



## 702. Lengths of Stay Management

**FINANCIAL MANAGEMENT CONFERENCE & EXPO**



## **702. Hospice Length of Stay Management**

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### **Continuing Education**

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- Accountant attendees can earn up to **18.9 CPEs**

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## Session Objectives

- Discuss the trends in the decreasing hospice short lengths of stay and the impact to hospice operations
- Review the influences leading to short lengths of stay in hospice
- Discuss the data regarding hospice care in the last 7 days and the quality measures
- Review models and approaches to address short length of stay to improve care and enhance the quality of services
- Review areas for analysis to address and mitigate the impact of short lengths of stay

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## Hospice Care the Gold Standard

- The model for hospice services provides patients and family with care at the end of life where ever home is for the patient.
- Pain and symptoms are managed.
- Care is centered around the whole person and geared to the individual needs
- Spiritual, emotional and physical support is provided
  - Including supplies, equipment and medication
- Care levels include:
  - Routine home care
  - Respite care
  - Continuous Care
  - General Inpatient Care

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## Utilization of Hospice Care

- Most people when contemplating their own death, would rather die at home in their own bed.
  - This desire is supported with the hospice model of care
- In 2016 48% of Medicare decedents were on hospice at the time of death
  - Less than half of the Medicare eligible patients died with the gold standard of care.

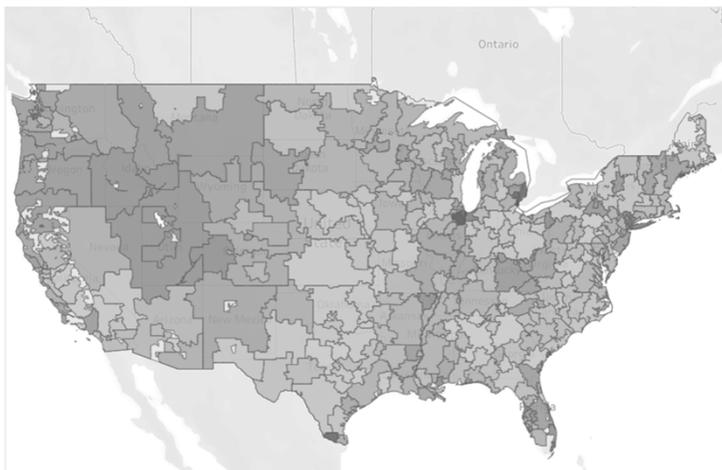
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## Causation for late use of Hospice

- Dartmouth Atlas study – funded by the Robert Wood Johnson Foundation:
  - Patients with serious illnesses said they would prefer to die at home
  - Most died in hospitals – 55% of the study subjects
  - Study suggested that even though a patient's preferences were to be treated conservatively the established practice patterns in hospitals had a greater weight than the patient's wishes in the care they received.
  - The study also found that even though patients with serious chronic illness received higher intensity inpatient services their survival time, or quality of life was not better than people who didn't receive these services

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Map: Hospital Admissions per 1,000 Decedents During the Last Six Months of Life, by HRR



The data set forth at <https://www.dartmouthatlas.org/interactive-apps/end-of-life-care/#hrr> of publication/press release was obtained from Dartmouth Atlas Data website, which was funded, in part, by the National Institute of Aging, under award number U01 AG046830 and by The Dartmouth Institute for Health Policy and Clinical Practice

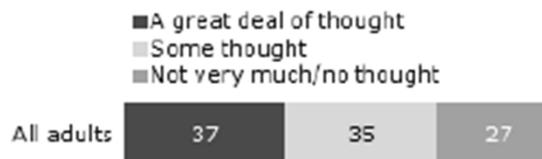
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## American Way

- Discussing and preparing for death is still not a common topic
  - A 2014 Pew Research study –
  - 37% of Americans say they have thought about what kind of care they would want at the end of life – Improved from 28% in 1990.
  - Only a **third (35%) say they have put their wishes in writing**
  - 27% haven't thought about it at all

### Thinking Through the Inevitable

*% of U.S. adults who say they have given their own wishes for end-of-life medical treatment ...*



Source: Pew Research Center survey March 21-April 8, 2013. Q34. Those saying "don't know" are not shown.

PEW RESEARCH CENTER

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## Looming Crisis for Hospice

- Seven out of ten Americans die from chronic disease and more than 90 million Americans have at least one chronic illness
- The aging population this number is expected to double in the next 25 years.
- The aging Baby Boomer population is likely to be living with serious illness for years.
  - 32% of Medicare spending is spent on the last two years of life for patients with serious illness in physician fees and hospitalizations.
- Changed demographics with less older people living with families nearby, more old and alone.
- Creates a serious growing issue for hospices

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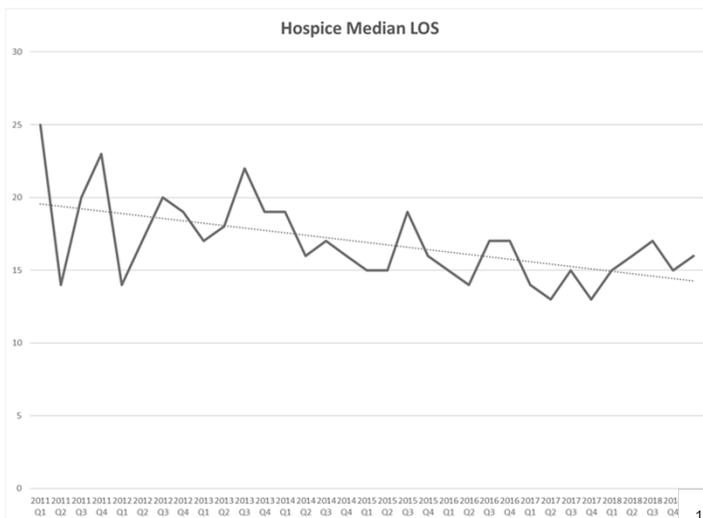
## Short Hospice Stay Causes

- Hospice benefit in Medicare was created with cancer diagnoses in mind, when a diagnosis of cancer was a terminal diagnosis.
  - Now 27% of hospice patients have a diagnosis of Cancer \* NHPCO
- Increases in patients with Chronic Conditions as a hospice primary diagnosis
  - Cancer diagnoses are more predictable than chronic conditions
  - Older people often die from combinations of conditions – which can be difficult to predict a terminal decline and a clear path to refer to hospice services

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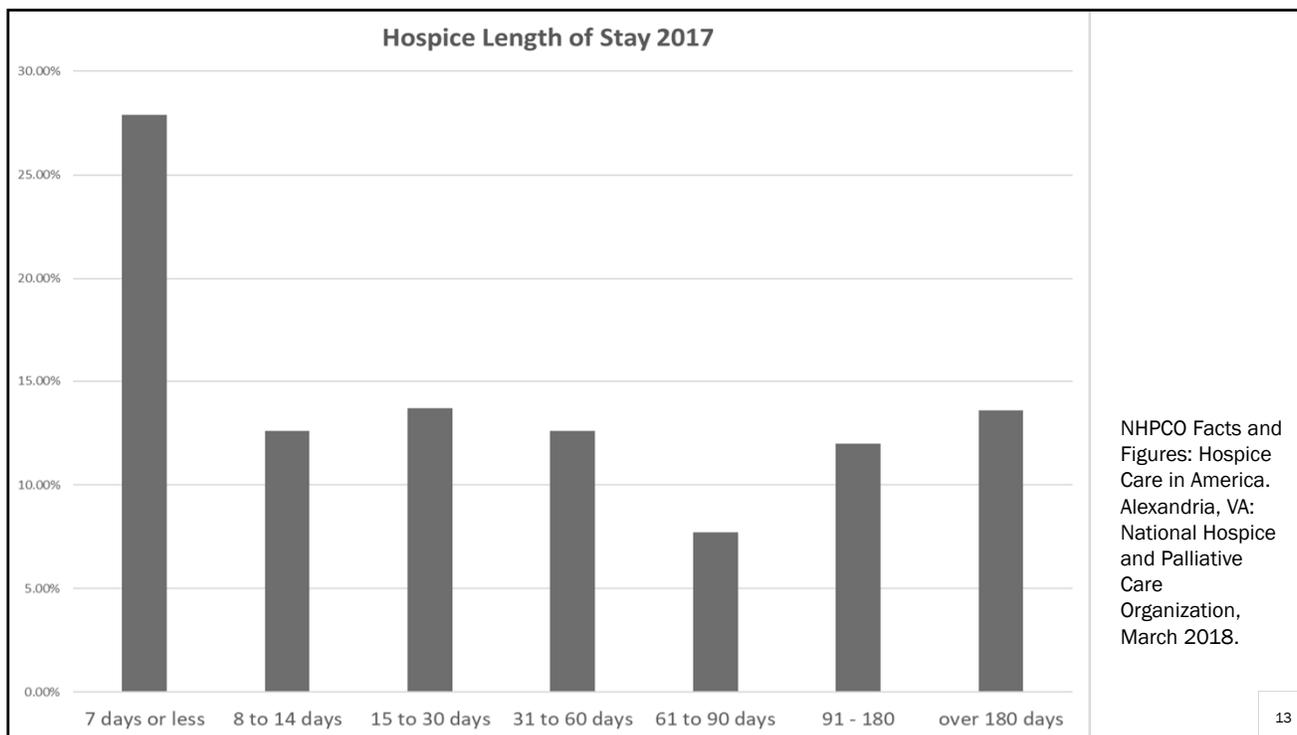
## The Downward Trend

- Over the past several years the average and median hospice lengths of stay have steadily decreased from 25 days to 15 days.
- This means that 50% of the hospice patients have stays less than 15 days.



## Trends in Hospice LOS

- Data from the NHPCO (2016) indicates only 11.9% of patients had a hospice stay of 91 to 180 days.
- In-depth analysis of the data revealed that 28.2% of patients spent fewer than 7 days in hospice care, and almost 55% experienced a length of stay of less than 30 days in hospice care



## Impacts to short LOS on the hospice

### Increase of intensity of services to patients with a short LOS

- Intense at admission
  - Coordination of services
  - Ordering medications
  - Delivering DME
  - Consents
  - Forms
  - Discussions
- Decrease in span of days to death
  - Management of symptoms

## Impacts to short LOS on the hospice

- Increase wear/tear on staff – Churn and Burn
  - Only able to manage smaller caseloads increasing cost of care
  - Tendency to burnout staff
    - Emotional toll of constant acuity and death
    - Larger burdens of documentation for the more acute periods
- Reductions in patient/family satisfaction
  - Study was conducted on family perceptions of hospice in short length of stay patients; Data suggested that the perception of being referred late was associated with the perception of overall lower satisfaction, greater concerns and unmet needs

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## Growth of Hospice & Scrutiny

Since 2006:

- More people have been accessing hospice services
  - 53% increase
- Growth in hospice providers
  - Increased by 43% since 2006
- Increase in hospice spending by 81%

Attention & Review

- Identification of improper payments
  - Eligibility
  - Technical requirements
    - Elections and certifications



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## CMS Data last 7 days

### 2019 Hospice Wage Index & Payment Rate Update and Hospice Quality Reporting Final Rule

- CMS is concerned about the **lack of increase in visits to hospice patients at the end of life.**
  - Beneficiaries appear to be receiving similar levels of care when compared to time periods prior to the implementation of payment policy reforms.
- CMS states this **may indicate that hospices are not providing additional resources** to patients during a time of increased need.
- Data collection on *Hospice Visits When Death Is Imminent* in 2017 will inform quality reporting for the Fy2019 annual payment update.

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## CMS Claims Data 2017

- During the last 7 days of life with hospice patients CMS found that on any given day
  - 89% of the time a Social Work visit was not done
  - 45% of the time a RN visit was not completed

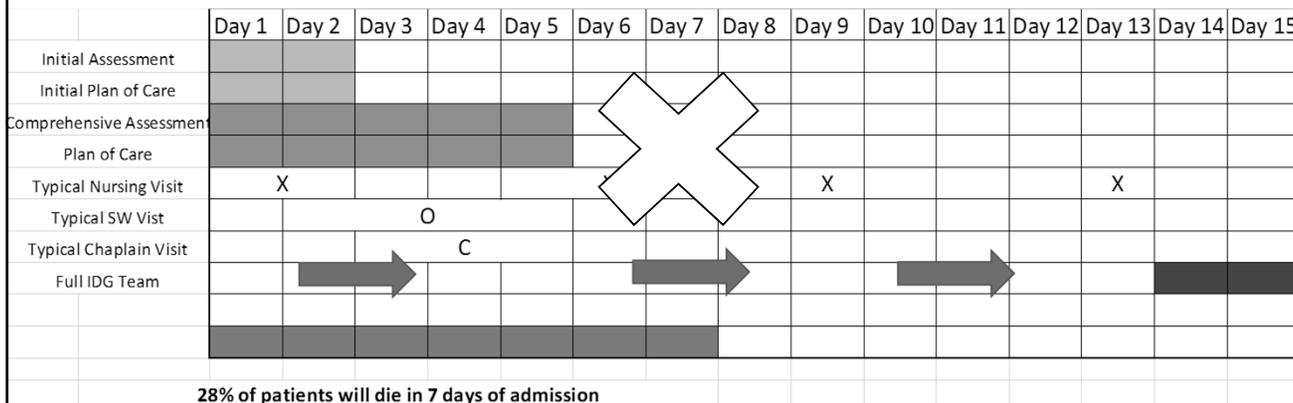
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## Measure Pairs

Hospice Visits when Death is Imminent is a pair of CMS hospice quality measures that assess hospice staff visits to patients at the end of life over three or seven days.

1. Assesses the percentage of patients who receive at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant in the last three days of life.
2. Assesses the percentage of patients receiving at least two visits from a medical social worker, chaplain or spiritual counselor, licensed practical nurse, or hospice aide in the last seven days of life

## Hospice model



## What to do

- Care approaches need to be tailored to the short stay patient needs
  - Worst time in their life and we need to be at our best
  - A lot needs to be accomplished for the patient and family in a short period of time
- Need to review what we do and its impact on care
  - Are we doing what we intended?
  - Are we working to make these last days a better experience or is it business as usual?

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## Where to start

- Understand the particular challenges to your hospice
  - Analyze data to understand the impact and develop approaches to address
  - Not all hospices will have exactly the same issues
  - Design a model to fix your particular problems
- Review
  - HIS Data
  - CAHPS data
  - Volumes & Timing of admissions
  - Referral source of admissions
  - LOS segregated by day
  - Continuity – 24/7/365

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## Referral Partners

Review the impact of referral partners

- Referrals to hospice from acute care facilities
  - Review data for referring hospitals
  - % of patients that expire within 6 months of discharge from acute care
  - Compare % referred directly to hospice and those that are referred to hospice later in their disease.

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## Admission Process

- Re-evaluate multi-step or complex admission processes
  - Timing from referral to admission
  - Steps involved in getting the patient on-to services
  - Admission nurse to case manager
  - Face to face delays
    - Timing from eligibility check to actual completion of face to face
    - Time from face to face to admission nurse visit
  - Time consumed scheduling admission
  - Admission nurse model
    - Handoffs to Case Manager
    - Number of unique nurses in home
  - Weekend/Holiday
    - Handoff and communication of needs

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## Communication & Coordination

- Assess how readily your hospice coordinates team responses to patient needs
  - Review short stay patient records to see the opportunities of missed communication
  - How quickly do teams 'rally the troops' to meet patient needs as they decline?
  - What do the handoffs look like?
    - Methods of communication
    - How many times do patients and families have to repeat their stories?

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## Early Identification

- Identifying a patient who may be a short stay is paramount to beginning any interventions
- Train staff – train the team
  - Train admission staff
  - Aides
  - SW
  - Chaplains
  - Volunteers

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## Identifying Patients

Recognizing and responding

- Recognizing symptoms that may indicate a rapidly declining patient
  - Physical symptoms
    - Changes in behaviors
    - Changes in physical activity
    - Mottling
    - Difficulty breathing
    - Increased pain
- Implementing care response to meet the needs

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## Models of Care

- Changing current model to focus on meeting patient immediate needs
  - Identification on admission or when patient declines
    - Early and accurate identification
- Implementation of a planned and thoughtful approach
  - 'Rapid Response'
  - Specialized teams prepared to meet the patient/families needs
    - All IDG team members
    - Including ASAP DME, Medications and Supplies

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## Models of Care

- Increased communications
  - Full IDG daily to review short stay patients
    - Use technology
    - Target to meet patient needs not own
- Partnering visits
  - Respecting urgent goodbyes – loved one's time with patient
  - Dealing with combination of intense physical/emotional needs
- Plan for rapid responses for other levels of care
  - GIP
  - Continuous Care
  - Respite

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## Models of Care

- Documentation
  - Streamline assessments
  - Focus Care planning processes
- Focus on hand offs
  - Day to night
  - Weekday to weekends/holidays
  - Ensure good communication
    - Make sure patient/family don't have to repeat story each time they speak with someone
    - Communicate with family/patient – check in and let them know you are there if needed in off hours

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## Operationalizing

- Special team in the hospice?
  - Different team that only provides care to short stay patients?
  - Impact to current team/continuity
    - Can 'regular' team manage both kinds of patients
    - Assess impact to agency
  - Managing continuity – scheduling considerations
- Staff needs
  - Intense care, death, repeat
  - Provide support
  - Consider team term limits
  - Case loads will be smaller – visits may be longer

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## Upstream Efforts

- A study published in 2005 by the Journal of Pain and Symptom management found the most common barriers for acceptance hospice care
  - Patient and family acceptance that this is the end of life
    - Have discussions in the pre-terminal stages of advanced illness
  - Advanced care planning
    - May assist to lay the groundwork for earlier and more successful hospice referrals
- Keep at community and physician education
- Advanced Illness management and Palliative Care programs

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## Questions/Discussion

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