PUBLIC COMMENT REGARDING

PETITION FOR SPECIAL NEEDS ADJUSTMENT FOR SIX HOSPICE GENERAL INPATIENT BEDS FOR GUILFORD COUNTY

Public Commenter:

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Good Afternoon. My name is Delina Nash and I am the Medical Director for Hospice of the Piedmont. Thank you for the opportunity to comment on the Proposed 2011 State Medical Facilities Plan.

Hospice of the Piedmont, located in High Point, North Carolina, intends to submit a petition requesting an adjustment to the 2011 SMFP to allocate 6 additional hospice general inpatient beds in Guilford County. The 2011 plan shows a need for the beds. However, an allocation is not triggered until all existing beds in the county average 85% occupancy. We strongly believe that an adjustment is warranted and that our petition will effectively demonstrate that we can support these 6 additional beds.

There are two hospice inpatient facilities in Guilford County: Hospice Home at High Point and Beacon Place in Greensboro. Hospice Home at High Point is located in southwest Guilford County and is operated by Hospice of the Piedmont. Our facility has 6 general inpatient beds and 8 residential beds. Beacon Place is located in northeast Guilford County and is operated by Hospice and Palliative Care of Greensboro. It has 8 general inpatient and 6 residential beds. Although the last 5 SMFP's have projected a need for additional beds--ranging from 12 in the 2007 plan to 18 in the 2009 plan--no beds were allocated because the combined facility occupancy rate has not met the 85% threshold.

If our Hospice Home's occupancy rate was the only factor in the equation, the 2010 plan would have allocated 16 beds to Guilford County. The 2011 draft SMFP also projects a continued deficit that is in fact the highest of any county in the state and once again a need for additional beds would be triggered if Hospice Home at High Point's occupancy were the only factor. As our daily waiting list and our percentage of patients dying before they can be admitted to Hospice Home increases, we are reminded constantly of the impact this deficit is making in the lives and deaths of the residents of Guilford County. We believe that continued delay in allocating these hospice beds can only be detrimental to the dying patients here who need this level of care.

Over the past 30 months, we have averaged 3 new patients and 4 current homecare patients on the Hospice Home waiting list. Their average wait period

for a bed was 6 days. During that time, 26% of our Hospice Home referrals had to accept transfer to other facilities further away and tragically, 15% of our referrals died prior to a bed becoming available.

A hospice facility's mission, focus and admission criteria, as well as practice styles and resources within the greater community, can create heterogeneous need and utilization patterns through out the state and even within individual counties. Since its opening in 2006, Hospice Home at High Point has consistently reported a higher general inpatient occupancy rate than Beacon Place which opened in 1996. The acuity at Hospice Home at High Point is high. In a 30-month period, 66% of the admissions to our facility were new to hospice and the majority were direct admits from area hospitals. In the most recent licensure report, Hospice of the Piedmont admitted 28% of Guilford County hospice patients, but provided only 18% of the days of care. This is yet another reflection of the high disease burden that our patients are suffering with at the end of their lives.

Because of the critical nature of these patient's conditions, travel time for ambulance transport is a very important consideration. The simple jostling normally involved in transport, especially when prolonged, can serve as an unwanted and premature push towards death. These events are usually very traumatic for families and should be prevented if at all possible.

Facility proximity can also be a tremendous concern for family members who wish to be in close, familiar territory and are belabored with grief and the chaos that usually accompanies the death of a loved one. The 20+ miles and 30+ minutes of driving (or more) that can seem so trivial during our routine, daily lives can suddenly become very burdensome and tedious after that 2am call or while making those dreaded "final arrangements".

If an additional 6 general inpatient beds are allocated, they can serve another quite valuable function: Respite Care. Respite care is a benefit to families that is offered under the Medicare and Medicaid Hospice benefits. According to the regulations, respite must be provided in general inpatient beds in hospitals, in licensed nursing home beds or in general inpatient beds in hospice facilities. Because the reimbursement rate is low, we have very few alternatives in our area that enable us to provide the respite benefit to assist families overburdened by their care giving responsibilities. Additional hospice inpatient beds would also help address this need.

An adjustment in the 2011 SMFP to allow additional hospice beds clearly meets the intent of the plan—to improve access, value and quality for the residents of North Carolina. The deficit in service is already identified in the plan. Thirteen additional hospice inpatient beds are needed for Guilford County. In addition, there is indication that more people could be served by hospices in Guilford County since our "market share" as measured by the percent of county deaths served by hospice continues to be slightly lower than the statewide average, but considerably less than other metropolitan areas in North Carolina. Allocation of the additional beds will address one of the issues of access. This could allow us to serve 243 more patients considering an average length of stay of 9 days.

Hospice facilities are the most appropriate place for focused end-of-life care in critically ill terminal patients suffering from a high symptom burden. They are also an excellent alternative for terminally ill patients experiencing functional decline who have no available caregivers to provide total care and assistance. As a

Family Physician who has previously practiced in the hospital setting, I am personally aware of the differences in quality of life and death in the acute care setting compared to an inpatient hospice setting. In most cases, hospice is much better equipped and staffed to provide the quality of care the majority of us want at the end of life.

Despite the incredible quality of care associated with hospice facilities, a paradoxical relationship exists pertaining to cost—our outstanding care actually costs much less. Hospice general inpatient care daily costs are typically 80% less to our healthcare system than the average daily hospital cost. As we currently have patients waiting an average of six days, usually in the hospital, for a bed to become available at Hospice Home, there is no doubt that reducing the waiting time for transfer out of the hospital by increasing bed availability, adds value to the healthcare system.

Thank you so much for your time and attention. We really appreciate your careful consideration of our request.