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Patients receive fewer services from for-profit hospice providers

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April 22, 2004 - Terminally ill patients who receive end-of-life care from for-profit hospice providers receive a full range of services only half the time compared with patients treated by nonprofit hospice organizations, a new study finds.

Given the fourfold increase of for-profit hospice providers entering the market in the past decade, the findings reveal early evidence that ownership type may influence the services that hospice patients receive, according to senior author Elizabeth Bradley, PhD, associate professor in the Department of Epidemiology and Public Health at Yale School of Medicine in New Haven, Connecticut. "Before, no one thought twice about whether ownership would matter," she told Medscape in an interview.

The study appears in the May issue of Medical Care.

A care model that took hold in the U.S. in the 1970s, hospice care uses a team approach to permit a terminally ill patient to die in comfort at home or in a home-like setting instead of in a hospital. To qualify for Medicare certification, hospices must be able to offer 16 separate core and noncore services. Core services include bereavement counseling, dietary and nutritional services, and physician and skilled nursing services. Noncore services include continuous home care, physical therapy, medications, personal care, and homemaker/household services.

The study examined the types of services used by 2,080 patients enrolled in 422 hospices across the country. It found that more than three fourths of patients (81%) received home hospice care, 91% had a primary caregiver, and 77% cited Medicare as the primary source of payment for

hospice service. Most patients used skilled nursing services (89%), followed by social services (74%), medications (63%), and personal care services (61%).

Findings were also organized according to the ownership and organizational characteristics. Of the 422 hospices surveyed, nearly one fourth (24%) were for-profit agencies, and nearly all (90%) were certified by Medicare, according to the study. More than two thirds (67%) were free-standing, and 39% were part of a chain.

Patients who received care from a for-profit hospice received a "significantly narrower range of services" than patients of nonprofit hospices, the study found, when adjustments were made to account for differences in patient diagnosis, disability, sex, location of care, certification, chain affiliation, and geographic region. In particular, patients in for-profit hospices received fewer types of noncore services, such as medications, personal care, and homemaker care, than did patients in nonprofit hospice programs, according to the study.

Differences also emerged in the extent of core services provided by for-profit and nonprofit hospices. For example, families of patients receiving care from a for-profit hospice received counseling services, including bereavement counseling, only half as often (45%) as those in a nonprofit hospice. "Bereavement counseling is an important part of [hospice service], and it can really change the course of a caregiver's wellness in the following year," Dr. Bradley said.

Because the quality of hospice services are not formally measured, conclusions about service levels and quality of care are not based on scientific evidence. However, Dr. Bradley said, "I do think the thing one could say most strongly is that the range of services is smaller among for-profits and could be indicative of a different type and philosophy of care."

In fact, the findings that a narrower range of services were provided to patients in for-profit hospices "could have many explanations," the authors write. "The traditional, nonprofit hospice emerged as a philosophy of care that emphasized psychosocial support, spiritual care, the use of volunteers and family, and symptom management. The for-profit hospices that have emerged more recently, however, might not be as strongly rooted in this traditional hospice philosophy."

As the population ages and the incidence of chronic diseases increases, demand for hospice services will only increase, Dr. Bradley predicted. "Here are [for-profit] providers that are willing to take up that slack. We want to be cognizant about what the change in ownership would have on quality of services."