



Physician to Physician: How Hospice Improves Patient Satisfaction and Reduces Rehospitalizations

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Reducing hospital readmissions has become a priority for many healthcare entities. Underappreciated among the tactics to meet this priority is the role hospice plays. The high-touch, interdisciplinary care in the home provided by hospice does an excellent job in meeting the needs of patients and their families. Patients who get such care have more frequent provider encounters and a ready means of on-call contact. This means they are more likely to address new issues before they become major problems, which makes the patient less likely to return to the acute care setting.

How do we know this? Most who work within healthcare have become familiar with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) rating scores. These scores are used by Medicare to assess patient satisfaction with care across a wide variety of healthcare settings, including hospitals, nursing homes, and others – including hospice. A look at these publicly reported scores reveals that hospices consistently have higher national average ratings compared to other care settings; this is likely due to the personalized care mentioned earlier. While hospices nationally in general score well on these surveys, the Kindred at Home Hospice Division consistently scores even higher than these aggregate averages. Why? We take reaching out to patients above and beyond what other providers do.

It is recognized within the hospice community that live discharges from hospice occur for a number of reasons. These often represent knowledge deficits or lack of understanding of what to do next as some issue arises for home-based hospice patients. This is most likely to happen during the first weeks after hospice admission. Kindred at Home - Hospice analyzed our internal data and broke it down by diagnosis category and which days were most likely to result in someone going back to the acute care setting.

With data in hand, we established a call center team to reach patients and their families on these high-risk intervention days. Days for high-risk stratification differed according to diagnoses. On average, our Call Center Team engages six to seven calls, depending on the diagnosis, over the course of the patient's first 60 days of care. These calls are in addition to the patient's individual plan of care and visits from our clinicians. In our initial pilot, this call process led to a 5.7% absolute (26.6% relative) reduction in live discharges with a corresponding decrease in hospital readmissions for patients in those first 30 days of care.

For those who are still seeking curative care, hospice is not the answer. But for those with a limited life-expectancy (prognosis likely < six months) with goals of comfort care rather than cure, it makes sense to consider hospice. Patients are more satisfied, perhaps in part because they are less likely to return to the acute care setting that is geared for a type of care they no longer desire. And the publicly reported data supports that the Kindred at Home Hospice Division does this with even more patient-directed contact and satisfaction.

**Questions about hospice or our National Hospitalization Avoidance Program?
We are here 24/7/365.**