Fact Sheet

This fact sheet provides selected data highlights from the 2007 National Home and Hospice Care Survey (NHHCS), one in a continuing series of nationally representative sample surveys of U.S. home health and hospice care agencies.

In 2007, 1,036 agencies participated in NHHCS. These agencies were either certified by Medicare or Medicaid or were licensed by a state to provide services to home health care or hospice care patients. Agencies that provided only homemaker services or housekeeping services, assistance with instrumental activities of daily living, or durable medical equipment and supplies, were excluded from the survey. Data were collected through in-person interviews with agency directors and their designated staffs.

Public-use data files and documentation may be viewed and downloaded from the NHHCS website: http://www.cdc.gov/nchs/nhhcs.htm.

Selected Data Highlights

Number of agencies

- In 2007, there were 14,500 home health care and hospice care agencies in the United States: 75% (10,800) of the agencies provided home health care only, 15% (2,200) provided hospice care only, and 10% (1,400) provided both home health care and hospice care (mixed).
- From 2000 to 2007, the number of home health care only and hospice care only agencies increased, while that of mixed agencies decreased.

Organizational characteristics

- Home health care only agencies were more likely than mixed agencies to be proprietary (76% and 26%) and located in a metropolitan statistical area (76% and 58%), and less likely to be Medicare-(80% and 98%) or Medicaid-certified (79% and 97%).
- Hospice care only agencies were more likely than mixed agencies to be located in a metropolitan statistical area (73% and 58%).
- No significant differences were observed between hospice care only and mixed agencies on ownership, affiliation, or certification status.

Number of current patients

- On average, at time of interview, home health care only agencies served 109 and mixed agencies served 178 current home health care patients.
- On average, at time of interview, hospice care only agencies served 78 and mixed agencies served 39 current hospice care patients.

Selected primary patient referral sources

- Mixed agencies (74%) were more likely than home health care only agencies (40%) to report hospitals as the primary referral source of home health care patients (Figure 1).
- For over three-quarters of hospice care only agencies and mixed agencies, hospitals (34% and 40%) and physicians’ offices (45% and 48%) were the primary referral sources of hospice care patients (Figure 2).
Mixed agencies were more likely than home health care only agencies to provide speech therapy (90% and 67%), occupational therapy (90% and 74%), medical social services (93% and 63%), and homemaker services (49% and 34%).

With the exception of physician services, over 80% of hospice care only and mixed agencies provided each of the core services.

Hospice care only agencies were more likely than mixed agencies to provide the core services of pastoral care or spiritual counseling (94% and 89%), bereavement counseling (94% and 91%), volunteer services (94% and 88%), and physician services (92% and 48%).

Patient care revenue

- Home health care only agencies and mixed agencies reported similar proportions of patient care revenue from Medicare (56% and 66%), private insurance (12% and 17%), out-of-pocket payments (6% and 4%), and other sources (3% and 3%).
- A higher percentage of home health care only agencies’ (22%) patient care revenue came from Medicaid, compared with mixed agencies (10%).
- Hospice care only agencies (81%) reported a higher percentage of patient care revenue from Medicare, compared with mixed agencies (66%).
- Mixed agencies had a greater proportion of their revenue from Medicaid (10% and 7%) and private insurance (17% and 5%) than did hospice care only agencies.

Electronic medical records (EMRs)

- Mixed agencies (63%) were more likely than home health care only agencies (37%) to have current EMRs.

Data Methods

Percentages may not add to totals because of rounding, and because percent distribution includes a category of unknowns not reported in figures.

Differences reported in the text are based on results of chi-square tests performed to evaluate differences between agency types. All tests of statistical significance were two-sided using $p < 0.05$.

Definitions

Core services are defined by federal regulations governing hospice care and participation in the Medicare program. Core services must be provided by hospice staff employees and include pastoral care or spiritual counseling, bereavement counseling, volunteer services, medical social services, physician services, skilled nursing services, and dietary and nutritional services.