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Medicare Hospice Benefit Remains Valued and Effective, Yet Still Underutilized

WASHINGTON, DC (September 26, 2017) – Hospice care, a paid benefit for all Medicare beneficiaries, remains one of the best values in health care today and a high patient satisfier, said Malene Smith Davis, MBA, MSN, RN, President and CEO of Capital Caring, an advanced illness organization supporting patients in the mid-Atlantic region. Davis spoke today about the positive impact that hospice and advanced illness care has on patients and society-at-large, as part of a roundtable event hosted by the American Society on Aging.

“Since 1982, when the Medicare Hospice Benefit was legislated to provide advanced illness care for patients with life-limiting conditions, this concierge-level service still does not reach enough patients who desperately need it and who are eligible for the benefit,” Davis stressed during her remarks.

“Today more than one million Medicare beneficiaries use their hospice benefits. Yet it remains grossly underutilized, or they seek it too late to reap the full benefit. Hospice includes a full range of health care and social support benefits at no cost to the patient or their family,” Davis explained to the attendees.

“Overwhelmingly, most people want to pass away in the comfort and security of their own homes,” Davis stated, pointing out that “despite their wishes, most patients still die in hospitals where they absolutely do not want to be in their final days, weeks and months of life.”

The hospice benefit is designed to support shared decision-making outside of the hospital setting where the patient's wishes are at the center of the model, and comprehensive support is provided to the patient by their family and their hospice care team.

The Hospice Benefit, covered by Medicare Part A, covers all the costs of advanced illness care for approximately six months near the end-of-life. Davis describes it as “a concierge service for advanced illness care that puts the emphasis on comforting the patient, not treating the illness.”

Hospice benefits typically include medical supervision, pain control, nursing support, spiritual counseling, case management, medical supplies and equipment, social work, bereavement counseling, and access to 24/7 clinical support.

“Patients want to be home at the end of life, and they want extra support to help them stay at home,” Davis said. “The most frequent comment we receive from family and caregivers is - I wish I had known about hospice sooner.”

Davis said it costs five times more to pass away in an acute care hospital than in a hospice bed at home, and 50 times more expensive to die in a hospital Intensive Care Unit (ICU). Medicare expenses during the last year of life are 33% of the entire Medicare budget, Davis explained.

“Yet most of those dollars are spent in hospitals where patients do not want to be at the end of their life once curative medical treatments are no longer working.”

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About Capital Caring: Since 1977, Capital Caring has simply improved care for those facing life-limiting illness through direct support of patients and their families, public education and advocacy. Since its inception, Capital Caring has provided hospice, palliative care, and counseling to nearly 110,000 patients and their families. Almost 800 employees and 1,000 volunteers provide these services to nearly 1,400 patients each day. As one of the nation's oldest and largest non-profit providers of hospice and palliative care, Capital Caring is proud to provide nearly \$3 million in charitable care to families in need annually. To learn more about Capital Caring, visit www.capitalcaring.org or call 800-869-2136.