Hospice 101: Understanding the Hospice Benefit & Philosophy of Care

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Disclosures

I have no disclosures to report.

Objectives

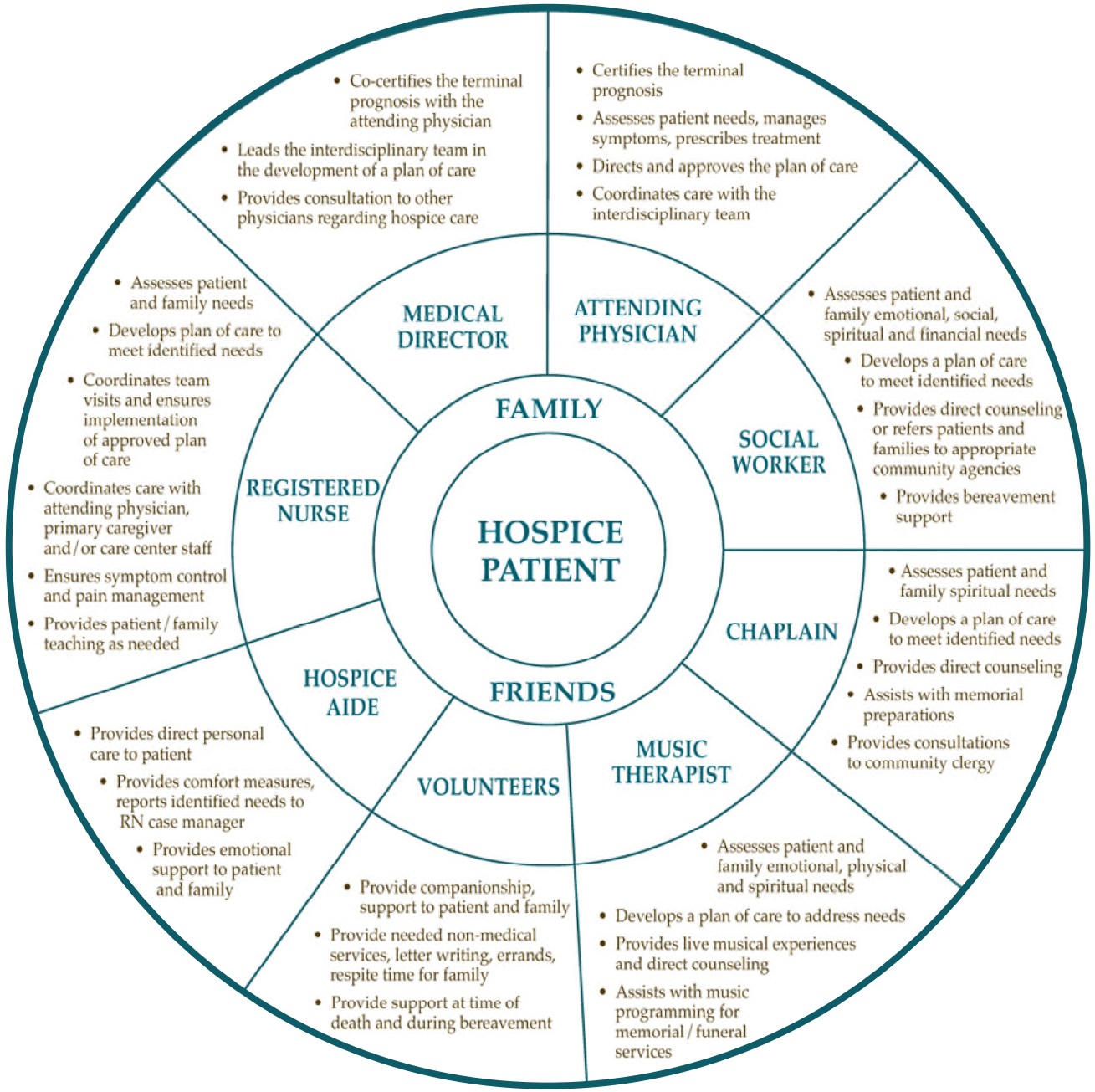
- Recognize what hospice is (and what it isn't).
- Understand who qualifies for hospice.
- Identify common misconceptions about hospice.
- Connect steps for hospice referrals and ways to approach the dialogue.

Medicare's Definition of Hospice

"Hospice care means a comprehensive set of services described in 1861(dd)(1) of the Act, identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care."

The Hospice Circle of Care

Hospice is a philosophy of care that focuses on comfort, rather than curative care.



Hospice Myths

Myth: Hospice is for those who will die within the next few days.

Fact: The Medicare Hospice Benefit is intended for patients who have a prognosis of 6 months or less (adults) or 12 months or less (pediatrics) assuming the illness takes its natural progression.

Hospice can be incredibly beneficial for patients who have access to it for longer than a few days. Given adequate time, hospice can help provide not only physical comfort, but also spiritual and biopsychosocial comfort to eligible beneficiaries and their families-of-choice.

Hospice Myths

Myth: Hospice is a building where you go to die.

Fact: Hospice is a concept of care, not a place. Hospice services can be provided wherever the patient considers ***home***. This can include their home, a caregiver's home, a nursing home (SNF), an assisted living facility (ALF), an inpatient unit (IPC/IPU), under a bridge, etc. The entire hospice team comes to the patient to bring our services to them.

Hospice Myths

Myth: Hospice is only for cancer patients.

Fact: Hospice is for anyone who, in the best judgement of two physicians, has six months or less to live if their disease runs its normal course. Hospice patients may have ALS, COPD, Alzheimer's Dementia, End Stage Renal Disease, or other prognoses. It is not only for cancer patients.

Hospice Myths

Myth: Hospice focuses on just the patient.

Fact: Hospice organizations consider the patient and their family-of-choice (however they define it) to be the ***unit of care***. Hospice also provides 13-month of bereavement support post-death of patients. Some agencies expand this support to the community at large.

These services are also available to facility staff who may have developed close relationships with residents and their families.

Who Pays for Hospice Care?

- For patients with Medicare, hospice is a completely covered benefit, with no co-pays.
- Many commercial insurance providers and most Medicaid plans cover hospice at little to no cost to the patient. Most hospice agencies contract with many commercial insurers to provide care.
- In the event that a patient doesn't have coverage, our agency assists with completing a financial assessment to determine the ability to pay or if there is other assistance we can provide such as sliding scale payment or true charity care.

How To Initiate the Hospice Dialogue

- Be direct, be compassionate, be honest
- Reframe and redefine ***healing***, for patients and YOURSELF!
- Hopes & fears (instead of goals)
- Review thresholds & wishes
- Work with your hospice partners

Cultural Humility Outline

Possible Communication Norms	• How do you prefer to be addressed? • What is the primary language spoken in your home? • What is the best way to partner with you and your family-of-choice?
Tradition and Health Beliefs (Historical Narratives/Healthcare Disparities That May Impact Care, if any)	• How is illness, death, and after death/afterlife discussed in your family-of-choice, if at all? • Are there any experiences with health providers in the past that weigh upon you? Positively? Negatively?

Considerations for Pain and Symptom Management	• How do you view the experience of pain? Are you comfortable identifying/rating it? Are you comfortable verbalizing it?
	  • Are there any differences between your views and those of your family-of-choice/community?
	• How do you view medication? Are there medications that you are concerned about?
	  • Are there any differences between your views and those of your family-of-choice/community?

Considerations for Advanced Directives	• How are conversations related to final wishes, DNR, etc. best initiated with you (and your family-of-choice)? • (Threshold Question) Is there something that is key to your quality of life (ex. like when someone has to perform personal care for you or when you aren't able to knit anymore), that when no longer possible would indicate a time to focus on discussing your final wishes? • How do you define "suffering"?
Considerations for Imminent Dying and At Death	• Is there a word that you and your family-of-choice use when one is close to death? Or after a death has occurred? • Are there any rituals and important traditions that we can honor when you are close to death? • Are there any rituals and important traditions that we can honor when you have died? • Are there any rituals and important traditions that we can honor following your death?
Family Structure and Dynamics	• In your family-of-choice, who makes decisions about important plans, needs, etc.? • Who would you like to be involved in discussions and decision-making? • Are there any members of your community (like clergy) that should be involved in meetings to support you and your family-of-choice's needs?

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REMINDER: Persons of the same backgrounds do not always identify in similar ways or carry the same beliefs. When initiating dialogues about an individual's identity, ALWAYS lead with questions to demonstrate compassion, sensitivity, humility, and genuine interest.

How to Make a Hospice Referral

- Get a physician order
- Prepare the H&P – include a face sheet, medical records, and recent history for the patient
- Inform the patient or their POA/Legal Surrogate Decision-Maker of the referral, allowing hospice to come and explain how hospice might be able to support them with greater detail and full informed consent
- Hospice will initiate a sign-on and consent process, followed by admission if the patient is deemed to be eligible under Medicare guidelines
- Hospice should communicate with you regularly about your patient and give you status updates throughout their hospice journey



Let’s Leave a Legacy Together!

Questions?