Issues and Questions Related to Hospice Home Care and Hospice Inpatient Need Determination Methodologies for Consideration by North Carolina State Health Coordinating Council - Hospice Methodologies Task Force – 2009

Home Care and Inpatient

___Over age 65 population. Greater use of services. For home care methodology, currently use statewide median percent of deaths served by hospice.

___Undocumented immigrant population use of services. Question if included in population estimates and projections.

___Account for age differences among hospice service areas.

___License data – tighten up.

___Need determinations using contiguous counties in rural areas. Consideration of list of special circumstances.

___How to expedite certificate of need time line?

___Exclusion of active duty military population? The current methodologies exclude estimated active duty military population numbers for any county with more than 500 active military personnel.

Home Care

___Newer data for death rates – currently three year disconnect.

___Above average population growth in county and effect on need determinations. Dynamic situation.

___Projected deaths overstated. Relationship to population growth.

___Use of 50 for rural counties and 75 for metropolitan as deficits for need determinations. Use of standard for State. Relationship to use of 110 as placeholder.

___Ability of existing providers to increase the number of patients served.

___Use of 10% deficit index.

___Consideration of number of existing providers in county and serving county.

___Use regional use rates – example Council of Governments regions as in the Medicare Certified Home Health methodology.

___Apply a three-year compound annual growth rate to the number of deaths served by existing hospices to then be subtracted from projected hospice deaths to determine unmet need.

___Definition of “met” need and saturation of hospice home care in a given service area.

___Evaluate differences between need in urban versus rural service areas. Multi-county service areas for rural communities.

___Consider chronically underutilized hospice service areas. (e.g. unwillingness of physicians to refer patients to hospice, cultural barriers)

___Consider the differences in approach to the provision of hospice home care services. (e.g. service to long-term care facility patients versus general community population)

___Use non-age-adjusted death rate in calculating projected deaths.

___Difference in number of deaths reported for a county. Where persons die versus county of residence.

___CON application projections exceed actual number of deaths.

Inpatient

___Question if eight percent of total days is too high? 5.7 percent in State and three to four percent in nation.

___Consumer knowledge – access barrier. Inform the public of availability of inpatient beds.

___Question use of Days of Care – acuity as factor.

___Relationship of hospice deaths versus days of care.

___Use hospice admissions versus days of care.

___Use of six bed minimum for need determination? Barrier for smaller counties. Adding beds to facility.

___Not enough residential beds. Transfer of patients from residential to inpatient.

___Question if residential methodology is needed. CON is needed for residential bed development.

___Residential/inpatient license barrier and other licensure/regulatory issues. South Carolina does not distinguish between beds.

___Access to beds by other hospice providers.

___Status of 2006 Need Determinations