



Access to Blood Transfusions for Cancer Patients Receiving Medicare Hospice Benefit

FACT SHEET

Background

The Medicare hospice benefit was established to provide terminally ill Medicare beneficiaries with access to high-quality end-of-life care. Unlike traditional care that seeks to cure the disease, hospice care focuses on maximizing the quality of life by providing comfort and support services. Hospices receive a per diem payment for each patient enrolled and are required to cover all items, services and medications for the palliation and management of the terminal illness and related conditions, including blood transfusions.

Many individuals with hematologic malignancies, including leukemia and lymphoma, rely on transfusions to address palliative needs related to breathlessness, bothersome bleeding, and profound fatigue. This can be especially important at the end of life. In fact, patients with leukemias are among the most frequent users of transfusion services and represent ~24,500 deaths per year in the United States.

Hospice care

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Impact on Cost and Quality of Life

- In a study of Medicare beneficiaries with leukemias, those who enrolled in hospice care had an overall reduction in healthcare costs of \$5,000-\$15,000 per beneficiary in the last month of life.¹
- A lack of hospice care is associated with more adverse events at the end-of-life. Studies show that in the last 30 days of life, patients with hematologic malignancies, when compared to patients with solid tumors, have a greater number of emergency room visits, hospital admissions, intensive care unit (ICU) admissions, hospital deaths, and deaths in the ICU.²

Barriers to Access

- Many hospices choose not to provide treatments such as palliative blood transfusions because of their cost, relative to the daily reimbursement rate for hospice care services. In 2018, routine home care, which represents 97% of all hospice care, received a per diem rate of \$192.78 for the first 60 days and \$151.41 after that, while the average cost of procurement, storage, and delivery of a unit of packed red blood cells is \$1000. A typical hospice patient with a hematologic malignancy receives two units of red blood cells once a week.
- Consequently, patients with hematologic malignancies, many of whom need blood product transfusions to control their symptoms, are less likely to use hospice services than patients with other cancers.³

Proposed Solutions

- CMS work with hospice agencies to create innovative reimbursement models to promote the provision of palliative transfusions, such as allowing them to be paid for separately under Medicare Part B.
- CMS work with hospice providers and other stakeholders to explore novel ways to access transfusions, such as at-home transfusions.

1. LeBlanc, Thomas W., Pamela C. Egan, and Adam J. Olszewski. "Transfusion dependence, use of hospice services, and quality of end-of-life care in leukemia." *Blood* 132.7 (2018): 717-726, doi: 10.1182/blood-2018-03-842575.

2. Odejide, Oreofe O. "A Policy Prescription for Hospice Care." *Journal of the American Medical Association*, vol 315, No. 3 (2016).

3. Howell, Debra A., et al. "Haematological Malignancy: Are Patients Appropriately Referred for Specialist Palliative and Hospice Care? A Systematic Review and Meta-Analysis of Published Data." *Palliative Medicine*, vol. 25, no. 6, Sept. 2011, pp. 630-641, doi:10.1177/0269216310391692.