Hospice Staff Visits to Patients and Families When Death Is Imminent

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Study Design

- Qualitative information gathering activities included the following:
  - an environmental scan of peer-reviewed literature in PubMed, clinical guidelines, and technical reports;
  - focus groups with hospice patient caregivers (representing consumers) and 9 hospice providers; and
  - technical reports and NQF TEER meetings.
- Quantitative analysis used Medicare hospice claims data to assess hospice staff visits, by each discipline on each day in the last week of the patient’s life.
- Population Studied: All Medicare hospice patients who died under hospice care in 2014. The quantitative analysis sample included 11,392 patients.

Background

- The last week of life is typically the period in the terminal illness trajectory with the highest symptom burdens for patients and caregivers.
- Particularly during the last few days of life, patients and their families experience physical and emotional symptoms, resulting in close care and attention from the integrated hospice team.
- Hospice responsiveness during times of pain and caregiver need is an important aspect of care for hospice patients.
- Several organizations and panels identify care of the imminently dying patient as an area of high priority.
- CMS and RTI are developing a quality measure set that will assess frequency and types of visits provided by hospice at the end of life. The measure set will calculate using assessment data, which allows for assessment of types of visits provided by hospice at the end of life, visits or phone calls.
- Some providers use phone calls to supplement care provided in person, but Medical Social Services phone calls accounted for only 1% of visits or phone calls in the final 7 days of life, or 12% of all Medical Social Services visits or phone calls.
- We obtained large variation across patients in the number of visits and phone calls received.

Research Objectives

- To develop study methods to examine the importance of visits at the end of life among hospice patients and family, and receive the evidence necessary to guide to quality of care.
- To develop survey to evaluate variation in hospice care provided at the end of life.

Principal Findings

- Importance of Visits at End of Life
  - The literature shows that clinician visits to patients at the end of life are associated with improved symptom management, reduced pain medication, emergency room visits, and hospital death.
  - Decreased distress for caregivers; and higher satisfaction with care.
  - Termination of our qualitative research support the importance of visits at the end of life to survivors, proxies, and providers.
- Patients receiving at least one visit:
  - 95.4% of patients received at least one visit from a hospice staff provider; and
  - 62.6% of patients received at least one visit from a hospice aide.
- Patients are increasingly likely to receive a visit when death is imminent.
- Visits from social workers, chaplains, licensed practical nurses, and aides address supportive care.
- Frequency of visits not captured by Medicare claims (e.g., phone calls accounting for only 1% of visits or phone calls in the final 7 days of life).

Visits Provided at End of Life

- Patients receiving at least one visit:
  - In the last 7 days of life, 95.4% of patients received at least one visit from any hospice staff or 62.6% of patients received at least one visit from a hospice aide.
  - Patients are increasingly likely to receive a visit when death is imminent.

Study Design (continued)

- Visits to patients and families were identified using the Hospice Consumer Assessment of Healthcare Providers and Systems Hospice Consumer Assessment of Healthcare Providers and Systems consumer-level visits or phone calls.
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Number of visits received:

- Number of visits in last 7 days is split between disciplines, with the majority of visits being provided by skilled nursing.
  - 4.2 nursing visits;
  - 1.9 aide visits in the last 7 days of life.

Principal Findings (continued)

- Percentage of patients receiving at least one visit from any hospice staff or aide in the final 7 days of life: 95.4% and 62.6%, respectively.

Discussion

- The results of our qualitative research support the importance of the visits at the end of life to consumers, providers, and experts in the field.
- Assessing hospice staff visits to patients and families when death is imminent can provide quality information to consumers and hospices and inform value-based care improvement.
- The qualitative analysis findings described here include patients in all levels of hospice care (intensive care, continuous home care, and general care); and General Inpatient Care (IPG) is likely then that variation in visits received by level of care. Further analysis should be conducted to stratify results by level of care.

Acknowledgments

- This research was funded by the Centers for Medicare & Medicaid Services under Contract No. HHSM-500-2014-00008I.
- The statements contained in this poster are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services.

More Information

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Policy Implications

- Currently, the CMS HQRP does not have high-quality measures addressing care beyond the initial assessment when death is imminent.
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