

## The Role of the Provider in the Referral and Management of Hospice Patients

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## Hospice History: Europe

- 1905: Sisters of Charity founded the St. Joseph's Hospice in London
- Dr. Cicely Saunders is generally credited with starting modern hospice care
- Dr. Saunders founded St. Christopher's Hospice in 1967



## Dr. Saunders' Key Hospice Concept: "Total Pain"

- Physical
- Psychological
- Social
- Spiritual



## Hospice History: U.S.

- First U.S. hospice opened 1974
- Medicare hospice benefit: 1982
- By 2005: more than 3000 U.S. hospices, and 1/3 dying patients in the U.S. died under hospice care





## Hospice Eligibility: General

- Any Terminal Illness
- Prognosis of less than 6 months to live



## Medicare Hospice Benefit

- Funded through Part A Medicare
- Hospice benefit covered 100% at no cost to patient (as long as services are related to the terminal diagnosis)
- Physician certifies diagnosis
- (Doesn't necessarily need to be DNR or have a primary caregiver)



## Choosing Hospice

- For patients to receive hospice services, they must opt out of regular Medicare coverage for medical care of their terminal diagnosis
- This means that the patients must choose between curative care and hospice care
- "Late Referrals"



## Structure of Benefit

- Initially: two 90 certification periods
- Then: Unlimited 60 day periods



## Hospice Eligibility

- ...prognosis of 6 months or less if the disease runs its normal course
- How often is normal? 100% of the time, 51% of the time, or somewhere in between?
- Medicare has still not defined this, but it is the law



## Hospice Services

- Comprehensive Care: medical care (including medications), nursing services, social work, pastoral care, durable medical equipment
- Respite care
- Bereavement care



## The Hospice Inter-Disciplinary Team

- Hospice Physician
- Registered Nurse
- Medical Social Worker
- Chaplain
- Pharmacist
- Nursing aid
- Volunteers



## The Role of the Hospice Physician

- Certify Prognosis
- Medical Care



## Prognosis

- How do you predict prognosis?
- Disease-specific guidelines
- Karnofsky Performance Scale
  
- Some diseases are predictable, some are not



## The Role of the Attending Physician

- Identifying appropriate patients
- Counseling patients
- Prognosis
- Medical Care

Does the attending physician get paid?



## How is hospice paid for?

- Per Diem: around \$130/day for routine care
- ALL services are covered under the per diem: medications, durable medical equipment, nursing (social work, etc.), bereavement services, etc.
- Hospices must ration care



## Where are hospice patients located?

- Most want to be at home, if possible
- Most don't want to be in a hospital, ICU, nursing home, etc.
- But, some can't be at home



## The Davis Center- Cheyenne

- Opened 2006
- 12 Beds, plus office space and meeting rooms



## Hospice in Wyoming

- Big towns vs. small towns: Cheyenne vs. Wheatland and Rawlins
- VERY low hospice utilization in Wyoming: in 2005 Wyoming ranked #48/50 states in hospice utilization



## Hospice Utilization 2005 for Patients >65

- National Average: 60%
- Best: Utah 82%
- Worst: Alaska 21%
- Wyoming: 27% (48<sup>th</sup>- only Hawaii and Alaska lower)



## Hospice Becomes Mainstream

- AMA recognition in 2006 of AAHPM as official organization
- ABMS recognition 2006- will administer board exams
- 2006: 49 fellowship programs, 119 fellowship positions; ACGME will accredit





## Advantages of Hospice

- Comprehensive Care: symptom control, nursing, social work, respite, etc.
- Reduction of out-of-pocket expenses (everything covered at 100%, even meds)
- Bereavement Care
- Do hospices save Medicare money?



## Disadvantages of Hospice

- Must choose hospice care INSTEAD of curative care, leading to late referrals
- Hospices paid per diem, so sometimes under pressure to reduce medical care

So, the fundamentally excellent concept of hospice becomes an insurance problem



## Questions?

