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Understanding Hospice and Palliative Care

Serious Illness Taskforce NCIOM

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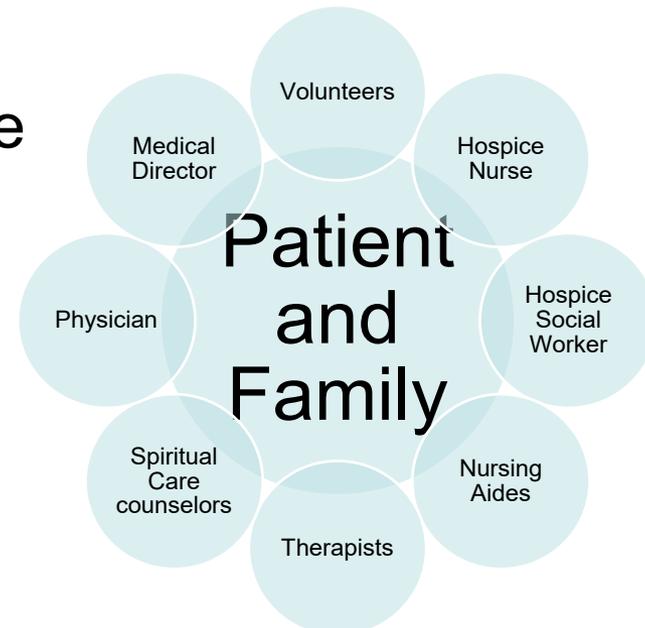
Agenda

- Overview of Hospice Care and Palliative Care
- Similarities, differences, payment models
- Discuss some barriers/challenges



What is Hospice Care?

- Model for quality compassionate care for people facing a life-limiting illness
- Provided by a team of specially trained professionals and volunteers
- For patients whom two physicians have determined they have a terminal illness with six months or less to live if the disease runs its “normal course.”
- Choosing to forgo “curative” care



What Services Are Provided?

Benefits

- Nursing Care
- Medical Social Services
- Some Physician Services
- Counseling Services
- Short-term Inpatient Care
- Medical Appliances and Supplies
- Hospice Aide and Homemaker Services
- Ambulance Transportation
- Therapy (PT/OT/Speech)
- Volunteer Services
- Respite Care
- Special Modalities
- Bereavement Counseling



People You Get With Home Hospice

- The doctor you want to be in charge of your care
- Hospice RN (1-2 hours, 1-3x/week)
- Nursing Assistant (1-2 hours, up to 4x/week)
- Social Worker (1-2 hours, 1-2x/month)
- Chaplain (1-2 hours, 1-2x/month)
- Volunteer (up to 3 hours, 1x/week)
- 24-hour on-call nursing and MD support for emergencies.

Averages about 8-12 hours per week of in-home support.
There are 168 hours in a week.



Where Is Care Provided?

- Care is primarily provided in the patient's home or a skilled or assisted living facility.

TABLE 10. LEVEL OF CARE BY PERCENTAGE OF DAYS OF CARE

Level of Care	Percentage of Days of Care
Routine Home Care (RHC)	98.0 %
Continuous Home Care (CHC)	0.2 %
Inpatient Respite Care (IRC)	0.3 %
General Inpatient Care (GIP)	1.5 %

RHC by Location of Care

56.5% of RHC days of care occurred in a private residence, 42.5% in a nursing facility and 1.0% in a hospice inpatient facility, an acute care hospital, or an unspecified location.



Medicare Hospice Payment Model

- Not traditional Medicare fee-for-service
- Daily payment (per diem) for ALL related care (special services included)
- 4 levels of payment
 - Routine
 - Respite
 - General inpatient
 - Continuous Care



Four Levels of Hospice Care

- Routine Home Care:
 - \$191/day (day 1-60); \$150/day (day 61 & beyond)
 - Regular visits in home setting
- General Inpatient
 - \$740/day
 - Short term symptom management in inpatient unit or hospital
- Continuous Care:
 - Billed hourly \$40.49/hr; 8 hr block to bill
 - LPN/RN for symptom management
- Respite Care:
 - \$172/day
 - Caregiver relief
 - 5 day stay at contracted facility





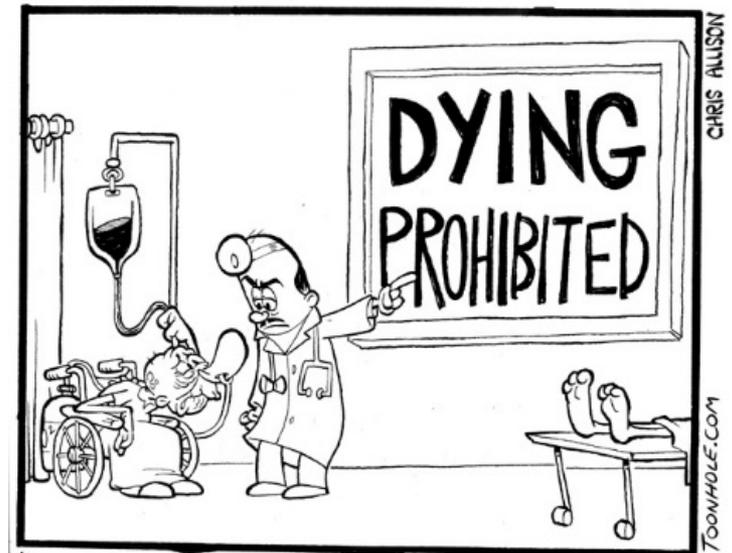
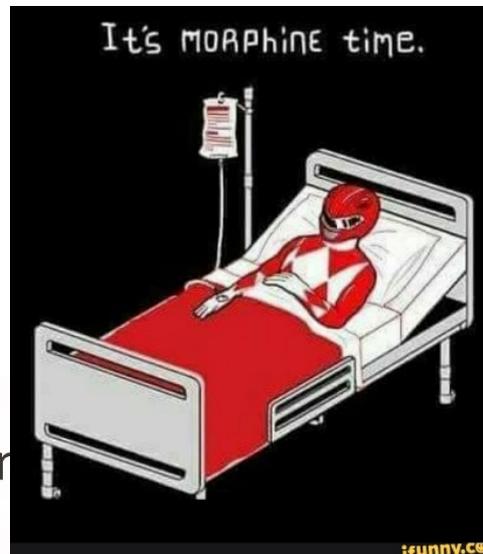
Hospice Utilization

- Hospice utilization is up overall, less people are dying in hospitals Teno et al JAMA 2013
- Median length of stay on hospice still short (24 days) NHPCO 2017
- 28% of patients receive hospice care <1 week
- 40% receive for <2 weeks



Barriers to Hospice

- Desire to pursue “curative” or disease directed treatment
- Patient or family not wanting to “give up”
- Communication and prognostication



What is Palliative Care?

Center to Advance Palliative Care (CAPC)

Specialized care for ***people with serious illnesses***

- ***Focused on relief from the symptoms, pain, and stress***
- Goal is ***quality of life*** for both the ***patient and the family***
- ***Extra layer of support*** at any age and ***at any stage***
- Helping to ***understand treatment options and goals***

Expert management of pain and other symptoms

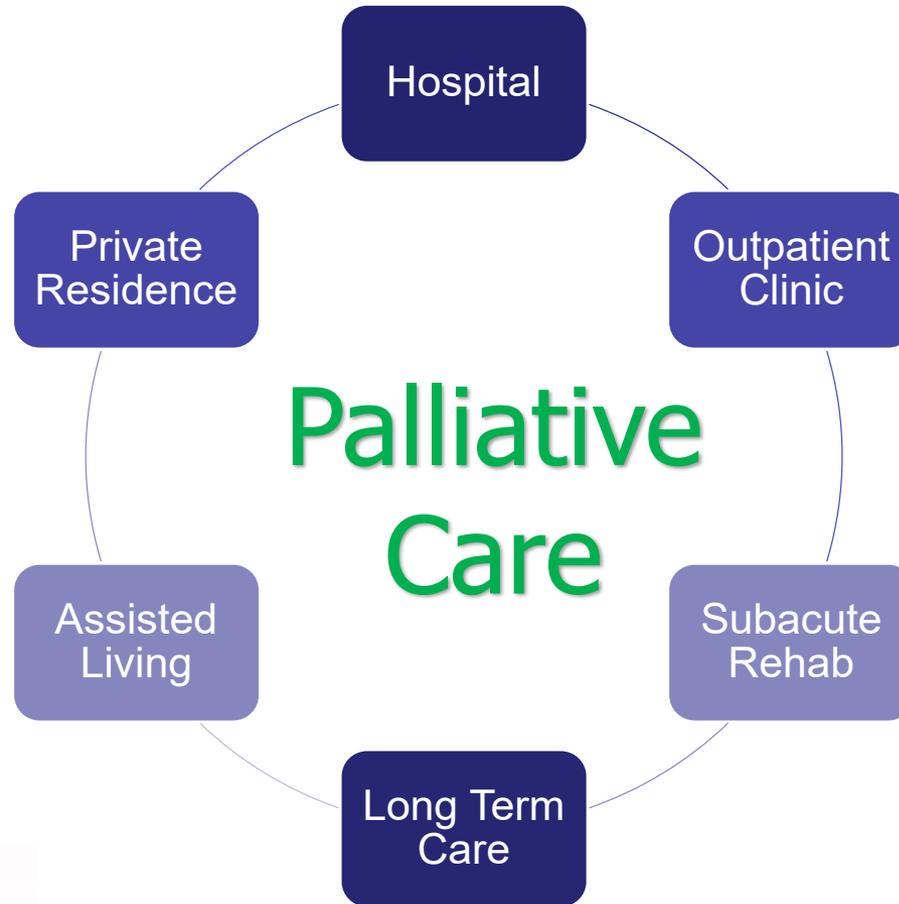
Emotional and spiritual support

Close communication

Help navigating the healthcare system

Guidance with difficult and complex treatment choices

Where is Palliative Care Provided?



Why Palliative Care?

- Quadruple Aim:
 - Improves health of population
 - Improves patient experience
 - Reduces cost of care
 - Improves Care-Team well-being



“People shouldn’t have to suffer first to earn support”

–M Twaddle, MD

Palliative Care Payment Model

- 1) It's like consulting any other subspecialty, e.g., cardiology, oncology
- 2) Paid under Medicare Part B
- 3) Paid by most Private insurances i.e., BCBS, Cigna, United Medicaid
- 4) Self Pay
- 5) Charity
- 6) New Models: per member per month (PMPM)
 - 1) Helps pay for non physician/NP/PA IDT
 - 2) BCBSNC pilot, MCCM, MA plans
 - 3) Accountable Care Organizations



Barriers to Palliative Care

- Payment model
 - <https://www.nationalcoalitionhpc.org/aahpm-pacssi-payment-model-ptac-results-a-win-for-patients-and-families/>
- Workforce
 - [PCHETA: https://www.congress.gov/bill/115th-congress/house-bill/1676](https://www.congress.gov/bill/115th-congress/house-bill/1676)
- Misperceptions
- Palliative Care is the Fire Dept not the Fire!



https://www.youtube.com/watch?v=BbNi_-wYXJE

Transitions

LifeCare



Palliative Care

- Palliative care can be concurrent with disease directed care.
- Patient doesn't have to have a terminal prognosis
- Paid under Medicare Part B; 20% co-pay

*Expert pain and symptom management
Patient and family centered care
Optimize quality of life*

Palliative care vs Hospice?

- Entire focus is on palliative treatments; patients usually must forgo disease directed treatments
- Patient **MUST** have 6 months prognosis as deemed by 2 physicians
- 100% Paid under Medicare Part A

Hospice





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Questions & Comments?

