

New Facts and Figures on Hospice Care in America

NHPCO has just released the 2010 edition of *NHPCO Facts and Figures: Hospice Care in America*. Through an easy-to-read narrative that is written for the ‘non-hospice’ reader, this 15-page report offers a national-level snapshot of hospice utilization, patient and provider demographics, and payer sources for 2009.

Findings from the report are based on data from NHPCO’s annual survey, the National Data Set (NDS), and NHPCO membership data. Secondary sources include Medicare Provider of Services certification data, Medicare hospice cost report data, state-mandated data submissions and state association membership surveys.

Many members use the report’s findings in both their community and advocacy outreach, but the findings have also become a valued resource for members of the media, hospice advocates, and government agencies, such as CMS. For example, the 2009 edition has been accessed from the NHPCO website more than 76,000 times.

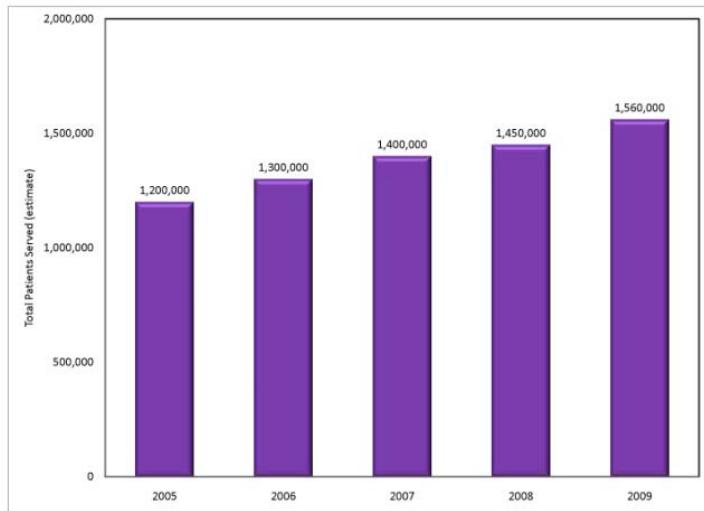
The 2010 edition is now posted on the [NHPCO website](#). Beginning on page 4, we highlight some of the key findings....

Hospice Utilization

More People are Being Served Annually

As noted in Figure 2 from *NHPCO Facts and Figures*, 1.56 million patients were served in 2009—up nearly 7.5 percent from 2008. Included in this number are 1,020,000 patients who died; 294,000 patients who remained on the hospice census at the end of 2009 (i.e., carryovers); and 243,000 who were discharged alive.

Figure 2: Total Hospice Patients Served by Year



More People are Also Being Served on Any Given Day

The average daily census (or the number of patients cared for by a hospice program on any given day) has steadily increased over the past three years—from a mean average of 90.2 patients per day in 2007, to 106 in 2008, and up to 116.3 in 2009.

Half of Patients Receive Care for More than Three Weeks

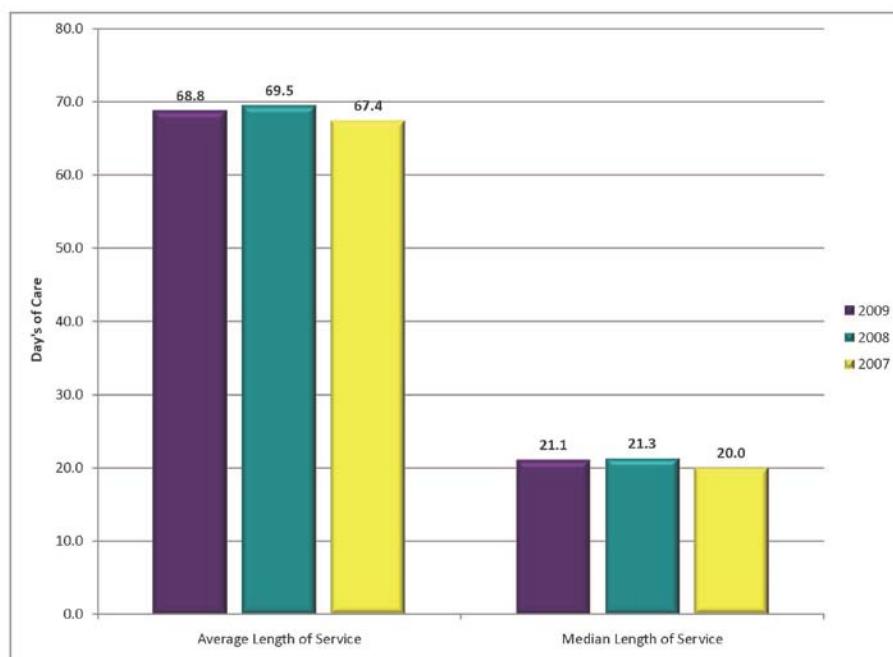
NHPco Facts and Figures reports on length of service (or length of stay) in two ways: as an average and as a median. As shown in Figure 4:

- The median length of service (50th percentile) in 2009 was 21.1 days, down slightly from 2008 (21.3 days). This means that half of hospice patients received care for less than three weeks and half received care for more than three weeks.
- Average length of service also declined. In 2009, it was 69 days compared to 69.5 days in 2008.

It's worth noting that many researchers consider the "median length of service" to be a more meaningful measure for understanding the experience of the typical patient since it is not influenced by outliers (i.e., extreme values that skew the average).

Still, both statistics point to the continued trend toward shorter lengths of service, an issue that has challenged hospice providers over the past several years. While "late referrals" are certainly a factor, disease course and access to care are also contributing factors.

Figure 4: Length of Service by Year



The Faces Behind the Numbers

Gender

In 2009, 53.8 percent of hospice patients were female while 46.2 percent were male.

Age

As shown in Table 3, there was a slight decrease in the number of patients in the 75-84 age group and a slight increase in the number over age 85. However, in looking back at data from the last four years, there is clearly an upward trend in the number of patients, over age 85, who are being served by hospice: 33.2 percent in 2006; 36.6 percent in 2007; 37.8 percent in 2008; and 38 percent in 2009.

Since older patients tend to have more co-morbid conditions which are also more medically complex, this upward trend has implications for the intensity of services that hospices must provide.

Table 3: Percentage of Hospice Patients by Age

Patient Age Category	2009	2008
Less than 24 years	0.4%	0.4%
25 - 34 years	0.4%	0.5%
35 - 64 years	16.3%	15.9%
65 - 74 years	16.3%	16.2%
75 - 84 years	28.7%	29.2%
85+ years	38.0%	37.8%

Ethnicity

Patients of minority (non-Caucasian) race accounted for nearly one of every five hospice patients who received care in 2009. However, as noted in Table 5, Caucasians still represent about 80 percent of hospice patients.

Table 5: Percentage of Hospice Patients by Race

Patient Race	2009	2008
White/Caucasian	80.5%	81.9%
Multiracial or Other Race	8.7%	9.5%
Black/African American	8.7%	7.2%
Asian, Hawaiian, Other Pacific Islander	1.9%	1.1%
American Indian or Alaskan Native	0.2%	0.3%

Primary Diagnosis

As shown in Table 6, there was a slightly smaller proportion of non-cancer admissions in 2009 when compared with 2008. However, in taking a broader view, there has clearly been a steady increase in the number of non-cancer patients served by hospice—53.6 percent in 2005; 55.9 percent in 2006; 58.7 percent in 2007; and 61.7 percent in 2008.

The 2009 data also show that more patients with a primary diagnosis of kidney, lung and non-ALS motor neuron diseases are being served by hospice. However, as in both 2007 and 2008, debility unspecified, heart disease and dementia still remain the most prevalent of the non-cancer diagnoses.

Table 6: Percentage of Hospice Admissions by Primary Diagnosis

Primary Diagnosis	2009	2008
Cancer	40.1%	38.3%
Non-Cancer Diagnoses	59.9%	61.7%
Debility Unspecified	13.1%	15.3%
Heart Disease	11.5%	11.7%
Dementia	11.2%	11.1%
Lung Disease	8.2%	7.9%
Other	4.5%	4.4%
Stroke or Coma	4.0%	4.0%
Kidney Disease (ESRD)	3.8%	2.8%
Non-ALS Motor Neuron	1.9%	1.5%
Liver Disease	1.8%	2.1%
HIV / AIDS	0.4%	0.5%
Amyotrophic Lateral Sclerosis (ALS)	0.4%	0.4%

Place of Residence

The majority of hospice care is still home-based care, whether the patient's home is a private residence, nursing home, or residential facility.

The most noticeable changes that occurred between 2008 and 2009 appear in the categories of nursing homes and residential facilities: The proportion of care received in nursing homes went down 3.1 percent while care in residential facilities (i.e., long-term care and assisted living facilities) went up 3.5 percent.

Table 1: Location of Death

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%



A Look at Programs and Staff

In 2009, there were approximately 5,000 hospice programs in operation, an increase of about 500 from the year before.

Some Decline in Small Programs

The number of programs with 1-49 patient admissions has steadily declined over the last three years—from 18.5 percent in 2007, to 18.1 percent in 2008, and down to 17.1 percent in 2009.

The number of mid-sized programs, on the other hand, has remained about the same:

- Programs with 50-150 patient admissions did jump from 28 percent in 2007 to 29.5 percent in 2008, but held steady at 29.4 percent in 2009.
- Programs with 151-500 patient admissions dropped from 32.9 percent in 2007 to 32.1 percent in 2008, but went back up to 32.9 percent in 2009.

The largest programs, with 1,500-plus patient admissions, have also remained steady—4.6 percent in 2007, 4.2 percent in 2008, and 4.5 percent in 2009.

Distribution of Paid FTEs Remains the Same

Despite the entire nation's recent economic challenges, the distribution of paid full-time equivalent employees (FTEs) has stayed about the same. While the proportion of nursing staff decreased slightly in 2009, nursing continues to comprise the largest percentage of FTEs by discipline.

In terms of the average caseload, the numbers vary by discipline. In 2009, a home-health aide cared for 9.8 patients; a nurse case manager cared for 10.8 patients; and a social worker cared for 24 patients.

Table 12: Distribution of Paid Staff FTEs

Staff Position	2009	2008
Clinical (direct patient care)	65.5%	65.3%
Nursing	30.7%	31.2%
Home Health Aides	18.1%	17.6%
Social Services	9.0%	9.1%
Physicians (excludes volunteers)	2.2%	2.1%
Chaplains	3.9%	3.4%
Other Clinical	2.1%	2.7%
Nursing (indirect clinical)	8.1%	8.2%
Non-clinical (administrative/general)	22.4%	24.2%
Bereavement	4.2%	4.2%

Volunteer Service Down 15 Percent

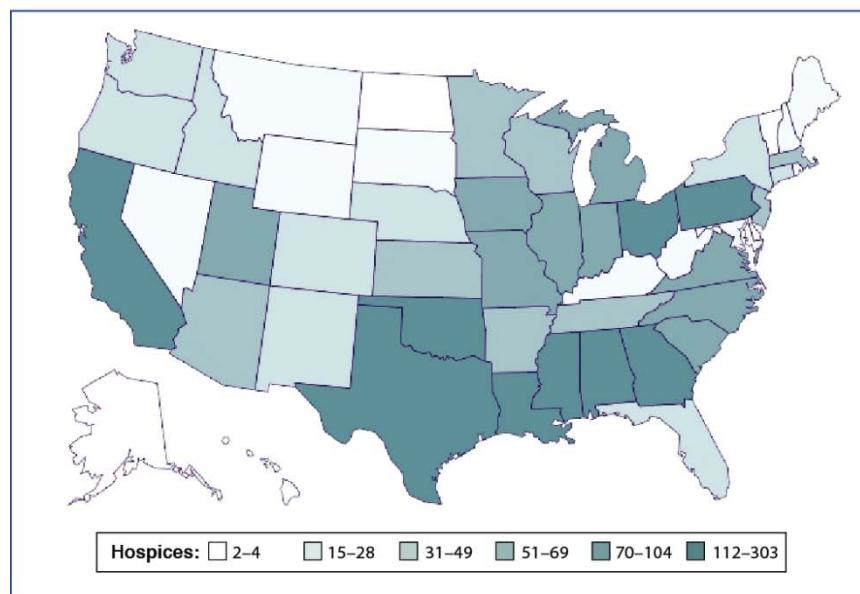
NHPCO estimates that in 2009, 468,000 hospice volunteers provided 22 million hours of service—with 57.6 percent providing direct patient care, 21.5 percent providing patient care support, and 20.9 percent providing general support. While still an impressive number, this represents about a 15 percent drop when compared with the 550,000 volunteers who served hospice in 2008.

Is there cause for concern? NHPCO's director of research, Carol Spence, says it is too early to tell. "There are a variety of reasons why volunteer service may have been down in 2009," notes Spence. "For example, in NHPCO's 2009 Economic Impact Study, hospices reported that many of their volunteers were being forced to seek paid employment because other family members had lost jobs. It's also possible that hospices have re-assigned their volunteers which would also affect the total reported." According to Spence, next year's numbers will provide a better understanding of whether the decline in volunteer service is a one-year phenomenon or a trend.

Who is Paying for Hospice Care

Approximately 93 percent of U.S. hospice programs have been certified by the Centers for Medicare and Medicaid Services (CMS) and can bill Medicare for the hospice services they provide to Medicare beneficiaries. As shown in the map below, the states with the largest number of certified programs include Alabama, California, Georgia, Louisiana, Mississippi, Ohio, Oklahoma, Pennsylvania and Texas.

Figure 9: Medicare-Certified Hospices by State



As shown in Table 10, the proportion of patients covered by the Medicare Hospice Benefit versus other sources was 89 percent.



Table 10: Percentage of Patient Care Days by Payer

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Insurance	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	0.9%	0.9%
Self Pay	0.4%	0.4%
Other Payment Source	0.6%	0.6%

How Hospices are Performing

NHPCO has developed a variety of performance measurement tools to help programs assess family satisfaction, staff satisfaction, bereavement services, and patient outcomes—and all of them are free to members. Using these tools can help programs:

- Identify components of quality care
- Discover what areas of care delivery are effective
- Target specific areas for improvement

NHPCO also provides comparative reporting of the results to help members assess their program's performance and how their performance stacks up against other programs in their state and in the nation.

Shown on the next page is a snapshot of how hospices performed in several key areas in both 2008 and 2009, based on data from several of these performance measurement tools. While hospice providers have clearly faced both economic and regulatory challenges, these findings show that their overall performance has remained constant.



Table 13: Sample NHPCO Hospice Performance Measures

Performance Measure	2009	2008
Family Evaluation of Hospice Care (FEHC)		
Hospice team clearly explained plan of care.	% "Yes"	96.6% 96.5%
Rating of care patient received under care of hospice.	% "Excellent"	75.6% 75.4%
Hospice response to evening / weekend needs.	% "Excellent"	66.4% 65.9%
Family Evaluation of Bereavement Services (FEBS)		
How well services met the needs of the bereavement client.	% "Very Well"	76.9% 76.7%
End Result Outcome Measures		
Patient's pain brought to a comfortable level within 48 hours of admission to hospice.	% "Yes"	70.5% 71.8%

To Learn More

The 15-page Facts and Figures report is available online—in a convenient PDF format. Visit www.nhpco.org/research.

While on the Research homepage, be sure to check out “Performance Measures.” This webpage provides information about the free tools just discussed.