

BLOOD TRANSFUSIONS AND HOSPICE: ENSURING QUALITY END-OF-LIFE CARE

Hospice provides comprehensive, holistic care for a terminally ill patient and their family and caregivers, including but not limited to pain management and symptom education, emotional and spiritual support, and help with patient personal care, including respite for caregivers. Hospice has been shown to decrease costs at the end of life, decrease hospitalizations, and increase quality of life.

Blood transfusions can often be a critical therapy in preserving quality end-of-life care. Unfortunately, to receive a blood transfusion, patients often forgo the benefits of the Medicare hospice program or delay enrollment. This is primarily a result of few hospice providers providing blood transfusions due to the cost and lack of associated reimbursement.

Research has confirmed that patients most likely to receive and benefit from blood transfusions are intentionally delaying entry to the hospice program to remain in the hospital environment where access is available. For example, patients with leukemia that are transfusion dependent are substantially more likely to have a hospice stay less than 3 days compared to an overall average hospice stay of 89.6 days.

Delayed enrollment in hospice has been shown to lead to a greater number of emergency room visits and hospital admissions in the last 30 days of life, with patients much more likely to die in the hospital or intensive care unit. The cost of these transfusion dependent patients not meaningfully utilizing hospice dramatically lowers end-of-life quality measures at an increased cost to Medicare (\$17,783 vs \$7662).

While the Centers for Medicare & Medicaid Services has explicitly recognized the ability of hospice providers to cover palliative blood transfusions, the reimbursement rate is inadequate to cover the cost. The 2022 hospice patient rate for all services provided as part of routine home care (day 1-60) is \$203.40, less than the cost of a single blood transfusion.

Expanding the availability of blood transfusions within the Medicare hospice program would ensure that all patients can benefit from the end-of-life care provided through the Medicare hospice benefit while maintaining the quality of life provided by blood transfusions.

To ensure patient access, America's Blood Centers is asking the Center for Medicare & Medicaid Innovation to create a demonstration program to allow reimbursement for palliative blood transfusions outside of the hospice benefit.

MORE INFORMATION

To learn more about Blood Advocacy Week, visit www.BloodAdvocacyWeek.org

To learn more about America's Blood Centers, visit AmericasBlood.org

Sources:

i) <https://jamanetwork.com/journals/jama/fullarticle/1930818>

ii) <https://www.nhpco.org/hospice-facts-figures/>

iii) <https://ascopubs.org/doi/10.1200/Jop.2014.001537#:~:text=Patients%20with%20hematologic%20malignancies%20had,hospitals%20and%20intensive%20care%20units>

iv) <https://www.medscape.com/viewarticle/889858#:~:text=Blood%20Transfusions%20in%20Leukemia%20a%20Deterrent%20to%20Hospice,receiving%20hospice%20care%20for%20less%20than%203%20days.>