



# Hospice Action Network

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## Who We Are

The National Hospice and Palliative Care Organization (NHPCO) is the largest membership organization representing hospice and palliative care programs and professionals in the United States. We represent over 3,800 hospice programs that care for the vast majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice so that individuals and families facing serious illness, death, and grief will experience the best care that humankind can offer.

## HOSPICE IN THE NURSING HOME

As prescribed by statute, at least 80 percent of hospice services must be provided in the home. For some Medicare recipients, the nursing home is their home. Thus, as the American population lives longer, with more chronic conditions, more individuals will spend their final days in the nursing home. Just as in the home, these individuals benefit from hospice services. Residents who enroll in hospice continue to receive supportive services from the nursing home, much like the supportive services provided by family and friends that the patient receives if he or she were at home; at the same time, they receive supplemental support and professional care for their terminal condition from the hospice agency.

### Who Receives Hospice Care in the Nursing Home?

Nursing home hospice patients are more likely to be older (76.6 vs. 70.3 years), female (55.3% vs. 47.4%), unmarried (68.5% vs. 44.6%), and dually eligible for Medicare and Medicaid.<sup>2</sup> These are not surprising characteristics considering the general population of nursing home residents, many of whom transition directly from long-stay status to hospice as their condition deteriorates. Nursing home hospice patients mirror the general nursing home population, and tend to have higher rates of dementia and other non-cancer diseases as the primary diagnosis.

**Table 1: Distribution of Nursing Home Residents by Primary Diagnosis at Time of Admission<sup>1</sup>**

Diagnosis	%
Parkinson's	1.90
Cancers	2.00
Motor neuron	3.60
Hypertension / Circulatory	5.10
Stroke / Cerebrovascular	5.80
Respiratory Disease	6.70
Post-Hospital Care	8.80
Alzheimer's / Dementia	9.90
Mental Disease	14.90
Heart Disease	15.00
Other	26.30

### Benefits of Hospice in the Nursing Home

Overwhelmingly, research finds that there is great value, along with physical and emotional benefits to the patient, in the provision of hospice care in the nursing home setting. Specifically, studies have found that residents enrolled in hospice were less likely to be hospitalized in the final 30 days of life (24% vs. 44%)<sup>3</sup>, were more likely to be assessed for pain, were twice as likely to receive daily treatment for pain, and were more likely to receive pain management in accordance with clinical guidelines.<sup>4,5</sup> In addition, compared with similar residents not enrolled in hospice, nursing home residents in hospice were less likely to have physical restraints, receive parenteral/intravenous feeding, receive medications by means of intravenous or intramuscular injections, or have feeding tubes in place.<sup>6</sup>

<sup>1</sup> NCHS Survey Publications and Products, Table 33A: Available at [http://www.cdc.gov/nchs/nnhs/resident\\_tables.htm](http://www.cdc.gov/nchs/nnhs/resident_tables.htm)

<sup>2</sup> Stevenson DG, Huskamp HA, Grabowski DC, Keating NL. Differences in hospice care between home and institutional settings. *J Palliat Med* 2007;10(5):1040e1047.

<sup>3</sup> Miller SC, Gozalo P, Mor V. Hospice enrollment and hospitalization of dying nursing home patients. *Am J Med* 2001;111(1):38e44.

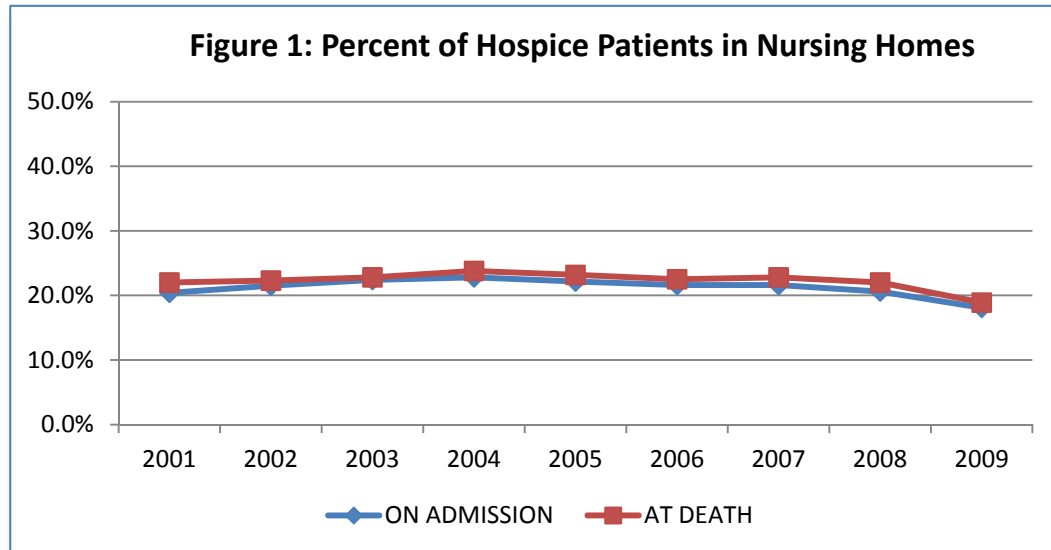
<sup>4</sup> Miller SC, Mor V, Wu N, Gozalo P, Lapane K. Does receipt of hospice care in nursing homes improve the management of pain at the end of life? *J Am Geriatr Soc* 2002;50(3):507e515.

<sup>5</sup> Miller SC, Teno JM, Mor V. Hospice and palliative care in nursing homes. *Clin Geriatr Med* 2004; 20(4):717e734. vii.

<sup>6</sup> Miller SC, Gozalo P, Mor V. Synthesis and analysis of Medicare's hospice benefit. Washington, DC: Office of Disability, Aging, and Long Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2000. Report 5.

## Growth of Hospice in the Nursing Home

In recent years, NHs have expanded their relationships with hospice programs considerably, with the number of NH-hospice residents more than tripling between 1996 and 2004, from 13,000 to 41,000.<sup>7</sup> At the same time, though, the expansion of hospice care in the NH could be considered modest. Even though a large majority (87%) of NHs hold nominal contracts with hospice agencies, only 30% of them actually have any hospice enrollees and most of these have only one or two at a time.<sup>8</sup> NH-hospice care, in short, is not yet widely used among dying NH residents. In fact, NHPCO's National Data Set consistently finds marginal growth in the overall percentage of hospice patients being served in the nursing home setting.



## Suggested Reading

- Carlson, M. D., J. Herrin, et al. (2010). "Impact of hospice disenrollment on health care use and medicare expenditures for patients with cancer." *J Clin Oncol* **28**(28): 4371-4375.
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- Gozalo, P. L., S. C. Miller, et al. (2008). "Hospice Effect on Government Expenditures among Nursing Home Residents." *Health Serv Res* **43**(1 Pt 1): 134-153.
- Miller, S. C., V. Mor, et al. (2002). "Does receipt of hospice care in nursing homes improve the management of pain at the end of life?" *J Am Geriatr Soc* **50**(3): 507-515.
- Rhodes, R. L., J. M. Teno, et al. (2007). "African American bereaved family members' perceptions of the quality of hospice care: lessened disparities, but opportunities to improve remain." *J Pain Symptom Manage* **34**(5): 472-479.
- Teno, J. M., B. R. Clarridge, et al. (2004). "Family perspectives on end-of-life care at the last place of care." *JAMA* **291**(1): 88-93.
- Teno, J. M., P. L. Gozalo, et al. (2011). "Does hospice improve quality of care for persons dying from dementia?" *J Am Geriatr Soc* **59**(8): 1531-1536.
- Teno, J. M., J. E. Shu, et al. (2007). "Timing of referral to hospice and quality of care: length of stay and bereaved family members' perceptions of the timing of hospice referral." *J Pain Symptom Manage* **34**(2): 120-125.
- Welch, L. C., J. M. Teno, et al. (2005). "End-of-life care in black and white: race matters for medical care of dying patients and their families." *J Am Geriatr Soc* **53**(7): 1145-1153.

<sup>7</sup> Stevenson DG, Huskamp HA, Grabowski DC, Keating NL. Differences in hospice care between home and institutional settings. *J Palliat Med* 2007;10(5):1040e1047.

<sup>8</sup> Outcome and utilization for hospice and non-hospice nursing facility decedents. Available from <http://aspc.hhs.gov/daltcp/Reports/oututil.htm>. Accessed May 20, 2009.