



## **Hospice and Palliative Nurses Association Response to Article in the Washington Post 12/27/13**

As the national professional nursing organization that represents over 11,000 hospice and palliative nurses and other members of the interdisciplinary team, the Hospice and Palliative Nurses Association (HPNA) is concerned that the article published in The Washington Post, “In hospice, but not dying,” (12/27/13) by Peter Whoriskey and Dan Keating . Whoriskey and Keating failed to include some important information about the utilization and benefits of hospice care for individuals and their families. The hospice model of care has proven to be a very effective, interdisciplinary, patient-centered model of care. This model provides high quality care, expert symptom management, bereavement care for families after death, and patient and caregiver satisfaction, while also decreasing the overall cost of care. In reality, many patients who could benefit from hospice care never receive it or are referred only days to weeks before their death. The median Length of Stay (LOS) for hospice patients in 2012 was 18.7 days (NHPCO, 2013 Facts and Figures). This means that 50% of patients received hospice care for less than 3 weeks. One of the biggest concerns and frustrations of hospice team members is late patient referrals because they know patients and families could have received even greater benefit from hospice care from an earlier referral.

In an article published in Health Affairs (March 2013, 552-561), “Hospice Enrollment Saves money for Medicare and Improves Care Quality Across A Number of Different Lengths of Stay,” the authors reported that “within all periods examined, hospice patients had significantly lower rates of hospital service use and in-hospital death than matched controls.” The researchers reported cost savings of between \$2,561 - \$6,430 for Medicare beneficiaries receiving hospice care due to a drastically lower utilization of hospitalizations in hospice patients. In fact, in 2012 only 6.6% of hospice deaths occurred in the hospital setting (NHPCO- 2013 Facts and Figures). HPNA supports appropriate actions to monitor the quality of hospice care and also actions to hold organizations accountable if they are abusing the benefit.

In the recent Washington Post article, the authors stated “the way to run a hospice profitably is to enroll patients who stay for a long time.” The Medicare “Cap Credit” has already addressed this issue. If most patients stay on hospice longer than 6 months, the hospice loses money. The true goals of hospice organizations are to provide quality hospice care to all eligible patients, at the right time, by the right providers, and in the right setting to help patients and their families through their final journey together in a dignified and compassionate manner.