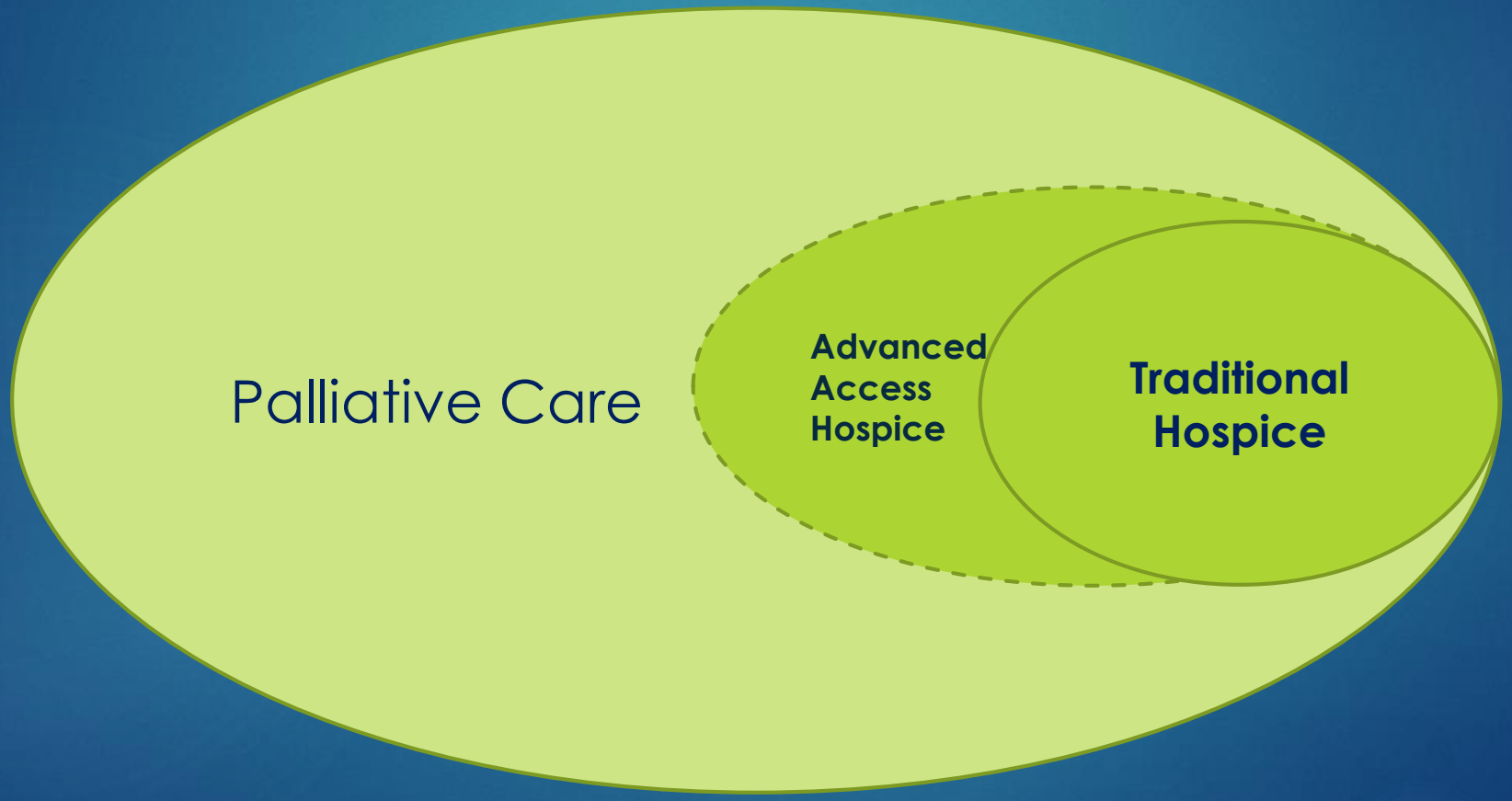

Hospice &
Palliative Care

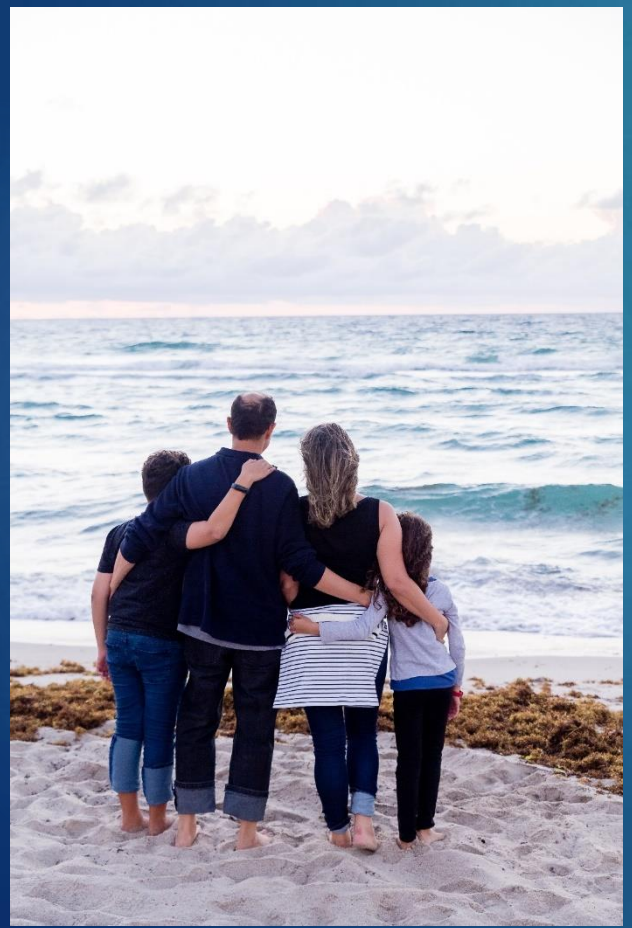
All Hospice is Palliative Care, but NOT all Palliative Care is Hospice



Palliative care (aka Supportive Care) is an interdisciplinary medical specialty that focuses on:

- Preventing and relieving suffering
- Supporting the best possible quality of life for patients and their families who are facing a serious/life-threatening illness

Palliative care may be provided along with curative or life-prolonging treatments



In keeping with the family-oriented approach, palliative care also extends to the family's bereavement period

In the U.S. hospice is most often defined by the Medicare Benefit Eligibility Criteria

- Prognosis of **< 6 months life expectancy**
- NOT participating in or actively seeking "life prolonging treatments" – only those related to symptom management
  - Chemotherapy
  - Surgeries/ interventional procedures
  - Further hospitalizations
  - Routine labs and imaging
- Patient **continues to be eligible** for Standard of Care treatment of illnesses/injuries **unrelated** to the terminal diagnosis
  - Care from patient's PCP or other specialists
  - Paid under Medicare Part A & B

LCDs – Local Coverage Determinations

Clinical guideline for life expectancy < 6 months

Disease Progression documented by:

Clinical Status

- Recurrent or intractable serious infections such as pneumonia or sepsis

Progressive inanition

- Loss of at least **10% body weight** in the prior six months*
- Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth)*
- Ill-fitting clothes, decrease in skin turgor, increasing skin folds or other observation of weight loss in a patient without documented weight changes
- Decreasing serum albumin or cholesterol
- **Dysphagia** leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food consumption

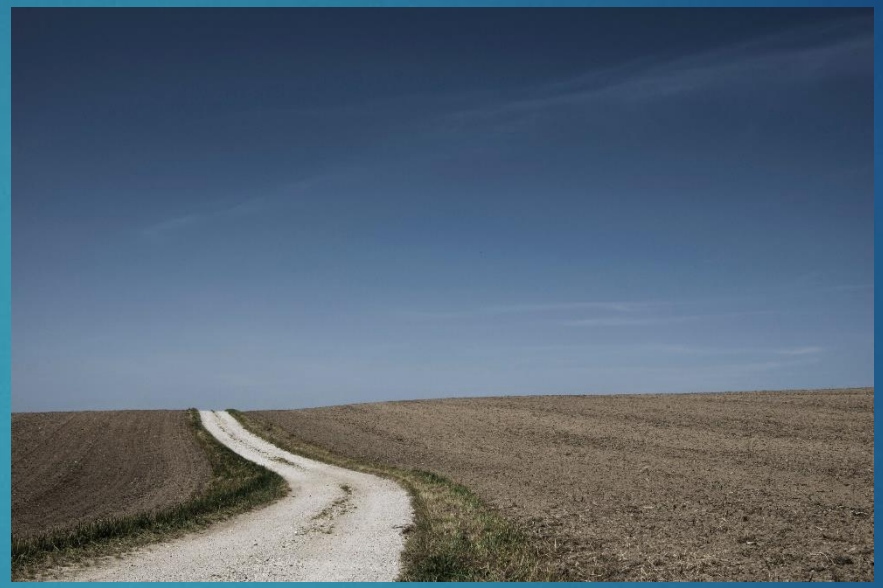
***Not due to reversible causes such as depression or use of diuretics**

Additional Signs Of Decline

- **Decline** in Karnofsky **Performance Status** (KPS) or Palliative Performance Score (PPS) due to disease progression
- Progressive decline in Functional Assessment Staging for dementia (from 7A on the FAST)
- **Progression to dependence** on assistance with additional activities of daily living (**ADLs**)
- Progressive **stage 3-4 pressure ulcers** in spite of optimal care
- History of increasing ER visits, hospitalizations, or physician visits related to the hospice primary diagnosis prior to benefit election
- **"Failure to thrive"** (with supporting detail)

Most common admissions to hospice are for

- Cancer
- Dementia
- Heart Failure
- COPD



Co-morbidities often contribute to hospice eligibility although **only one diagnosis is the "terminal diagnosis"**

Top-level Diagnostic Criteria by Disease

- **Cancer: Stage 4/metastatic disease** & no longer on active treatment (elective or non-responsive)
- **Dementia: Stage 7 on the FAST scale**
- **Heart Failure: NYHA Class IV**
- **COPD: GOLD Level 4 (FEV1<30%)**
- **Stroke: KPS/ PPS < 40%**

Prognostic Aids

Not necessarily shared with the patient

- ePrognosis: https://eprognosis.ucsf.edu/mitchell.php

- The "Surprise Test"
  - Would you be **surprised if the patient died in the next 6 - 12 months**, and would you be able to complete the death certificate?

Often patients do not want to know their prognosis…what are the implications?

- In a survey of 878 older adults reported in Annals of Family Medicine in 2018
  - **44% did not want to discuss prognosis** if life expectancy was **≤2 yrs**
  - **17%** did not want to discuss even if life expectancy **≤ 1 month**
- *Prognosis is not required for "the Conversation"*
  - Can be focused on helping people *manage where they are*
- A **palliative care consult** is less "charged" than a hospice consult
  - Someone other than the primary care physician can have a less emotional conversation
  - Positive framework: **Making the most of every day**

If Hospice is Indicated, it includes:

- In-residence (home)care by interdisciplinary team can be highly effective
  - **RN Case Manager**
  - **Physician** (PCP or Medical Director oversight)
  - **Health Aide** (CNA)
  - **Medical Social Worker**
  - **Spiritual Care Counselor**
  - Volunteer
  - **DME, supplies, medications** related to terminal diagnosis (medications for concomitant diagnoses covered under Medicare Part D)
  - Other specialty services as offered

Additional Service Offerings

- **Hospice is paid by Medicare** or Insurance Provider on a **flat per diem rate**, unlike other types of medical care (~$175/day in the Portland area)
  - This means that any **additional care above the minimum level** required by Medicare ***costs the hospice more***
  - Non-profits are often willing to provide more care than for-profits [1,2,3]

1. ***Aldridge, M. et al: Association between Hospice Spending on Patient Care and Rates of Hospitalizations and Medicare Expenditures of Hospice Enrollees. J Palliat Med 2018; 21:55-61***
2. ***Aldridge, M. et al: National Hospice Survey Results - For Profit Status, Community Engagement and Service. JAMA Intern Med. 2014; 174(4):500-506***
3. ***Wachterman, W. et al: Association of Hospice Agency Profit Status with Patient Diagnosis, Location of Care and Length of Stay. JAMA 2011; 305(5):472-479***

Myths and Facts

- ***Once people go on hospice, they die sooner***
  - Several studies in cancer patients have shown that **those on hospice lived longer** than parallel cohorts on treatment
  - About **15% of patients on hospice are discharged due to a stabilization or improvement in their health**
- ***People on hospice can't go back on treatment***
  - Hospice **patients can revoke service at any time** if they choose to return to life-prolonging treatment
- ***All hospice all meds other than pain meds are discontinued***
  - **Medications that effectively treat symptoms can continue** to be provided
  - **Each hospice has their own formulary**
  - Patients **may continue meds unrelated to their hospice Dx** under their PART D benefit
- ***People can't continue to see their PCP once they elect hospice care***
  - The selection of their hospice physician is up to the patient

Thank You!