Hospice Care Considerations

NCIOM Task Force on Alzheimer's/Dementia

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Key points

- Hospice care for Alzheimer’s/Dementia patients
- The role of palliative care vs hospice care
- Hospice and new care concepts in NC

What is hospice care

- Primarily defined by Medicare regulations
- Home-based care for most patients
- Symptom management rather than curative care
- Target prognosis of six months or less

What makes hospice care different

- Specially trained on medical, psychosocial care at end of life
- Focus on patient and family as a unit of care
- Strong emphasis on patient driven goals
- Support to family after patient death

Alzheimer's/Dementia routinely encountered in hospice care

- As primary diagnosis– 12% of NC patients
- High prevalence as secondary diagnosis
  - 33% of hospice patients > 85 years ; 67% of patients >75 years

Accessing Hospice Care

- No physician or hospital referral
  - Consumers can call or ask MD to call
  - Patients frequently referred in hospital, from MD practice, SNF providers
  - Limited private insurance patients – often require pre-approval

Access challenges

- Definition of hospice eligible Alzheimer's patient
  - Very advanced disease, nonambulatory nonverbal PLUS
    - Must have additional comorbid condition
- Regulations need to allow for earlier hospice intervention and longer care for Alzheimer's patients

Access challenges

- Current regulations focus on prognosis of six months or less
- Prognostication is very challenging for Alzheimer's and dementia patients - trajectory less predictable
- Patient may be discharged if a hospice cannot prove that prognosis is six months or less

Palliative vs. Hospice

Palliative care

By definition: focus on symptom management, rather than cure

- Hospice is a program that provides care that is palliative in nature

Physician specialty practice area: Board-certification in Hospice and Palliative Medicine

Palliative Care Programs

- Many hospices have specialty programs
  - Clinical care in final years versus last 6 mo.
- MD or NP providers, RN and social work added
- Visits in facility settings or home settings, some outpatient clinics

Emerging Palliative Models

- Hospital with Palliative Consult team are common
  - Evaluates symptoms/side-effects
  - Helps to transition away from curative care
  - Assists in identification of patient goals of care
  - Can be provided by hospice under contract

Emerging Palliative Models – cont.

- Growing interest in home-based palliative care
  - House calls to evaluate pain/symptoms
  - Help with transition post-acute to home
  - Can identify caregiver support issues
  - Contract with payers, MD group, ACO

Hospice & New Care Concepts in NC

- Hospice providers are perfectly situated to serve in a transitional model of care, following the patient home and managing care in any setting.
- Hospice reduces cost of care across all lengths of stay
  - Note: because eligibility is limited to very advanced Alzheimer's/dementia patients the cost benefits are currently not realized to the extent they are for other diagnoses

- Patients would benefit from less stringent criteria for eligibility

- Earlier in disease state to maximize benefit of hospice care

- Hospice regulations should allow for longer lengths of stay in hospice care – less focus on precision of 6 month prognosis

- State licensure categories can be limiting. Consider modifications to licensure rules to fit the changing healthcare landscape

- Medicaid is not required to have hospice by Federal regulation - is considered an optional service. Retain hospice services within state Medicaid program offerings.
    - Current NC reform proposals are unclear with regard to the role of hospice in Medicaid

- Evaluate Medicare concurrent care models - providers delay referral to hospice care until every last curative intervention has been attempted

    - Medicare Care Choices models announced June 2015

Promote use of Advance Care Planning and Advance Directives

- Promote use of statewide repository of Advance Directives, eliminate fee
- Promote education/awareness of importance of making wishes known

Hospice should be an essential part of the network of services that are in place in each community.

- Specialists in symptom managements at end-of-life
- Education for providers on hospice and related issues
- Training source for caregivers
- Drivers of Advance Care Planning discussions
- Promote discussion of patient-driven goals of care

Recognizing Alzheimer's as a fatal disease

- "Evidence indicates that patients whose proxies have a clear recognition of this are less likely to experience "burdensome" interventions such as parenteral therapy, emergency department visits, hospital admissions, and tube feedings in their last 3 months of life."

"Addressing Alzheimer's: A Pragmatic Approach". The Journal of Family Practice, January 2015