Hospice Action Network
1731 King Street · Suite 100
Alexandria, VA · 22314
703·837·1500
www.hospiceactionnetwork.org

Who We Are

The National Hospice and Palliative Care Organization (NHPCO) is the largest membership organization representing hospice and palliative care programs and professionals in the United States. We represent over 3,800 hospice programs that care for the vast majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice so that individuals and families facing serious illness, death, and grief will experience the best care that humankind can offer.

HOSPICE IN THE NURSING HOME

Who Receives Hospice Care in the Nursing Home?

Nursing home hospice patients are more likely to be older (76.6 vs. 70.3 years), female (55.3% vs. 47.4%), unmarried (68.5% vs. 44.6%), and dually eligible for Medicare and Medicaid.[1] These are not surprising characteristics considering the general population of nursing home residents, many of whom transition directly from long term care status to hospice as their condition deteriorates. Nursing home hospice patients mirror the general nursing home population, and tend to have higher rates of dementia and other non-cancer diseases as the primary diagnosis.

Nursing home hospice care is not yet widely used among dying nursing home residents. In recent years, nursing homes have expanded their relationships with hospice programs considerably. But while a large majority of nursing homes (87%) holds nominal contracts with hospice agencies, only 30% actually have any hospice enrollees at a given time.[3] In fact, NHPCO's National Data Set consistently finds marginal growth in the overall percentage of hospice patients being served in the nursing home setting.

Table 1: Distribution of Nursing Home Residents by Primary Diagnosis at Time of Admission[2]

Diagnosis	%
Parkinson's	1.90
Cancers	2.00
Motor neuron	3.60
Hypertension / Circulatory	5.10
Stroke / Cerebrovascular	5.80
Respiratory Disease	6.70
Post-Hospital Care	8.80
Alzheimer's / Dementia	9.90
Mental Disease	14.90
Heart Disease	15.00
Other	26.30

Who Pays for Hospice in the Nursing Home?

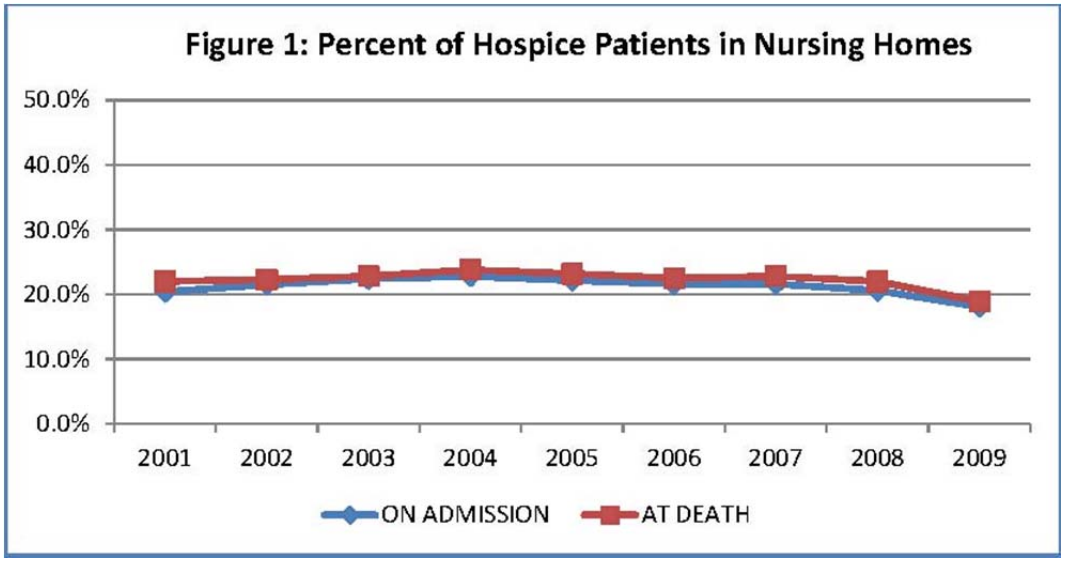
Most hospice patients residing in nursing homes have third-party insurance (Medicaid or private insurance) or they pay out of pocket for their custodial care in the nursing home. When a patient in the nursing home is dually eligible for both Medicare and Medicaid, Medicare pays for the hospice care, just as it would if the patient was still in their own home. Medicaid continues to pay for the patient's "room and board" in the nursing home, but at 95% of the normal rate. The 5% reduction in reimbursement for room and board targets potential overlap or perceived efficiency of hospice serving a nursing home patient. Once a dually eligible patient elects hospice, the state redirects the room and board payment to the hospice. However, the hospice then typically reimburses the nursing home 100% of the customary room and board rate. The hospice is only paid to provide end of life care, but is making up for the lower Medicaid reimbursement for room and board. It's unrealistic to expect hospices serving dually eligible patients in the nursing home to take a an additional reduction in their Medicare reimbursements for the same overlap/efficiency that is already being addressed through the 5% reduction in Medicaid room and board payment to hospices serving nursing home patients.

[1] Stevenson DG, Huskamp HA, Grabowski DC, Keating NL. Differences in hospice care between home and institutional settings. J Palliat Med 2007;10(5):1040e1047.
[2] NCHS Survey Publications and Products, Table 33A: Available at http://www.cdc.gov/nchs/nnhs/resident_tables.htm.
[3] Outcome and utilization for hospice and non-hospice nursing facility decedents. Available from http://aspc.hhs.gov/daltcp/Reports/oututil.htm. Accessed May 20, 2009.

What are the Benefits of Hospice in the Nursing Home?

Overwhelmingly, research finds that there is great value, along with physical and emotional benefits to the patient, in the provision of hospice care in the nursing home setting. Specifically, studies have found that nursing home residents enrolled in hospice were less likely to be hospitalized in the final 30 days of life (24% vs. 44%)[4], were more likely to be assessed for pain, were twice as likely to receive daily treatment for pain, and were more likely to receive pain management in accordance with clinical guidelines.[5,6] In addition, compared with similar residents not enrolled in hospice, nursing home residents in hospice were less likely to have physical restraints, receive parenteral/intravenous feeding, receive medications by means of intravenous or intramuscular injections, or have feeding tubes in place.[7]

Using their highly-specialized skills, the hospice team attends to the unique needs of hospice patients in the nursing home as they transition to end-of-life care. The hospice team includes counselors trained in grief and loss and who work with patients, families, the patient's roommates', and healthcare professionals (such as nursing home staff) to address the impact of loss of an individual and cumulative loss.



[4] Miller SC, Gozalo P, Mor V. Hospice enrollment and hospitalization of dying nursing home patients. Am J Med 2001;111(1):38e44.

[5] Miller SC, Mor V, Wu N, Gozalo P, Lapane K. Does receipt of hospice care in nursing homes improve the management of pain at the end of life? J Am Geriatr Soc 2002;50(3):507e515.

[6] Miller SC, Teno JM, Mor V. Hospice and palliative care in nursing homes. Clin Geriatr Med 2004; 20(4):717e734. vii.

[7] Miller SC, Gozalo P, Mor V. Synthesis and analysis of Medicare's hospice benefit. Washington, DC: Office of Disability, Aging, and Long Term CarePolicy in the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2000. Report 5.