Factors Associated with the Hospitalization of Patients Receiving Hospice Care (TH317-B)

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Objectives

- Understand the prevalence of hospitalization, ED visits, and ICU stays of Medicare beneficiaries who use hospice.
- Understand the patient-level and hospice-level factors associated with hospitalization, ED visits, and ICU stays of Medicare beneficiaries who use hospice.

Original Research Background: There is a growing body of evidence indicating that outcomes related to hospital utilization, including the prevalence and correlates of hospitalization for individuals receiving hospice care.

Research Objectives: Estimate the prevalence and factors associated with hospitalization of hospice patients.

Methods: We conducted a longitudinal study of Medicare beneficiaries (N=149,814) newly enrolled in 591 hospices that responded to the National Hospice Survey (conducted September 2008 to November 2009) during the 3-month period following the hospice's survey completion date. For each beneficiary, we obtained all Medicare claims from 1 year prior to hospice enrollment to death. We used multivariate logistic regression models to estimate the associations between patient and hospice factors and hospitalization, ED visits, and ICU stays.

Results: The proportion of beneficiaries hospitalized while receiving hospice care was 9.2%, with an average of 12.2 days spent in the hospital. The proportion of patients with ED visits was 7.8%, and 2.9% had a least 1 day in the ICU. In multivariate analyses, hospitalization was significantly higher for patients who were nonwhite (AOR, 1.54; 95% CI, 1.41, 1.64), had a noncancer diagnosis (AOR, 1.47; 95% CI, 1.39, 1.54), and who were cared for by a for-profit hospice (AOR, 1.86; 95% CI, 1.63, 2.11). There was also significant regional variation with the highest hospitalization rates in the South Atlantic and South Central regions. Results for the outcomes of ED visits and ICU stays were similar.

Conclusions: Medicare beneficiaries receiving hospice care demonstrate marked variation in hospital, ED, and ICU utilization.

Implications for Research, Policy, or Practice: Our results regarding hospice ownership and region are consistent with existing evidence of hospice practice variation and may warrant policy interventions. Our findings regarding race and diagnosis may assist hospices in identifying patients at increased risk of hospitalization.