

Eli's Hospice Insider

Studies & Surveys: Hospice Care Helps Patients With Alzheimer's, 2 Studies Show

Access problems are a real threat, researchers maintain.

If dementia patients fail to access hospice care, it's not only bad for them - it's bad for the Medicare program's finances. So indicate two new studies that examine the intersection of hospice care and dementia.

Hospice payment changes have reduced access to hospice care for patients with Alzheimer's, a study in the May 6 issue of the journal JAMA Health Forum suggests.

"Did hospice use for persons with Alzheimer disease and related dementias (ADRD) change between 2008 and 2019 in conjunction with Medicare policy changes that aimed to reduce long hospice stays?" asks the study headed by George Washington University researchers and colleagues. In a study of Medicare claims data from more than 11 million unique hospice episodes, "there were immediate declines in the share of patients receiving hospice care with ADRD and a slower growth in use of hospice care among patients with ADRD after implementation of ... the 2-tier payment system compared with pre-policy trends," the study notes.

That two-tier system has lower reimbursement rates after 60 days of hospice care, the authors point out in the abstract. The IMPACT Act also required audits focused on longer-stay patients (180 days or more).

The study results "suggested that recent Medicare policies were associated with immediate and lasting reductions in the share of patients receiving hospice care with an ADRD code compared with expectations from pre-implementation trends," the abstract concludes.

"Hospice is ... particularly beneficial for many patients with Alzheimer disease and related dementias (ADRD) given the disease's prolonged period of decline, uniquely burdensome symptoms and resulting dependencies, and lack of proven disease-modifying treatments," the study notes.

On the other hand: That decline and slower growth "may reflect reductions in enrollment of patients with ADRD who did not truly meet eligibility criteria (ie, reduced eligibility), as the policy intended," the study authors allow. "Alternatively, it may reflect unintended reduced access for hospice-appropriate patients with ADRD as hospices attempt to minimize risk of long stays, or some combination of these mechanisms," though, they counter.

See the full study at <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2791963>.



Even With Problems, Hospice Benefits Dementia Patients

Meanwhile, another new study shows why it's important for those patients to have access to hospice.

"Proxies of people living with dementia enrolled in hospice compared with proxies of those not enrolled more often reported care to be excellent (predicted probability: 52 percent versus 41 percent), more often reported having anxiety or sadness managed (67 percent versus 46 percent), and less often reported changes in care settings in the last three days of life (10 percent versus 25 percent)," notes the abstract of the study, "Hospice Improves Care Quality For Older Adults With Dementia In Their Last Month Of Life," published in the June 6 issue of the journal Health Affairs.

The findings surprised the researchers from UC San Francisco and Icahn School of Medicine at Mount Sinai. "We honestly

expected it not to be positive," UCSF professor **Krista Harrison** says in a release about the study. "Since the hospice model was designed for patients with cancer, we expected end-of-life care to be worse for people with dementia."

The problem: "Eligibility criteria mean that some patients with dementia face hurdles gaining access to hospice or may risk disenrollment," the release notes.

"Regulatory changes and increased oversight" mean many hospices are reluctant to enroll patients with dementia for more than "brink-of-death care," for fear they will not be able to document the continuous decline required for eligibility and insurance reimbursement, Harrison says. "The finding that hospice significantly benefits enrollees with dementia underscores the need to ensure access to high-quality end-of-life care for this growing population," Harrison urges.

The abstract is at <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01985>.