

Eli's Hospice Insider

Hospice Notes: Live Discharge Rate Attention Dogs Hospices

News outlets focus on possible gaming.

The hospice industry's ratio of live discharges is actually lower than you might expect for such a complicated issue, one industry proponent argues.

A study published in the July issue of Health Affairs found that the higher a hospice's live discharge rate, the higher its Medicare profit margin. "For more than a decade, hospices have steadily increased the rate at which they discharge patients before death," the study authors said. "Although certain live discharges are consistent with high-quality care, regulators have expressed concern that some hospices' desire to maximize profits drives them to inappropriately discharge patients" (see Eli's Hospice Insider, Vol. 10, No. 9).

For example: Professor **Susan Enguidanos** with the Leonard Davis School of Gerontology at the **University of Southern California** is worried hospices are gaming the system with live discharges, she told National Public Radio recently. Some hospices may be trying to avoid paying for costly treatments by discharging patients temporarily when they need to go to the hospital, for instance.

"The truth is that assessing when someone will pass away is among the most complex medical determinations. It's not easy, it's not an exact science," says attorney **Brian Daucher** with **Sheppard Mullin** in Costa Mesa, California. "Specifically, for non-cancer terminal illnesses, like dementia, heart disease, lung disease, and kidney disease, objective measurements are not available to allow us to fully separate those that will pass away in six months from those that won't."

"When hospices now discharge just 1/5 [of] patients alive, in my view, that's actually a remarkably low number," Daucher says on the firm's Hospice Law blog. "That's right, a low number. It's one that we should work to reduce further too, not by decreasing admissions but rather by promoting a better understanding of the difficulties of predicting life expectancy, and by fully owning the difficult end-of-life care alternatives."