

Policy Issues Related to the Six-Month Prognostic Standard for Eligibility in the Medicare Hospice Benefit

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Objectives

1. Review the history of the Medicare Hospice Benefit (MHB)
2. Describe the current regulations
3. Consider the current understanding of effects of setting a patient's prognosis
4. Identify the issues related to the six-month time window as a major eligibility criterion

Methods: History & Regulations

- Reviewed the statutes and regulations related to the Medicare Hospice Benefit
- Examined legislative history of the Medicare Hospice Benefit

Methods: Effects of Prognosis-Setting and Policy Problems

- PubMed 1966-2006 search with keywords “prognosis” & “Medicare Hospice Benefit”
- Sources cross-referenced from search results
- Examined policy issues described
- Searched for other studies as needed to elucidate legal, ethical & medical issues

Hospice Care

- Intended to provide comprehensive care by supporting the physical, emotional, psychological and spiritual well-being of terminally ill patients and their families



Time of diagnosis

Medicare Hospice Benefit: Care Requirements

- Comprehensive care provided by agency
- Agency required to directly provide:
 - Nursing care (unless waived)
 - Medical social services
 - Physician services
 - Counseling
 - Bereavement counseling
 - Volunteers
 - Medications

Medicare Hospice Benefit: Reimbursement

- Per diem reimbursement for care
- 82.4% of hospice patients covered in 2005
- MHB was 1.2% of the total health care expenditures for Medicare beneficiaries (\$6 billion)

History of Medicare Hospice Benefit (1)

- Anti-establishment movement in 1960s
- Health Care Financing Administration (now CMS) supported National Hospice Survey as demonstration project
- 2 goals of hospice care:
 - Improve quality of life among dying patients
 - Decrease health care costs in last year of life

History of Medicare Hospice Benefit (2)

- Congressional Budget Office study reported that MHB would save money for Medicare
- MHB part of Tax Equity and Fiscal Responsibility Act in 1982

Current Eligibility Regulation

- Section §1861(dd)(2)(A) of the Social Security Act
- “An individual is considered to be ‘terminally ill’ if the individual has a medical prognosis that the individual’s life expectancy is six months or less”
- Physicians must certify that patient is terminally ill “based on [their] clinical judgment regarding the normal course of the individual’s illness”

Accuracy of Life Expectancy Prediction is Poor

- In a study of survival estimates at hospice referral:
 - Only 20% were accurate (within 33% of survival), even though median survival was 24 days
 - 63% of predictions were overoptimistic
- Systemic reviews have also found that predictions are generally poor & overoptimistic

Four Groups Affected by Prognostic Standard

- Patients with terminal disease with life expectancy > 6 months
- Patients with uncertain life expectancies
- Patients who may be harmed by knowing limited life expectancy
 - Therapeutic Privilege
- Patients whose physicians are unable or unwilling to set or communicate prognosis

Issues Related to Prognostic Standard

- NOT consonant with purpose of MHB?
- Enrollment process may cause harm
- Effects on hospice in general (physicians identify MHB with hospice)
- More difficult to implement
- Unjust implementation (depends on more than just patient's needs and desires)

Conclusions

- Clear need to change the requirement
- Difficulty in defining life expectancy- limits and distorts hospice care utilization
- Alternatives for defining eligibility:
 - Longer prognosis
 - Severity of illness
 - Incurable illness
- Demonstration project required

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Issues Related to Prognosis

- Difficulty in providing accurate estimate
 - Risk of “dying on time”
 - Dissatisfaction with outliving estimate
- Fear and loss of hope
- Helps end of life planning (e.g., advance directives, financial planning)
- Helps make informed medical decisions
- Expected death → better satisfaction with care