Hospice & Palliative Care Access & Utilization Challenges and Opportunities Long Term Care & Advanced Illness

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State Policies and End of Life Care

July 2007 Brown Medical School and the JEHT Foundation produced a report :

The Role of State and Federal Policies in Shaping Access and Quality for Persons Receiving Long-Term Care

This study's intent was to expand our understanding of how state policies/practices influence access to and quality of palliative care/hospice for persons needing long-term care services, in order to clarify the advocacy and research needed to better inform policy debates as well as state long-term care initiatives.

Access Opportunities Identified

1. Efforts to expand home and community-based services in most states do not explicitly consider in their planning efforts the palliative care needs of the vulnerable populations to be served.
2. Existing Medicaid waiver programs in most states disallow or discourage Medicare hospice enrollment.
3. State assisted living regulations often discourage aging in place, and some states limit the amount of outside services that can be brought into ALFs.
4. Many Medicaid nursing home reimbursement practices discourage nursing home-hospice collaboration and referral to hospice.

Executive Summary JEHT Foundation Report 2007

Quality Opportunities Identified

1. The unrestricted growth of hospice providers in many states raises quality concerns since there are perceived quality differences among providers an Medicare/Medicaid survey oversight is infrequent.
2. Variation and confusion in nursing home survey oversight across and within states is perceived to lead to an inappropriate amount of invasive approaches to care.
3. There are still some states without a legal requirement that advance directives be honored during ambulance transport, potentially resulting in the overriding of patient preferences.

Executive Summary JEHT Foundation Report 2007

Facts Supporting JEHT Concerns

Every year a half million Americans die in NHs, and often problematically. Within a one-year period, close to one quarter (22.4%) of long-stay NH residents die,1 and eight percent of NH residents admitted from hospitals to receive Medicare Skilled Nursing Facility care die within 30 days of admission.

The experience of dying in NHs for both these types of residents (and their families) is far less than optimal. Inadequately assessed and untreated pain in NHs represents an important public health problem; between 33% and 83% of NH residents have ongoing pain that impairs mobility, results in depression, and diminishes quality of life.

42% of Nursing Home residents are hospitalized one or more times during the last month of life.

Facts Supporting JEHT Concerns

One-quarter to one-third of assisted living facility (ALF) residents die in place, but we are only beginning to understand the state of end of life care in this setting.

In the Program of All-inclusive Care for the Elderly (PACE), 32% of enrollees die within a one-year period,23 but these enrollees do not have the ability to simultaneously enroll in hospice (and remain in PACE). Similar explicit or implicit barriers to hospice access exist in numerous other state Medicaid waiver programs.

JEHT Medicaid Comments

Perhaps because palliative care is not well-understood, the effort to expand Medicaid's provision of home and community-based services (HCBS), and to implement "Cash and Counseling" and "Money Follows the Person" programs, do not appear to include consideration of palliative care needs.

Most state Medicaid programs require individuals to disenroll from M-LTC in order to enroll in hospice. This policy is likely to result in conflicts between M-LTC programs and hospice, thereby reducing referrals to hospice. Additionally, individuals may be reluctant to give up benefits provided by Medicaid managed long-term care (M-LTC) that they value.

Colorado Nursing Homes

The state of Colorado is home to 212 nursing **homes** in 77 cities. The average cost per day for a private room in a nursing home in Colorado is approximately $169.00, or $61,503.00 per year.

39 of the 212 received only 1 out of 5 stars for quality. 40 received only 2 stars.
(34% received 2 or less stars out of 5)

Hospice Facilities in Colorado

11 Inpatient Facilities

Total of 190 beds

The majority of these beds are operated as acute hospice beds with a lesser percentage "residential" beds.

The Need

- There is no residential level of hospice care covered under Medicare.
- The criteria for "skilled nursing facility" coverage under Part A is less stringent than for General Inpatient under Medicare.
- Patients are often "skilled" when being sent home from the hospital to die because it is 100% coverage for 20 days.

The Need

- Patients in a nursing home under Part A cannot access hospice care at all.
- They often suffer from pain and other end of life troubling symptoms and their families lack support.
- Because of their small size, hospice facilities cannot extend indigent care to residential patients, and cannot care for Medicaid patients in a residential capacity without reimbursement.

The Need

Some hospices have sought certification as nursing homes (Hospice St. John) in order to care for Medicaid patients, but the certification requirements for long term care do not conform with the needs of hospice patients (nutrition and activities requirements, for example).

Proposed Solution

- Offer residential hospice to patients who qualify for Medicaid coverage for long term care.
- Reimburse hospices the 95% room and board that would be paid the nursing home if the patient were simultaneously enrolled in hospice.
- Allow hospices to bill the routine home care rate to either Medicare or Medicaid for these patients in addition.

Advanced Illness Management

- Many philanthropically supported palliative care management programs have existed in Colorado for over a decade.
- These programs offer care management, coordination and intervention to patients who otherwise would fall in between programs like hospice and home health due to eligibility requirements like 6 month prognosis or home bound.

Care Models

- Social Work Case Managers
- RN Case Managers
- ANP Case Managers
- Telephonic Case Management

Different levels of professionals & interventions are utilized with patients as defined by diagnosis and severity cohorts.

Opportunities

For patients who qualify for Medicaid – particularly patients who qualify for Medicaid under LTC diversion, could be provided advanced illness management that may avoid nursing home placement.

Representative Results

- Costs averaging $350 or less per month per client.
- Positive overall cost savings to health care systems (Kaiser experience)
- Patient and family satisfaction
- Earlier hospice referrals
- Symptom burden relief