

Eli's Hospice Insider

Studies & Surveys: Hospice Use Saves Money, According To Recent Studies

Are you doing enough to address caregivers' problems?

End-of-life spending, obese patients' access to hospice, and caregiver depression were the topics of recently released studies that illuminate both hospices' benefits and the areas where the service can help even more.

Study #1: Hospice Saves Money Regionally

Hospices often fight to prove their services save payers money - not cost extra. A new study published in Health Affairs may help with that challenge, at least in some areas of the country.

Researchers led by a **Yale University** professor found that "longer periods of hospice service were associated with decreased end-of-life expenditures for patients residing in regions with high average expenditures," according to the study's abstract. But the same didn't go for "those in regions with low average expenditures."

The researchers examined 103,745 elderly Medicare fee-for-service beneficiaries in the Surveillance, Epidemiology, and End Results Program Medicare database who died from cancer from 2004 to 2011. "Hospice use accounted for 8 percent of the expenditure variation between the highest and the lowest spending quintiles, which demonstrates the powers and limitations of hospice use for saving on costs," says the abstract at <http://content.healthaffairs.org/content/36/2/328.abstract>.

Study #2: High BMIs = Less Hospice

Obesity may be keeping eligible Medicare beneficiaries from accessing hospice care, a study published in February's Annals of Internal Medicine suggests. Researchers from the **University of Michigan** studied Medicare records from 5,677 people enrolled in the national Health and Retirement Study who died between 1998 and 2012. Fifteen percent of participants were obese, with Body Mass Index measurements over 30, and 2 percent were morbidly obese, with BMIs over 40. Another 31 percent were overweight, with BMIs between 25 and 29.9. In all, 38 percent of the entire group used hospice services.

But the higher a person's BMI, the lower their chances of getting hospice services. Bene with a BMI of 40 had less than a 23 percent chance of having hospice services at the end of life, while those with a BMI of 20 had a 38 percent chance. "Nearly 60 percent of the participants died at home - but people with high BMIs were less likely to," adds University of Michigan in a release.

In the last six months of life for a bene with a BMI of 20, Medicare spent about \$43,000 for all types of care. But for a 30 BMI person, Medicare spent about \$3,500 more, the study says.

See the abstract at <http://annals.org/aim/article/2599868/relationship-obesity-hospice-use-expenditures-cohort-study>.

Study #3: These 5 Risk Factors Affect Caregiver Anxiety, Depression

It's no shock that hospice caregivers are at risk for anxiety and depression, but those who are most vulnerable may surprise you. In a recent study of 395 caregivers, **University of Missouri** researchers found that being young, having poorer self-rated health, being married, caring for a patient with a non-cancer illness, and living in the Southwest were all risk factors for increased anxiety and depression.

Nearly one-quarter of caregivers were moderately to severely depressed, and nearly one-third reported moderate to severe symptoms of anxiety, says the study published in the December issue of Palliative Medicine. "Hospice providers' recognition of family caregivers as both coproviders and corecipients of care underscores the need to more fully assess and respond to depression and anxiety among caregivers," according to the abstract.

"While some sadness and worry are expected components of caring for a dying family member or loved one, clinical depression and anxiety shouldn't be," lead researcher Debra Parker-Oliver, professor in the Department of Family and Community Medicine at the MU School of Medicine, says in a release. "We have a population that is under immense stress and is not being acknowledged. Basic assessment tools should be used to help increase the likelihood of early detection and treatment of depression and anxiety in family caregivers."

See the abstract at <http://online.liebertpub.com/doi/abs/10.1089/jpm.2016.0372>.