

Why Longer Length of Stay in Hospice Matters

For Providers

Hospice care is known to provide better pain management, symptom control, and quality of life than nonhospice care. Although hospice remains underutilized, it has been growing in popularity. Between 2015 and 2019, there was a 16.5% increase in Medicare's hospice benefit enrollment.

[Referring patients to hospice as soon as they are eligible](#) may result in a longer length of stay (LOS), which has been shown to be beneficial for both patients and their loved ones. These benefits may be even greater if a patient can receive hospice care at home — which is likelier if referred to hospice as early as possible.

Here are four reasons why a longer LOS in hospice can be so beneficial to end-of-life patients and their loved ones, as well as to you as a provider.

Patients Receive Care Where They Want

Although in 2017, 31% of Americans who died did so at home (making it the most common place of death), 71% of Americans want to die at home rather than in a facility like a hospital. This discrepancy means that many people are not receiving the end-of-life care they are hoping for.

Of course, some hospice patients need hospital care (for example, when pain cannot be managed anywhere other than an inpatient facility).

Referring patients earlier in their disease trajectory means that they may be more likely to receive end-of-life care at home or where they are most comfortable — and that's what they want.

Improved Quality of Life

Hospice care has been shown to improve quality of life. A longer LOS in hospice may provide patients and their caregivers more time to experience the benefits and enjoy this greater quality of life.

For example, in the [“Value of Hospice in Medicare”](#) report by NORC (commissioned by National Association for Home Care & Hospice and the National Hospice and Palliative Care Organization), the authors cited a study that showed that patients with advanced cancer who died in the hospital experienced worse quality of life during end of life (EOL) than patients who died at home with hospice. In addition, compared to caregivers of people who died at home with hospice, caregivers of people who died in the intensive care unit had an increased risk for post-traumatic stress disorder and prolonged grief disorder.

Compared with families of people who do not use hospice, families of hospice users are more likely to believe that their loved one’s end-of-life wishes were followed and to say that their loved one received excellent end-of-life care.

Resources for Patients, Caregivers, and Providers

The Medicare hospice benefit covers far more services than the home care benefit, so when your patient enters hospice, they have access to specialists and resources that are not available when they receive home care. Hospice care teams include a hospice nurse and a hospice physician who is board-certified in palliative medicine, as well as a spiritual care counselor, home health aide, and social worker. The team may also include a respiratory therapist, wound specialist, physical or occupational therapist, speech-language pathologist, registered dietitian, or other clinicians as needed. In addition, these professionals come to a patient’s home — patients don’t need to travel to a medical office to receive care.

The care team also supports caregivers and family members by providing relief from the physical tasks of caregiving, education about caregiving and what to expect, and emotional support.

When a patient is in hospice care, the tasks of tending to their physical needs — such as toileting and bathing — no longer rest entirely with their caregiver. Instead, the caregiver has more time to sit with their loved one and hold their

hand. Spouses can be a couple again, rather than having an exclusively patient–caregiver relationship.

Home hospice care also offers benefits for providers:

- You have a care team with round-the-clock resources joining you in caring for your patient and managing complex care needs.
- Your practice is likely to receive fewer after-hours calls because your patient and their caregivers have [24/7 phone access to a hospice nurse and other experts](#) who can help them manage crises.
- You have an open line of communication to the hospice physician and other members of the patient’s care team.

Most of all, you can be assured that your patient is receiving holistic care provided by an interdisciplinary team and that their medical, physical, and emotional needs are being met.

Decreased Costs for Everyone

Early hospice referral is associated with longer lengths of stay and care provided in the home — and that results in reduced Medicare spending and out-of-pocket costs for families. The total cost of care for Medicare beneficiaries who use hospice during their final year of life is 3.1% lower than the total cost for beneficiaries who do not use hospice ([NORC, 2023](#)).

People who are in their final months of life but are not using hospice care are more likely than those in hospice to have emergency room visits and hospitalizations, and they often have longer hospital stays when they do go to the hospital. They may also continue curative treatments. These services [can cost patients tens of thousands of dollars per episode of care, if not more](#).

In one [study](#), patients who were referred earlier to hospice spent an average of \$14,000 less on care during their last 3 months of life than patients who were referred later in their disease trajectory. Another [study](#), which examined Medicare beneficiaries enrolled in hospice, found an association between lower family out-of-pocket costs of care and longer LOS in hospice.

Hospice also has potential to decrease costs for providers. In a value-based-care arrangement, hospitals and providers may be penalized for excessive readmissions, and

readmissions are not [reimbursed](#). Because in-home hospice care is associated with fewer trips to the hospital, the risk for rehospitalizations and the subsequent fees and financial losses may be lower.

VNS Health works with providers to ensure that patients and their families are getting everything they can from hospice care.

Share our [Guide to Hospice Care](#) with your patients.

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