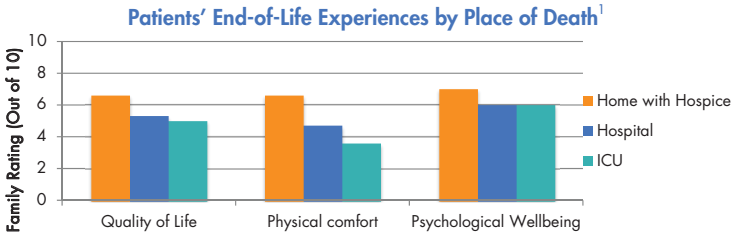
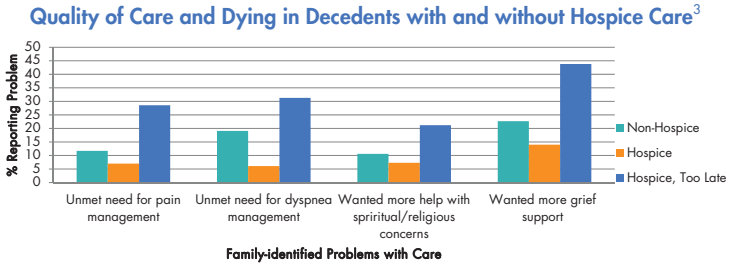
Timely hospice care reduces pain and discomfort for patients and increases family satisfaction

Hospice is a type of palliative care that is typically only available to individuals with a life expectancy of six months or less. The objective of hospice is not to cure illness, but instead to minimize the physical, emotional, and spiritual suffering that is often experienced by patients towards the end of life. The person-centered approach that is at the heart of the hospice model, coupled with clinical expertise in pain and symptom management, often lead to superior outcomes for patients and families who receive hospice care, as compared to those who receive usual care.

Hospice is among the most popular mechanisms for delivering palliative care and has been well researched with regards to patient and family outcomes. For example, Wright and colleagues found that **patients who die with hospice care experience less physical and emotional distress and improved quality of life** (all p≤0.03) compared to patients who die in a clinical setting.[1] The authors also found that **families of hospice patients are at a lower risk of developing mental illness** (p=0.02). Further, Teno et al. found that **family members of patients who die in hospice are more likely to be highly satisfied with the quality of care** (70.7% vs. less than 50% in other settings) and to **report fewer unmet pain management or emotional needs**.[2]



In hospice care, timing matters. In a study of the effectiveness of hospice services for persons dying from dementia, Teno et al. found that **when families believe hospice care was initiated at the "right time" they had fewer unmet needs and concerns over the quality of care, and rated quality of care more highly** than did families of patients who did not receive hospice care.[3] However, **patients who received hospice "too late" received none of these benefits**—they were actually worse off than patients who received no hospice at all. Specialist palliative care teams, whether operating in the hospital or community settings, help to prevent "too late hospice" by educating patients and families about hospice early in the disease course, and by working with primary providers to promote timely, appropriate hospice referrals.



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Kathleen Kerr, Kerr Healthcare Analytics
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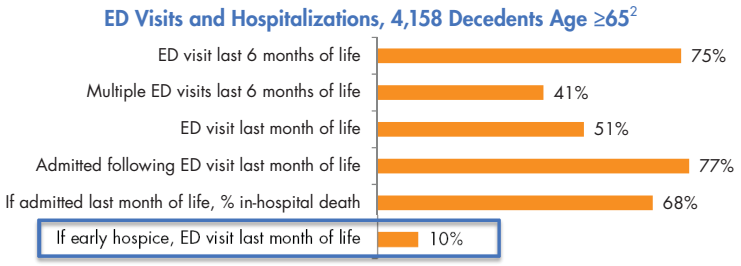
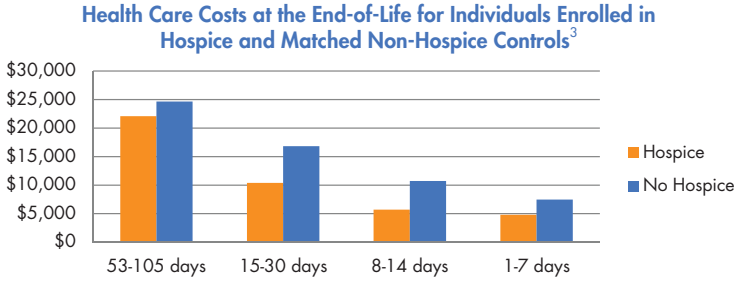
Hospice reduces use of more expensive health services resulting in lower health care costs

Use of hospital care by terminally-ill patients in the final year of life is a substantial driver of health care costs in the United States. At the same time, hospital care all too often fails to address, and at times even exacerbates, a multitude of concerns voiced by patients and their families regarding care towards the end of life, including poor symptom management, emotional distress, and receiving unnecessary or unwanted treatments. The expansion of hospice services nationwide has addressed many of these deficiencies while simultaneously providing cost-savings. Hospice care reduces the use of hospital-based services, including emergency department (ED) and intensive care unit (ICU) admissions and incidence of late administration of disease-modifying treatments, which may be of minimal benefit to patients. These changes in health care use result in lower overall health care expenditures.

Studies have consistently found that patients enrolled in hospice care **received less aggressive care** towards the end of life, **including fewer ED visits** and **ICU or hospital admissions or readmissions** in the last month of life (all p<0.001).[1, 2, 3] For example, in a study of utilization patterns among more than 4,000 Medicare beneficiaries, Smith and colleagues found that heavy use of ED and hospital services in the final months of life was the norm, but saw a very different pattern among individuals with early enrollment in hospice (>30 days prior to death).[2]



The fiscal impact of these changes in how patients engage with the healthcare system is substantial. In a study of quality and fiscal outcomes for over 3,000 Medicare beneficiaries, Kelley and colleagues estimated an **average of $2,561 in savings to Medicare for each patient enrolled in hospice for 53-105 days before death**, with even higher savings for shorter enrollment periods (p<0.01 for all).[3] Given the improved patient and family outcomes associated with hospice, these savings point to the exceptional increase in the *value* of care—better quality at lower cost—that hospice brings to bear.



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