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Hospital-to-Hospice Transitions in Tennessee's Older Population (2016–2023)

Key words: hospice, time trends, utilization

Introduction: Hospice care in the U.S. serves over 1.7 million patients annually. Tennessee ranks 10th nationally in hospice care quality. This practicum at the Tennessee Department of Health explored the accessibility, equity and utilization of hospice care among the aging population in Tennessee with a focus on inpatient discharge trends from 2016-2023. The objective was to provide data-driven recommendations to improve equitable hospice practices across Tennessee.

Methods: This was a retrospective cohort study from 2016-2023. Data were extracted from the hospital discharge data system (HDDS) dataset, IP - 2016-2023 and analyzed with SAS statistical software, and included stratification by age, gender, race, geographic setting, payer type, length of stay, and primary diagnosis. Descriptive statistics and trend analyses were used to identify patterns and disparities in hospice discharges.

Results: Tennessee noted a 27% rise in inpatient hospice discharges that peaked during the pandemic. Rates were highest among patients aged 65+, with males consistently outnumbering females. Rural residents comprised 60% of all discharges, primarily receiving hospice home care. Leading primary diagnoses for hospitalization included sepsis, heart disease, and cancer and revealed evolving hospice utilization and demographic disparities in end-of-life care.

Conclusions: These findings highlight the need for integrated care models and policy reforms to improve equitable care across Tennessee. The practicum helped identify gaps in hospice discharge coordination and coverage awareness. Interning at Tennessee Department of Health provided a valuable experience to contribute evidence to inform future health system improvements.