ASSOCIATIONS OF RACE AND OTHER SOCIOECONOMIC FACTORS WITH POST-HOSPITALIZATION HOSPICE CARE SETTINGS

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Objective: To examine patient characteristics post hospitalization between hospice home care and hospice care delivered in a medical facility.

Design, Setting, and Participants: A total of 3,613 hospital discharges to either hospice delivered at home or in a medical facility. Data was from the 2010 Nevada Hospital Inpatient Data.

Main Outcome Measures: Our dependent variable was home-based hospice care and medical facility-based hospice care. Our independent variables included race which was categorized as White, African American, Hispanic/Latino, Asian/Pacific Islander, and other race/ethnicity. Socioeconomic factors were marital status and health insurance.

Results: Hispanic patients were more likely to be discharged to home rather than a facility-based hospice (OR 1.39). Single patients and divorced patients were less likely to be discharged to a home-based hospice setting (OR .79, .67). Older patients were more likely to be discharged to a facility-based hospice (OR .91). The presence of anemia, paralysis, neurological disorders and weight loss were negatively associated with home discharge (OR 1.51). Patients with higher charges were less likely to be discharged to home (OR .96).

Conclusions: Race, age, diagnosis and marital status influenced whether patients were discharged to home-based hospice or hospice delivered in a medical facility. These findings will assist hospice in anticipating which setting would be most appropriate for patients. Further research to determine whether patient preferences or characteristics determine hospice setting will be beneficial. (Ethn Dis. 2014;24(2):236–242)

INTRODUCTION

Hospice care as defined by the National Hospice and Palliative Care Organization (NHPCO) offers a comprehensive approach to care for individuals with a diagnosis of a terminal illness that includes coordination of care, symptom management, and support for emotional and spiritual needs. Hospice patients have a diagnosis of ≤6 months to live and are no longer seeking life-prolonging treatment (eg, chemotherapy and radiation). In the past, cancer patients were most closely associated with hospice care, however, individuals with a diagnosis of a neurological illness, congestive heart failure, and renal failure are increasingly receiving hospice care.1,2 Hospice care consists of a multidisciplinary team, made up of a physician, nurse, social worker, and chaplain. The unit of care encompasses the patient, family, and friends. Hospice services are paid for by a patient’s private health insurance, Medicare, or Medicaid.3

In 2011 44.6% of all deaths in the United States were under the care of hospice.1 In this same year hospice services were provided to Caucasians (82.9%), African Americans (8.5%), Asian or Pacific Islander (2.4%), American Indian or Alaskan native (2.2%) and other race (6.1%).1 Despite efforts to be more inclusive of ethnic minorities the percentage of patients utilizing hospice care continues to be mostly Caucasians.2

Hospice services are often provided either at an individual’s home or in a facility-based setting, such as nursing home, assisted living facility, a hospital, and an inpatient hospice unit.5 A hospice inpatient facility is either a free-standing hospice or hospice services provided in a hospital. In 2011, 1.65 million individuals received hospice care of which 66.4% died in their residence. Despite this sizable percentage of home deaths, deaths in a facility continue to increase. For example, hospice patients who died in a hospice inpatient facility increased from 21.9% in 2010 to 26.1% in 2011.3

Quality of care as perceived by the patient can be influenced by whether it was received at home or in a medical facility.6–9 At home, care may be primarily provided by a friend or family member while in a medical facility people with no prior relationship with the patient provide care. Being cared for in familiar surroundings with items that hold meaning is a much different experience than the sterility of a medical institution.10

Patients receiving care at home are more likely to report successful symptom management than those in a medical facility.5 In addition hospice home care patients experience less depression and anxiety which has been related to being in familiar surroundings with family and friends in close proximity.11 Patients describe that a sense of control is more likely to be felt at home vs in a medical facility.12 Patients at home are more likely to report a sense of dignity than those in a medical facility.9,15

Patients who receive hospice care in a medical facility often require a higher level of care only hospitals can provide.10 As a result, patients may feel less anxiety in a medical facility because of the availability of medical interventions that are not present at home.10,14 In a medical facility patients also feel less burden as family and friends are not responsible for providing care.12,15

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