What happens when patients can choose concurrent dialysis and hospice care

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Today, patients utilizing their Medicare Hospice Benefits with end-stage kidney disease (ESKD) are forced to make the traumatic choice between continuing dialysis or enrolling in hospice.

The Veterans Health Administration (VA), when compared to Medicare, has far more liberal criteria for hospice eligibility; whether such criteria
improve access to concurrent dialysis and hospice care for ESKD patients was unknown prior to a recent study by researchers at Brigham and Women's Hospital, a founding member of the Mass General Brigham health care system.

The team set out to compare how the frequency of concurrent hospice and dialysis among veterans with ESKD varied based on hospice payer: Medicare, VA inpatient hospice, or VA-financed community hospice. A retrospective cross-sectional study of all 70,577 VA enrollees in the U.S. Renal Data System registry was used.

Based on their analysis, the team concluded that patients who received VA-financed hospice services were more likely to receive concurrent dialysis than patients who received Medicare-financed hospice. Additionally, the researchers found that, on average, patients who stopped dialysis before entering hospice died within four days, whereas those who continued in a concurrent care model lived about 43 days.

"Because patients who are on dialysis for kidney failure die within days to weeks of stopping dialysis, they are particularly vulnerable to Medicare's 'terrible choice'—if they want to receive hospice services, they can expect to live only a very short time after hospice enrollment," said lead author Melissa Wachterman, MD, MPH.

"Our study will provide critical perspective as Medicare is currently considering whether it should change the Medicare Hospice Benefit to allow for concurrent care."

The research is published in JAMA Health Forum.

**More information:** Association of Hospice Payer With Concurrent Receipt of Hospice and Dialysis Among US Veterans With End-stage Kidney Disease A Retrospective Analysis of a National Cohort, JAMA

Provided by Brigham and Women's Hospital

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