospice

Medicare claims data analysis:

- Similar numbers of visits per week for:
 - Rural and urban hospices
 - Different size hospices
- More aide visits per week for:
 - Freestanding and home health-based hospices
 - For-profit hospices

Summary

- Analyses confirm earlier findings and support the need for payment system reform
- Potential next research steps
 - Additional analysis of claims data
 - Proprietary data on travel time by patient location
 - Proprietary data on other hospice costs
 - Prescription drug use
 - Home medical equipment use