

Hospice Fact Sheet
CON Modernization Task Force
March 23, 2018

Programs, Quality, Innovation:

- 27 licensed general hospice programs - many serve multiple jurisdictions
- 14 jurisdictions are served by a single general hospice
- Some hospices provide inpatient hospice care directly – most arrange for inpatient care provision through an existing hospital or nursing home
- Use rates for hospice are trending higher - utilization is lower for minority populations
- Major payer is Medicare (86% of patient days in 2016)
- Collection and reporting of hospice quality measures in early stages: Hospice Item Set began 2014; Hospice CAHPS 2015. Hospice Compare launched August 16, 2017
- Innovations: community education; telehealth initiatives; pet therapy, massage therapy, music therapy; specialized pediatric programs; elder medical program; Medicare Choice grant (permits patients to pursue active treatment while using hospice)

Regulatory Scope:

- CON approval is needed to establish a general hospice, expand an existing hospice's services into a new jurisdiction, change the bed capacity of a hospice, or make a capital expenditure of \$6+ million for any purpose
- Current hospice State Health Plan adopted in 2013; not implemented until 2016
- SHP does not project need for hospices or hospice capacity – jurisdictions are opened for application review based on relatively low use rate of hospice services
- Hospice provides end of life care and pain management, primarily in the home; the effect is reduction in the use of hospital services and ICUs
- Baltimore City and Prince George's Counties currently opened for review
- MHCC facilitated meetings on hospice outreach and educating the public on hospice services in 2013 - 2015

Supply - 2014

- Maryland – 0.5 per 100,000 population
- USA – 1.3 per 100,000 population