

**NCIOM**  
**Serious Illness Task Force**

UNC Hospice  
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# UNC Hospice

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**You matter because of who you are.**

**You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.**

Dame Cicely Saunders: nurse, physician, and founder of the hospice movement



# Hospice Services Overview

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## *Specialty Medical Care*

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- ❖ We work closely with a patient's primary doctor and our Medical Director to provide patient-centered care. The care focuses on symptom management. Nurses are also available 24 hours a day, 7 days a week to respond to questions and needs.

## *Medications, Equipment & Supplies*

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- ❖ Medications, medical equipment, and medical supplies related to the hospice diagnosis are generally paid for under the hospice benefit and/or private insurance and are delivered to the patient's home.

## *Emotional & Spiritual Support*

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- ❖ We offer emotional support, grief counseling, and spiritual care to the patient, caregiver, and immediate family.

## *Personal Care Assistance*

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- ❖ We provide patients help with bathing, grooming, and other activities of daily living as needed.

## *Companionship & Respite*

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- ❖ Our specially trained volunteers offer companionship to the patient and allow family members to take a short break from their role as caregiver.

## *Bereavement*

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- ❖ Grief support is continued for up to a year for those who were close to the deceased.

# Interdisciplinary Care Team

## Team member Roles

- Medical Director
- Primary Physician
- Medical Social Worker
- Clergy/Chaplain
- Hospice Aide
- Volunteer
- Ancillary Services
- Nurse



## Clinical Responsibilities

- Manage pain and symptoms
- Provide emotional support
- Provide needed medications, medical supplies, and equipment
- Coach loved ones on how to care for the patient
- Deliver specialty services such as speech and physical therapy when needed
- Short-term inpatient care when pain or symptoms become too difficult to manage at home, or when the caregiver needs respite time
- Grief support to surviving loved ones and friends.

## Serious Illness Impact

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- **60% of Medicare decedents received less than 2 weeks' hospice care**
- **If 20% of decedents used hospice for 4 weeks, Medicare could save as much as \$316 million**
- **If 100% of decedents received 24 weeks' hospice care, savings estimate is \$2.43 billion**

[https://www.nhpco.org/sites/default/files/public/regulatory/Hospice\\_Policy\\_Brief.pdf?\\_zs=C9aKC1&\\_zl=eLqx4](https://www.nhpco.org/sites/default/files/public/regulatory/Hospice_Policy_Brief.pdf?_zs=C9aKC1&_zl=eLqx4)

## Serious Illness Impact

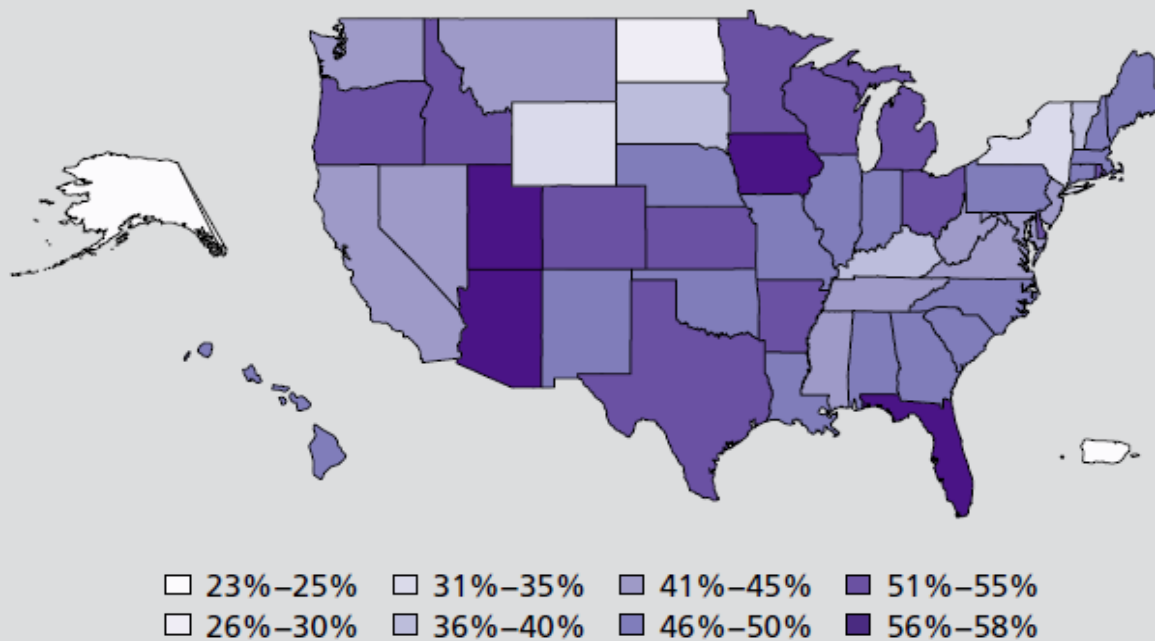
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- **Hospitalizations, ICU admissions, and invasive procedures drive up health care costs**
- **Hospice can save \$2,309 to \$17,903 per hospice user: savings are more pronounced for patients with more comorbidities and longer stays in hospice**
- **“Hospice is an early example of how interdisciplinary care and coordination of services can produce value-based care.”**

<https://hospicenews.com/2019/03/26/nhpco-educates-lawmakers-on-hospice-benefit%EF%BB%BF/>

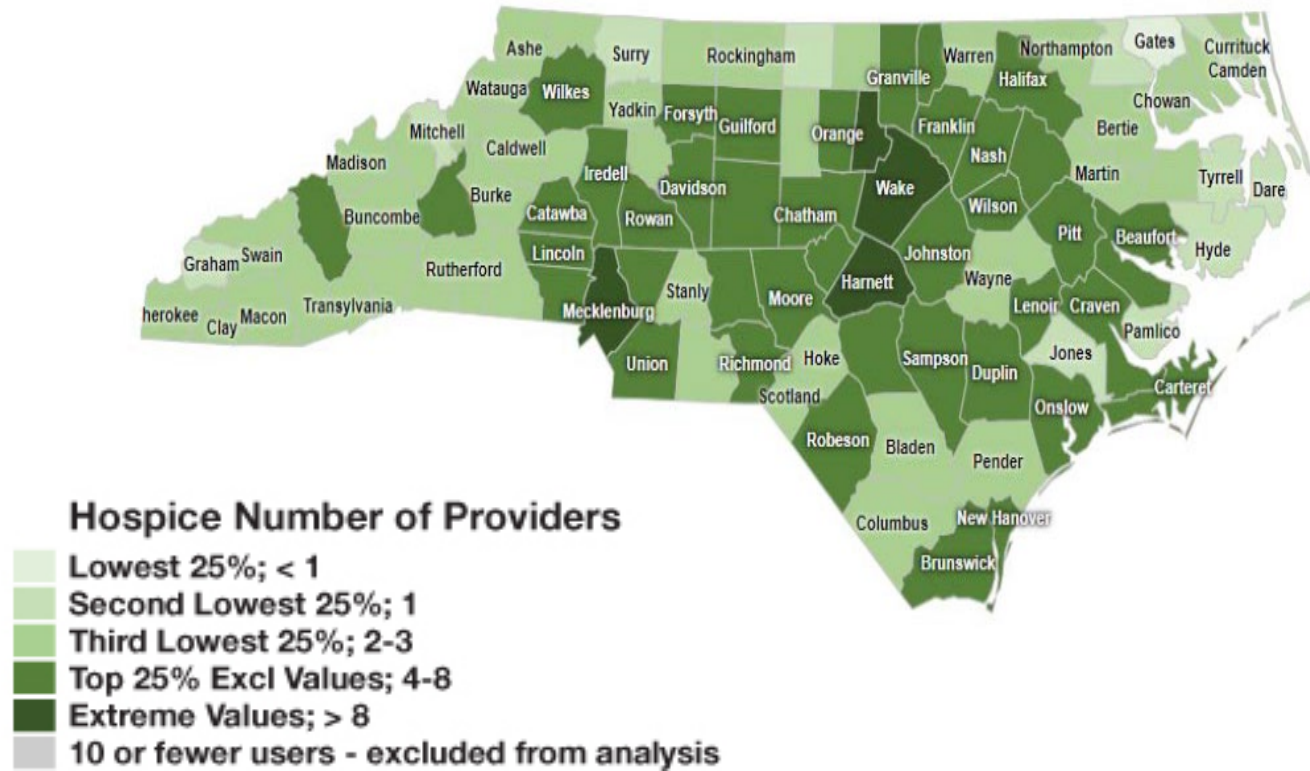
# Medicare Decedent Hospice Use—National

FIGURE 2. GEOGRAPHIC VARIATION IN THE PROPORTION OF MEDICARE DECEDENTS WHO DIED WHILE RECEIVING HOSPICE CARE IN 2016



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[https://www.nhpco.org/sites/default/files/public/Statistics\\_Research/2017\\_Facts\\_Figures.pdf](https://www.nhpco.org/sites/default/files/public/Statistics_Research/2017_Facts_Figures.pdf)

# Access to Hospice Care—North Carolina



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