

The Influence of Hospice Use on Nursing Home and Hospital Use in Assisted Living Among Dual-Eligible Enrollees

BACKGROUND

More than one million older adults live in residential care/assisted living settings in communities across the country. A growing percentage of them are funded by Medicaid state dollars for their care. The expectation for the majority of these residents and their families is that they will be able to remain in assisted living until the end of their lives. Hospice is a care alternative that could potentially be used in assisted living to achieve this goal.

THE STUDY

This study used a retrospective cohort design. We estimated bivariate probit models with two binary outcome variables: any hospital admissions and any nursing home admissions after assisted living enrollment.

STUDY METHOD

The setting included 328 licensed assisted living communities accepting Medicaid waivers in the state of Florida. The participants were all newly admitted dual-eligible AL residents in the state of Florida between January and June of 2003 who had complete state assessment data (N=658). These residents were followed for 6-12 months.

Measurements: Using the Andersen behavioral model, predisposing (age, gender, race), enabling (marital status, available caregiver, hospice use), and need (ADL/IADL, comorbidity conditions and incontinence) characteristics were included as predictors of two binary outcomes (hospital and nursing home admission). Demographics, functional status, and caregiver availability were obtained from state client assessment database. Data on diagnosis, hospital, nursing home and hospice use were obtained from Medicare and Medicaid claims. Death dates were obtained from the state vital statistics death certificate data.

FINDINGS

The mean age of the study sample was 81.5. Three-fourths were female and 63% were White. The average resident had a combined ADL/IADL dependency score of 11.49. Fifty-eight percent of the sample had dementia. During the average 8.9 month follow-up period, 6.8% were enrolled in hospice and 10.2% died. Approximately 33% of the sample had been admitted into a hospital and 20% had been admitted into a nursing home. Bivariate probit models simultaneously predicting the likelihood of hospital and nursing home admissions showed that hospice enrollment was associated with lower likelihood of hospital (OR=0.24, $p<0.01$) and nursing home admissions (OR=0.56, $p<0.05$). Significant predictors of hospital admissions included: higher Charlson Comorbidity Index score and incontinence. Predictors of nursing home admissions included: higher Charlson Comorbidity Index score, the absence of available informal caregiver, and incontinence.

DISCUSSION AND POLICY RECOMMENDATIONS

Hospice enrollment was associated with a lower likelihood of hospital and nursing home admissions, and thus, may have allowed AL residents in need of palliative care to remain in the AL community. AL providers should support and facilitate hospice care among older frail dual-eligible AL residents. More research is needed to examine the impact of hospice care on resident quality of life and total health care expenditures among AL residents.

This policy brief is based on research by of the University of South Florida, School of Aging Studies., Florida Policy Exchange Center on Aging, Tampa, FL 33612 .

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