



# Hospice

of the Calumet Area NEWS

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## Researchers Find that Cancer Patients who Disenroll from Hospice have Increased Hospitalizations and are less likely to Die at Home

*Disenrollment can have a Physical and Financial Toll*

(Alexandria, VA) – According to a new study, patients with terminal cancer that disenrolled from hospice care had significantly higher rates of hospitalizations – including admission to the emergency department and intensive care unit – than patients who remained under the care of hospice. Furthermore, patients who disenrolled from hospice were more likely to die in the hospital than patients who remained with hospice until their deaths.

National Hospice and Palliative care organization hopes that healthcare professionals and policy makers will take time to look at this and other recent studies that help provide a better understanding of both the cost and quality-of-life benefits associated with the hospice experience, including honoring a patient's wish to be able to die at home.

The study, which was led by researchers at the Mount Sinai School of Medicine, found that:

- 33.9 % of the patients who disenrolled from hospice care were admitted to an emergency department, in contrast with only 3.1 % of Hospice patients.
- 39.8 % of disenrolled patients were admitted to the hospital as an inpatient, in contrast with only 1.6 % of hospice patients.
- Disenrolled patients spent an average of 19.3 days in the hospital, whereas hospice patients spent an average of 6.7 days.
- 9.6 % of disenrolled patients died in the hospital, compared to only 0.2 % of hospice patients.
- Costs of care for patients with cancer who disenrolled from hospice were nearly five times higher than for patients who remained with hospice.



*To make a referral or request an informational visit, please call  
Hospice of the Calumet Area at  
219-922-2732 · 708-895-8332 · 219-736-2422*

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“Impact of Hospice Disenrollment on Healthcare Use and Medical Expenditures for Patients with Cancer” is published in the October 1, 2010 issue of *Journal of Clinical Oncology*.

“This study illustrates the tangible value of hospice care to patients who want to die at home, with the support of the hospice interdisciplinary team, surrounded by family rather than in a hospital connected to machines. There are significant emotional and financial benefits to the patient, family and healthcare system when hospices are caring for people,” said J. Donald Schumacher, NHPCO president and CEO. “In my 30 years running a hospice, I heard time and time again from families that wanted to keep their dying loved one at home.”

“There are numerous reasons why a patient may disenroll from hospice, and while those factors were not part of this study, we are reminded of the importance of advising patients and families as to the potential toll that might accompany leaving hospice care prematurely. A toll that may be physical, emotional, and financial,” added Schumacher.

Wrote the study authors, “Policy makers have called for tightening eligibility restrictions for the MHB (Medicare Hospice Benefit) as part of a wider effort to reduce Medicare expenditures; our results suggest that addressing hospice disenrollment may be an effective means of reducing Medicare expenditures for hospice users without restriction access to the MHB.”

Further recommendations suggest that oncologists explore outpatient palliative care services that offer multidisciplinary care, symptom control, and end-of-life planning expertise in a context that enables a patient and family to maintain contact with the oncology clinic.

In his plenary address at NHPCO’s “Developing the Continuum of Care” conference held in Boston on August 5, Dr. Schumacher encouraged all hospice providers to explore ways that they can offer “pre-hospice” palliative care services in their communities and work with other providers to ensure patients and families have the right care at the right time from diagnosis on through bereavement for family.

More than 1.5 million patients with life-limiting illness receive care every year from the nation’s hospices.

Information about hospice and advance care planning is available from NHPCO’s Caring Connections. Visit [caringinfo.org](http://caringinfo.org) and call Hospice of the Calumet Area for more information.

~ Craig Harrell, Director of Community Relations

***Mission Statement***

Hospice of the Calumet Area, a not-for-profit hospice, is dedicated to improving the quality of life through compassionate care for individuals and families facing an end-of-life illness.