

Heartland  HOSPICE

 EMPATIA
PALLIATIVE CARE


Navigating the Journey: The Role of Palliative Care and Hospice in Dementia Management


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Objectives

- *Purpose*- After diagnosis, understand how one can benefit from Palliative Care and Hospice.
- *Partners*- Describe the differences in focus for hospice and palliative care for patients with Alzheimer's Dementia.
- *Progress*- Ability to distinguish utilizing palliative care vs. hospice with Alzheimer's Dementia

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 EMPATIA

Question: True (Stand Up) or False

Palliative Care is the same as Hospice.



Misconceptions and Gaps

World Health Organization 2020

- 56.8 million people, including 25.7 million in the last year of life, need palliative
- Worldwide, ~14% of people who need palliative care currently receive it

Up to 70% have never heard of Palliative

- Often associated with death and end-of-life care
- Believe need to forgo life-sustaining care



What is Palliative Care?

Specialized medical care for people living with a serious illness

- One of the newest medical specialties certified by the Accreditation Council for Graduate Medical Education (ACGME)
- 2006 Recognized as a medical sub-specialty in US

Team specialized to:

- Provide extra layer of support
- Improve Quality of Life
- Alleviate suffering

Based on needs of patient, not prognosis

- Any age, any stage
- Along with curative treatment





Question: True or False (Stand Up)

Being referred to palliative care means the patient's doctor is giving up on them.



What Patient Would Benefit from Palliative Care?

- Difficult side effects from treatment/medication changes
- Frequent Emergency room visits
- 3 or more admissions to the hospital within a year due to disease
- Symptoms affecting their quality of life
 - Pain: often due to decreased mobility/ functional status
 - Can lead to: Depression, challenging behaviors due to not knowing how to express pain or source of pain
 - Agitation: ex. wandering, crying out, aggression
 - Infections with fever: ex. UTIs, pneumonia
 - Decline in cognition: ex. increase in disorganized thinking, inattention, disorientation, difficulty to engage the patient, fluctuating consciousness
 - Swallowing Difficulties: ex. Aspiration, dehydration, Poor nutritional status= unintentional weight loss

Patients and/or families needing help with:

- Knowing what to expect with progression of disease
- Knowing what resources and programs are available
- Guidance in making medical decisions about treatment choice/options
- Matching goals and values to medical care with goals of care discussions
- Understanding Pros vs. Cons of treatment
- Understanding benefits vs burden of treatment choices/options

Empatia Palliative Care

- **Do not require order for services**
- Consultative practice staffed by a Nurse Practitioner
 - Works collaboratively with the PCP
 - § MUST have a PCP
 - Treating provider if needed
 - Easily accessible
 - § After-hours on-call NP for Triage 24/7/365
- NP seeing patient based on need/acuity (max 1x a week)
- Reimbursable service: Bill Medicare B, private insurance (e.i. Advantage plans)
- Patient authorizations, co-pays, and patient balances apply to advantage plans
- Medicare pays 80% for services, if have supplemental- picks up other 20%
- Straight Medicaid can be primary payer
- May be used concurrently with Part A providers (i.e., home health care)
- Services remain as long as medically necessary

Where is our palliative care provided?

We deliver care right to wherever the patient calls "home"



- Private Home
- Skilled Nursing Facility
- Independent Living Facility
- Assisted Living Facility
- Group Home

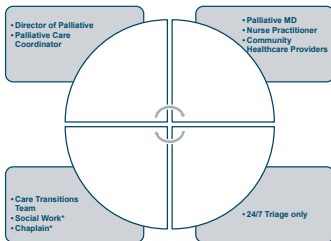
Your care is now calling in Wisconsin



● Hospice Palliative Care locations
□ Counties served

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Our Palliative Care Team



*Indicates consulting only



Question: True (Stand Up) or False

Palliative care teams try to convince the patient to stop treatment.



Question: True or False (Stand Up)

Hospice is for those who are close to death or actively dying.



Medicare Hospice Qualifications

- Certification from Attending Physician and/or Hospice Medical Director that a patient has a terminal illness with a life expectancy of 6 months or less
- Patient and/or patient representative elects comfort care, rather than curative care
- Signed election statement choosing hospice care vs. other Medicare-covered treatments for terminal illness and related conditions
- Recertification: After the first 90 days, the hospice medical director must recertify the patient is still terminal. This often includes a required fact to face encounter with a hospice physician or nurse practitioner.



Local Coverage Determination (LCD) guidelines for Alzheimer's

- Significant findings of cognitive impairment (FAST 7)
 - Total (or nearly total) ADL impairments due to dementia
 - Severe communication limitations
 - No consistently meaningful verbal communication
 - (stereotypical phrases only or the ability to speak is limited to 6 or fewer intelligible words)
- and*
- Presence of a qualifying secondary condition, such as
 - \geq 10% wt. loss in preceding 6 months
 - Upper tract UTI
 - Aspiration pneumonia
 - Recurring infections
 - Stage III-IV decubitus
- or*
- Significant comorbid conditions
 - Adult failure to thrive, severe Protein Calorie Malnutrition, CHF, COPD, Cancer, etc.



Question: True (Stand Up) or False

Hospice is
expensive.



Who Pays for Hospice?

- Medicare
- Medicaid
- Private Insurances
- HMOs
- Managed Care Organizations
- Private Payment/Self-pay



What Does Hospice Cover?



Four levels of Hospice Care



Access to the entire Hospice team (Interdisciplinary Team)



Medications



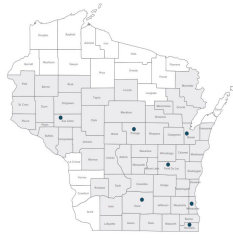
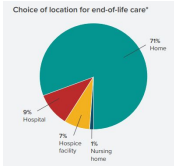
Medical equipment, supplies



Additional therapy services as needed

Where is Hospice Provided?

A common misconception is that hospice is a "place." In fact, hospice is a plan of care. It is a unique health care approach in which the patient and family are the focus, not the disease, and the care may be provided in a variety of settings.



Private Residences

Long-Term Care Facilities

Residential Care Facilities

Hospice Inpatient Facilities

While the comfort and familiarity of home is the top choice, only 51.5 % of Medicare beneficiary hospice deaths occurred in the home, while more than a third occurred between nursing facilities, hospice in-patient facilities, and assisted living facilities.**

Hospice care is provided any place a patient calls home!

Hospice Interdisciplinary Team



Benefits of Hospice

- Expertise of hospice doctors and nurses
- Flexible Care Setting
- Covered 100% by Medicare and private insurance
- 24/7 Support
- Spiritual care/Bereavement Support
- Help with end-of life arrangements
- Caregiver support/Respite
- Medications and Equipment
- Pain and symptom management



Benefits to Earlier Admission

The benefit of hospice care is greatest when patients receive services early enough within their eligibility to:

- Maintain independence and take control of their illness or disease
- Complete important tasks
- Organize their personal affairs
- Complete spiritual services
- Say goodbye to loved ones

Months	Weeks	Days
<p>Refer to hospice to help address:</p> <ul style="list-style-type: none"> • Unexplained, ongoing weight loss • Altered mental status • Skin breakdown • Frequent medication changes • Increasing weakness • Frequent falls • Recurrent infections • Worsening shortness of breath • Decline in ability to provide self care • Increasing lethargy <p>Having months with hospice care will help the patient and/or caregiver:</p> <ul style="list-style-type: none"> • Have a higher quality of life • Cope with the emotional stresses of a life-limiting illness • Be an active participant in the plan of care and manage difficult decisions • Understand and anticipate physical, emotional and spiritual changes and needs toward the end of life • Organize personal affairs • Make wishes known to loved ones • Say "goodbye" to loved ones or leave a legacy for family members • Address increasing lethargy 	<p>Refer to hospice to help address:</p> <ul style="list-style-type: none"> • Frequent medication dosing changes • Worsening or unrelieved pain and other symptoms • Greater assistance needed with ADLs • Loss of desire for regular activities • Reduction in appetite • Increased phone calls to physician <p>Having weeks with hospice care will help the patient and/or caregiver:</p> <ul style="list-style-type: none"> • Manage pain and symptoms • Understand physiological changes and what to expect • Help patient and family anticipate next steps • Cope with anticipatory grief • Reduce ER and hospital admissions • Make funeral arrangements 	<p>Refer to hospice to help address:</p> <ul style="list-style-type: none"> • Multiple ER visits • Anxiety related to discontinuation of curative treatments • Out-of-control pain and symptoms • Multiple phone calls to physician • Unscheduled physician visits • Patient and family exhaustion <p>Having days with hospice care will help the patient and/or caregiver:</p> <ul style="list-style-type: none"> • Manage pain and symptoms • Control agitation, anxiety or restlessness • Provide caregiving interventions

Question: True or False (Stand Up)

Hospice patients must sign a DNR (do not resuscitate).

