Hospice Care and Prognostication

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Acknowledgement

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Disclaimer

While this program provides educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some of the information cites the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling.

Accordingly, the official prescribing information should be consulted before any such product is used.

Objectives

- Describe a definition of hospice philosophy
- Describe five covered services under the Medicare Hospice Benefit (MHB).
- Describe three eligibility criteria for the MHB.
- Describe prognostic criteria for hospice eligibility for patients with cancer and non-cancer diseases.

Case Question

- A 67 year old man with metastatic cholangiocarcinoma is in the hospital with sepsis. The patient has responded to IV antibiotics. He does not have any further treatment options for his cancer. His performance status had declined prior to admission so that he was in bed >50% of the day. The primary team has consulted palliative care with the question(s):
- Is this patient eligible for hospice services?
- If so, upon what criteria?

What is Hospice?

A *philosophy* of care for dying patients and their families

Hospice is not a place!

Hospice …

- Focus on …
  - controlling distressing physical symptoms
  - maximizing quality of life
  - psychological and spiritual support for patient and family
  - bereavement care
- Hospice philosophy recognizes that no single medical professional/discipline can meet all the needs of dying patients and families.

Who provides hospice services?

- In the United States, hospice care is mostly a specialized form of home care; but services can be provided in other settings.

- The ***Medicare Hospice Benefit (MHB)*** was developed to provide support to allow a family to care for their dying relative at home.

Medicare Hospice Benefit

- To receive Medicare reimbursement under the MHB, a home hospice agency must be *certified* as a *Medicare Home Hospice Agency*.

- As a Medicare certified agency, it must provide >80% of all care days per year, for all patients combined, in the home setting.

Medicare Hospice Benefit

- Eligibility criteria
  - Physician certified prognosis of less than 6 months assuming "*the terminal illness runs its usual course*".
  - Treatment goals are palliative rather than curative.
  - A physician is willing to be the physician of record.

Note!! Hospice agencies may not use DNR status as criteria for eligibility (CMS *)

* Center for Medicare and Medicaid Services

Other Criteria …

- Individual hospice agencies may have additional admission criteria, such as …
  - No current or planned use of blood products, artificial hydration, TPN, or non-oral feeding
  - A primary caregiver is in place in the home setting most, if not all of the time
  - Other (check with your local agency)

Medicare Hospice Benefit (cont.)

- Required services that must be available to all patients under the MHB:
  - Skilled nursing visits as needed
  - Physician medical director
  - Home health aide service for a limited period of time each week (not full time)
  - Psychological counseling
  - Chaplain support

Required services

- Preparation for death
  - advanced directives, wills, funeral planning
- Spiritual support/chaplaincy
- Volunteers
- Bereavement program
- Inpatient care for acute symptom management or impending death
- Respite care, up to 5 days

Note: hospice **does** provide 24/7 on call services by a trained hospice nurse but ***does not*** provide 24 hour custodial care.

Core Team

- The Hospice Core Team is …
  - Responsible for determining hospice eligibility and the *Plan of Care* together with the patient's primary physician.
    - ✓ Hospice physician medical director
    - ✓ Skilled nurse
    - ✓ Social worker
    - ✓ Chaplain
    - ✓ Volunteer program coordinator
    - ✓ Bereavement program coordinator

Finances

- Finances
  - Patients elect to “go on the MHB”, and consequently, they sign off their Medicare Part A (hospital payment), but only for charges relating to their terminal illness.
  - Patients can receive hospital care for disorders unrelated to the terminal illness under Medicare Part A.

Finances

- The Hospice agency becomes responsible for the *Plan of Care*
  - The Hospice Core Team is responsible for coordinating all medical issues, together with the primary physician, related to the terminal illness: meds, tests, procedures, etc.
  - The Hospice agency receives a per diem payment
    - ~ $185 for the first 60 days
    - ~ $145 for all days starting with Day 61
    - Service Intensity “add-on” in last week of life

Finances

- The Per Diem reimbursement covers:
  - home health aides, skilled nursing visits
  - all drugs related to terminal diagnosis
  - all durable medical equipment
  - other medical services as approved by team
    - physical/occupational/speech/respiratory therapy and dietary counseling
    - palliative radiation or chemotherapy (not typical due to significant cost but some agencies will cover same)
    - non-oral feedings, antibiotics

Benefit Periods

- MHB has *Benefit periods*
  - First 90 day period followed by successive 60 day periods.
    - The Hospice Medical Director and the primary physician must re-certify for each benefit period that the patient still meets eligibility criteria.
  - **Note**: Patients may elect to go off the MHB and return to Medicare Part A at any time. They may also subsequently re-enroll in hospice.
  - **Note**: There is no maximum duration of time for reimbursement under the MHB.
  - **Note**: A new problem, unrelated to the terminal illness, may be covered under Medicare Part A while the patient is also receiving hospice services.

Services are provided in ...

1. The patients home.
2. Acute inpatient care for:
    - Acute symptom management
    - Impending death /Caregiver breakdown in the home
3. Respite care—usually provided in an acute care hospital or nursing home.
    - Five days are available so that families can have a break from being primary caregivers

Services are provided in ...

4. Long-term care facility
   - a long-term care facility can be considered the patient's "home" and hospice services can be provided by a MHB certified agency
   - requires 2 sources of funding: a) payment for hospice and b) payment for LTC room and board
5. Hospice *residence* / other hospice inpatient facility.
   - Facilities that provide inpatient hospice services as either a substitute facility for routine home hospice services or for acute hospice care.

Non Medicare payment sources

- Most states have a Medicaid benefit that mirrors the MHB.
- Most private insurers have a hospice benefit; covered services vary widely between plans:
  - Some mirror the MHB
  - Some have service limits (e.g. max of 40 RN visits)
- Most MHB certified home hospice agencies provide free or reduced rate care for patients with no insurance.

The Primary Physician

- The patient's primary physician** remains involved in hospice care;
  - Consulted on all medical issues
  - Consulted on re-certification
  - Can continue to see the patient—in clinic or at home
    - Can bill for services through Medicare Part B.

Benefits to the Physician

- Trained eyes and ears in the home
  - Timely symptom control
  - 24/7 on call service
- Assist patient and family with difficult psychological issues
- Death planning
- Personal support to physician

Determining Prognosis

- A major barrier to hospice referral
  - Physicians afraid of being wrong
    - there is no penalty if patients survive > 6 months
  - Data indicates that physicians overestimate prognosis by a factor of 5

Less than 6 months-All diseases

- Underlying chronic life-limiting disease *plus*
  - Weight loss (except end-stage liver disease)
  - Progressive loss of function (ADL's)
  - Increasing use of medical resources with no improvement in function (e.g. ED/clinic visits, hospitalizations)

Imminent Death

- *Signs of imminent death <u>≤14 days</u>*
  - Anuric (not on dialysis)
  - Abnormal mental status, delirium
  - No or minimal oral intake
  - Altered respiratory pattern
  - Pooled oropharyngeal secretions (death rattle)

Cancer: < 3 months

- 3 months or less: Cancer
  - In bed >50% time and getting worse
  - Hypercalcemia (except new/untreated myeloma or breast cancer)
  - Dyspnea related to the cancer
  - Neoplastic Meningitis or Malignant Pericardial Effusion
  - Liver Metastases with jaundice

Cancer: < 6 months

- 6 months or less: Cancer
  - Multiple brain metastases
  - Malignant ascites or pleural effusion
  - Most metastatic solid cancers in which there is no planned systemic treatment, or where systemic treatment is ineffective.
    - Note: Metastatic Breast and Prostate cancer are notoriously difficult to prognosticate as patients may live an extended period even with no treatment.

Prognostic Indicators: Non-Cancer Diseases

There are no reliable predictors of a less than six month prognosis for non-cancer diseases, separate from the general criteria described earlier.

See Fast Facts # 141,143,150,189,191 & 213 for details of prognostic discussion for dementia, COPD, CHF, liver failure, dialysis and HIV/AIDS.

https://www.capc.org/fast-facts/

Introducing Hospice

- The word “hospice” is scary for patients and families
- Help patients identify important end of life goals;
  - E.g. Be at home, increase time with family, symptom control
- Present hospice care as a means by which these goals can best be met
  - Hospice services should be offered after goals are clarified and it is clear that Hospice will help meet these goals. The patient should not have to compromise his/her goals to conform to Hospice philosophy

Introducing Hospice

- Stress that having trained eyes and ears in the home on a regular basis can assist you (the health care providerp) in doing a better job to help meet the patient's goals
- Suggest an informational visit by a hospice agency to the patient's home
- Answer any remaining concerns, questions

Case Question

- A 67 year old man with metastatic cholangiocarcinoma is in the hospital with sepsis. He does not have any further treatment options for his cancer. His performance status had declined prior to admission so that he was in bed >50% of the day. The primary team has consulted palliative care with the question(s):
- Is this patient eligible for hospice services?
- If so, upon what criteria?
- See Next Slide

Answer

- Goals of care need to be established with this patient before Hospice can be recommended.
- Although the patient meets criteria for a prognosis of 6 months or less (based on metastatic cancer w/no further cancer treatment options and declining performance status), his goals in relation to future antibiotic therapy need to be determined.
- If the patient wants to focus on a comfort-oriented approach to care, hospice is appropriate. Should the patient wish further prolonging interventions, he may still be hospice appropriate depending on the nature of the intervention and local hospice policy.

Learning Points

List 3 new things you learned from this presentation.

1.
2.
3.

References

http://www.cms.hhs.gov/center/hospice.asp

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