Analysis Of Trends In General Inpatient Care (GIP) Utilization

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Abstract

Background

General inpatient care (GIP) is short-term inpatient care provided in a hospice facility, hospital or SNF for pain control or acute or chronic symptom management which cannot be managed in other settings. Extant research suggests differences in Medicare spending and length of stays across different sites of service, providers, and geographic location for GIP.

Research Objectives

To use claims data to analyze GIP utilization. Factors examined include: volume, length of stay (LOS), site of service, and transitions to and from GIP; and characteristics of providers who provide GIP.

Methods

We used 2010-11 CMS hospice claims to present descriptive analysis on GIP utilization (last quarter of 2011 has incomplete claims). "GIP stay" defined as consecutive GIP days in hospice claims file.

Results

500,579 beneficiaries had 553,397 GIP stays comprised of 3,134,952 GIP days. Average GIP LOS was 5.7 days (mode=2 days). GIP LOS varied by site of service (6.3 days at inpatient hospices; 4.7 days at inpatient hospitals). Approximately 65% and nearly 25% of GIP stays were provided in inpatient hospices and inpatient hospitals, respectively. Most GIP stays began within 3 days of the start of the beneficiary's hospice episode and ended within 3 days of the end of the beneficiary's hospice episode. For 65% of GIP stays, the beneficiary was not in hospice on the day immediately preceding their first GIP day. Nearly 80% of all hospice providers provided at least one GIP day. Most providers billed less than 13% of their hospice days as GIP days (average=1.5%); a small number exceeded 20%. A higher proportion of older hospices provide GIP than younger hospices, and nearly all large hospices provide GIP compared to half of small hospices. Nearly all New England providers provided GIP vs. three-quarter of Southern providers.

Conclusion

There are important variation in GIP utilization by LOS, site of service, and provider characteristics. Most beneficiaries who had a GIP stay began their hospice episode receiving GIP level of care. tendency describe the typical experience for providers.

Implications for research, policy, or practice:

Ongoing analyses seek to better understand the underlying causes of variation and factors that influence transition to GIP.

Objectives

- To inform the hospice and palliative medicine community about utilization of general inpatient care (GIP) services
- To better understand characteristics of hospice providers who provide GIP services as well as those who do not provide any GIP services

Beneficiaries with a GIP Stay

- 25% (N=500,759) of all hospice beneficiaries had at least 1 GIP day in 2010-2011
- Average number of GIP stays per beneficiary: 1.11

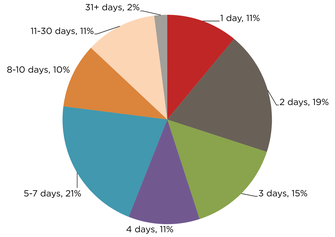
Number of GIP stays	Number of beneficiaries	%
1	463,256	92.5%
2	28,927	5.8%
3	5,531	1.1%
4+	3,045	0.6%
Total	500,759	100%

Number of GIP Stays

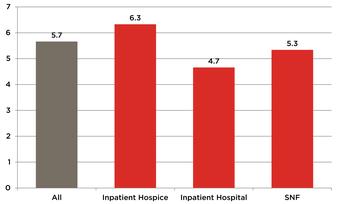
- 553,397 GIP stays in 2010-2011

Length of GIP stay		
Average	Median	Mode
5.7 days	4 days	2 days

Length of GIP Stay

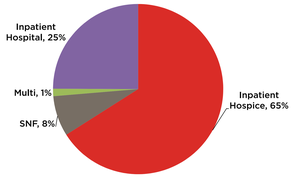


Average Length of GIP Stay (days) Across Sites of Service (SoS)

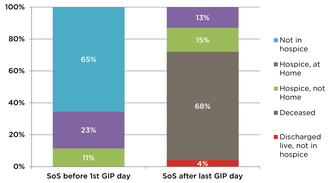


Share of GIP Days by SoS

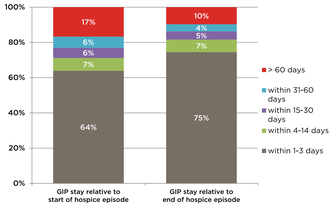
- 3,134,952 GIP days in 2010-2011



Transitions to and from GIP



Timing of GIP



GIP Providers

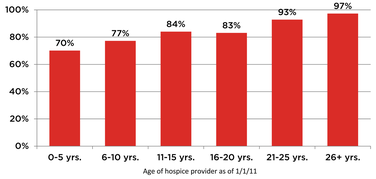
- 79% (N=2,853) of all hospice providers provided at least one GIP day in 2010-2011
- Variation in percent of GIP days among GIP providers:

		Percentile of GIP providers						
	Average	25th	50th	75th	90th	95th	99th	Max
% GIP days (GIP days/all days)	1.5%	0.1%	0.4%	1.7%	4.6%	6.8%	12.9%	28.4%

Variation in GIP Provision by Provider Age

- Higher proportion of older hospice providers provide GIP compared to younger hospice providers

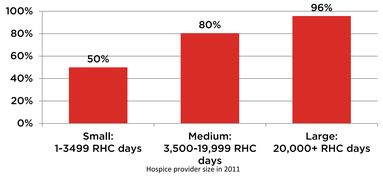
Percent of hospice providers who provided GIP, by provider age



Variation in GIP Provision by Provider Size

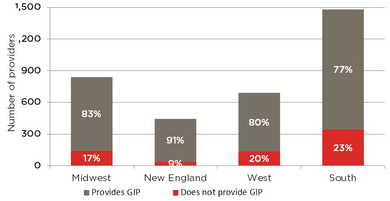
- Only half of small providers provide GIP vs. nearly all large providers provide GIP

Percent of hospice providers who provided GIP, by provider size



Variation in GIP Provision by Provider Geographic Location

- South has the greatest number of hospice providers, but lowest percentage of hospices that provide GIP



Conclusions

- Most GIP stays are short (5.6 days), but LOS varied by site of service
- Among beneficiaries who had any GIP day, most had just 1 GIP stay, although small percentage had multiple GIP stays
- Over half of beneficiaries were not in hospice the day immediately before their GIP stay
- Considerable variation in provider characteristics and provision of GIP
  - Age, size, share of GIP days, geographic location

Research Funders

The analyses upon which this publication is based were performed under Contract HHSM-500-2005-00018I, entitled, "Hospice Study and Report," funded by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The content of this presentation does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The author assumes full responsibility for the accuracy and completeness of the ideas presented.