



2019 Maine State Hospice Report

A Proud Supporter of



Maine Hospice Council and Center for End of Life Care
Promoting Excellence in End-of-Life Care

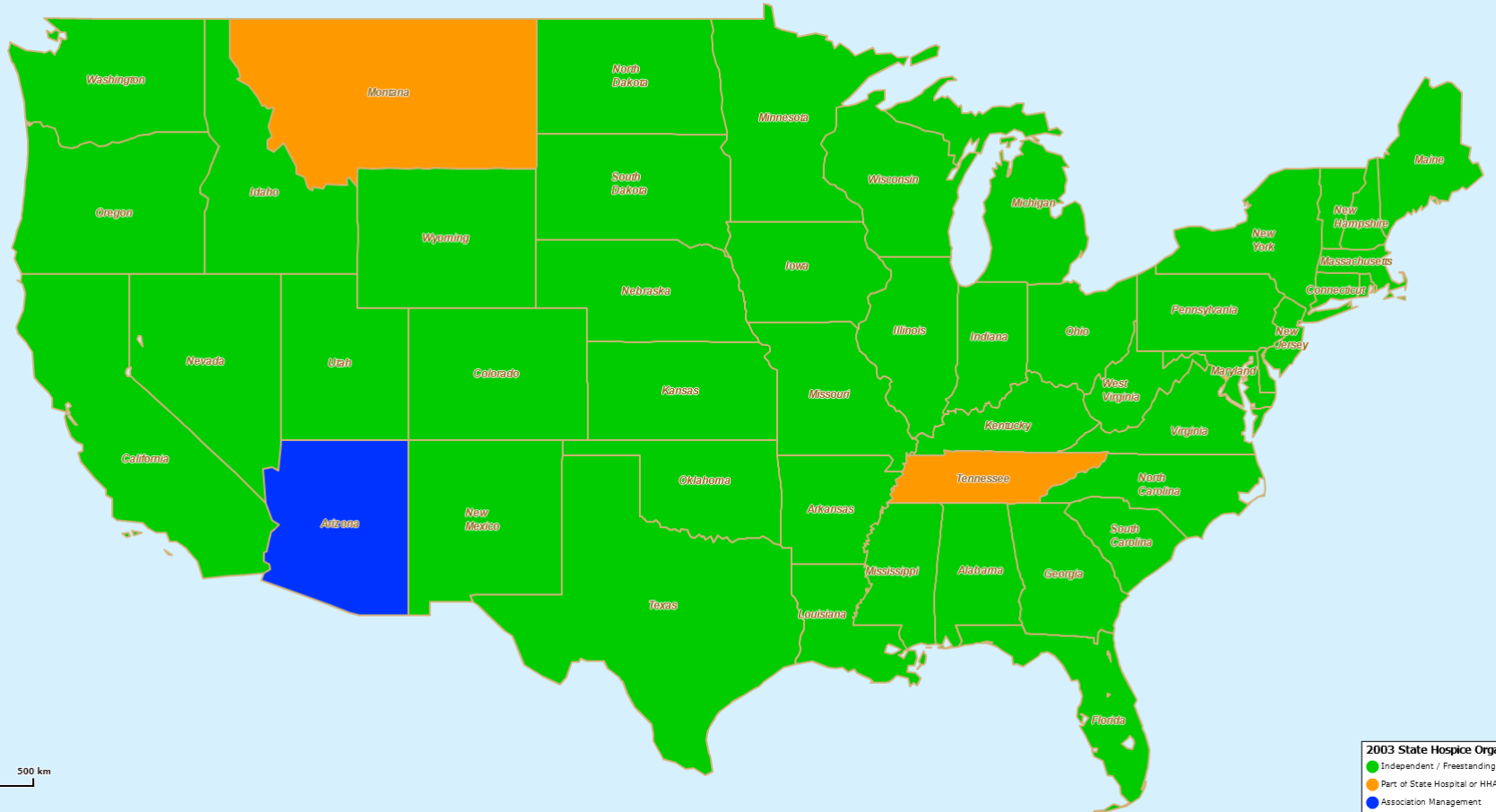
2017 Medicare Information
With 2016 Comparisons
Using Annual Files

6/14/19

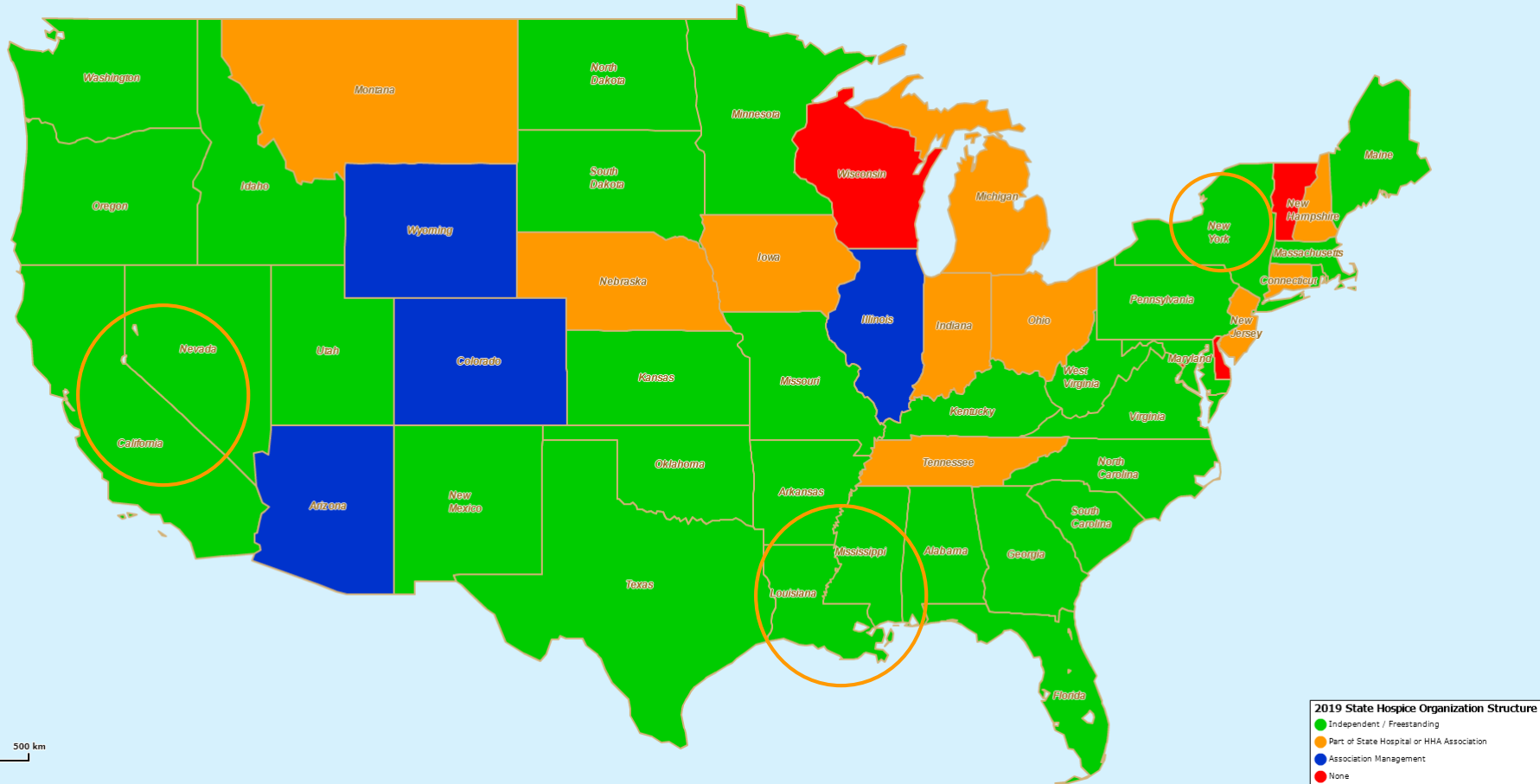
How have state hospice organizations changed?



2003 State Hospice Organization Structure



2019 State Hospice Organization Structure



Hospice Utilization



Hospice Utilization

- Is a measure of ACCESS...
- Is a measure of QUALITY...

Author's personal copy

Vol. 41 No. 6 June 2011

Letters

e5

Care Flanders. 2010. Palliative sedation guideline. [in Dutch]. Available from http://www.palliative.be/template.asp?f=r1_sedatie.htm#page=page-1. Accessed March 29, 2011.

Death Service Ratio: A Measure of Hospice Utilization and Cost Impact

To the Editor:

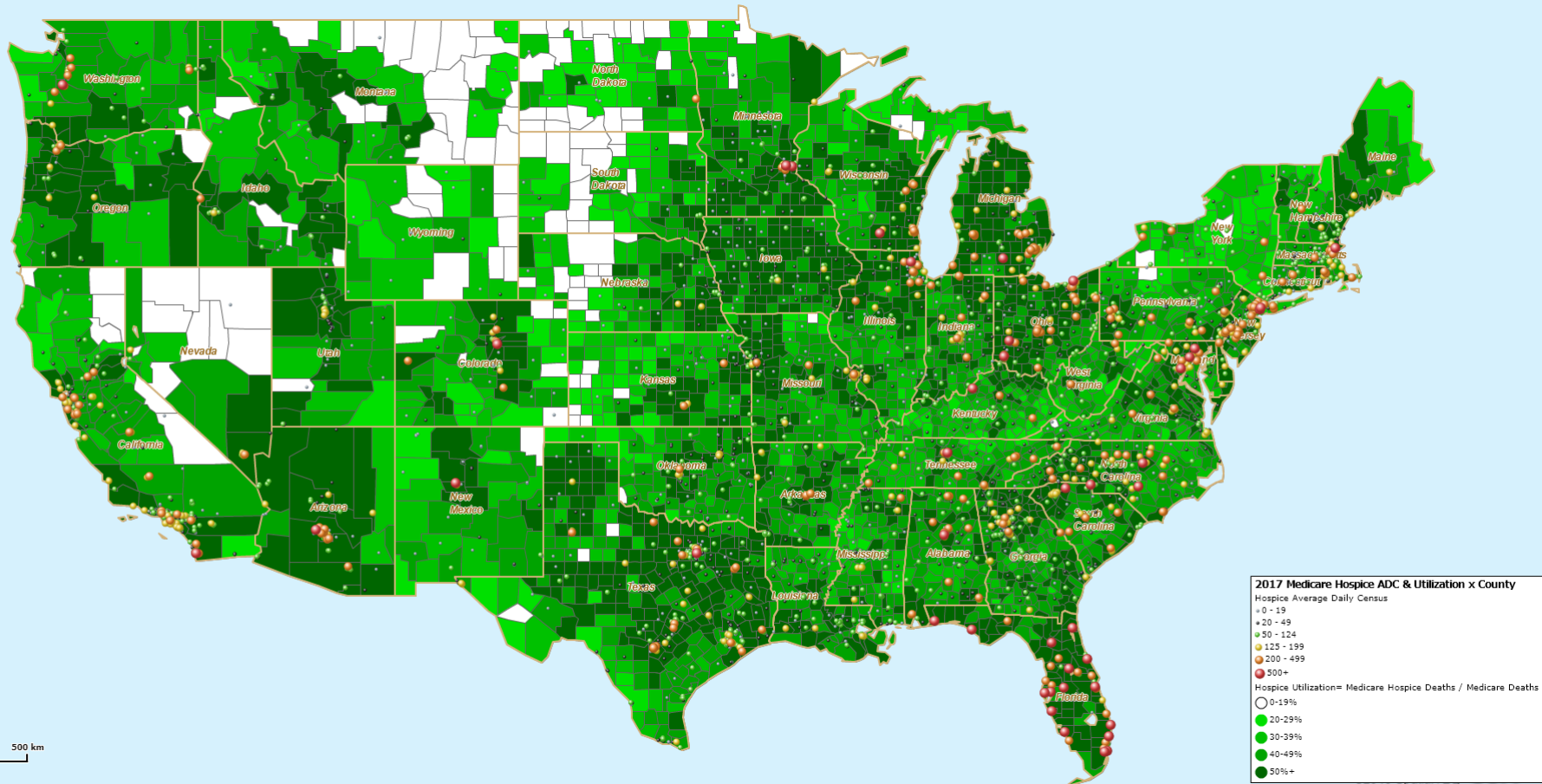
In October 2007, Taylor et al.¹ published compelling data showing that use of hospice care reduces United States Medicare expenditures at the end of life. In a case-control study of a sample of Medicare decedents (1993–2003), the authors compared 1819 hospice decedents with 3638 matched controls. Hospice use reduced Medicare program expenditures after the initiation of hospice by an average of \$2309 per hospice user (\$7318 for hospice users vs. \$9627 for controls; $P < 0.001$). For cancer, maximum savings of \$7000 occurred with a length of stay (LOS) in hospice between 60 and 100 days; for other primary conditions, maximum savings of \$3500 occurred with a LOS of 50–110 days.¹ Thus, cost savings were maximized with much longer periods of hospice use than is common among Medicare beneficiaries (median LOS of 16 days in not-for-profit, and 20 days in for-profit hospices).²

Medicare expenditures for all Medicare beneficiaries who died under the care of one of these provider types. In North Carolina, average costs to Medicare for patients who died with a history of the following types of service use were hospice, \$19,249; home health agency, \$19,810; SNF, \$25,842; hospital, \$30,603; and multiple settings, \$30,732 vs. not receiving care from any service, \$6853. Notably, a North Carolina patient receiving end-of-life care through hospice received \$11,354 less in care paid for by Medicare than did a patient receiving hospital-based care.

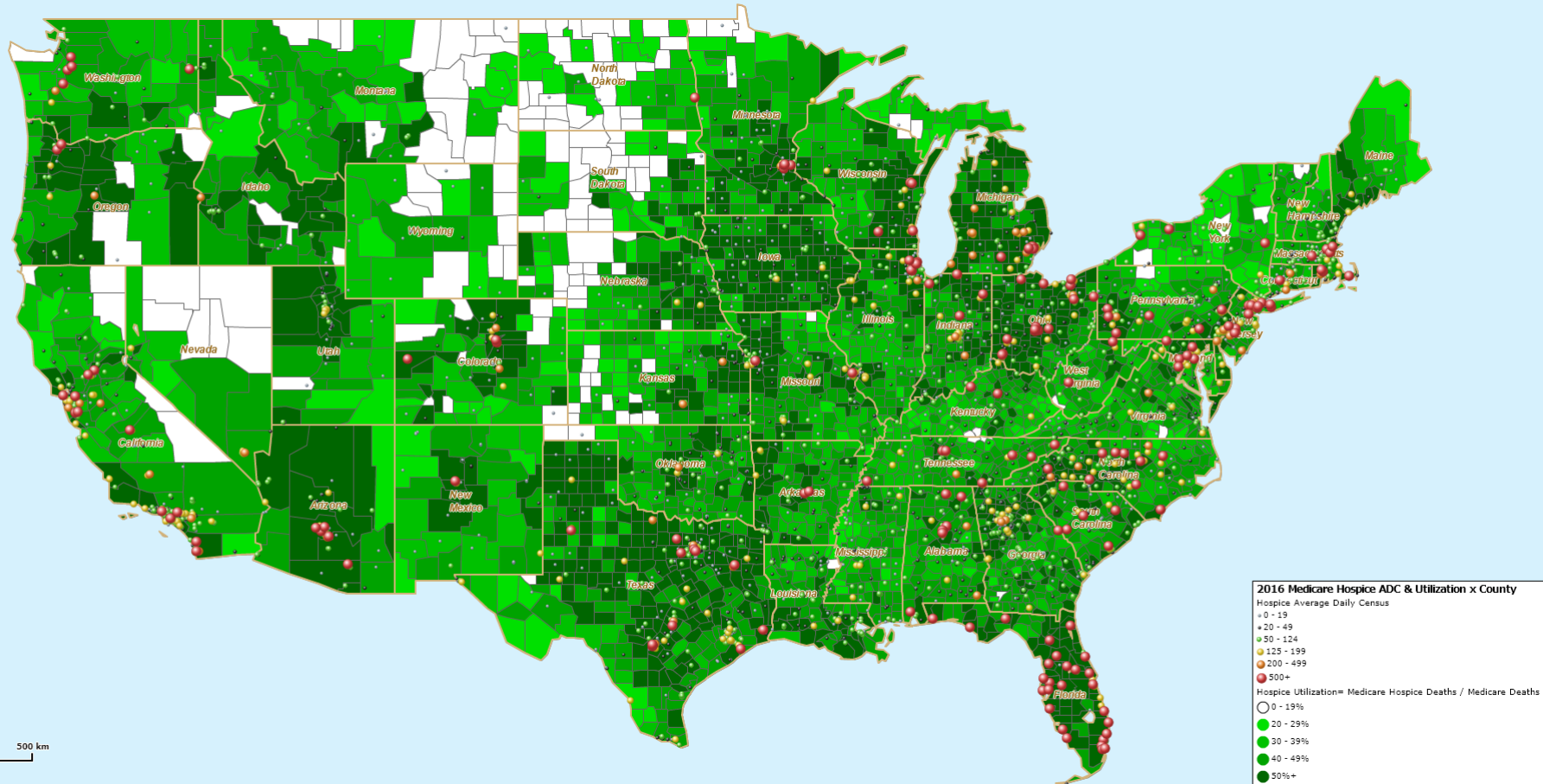
Clearly, hospice utilization exerts a strong force on health care system costs. How can we examine and monitor hospice utilization and impact? We propose “death service ratio” (DSR) as a simple measure of hospice use for this purpose. Calculated as a percentage—the numerator being deaths in a defined area or population served by hospice and the denominator being all deaths in that area/population—DSR serves as an indicator of hospice utilization in a region and, therefore, as an indirect indicator for impact of hospice on health care costs. We explicitly acknowledge that DSR is a crude indicator, as it does not accommodate for hospice LOS, patient complexity, or other important factors; but, in its simplicity, DSR allows regional monitoring of hospice utilization that can be linked to health system costs.

Using DSR as a primary measure, we re-

2017 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)

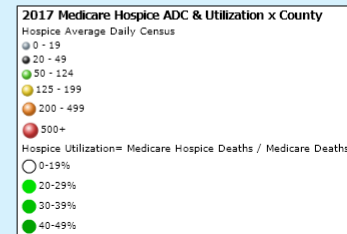
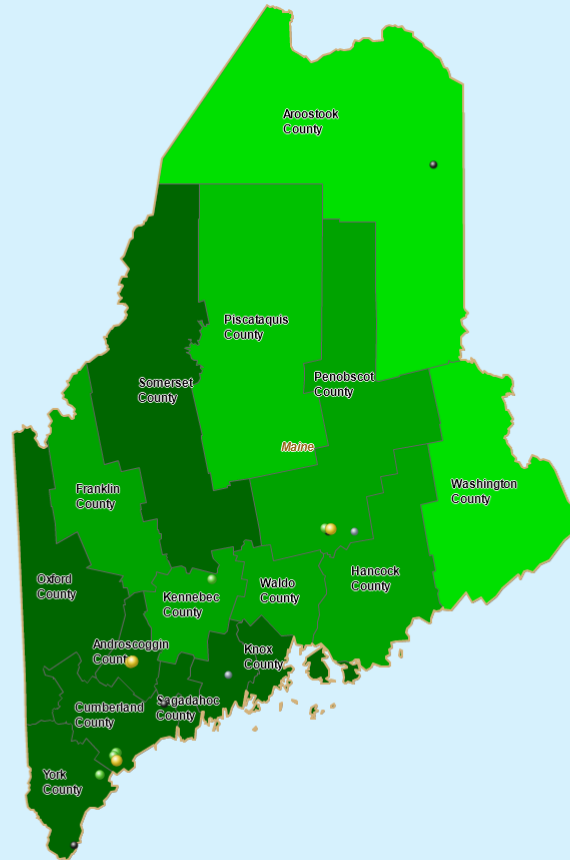


2016 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



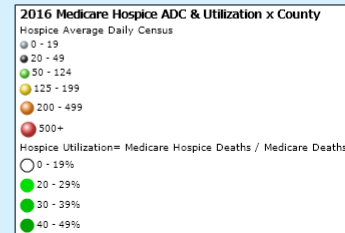
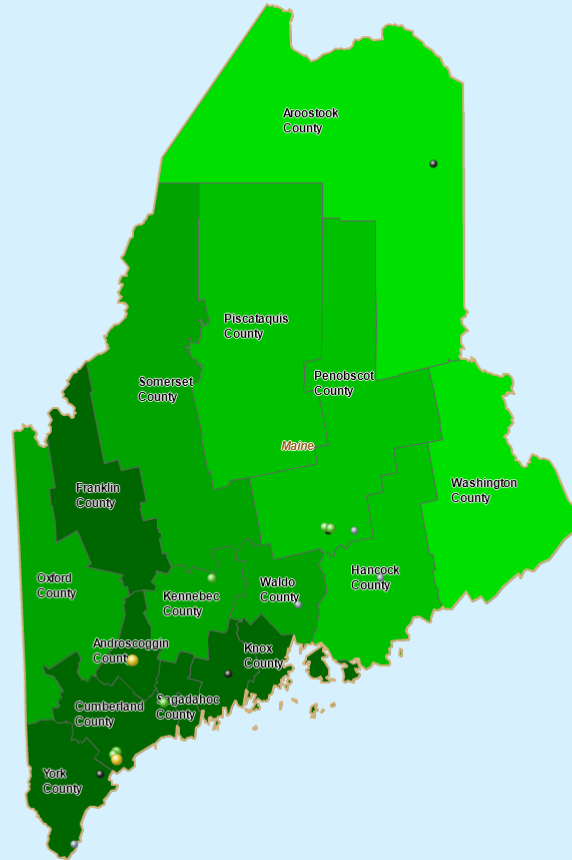
2017 Hospice Utilization – Maine

(Medicare Hospice Deaths / Total Medicare Deaths)



2016 Hospice Utilization – Maine

(Medicare Hospice Deaths / Total Medicare Deaths)



2017 Demographics & Hospice Utilization

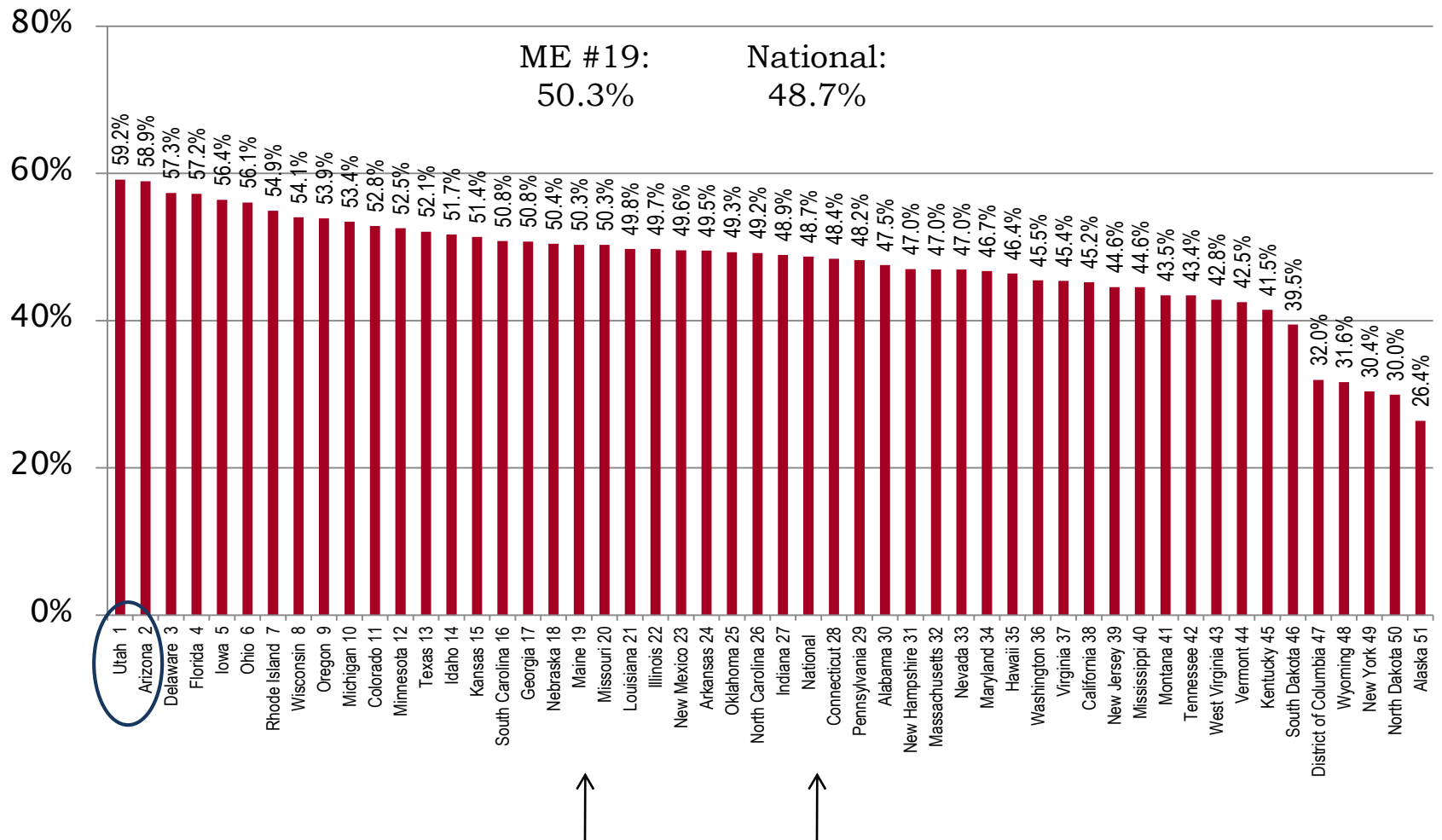
	Maine	National
Population	1,335,907	335,853,748
Total Deaths	14,676	2,877,130
Medicare Beneficiaries	336,331	59,841,639
Medicare Beneficiary Deaths	12,259	2,246,045
Medicare Hospice Beneficiary Admissions	7,959 65% of Medicare deaths	1,494,591 67% of Medicare deaths
Medicare Hospice Beneficiary Deaths	6,167 50.3% of Medicare deaths	1,093,807 48.7% of Medicare deaths
Medicare Hospice Total Days of Care	475,185 Days	105,621,581 Days
Medicare Hospice Mean Days / Beneficiary	60 Days	71 Days
Medicare Hospice Median Days / Beneficiary	21 Days	24 Days
Medicare Hospice Total Payments	\$79,636,980	\$17,810,151,465
Medicare Hospice Mean Payment / Beneficiary	\$10,006	\$11,918

2016 Demographics & Hospice Utilization

	Maine	National
Population	1,331,479	323,105,049
Total Deaths	14,182	2,744,041
Medicare Beneficiaries	328,705	58,437,242
Medicare Beneficiary Deaths	11,919	2,187,468
Medicare Hospice Beneficiary Admissions	7,482 63% of Medicare deaths	1,428,769 65% of Medicare deaths
Medicare Hospice Beneficiary Deaths	5,789 48.6% of Medicare deaths	1,042,864 47.7% of Medicare deaths
Medicare Hospice Total Days of Care	448,836 Days	100,304,749 Days
Medicare Hospice Mean Days / Beneficiary	60 Days	70 Days
Medicare Hospice Median Days / Beneficiary	22 Days	24 Days
Medicare Hospice Total Payments	\$74,874,828	\$16,732,094,739
Medicare Hospice Mean Payment / Beneficiary	\$10,009	\$11,712

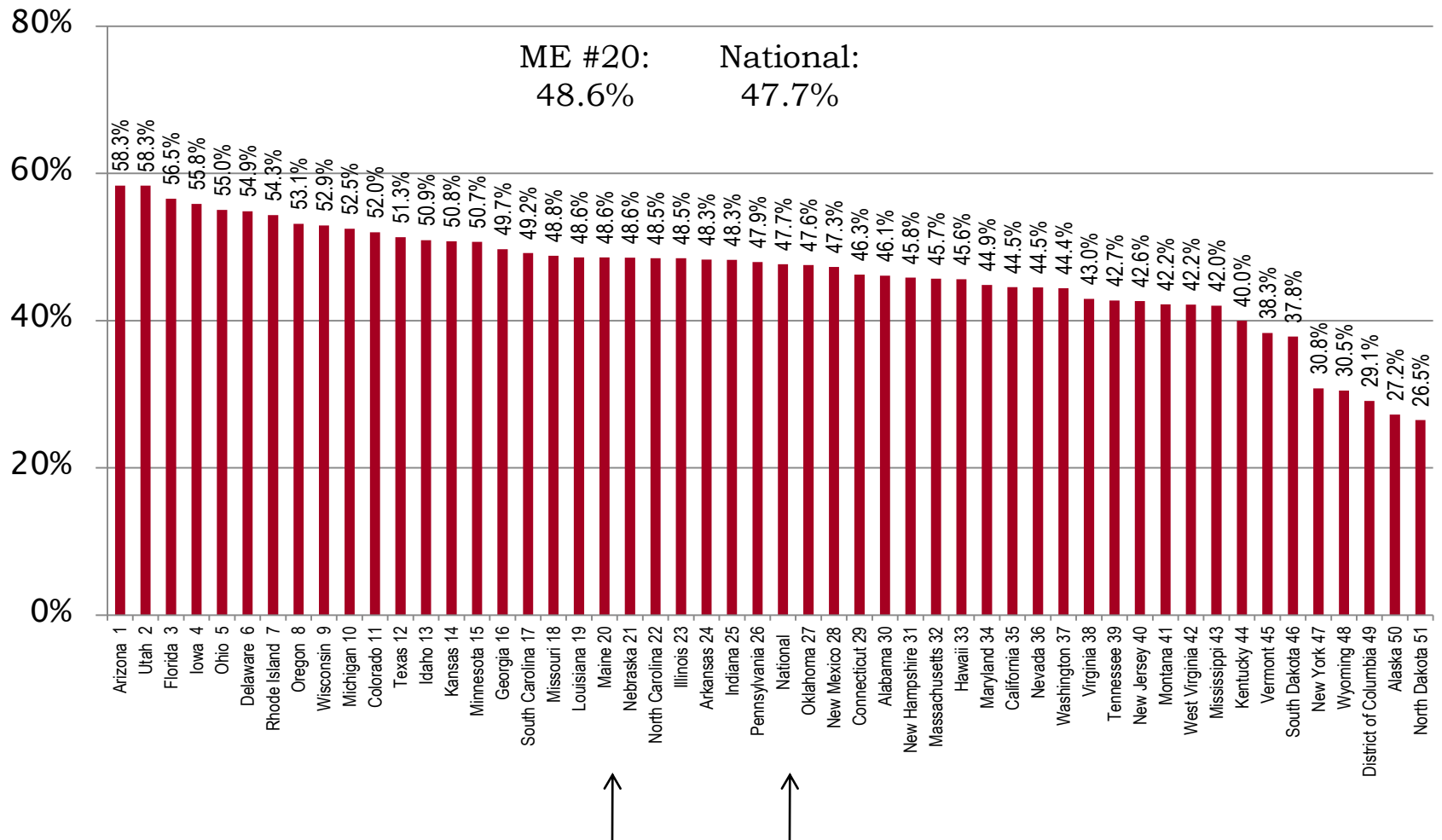
2017 Hospice Utilization

(Medicare Hospice Deaths / Total Medicare Deaths)

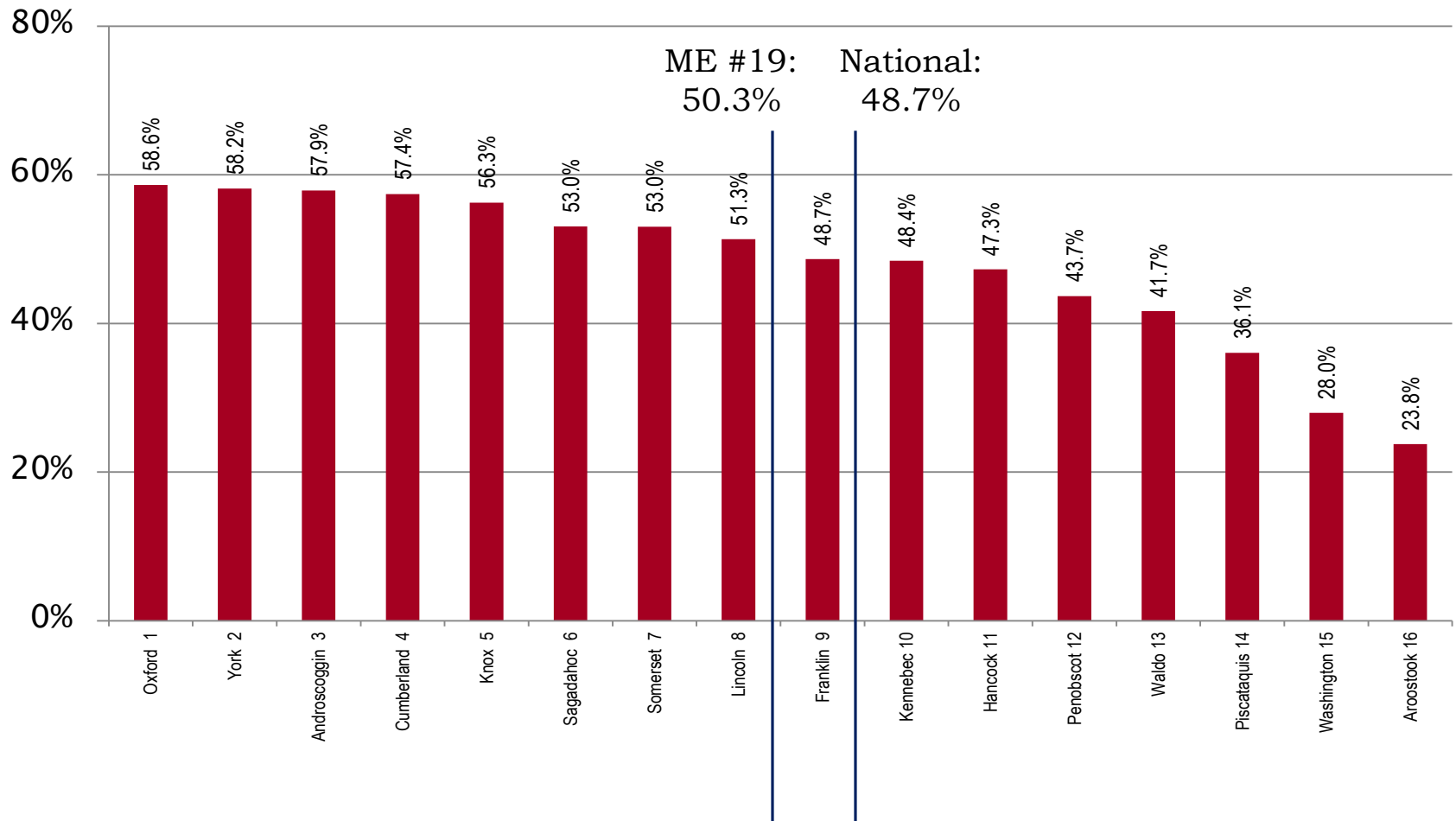


2016 Hospice Utilization

(Medicare Hospice Deaths / Total Medicare Deaths)

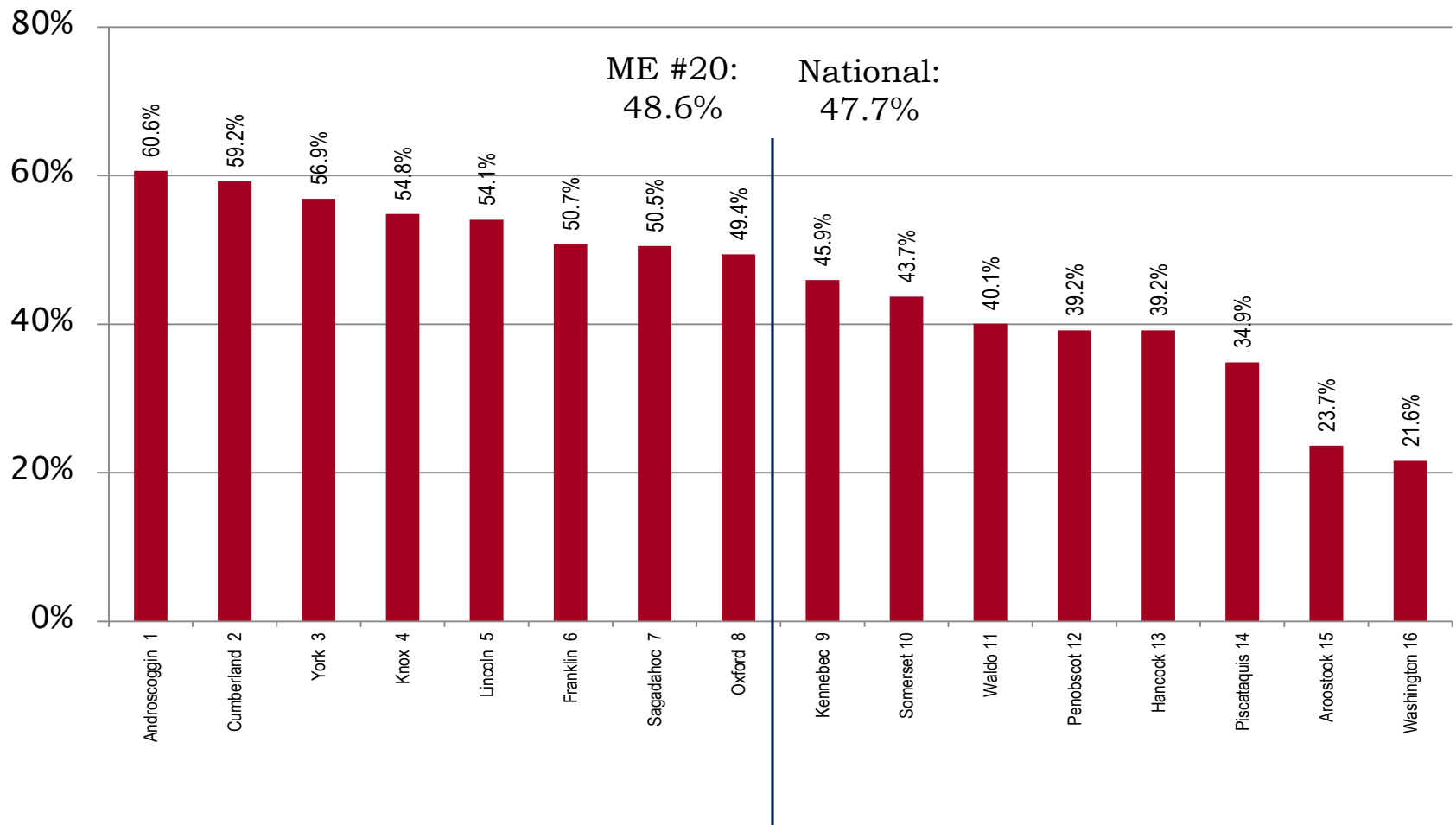


2017 Hospice Utilization x County – ME (Medicare Hospice Deaths / Total Medicare Deaths)



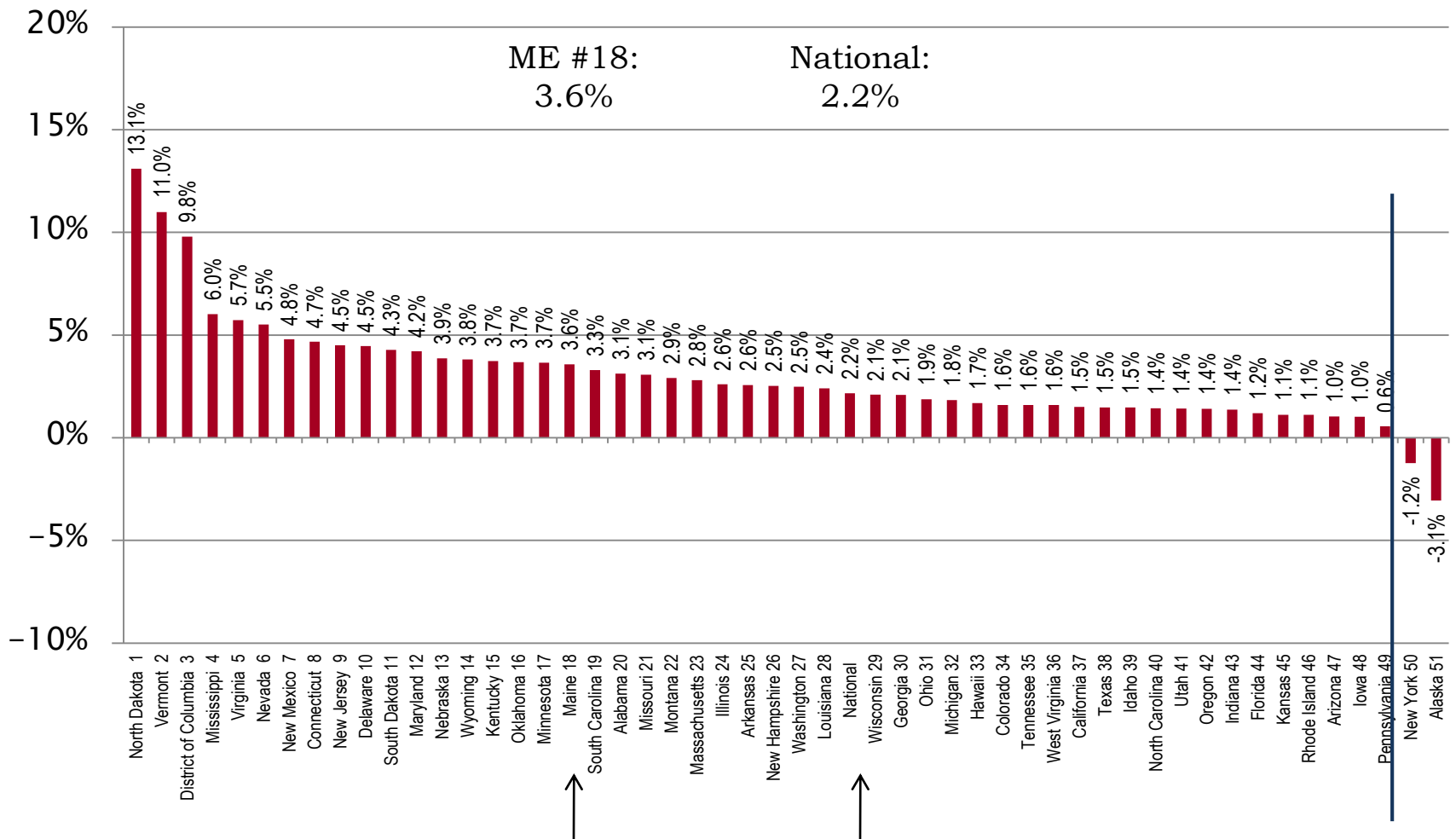
2016 Hospice Utilization x County – ME

(Medicare Hospice Deaths / Total Medicare Deaths)



Change in Hospice Utilization 2016-2017

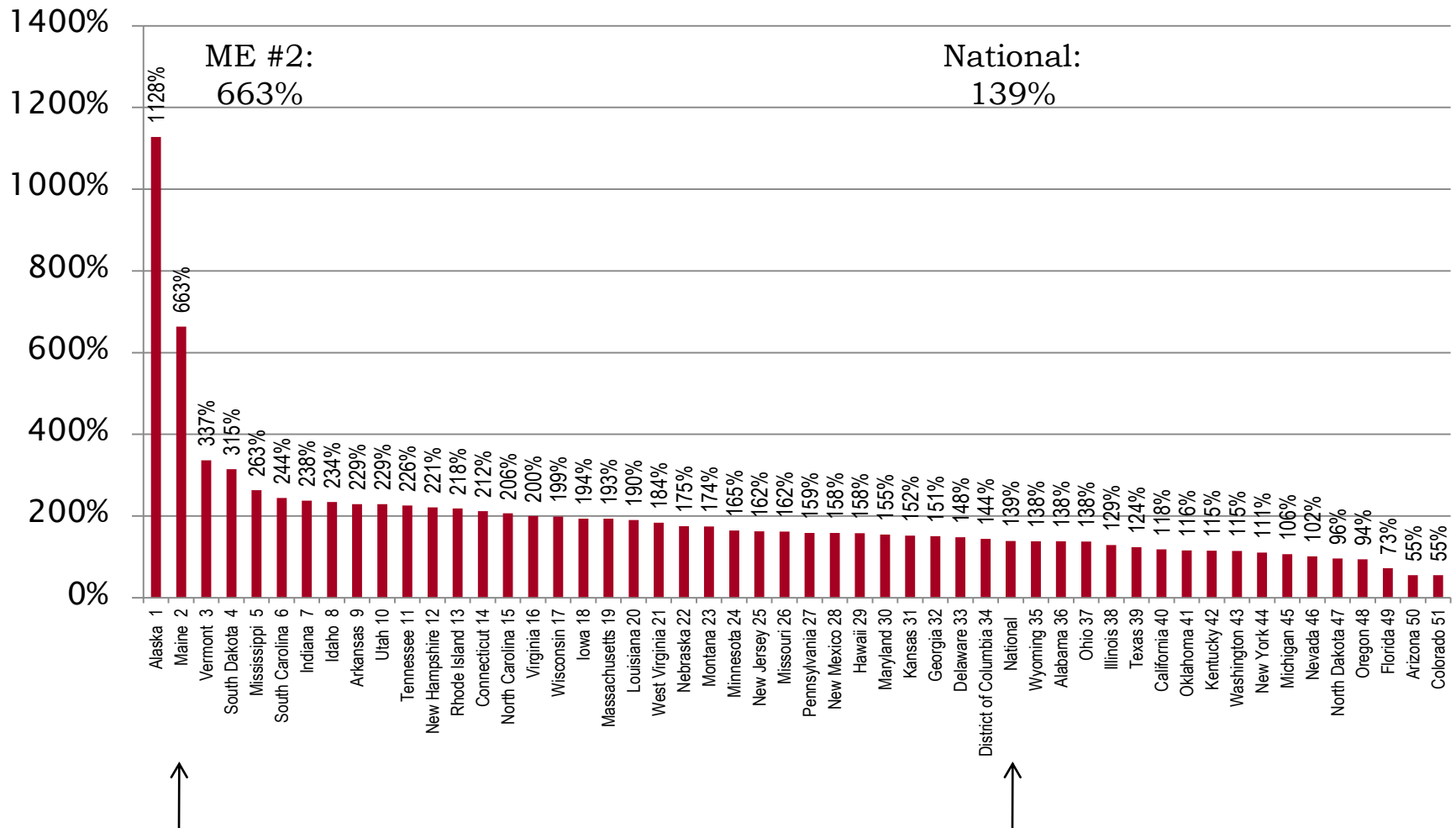
(Medicare Hospice Deaths / Total Medicare Deaths)



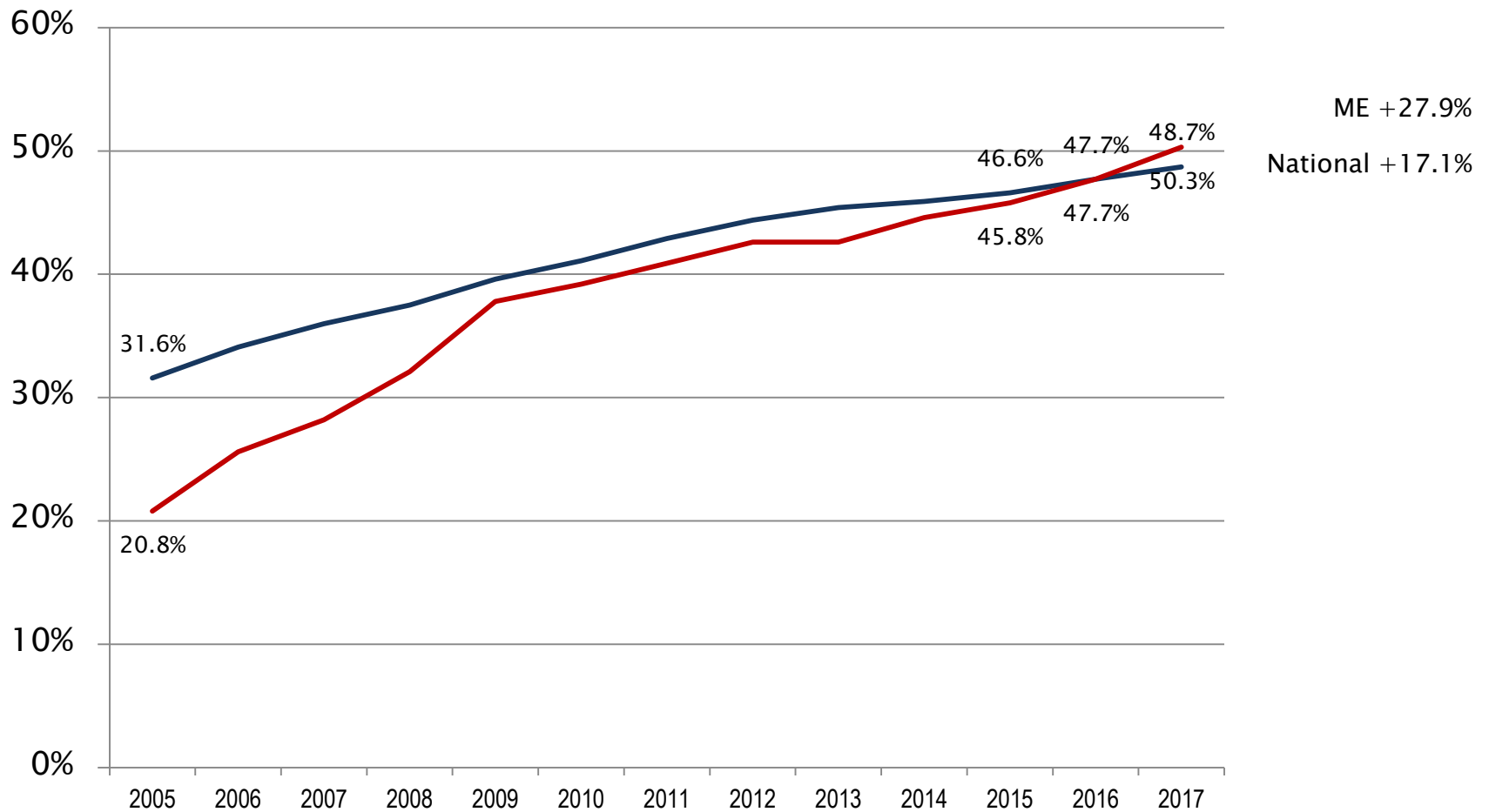
▶ Note: "Change" = (2017 utilization + 2016 utilization) / 2016 utilization.

Change in Hospice Utilization 2000-2017

(Medicare Hospice Deaths / Total Medicare Deaths)



2005-2017 State Hospice Utilization 13-Year Trends



▶ Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths.

Medicare Advantage & Hospice



Hospice Medicare Advantage

Fact sheet

Value-Based Insurance Design Model (VBID) Fact Sheet CY 2020

Jan 18, 2019 | Innovation models

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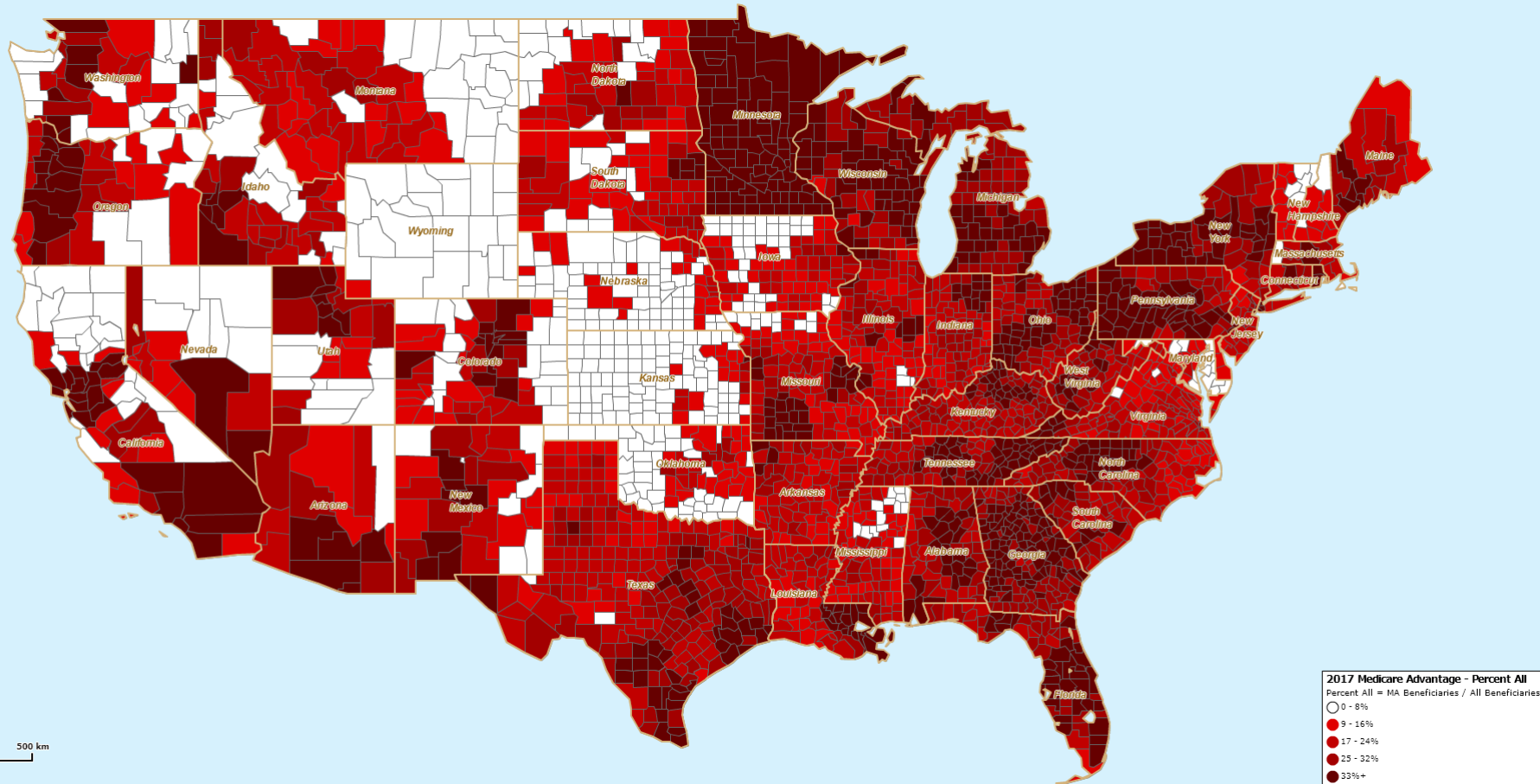
Overview

The Centers for Medicare & Medicaid Services (CMS) is announcing a broad array of Medicare Advantage (MA) health plan innovations that will be tested in the Value-Based Insurance Design (VBID) model for CY 2020. The VBID model is being tested under the authority of the CMS Center for Medicare and Medicaid Innovation (Innovation Center). The model is designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including dual-eligible beneficiaries, and improve the coordination and efficiency of health care service delivery. The changes to the VBID Model announced today aim to contribute to the modernization of Medicare Advantage through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries.

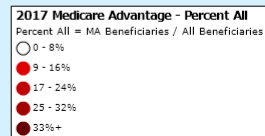
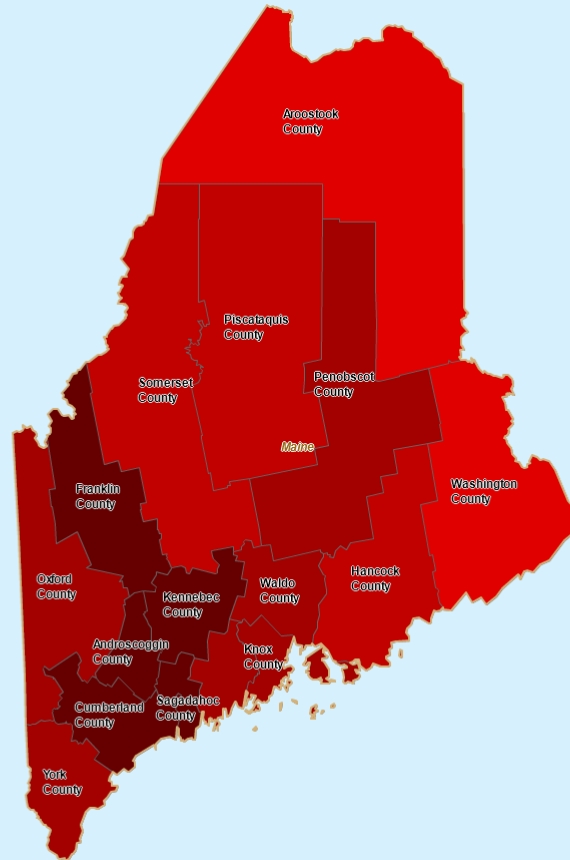
Hospice Medicare Advantage

- ▶ On January 18, 2019, CMS announced it will test carving hospice into Medicare Advantage (MA) plans under its Value-Based Insurance Design (VBID).
- ▶ This test begins 1/1/2021.
- ▶ Some initial concerns include:
 - ▶ Will hospice reimbursement be reduced by MA plans? Perhaps MA plans will send more beneficiaries to hospice, but pay less for them?
 - ▶ Will hospice interdisciplinary services be unbundled? Perhaps MA plans will only pay for more skilled discipline visits?
 - ▶ How will CMS measure success? (Only \$\$\$?)

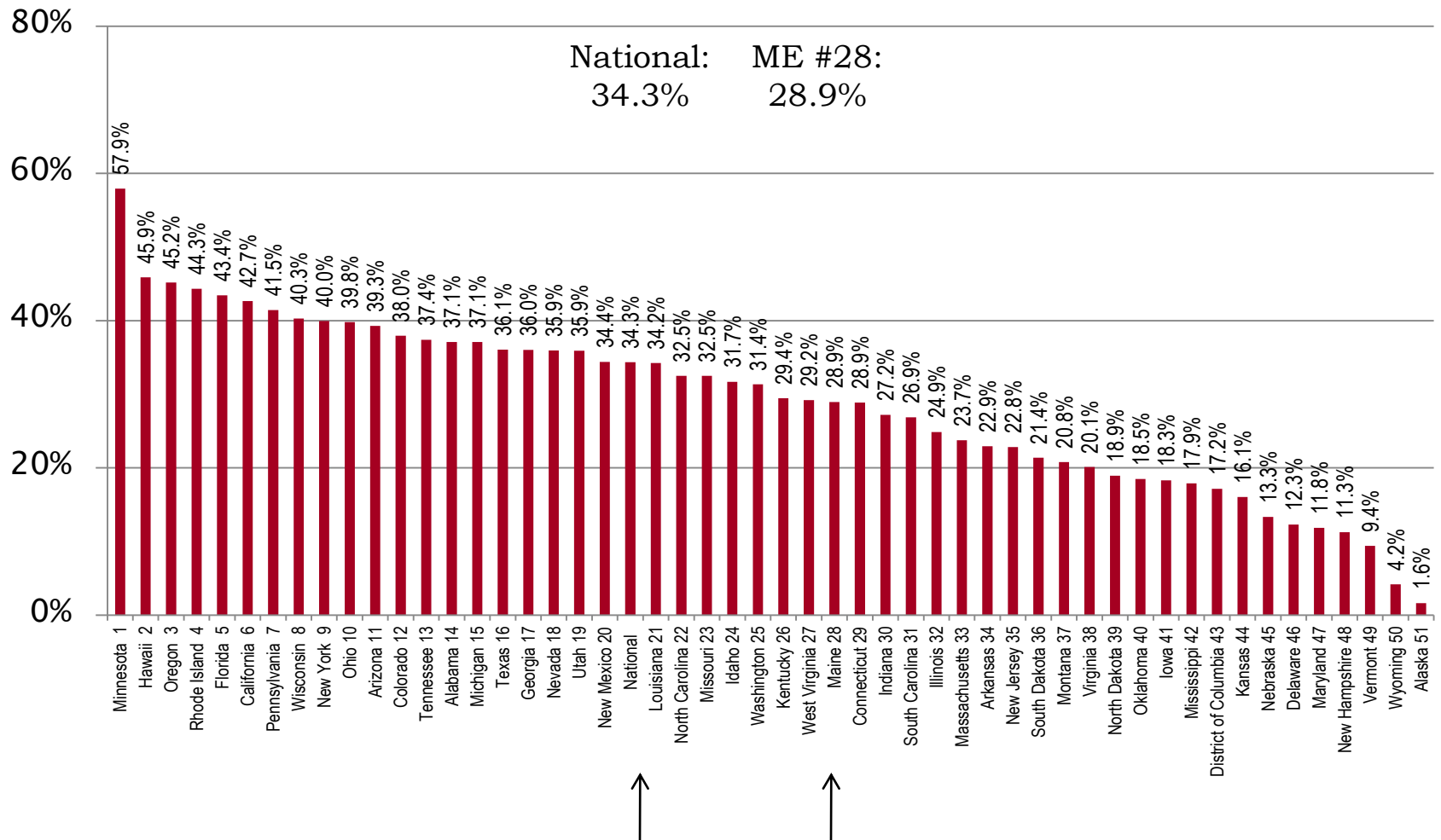
2017 Medicare Advantage - All Percentage of All Beneficiaries



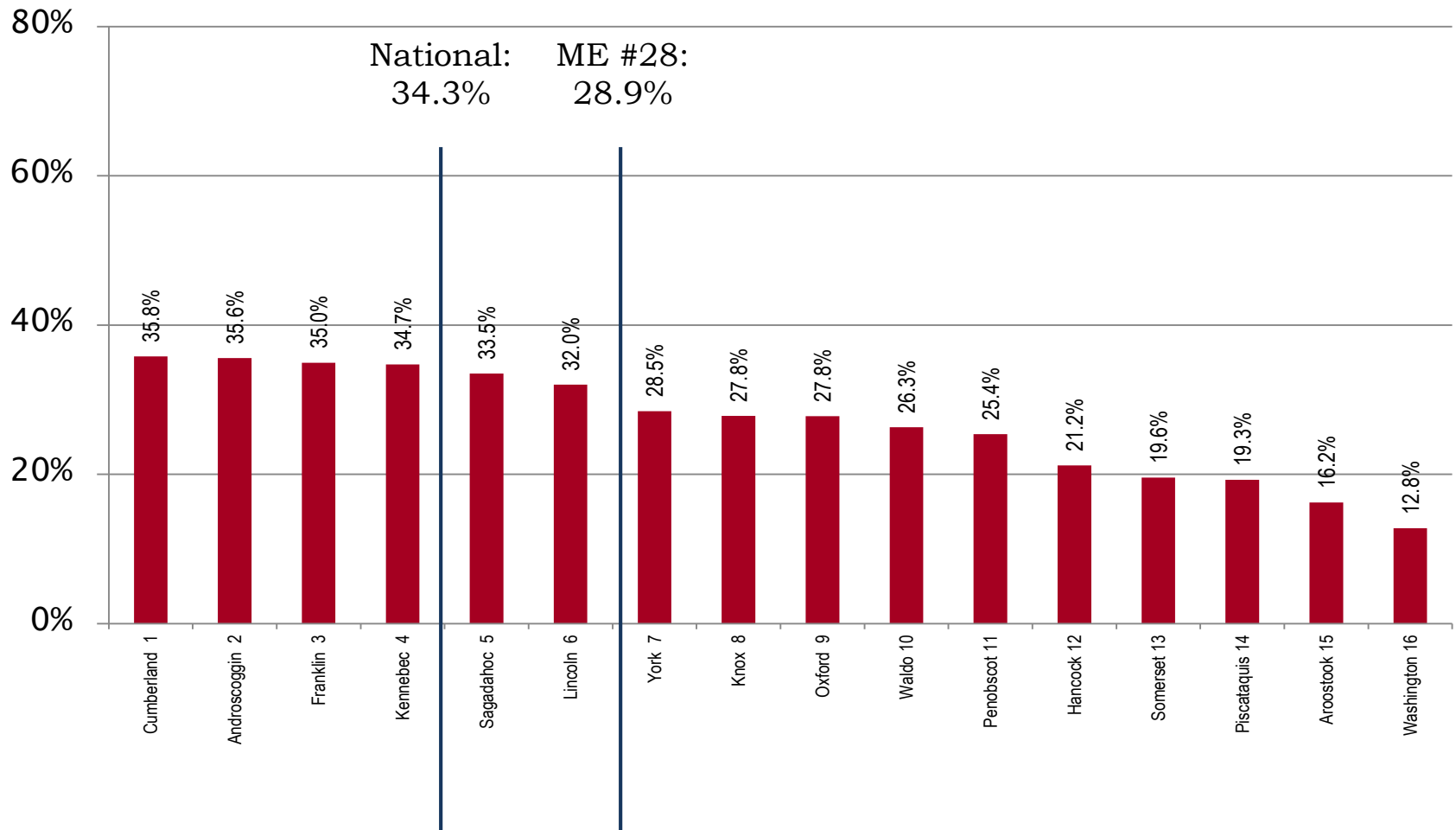
2017 Medicare Advantage – All, Maine Percentage of All Beneficiaries



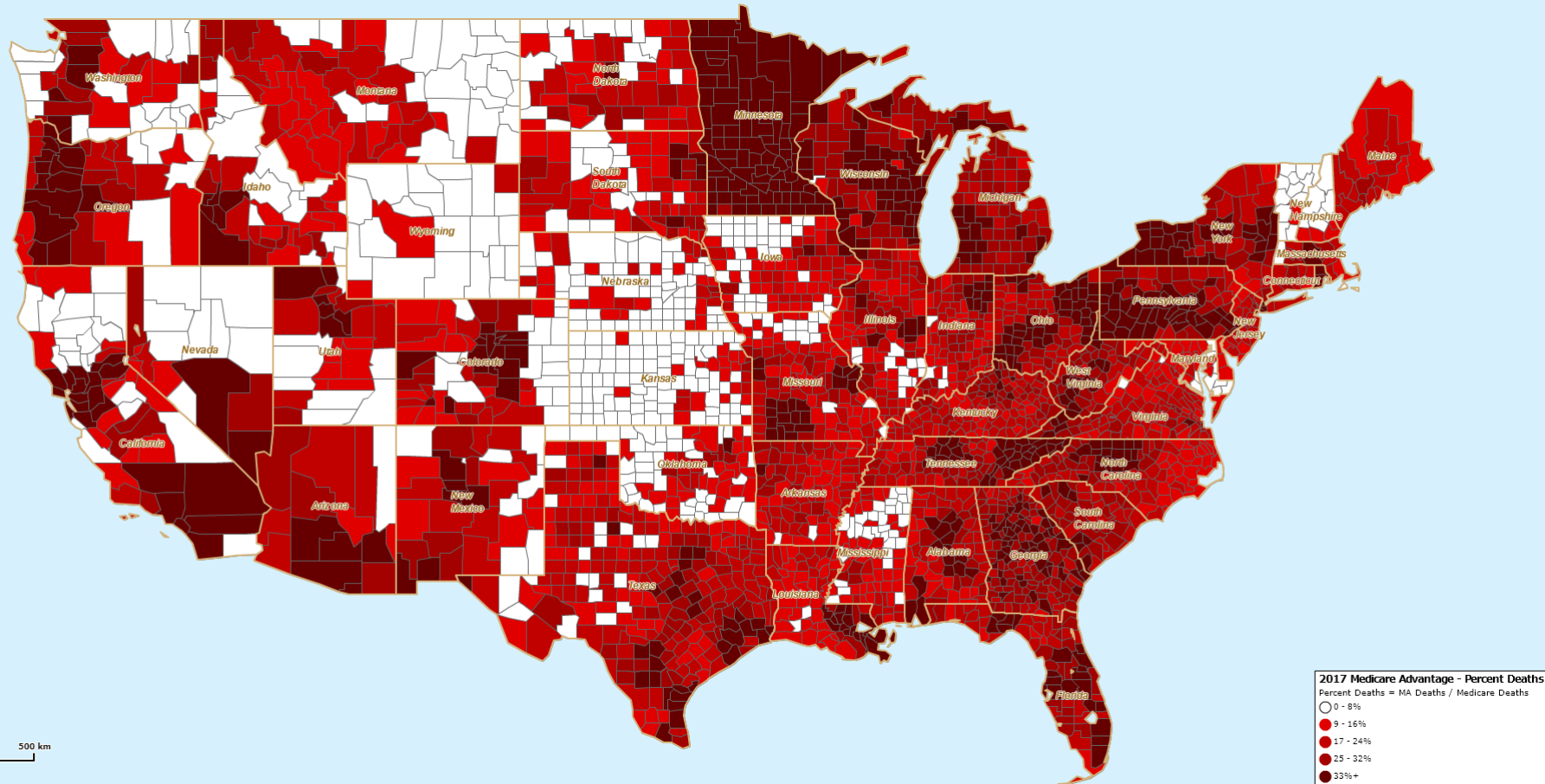
2017 Medicare Advantage – All Percentage of All Beneficiaries



2017 Medicare Advantage – All, ME Percentage of All Beneficiaries

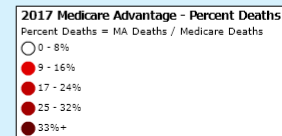
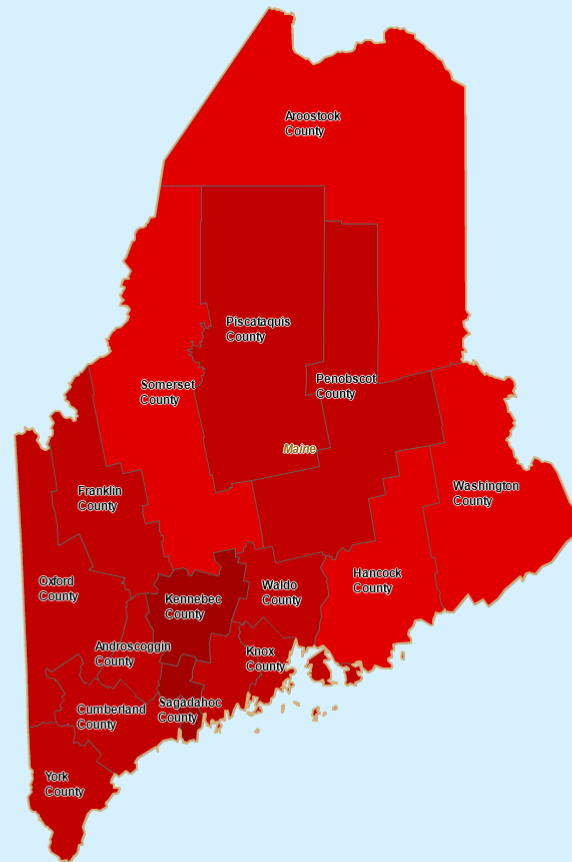


2017 Medicare Advantage - Deaths Percentage of Beneficiary Deaths



▶ Note: When comparing MA All to MA Deaths, ~1/3 of counties change rank.

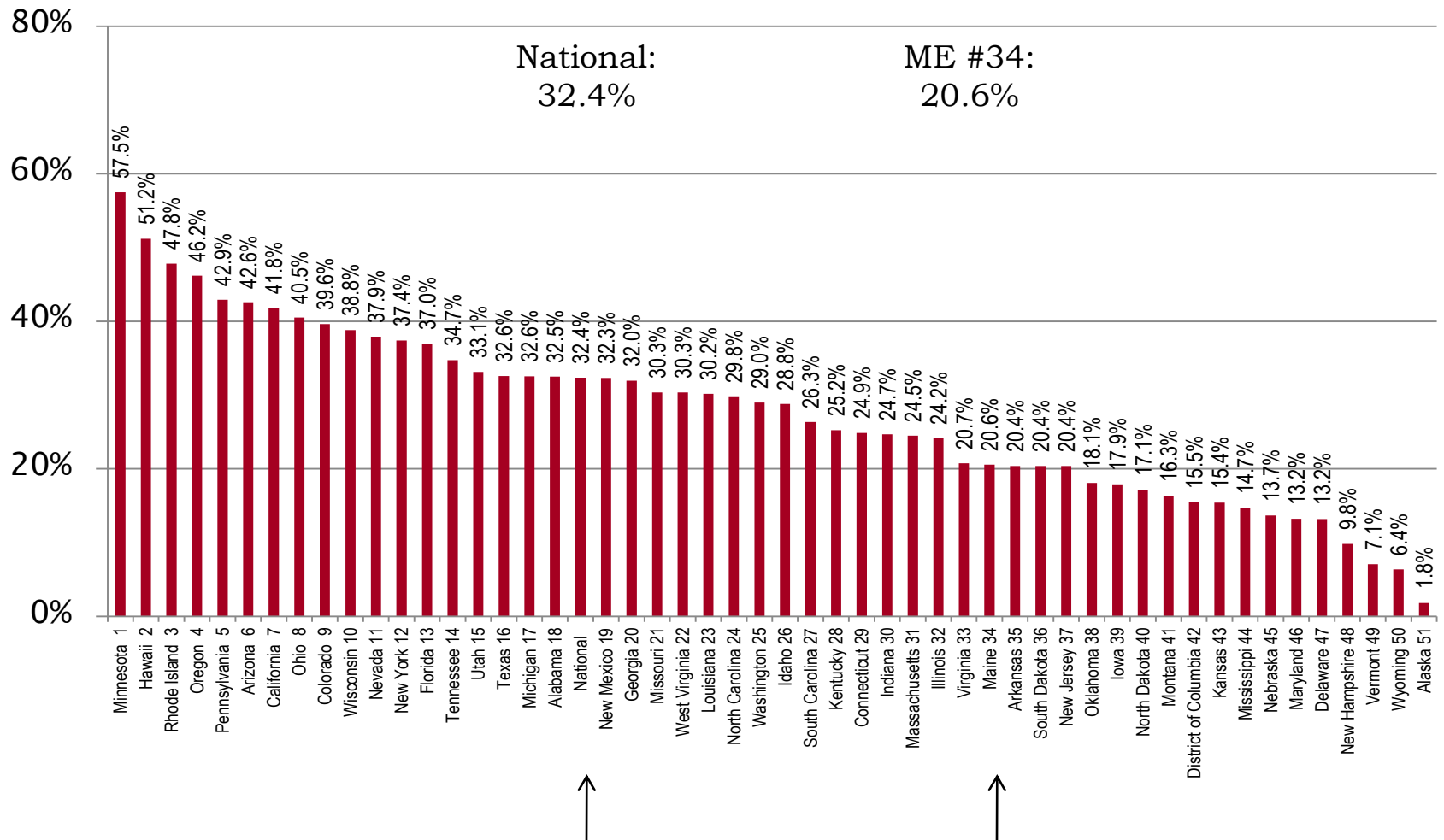
2017 Medicare Advantage – Deaths, ME Percentage of Beneficiary Deaths



100 km
50 mi

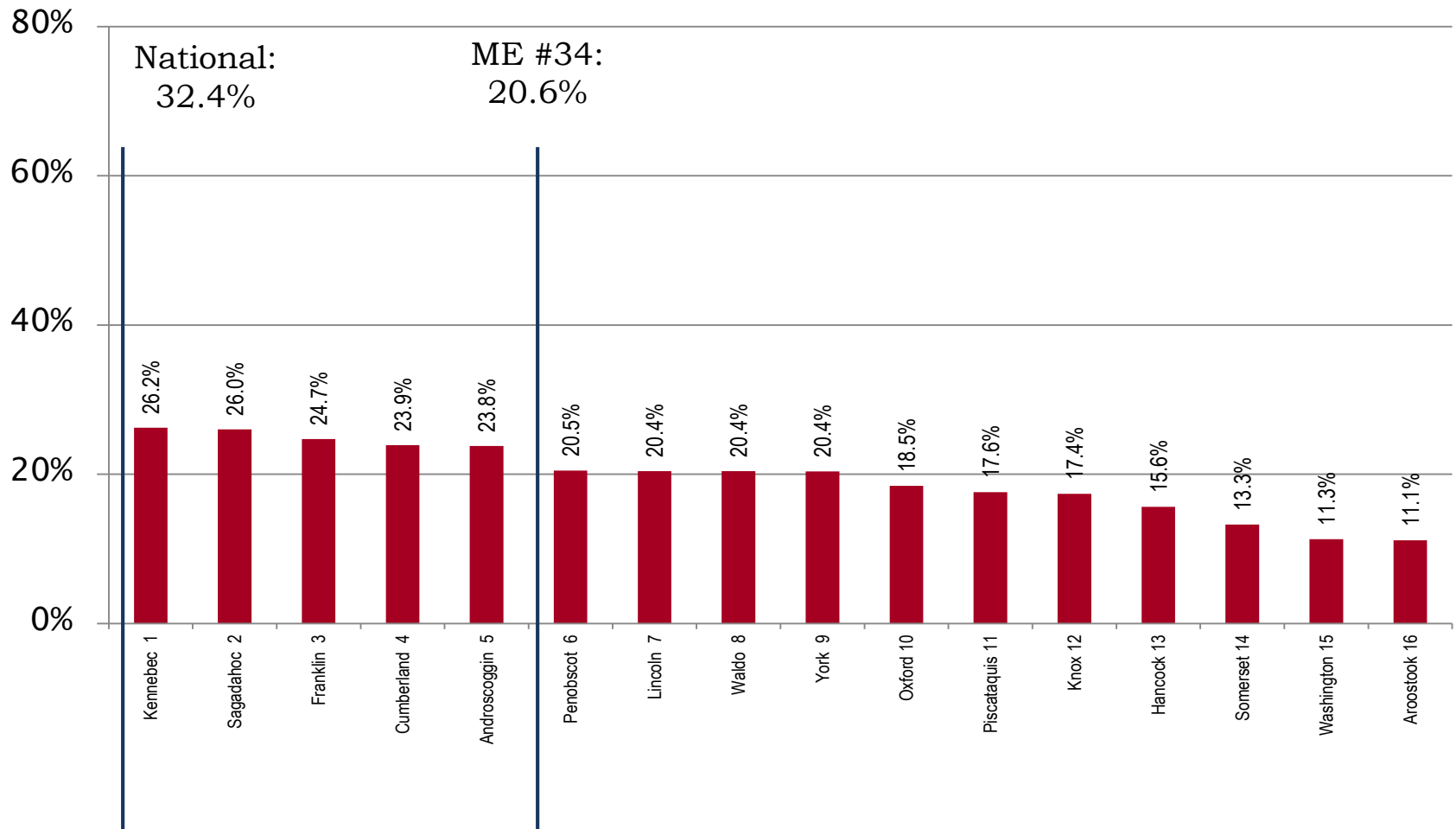
▶ Note: When comparing MA All to MA Deaths, ~1/3 of counties change rank.

2017 Medicare Advantage – Deaths Percentage of All Beneficiaries



▶ Note: When comparing MA All to MA Deaths, ~1/3 of counties change rank.

2017 Medicare Advantage – Deaths, ME Percentage of All Beneficiaries

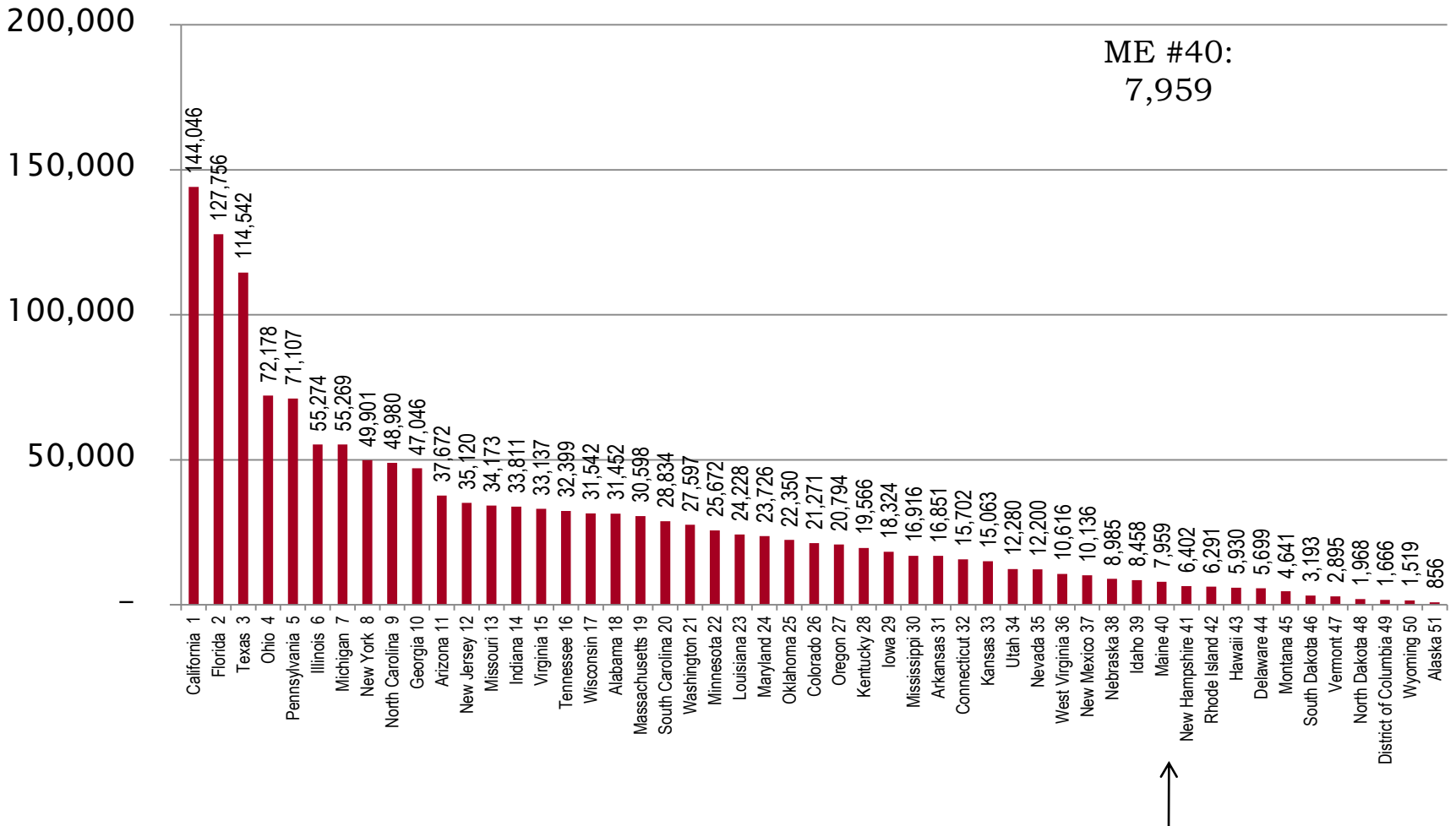


▶ Note: When comparing MA All to MA Deaths, ~1/3 of counties change rank.

Additional Medicare Claims Data Points

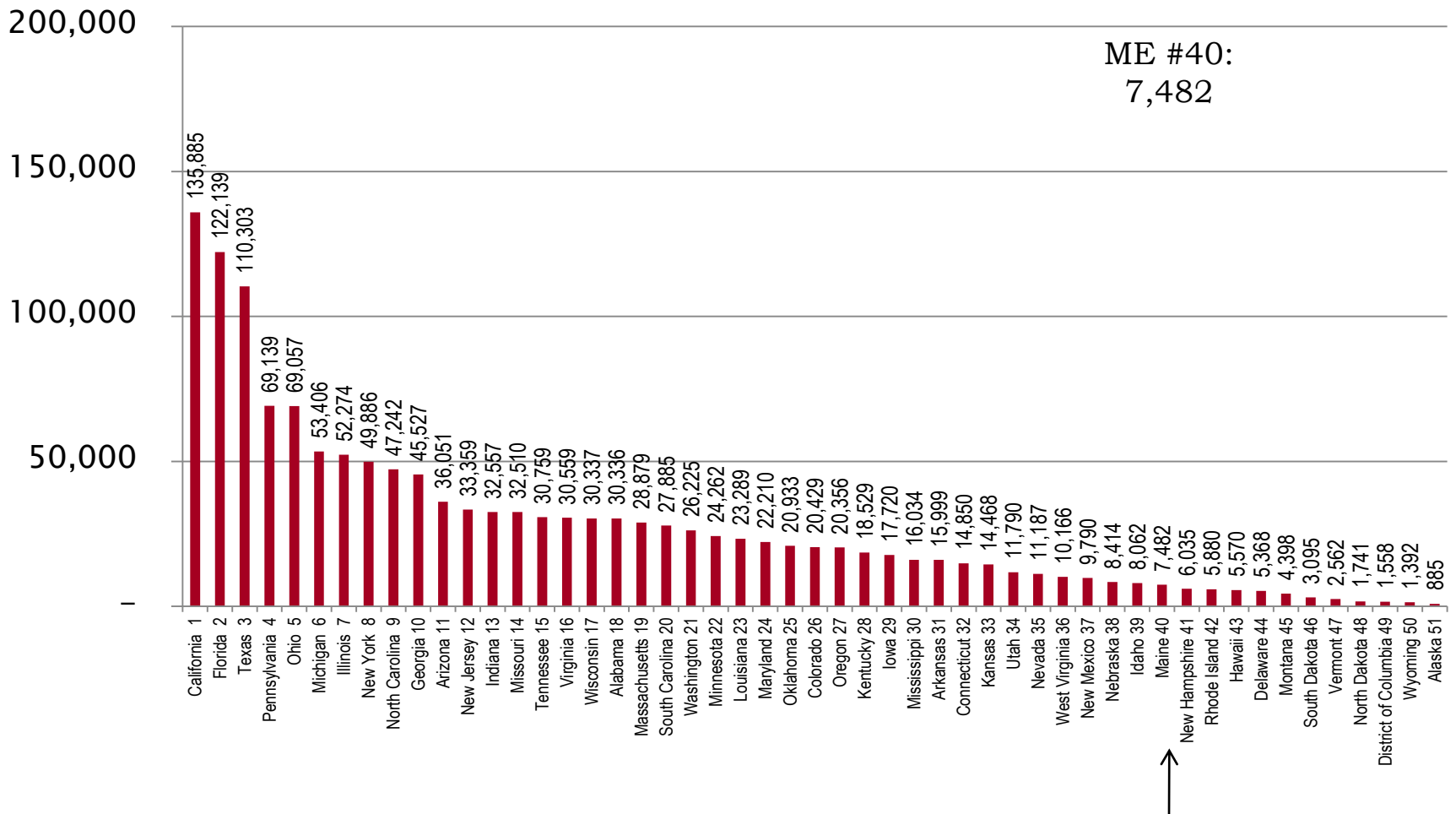
2017 Medicare Hospice Admissions

National= 1,494,591



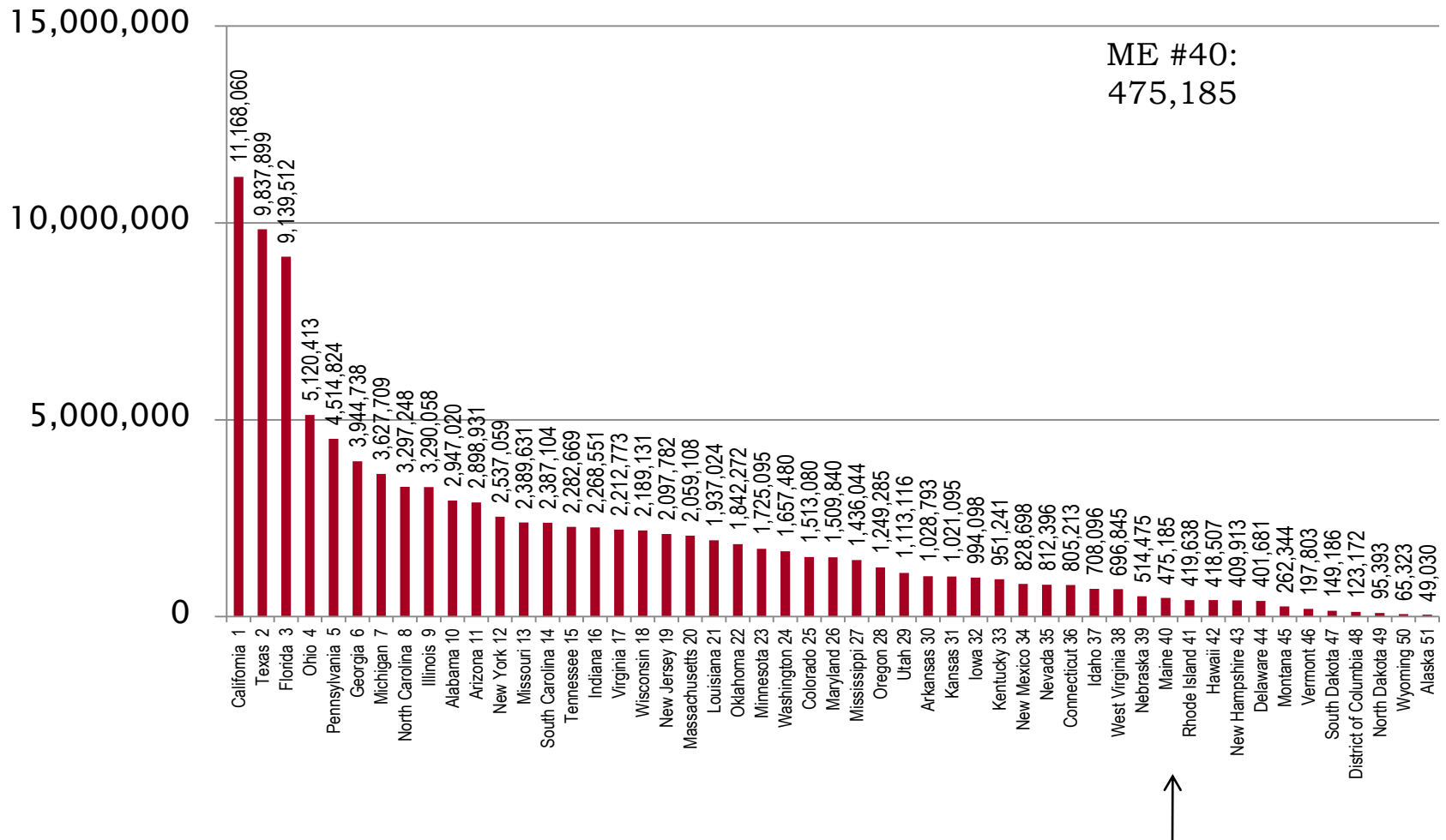
2016 Medicare Hospice Admissions

National= 1,428,769



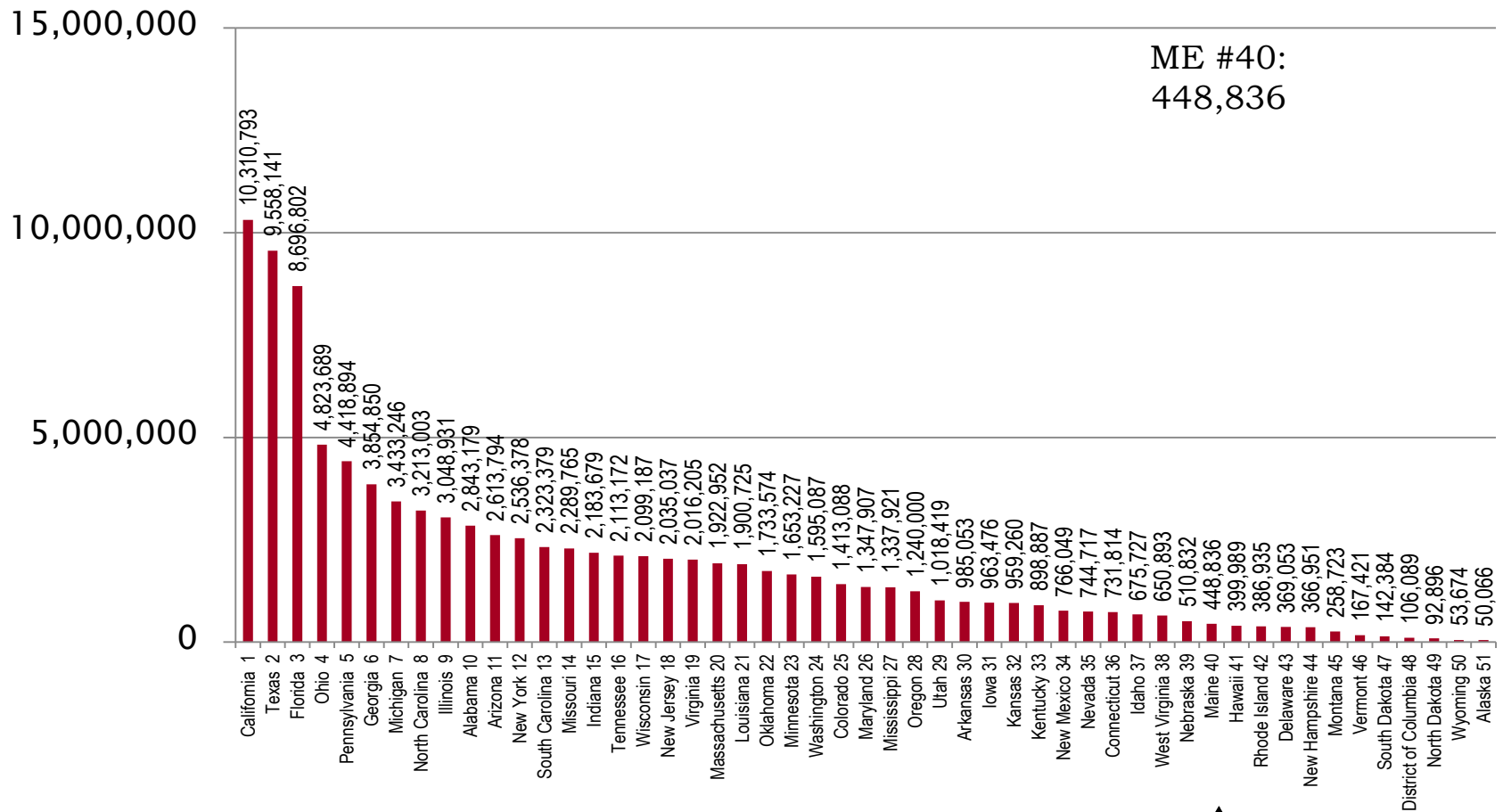
2017 Medicare Total Days of Hospice Care

National= 105,621,581 Days

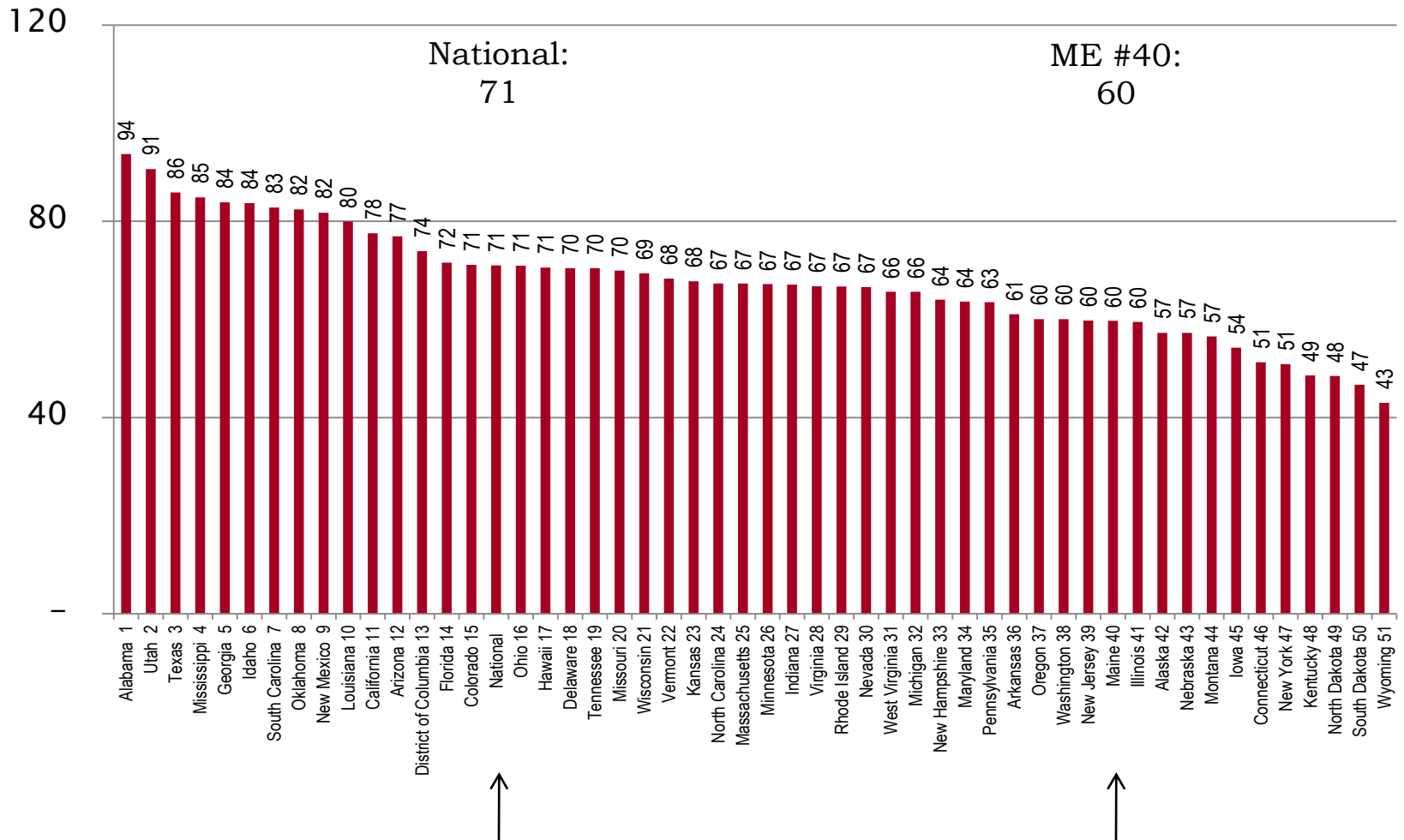


2016 Medicare Total Days of Hospice Care

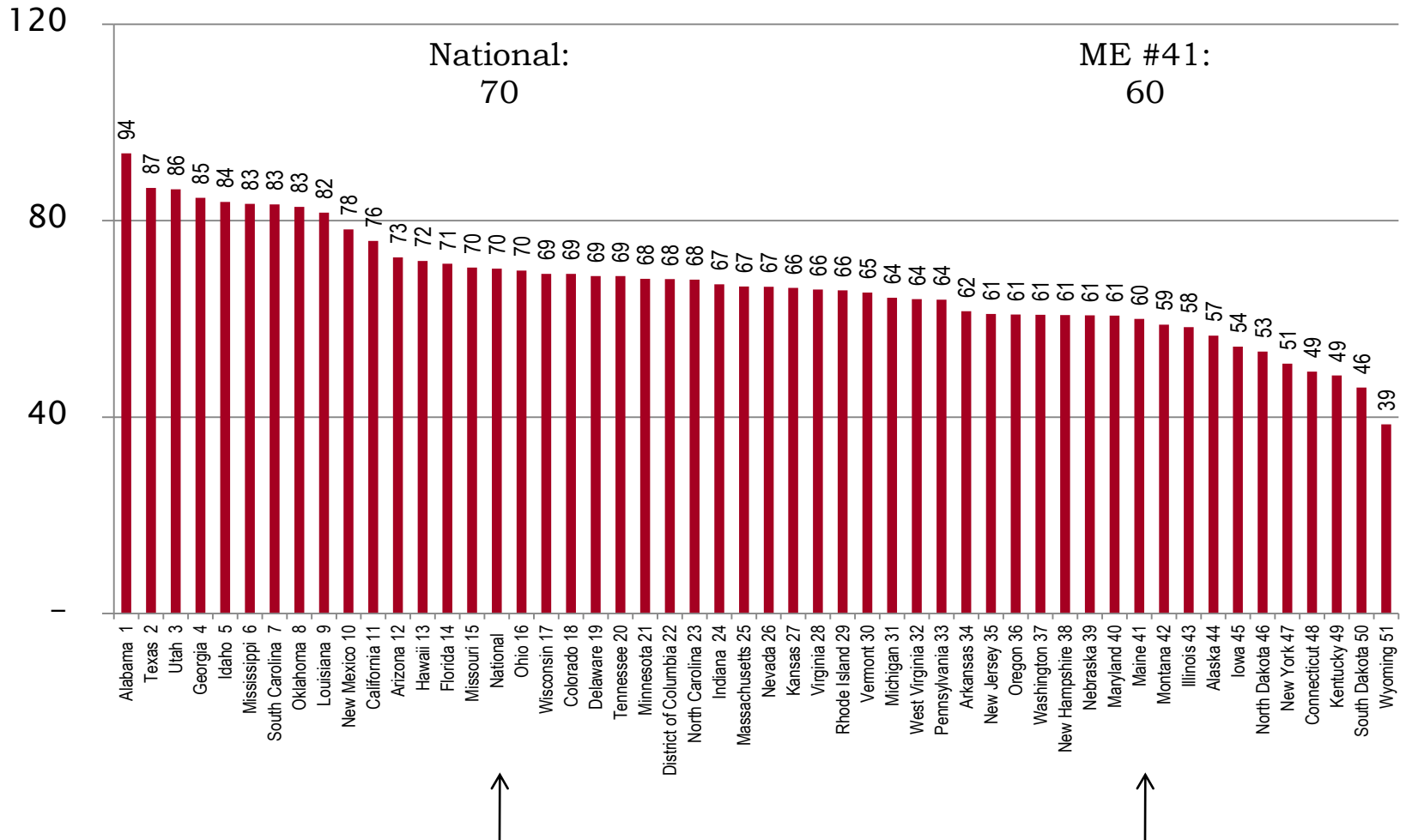
National= 100,304,749 Days



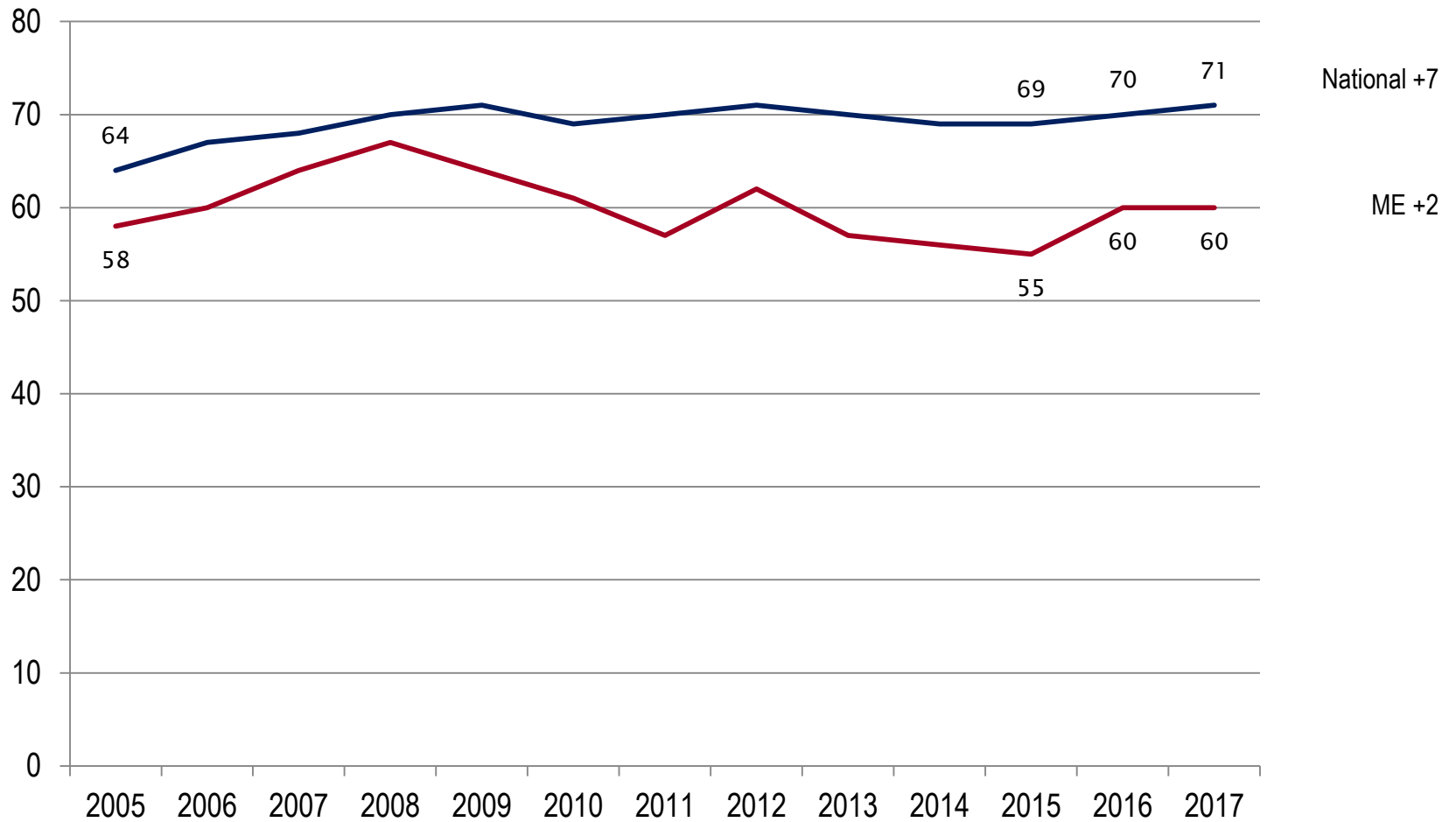
2017 Medicare Hospice Mean Days of Care / Beneficiary



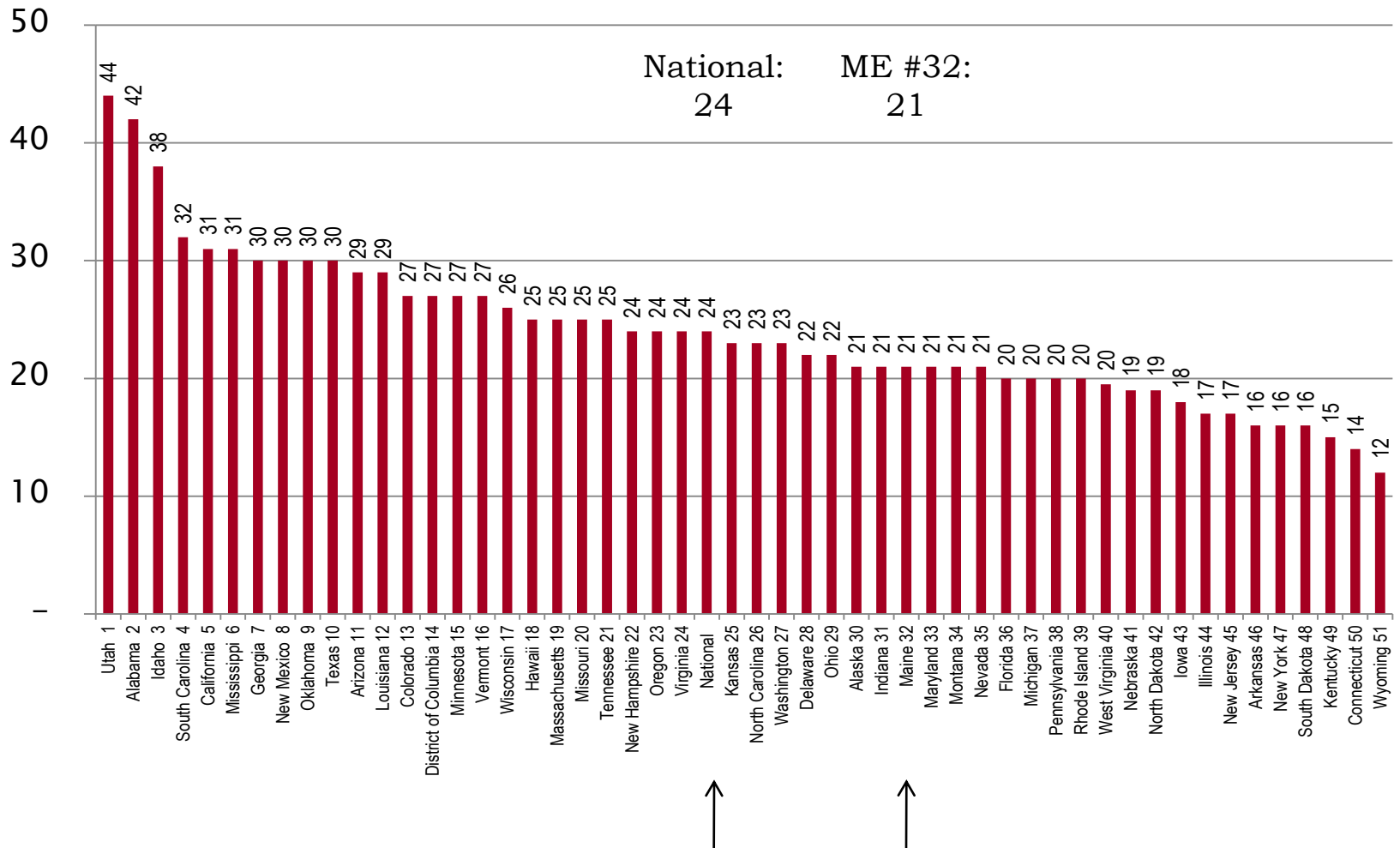
2016 Medicare Hospice Mean Days of Care / Beneficiary



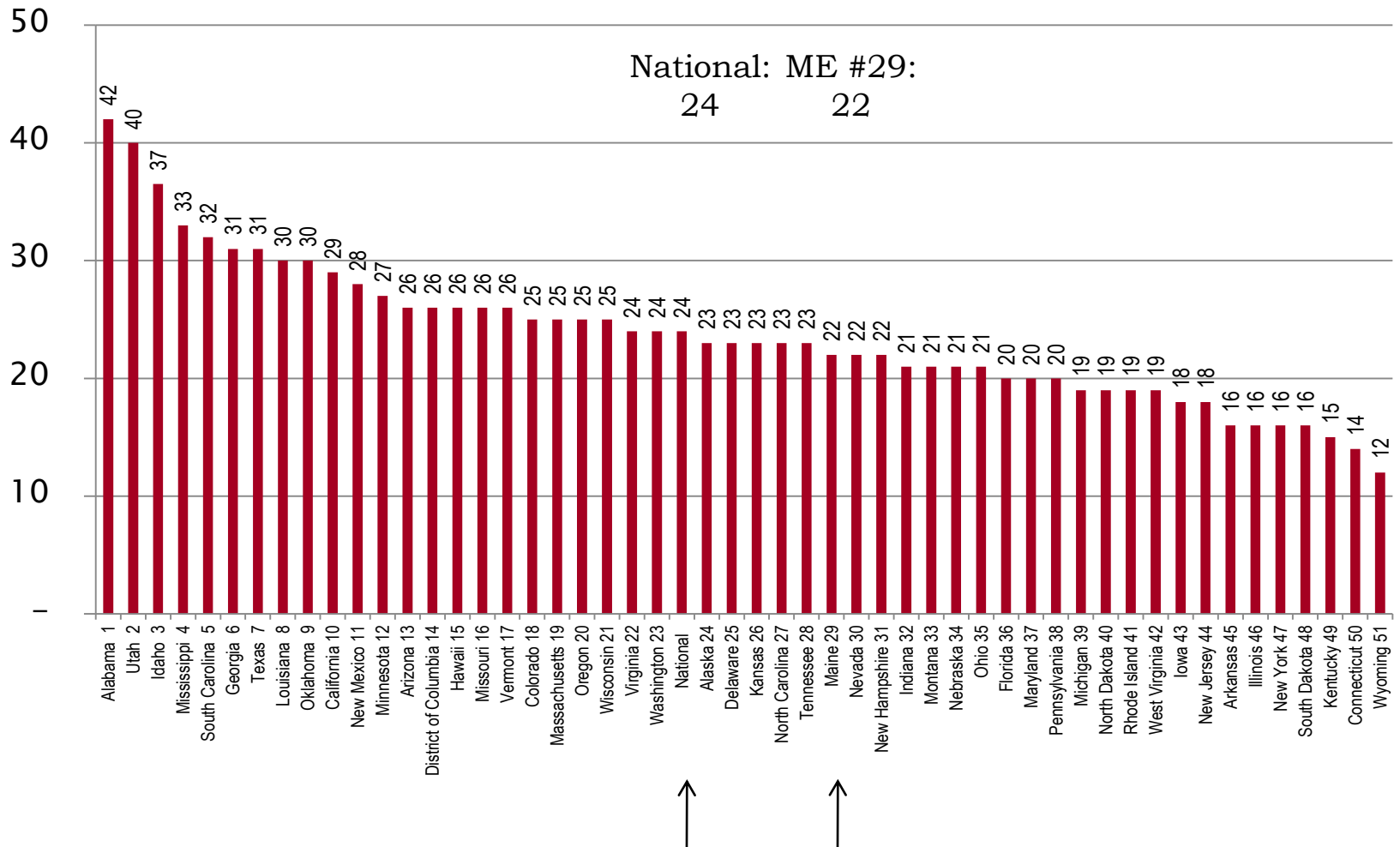
2005-2017 Hospice Mean Days of Care 13-Year Trends



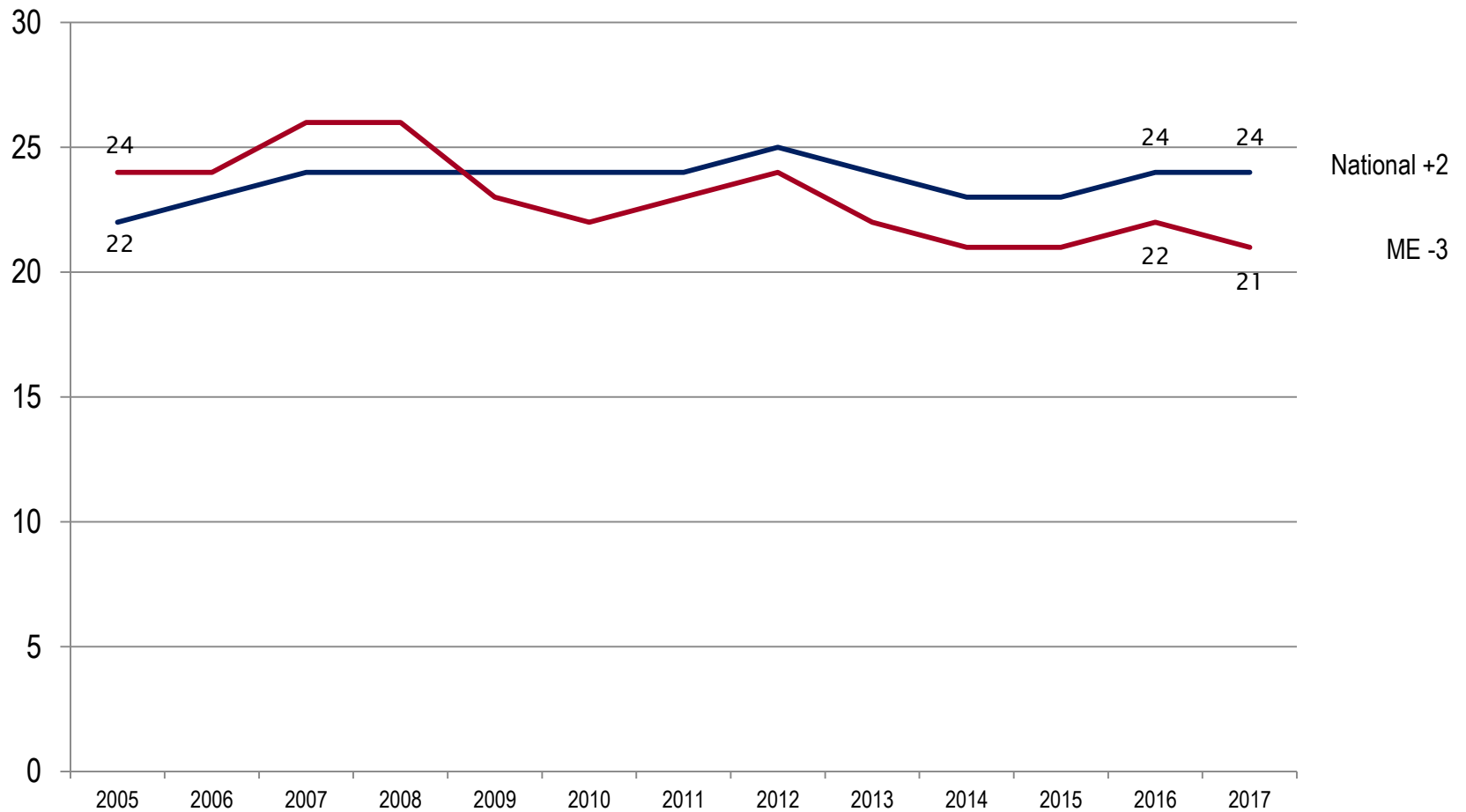
2017 Medicare Hospice Median Days of Care / Beneficiary



2016 Medicare Hospice Median Days of Care / Beneficiary

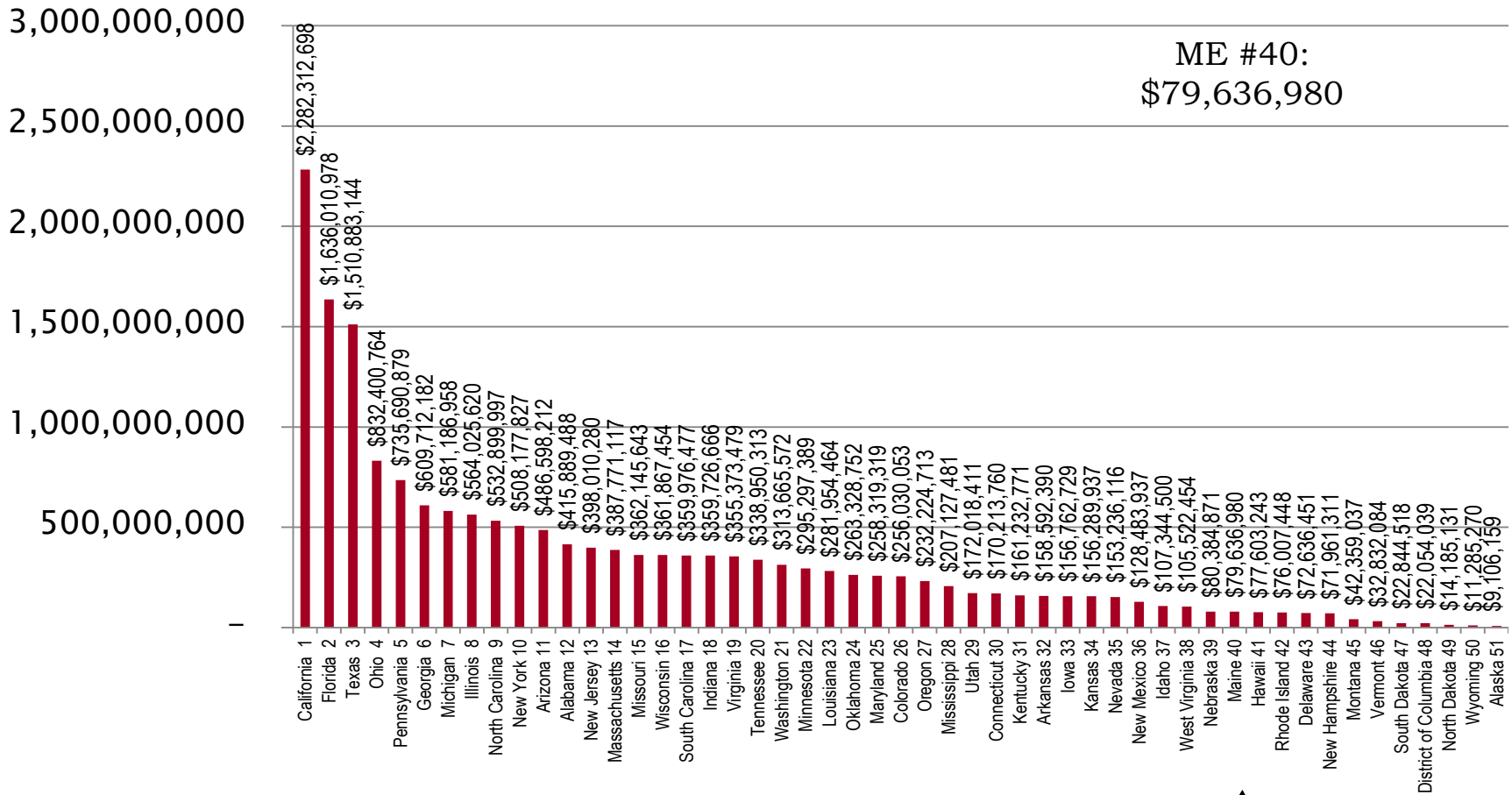


2005-2017 Hospice Median Days of Care 13-Year Trends



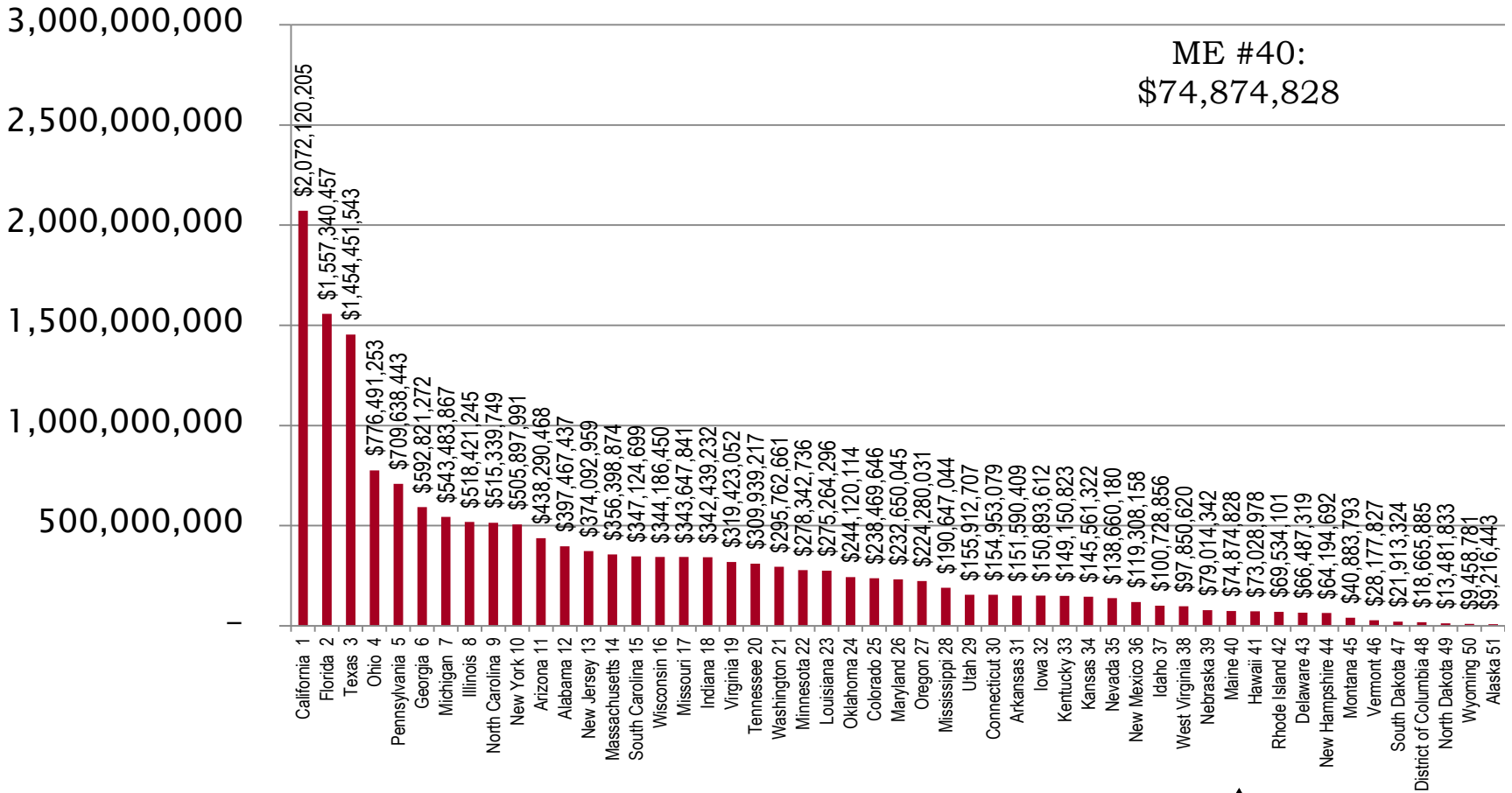
2017 Medicare Hospice Total Medicare Reimbursement

National= \$17,810,151,465

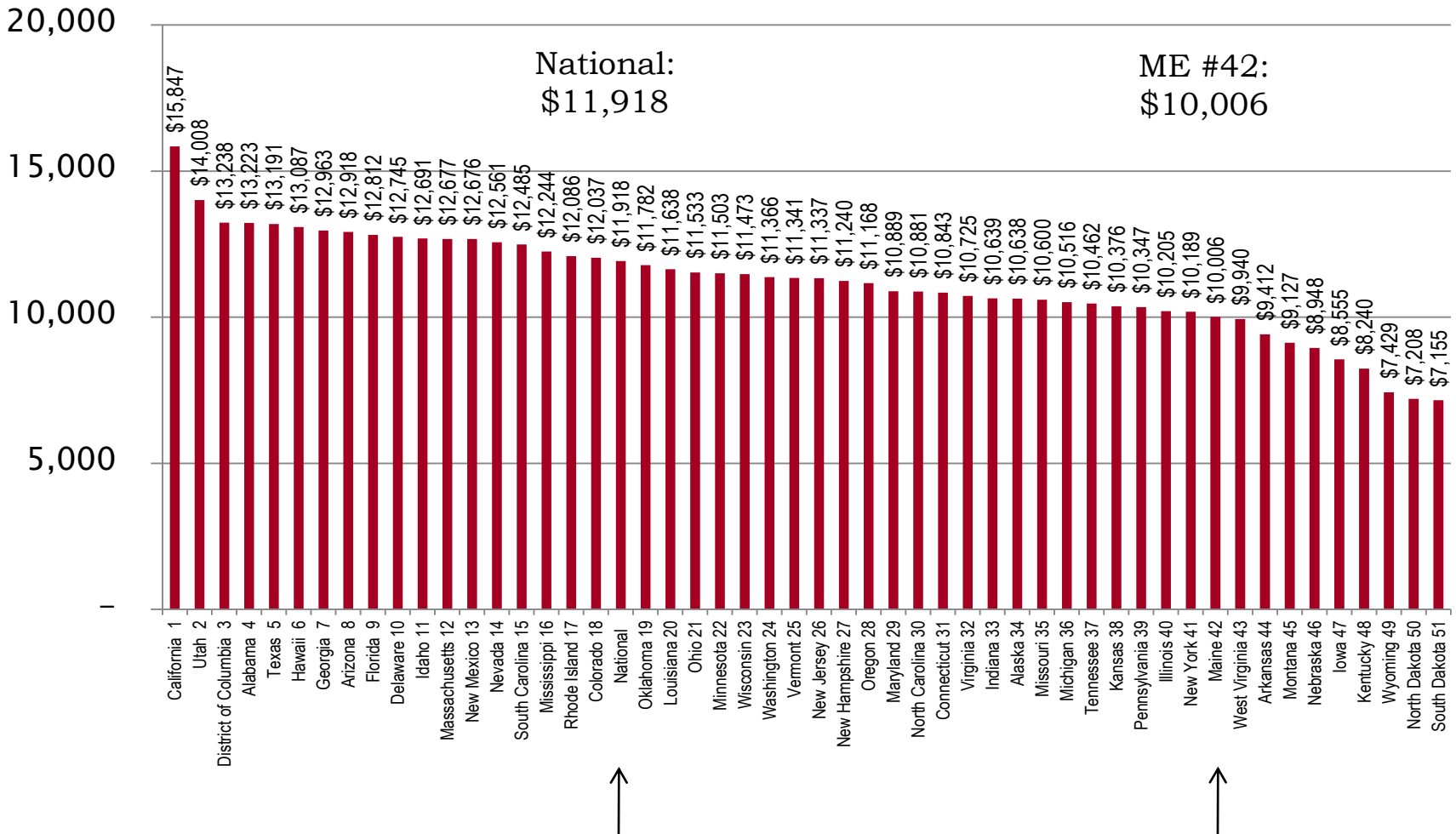


2016 Medicare Hospice Total Medicare Reimbursement

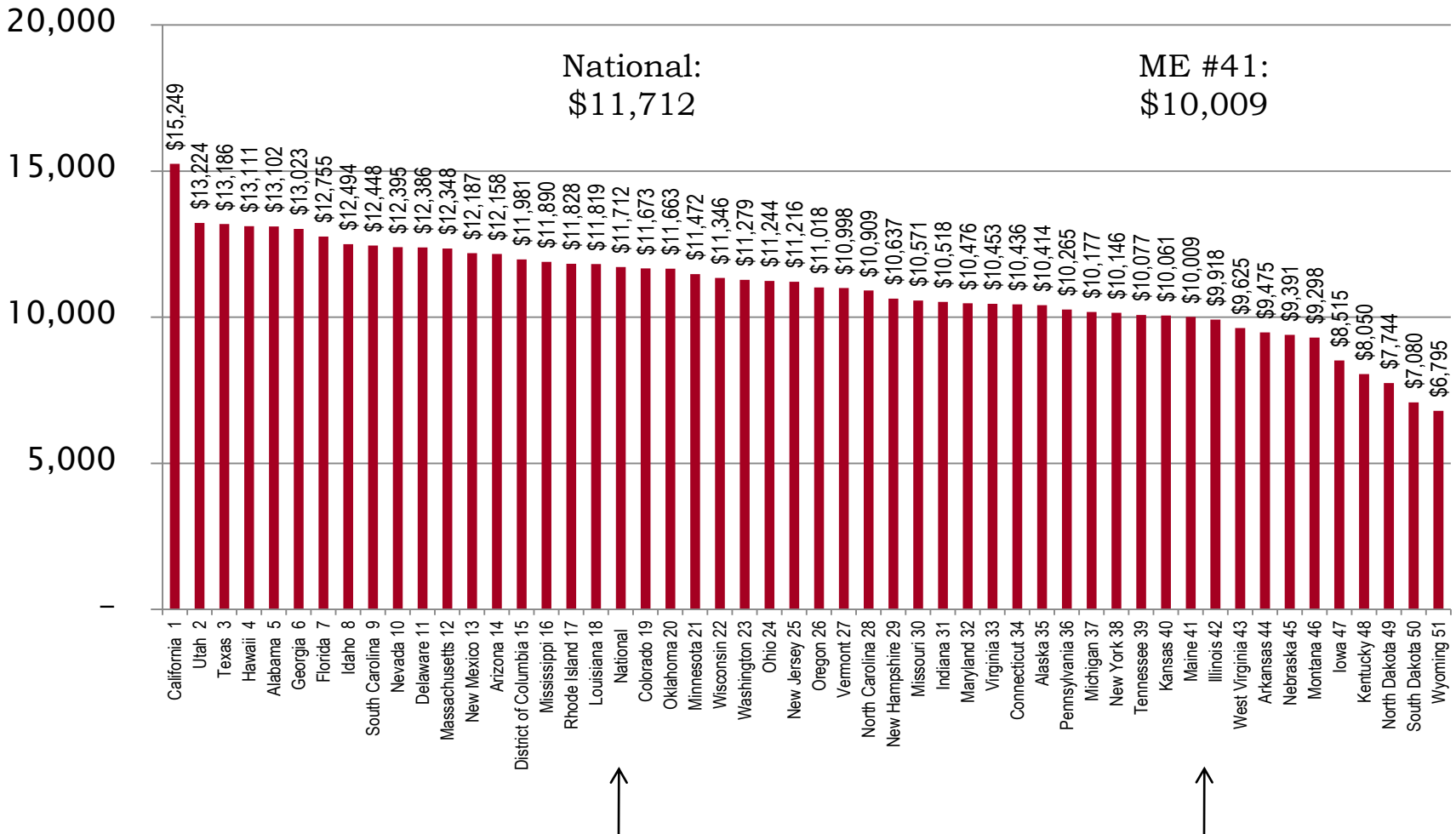
National= \$16,732,094,739



2017 Medicare Hospice Mean Medicare Reimbursement / Beneficiary

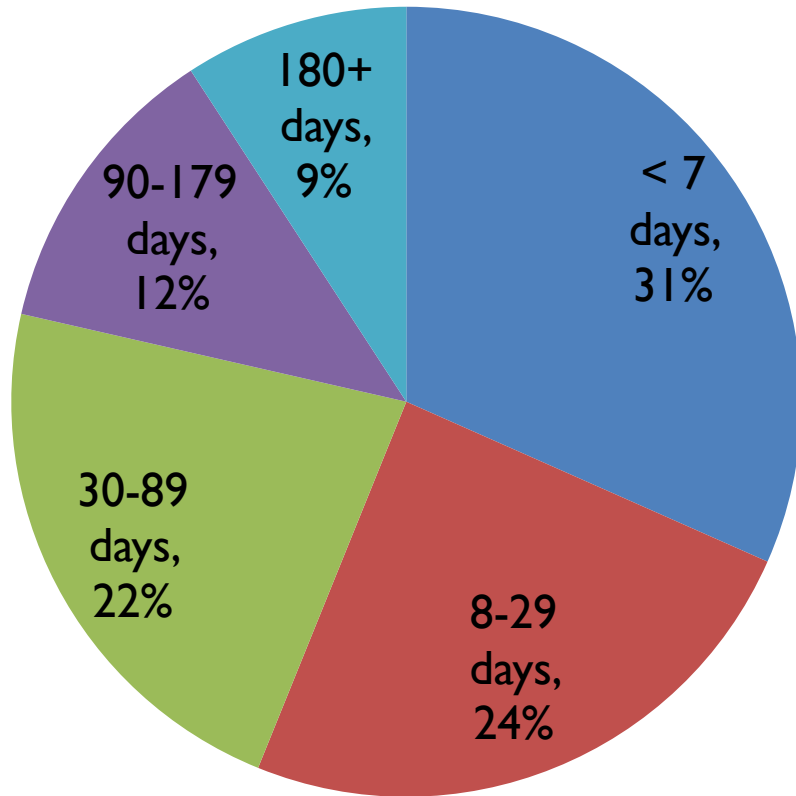


2016 Medicare Hospice Mean Medicare Reimbursement / Beneficiary

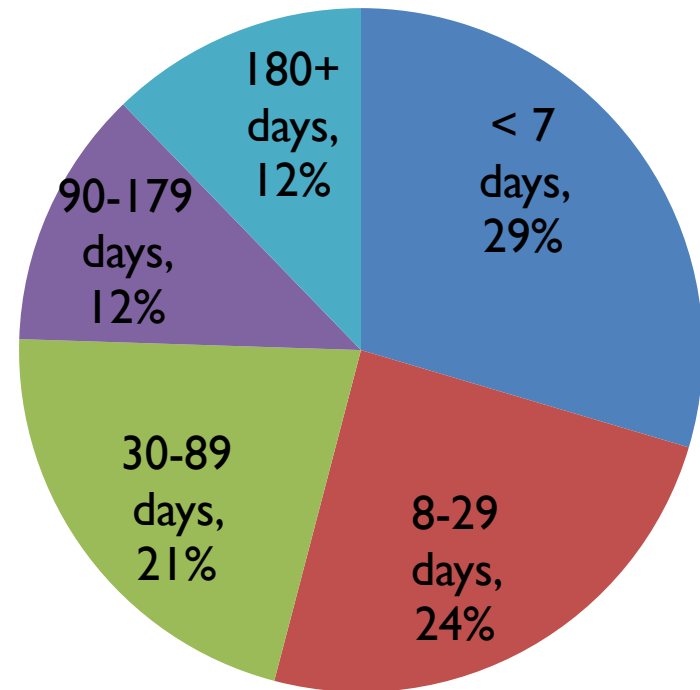


2017 Medicare Hospice Percentage of Days x LOS

Maine

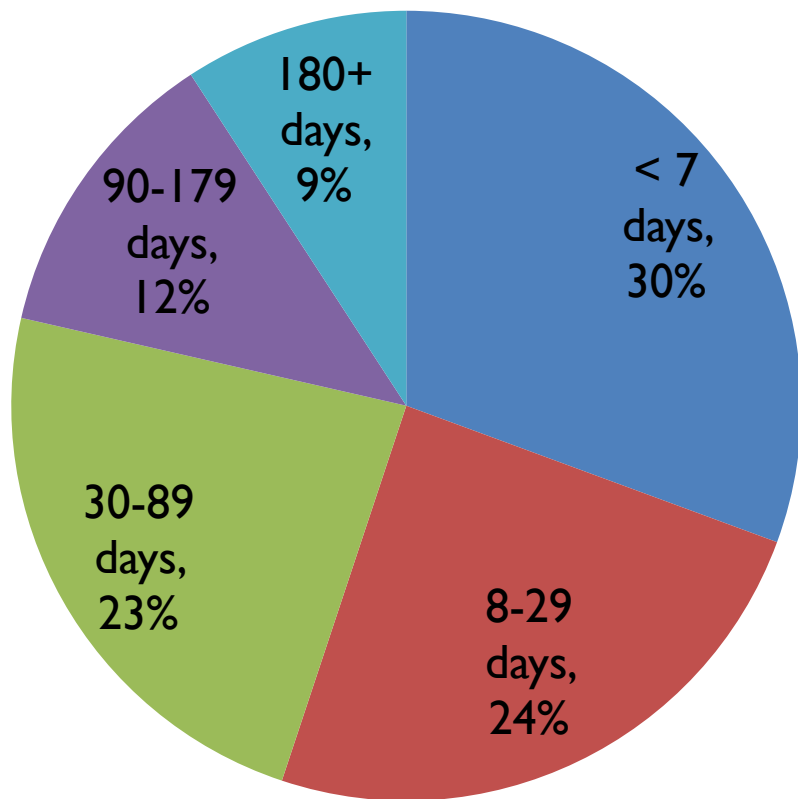


National

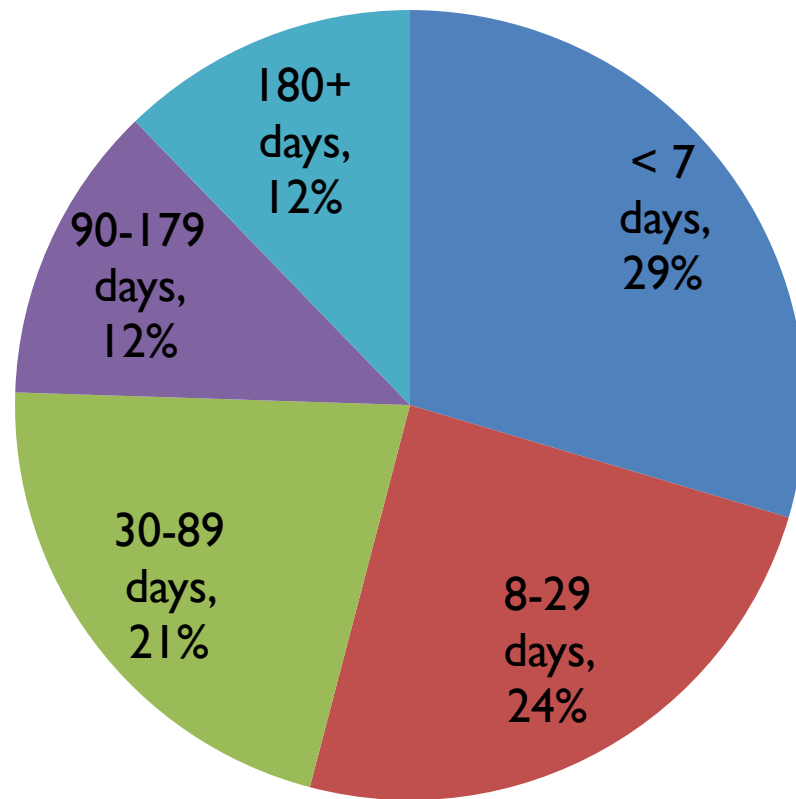


2016 Medicare Hospice Percentage of Days x LOS

Maine

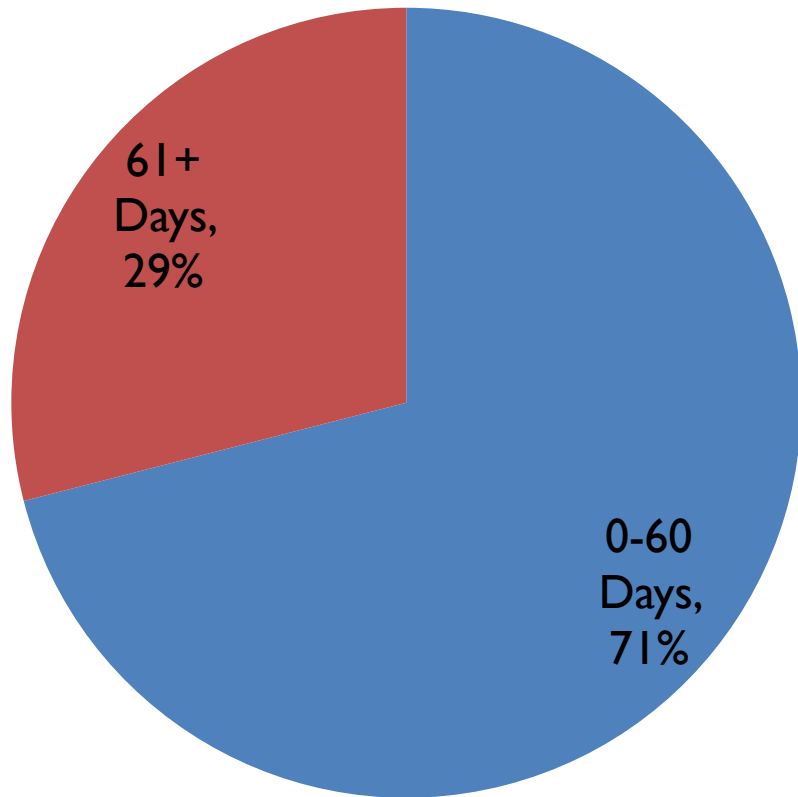


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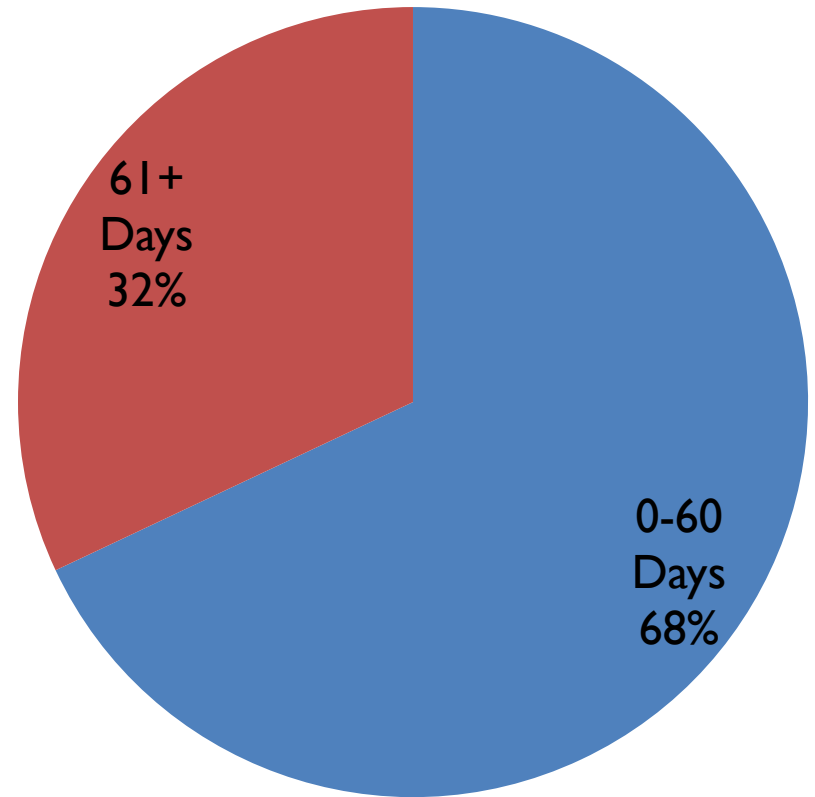


2017 Medicare Hospice Percentage of Days x LOS

Maine

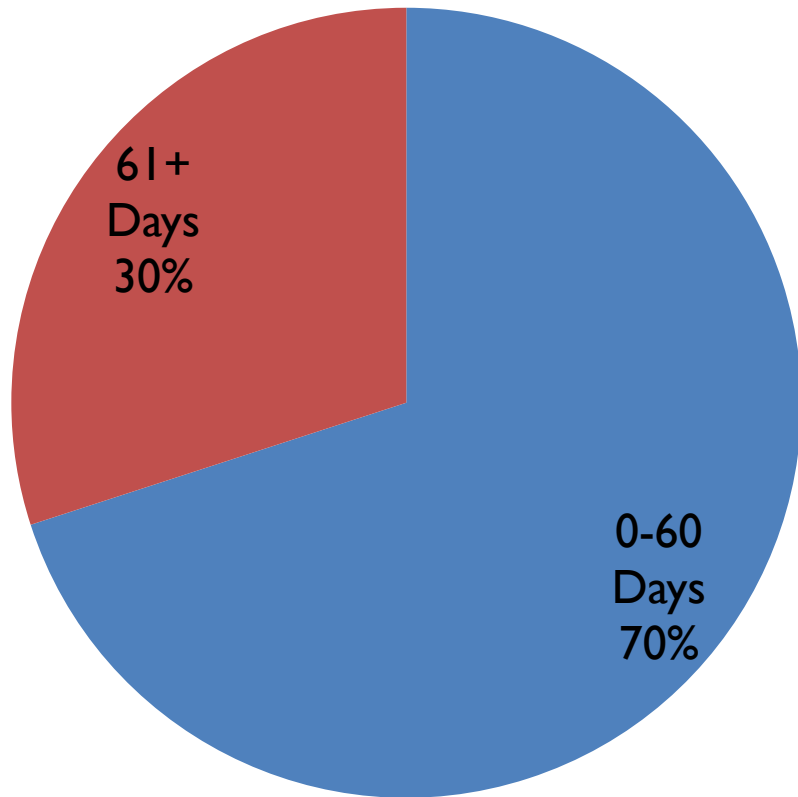


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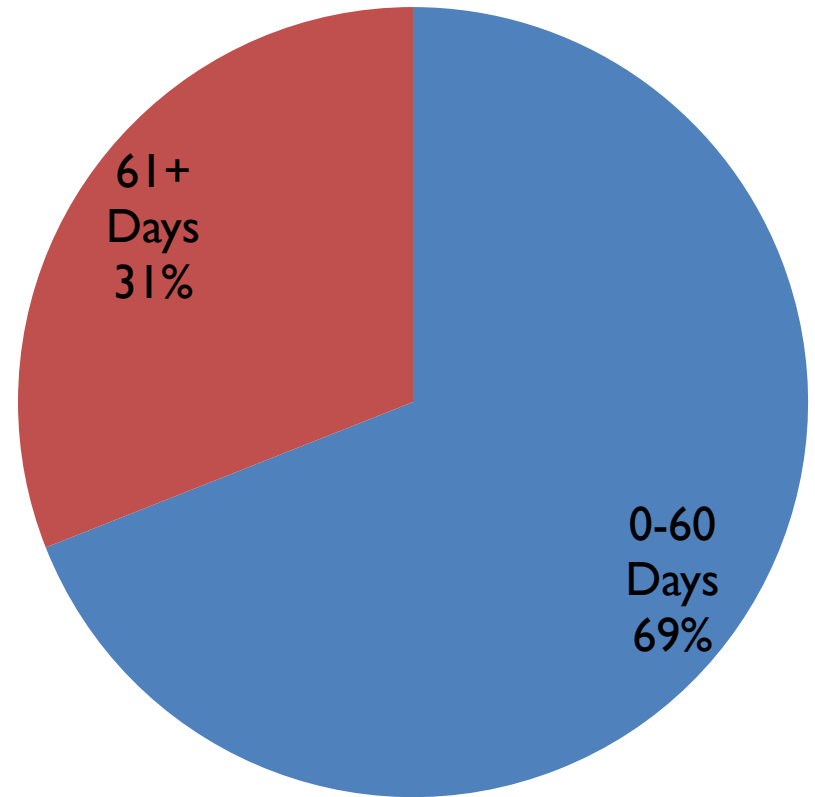


2016 Medicare Hospice Percentage of Days x LOS

Maine

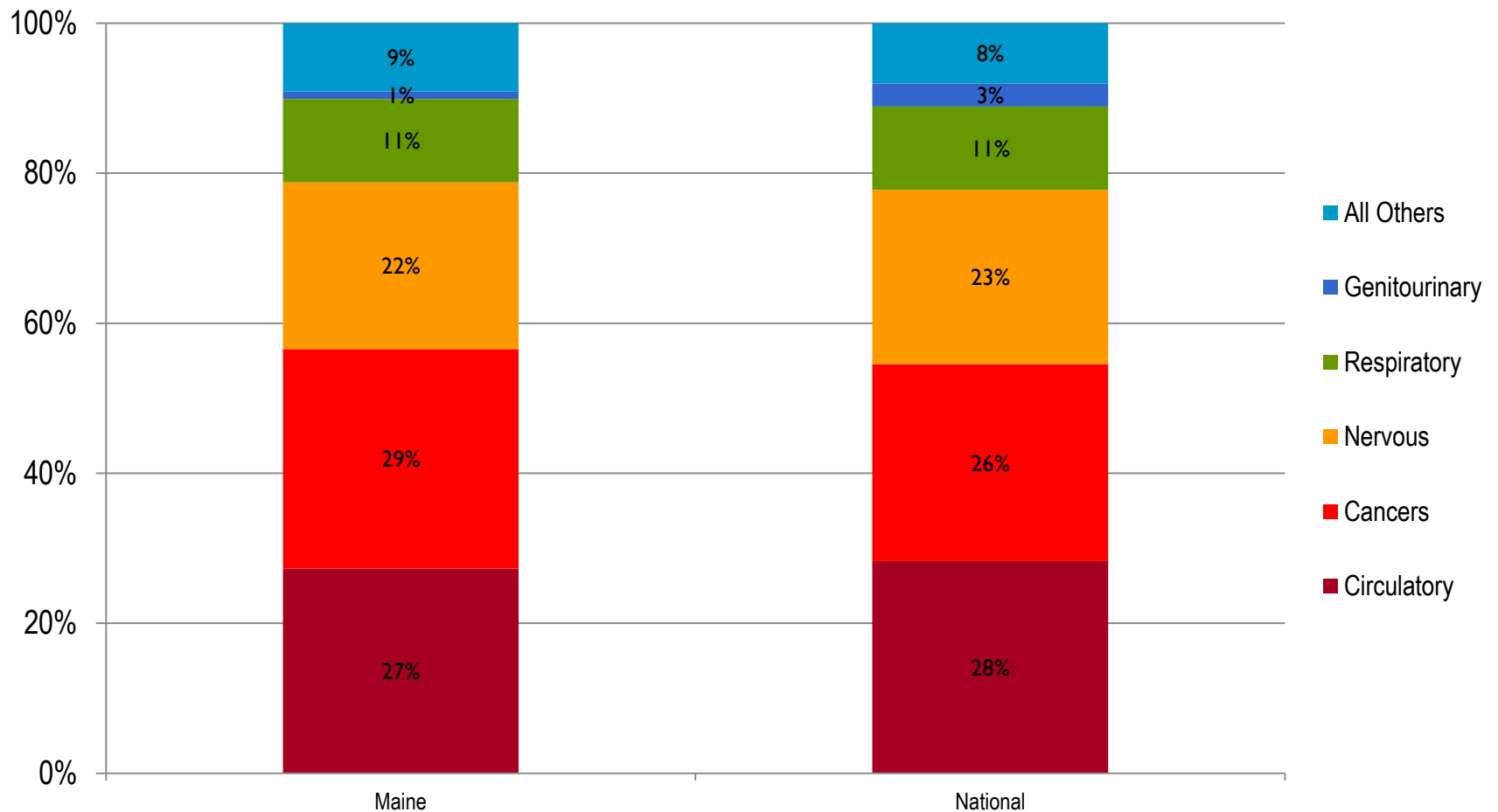


National



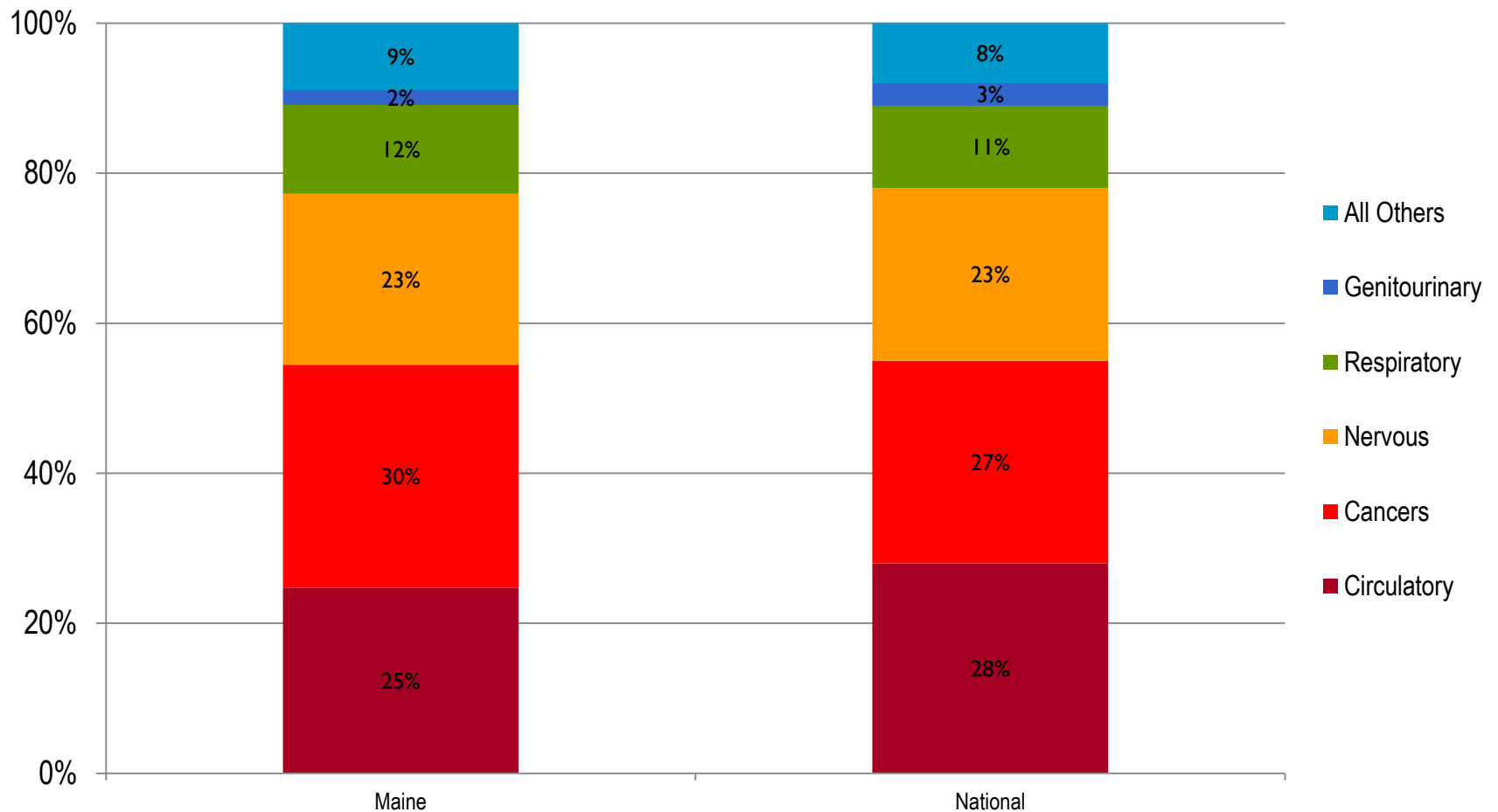
2017 Medicare Hospice Beneficiaries

Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)

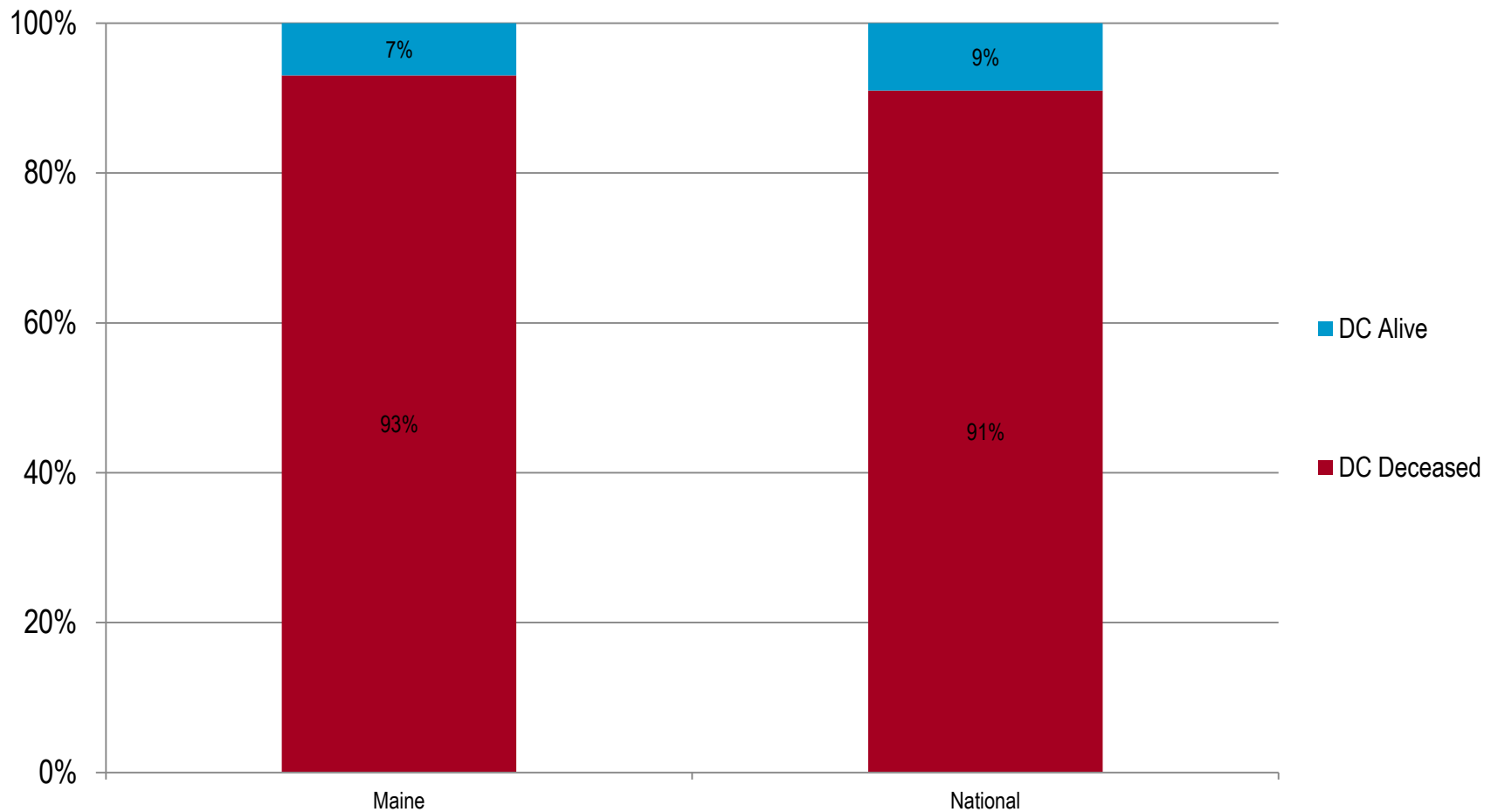


2016 Medicare Hospice Beneficiaries

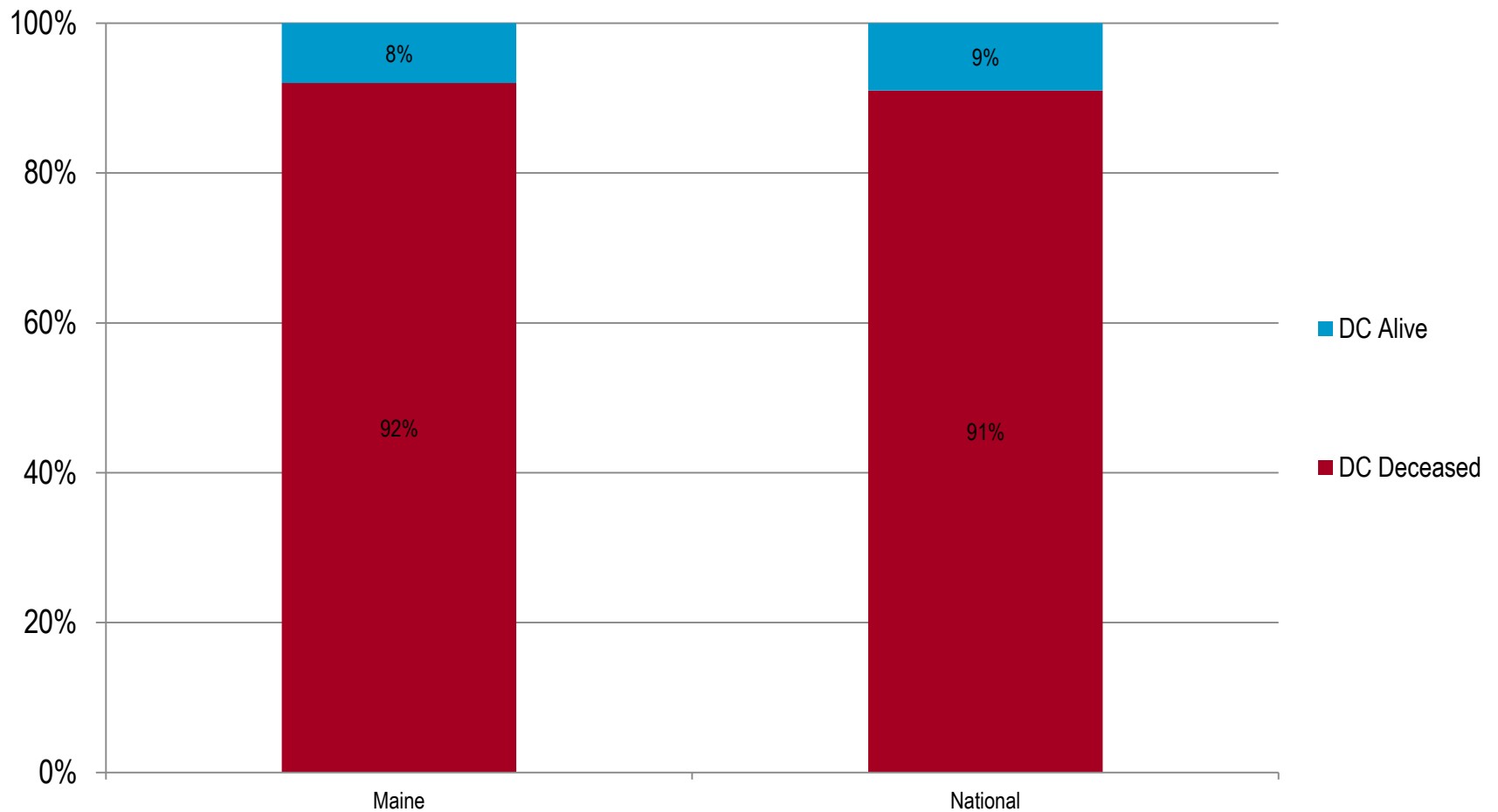
Top Six ICD-9 PRIMARY Diagnoses (out of 19 categories)



2017 Medicare Hospice Beneficiaries Status at Discharge

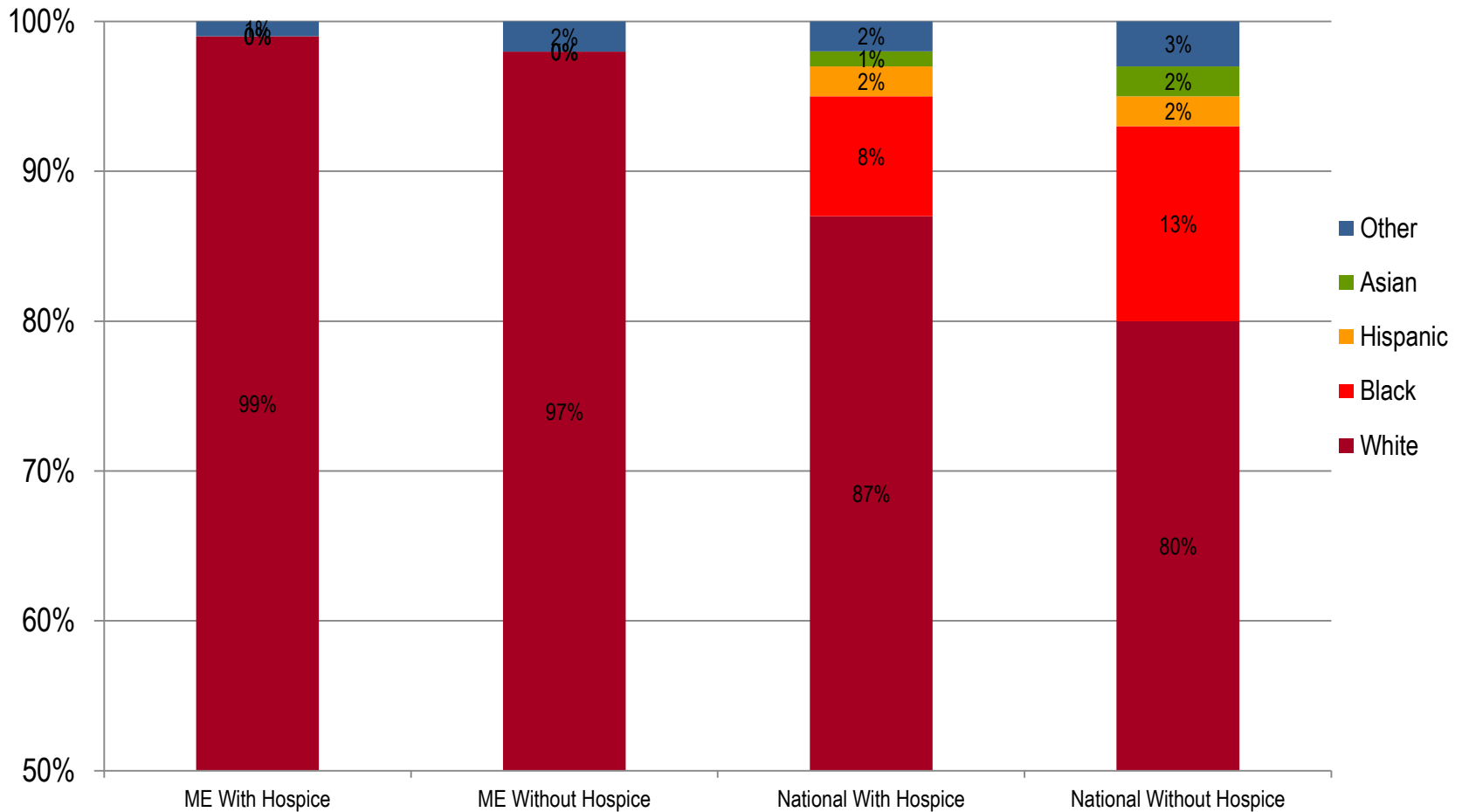


2016 Medicare Hospice Beneficiaries Status at Discharge



2017 Medicare Hospice Beneficiaries

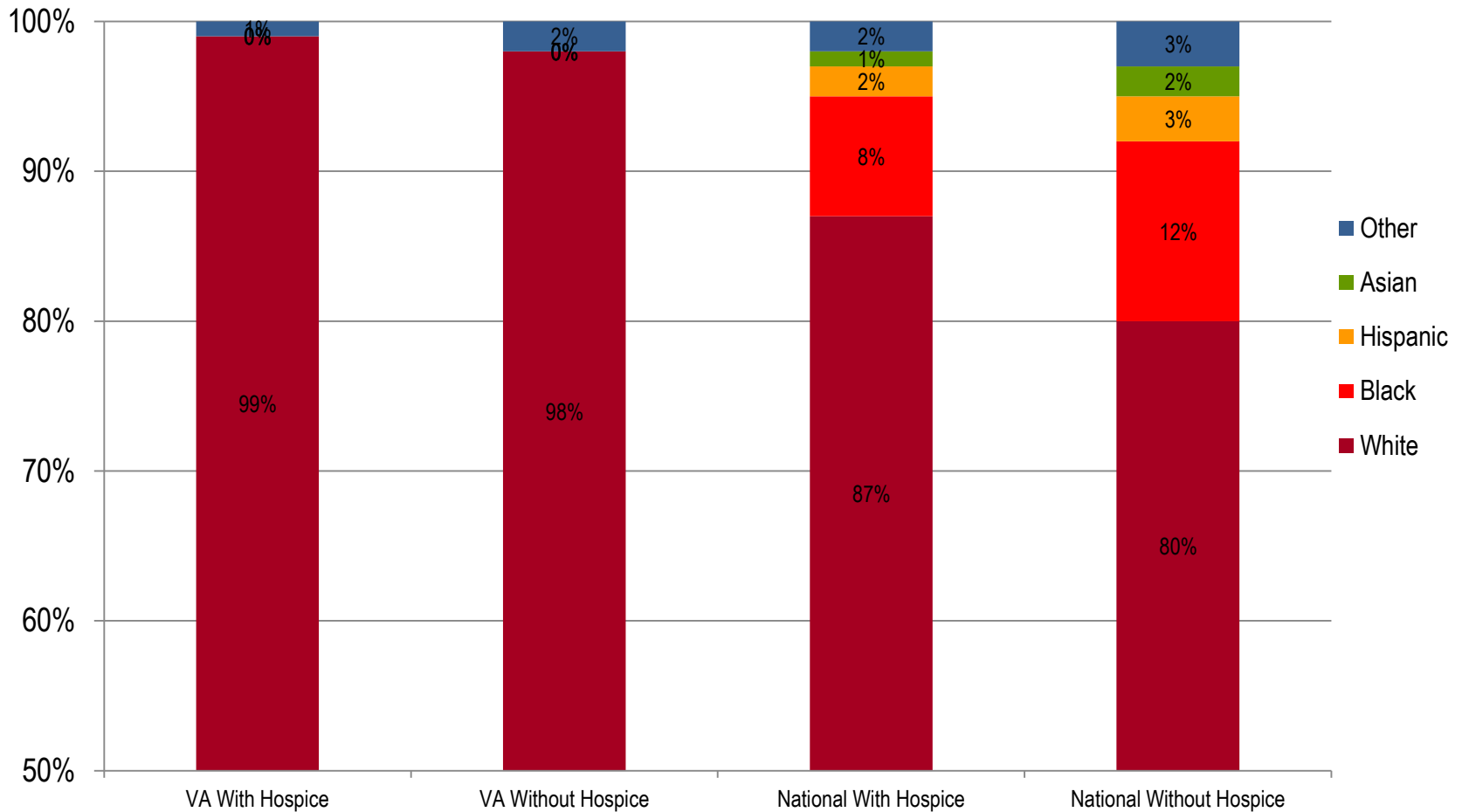
Race: Dying With vs. Without Hospice



▶ Minorities are underserved in hospice.

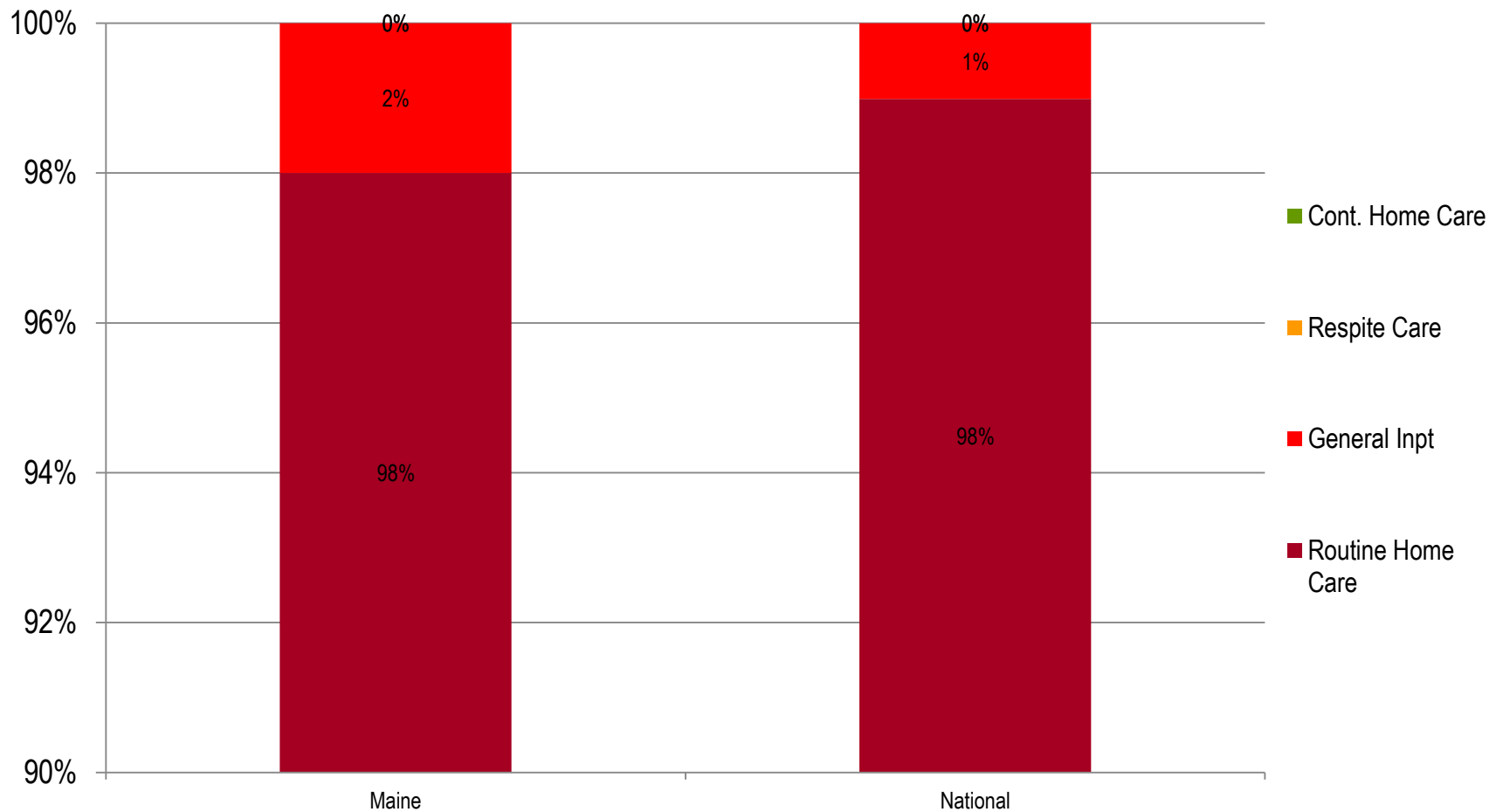
2016 Medicare Hospice Beneficiaries

Race: Dying With vs. Without Hospice

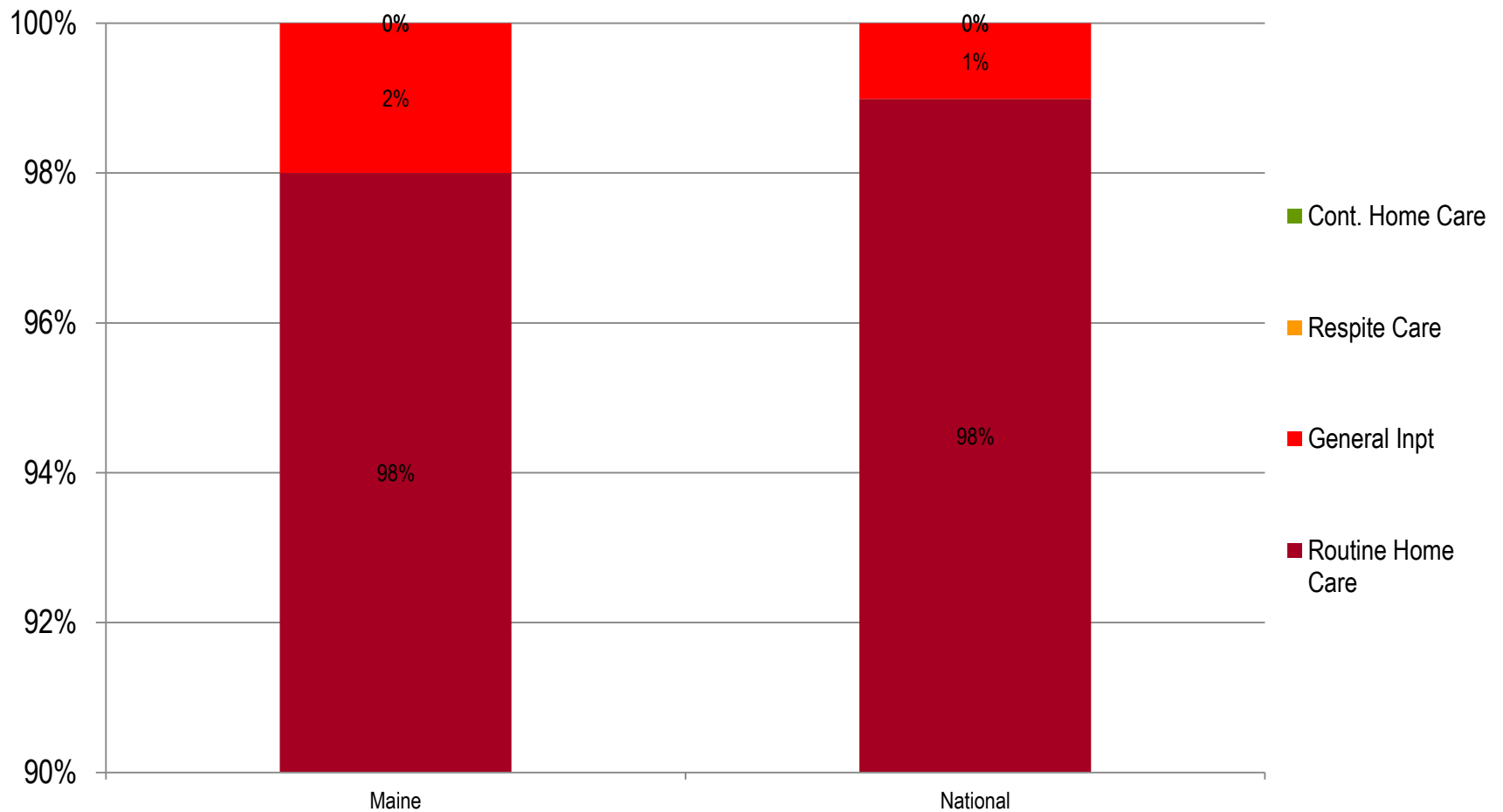


▶ Minorities are underserved in hospice.

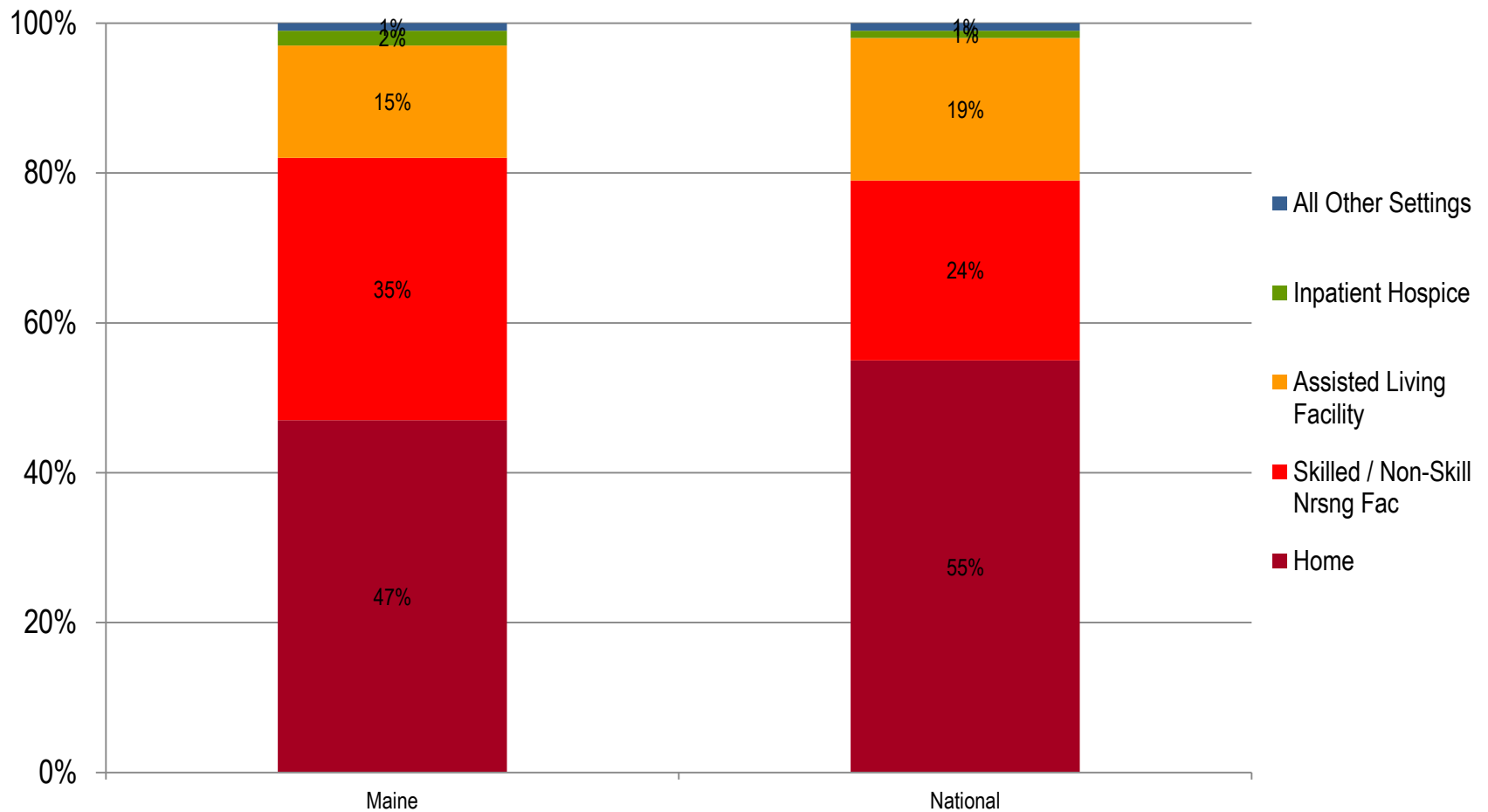
2017 Medicare Hospice Beneficiaries Levels of Care (days)



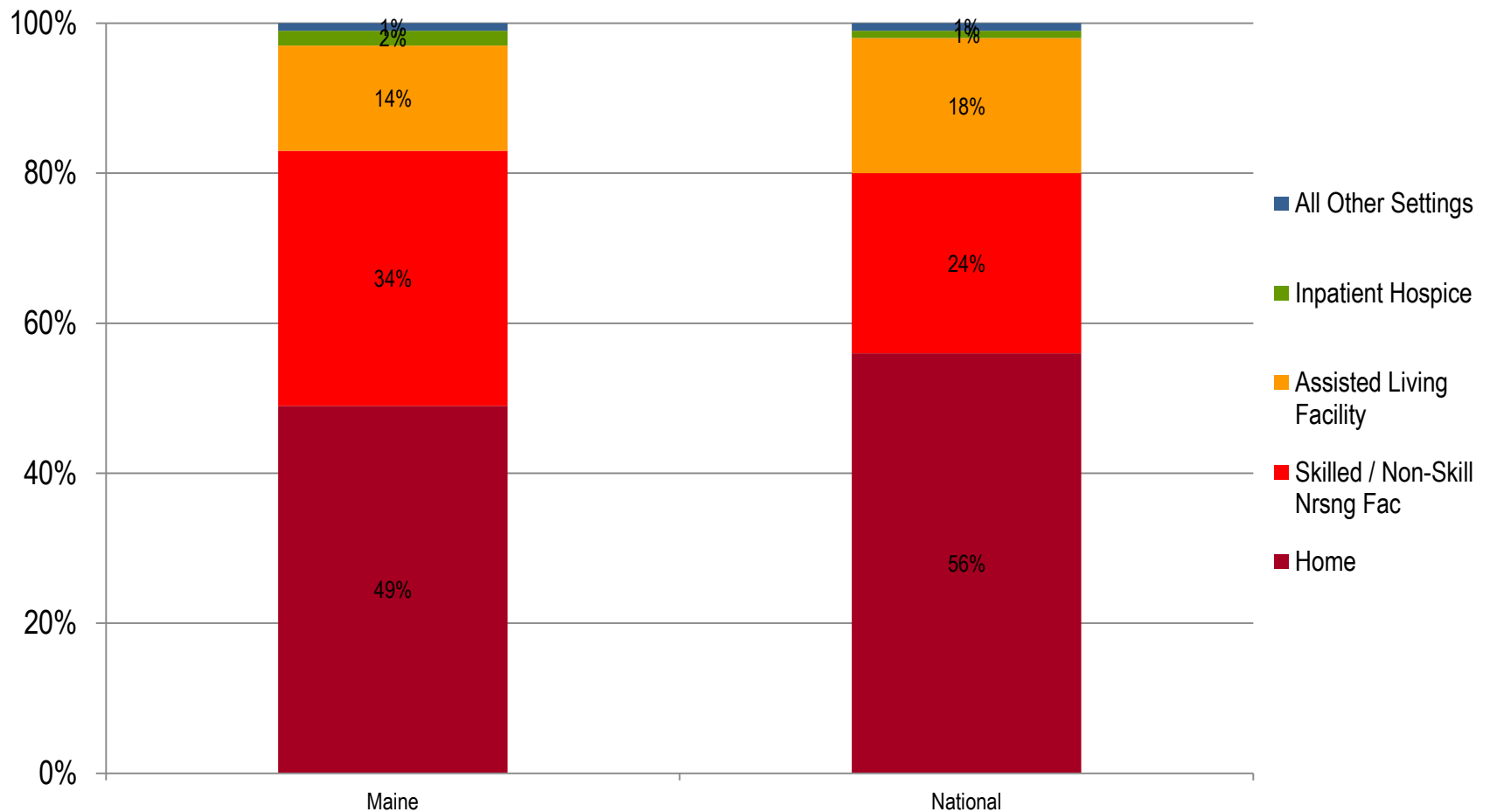
2016 Medicare Hospice Beneficiaries Levels of Care (days)



2017 Medicare Hospice Beneficiaries Locations of Care (days)



2016 Medicare Hospice Beneficiaries Locations of Care (days)



Thank you

Please contact Cordt Kassner, PhD, at Hospice Analytics with any questions, comments, feedback, or for additional information:

P: 719-209-1237

E: Info@HospiceAnalytics.com

W: www.HospiceAnalytics.com

* Review the new National Hospice Locator at www.HospiceAnalytics.com – geo-maps and detailed information on every known hospice in the United States!