

Medicare policy changes tied to drop in hospice use for dementia

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Recent changes in Medicare policies are associated with reductions in

the share of patients with an Alzheimer disease and related dementias (ADRD) code receiving hospice care, according to a study published online May 6 in *JAMA Health Forum*.

Kan Z. Gianattasio, M.P.P., from the George Washington University Milken Institute School of Public Health in Washington, D.C., and colleagues examined whether hospice use among patients with ADRD changed in association with recent policies aimed at reducing hospice misuse and long hospice stays in an observational cross-sectional study. Data were included for 11,124,992 unique hospice episodes between 2008 and 2019 among Medicare hospice beneficiaries aged 65 years or older at the time of enrollment.

The researchers found that during the months of the 2014 Improving Medicare Post-Acute Care Transformation (IMPACT) Act passage and implementation, the percentage of new enrollees with an ADRD code decreased significantly (–1.42 and –1.98 percentage points, respectively) but increased again during the following months. At the time of implementation of the 2016 two-tier payment system, no significant changes were observed (0.15 percentage point), but the average rate of increase was slower during the subsequent period than in earlier periods (0.01 versus 0.05 percentage points per month).

"We found evidence to suggest that recent Medicare policy changes targeting patients with long stays in [hospice](#) care were associated with lasting reductions in the share of [patients](#) receiving [hospice care](#) admitted with an ADRD [code](#) compared with expectations based on preimplementation trends," the authors write.

One author disclosed financial ties to Biogen.

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