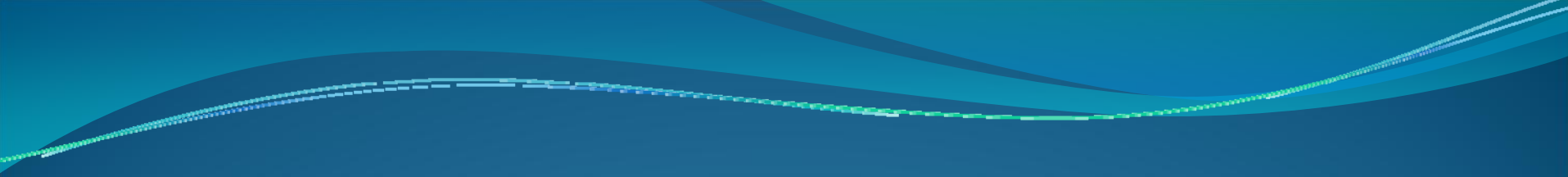


Building On Success: Innovations in End-of-Life Care

Angie Montes Truesdale
Director,
Public Policy

National Hospice & Palliative Care Organization
NHPCO Hospice Action Network

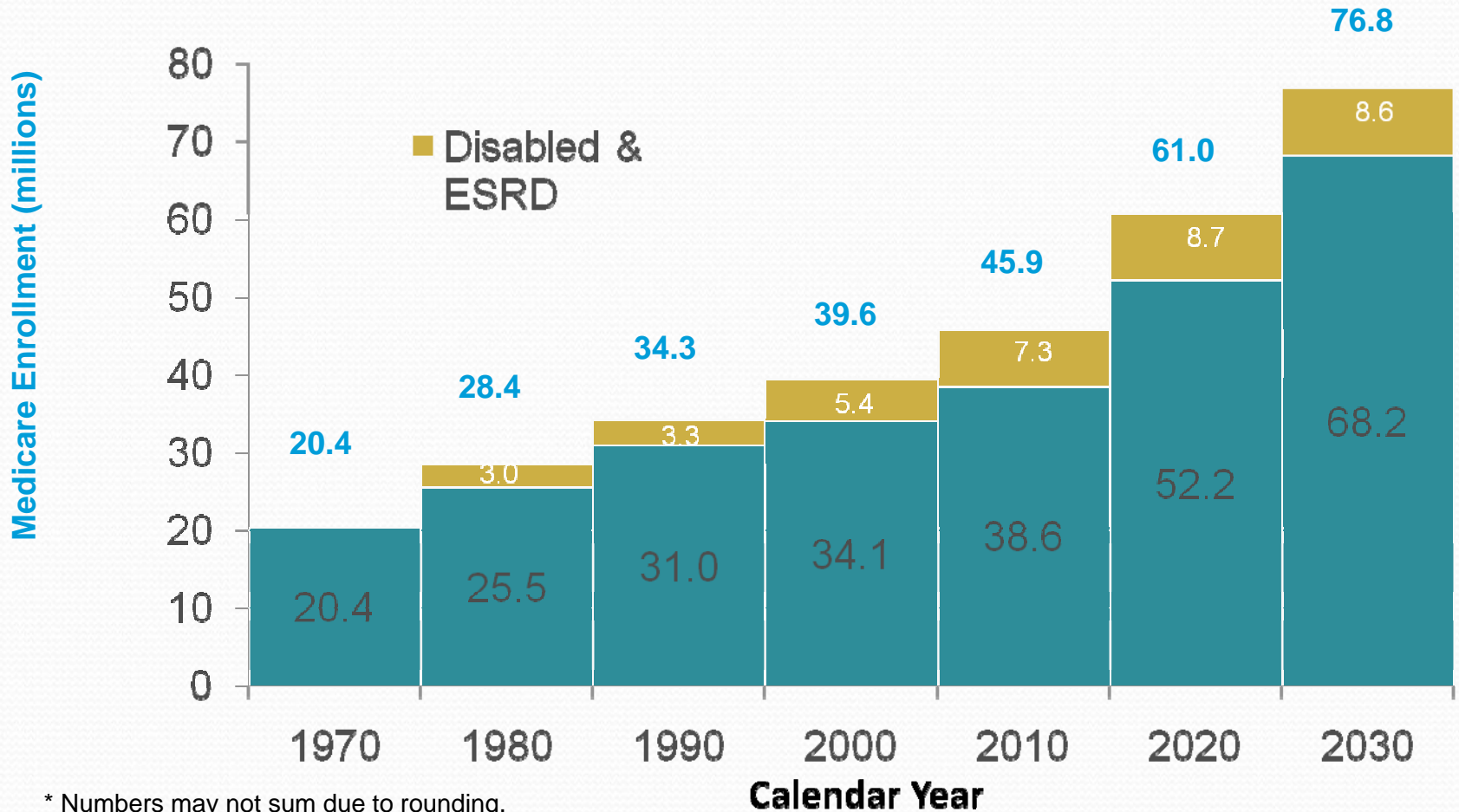


Hospice: a Medicare Success

MEDICARE BENEFICIARIES TO 2030

The number of people Medicare serves will nearly double by 2030

Number of Medicare Beneficiaries



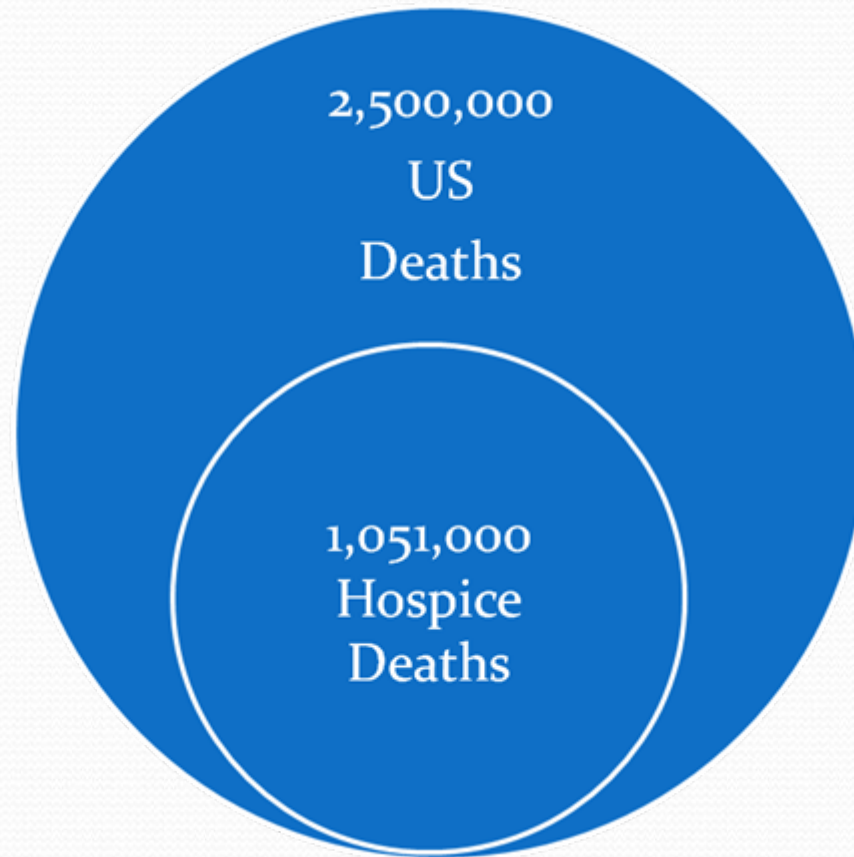
* Numbers may not sum due to rounding.

Source: CMS, Office of the Actuary.

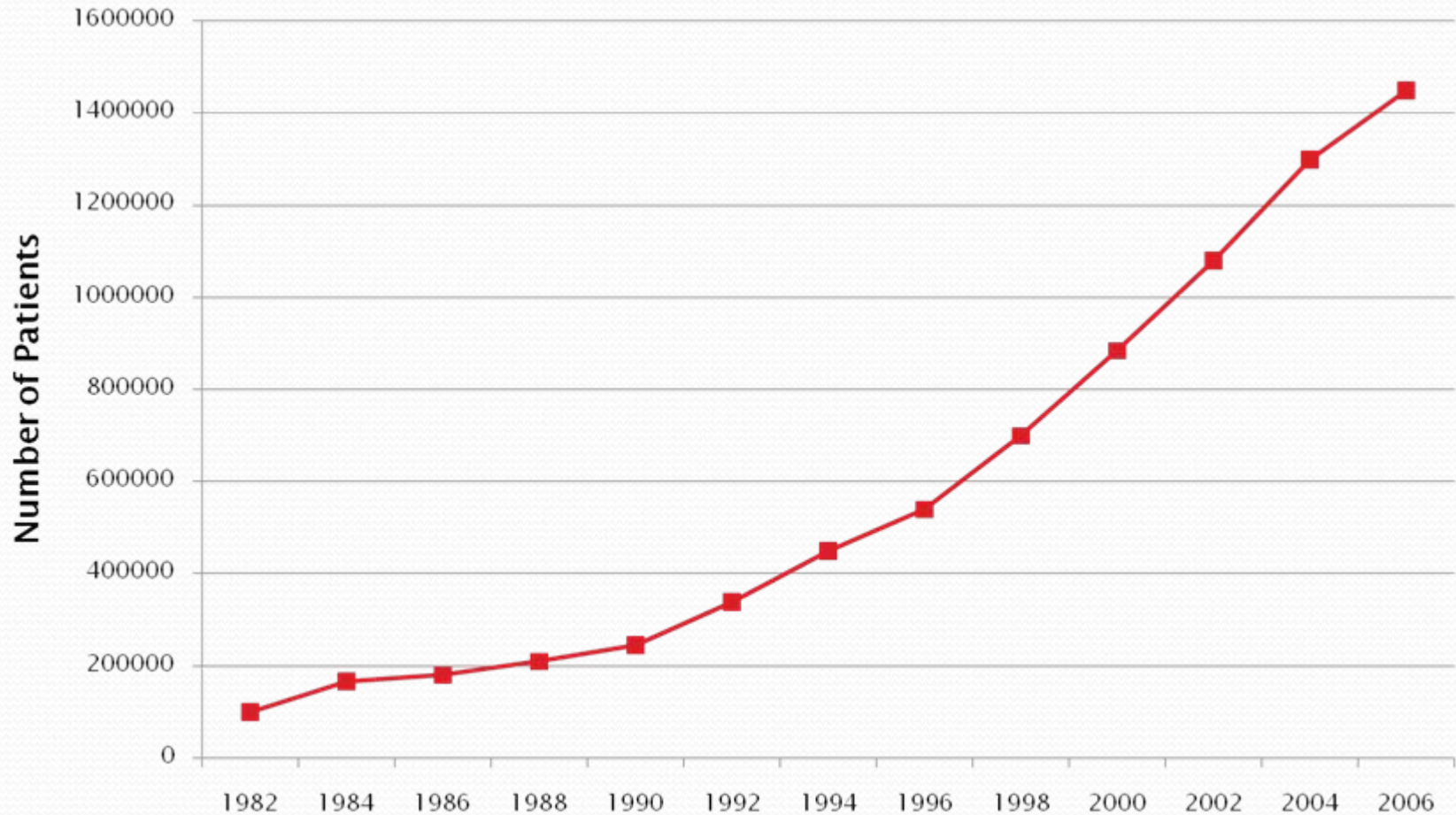
2008 Medicare Hospice Data

Total Medicare Patients Served	1,050,705
Total Medicare Reimbursement for 2008	\$11,197,481,617
Total Days of Care	74,968,108
Average Payment per Patient	\$10,657
Average Length of Stay	71 days

Number of Hospice Deaths in US

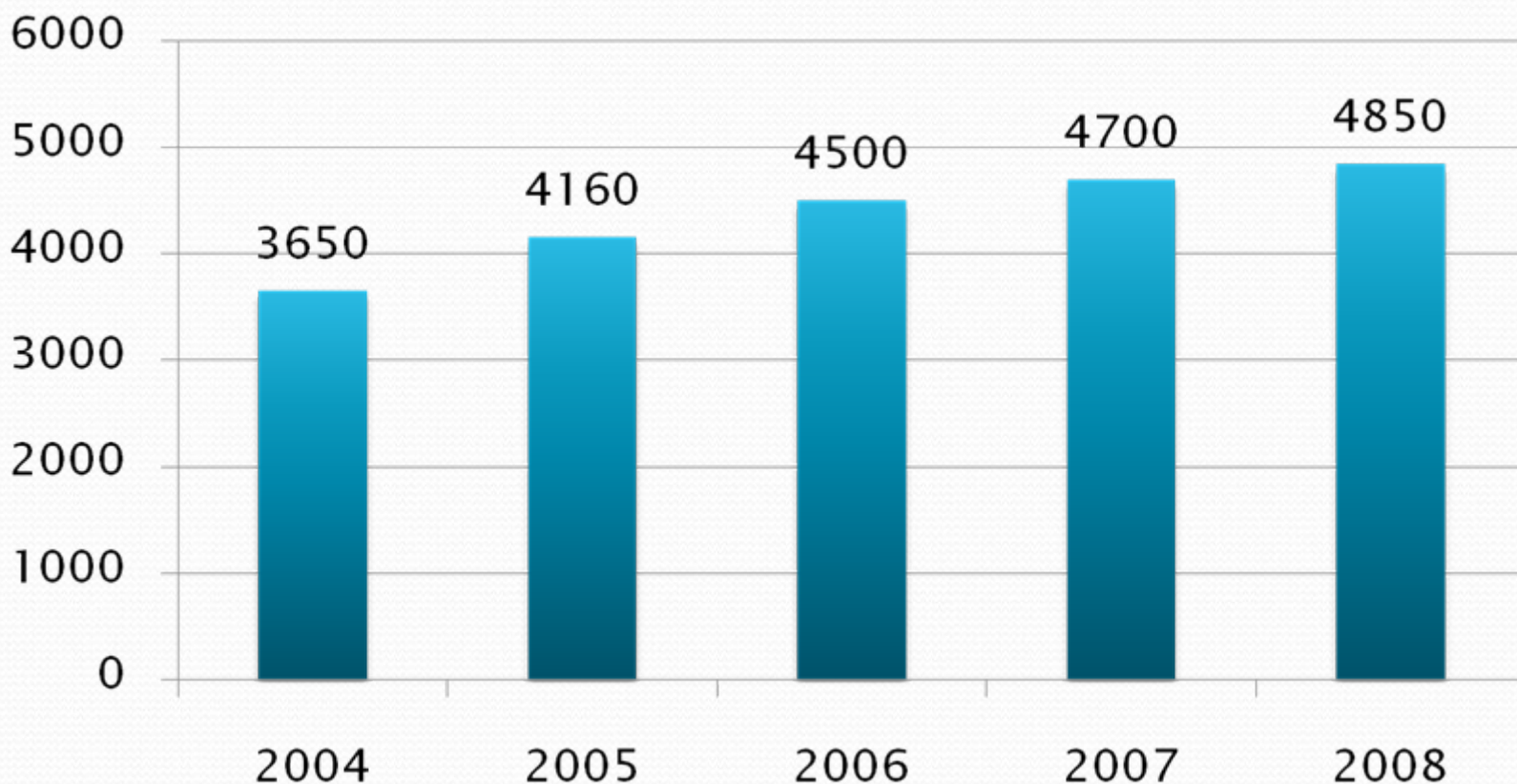


US Hospice Patient Growth 1982 – 2008



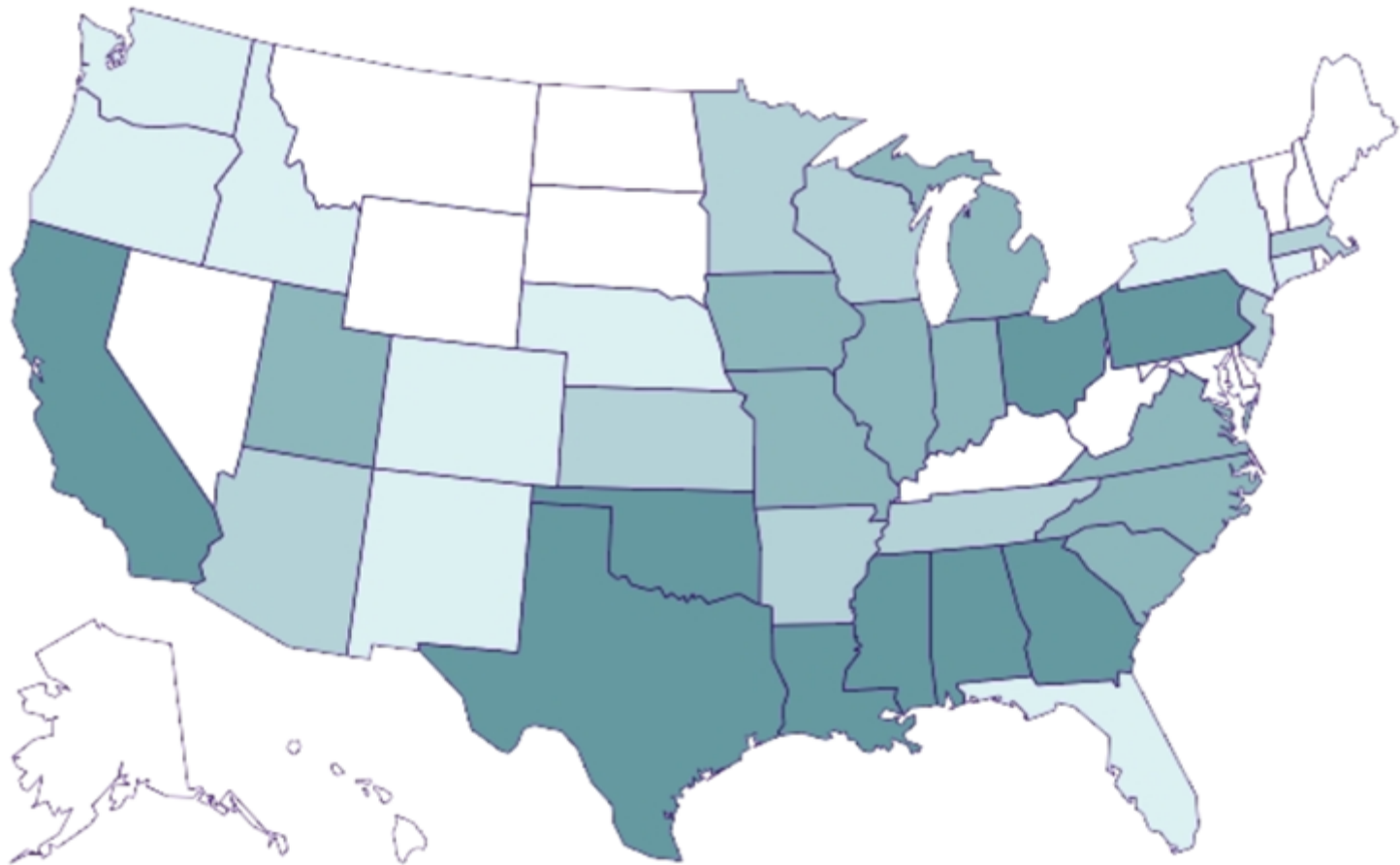
Source: National Hospice and Palliative Care Organization.
October 2009

Total Hospice Providers by Year



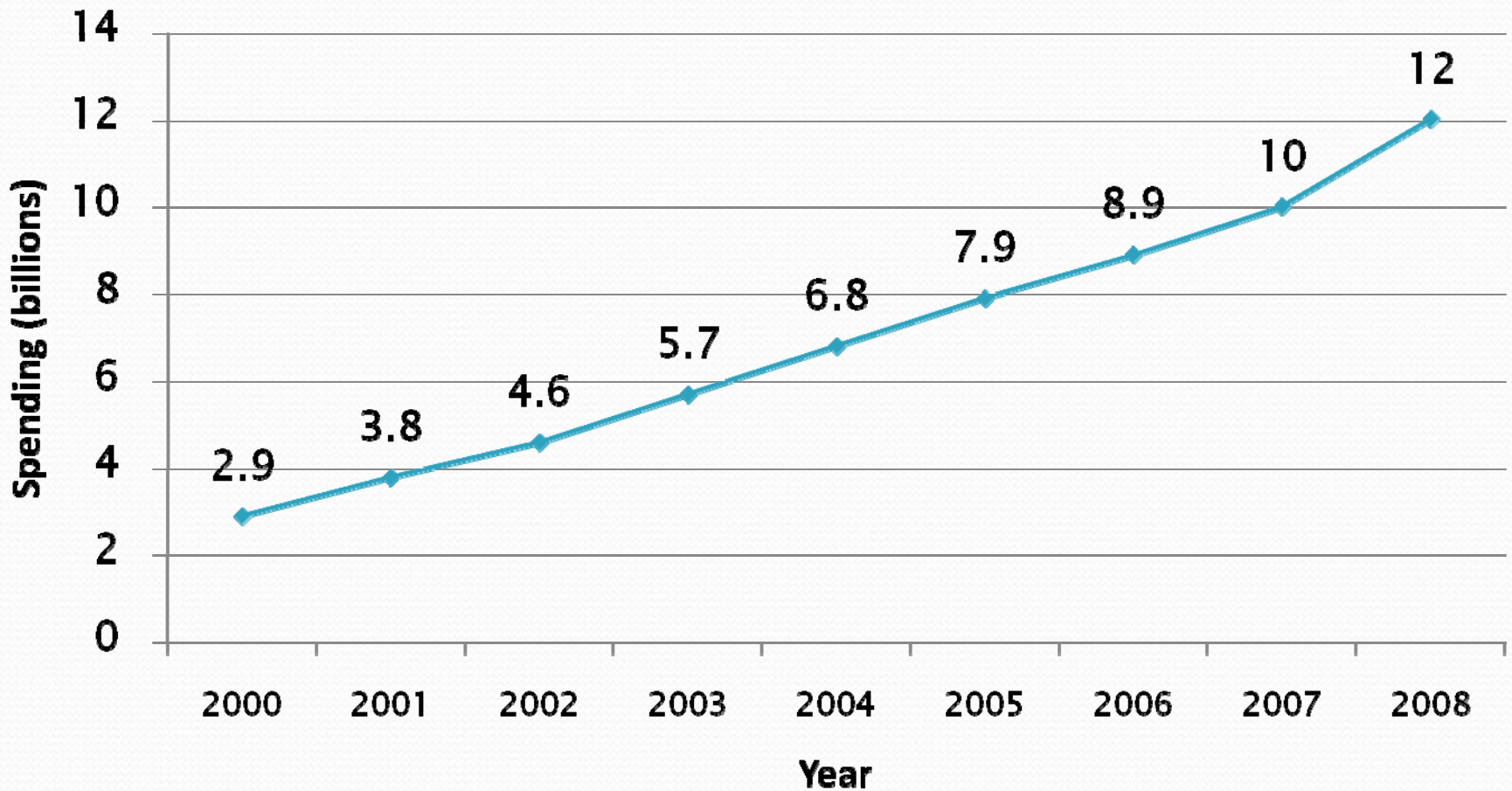
Source: NHPCO Facts and Figures 2004-2008

Medicare Certified Hospices by State



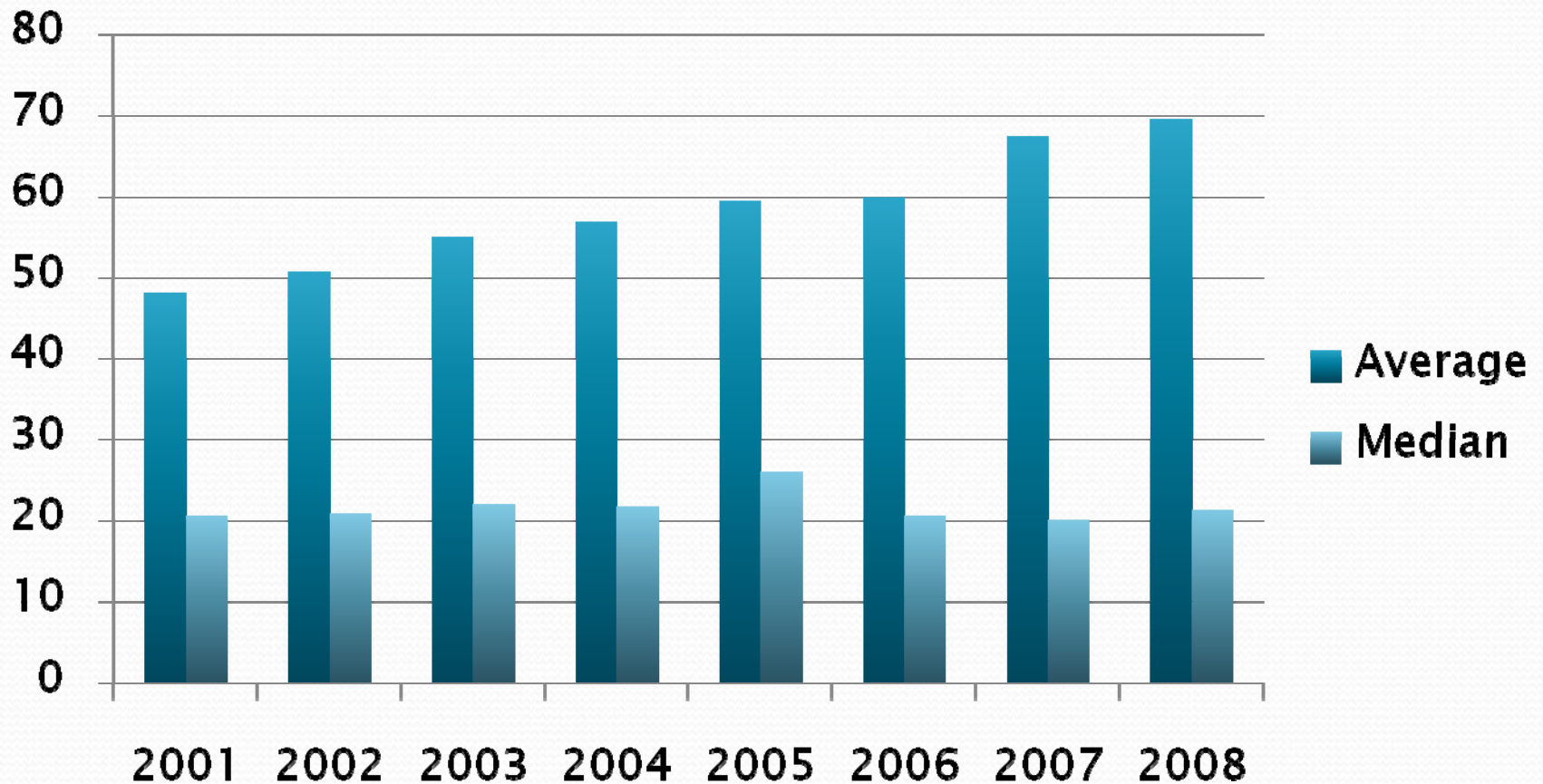
Hospices: 2 - 14 15 - 28 31 - 49 51 - 69 70 - 104 112 - 303

Hospice Spending Tripled between 2000 and 2008



Source: CMS Office of the Actuary

Average and Median Length of Stay



Source: NHPCO National Data Set 2001 – 2008

Patients by Payer Source

Payer	2008	2007
Medicare	84.3%	83.6%
Managed Care or Private Insurance	7.8%	8.5%
Medicaid	5.1%	5.0%
Uncompensated or Charity Care	1.3%	1.3%
Self Pay	0.7%	0.9%
Other Payment Sources	2.9%	2.9%

Location of Death

Location of Death	2008	2007
Patient's Place of Residence	68.8%	70.3%
Private Residence	40.7%	42.0%
Nursing Facility	22.0%	22.8%
Residential Facility	6.1%	5.5%
Hospice Inpatient Facility	21.0%	19.2%
Acute Care Hospital	10.1%	10.5%

Source: NHPCO Facts and Figures 2009



Policy Goals

“Bending the cost curve”

- Dartmouth Atlas

- Almost 55 percent of total spent in last two years of life was in an acute care setting
- 27 percent of Medicare costs are in last year of life

- Duke Study

- Hospice saves, on average, \$2,300 per patient
 - Cost effective for 233 days (cancer)
 - Cost effective for 154 days (non-cancer)
- Costs would be reduced for 7 out of 10 patients if hospice was used longer

The top of the slide features several decorative, wavy lines in various shades of blue and teal, creating a modern, flowing header design.

New Models of Care

NHPCO Innovations

- Concurrent Care
 - 6 months (hospice eligible)
 - Hospice provides normal range of services
 - Concurrent “conventional therapies” allowed
 - Hospice paid “normal” rates
- Transition Care Management
 - 18 months
 - Consultative services
 - Provided by team or individual members of IDT
 - Hospice paid according to physician rates, or by services

Concurrent Care Model

- Patients must be terminally ill
- Six month prognosis required (mirrors hospice)
- Hospice provides full range of services
 - Palliation and management of terminal illness
- Patient receives full range of “conventional” services
 - Billed to Medicare, based on service provider

Transitional Care Management Model

- Patients must be terminally ill (advanced illnesses)
- Life expectancy of 18 months or less
- Patients and families would have access to full range of conventional therapies
- Reimbursement based on consultative model
 - Based on physician fee schedule, varies based upon professional delivering services

TCM, continued

- Hospice would provide, as needed:
 - Palliative care services
 - End-of-life care planning
 - Counseling
 - Advance care planning
 - Informed decision making
 - Discussions of supportive services

Expected Results

- Lowered costs
 - Fewer emergency room visits
 - Fewer ambulance charges
 - Fewer acute care hospital stays
 - Less futile care
- Higher patient satisfaction
 - Meeting patient (and family) needs
 - Better understanding of care goals
 - Better coordination of care

Assessment

- Comparison of costs from date of admission until death to matched cohort group
- Location of death and number of health locale transitions
 - including amount of time spent in each
- Quality of life measures
 - Family Evaluation of Hospice Care (FEHC)
 - Patient Evaluation of Hospice Care (PEHC)

Evaluation

Academic institution

- Experienced in studying cost effectiveness in end of life care
- Interim report at end of 18 months
- Final report due not later than one year after completion of project

Next Steps

- Concurrent care model is in HCR bill
- Transitional Care management model included in NHPCO legislative agenda
 - Included in S. 1263.
 - Drafting by task force of Public Policy Committee
 - Inclusion in improvement and accountability package
 - Congressional sponsors
 - Introduction, hearings and passage

Questions & Discussion?