Does Continuous Hospice Care Help Patients Remain at Home? (TH317-C)

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Objectives
- Describe patients who receive continuous care.
- Determine whether continuous care reduces the likelihood that patients will die in an inpatient unit or hospital.

Original Research Background: In the United States, hospices sometimes provide high-intensity “continuous care” in patients’ homes. However, little is known about the way that continuous care is used or what impact continuous care has on patient outcomes.

Research Objectives: To describe patients who receive continuous care and to determine whether continuous care reduces the likelihood that patients will die in an inpatient unit or hospital.

Methods: Patient data were extracted from the electronic medical records of 11 hospices in the CHOICE network (Coalition of Hospices Organized to Investigate Comparative Effectiveness). CHOICE is a research-focused collaborative of hospices that all use Suncoast Solutions Electronic Health Record (EHR) Software and which have agreed to share their data for research purposes.

Results: 99,687 (67.8%) patients were in a private home or nursing home on the day before death, and of these 10,140 (10.2%) received continuous care on the day before death. A propensity score-matched sample (N=24,658) included 8,524 patients who received continuous care and 16,134 patients who received routine care on the day before death. Using the two matched groups, patients who received continuous care on the day before death were significantly less likely to die in an inpatient hospice setting (OR, 0.37; 0.32-0.42; p<0.001) compared with those patients cared for by other family members (OR, 0.29; 0.27-0.34; p<0.001). When patients were cared for by a spouse, the use of continuous care was associated with a larger decrease in inpatient deaths (OR, 0.12; 0.09-0.16; p<0.001). The results were consistent across race, gender, and age groups.

Conclusions: Use of continuous care on the day before death is associated with a significant reduction in the use of inpatient care on the last day of life, particularly when patients are cared for by a spouse.

Implications for Research, Policy, or Practice: As hospice use continues to grow, it will be increasingly important that hospices define best practices in care.