Hospice Talking Points

NHPCO offers members some the following talking points that may help inform discussions in their communities.

All hospice providers must be committed to providing the highest-level of quality care

1. NHPCO leads and promotes a shared commitment to the highest quality hospice and palliative care, regardless of a provider’s tax structure, and works to support access to quality care for all patients and family caregivers coping with serious, advanced, life-limiting illness, in all settings. All medically-eligible individuals should have access to the highest quality hospice care.

2. NHPCO’s “Standards of Practice for Hospice Programs” provides a comprehensive set of standards regarding the provision of care to which all providers are encouraged to comply.

3. NHPCO offers a collection of performance measure tools to help providers collect important data they can use as part of a comprehensive quality improvement process. These measures include: Family Evaluation of Hospice Care (FEHC), Family Evaluation of Bereavement Services (FEBS), National Data Set, Survey of Team Satisfaction (STAR), Quality Partners Self-Assessments and others.

4. The federal hospice Conditions of Participation are the same for all providers, tax-structure is not a factor, and NHPCO calls for all providers to comply with all federal and state regulations in the provision of care.

While increased access to hospice care has resulted in increased Hospice Medicare Benefit expenditures, overall hospice care saves Medicare money.

1. Annual Medicare expenditures on hospice care are approaching $12 billion – and these dollars are well-spent and provide the most comprehensive, patient-centered care for people at the end of life.

2. It’s about the best care at end of life; however, independent research out of Duke University found that hospice saves Medicare $2,300 for every beneficiary that received hospice care.

3. Lead author of the Duke study, Don H. Taylor, Jr., wrote, “Given that hospice has been widely demonstrated to improve quality of life of patients and families…the Medicare program appears to have a rare situation whereby something that improves quality of life also appears to reduce costs.”

4. Critics frequently cite growth in Medicare’s hospice expenditures since 2000, but it should be remembered that a decade ago, many hospice appropriate patients did not receive this care as they died. For every person who received hospice, NHPCO estimates that at least two more would have benefited and did not get it.
Scrutiny of the hospice provider community is growing in proportion to the increase in the number of patients cared for by hospices.

1. **As expenditures on hospice care rise, more scrutiny from organizations like the Office of the Inspector General is to be anticipated. It is not uncommon for the OIG to examine healthcare organizations with increased expenditures.**

2. **NHPCO has consistently called for more regulatory oversight of the field.**

3. **With more than 1.5 million patients served, the 94% “very good to excellent” family satisfaction figure show in the Family Evaluation of Hospice Care is an important reflection of quality and should be considered in discussions regarding hospice.**

**Tax status is not a reflection of quality.**

1. **Research shows that patients served by both for-profit and non-profit hospices receive high quality care from the nation's hospice. NHPCO’s comprehensive survey, the Family Evaluation of Hospice Care shows no difference in family caregivers’ evaluation of quality of care.**

2. **Over the past decade the increased numbers of for-profit providers parallels increased numbers of Americans served by hospice. Any business model – for-profit, non-profit or governmental – that provides greater access to quality hospice care is good for the nation’s healthcare system and good for patients and families.**

3. **Communities across the nation are different and hospice organizations reflect the range of needs in their service areas.**

**It is NHPCO’s position that all providers should subscribe to quality care delivery; more consistent and timely oversight is needed for the hospice community; and research should move the entire industry forward by analyzing which hospice interventions further enhance the quality of care.**

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