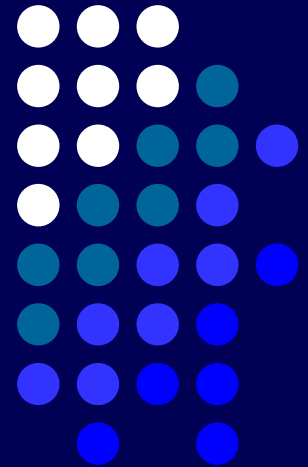
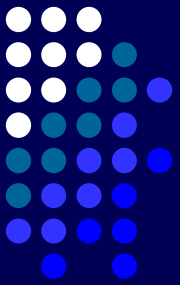


# The Benefits of Hospice for End of Life Care

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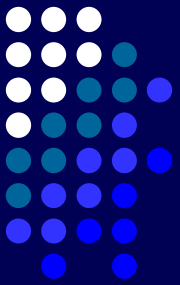
Susan Charette MD  
Assistant Clinical Professor  
UCLA Division of Geriatrics  
Wednesday, April 27, 2005





# Objectives

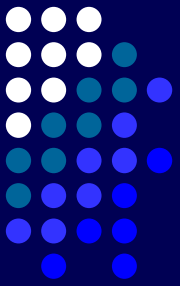
- Understand community-based resources for end of life care
- Discuss the important provisions of the Medicare Hospice Benefit
- Demonstrate sensitivity to patients' out of pocket expenses during end of life care



# *Which is a case for hospice?*

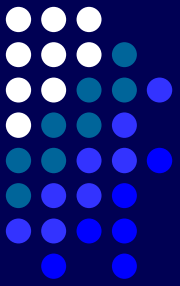
- 45 year old woman with end-stage emphysema due to alpha-1 anti-trypsin deficiency
- 90 year old man with advanced dementia, who is non-verbal and bed-bound
- 60 year old woman with metastatic pancreatic cancer

*Which is a case for hospice?*



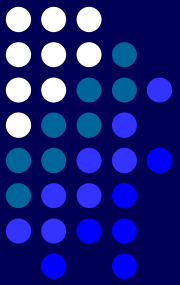
All three patients would benefit  
from hospice.

# What is Hospice?



“Hospice is a “program that uses an interdisciplinary team of health care professionals to provide comprehensive palliative care for terminally ill patients.”

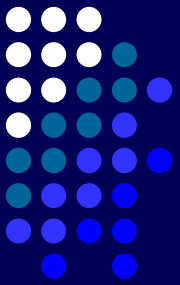
*(UNIPAC One: The Hospice/Palliative Medicine Approach to End-of-Life Care)*



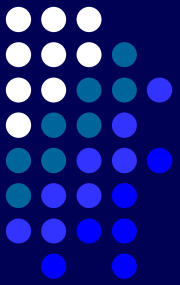
# *What is Hospice?*

- Hospice programs are agencies that provide interdisciplinary care for patients at home and other residential settings (e.g. nursing home)
- Inpatient Hospice (e.g. San Diego Hospice)
- Medicare Hospice Benefit

# Hospice: A Model of Interdisciplinary Care



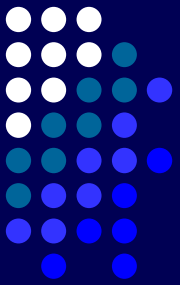
- Physician services
- Nursing care
- Health aide and homemaker services
- Physical and occupational therapy
- Speech therapy
- Social worker services
- Dietary counseling



# Benefits of Hospice

- Symptom management
- Assistance with activities of daily living
- Psychosocial support
- Bereavement services

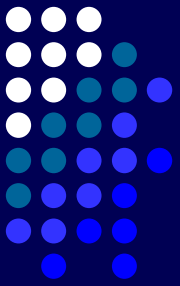




# Medicare Hospice Benefit

- Covered by Medicare Part A
- Prognosis of six months or less
- Interdisciplinary team – nurse, therapists, social worker, chaplain, aides
- Durable medical equipment, supplies & medications related to the terminal diagnosis

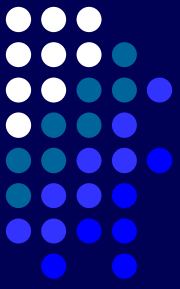
# What the Medicare Hospice Benefit does NOT cover



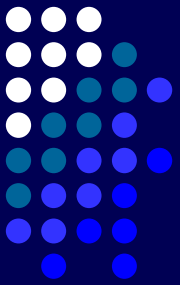
- Room & board at a skilled nursing facility
- Skilled nursing care
- Medications not related to the terminal illness

# Medicare Hospice Benefit:

## *What is the benefit period?*



- 2 consecutive 90-day coverage periods followed by an unlimited number of 60-day coverage periods
- Patients may terminate their enrollment during a hospice period & return to their regular Medicare Part A coverage
- Patients may re-enroll in the Medicare Hospice Benefit at any time as long as they meet the eligibility criteria



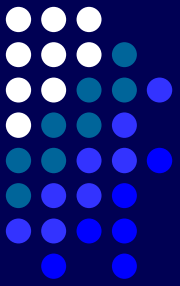
# Difficult Choices

88 year old man with CAD, DM, severe PVD with five gangrenous toes and advanced dementia. Bed bound.

He has a stage IV sacral pressure ulcer and is now transferred to a local nursing home for care.

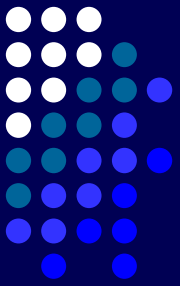
*To hospice or not to hospice?*

# Barriers to Hospice in the Nursing Home



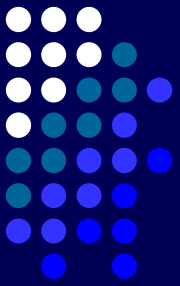
- Determining prognosis & eligibility for the Medicare Hospice Benefit (under Part A)
- Unavailable to patients receiving Medicare Skilled Nursing Benefit (under Part A)
- Lack of experience by staff & physicians
- Focus on providing rehabilitation and long term care

# Barriers to Hospice in the Nursing Home

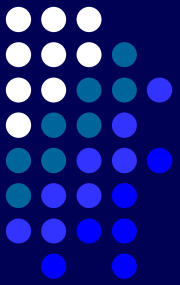


- Minimum Data Set – Quality Indicators
- Reimbursement
- Staff turnover
- Role competition & confusion
- Turf battles

# Billing Medicare for Care of Patients on Hospice



- Attending physician:
  - If employed by the hospice agency, then the hospice bills Medicare Part A
  - If NOT employed by the hospice agency, the MD
    - Bills Medicare Part B
    - Uses the “GV modifier” (if services provided are related to the terminal diagnosis)
    - Uses the “GW modifier” (if service provided are not related to hospice patient’s terminal condition)



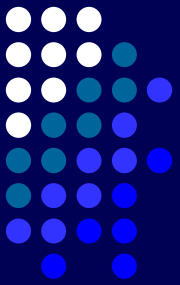
# Discussing Hospice

- Establish the setting
- What does the patient understand?
- What does the patient expect?
- Discuss hospice care
- Respond to emotions
- Establish a plan

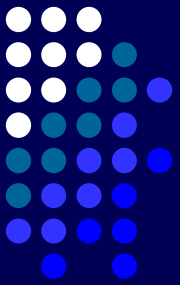
*(from Fast Facts and Concepts #38 – End of Life Education Project)*



# The Dilemma



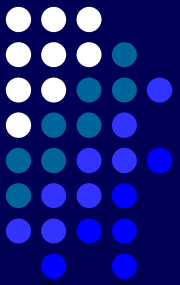
- Cure is the goal
- Death is perceived as failure
- Prognosis is hard to determine
- Cure cannot always be achieved
- Death is an inevitable, natural part of life
- Disease progression usually follows a common course



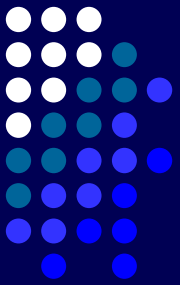
# Conclusion

- Hospice care is a valuable resource for patients nearing the end of life
- Consider hospice for patients with advanced cancer as well as non-cancer diagnoses
- Don't wait to refer – too often patients are referred in the last days or weeks of life

# References



- Keay TJ, Schonwetter RS. Hospice care in the nursing home. *Am Fam Physician*. 1;57(3):491-4, February, 1998.
- Miller SC, Mor, v. The role of hospice care in the nursing home setting. *Journal of Palliative Medicine*, 5: 271-277, March, 2002.
- Plenary 3: Elements and Models of End of Life Care, EPEC Project, the Robert Wood Johnson Foundation, 1999.



# References

- UNIPAC One: The Hospice/Palliative Medicine Approach to End-of-Life Care, AAHPM, 1997.
- <http://www.capc.org/> (useful resources)
- <http://www.cms.hhs.gov/medlearn/refhospice.asp?>  
(Medicare Hospice Benefit web page)
- <http://www.medicare.gov/Publications/Pubs/pdf/02154.pdf>  
[df](#) (Medicare Hospice Benefit booklet in PDF)