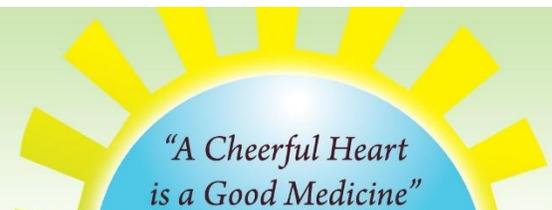




**Brio**  
home health & hospice



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## The Top Six Reasons More Hospice is Better

Expert consensus recommends a minimum of three months in hospice,<sup>1,2</sup> but most families elect hospice much later than that. Nearly three out of four Americans receive less than the recommended minimum.<sup>3</sup> To improve adoption of hospice, it may help if families know some of the reasons why three months is the recommended minimum.

### 1. Greater Comfort

Patients tend to experience increasing symptom burden in the year leading up to hospice. Hospice tends to reduce symptom burden to a level on par with what patients experienced 12 months before enrollment. However, the improvement does not happen in a few days. Patients tend to see major symptom improvement after the first week of hospice care, and it tends to take three months to reverse symptom burden by one year.<sup>4</sup>

### 2. Better Mental Health

Family caregivers experience heightened risk for depression after the loss of a loved one. Hospice moderates this risk. The longer a patient receives hospice, the lower the prevalence of major depressive disorder among bereaved caregivers: 1-3 days: 24.1%; 4-7 days: 10%; 8-14 days: 3%.

### 3. Longer Hospice Correlates with Improved Survival

Matched cohort studies associate hospice with survival lengthened by days to months.<sup>5-9</sup> Some of this research even seems to show a dose response relationship.<sup>9</sup> The earlier people choose hospice, the greater the survival effect. It's worth noting that hospice works to improve quality of life, not quantity of life. However, this research can help allay concerns that electing hospice could somehow hasten death.

### 4. More Hospice Means Lower Costs

Medicare's hospice benefit pays 100% of allowable charges for nursing, therapy, aides, equipment, medications, and supplies related to the hospice diagnosis. This applies to both original Medicare and Medicare Advantage plans. The enhanced coverage can help the budgets of families. What's more, Medicare saves an average of \$9,000 per person when patients elect hospice. The average American spends less than a month in hospice, but when people have hospice for two or three months, savings triple.<sup>10</sup>

### 5. Longer Hospice Reduces Rehospitalizations

Hospice prevents rehospitalizations and makes hospitals more profitable. Each five additional days of hospice improves readmission rates 3%.<sup>11</sup>

### 6. Three Months of Hospice Improves Family Satisfaction

When all is said and done, most families report not receiving enough time in hospice. Among families who report satisfaction with the timing of hospice, the average length of stay was 98 days.<sup>12</sup> People who felt like they did not receive enough time in hospice proved more than twice as likely to express dissatisfaction with the level of emotional support and to have concerns about care coordination.



*Leading the Nation in*

## Improving Healthcare Spending

Patients save with Brio, because Medicare pays 100% for our home health and hospice. Medicare saves with home health in general. When homebound patients have a skilled need, patients who don't get home health end up costing Medicare thousands more. **But what about comparing home health agencies to each other?** In risk-adjusted analysis, Medicare data shows Brio Home Health delivers care for 86% of the cost of the average agency. Protecting patient health while reducing national spending – that's a winning combination!

**Please offer Brio Home Health & Hospice to Your Patients.**

## References

1. Teno J, Shu J, Casarett D, et al. Timing of referral to hospice and quality of care: Length of stay and bereaved family member's perceptions of the timing of hospice referral. *Journal of Pain and Symptom Management*. 2007; 34: 120-125.
2. Rickerson E, Harrold J, Kapo J, et al. Timing of hospice referral and families' perceptions of services. Are earlier hospice referrals better? *Journal of the American Geriatric Society*. 2005; 53: 819-823.
3. NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, April 2018.
4. Cheraghlou S, et al. Restricting symptoms before and after admission to hospice. *The American Journal of Medicine*. 129: 754.e7 – 754.e15.
5. Hamano J, Yamaguchi T, Maeda I, et al. Multicenter cohort study on the survival time of cancer patients dying at home or in a hospital: Does place matter? *Cancer*. 2016 May; 122 (9): 1453-60.
6. Saito A, Landrum M, Neville B, et al. Hospice care and survival among elderly patients with lung cancer. *J Palliat Med*. 2011; 14 (8): 929-939.
7. Keyser E, Reed B, Lowery W, et al. Hospice enrollment for terminally ill patients with gynecologic malignancies: impact on outcomes and interventions. *Gynecol Oncol*. 2010: 118 (3): 274-7.
8. Connor S, Pyenson B, Fitch K, et al. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *J Pain Symptom Manage*. 2007 Mar; 33(3): 238-46.
9. Huo J, et al. Survival and cost-effectiveness of hospice care for metastatic melanoma patients. *The American Journal of Managed Care*. 20 (5): 366-373.
10. Taylor D, Ostermann J, et al. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Social Science & Medicine*. 1466-1478.
11. Lah S, et al. The association between hospice utilization and performance on publicly reported outcome measures. In A14. *Advance Care Planning and Palliative Care: Patients to Policy 2016*. American Thoracic Society.
12. Schockett E, et al. Late referral to hospice and bereaved family member perception of quality of end-of-life care. *J Pain Symptom Manage*. 30: 400-407.