

Study finds race has an impact on both enrollment and disenrollment in hospice care

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Although use of hospice services is increasing dramatically, a study led by Regenstrief Institute investigator Kathleen T. Unroe, M.D., MHA, an assistant research professor of medicine at the Indiana University School of Medicine, has found that nonwhite Medicare patients with heart failure are 20 percent less likely to enroll in hospice than their white counterparts.

The study also found that racial differences in [hospice](#) use persisted over time and that nonwhite patients who do enroll in hospice are more likely to disenroll than white patients.

These findings are reported in "Racial Differences in Hospice Use and Patterns of Care after Enrollment in Hospice among Medicare Beneficiaries with [Heart Failure](#)" published in the June issue of *American Heart Journal*.

Significantly, among those who elected for [hospice care](#), nonwhite patients were more likely to have an emergency department visit, to be hospitalized and to have an [intensive care unit](#) stay. Among patients who remained in hospice until death, nonwhite patients had higher rates of acute care resource use and higher overall costs than white patients in hospice.

"When considering end-of-life care options, it is important to consider hospice services at home, in nursing homes or in hospice facilities," said Dr. Unroe, a center scientist with the IU Center for Aging Research. "Our findings highlight that there is a significant difference between how white patients and nonwhite patients and their families utilize hospice services."

The researchers studied a national sample of 219,275 [Medicare beneficiaries](#) with heart failure.

According to the National Hospice and Palliative Care Organization, about 1.58 million patients received hospice services in 2010. About 42 percent of all deaths in the United States were under the care of a hospice program in 2010. Heart disease was the third most common diagnosis of individuals receiving hospice care.

An individual is eligible for hospice care if a physician estimates a life expectancy of six months or less, should the disease run its normal course. The emphasis of hospice is on enhancing the quality of life until death.

Co-authors of the study in addition to Dr. Unroe, who conducted the work while a geriatric medicine fellow at Duke University, are Melissa A. Greiner, M.S., Kimberly S. Johnson, M.D., MHS, Lesley H. Curtis, Ph.D., and Soko Setoguchi, M.D., Dr.P.H., of Duke. The research was supported by a John A. Hartford Foundation award to Dr. Unroe.

In a previous study of [Medicare patients](#) who died of heart failure, Dr. Unroe and colleagues found that use of hospice among heart failure patients "dramatically" increased, from 19 percent in 2000 to nearly 40 percent in 2007. However, rates of hospitalization in the final six months of life remained constant at about 80 percent.

Provided by Indiana University School of Medicine

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