Medicare hospice benefit

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Disclosures

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Which of the following is correct about the Medicare Hospice Benefit?

A. Once a patient has revoked off of hospice, they can never go back on (they have ”used up” their benefit)
B. A patient must be 65 or older to use the Medicare Hospice Benefit
C. A patient can only be on the Medicare Hospice Benefit for 6 months total
D. A physician can continue to write orders and direct care for a hospice patient as the Attending of Record
E. Physician Assistants (PA-C’s) and Nurse Practitioners (NP’s) may complete face-to-face visits required for recertification of patients
What is hospice?

- Program or service that provides care to the terminally ill
  - Terminally ill = patients that would reasonably be expected to die in the next 6 months if the disease progresses along its natural course
  - Focus is on comfort, NOT cure
What is hospice?

- Hospice services are required (by Medicare) to be made of interdisciplinary teams consisting of:
  - Physician
  - Nurse
  - Counselor (can be a chaplain/spiritual counselor)
  - Social Worker
- A doctor and a nurse are on call 24 hours/day for emergencies
What is hospice?

- Additional team members can include:
  - Volunteers
  - Home health aides
  - Physical and occupational therapists
  - Speech language pathologists
  - Nutritionists
  - Massage therapists
What is hospice?

* The focus is on providing care to the “whole person” addressing physical, emotional, social and spiritual needs
* Hospice services are generally provided in the home
Who qualifies for hospice?

Any patient who:

* Who has Medicare Part A
* Who is terminally ill
  * Certified by both the hospice physician and the patient’s physician of choice
* Who is no longer seeking aggressive therapies
How much does hospice cost?

- Medicare hospice benefit is **FREE**
- Once a patient is on hospice, the hospice assumes all costs for the patient and is reimbursed a flat daily rate by Medicare
4 Types of hospice care

- Regular
- Generalize Inpatient (GIP)
- Respite
- Continuous
What does the “regular” hospice benefit provide?

- Hospice in the home or family member’s home
- Approximately 8-10 hours per week of in home services
- Weekly nursing visits
  - Usually 1-2 times per week lasting 1-2 hours per visit
  - Can be escalated if needed
- Social worker consults
- Counseling sessions
What does the “regular” hospice benefit provide?

* Durable Medical Equipment
  * Hospital bed
  * Wheelchair
  * Bedside commode
  * Tray table
  * Shower chair
  * Nebulizer
* Wound care supplies
What does the “regular” hospice benefit provide?

* Medications related to the diagnosis or symptom management
  * Pain medications
  * Common antibiotics or antifungals
  * Generic medications to maintain current health status (examples: metoprolol, hydrocortisone, etc)
  * Generic inhalers or nebulized medications
  * Oxygen
Where else can hospice be provided?

- Skilled nursing facility
- Hospice house

- *Room and board charges are usually required
- **Exceptions possibly include veterans (VA contracted facilities) and the indigent
What is hospice provided respite care?

* Based on the caregiver (not the patient)
* 5 day “respite” from caregiving where the patient is moved from home into a skilled nursing facility paid for by the hospice
* Usually limited to once a certification period (every 60-90 days)
* Useful in times of caregiver burnout or family events such as weddings, funerals, etc
* Additional cost may be required (5% of the daily rate)
What is generalized in patient hospice?

- Patient is moved to the hospital or inpatient facility due a symptom that is **UNCONTROLLABLE** as an outpatient.
- Examples: pain crisis, shortness of breath, severe nausea/vomiting
- It is NOT for patients that are dying
The patient remains at home, but due to escalating symptoms, RN presence is required for >8 hours in a 24 hour period.
How long can you get hospice care?

- Hospice is intended for patients with less than 6 months to live
- However, there is NO PENALTY for living longer
- A hospice physician will recertify the patient after 90 days, then another 90 days, then an unlimited number of 60 days periods afterward
- It is up to the hospice physician to justify continuation of hospice
Discharge versus Revocation of Hospice

- Patient is no longer on hospice
- Patient “revokes” their hospice benefit
- Hospices “discharge” patients that no longer meet criteria
Revocation

* There are NO PENALITIES for patients revoking hospice
  * Patients can rejoin at any time without fee or penalty
* Patient choice
  * Seeking further aggressive care (chemo, procedures, 2nd opinions, etc.)
  * Dissatisfaction with the hospice
Hospice decision due to concerns for safety of the patient or staff

Prior to discharge of a patient, the hospice must make EVERY REASONABLE EFFORT to rectify the concern

Example: A hospice patient with dementia sleeps with a gun under their pillow. Hospice RNs are afraid to enter the home. Hospice may consider discharging the patient if the gun cannot/will not be removed from the home.
Hospice CANNOT exclude or discharge a patient based on values, beliefs, race, gender, religion, sexuality or “poor decision making”

Example: Patients that are full code have the right to utilize their Medicare hospice benefit
How are patients referred to hospice?

- Patients or family can self refer
- Providers can identify and refer if a patient meets criteria or feels they may be appropriate...
Hospice Criteria

Cardiac Disease

* **Main Criteria:**
  * Patient is optimally treated (w/diuretics, vasodilators or ACEI/ARBs) and continues to have angina at rest
  AND
  * The patient has NYHA Class 4 HF

* **Additional supportive documentation:**
  * Treatment resistant supraventricular or ventricular arrhythmias
  * History of cardiac arrest
  * Unexplained syncope
  * Embolism of cardiac origin
  * Concomitant HIV disease
  * EF <20%
Hospice Criteria

Cardiac Disease

- What about dobutamine and milrinone drips?

- What do we do about pacers and AICDs?
  - Do magnets really work? What about iphones?

- Should I stop their diuretics and BP meds?
Hospice Criteria

**Pulmonary Disease**

* Main Criteria:
  * Severe chronic lung disease with dyspnea at rest or FEV 1 <30% of predicted and increasing visits to physicians or ER for respiratory failure
  * Hypoxemia with O2 sat < 88% or PaO2 < 55mmHg

* Additional supportive documentation:
  * Cor pulmonale
  * Unintentional progressive weight loss >10% of body weight in the last 6 mo
  * Resting tachycardia
Hospice Criteria

Alzheimer’s Disease & Related Disorders

FAST 7A-C  AND either criteria below:

* Comorbid:
  * CHF
  * COPD
  * Liver disease
  * renal failure
  * Cancer
  * Neurological disease

* One of the following in the last 12 months:
  * Delirium
  * Recurrent infections (PNA or URI, sepsis, UTI)
  * Decubitus ulcers stage 3-4
  * Recurrent fevers
  * PCM with weight loss >10% body weight or albumin <2.5gm/dl
  * Aspiration PNA/pneumonitis
### Table 2: Functional Assessment Staging (FAST)-Stage 7

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>Speech ability is limited to six words</td>
</tr>
<tr>
<td>7b</td>
<td>Speech ability is limited to one intelligible word per average day</td>
</tr>
<tr>
<td>7c</td>
<td>Ambulatory ability is lost</td>
</tr>
<tr>
<td>7d</td>
<td>Unable to sit up without assists</td>
</tr>
<tr>
<td>7e</td>
<td>Loss of ability to smile</td>
</tr>
<tr>
<td>7f</td>
<td>Loss of ability to hold up head independently</td>
</tr>
</tbody>
</table>

*FAST stage 7 A-C*
**Hospice Criteria**

### Stroke

- Poor Functional Status with PPS 40 or less

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**Palliative Performance Scale (PPSv2)**

*version 2*

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Ambulation</th>
<th>Activity &amp; Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work, No evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work, Some evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with Effort, Some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable Normal Job/Work, Significant disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable hobby/house work, Significant disease</td>
<td>Occasionally assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td>50%</td>
<td>Mainly Sit/Lie</td>
<td>Unable to do any work, Extensive disease</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in Bed</td>
<td>Unable to do most activity, Extensive disease</td>
<td>Main assistance</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>30%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity, Extensive disease</td>
<td>Total Care</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>20%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity, Extensive disease</td>
<td>Total Care</td>
<td>Minimal to No Intake</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>10%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity, Extensive disease</td>
<td>Total Care</td>
<td>Mouth care only</td>
<td>Drowsy or Coma +/- Confusion</td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Image from [http://www.victorihospice.org/pdfs/PPSv2.pdf](http://www.victorihospice.org/pdfs/PPSv2.pdf)
Hospice Criteria

Stroke

AND...

* Inability to maintain hydration and caloric intake with 1 of the following:
  * Weight loss >10% during last 6 months
  * Weight loss > 7.5% in last 3 months
  * Serum Albumin <2.5gm/dl
  * Aspiration
  * Calorie count documentation of inadequate intake
  * Severe dysphagia
Hospice Criteria

Stroke

* Remember!
  * Include supportive documentation:
    * Infections
    * Decubitus ulcers
    * Fevers
Hospice Criteria

Coma

* Any etiology and after day 3 with 3 of the following:
  * Abnormal brain stem response
  * Absent verbal response
  * Absent withdrawal response to pain
  * Cr >1.5
Liver Disease

* ESLD as evidenced by:
  * INR >1.5
  * Albumin < 2.5

* AND at least one of the following:
  * Refractory ascites (can be d/t noncompliance)
  * SBP
  * HRS
  * Encephalopathy refractory to tx (can be d/t noncompliance)
  * Recurrent variceal bleeding
Hospice Criteria

Liver Disease

- Additional supporting documentation:
  - Malnutrition
  - Muscle wasting and decreased strength
  - Continued alcoholism
  - HCC
  - Hepatitis B
  - HCV

- Liver transplant patients may be on hospice!
3 Main Requirements in RF:

- Pt not seeking continued HD or transplant
- CrCl <10
- Cr >8 (or 6 for pts with DM)

Supportive Documentation:

- Comorbid major disease processes (cardiac, lung, liver)
- HRS, Fluid overload
- PCM, DIC/TCP, GIB
- Sepsis
- Cancer
What about IVF & dialysis?

Renal Disease

* It’s complicated...
Welcome to complicated!!
- Respiratory Impairment
- Dysphagia/aspiration and Nutritional Impairment
- Progression of disease process
- Life threatening complications

Hospice Criteria

Parkinson’s, ALS & Other Neurological Diseases
Respiratory Impairment: (all within the last 12 mo)
- Reduced Vital Capacity (VC) <30% of normal
- Dyspnea at rest
- Requiring supplemental O2 at rest
- Pt declines intubation/ventilation
Hospice Criteria

Parkinson’s, ALS & Other Neurological Diseases

- Aspiration/Dysphagia and Nutritional Impairment
  - Normal -> pureed diet
  - Oral intake of nutrition/fluids inadequate to sustain life
  - Weight loss
  - Dehydration
  - NO ANH
Hospice Criteria

Parkinson’s, ALS & Other Neurological Diseases

* Progression of disease process
  * Independent -> W/C or bedbound
  * Normal speech -> unintelligible or barely intelligible speech
  * Independent with ADLS -> dependent with ADLs
Hospice Criteria

Parkinson’s, ALS & Other Neurological Diseases

* Life threatening complications
  * Recurrent aspiration PNA/pneumonitis
  * Pyelonephritis
  * Sepsis
  * Recurrent fevers after antibiotic therapy
  * Decubitus ulcers stage 3-4

* Rapid progression of ALS may also qualify the patient
How do you talk about hospice?

- Don’t jump right in...
  - Explain first
  - “I’m concerned”
  - “Support service” – explain the benefits
- Be gentle with the “H” word
- Suggest an informational session
- Reaffirm –
  - “we are not giving up” & we are “prioritizing comfort”
  - “we will never stop caring for you”
Which of the following is correct about the Medicare Hospice Benefit?

- A. Once a patient has revoked off of hospice, they can never go back on (they have "used up" their benefit)
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D is true. The patient can choose their own Attending of Record in addition to the Hospice Medical Director.

Patients may revoke and return to hospice as many times as they would like (A).

A patient needs only to be on Medicare to utilize the Medicare Hospice Benefit. Many younger disabled persons are on Medicare (B)

Patients may utilize the Medicare Hospice Benefit as long as they are certified as appropriate for hospice care by a Medical Director and Attending of Record. (C)

PA’s are NOT able to do FTF visits for patients on hospice (E)

https://www.medicare.gov/Pubs/pdf/02154-Medicare-Hospice-Benefits.PDF