Hospice

Objectives

What is Hospice

Benefits of Hospice

Hospice vs Palliative Care

Hospice Eligibility & Admission Process

Hospice Myths

Resources

What is Hospice?

- Improves quality of life for those with a terminal diagnosis.
- Neither hastens **nor** postpones death.
- Educates primary caregiver(s) on how to care for the patient.
- A benefit covered by Medicare/Medicaid and most private insurance.
- Provided wherever a patient calls home.

The Hospice Care Team

The interdisciplinary approach is the most important benefit of hospice

The hospice team can…

- Address patient needs
- Assess and provide guidance
- Facilitate necessary interventions to alleviate distress
- Ensure the patient's comfort and quality of life are being met
- Serve a patient wherever they call home

Medicare requires

5%

of total patient care hours to be provided by volunteers

Levels of Hospice

Level 1: Routine Care
Level 2: Continuous Care
Level 3: General Inpatient Care
Level 4: Respite Care

Level 1: Routine Care

Most commonly used

Care includes:

- Nursing services
- Physician participation
- Social services
- Hospice aide services
- Counseling services (pastoral, spiritual, bereavement, dietary, and others)
- Medications
- Medical equipment
- Medical supplies
- Lab and diagnostic studies related to terminal diagnosis
- Therapy services

Level 2: Continuous Care

Short-term, during periods of crisis to achieve management of symptoms and reevaluated every 24 hours

- **Cannot** be provided in a skilled nursing facility, hospital or inpatient care facility.

- Care does **NOT** need to be "continuous," but must total **eight** hours or more within the 24-hour period (midnight to midnight) by a nurse or aide.

- At least 50% of the total continuous care hours must be provided by a nurse.

Level 3: General Inpatient Care

For patients with short-term symptoms so severe they cannot get adequate treatment at home

- Nurses are available to be at bedside 24/7
- Patient requires rapid assessment and frequent medication changes
- Inpatient Facilities include:
  1. A free-standing facility, owned and operated by a hospice company
  2. An inpatient hospice unit within a hospital
  3. A hospice unit in a skilled nursing facility

Level 4: Respite Care

Provides a brief break for primary caregiver/family

- The primary caregiver cannot manage the patient's needs due to caregiver stress or other extenuating circumstances
- A patient is temporarily admitted to an inpatient environment for up to **five days** to provide respite for the caregiver
- Room and board is covered by hospice
- Not available to a patient who resides in a skilled nursing facility or a freestanding hospice home/unit

Paid for 100% by Medicare, Medicaid & most Private Insurance

How to Pay

- Medications, supplies & equipment related to comfort and the terminal diagnosis
- Room & Board is covered under inpatient and respite care
- Private pay is an option
- Most hospitals and hospice programs have a “charity” program to assist with financial assistance.

No one will be turned away due to inability to pay

Benefits of Hospice

- Physical Care
- Psychosocial Care
- Spiritual Care
- Alternative Therapies
- Volunteer Support
- Grief & Bereavement

Benefits of Hospice

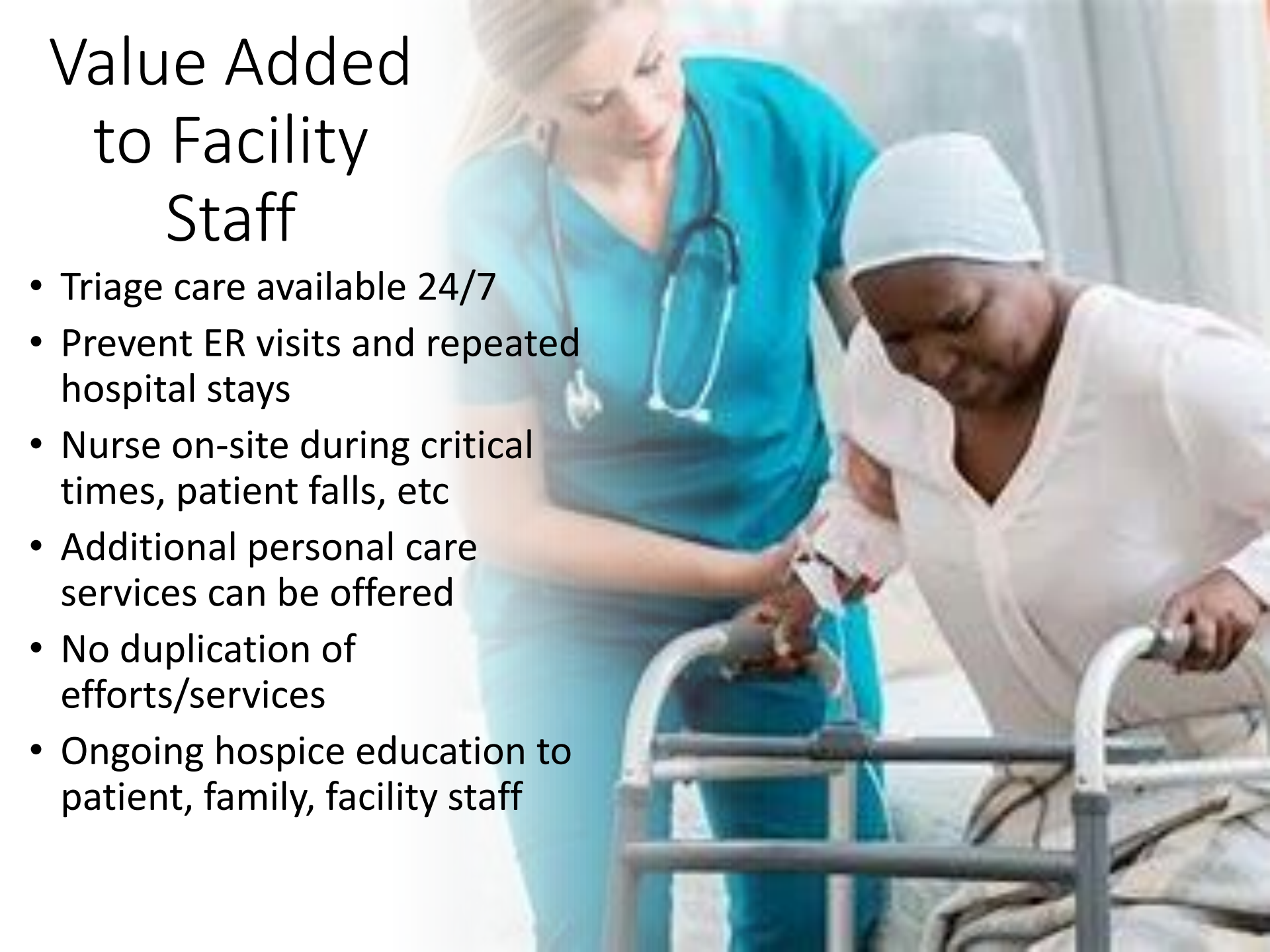
- **Access** to triage care 24/7
  - ✓ **Improved** pain control
  - ✓ **Reduced** physical and emotional distress
  - ✓ **Reduced** prolonged grief and other emotional distress
- **Prevents** hospitalizations & ED visits
- **Lower** medical costs
- Patients live an average of **29** days longer
- Regular **updates** provided to the PCP, facility staff & family
- Family reports greater **satisfaction**
- **Improved** CAHPS scores

For Patients in a Facility

- Facility staff **remain** the primary caregiver
- **Communication** is key
- Hospice **complements** the care provided by facility staff
- **Promotes** collaboration & support patients, families and facilities
- Coordination of care

Value Added to Facility Staff

- Triage care available 24/7
- Prevent ER visits and repeated hospital stays
- Nurse on-site during critical times, patient falls, etc
- Additional personal care services can be offered
- No duplication of efforts/services
- Ongoing hospice education to patient, family, facility staff



Qualifying for Hospice

- Verification of a terminal prognosis
- Curative options are exhausted; the side effects of treatment outweigh the benefits; or a patient chooses NOT to seek treatment.
- Patients with a life expectancy of 6 months or less; however, a person can re-qualify after 6 months with re-evaluation.
- Patients with a primary caregiver/plan.

The Initial Evaluation

- Assessing for eligibility related to terminal diagnosis
- Assessing the environment patient resides in
- Assessing the ability of the primary caregiver to meet patient needs

Hospice Indicators

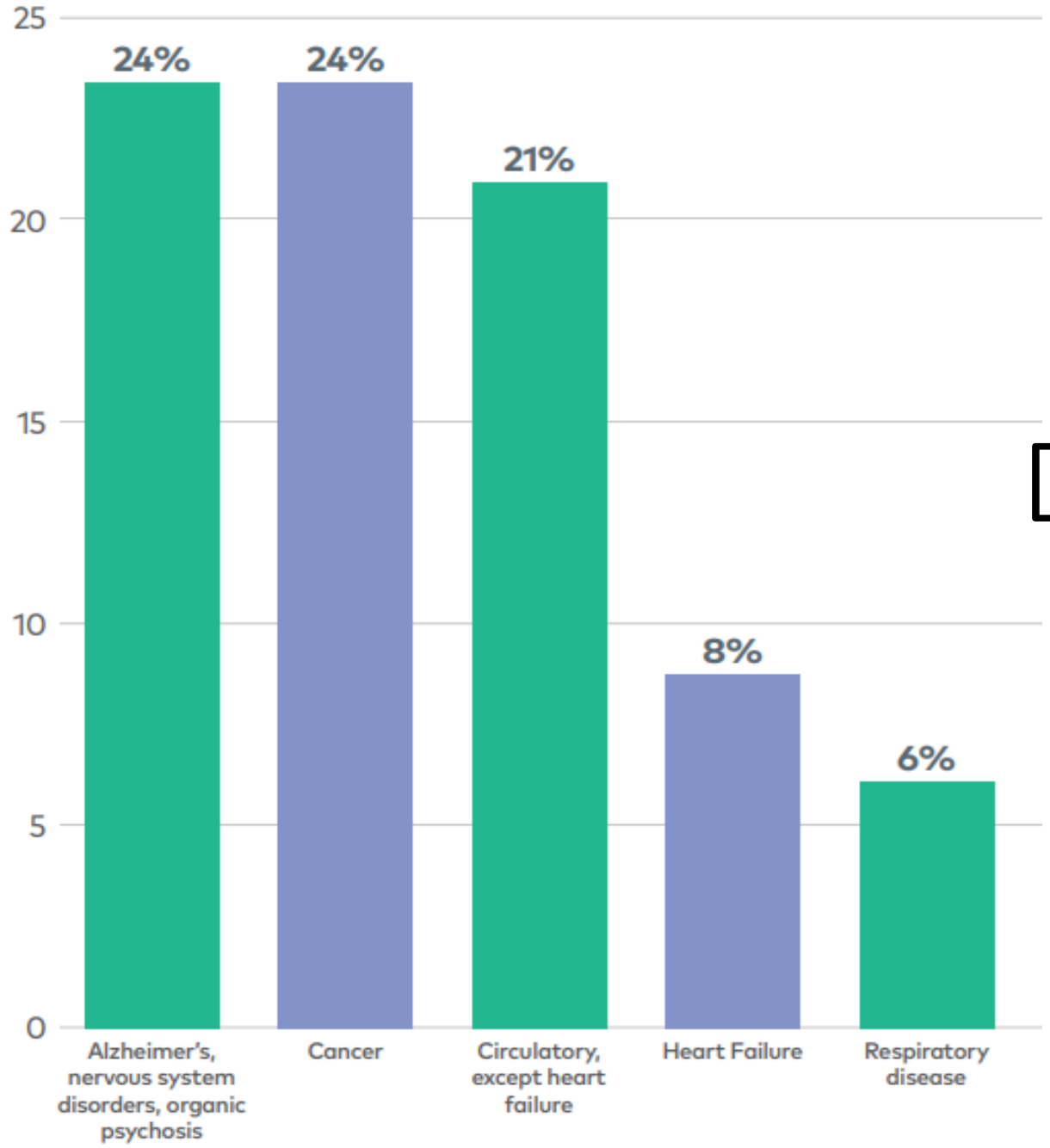
- Cancer
- Stroke
- Liver disease
- Malnutrition
- Kidney disease/renal failure
- Alzheimer's & other dementia-related disorders
- Heart disease/chronic heart failure
- Pulmonary disease/chronic obstructive pulmonary disease

"Failure to Thrive" is no longer an indicator as a Primary Diagnosis for hospice eligibility.

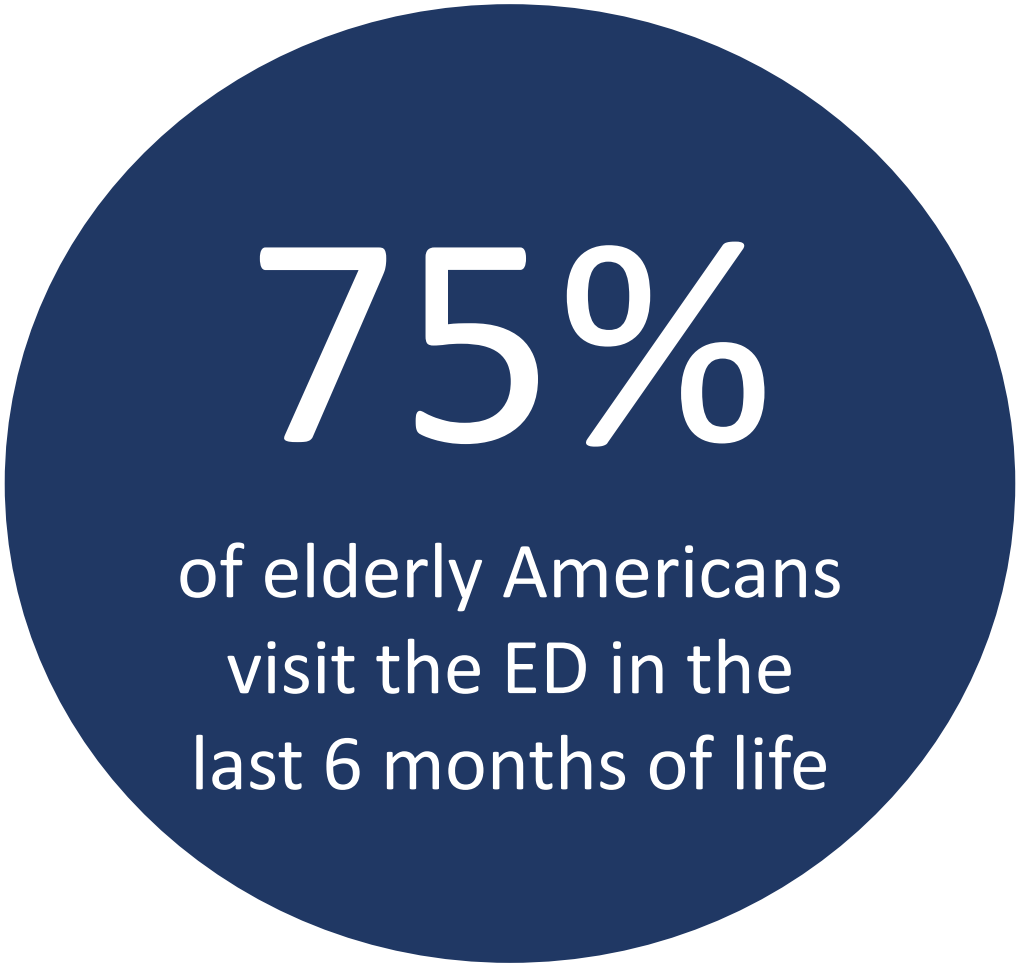
Hospice Indicators

- Increased hospitalizations or ER visits
- Progressive weight loss
- Change in comprehension
- Increased assistance with ADLs
- Falls causing injury
- Decrease in appetite
- Increased number of infections or wounds
- Increased incontinence, edema, weakness, shortness of breath

Hospice Cases by Primary Diagnosis, 2021



Hospice and its Impact on Emergency Department Visits



Having the Hospice Conversation

- Discuss curative vs. comfort treatment early
- Review the disease process, expected outcomes, goals and priorities
- Encourage patients learn about hospice
- Learn the signs and symptoms
- Establish best practice protocols for when and how to have the hospice conversation

The median length of stay in hospice is

17

days

Over

50%

of residents in La Crosse County

eligible for hospice

passed away without hospice

Concurrent Care for Veterans

In 2006, only

5%

of veterans were receiving hospice care

Since 2012, the VA has Allowed Disease-Directed Therapy with Hospice

- Immunotherapy
- Chemotherapy
- Radiation
- IV furosemide
- Home health

Concurrent care has ***lowered*** costs, due to less need for crisis emergency department, hospital, and ICU care

Myths

In many ways, the greatest barrier to hospice is emotional and prevents many from receiving the full support

Hospice Myths

MYTH

Hospice means “giving up.”

TRUTH

Hospice means shifting to a focus on quality of life for patients and their loved ones.

Hospice Myths

MYTH

Hospice is costing Medicare

TRUTH

The average hospice patient's total cost of care was **3.1% lower** than non-hospice users over the last 12 months of life. This translates to an estimated **$3.5 billion less in Medicare.**

Hospice Myths

MYTH

A patient must be a DNR to enroll in hospice.

TRUTH

Some hospice agencies accept full-code patients.

Hospice Myths

MYTH

Once enrolled, a patient cannot disenroll from hospice.

TRUTH

If health improves or a patient decides to pursue treatment, he/she will be disenrolled. Re-enrolling later is an option.

Hospice Myths

MYTH

Once enrolled, a patient cannot travel.

TRUTH

Patients can travel anywhere. Hospice will ensure he/she has what is needed while away.

Hospice Myths

MYTH

You must use a hospice agency recommended by your healthcare organization.

TRUTH

Patients have the freedom to choose their hospice agency.

Hospice Myths

MYTH

All hospices are the same.

TRUTH

The goal of each hospice is the same, but agencies may offer different programs, services or policies.

Hospice Myths

MYTH

You must give up your primary care physician once enrolled in hospice.

TRUTH

Some hospice agencies encourage patients keep their primary care physician and work in partnership to serve the patient.

Hospice Myths

MYTH

All medical decisions must be made before enrolling.

TRUTH

Goals of care can be adjusted throughout the hospice journey.

Who can make a referral?

ANYONE

Resources

- Standards of a Hospice Program of Care
- Journal of Pain and Symptom Management
- Hospice Institute of the Florida Suncoast
- National Hospice and Palliative Care Organization: www.nhpco.org
- Dame Cicely Saunders – St. Christopher's Hospice: www.stchristophers.org
- A Perspective on the End of Life: Hospice Care: www.medscape.com
- Veterans Affairs - https://www.capc.org/blog/veterans-affairs-moves-needle-median-los-concurrent-care-hospice/