

Eli's Hospice Insider

Studies & Surveys: Hospice Patients Switch Settings Too Much, Study Suggests

Florida ranks highest in post-admission care transitions.

Add one more indicator to your hospice quality list. Care transitions after hospice admission vary significantly among geographic areas, notes a new study in the Feb. 17 Journal of the American Geriatrics Society.

Of 311,090 Medicare hospice patients who died between July and December 2011, 31,675 (10.2 percent) had at least one transition after hospice enrollment, and this varied substantially across the United States, according to the study's abstract.

State variances: The mean proportion of users with a care transition after hospice enrollment ranged from 6.9 percent in Idaho to 20.6 percent in Florida. The proportion who had a transition to hospital ranged from 1.6 percent in North Dakota to 13.4 percent in Mississippi; to SNF ranged from 0.3 percent in Hawaii to 4.1 percent in Alabama; and to HHA ranged from 0.1 percent in South Dakota to 2.1 percent in Alabama, the study found. For first transition, 41 percent transitioned from hospice to hospital, 5 percent to SNF, and 3 percent to HHA, and 51 percent were disenrolled from hospice and received no services from the healthcare settings examined, the study adds.

Demographics: Which hospice patients are most likely to undergo healthcare setting transitions? "Hospice users who had transitions were more likely to be younger or nonwhite, have comorbidities, or receive inpatient hospice care than those who did not," the study says.

"Such transitions may place users at risk of discontinuity of care and medical errors and increase stress for caregivers," the study argues. "Because Medicare reimburses for hospice inpatient care to support individuals with complicated needs, it is surprising that so many users had a transition in care. Furthermore, the provider- and state-level variation in the proportion of hospice users who had transitions in care suggests that provider and market factors and not solely individual and family preferences may influence transitions."

"Some hospice beneficiaries might have numerous transitions between different healthcare settings, and more than 50 percent of beneficiaries who had at least one transition were admitted to the hospital," the study discussion points out. "These transitions are not only expensive, but also may not lead to better care or quality of life. Many of these transitions may be avoidable through advance care planning, appropriate provider-to-provider communication, and proper hospice inpatient care. Efforts to reduce post-hospice transitions could result in substantial cost saving and improve quality of end-of-life care."

Note: See more in the article at <http://onlinelibrary.wiley.com/doi/10.1111/jgs.13939/full>.