



A unified voice for affordable, accessible, quality home care and hospice services.

## **Nonprofit Hospice in Maine**

12/1/22

Hospice provides expert medical, emotional and spiritual care and support – focusing on comfort and quality of life – to terminally ill patients and their caregivers. Caregivers are often family members. Typically, services are offered in the home, but they may be provided wherever the person calls home – whether that be an assisted living facility or a nursing home or hospice house. The Medicare Hospice Benefit began in 1983 and provides interdisciplinary team services that include medical, spiritual, personal care, volunteer and bereavement services for beneficiaries with a life expectancy of six months or less and their caregivers. This paper highlights important contributions and characteristics specifically of nonprofit hospices in Maine, including:

1. Growth in Hospice Utilization
2. Hospice Quality Ratings
3. Innovative Practices
4. Hospice Houses

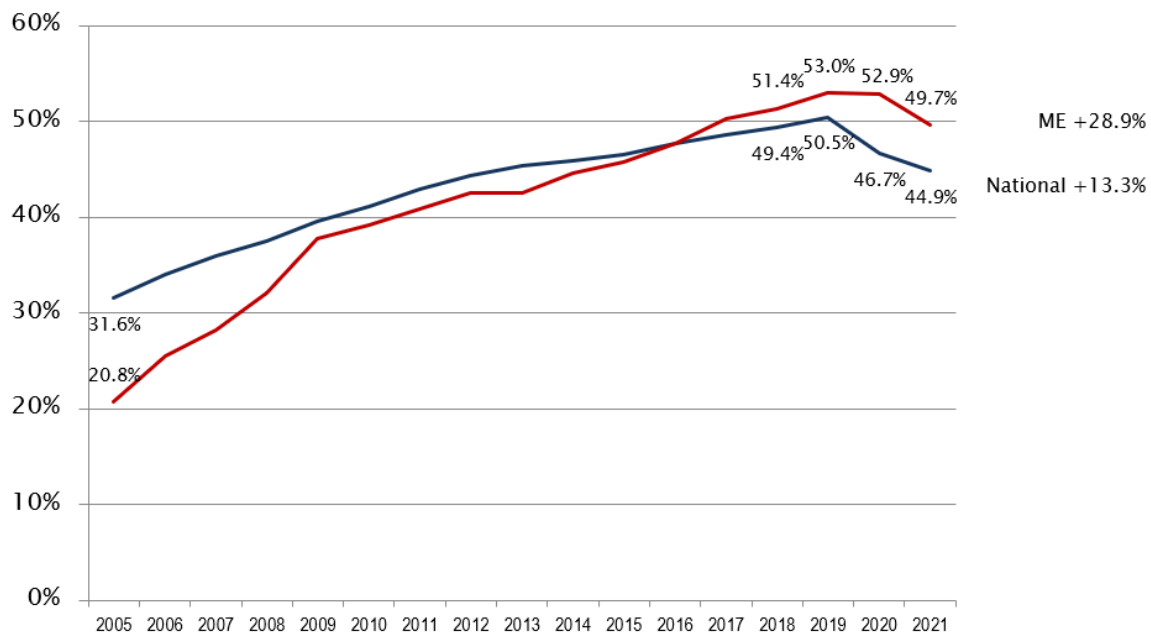
Nonprofit, community-integrated hospices benefit their patients, patient families and their communities in unique and recognizable ways. Nevertheless, hospice providers face some barriers that lawmakers and regulators could address or eliminate. By supporting nonprofit, community-based hospices and the services they offer, policymakers and other payers will not only support the survival of these hospices but raise the bar for high-quality hospice care for all patients, families and communities across the U.S. Hospice providers, families who benefit from comprehensive hospice services, and other advocates and stakeholders, must continue to educate policymakers and decision makers about the value of their work.

### **Growth in Hospice Utilization**

Hospice utilization is a measure of both access to hospice services and a quality measure. Hospice Utilization is the percentage of Medicare Hospice Deaths divided by Total Medicare Deaths. Nationally, the highest hospice utilization rate was reached in 2019 (50.5%), then it tapered due to COVID-19 (2021= 44.9%). Historically, hospice utilization has increased ~1.0% - 1.5% annually since 2000.

Maine, however, has a phenomenal growth story regarding hospice utilization. In 2020, Maine’s hospice utilization rate ranked 50<sup>th</sup> in the country (6.6%) among all states and the District of Columbia (compared to the national average at the time of 20.4%). Since 2000, Maine’s hospices, due largely to our nonprofit hospices efforts, worked in increase the state’s hospice utilization rate. In 2016, Maine’s hospice utilization equaled the national average (47.7%) and has exceeded it ever since. According to current 2021 Medicare information, Maine ranks 13<sup>th</sup> highest in the country with a hospice utilization rate of 49.7%. About half of all dying Mainers die in hospice – remarkable work!

## 2005-2021 State Hospice Utilization 17-Year Trends



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

www.HospiceAnalytics.com

### Hospice Quality Ratings

Medicare’s Care Compare for Hospice includes public reporting of quality measures. In the FY 2022 Hospice Final Rule, CMS finalized public reporting of CAHPS Hospice Survey Star Ratings. Beginning with the August 2022 refresh of Care Compare, a Family Caregiver Survey Rating summary Star Rating is publicly reported for all hospices with 75 or more completed surveys over the reporting period. Star Ratings will be updated every other quarter<sup>6</sup>.

Nationally, approximately 1/3 of hospices met criteria to report Star ratings. However, in Maine 87% of Medicare certified hospices (13/15) met criteria to report Star ratings. As illustrated in the table below, Maine hospices average Star rating (3.69; 13<sup>th</sup> highest state score) was higher than the national average (3.41), and no Maine hospices reported Star ratings below 3 (out of a high 5 score).

Stars	Maine	National
5	1 (8%)	195 (10%)
4	7 (54%)	782 (39%)
3	5 (38%)	737 (36%)
2	0	287 (14%)
1	0	25 (1%)
Average	3.7 Stars	3.4 Stars

In addition to strong Hospice Star ratings, Maine hospices also performed stronger than national averages on both of the other Care Compare surveys – the Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey. The HIS includes nine (9) “top box” quality measures (“top box” means the highest quality option). The CAHPS includes eight (8) “top box” quality measures. Maine hospices mean HIS “top box” scores (86.1%) were ranked 2<sup>nd</sup> highest in the country (national= 77.4%). Maine hospices mean CAHPS “top box” scores (82.2%) were ranked 19<sup>th</sup> highest in the country (national= 81.6%).

### **Innovative Practices**

While all hospices in Maine and nationally strive to provide excellent end-of-life care, there has been consistent recognition of the outstanding quality of care provided by non-profit hospices<sup>1,7</sup> and growing concerns regarding the quality of care provided by for profit hospices<sup>8,9,10,11,12</sup>. Several resources are available to assist the general public in choosing a hospice provider<sup>13,14,15</sup>. Some of the criteria to choose a good hospice include:

1. Non-profit status
2. 20+ years of experience
3. Hospice and palliative care certified staff
4. Accreditation
5. Inpatient hospice units / Hospice Houses
6. Membership in state and national hospice organizations

Not coincidentally, non-profit hospices strongly meet these recommendations. Hospice began in the United States in the late 1970’s primarily as a non-profit movement. Non-profit hospices average 27 years of Medicare certification, compared to for profit hospices averaging 10 years of Medicare certification<sup>16</sup>. While only about 20% of hospices have inpatient hospice units / hospice houses, these specialty services are nearly exclusively provided by non-profit hospice providers.

### **Hospice Houses**

Maine has four (4) Hospice Houses. All four Hospice Houses are administered exclusively by non-profit hospice providers. Hospice Houses provide important specialized care to people with severe or complex needs in a home-like setting. They also provide an alternative for patients not wishing to die in their own home.

## How You Can Help

There are several ways you can help support non-profit hospices in Maine, including:

- Maine hospices strive to offer education, awareness, and services to all eligible Mainers. Specifically, we believe at least 1,500 additional Mainers can benefit from hospice services by 2025.
- Meeting the needs of Maine’s aged demographic.
- Legislative and regulatory changes to address gaps in Maine’s end-of-lifecare services.
- Community participation in our organizations and events.
- Financial support.

## References:

1. Leading Age, Leading Age Ohio, and National Partnership for Hospice Innovation, 2019. “Nonprofit Hospice Services: Where Missions and Community Meet.” [http://nphi.wpengine.com/wp-content/uploads/2020/04/Nonprofit\\_Hospice\\_Services\\_FINAL\\_4.pdf](http://nphi.wpengine.com/wp-content/uploads/2020/04/Nonprofit_Hospice_Services_FINAL_4.pdf); accessed 6/30/22.
2. Information based on Medicare hospice claims through 2021, Care Compare 5/22, cost reports, MedPAC reports, GuideStar, and hospice annual reports for ten nonprofit hospices (nine in ME, one in NH serving ME) and seven for profit hospices (six in ME, one in NH serving ME).
3. Abernethy AP, Kassner CT, Whitten E, Bull J, Taylor DH. Death Service Ratio: A Measure of Hospice Utilization and Cost Impact. *J Pain Symptom Manage* 2011; 41(#6 June):e5-6.
4. Dhingra L, Braverman C, Kassner CT, Schechter C, DiFiglia S, and Portenoy R. Low Hospice Utilization in New York State: Framework for compiling and ranking barriers. II. Low Hospice Utilization in New York State: Comparisons using national data. Published online, *J Palliative Medicine*, 4/22: <https://www.liebertpub.com/doi/abs/10.1089/jpm.2022.0004>.
5. Dhingra L, Braverman C, Roberts K, DiFiglia S, Kassner CT, and Portenoy R. Low Hospice Utilization in New York State (II): Framework for compiling and ranking barriers. *J Palliative Medicine* Published Online: 30 Sep 2022; <https://doi.org/10.1089/jpm.2022.004>.
6. CMS website: <https://hospiceahpsurvey.org/en/public-reporting/star-ratings/>; accessed 11/20/22.
7. National Partnership for Hospice Innovation, 2022. “Reforming the Medicare Hospice Benefit.” [https://www.hospiceinnovations.org/wp-content/uploads/2022/07/Medicare-Hospice-Benefit\\_Summer-2022.pdf](https://www.hospiceinnovations.org/wp-content/uploads/2022/07/Medicare-Hospice-Benefit_Summer-2022.pdf); accessed 6/30/22.
8. Medicare Payment Advisory Commission (MedPAC) March 2022 Report to Congress, 2022. [https://www.medpac.gov/wp-content/uploads/2022/03/Mar22\\_MedPAC\\_ReportToCongress\\_v3\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_v3_SEC.pdf); accessed 6/30/22.
9. Braun RT, Stevenson DG, Unruh MA. Acquisitions of Hospice Agencies by Private Equity Firms and Publicly Traded Corporations. *JAMA Intern Med*, 8/21; 181(8); [https://www.medpac.gov/wp-content/uploads/2022/03/Mar22\\_MedPAC\\_ReportToCongress\\_v3\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_v3_SEC.pdf); accessed 6/30/22.
10. Aldridge M. Hospice Tax Status and Ownership Matters for Patients and Families. *JAMA Intern Med*, 8/21; <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2779070>; accessed 6/30/22.
11. Hawryluk M. Hospices Have Become Big Business For Private Equity Firms, Raising Concerns About End-of-Life Care. *Kaiser Health News*, 7/29/22; <https://khn.org/news/article/hospices-private-equity-firms-end-of-life-care/>; accessed 7/29/22.

12. ProPublica website: <https://www.propublica.org/article/hospice-healthcare-aseracare-medicare>; published online 11/28/22; accessed 11/28/22.
13. Consumer Reports webpage: How to Find a Good Hospice Program, 10/14. <https://www.consumerreports.org/cro/magazine/2014/12/how-to-find-a-good-hospice-program/index.htm#:~:text=Here's%20what%20we%20think%20you,not%20yet%20ready%20for%20hospice.>; accessed 6/30/22.
14. National Hospice and Palliative Care Organization webpage: Choosing a Quality Hospice, 2/20. <https://www.consumerreports.org/cro/magazine/2014/12/how-to-find-a-good-hospice-program/index.htm#:~:text=Here's%20what%20we%20think%20you,not%20yet%20ready%20for%20hospice>; accessed 6/30/22.
15. Hospice Analytics website: National Hospice Locator, 11/22. <http://www.nationalhospicelocator.com/>; accessed 11/1/22.
16. Hospice Analytics, private communication 11/1/22.