

CASE STUDY

NEW RESEARCH FINDS PATIENTS DO LIVE LONGER UNDER HOSPICE CARE



Hospice Patients Lived an Average 29 Days Longer Reports NHPCO

(Alexandria, Va) – A study published in the *Journal of Pain and Symptom Management* (March 2007) reports that hospice care may prolong the lives of some terminally ill patients.

Among the patient populations studied, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.

Sponsored by the National Hospice and Palliative Care Organization, the study was conducted by NHPCO researchers in collaboration with the highly regarded consulting and actuarial firm, Milliman, Inc.

Researchers selected 4,493 terminally ill patients with either congestive heart failure (CHF) or cancer of the breast, colon, lung, pancreas, or prostate. They then analyzed the difference in survival periods between those who received hospice care and those who did not. Data came from the Centers for Medicare and Medicaid Services and represented a statistically valid five percent sampling from 1998-2002.

Longer lengths of survival were found in four of the six disease categories studied. The largest difference in survival between the hospice and non-hospice cohorts was observed in CHF patients where the mean survival period jumped from 321 days to 402 days. The mean survival period also was significantly longer for the hospice patients with lung cancer (39 days) and pancreatic cancer (21 days), while marginally significant for colon cancer (33 days).

“There’s an inaccurate perception among the American public that hospice means you’ve given up,” said J. Donald Schumacher, NHPCO president and CEO.

“Those of us who have worked in the field have seen firsthand how hospice can improve the quality of and indeed prolong the lives of people receiving care. Benefits of hospice have been reinforced by positive stories like that of Art Buchwald who seemed to thrive under the care of hospice.”

Researchers cited several factors that may have contributed to longer life among patients who chose hospice. First, patients who are already in a weakened condition avoid the risks of over-treatment when they make the decision to receive hospice care. Second, hospice care may improve the monitoring and treatment patients receive. Additionally, hospice provides in-home care from an interdisciplinary team focused on the emotional needs, spiritual well-being, and physical health of the patient. Support and training for family caregivers is provided as well. This may increase the patient’s desire to continue living and may make them feel less of a burden to family members.

“There is a perception among some healthcare providers that symptom relief in hospice, especially the use of opioids and sedatives, could cause patients to die sooner than they would otherwise. This study provides important information to suggest that hospice is related to the longer, not shorter length of survival – by days or months – in many patients,” said Dr. Stephen Connor, NHPCO’s vice president of research and international development, and lead author of the study. “This additional time may be valuable to patients and families to give more time for resolution and closure.”

Co-author Bruce Pyenson, an actuary at Milliman in New York, added, “We believe this study helps support the growing quality movement within healthcare. For some patients, hospice care is not a choice about cure, it is a choice for the best care.”

More information about hospice and care at the end of life is available online at www.caringinfo.org or by calling the HelpLine at 800/658-8898. The Spanish-language HelpLine, Cuidando con Cariño, is 877/658-8896.



HOW HOSPICE CAN HELP YOUR PRACTICE

Answers to Questions Physicians Often Ask About Hospice Care

Most Physicians know that Hospice is designed to help terminally ill patients and their families with relief from pain and other symptoms. But here are answers to questions physicians often ask about Hospice care and how it can help busy physicians and their office staff cope with the demanding problems seriously ill patients can present.

How do we know if a patient is Hospice appropriate?

The National Hospice & Palliative Care Organization has published Guidelines for Prognosis in Non-Cancer Diseases. Hospice Buffalo uses these to help primary care physicians and specialists manage patients with end-stage heart, lung, Alzheimer's, and other non-malignant conditions. For a copy, please call (716) 989-2009.

Can I bill Medicare or commercial insurance for services once my patients are referred to Hospice?

Yes, you can. Primary attending physicians continue to bill Medicare Part B and other carriers for the patient's regular office visits or for all covered services. New billing codes are also available for care plan oversight, so reimbursement can be obtained for telephone calls to nurses, as well as patients.

Do commercial insurance plans have Hospice benefits?

Most third-party payers now have a Hospice benefit, similar to the Hospice Medicare Benefit.

Do you offer a Hospice evaluation service?

Yes. Hospice Buffalo staff are available to meet with you, evaluate, and educate patients and families who you believe are appropriate for Hospice services. *There is no fee for this service.* If, during the evaluation, your patient chooses Hospice care and you approve this decision, admission to the program can start right away. Contact Hospice Buffalo Admissions Department at (716) 686-8000.



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