Contact:
Deborah Hoyt, President and CEO, Connecticut Association for Healthcare at Home, 203.774.4939, hoyt@CTHealthcareAtHome.org
Tracy Wodatch, RN, BSN, COS-C, Vice President of Clinical and Regulatory Affairs, Connecticut Association for Healthcare at Home, 203.774.4940; wodatch@CTHealthcareAtHome.org

Connecticut Association for Healthcare at Home responds to Washington Post story on hospice practices

Wallingford, Conn., January 14, 2014 – In a recent investigative story titled "In hospice, but not dying" in The Washington Post, reporters Peter Whoriskey and Dan Keating distill their observations from records at and interviews with employees and observers of five large for-profit hospice organizations.

Based on the information they selected, the story’s main assumptions are twofold: Hospice firms are draining billions from Medicare; and that Medicare rules create a booming business in hospice care for people who aren’t dying.

Both assumptions are misleading and inaccurate.

As Connecticut’s largest association of home health and hospice care organizations, the Connecticut Association for Healthcare at Home is compelled to respond to the poorly-researched, erroneous and misleading points made in this story.

Here are the facts.

Hospice accounts for 2 percent of Medicare spending while saving Medicare and local health care providers money.

The writers of The Washington Post story ignored several major peer-reviewed journal studies that amply demonstrate that hospice care not only saves the health care system money, but demonstrates higher quality services and better outcomes for the patient and family.

Furthermore, the provision of quality end-of-life care can reduce hospital costs by reducing readmissions, emergency department visits and intensive care stays.

According to an independent report from Duke University and VA Medical Centers, and a recent study from the Icahn School of Medicine at Mt. Sinai, hospice saves Medicare significant money and lowers the rate of hospital use for those in hospice.
The Icahn School of Medicine Report found $2,561 in savings to Medicare for each patient enrolled in hospice 53-105 days before death, $2,650 in savings with patients enrolled 1-7 days before death; $5,040 in savings with patients enrolled 8-14 days before death and $6,430 in savings with patients enrolled 15-30 days before death.

According to Hospice Analytics, Connecticut’s 2012 hospice data is all well below national averages.
- The median length of stay in hospice is 13 days in Connecticut, 24 days nationally—Connecticut ranks last (least utilized) in the country.
- The average length of stay in hospice is 47 days in CT, 67 days nationally—again, Connecticut ranks last (least utilized) in the country.
- The number of patients discharged “live” from hospice is 12 percent in Connecticut, 18 percent nationally. The Washington Post article cited AseraCare at 78 percent!
- The percent of Medicare deaths receiving hospice services is 39.7 percent in Connecticut, 44 percent nationally.
- The number of patients admitted to hospice in 2012 was 13,351 in Connecticut versus 1,351,278 nationally (<1 percent).
- Length of stay in hospice less than 7 days is 37 percent in Connecticut (highest percent of all states).
- Length of stay in hospice greater than 180 days is only 7 percent in Connecticut.

Hospice is growing because our country has found a better way to help our aging population receive quality care and achieve dignity at the end of their lives.

The National Hospice and Palliative Care Organization reports that in 2011, approximately 44 percent of the Medicare deaths in the U.S. received some level of service from our nation's hospice community. In CT, 39.7 percent of the Medicare deaths received hospice services. Growth in the hospice sector over the past four decades means that more dying Americans receive high quality care and preserve their dignity at life's end. The Medicare hospice benefit makes that compassionate care possible.

The Medicare hospice benefit allows hospice organizations to serve dying patients and their families throughout a difficult and often extended process that includes a multitude of physical, psychosocial and spiritual services.

The hospice benefit was created with the goal of serving a mix of long and short stay patients through payment of a fixed daily reimbursement (about $150 per day as reported in the Post article).

What that means is that hospice programs must allocate resources to address pain and symptom management, to cover all medications related to the pain and symptom management of the terminal illness, psycho-social services and spiritual care needs of every patient, along with support for the family caregivers, within the finite daily reimbursement they receive. This is much like managed care (a fixed daily payment for all-inclusive end of life care).
Short length hospice patients were ignored in the article.
The Post article focused on one element, longer stay patients, while ignoring the counter-balance of short stay patients. The Hospice Analytics 2012 data reports that 28 percent of hospice patients nationally received care for seven days or less. In CT, this percent was the highest in the country at 37 percent. More than half die within 21 days.

The six-month life expectancy prognosis is not an exact science and often misunderstood.
The Medicare hospice benefit does require a six-month-to-death prognosis in order for a person to begin care. But that should not be confused with a limit to care. As long as the "six month rule" applies, a patient is appropriate and eligible for hospice care.

The Connecticut Association for Healthcare at Home and the hospice community in Connecticut support safeguards to ensure that appropriate and eligible patients and their families elect the hospice benefit.
We provide tools and resources to ensure that hospice providers are compliant and know what the ever-increasing requirements are. The hospice community has not only embraced, but has actively promoted additional safeguards to assure appropriate and eligible patients receive the end of life services they need, and deserve. If hospice programs are abusing the system, they should be singled out and their practices corrected.

Hospice makes sense for patients and families
Patients and their families should not hesitate to discuss their end of life wishes with their medical team. With their families, physicians and clinicians at a hospice program, everyone has the right to seek the high quality and compassionate end of life care that hospice organizations have delivered for the past 40 years.

About the Connecticut Association for Healthcare at Home
The Connecticut Association for Healthcare at Home is the industry champion for quality, cost-effective home health, hospice and community-based solutions. Our members combine over 100 years of experience with 21st century technology to successfully coordinate, transition and manage people’s care within the community.

The Association strongly advocates and promotes best practices to ensure regulatory compliance for its home health care and hospice member organizations.

Learn more at www.cthealthcareathome.org