

# Palliative Care and Hospice

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# Palliative Care and Hospice

A multidisciplinary approach to care with a particular emphasis on quality-of-life involving the *physical, psychological, spiritual and social aspects of well-being* in patients with life-limiting, life-threatening or terminal illnesses

# Definitions

Palliative Care – provided ***at any stage*** of illness from diagnosis through cure or remission to death

Hospice – provided to those with a terminal diagnosis and ***life expectancy of  $\leq 6$  months***

# Life-Threatening Illness

- Potentially, but not necessarily, fatal
- Severe infection, early stage breast cancer, major trauma from MVA
- May go to the brink of death and be saved by medical care
- Return to normal quality of life

# Life-Limiting Illness

- Incurable, progressive illness leading to eventual death
- End-stage CHF, end-stage COPD, Alzheimer's dementia, advanced cancer
- Medical treatments – no cure; may prolong or improve quality-of-life

# Terminal Illness

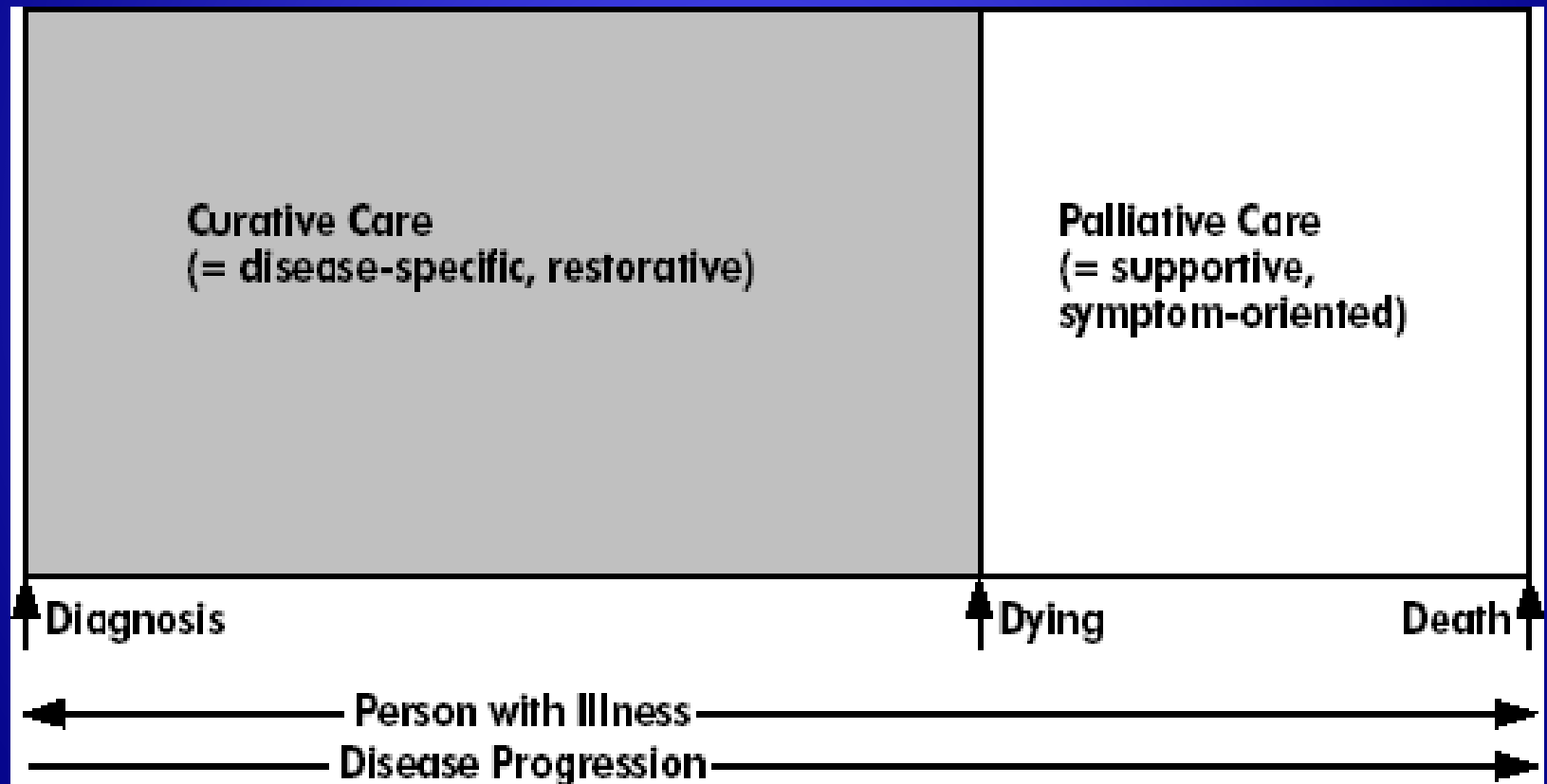
- Life-limiting illness with death anticipated within months
- Limited options, if any, to prolong life

Blackhall 2011

# Relationship- Palliative Care and Hospice

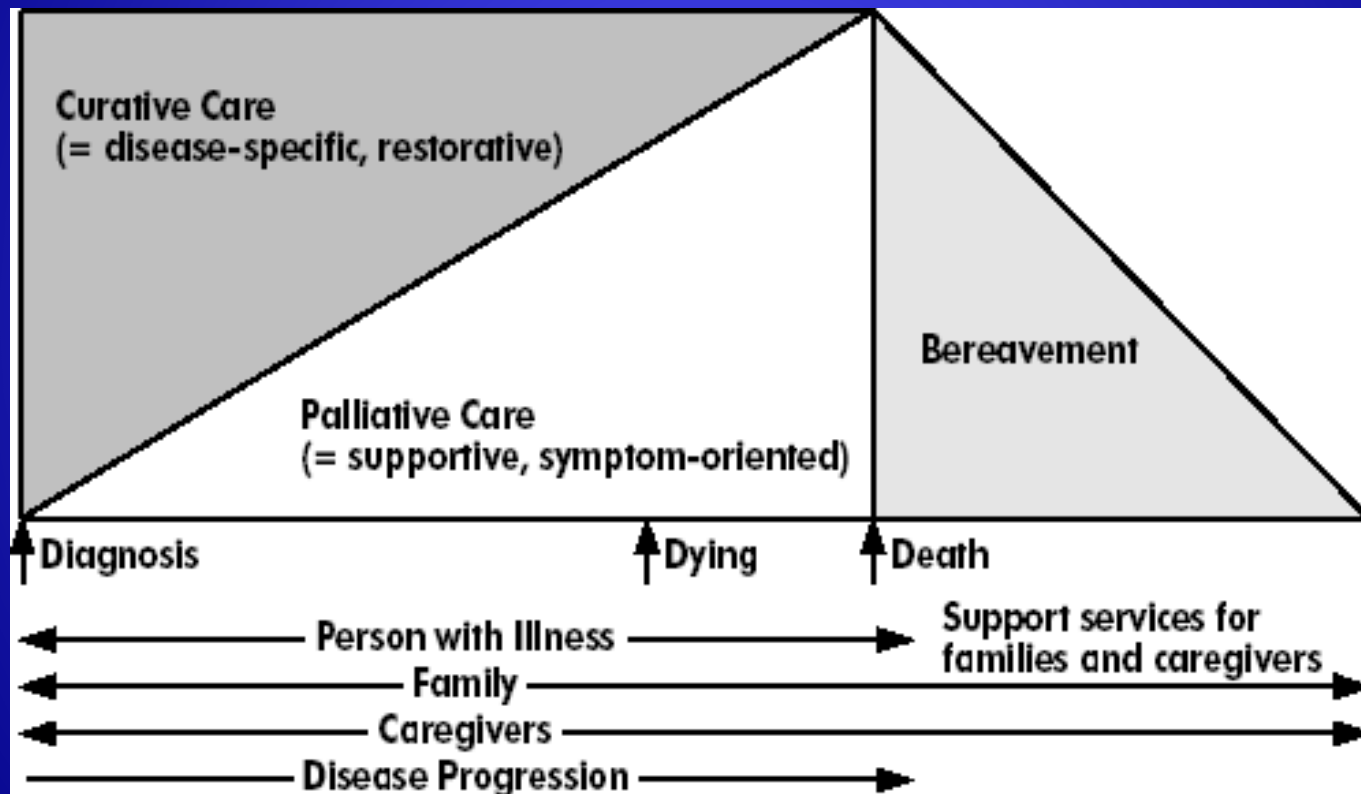
- Palliative Care - provided to those suffering from a life-limiting or life-threatening illness **at any stage** of that illness from diagnosis through treatment to cure or remission to death
- Hospice - provided to patients with a terminal diagnosis when life expectancy is  $\leq$  **6 months**

# Traditional Model of Care

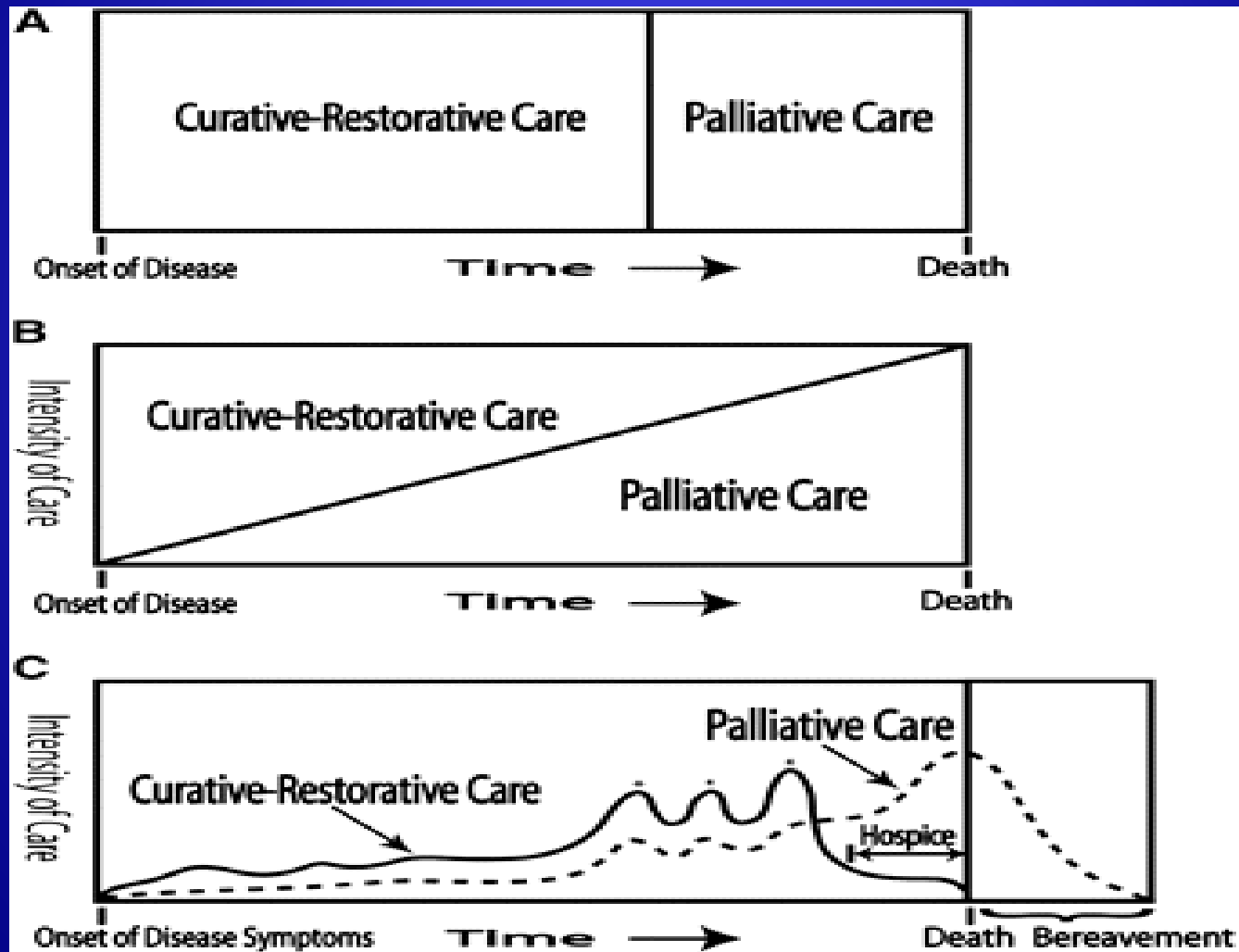




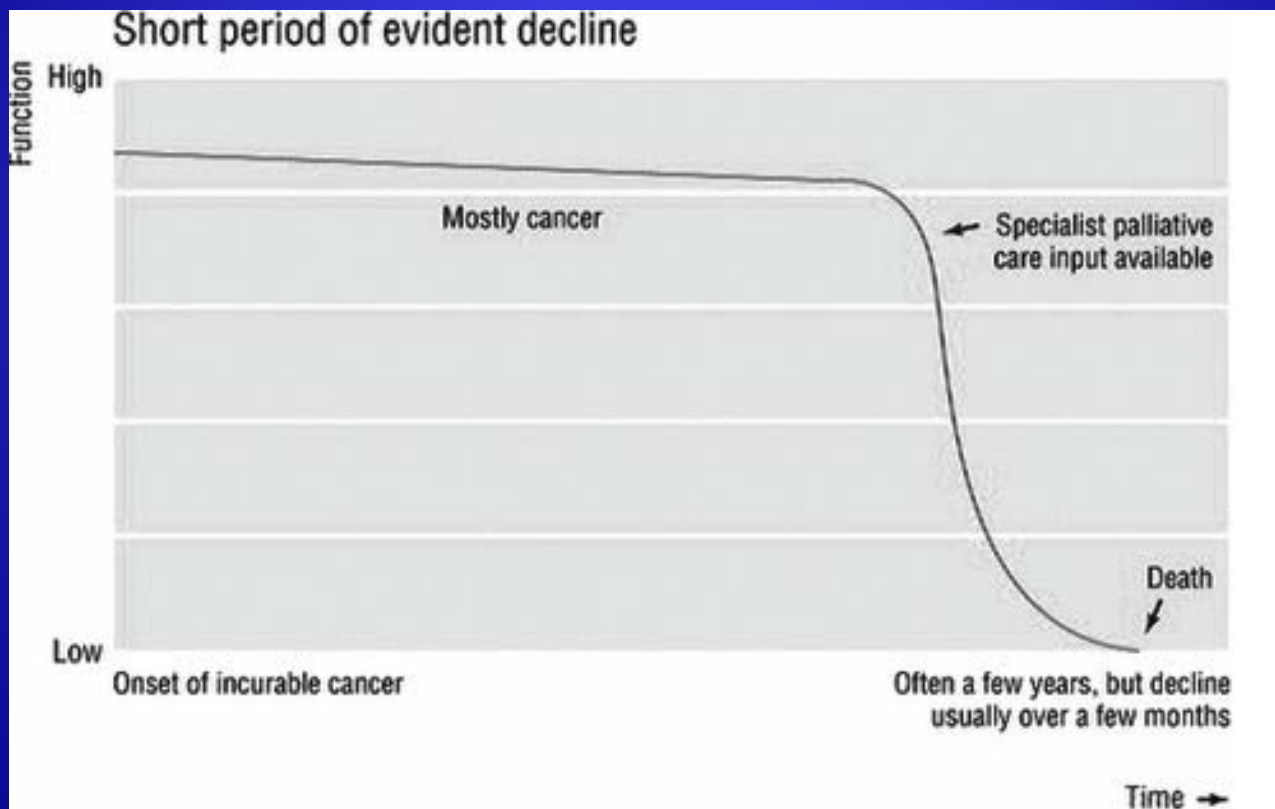
# Integrated Model of Care



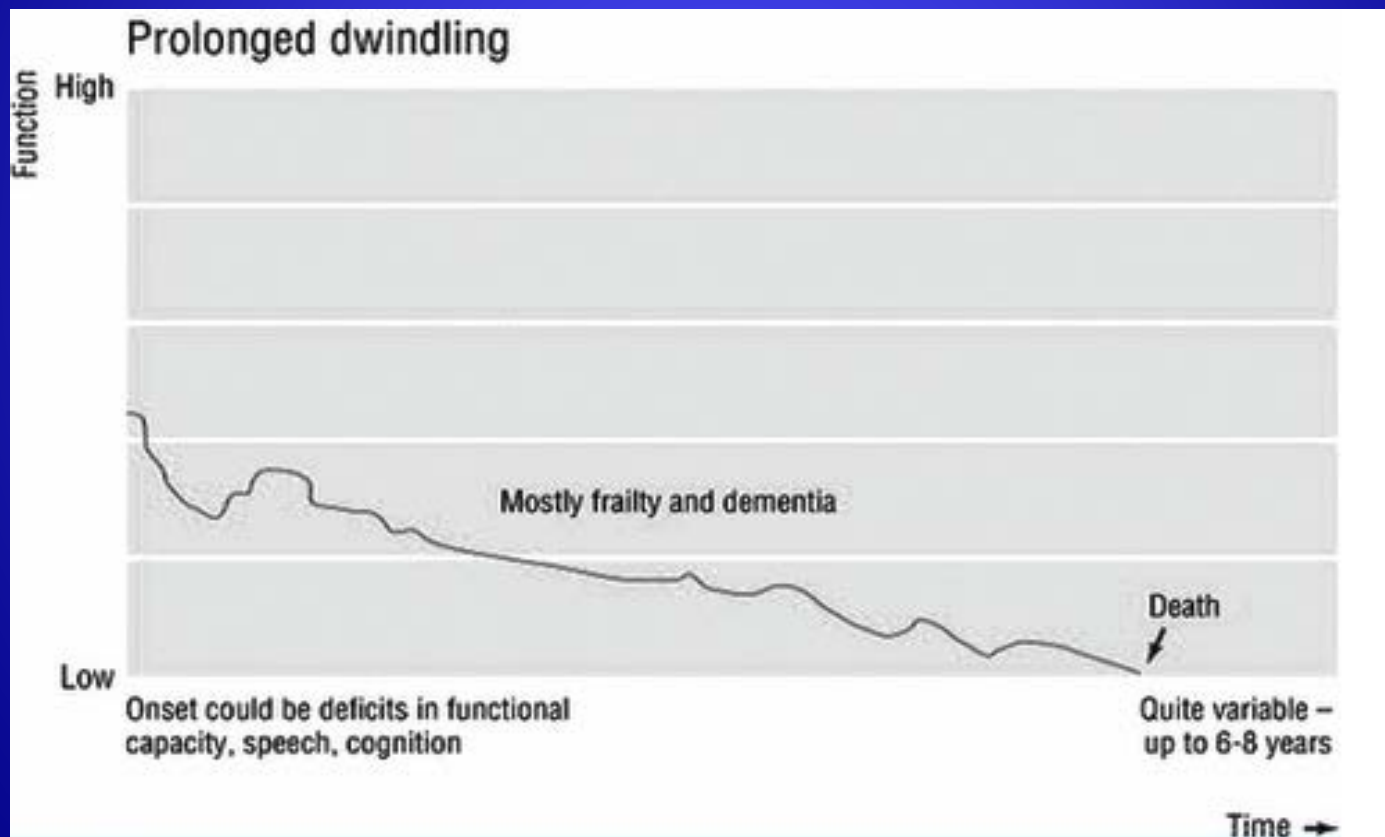
# Models of Palliative Care



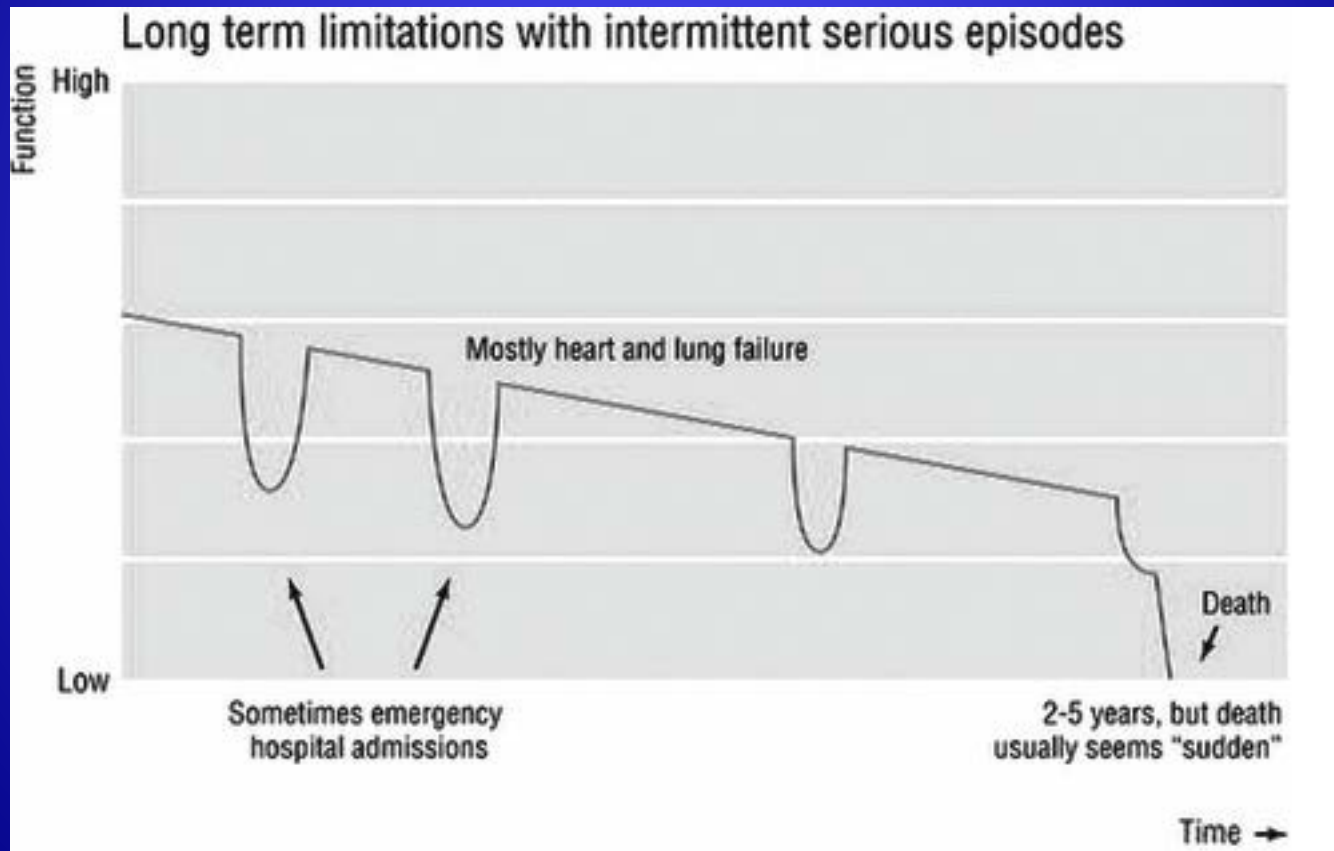
# Natural History – Incurable Cancer



# Natural History - Dementia



# Natural History – Chronic, Life-Limiting Illness



# Palliative Care Assessment Components

- Pain/Symptom Assessment
  - Are there distressing physical or psychological symptoms?
- Social/Spiritual Assessment
  - Are there significant social or spiritual concerns affecting daily life?
- Understanding of illness/prognosis and treatment options
  - Does the patient/family/surrogate understand the current illness, prognostic trajectory, and treatment options?

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# Palliative Care Assessment Components

- Identification of patient-centered goals of care
  - What are the goals for care, as identified by the patient/family/surrogate?
  - Are treatment options matched to informed patient-centered goals?
  - Has the patient participated in an advance care planning process?
  - Has the patient completed an advance care planning document?
  
- Transition of care post-discharge
  - What are the key considerations for a safe and sustainable transition from one setting to another?



# When Do I Refer to a Palliative Care Specialist?

# Palliative Care Definitions

- Primary Palliative Care
  - Basic skills and competencies required of all physicians and other health care professionals
- Specialist Palliative Care
  - Specialist clinicians that provide consultation and specialty care

# Palliative Care Screening Tool

- Basic Disease process ( 2 points)
  - Cancer (metastatic/recurrent)
  - Advanced COPD
  - Stroke (↓ fxn status at least 50%)
  - ESRD
  - Advanced cardiac disease
  - Other life-limiting illness

# Palliative Care Screening Tool

- Concomitant disease process (1 point)
  - Liver disease
  - Moderate renal failure
  - Moderate COPD
  - Moderate CHF
  - Other condition complicating care

# Palliative Care Screening Tool

- Functional status of patient (ECOG)

Grade	Scale	Score
0	fully active	0
1	limited strenuous activity	0
2	not working	1
3	limited self-care	2
4	disabled	3

# Palliative Care Screening Tool

- Other criteria (1 point)
  - Not candidate for curative tx
  - Chooses to forego life-prolonging tx
  - Uncontrolled pain > 24 hours
  - Uncontrolled sx
  - Frequent ED visits
  - > 1 hospitalization for same dx in 30 days
  - Prolonged hospital stay, no progress
  - ICU with poor or futile prognosis

# Palliative Care Screening Tool

- Scoring:
  - total score = 2 No intervention needed
  - total score = 3 Observation only
  - total score = 4 Consider Palliative Care  
Consult



When Do I Refer to Hospice?



# Who is Eligible for Hospice?

- Life expectancy of  $\leq 6$  months as certified by two physicians
- Patient/ family have been informed of terminal diagnosis
- Patient/ family have elected palliative course of treatment

# Medicare Hospice Benefit

- Eligible for Medicare Part A (hospital payments)
- Pt or agent chooses hospice care; signs off Part A and elects MHB
- Terminally ill (within six months of death) as determined by attending MD and hospice Medical Director
- Care provided by a Medicare-certified hospice program
- Does NOT have to be DNR/DNI

# Medicare

- **Part A – hospital insurance**
  - hospitalizations, hospice, SNF, home health
- **Part B – medical insurance**
  - preventative care, physician office visits
- **Part C – Medicare Advantage Plans**
  - available through private companies
- **Part D – prescription drug coverage**

# Hospice Treatment Team

- RN
- CNA
- SW
- Chaplain
- Volunteer
- Physician

# Hospice – Places of Care

- Home 95%
- Long-Term Care Facility
- Hospice Inpatient Units
- Hospital

# Levels of Hospice Care

- Routine home care
  - Patient's home
  - Assisted living facility
  - Skilled nursing facility (BUT will not cover room and board)
- Continuous home care
  - Acute around-the-clock nursing for crisis to avoid hospitalization
- General inpatient care
  - For management of symptoms related to terminal diagnosis, impending death, psychosocial issues
- Inpatient respite care
  - Up to 5 consecutive days

# Length of Medicare Hospice Benefit Coverage

- Initial certification period of 90 days
- Recertification period of 90 days
- Unlimited 60 day recertification periods (as long as patient continues to meet eligibility criteria)
- Patient may revoke benefit at any time
- Patient may re-elect benefit at any time



# Who Pays for Hospice?

- Medicare
- Medicaid
- Private insurance
- Indigent patients



# Medicare Per Diem Reimbursement Rates for Hospice Care (2011)

Routine home care	\$146.63/day
Continuous home care	\$855.79/day
Inpatient respite care	\$151.67/day
General inpatient care	\$652.67/day
Annual cap total reimbursement/patient	\$23874.98

# What Does Hospice Pay For?

- Medicines and biologicals
- DME
- Medical supplies
- Laboratory services
- X-ray and radiation therapy
- Emergency services
- Ambulance and transport services
- Short-term inpatient stays for acute symptom management
- 5-day respite placement
- Bereavement support and counseling services
- Use of interdisciplinary team

# Costs

- Milrinone \$215.00/ day
  - 0.5 mcg/kg/ml for 80 kg pt via pump
- TPN \$335.00/ day
  - protein 80 gm, lipids 50 gm, dextrose 350 gm
  - 2000 ml via pump
- Xifaxin \$1,019.89/ 30 day supply
  - 200 mg TID

# Cancer

- Palliative Performance Scale  $\leq 70$ 
  - Reduced ambulation, unable to do normal work
- **AND**
- Requires assistance with  $\geq 2$  ADL's
- **WITH**
- Disease with distant metastases at presentation
- **OR**
- Progression from earlier stage of disease to metastatic disease:
  - Decline in spite of tx
  - Patient declines further disease directed therapy

# Pulmonary Disease

- Disabling dyspnea at rest
  - Progressive pulmonary disease
  - Hypoxemia at rest on ***supplemental O2***
    - $pO_2 \leq 55$  mm Hg
    - $O_2 \text{ sat} \leq 88\%$
- OR**
- Hypercapnia
    - $pCO_2 \geq 50$  mm Hg

# Heart Disease

- NYHA Class IV
- Optimally treated with diuretics and vasodilators
- EF  $\leq$  20%
- Symptomatic arrhythmias
- Hx cardiac arrest and CPR
- Unexplained syncope
- Embolic CVA of cardiac origin
- HIV disease

# Dementia

- FAST Stage 7C or above
  - Unable to walk, dress or bathe without assistance
  - Urinary and fecal incontinence
  - Unable to speak more than 5 intelligible words per day
- Severe co-morbid condition within past 6 months
- Unable to maintain fluid/ caloric intake to sustain life
- If feeding tube in place:
  - Wt. loss > 10% in 6 months
  - Serum albumin < 2.5 g/dL



# Liver Disease

- End-stage cirrhosis
- INR > 1.5 and albumin < 2.5 g/dL
- At least one of the following:
  - Refractory ascites
  - SBP
  - Hepatorenal syndrome
  - Hepatic encephalopathy despite tx
  - Recurrent variceal bleed



# Renal Disease

- CRF: not HD candidate or stopping HD
- CC < 10 cc/min (< 15 cc/ min DM) AND serum creatinine > 8 mg/dL (> 6 mg/dL DM)
- Associated conditions:
  - Uremia
  - Oliguria: < 400 cc/24 hours
  - Intractable hyperkalemia: > 7.0

# Adult Failure to Thrive

- Irreversible nutritional impairment
  - BMI  $\leq$  22
  - Declines enteral/ parenteral nutritional support or not responding to such support
- Significant disability: Palliative Performance Scale  $\leq$  40%
  - Mainly in bed
  - Extensive disease
  - Requires assistance with most ADL's
  - Normal or decreased intake

# Medicare Benefits

	Hospice	HHC
Homebound	no	yes
100% med.	yes	no (80%)
100% DME	yes	no (80%)
HHA	yes	yes
Inpt. Respite	yes	no
Skilled Cont. care	yes	no
Dietary Counseling	yes	no

# Medicare Benefits cont'd.

	Hospice	HHC
Bereavement	yes	no
Volunteers	yes	no
Pastoral care	yes	no
Consulting MD \$	yes	no
24/7 on-call RN, MD, SW, counselor	yes	no

# Medicare Benefits

	Hospice	HHC
Medical SW	yes	yes
CNA	yes	yes
Medications	yes	no
PT/OT/ST	yes	yes
Services to NH residents	yes	no

# Local Hospices

- Hospice of the Piedmont
- Legacy Hospice
- Hospice of the Rapidan
- Good Shepherd Hospice
- Hospice of the Shenandoah
- SouthernCare Hospice

# UVA Palliative Care

- Inpatient Consult Service
  - UVA Medical Center
  - TCH
- Palliative Care “Unit”
  - 3 East
- Clinics
  - Emily Couric Clinical Cancer Center
  - Radiation-Oncology Clinic
  - ALS Multidisciplinary Clinic