

Running the Numbers

*A Periodic Feature to Inform North Carolina Health Care Professionals
about Current Topics in Health Statistics*

*From the State Center for Health Statistics, North Carolina Department of Health and Human Services
<http://www.schs.state.nc.us/SCHS>*

Hospice in North Carolina

Hospice care is becoming an increasingly important component of overall medical care in the United States and in North Carolina. In providing active care of patients with advanced, progressive, and incurable disease, hospice care:

- Provides relief from pain and other distressing symptoms
- Enhances quality of life when the length of life is limited
- Regards dying as a normal process
- Does not intend to hasten or postpone death
- Incorporates psychological and spiritual aspects of patient care
- Uses a team approach to provide a support system for patients and their families

In most cases, hospice care is provided in the patients' own home. However hospice care can also be provided in freestanding hospice facilities, hospitals, nursing homes, and other long-term care facilities and is available to persons of any age, religion, or race. Members of the hospice team include physicians (usually the patient's own physician), nurses, social workers, counselors, trained volunteers, and other therapists. This team makes regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week for emergencies. Bereavement care and counseling for surviving family and friends is also part of hospice care.

The first hospice program opened in North Carolina in 1979. In early 2009 there are now 76 hospice programs providing hospice care in all 100 counties in the state. The increase in hospice providers is associated with a growing number of persons who die while cared for by hospice. Those persons receiving hospice care at the time of their death has nearly tripled from 9,246 in 1994 to 24,823 in 2007. The percentage of those who die under the care of hospice increased from 14.6% to 32.7% of all North Carolina resident deaths during this period (see Table 1).

Not all deaths in North Carolina are eligible or appropriate for hospice care; sudden death from heart disease or many of the deaths due to injury and violence cannot be accommodated in a hospice setting. Cancer diagnoses accounted for approximately 42% of hospice admissions in 2007. The ratio of cancer to non-cancer admissions has steadily decreased since 1996 when more than 73% of hospice admissions had cancer diagnoses. Hospice programs across the country and in North Carolina now care for more persons with non-cancer diagnoses than those with cancer.

Table 2 (page 188) shows the number and percentage of hospice patients in 2007 by admission diagnosis. Cancer was the leading diagnosis, followed by dementia, and unspecified debility.

Table 1.
Total Deaths of North Carolina Residents and the Number and Percentage Served by Hospice, 1994-2007

Year	Total Deaths	Hospice Patient Deaths	Percentage of Deaths Served by Hospice
1994	63,188	9,246	14.6
1995	64,830	10,040	15.5
1996	66,188	10,796	16.3
1997	65,880	10,913	16.6
1998	67,798	12,140	17.9
1999	69,304	12,546	18.1
2000	71,732	13,420	18.7
2001	70,738	14,590	20.6
2002	71,780	15,723	21.9
2003	73,230	16,889	23.1
2004	72,191	18,725	25.9
2005	74,376	20,927	28.1
2006	74,419	22,653	30.4
2007	75,803	24,823	32.7

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Hospice care is covered by Medicare and Medicaid, and most private insurance plans, HMOs, and other managed care organizations. If a person does not have coverage through Medicare, Medicaid, or a private insurance company, hospices will work with the person and their family to ensure needed services can be provided. In North Carolina in 2007, approximately 84% of patients receiving hospice care had their care paid for by the Medicare Hospice Benefit. Eighty percent of hospice patients in North Carolina in 2007 were age 65 and older, while 20% were less than age 65.

One of the greatest barriers to entering hospice care is the fear of dying. However, what people fear most is reaching the end of life connected to machines, dying in pain, dying alone, and being a burden to family.¹ Lack of knowledge about hospice care and its support services contributes to the lack of use of these services. Few people want to die in a hospital, but many people do die there. Among all 2007 deaths of North Carolina residents, 45% occurred in a hospital and 26% occurred at home. In comparison, 11% of North Carolina hospice deaths occurred in a hospital and 48% occurred at home (see Figure 1).

As North Carolina's population ages rapidly in the coming years, there will be more interest and concern about end-of-life care. Health care professionals and the general public are increasingly choosing hospice care over other forms of health care delivery at the end of life. With one-third of persons who die in North Carolina currently receiving hospice care, end-of-life care and hospice have become a more central component of North Carolina's health care system.

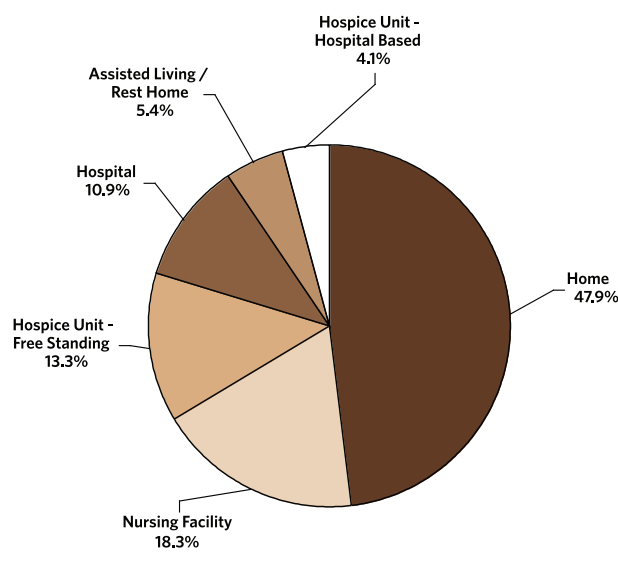
For more information about hospice and related topics go to the website of the Carolinas Center for Hospice and End of Life Care at <http://www.carolinasendoflifecare.org>.

For hospice statistics, including county-level information, go to <http://www.carolinasendoflifecare.org/Statistics2006.html>.

Table 2.
North Carolina Hospice Patients Admitted in 2007:
Number and Percentage by Admission Diagnosis

Diagnosis	Number of Patients	Percentage of Patients
Cancer	13,002	42.3
Dementia	3,812	12.4
Debility (unspecified)	3,675	12.0
Heart disease	3,566	11.6
Lung disease	2,691	8.8
Stroke	987	3.2
Kidney disease	901	2.9
Other diagnoses	746	2.4
Liver disease	557	1.8
Motor-neuron disease	530	1.7
HIV/AIDS	144	0.5
Amyotrophic lateral sclerosis	135	0.4
Total patients	30,746	100

Figure 1.
North Carolina Hospice Patient Deaths in 2007 by Location



REFERENCE

- 1 AARP North Carolina End of Life Care Survey. AARP website. <http://www.carolinasendoflifecare.org/pdf/2003AARPSurveyResults.pdf>. Accessed March 12, 2009.

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