Hospice care is for terminally ill people who decide to forgo curative treatment and instead receive palliative care. Unfortunately, a new government report (HHS OIG) has identified concerning patterns in hospice care, including patients being left in unnecessary pain and discomfort for days, failures to screen employees for prior abuse and neglect, and failures to properly train staff.

Patients receiving care from for-profit hospices report substantially worse care experiences than patients who receive care from not-for-profit hospices, according to a new study by RAND Corporation.

Know Your Nursing Home: Type of ownership (for-profit vs. non-profit vs. government) can be an important indicator of a nursing home’s quality. Pro Tip: No matter the owner, sufficient staffing is key.

LTC BY THE NUMBERS

- **Testing, 1-2-3.** A study published in NEJM shows that nursing homes with higher use of COVID-19 tests for staff had 30% fewer resident cases and 26% fewer deaths than low testing facilities.
- **Building the Backbone.** Stronger state certified nurse aide (CNA) requirements can lead to better care. Federal rules require 75 hours of training for CNAs, but many states go beyond the longstanding federal minimum.
- **Living on Pennies.** Congress has not raised the Medicaid personal needs allowance (PNA) in decades leaving hundreds of thousands of nursing home residents forced to survive on as low as $30 per month.

GET THE FACTS

- Residents living with dementia are often prescribed antipsychotics to control their so-called "behavioral symptoms of dementia" despite black box warnings of increased risk of death.
- Public funds paid to operators for resident care often find their way into the coffers of companies owned or controlled by these operators. These “related-party” transactions hide profits and make facilities appear less profitable than they actually are. Nursing home owners and operators routinely pay their related parties in excess of reported costs, in some instances by nearly 1200%, according to a new Consumer Voice report.

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Problem Areas in the Medicare Hospice Benefit

- Patients have limited access to hospice quality of care information.
- Most hospices that participate in Medicare have at least one deficiency in the quality of care they provide, and hundreds are poor performers.
- Hospice patients face barriers to making complaints, and hospice and survey reporting requirements are limited.
- The current payment system creates incentives for hospices to minimize services and seek patients with uncomplicated needs.

Chart by OIG. For more information, visit https://oig.hhs.gov/reports-and-publications/featured-topics/hospice/.