Understanding Variation in Utilization of Hospice Inpatient Respite Care (TH317-D)

Michael Plotzke, PhD, Abt Associates, Des Peres, MO
Alyssa Pozniak, PhD, Abt Associates, Cambridge, MA

Objectives
- Inform the hospice and palliative community about utilization of inpatient respite care (IRC) hospice services.
- Better understand characteristics of hospice providers who provide IRC services as well as those who do not provide any IRC services.

Original Research Background: Little is known about provision and utilization of inpatient respite care (IRC) by hospice providers and beneficiaries.

Research Objectives: To use claims data to analyze IRC utilization among hospice beneficiaries.

Methods: We used 2012 Medicare hospice claims to present descriptive analysis on IRC utilization.

Results: We found 3.5% (N=45,116) of hospice beneficiaries received at least one day of IRC in 2012. These beneficiaries had a total of 64,606 IRC stays associated with a total of 275,784 IRC days (IRC stay is defined as consecutive IRC days in the hospice claims). Among beneficiaries who had any IRC days, 77% had only one stay. The most common site of service for IRC was an inpatient hospice setting (34%), followed by skilled nursing facility (28%), LTC nursing facilities (18%), and hospitals (13%). The average length of stay for IRC was 4.3 days and varied by site of service (slightly shorter at inpatient hospitals compared to other settings). Sixty-two percent of IRC stays were 5 days; 5 days was also the mode and median.

Nearly 74% of hospice providers provided at least one IRC day in 2012. The average share of hospice days billed as IRC was 0.4%, but a small number of providers exceeded 2%. A higher proportion of older hospices provide IRC than younger hospices, and nearly all large hospices provide IRC compared to about a third of small hospices. A higher percentage of hospice providers in the Midwest and New England states provided IRC compared with hospice providers in the West or South.

Conclusion: There is variation in IRC utilization by LOS, site of service, and provision of IRC by provider characteristics.

Implications for Research, Policy, or Practice: Observed differences in utilization of IRC and provider characteristics may have implications regarding the availability of short-term inpatient relief for caregivers of hospice beneficiaries.