

Eli's Hospice Insider

MARKETING: Census Numbers Slipping? Three Proactive Things You Can Do Now

It's time to work on relationships with your referral sources.

Hospices around the country are starting to notice a leveling off in the number of patients for whom they provide care. Take action with these practical steps to prevent a drastic decline in your census.

Experts Point to Economy, Medicare Regs

Exactly what is causing the decline is hard to say, but many experts believe the current economic system is playing a part. There has been a general decline in overall healthcare utilization due to the economy, says **Reginald M. Hislop, III**, managing partner with Grubb & Ellis/Apex Healthcare Consultants in Milwaukee, WI. As a result, not only are patients waiting longer to seek medical care, but hospitals may be more likely to hold onto a lower-paying patient who would have been referred to hospice in a more flush economy.

Medicare regulations may also be taking a toll on hospice referrals. A recent column on the Kaiser Health News Web site opines that new rules like the physician narrative are making physicians less likely to refer patients to hospice until they are actively dying.

Whatever the cause, the biggest sufferers are the patients and the hospice, Hislop says.

Don't Throw in the Towel Just Yet

Don't make excuses or change direction when faced with this challenge, says **Samira Beckwith** with Hope Hospice and Community Services in Ft. Myers, Fla. You need to keep momentum going and move forward. "But no one's going to make it easy," she cautions

Hislop suggests three actions that may help keep hospice afloat during this difficult period.

Action # 1: Spread Your Referral Net

If you're competing with hospitals for the same patients, you can't really rely on them as a referral source. Try to improve your relationships with different categories of referrals such as individual physicians, Hislop says. You can also work to spread the word that you are available to provide hospice services for younger terminally ill patients and other non-Medicare-covered patients with conditions like AIDS, multiple sclerosis, amyotrophic lateral sclerosis (ALS), and cancer.

Action #2: Take a Second Look at Nursing Home Relationships

Can you care for more patients in your existing nursing home partnerships? For example, could you assist with residents in their assisted living units? Are there ways you can help with older, frailer patients that you don't have under your current contract?

Action # 3 Get Creative with Partnerships

Look for ways you can create mergers and partnerships with other hospices or home health agencies, Hislop suggests.

Now is the time to consider how you can collaborate with other providers to take care of those who need your services, Beckwith says. "I see some providers wanting to start their own palliative care programs so they can hold onto patients.

But they are blocking access to the hospice benefit," she says.

This new development presents an opportunity for hospice providers to reach out to other providers and ask "how can we do this together rather than one of us alone?" Try working with continuing care retirement communities, hospitals, and nursing homes to provide hospice care in their facilities.

This approach is "about weaving together -- not everyone trying to build their own silos," Beckwith says.

Note: Read more about the declining census issue on Hislop's blog:

<http://rhislop3.wordpress.com/2010/03/11/hospice-census-issues-a-possible-trend-with-a-twist/> and on the Kaiser Health News Web site: www.kaiserhealthnews.org/Columns/2010/February/021810Gleckman.aspx.