

## MORE INFORMATION, ACCOUNTABILITY NEEDED TO ADDRESS POOR QUALITY HOSPICE CARE, LACK OF SERVICES AND HOSPICE FRAUD

*(Washington D.C., Tuesday, July 30, 2018)* - Hospice use has grown steadily over recent years, with Medicare paying **\$16.7 billion for 1.4 million beneficiaries in hospice care in 2016**. A decade before, in 2006, those numbers were \$9.2 billion for fewer than 1 million beneficiaries.

Terminally ill patients who choose hospice expect to receive support and services that make end of life as comfortable as possible. However, some of these individuals are faced with improper care and fraudulent billing.

In a new [hospice portfolio](#) released by the Inspector General for the U.S. Department of Health and Human Services (OIG), the agency found that hospices do not always provide needed services to patients and sometimes provide poor quality care. OIG also found that patients and their families and caregivers do not receive crucial information to make informed decisions about their care. And taxpayers are bankrolling much of this poor care and fraud through the Medicare hospice benefit.

**Nancy Harrison, Deputy Regional Inspector General overseeing the portfolio**, explains problems in the hospice industry and what can be done to improve the hospice program.

SOUNDBITE #1: NO ONE WANTS THEIR LOVED ONES TO SUFFER NEEDLESSLY IN THEIR FINAL DAYS. WE NEED TO IMPROVE HOSPICE CARE FOR OUR MOTHERS, OUR FATHERS, OUR FRIENDS, OURSELVES. OUR AGENCY'S COMMON SENSE RECOMMENDATIONS WOULD IMPROVE HOSPICE CARE FOR ALL OF US. (:18)

SOUNDBITE #2 IT IS SO IMPORTANT TO HAVE RELIABLE INFORMATION AND GOOD RESOURCES WHEN YOU'RE FACING A TERMINAL ILLNESS AND CONSIDERING HOSPICE CARE. AS IT STANDS NOW, YOU HAVE THE LEAST INFORMATION WHEN YOU ARE THINKING ABOUT END OF LIFE CARE. OUR RECOMMENDATIONS WOULD IMPROVE THE RESOURCES AVAILABLE TO HELP PATIENTS AND THEIR FAMILIES MAKE THE BEST DECISIONS POSSIBLE. (:24)

To read the hospice portfolio, visit [oig.hhs.gov](http://oig.hhs.gov).

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