Examining Emergency Room and Observational Stay Visits During Medicare Hospice Election (TH347-B)

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Objectives

• Understand the prevalence of emergency room and observational stay utilization during Medicare hospice election.

• Describe provider characteristics associated with high rates of emergency room and observation stay utilization during Medicare hospice election.

Original Research Background: Patients enrolled in the Medicare hospice benefit may occasionally use emergency room (ER) and observational stay (OV) services during a hospice election. Little is known about the extent and reasons behind use of these services.

Research Objectives: To examine the frequency and reasons why ER and OV visits occur during hospice elections.

Methods: We used Medicare hospice, Part A, and Part B claims to analyze the research question.

Results: We identified a cohort of 999,711 hospice enrollment periods with admission dates in 2010; of these, 64,239 enrollments (8.8% of the cohort total) were associated with 87,720 total ER/OV visits on days in which the beneficiary elected the hospice benefit. OV visits were a relatively small fraction of observed visits (2,225 visits were OV-only visits and 3,990 were both OV followed by an ER admission). Medicare was collectively billed $268.4 million for these visits, of which $189.4 million (70% of total) was attributable to inpatient ER payments. The most frequently appearing ER diagnostic resource group (DRG) category was septicemia/severe sepsis (1,460 visits, or 5.8% of total; associated with $15.8 million in ER payments), followed by kidney and urinary tract infections (947 ER visits) and hip and femur procedures (795 ER visits). ER/OV visit rates were higher in recently certified hospices (13.1 visits per 100 hospice enrollments in hospices certified 2005-2010 vs 7.3 visits per 100 enrollments in hospices certified in the 1980s; AIRR, 1.37; 95% CI, 1.32-1.41).

Conclusions: Only a small percentage of hospice enrollment periods had an ER or OV visit. ER visits occurred for a variety of reasons and weren’t clustered on a particular DRG.

Implications for Research, Policy, or Practice: While ER and OV visits are rare, Medicare pays a substantial amount for these services. We recommend ongoing data analysis, oversight, and monitoring to ensure that covered hospice services are not inappropriately billed to nonhospice parts of Medicare.