

Eli's Hospice Insider

Industry Notes: Study Identifies Reasons for Differences Seen in Hospice Use

Researchers suggest a key change to the hospice benefit.

White patients are more likely to use hospice than African Americans -- a known fact that recent research may help explain.

In a study designed to explore racial differences in cancer patients' use of hospice, University of Pennsylvania researchers found that African-American patients expressed stronger preferences for continuing their cancer care, as well as greater perceived needs for hospice services, according to a press release from the American Cancer Society. The greater perceived needs appeared largely tied to the patients' economic status, with more financially strapped patients desiring additional services. "These findings suggest that the hospice eligibility criteria of Medicare and other insurers requiring patients to give up cancer treatment contribute to racial disparities in hospice use," the authors wrote. "Moreover, these criteria do not select those patients with the greatest needs for hospice services." The study results suggest that changes in hospice eligibility criteria to make them more "directly need-based" could even the playing field in terms of hospice access. The investigators suggested, for example, determining eligibility criteria by assessing needs for specific hospice services such as pain or symptom management. The study findings were reported in the online Dec. 22, 2008 issue of *CANCER* (print issue date: Feb. 1, 2009). Read the release at www.eurekalert.org/pub_releases/2008-12/acs-ecc121708.php.

The hospice community recently got on the same page about key hospice issues, including payment. A newly released consensus statement from numerous end-of-life organizations points to "broad agreement that the Medicare hospice benefit has been a resounding success." The statement quotes from a recent independent economic study from Duke University that notes "...the Medicare program appears to have the rare situation whereby something that improves quality of life also appears to reduce costs." Yet, the consensus statement also cautions that payment policy needs to stay up to date to recognize changes related to patient demographics and treatment protocols. And in that regard, the groups recommend that the Medicare Payment Advisory Commission (MedPAC), which is reviewing the hospice benefit in order to make recommendations to Congress, consider these principles:

- Advancing hospice and palliative care providers as the recognized providers of end of life care;
- Preserving and enhancing the Medicare hospice benefit.
- Recognizing high quality as the standard to which all providers must subscribe.
- Ensuring accountability through transparency and fair regulatory scrutiny, and
- Promoting increased access through expansion and collaboration."

The statement also includes responses to draft MedPAC November 2008 recommendations for revamping the hospice benefit. (For details, see "MedPAC Targets Length of Stay to Curb Rising Costs" in **Eli's Hospice Insider**, Vol. 1, No. 3, available in the Online Subscription System.) The following organizations participated in creating the consensus statement: the American Academy of Hospice and Palliative Medicine, Hospice and Palliative Nurses Association, National Association for Home Care & Hospice, National Hospice and Palliative Care Organization, National Hospice Work Group, and Visiting Nurses Association of America.

Read the entire consensus statement at www.nhpco.org/i4a/pages/Index.cfm?pageID=5803.

