Hospice Care in the Nursing Home Offers Benefits to Residents at End-of-Life

(Alexandria, Va) – Researchers at the Harvard Medical School, Department of Health Policy have published a review article of hospice care in the nursing home and found a number of benefits indicating that greater availability of hospice holds promise in the nursing home setting.

Key findings reported in an article published in the September 2009 issue of the Journal of Pain and Symptom Management found:

• Hospice in nursing homes can provide high quality end-of-life care and offers benefits such as reduced hospitalizations and improved pain management.

• The provision of hospice care in nursing homes has been shown to have positive effects on non-hospice residents, suggesting indirect benefits on nursing home clinical practices.

• Hospice is relatively underutilized among nursing home residents at end of life.

While most hospice care in the U.S. is provided in the home, the use of hospice in nursing homes has risen in recent years; growth that has coincided with increased utilization of hospice care more generally.

The National Hospice and Palliative Care Organization reports that more than 1.4 million Americans receive care from the nation’s hospice providers annually with 22.8 percent residing in a nursing home. Yet, only six percent of nursing home residents in the U.S. currently elect the hospice benefit, even though nearly one-in-four deaths in the U.S. occur in a nursing home.

“More and more hospices are successfully caring for people residing in nursing homes. This growth reflects the increased provision of quality care for dying persons who are not in the traditional ‘home’ setting. For many people, the nursing home is their home and they deserve the compassionate, quality care that hospice and palliative care providers are trained to deliver,” said J. Donald Schumacher, NHPCO president and CEO. “This literature review points out many positive benefits of hospice in the nursing home and it reminds us all of the importance of caring for this population.”

Authors of the study found that nursing home hospice patients received the same high-quality care as those hospice patients living in their own homes.

Compared to similar residents not enrolled in hospice, previous studies reviewed by the researchers found nursing home hospice patients were more likely to be assessed for pain, twice as likely to receive daily treatment for pain, and more likely to receive pain management in accordance with clinical guidelines. They were also less likely to require hospitalization in the final 30 days of life.

The importance of communication and coordination between the hospice provider and the nursing home staff as well as the need for more education on end-of-life care among professionals was another point clearly shown in the literature reviewed.

“Hospice providers recognize the need for ongoing outreach and awareness building, both among nursing home professionals as well as members of the public who may need end-of-life care,” Schumacher remarked. “For example, the misconception that hospice might hasten a patient’s death is something we in our field must continually clarify. In fact, some studies have shown that hospice patients live, on average, longer than similar patients who do not opt for hospice care.”

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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.

The article was written by David G. Stevenson, PhD, and Jeffrey S. Bramson, BA, of the Harvard Medical School, Department of Health Policy. Support for this research was provided by the National Hospice and Palliative Care Organization. The views presented in this study are those of the authors and should not be attributed to NHPCO or its staff.