



Hospice Workgroup Meeting 4

Meeting Notes: 08/18/2025

Opening: Jeanne Marie Gawel and Stacy Howes led the final workgroup meeting, discussing hospice utilization rates in Maryland, which are lower than the national average, and exploring factors like Certificate of Need (CON) and length of stay trends. Participants identified key barriers such as payment system issues, and the need for improved communication, education, and physician incentives to enhance hospice referrals and address racial disparities in utilization. The group discussed the inclusion of specific hospice data in surveys and the transparency of private equity acquisitions in healthcare.

- **Meeting Logistics and Purpose** Jeanne Marie Gawel initiated the fourth and final workgroup meeting, confirming audio and video functionality and conducting a roll call to acknowledge attendees (00:00:00). The meeting's primary objective was to discuss topics important to the hospice industry, such as utilization, with representation from various sectors including state, Medicaid, HSCRC, nursing home, home health, and hospital industries (00:10:28). She also noted that all meeting materials are available on the commission website and that the meeting was being videotaped and notes were being taken with Gemini AI (00:05:56).
- **Data Presentation Caveats** Jeanne Marie Gawel provided important disclaimers regarding the data presented, explaining that data from Hospice Analytics specifically includes only Medicare data, while data from the hospice survey encompasses all payers, which may lead to discrepancies in numbers (00:10:28). She also acknowledged Hospice Analytics' generosity in sharing preliminary 2024 data, some of which would be part of a larger presentation at an upcoming November conference (00:11:34).
- **Hospice Utilization Rates in Maryland** Cordt Kassner from Hospice Analytics presented 2024 Medicare data, noting that Maryland's hospice utilization rate (percentage of beneficiaries dying on hospice) was 47.7%, lower than the national average of 50.6% (00:12:40). He also highlighted that Maryland's mean and median lengths of stay in hospice are substantially shorter than the national average, leading to lower mean reimbursement per beneficiary (00:13:57). Stacy Howes added that Carroll County consistently has the highest utilization rate in Maryland at 62%, while

Allegany, Garrett, Prince George's, and Somerset counties have lower rates ranging from 29% to 40% (00:15:31).

- Certificate of Need (CON) and Utilization** Cordt Kassner discussed the impact of Certificate of Need (CON) on hospice utilization rates, observing that among the 16 states with CON for hospice, roughly half are above the national average and half are below. He suggested that the presence or absence of CON, or its implementation methodology, may not be the primary driving force behind utilization rates, with other factors likely influencing them (00:16:53). He also noted that quality measures tend to be higher in CON states compared to non-CON states, while utilization is similar and length of stay is substantially shorter (00:18:10).
- Recommendations for Improving Communication and Education** Amanda Wright from the Maryland Hospital Association shared that hospital members recommended a multi-pronged strategy to improve communication and education between entities, including embedding hospital liaisons in care centers, standardizing shared decision-making tools, and investing in cross-training and education for acute care teams on hospice eligibility and dispelling myths (00:20:02). Danna Kauffman echoed these sentiments from nursing home members, emphasizing the need for additional communication and education, particularly post-COVID, to help nursing homes and hospices understand how to collaborate effectively (00:21:36). Tina Simmons also noted that the HSCRC's "new paradigms" program is funding pilot programs for expanding palliative care and hospice education for providers in acute care facilities (00:29:41).
- Payment System Barriers and Solutions** Cathy Hamel identified payment issues as the biggest barrier to hospice care, specifically the lack of Medicaid room and board payment for hospice house beds, which forces patients into inappropriate subacute services or creates financial burdens for families (00:21:36). Carlos Graveran and Steve Farrow supported this, emphasizing that financial constraints, not a shortage of beds, prevent hospices from taking more patients, especially those in minority communities who are disproportionately affected by the inability to pay for room and board (00:54:24). Monica Escalante added that if Medicaid covered room and board in inpatient units and removed the processing burden for nursing homes, it would significantly increase referrals (00:27:09).



- Challenges with GDR and Home Health Integration** Dr. Brandan Rose highlighted the challenge of balancing regulatory compliance, specifically the Gradual Dose Reduction (GDR) requirement for hospice residents, with quality of care, noting that surveyors' pressure to reduce psychotropics can destabilize comfort and dignity at end-of-life for hospice patients (00:32:23). Patrick O'Malley advocated for stronger alliances between home health agencies and hospice agencies, emphasizing that improved collaboration can enhance the quality of care by ensuring clients remain safely at home or transition to the appropriate care venue (00:33:42).
- Hospice Length of Stay Trends** Stacy Howes presented data showing that while the mean days of care nationally has steadily increased over nearly a decade, it has remained largely unchanged in Maryland. Cordt Kassner further elaborated that approximately 60% of hospice patients in Maryland have a length of stay under a month, compared to 51% nationally, and only 9% in Maryland have stays of 180 days or more, compared to 14% nationally (00:34:39). Cordt Kassner also mentioned that while national trends show fluctuations, Maryland exhibits more stability in length of stay (00:36:12).
- Special Populations and Racial Diversity** Stacy Howes introduced the topic of special populations, noting that the racial representation in Maryland hospice has changed over the past decade, with a decrease in white Marylanders and an increase in multi-racial individuals, while African-American/Black and Asian representation has remained steady (00:40:35). Cordt Kassner clarified that this shift in racial balance likely indicates an increase in care for people of multiple racial backgrounds or Black backgrounds, rather than a decrease in care for white patients. Cordt Kassner presented data for Baltimore City and Prince George's County, showing steady increases in utilization rates from 2005 to 2019, with dips during the COVID-19 pandemic (00:42:37).
- Racial Disparities in Hospice Utilization** Cordt Kassner discussed a slide illustrating the racial disparity in hospice utilization, noting that while 73% of Maryland Medicare beneficiaries who died were white, only around 60% of those who died outside of hospice were white, indicating a 13% gap (00:45:53). They emphasized the importance of increasing the percentage of beneficiaries dying in hospice among Black, Hispanic, Asian, and other groups, although this gap is improving nationally and in Maryland (00:47:19).



- Concerns Regarding Certificate of Need (CON) and Inpatient Bed Capacity** Amanda Wright conveyed members' concerns that Maryland's Certificate of Need (CON) is overly strict and limiting, resulting in limited bed capacity across post-acute care settings, including inpatient hospice beds (00:48:51). Cathy Hamel, however, countered that their facility closed 10 inpatient beds post-COVID due to an inability to fill them, suggesting it's more of a policy issue related to CMS audit activity and payment for routine level of care than bed availability (00:51:41). Jeanne Marie Gawel clarified that CON has not been involved in general inpatient hospice or bed increases/decreases since 2019 (00:53:14).
- Medicaid Pass-Through and State Comparisons** Jeanne Marie Gawel brought up the Medicaid pass-through issue, asking if any states had overcome or found ways to circumvent it (00:56:45). Sara McKay stated that Pennsylvania does not have the pass-through, which has simplified billing and accelerated payments for facilities and hospices (00:57:51). Danna Kauffman mentioned looking into this years ago and offered to share a memo, recalling that states like Wisconsin and those with managed care systems had implemented solutions. Peggy Shimoda also confirmed that this is a national issue, not just specific to Maryland, and mentioned Virginia's approach through budget legislation, expressing hope that Maryland, as a waiver state, could find a solution through HSCRC (00:59:05). Monica Escalante noted that Delaware found a way to avoid the pass-through for hospices, which correlated with increased hospice utilization in that state (01:00:11).
- Medicaid Utilization in Maryland Hospice** The meeting discussed the lower utilization of Medicaid patients in Maryland hospice, which stands at approximately 2.6% compared to the national average of 5% (01:02:42). Monica Escalante suggested that the lack of inpatient units as an alternative to acute care, particularly regarding Medicaid reimbursement for room and board, contributes to this issue, as patients often go to rehab centers because they cannot afford room and board otherwise (01:03:52). Cathy Hamel inquired if the overall percentage of Medicaid recipients in Maryland is lower than in other states. (01:05:16).
- Emergency Department Wait Times and Care Transitions** Tina Simmons provided an update on the workgroup's efforts regarding emergency department wait times, highlighting the focus on care transitions from acute care to skilled nursing facilities, and exploring opportunities for patients to transition to hospice instead. She also



mentioned the initiative to promote advanced directives and care planning to prevent hospital admissions (01:06:38). Cathy Hamel raised the question of whether waiving the 3-day requirement for placement, which was temporarily lifted during COVID, could increase hospice referrals and reduce inpatient length of stay, a suggestion Tina Simmons noted for further investigation (01:08:50).

- Physician Incentives and Avoidable Admissions** Carlos Graveran emphasized the challenge of primary care providers not having advanced care conversations with patients, leading to these discussions occurring in the emergency department, which is often a surprise to patients and creates a cycle of readmissions (01:10:07). He suggested aligning physician incentives and payment structures in the community to encourage earlier conversations and appropriate hospice referrals, thereby reducing hospital visits (01:11:14). Tina Simmons agreed with this point, noting that some programs, like Delaware Primary Care First, already incorporate incentives for advanced care planning (01:12:26). Cathy Hamel and Tina Simmons also discussed reducing avoidable ED admissions from nursing homes, suggesting improved communication between facilities, and exploring telehealth programs to allow evaluations and care coordination without hospital transfers (01:13:32).
- Hospice Survey Data Collection and Acquisitions** Jeanne Marie Gawel sought input on whether to continue including data from the one limited hospice in Maryland in the general hospice survey data collection, given that there are 25 general hospices. Monica Escalante advised against including the non-medical hospice data because its operations are fundamentally different from medical hospices, recommending it be treated as a separate category (01:14:55). The discussion also addressed the increasing trend of private equity acquisitions in healthcare, with Cathy Hamel emphasizing the importance of transparency in ownership (01:16:21). Cordt Kassner noted the difficulty in identifying private equity influence, which affects about 17% of hospices nationally, and supported asking both new and existing providers about private equity funding, including a potential three-year rule to discourage "flipping" (01:18:55). Cordt Kassner acknowledged that some research suggests private equity ownership can increase business efficiencies without decreasing quality but also recognized concerns about potential negative impacts on staffing levels (01:20:30). Peggy Shimoda strongly agreed with the need for transparency, citing challenges faced in other states that lacked such measures (01:21:49).



Conclusion: Role of Education and Future Steps The group discussed the role of education in increasing hospice utilization rates, with Cordt Kassner citing Maine's successful partnership with a school of public health which significantly increased their state's hospice utilization. Peggy Shimoda supported the idea of increased education but also advocated state funding to support high-powered educational initiatives led by local providers, acknowledging the significant costs and staff time involved in such efforts (01:22:55). Jeanne Marie Gawel outlined the next steps for the workgroup, which include incorporating feedback into a draft of the state health plan chapter and methodology, sharing it with the workgroup for feedback, and then distributing a draft for informal public comment before developing a draft for proposed permanent regulations and presenting them to the commission for approval (01:25:21).

