



Hospice Issue Brief: Assuring Consumer Choice

History and Status:

Although Maryland hospices provide a full range of services, including Hospice House (residential) and General Inpatient (GIP) care, hospice serves primarily as a community-based resource. In FY 2020, 78.1% of hospice care provided was home-based, that is, provided in the residence of the patient (including private home; residential hospice; nursing home; assisted living). Many of the current hospice providers developed as community resources, and some preceded Certificate of Need (CON) review of hospice services. There are currently 12 sole provider jurisdictions and two additional “de facto” sole provider jurisdictions, where only a single provider serves that jurisdiction.

Consumer Choice: Pros and Cons:

A goal of the Commission’s planning activities is to offer consumer choice of quality providers. When there is a single provider serving the jurisdiction and the consumer is not satisfied with the care provided, there is no recourse or alternative for them.

The hospice community has stated that small communities (rural areas) can only support one hospice provider due to issues with sufficient volunteers, travel distance, community support and other issues.

Alternative Approaches:

This issue was discussed briefly with hospice providers at the October 7, 2019 Hospice Work Group Meeting. Various options were considered to address the sole provider jurisdictions.

These include:

- Create opportunities for existing providers to expand into neighboring sole provider jurisdictions;
- Develop opportunities for non-Maryland hospice providers to apply for a CON to serve sole provider jurisdictions;
- Develop regions to encourage development of hospice services to a broader population base;
- Prequalify applicants to reduce the time needed to obtain a CON;
- Limit the number of new providers approved during a CON review;
- Establish a time period for development, during which additional providers would not be added to that jurisdiction.

Questions for Discussion:

- What incentives could be provided to have hospice providers serve an entire region or to move beyond a single jurisdiction?
- How can we best address issues raised by patients and families who are dissatisfied with the only hospice provider available in their jurisdiction?
- How can we promote consumer choice of quality providers?
- What quality measures should be used to prequalify applicants?
- What do other states do to encourage consumer choice?

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