

Knowing Your Options

Medical Interventions to Comfort Care

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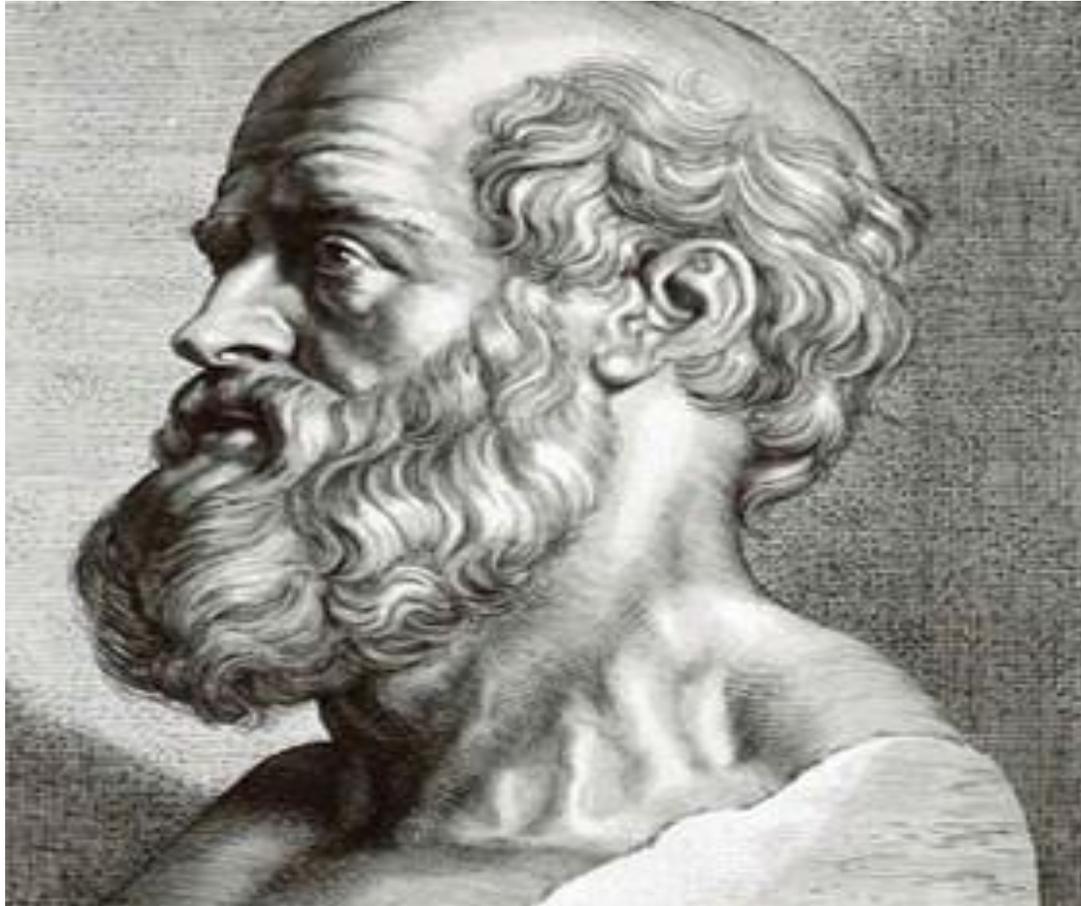
Community Hospice of Texas, Hospice Physician

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Objectives

- Describe a Good Death
- Understand the options available for Comfort Care
- Describe Palliative Care and how to access it
- Describe Hospice Care and how to access it
- Compare Hospice and Palliative Care
- Understand how they are covered under Medicare

Compassionate Care



- Prepare for the worst, hope for the best
- Advance Care Planning gives you a voice, a choice, and a sense of control

Advance Care Planning

- Ensuring your wishes are known and honored when you are unable to speak
- It's about planning for the “what if's” that may occur.
- The goal is to try to more proactively make decisions and understand your values rather than just reacting to changes in condition. This is especially important when you do not want aggressive treatment.
- What is your GOAL of CARE?

Death and Dying in America

- Disparity between the way people die and the way they want to die
- Patient and family perspective
- Patient Centered Care



A Good Death

- Adequate pain and symptom management
- Avoiding a prolonged dying process
- Clear communication about decisions by patient, family and physician
- Adequate preparation for death, for both patient and loved ones

A Good Death

- Feeling a sense of control
- Finding a spiritual or emotional sense of completion
- Affirming the patient as a unique and worthy person
- Strengthening relationships with loved ones
- Not being alone

Barriers to Quality Care at the End of Life

- The realities of life limiting diseases
- Poor prognostication
- Lack of adequate training of professionals
- Lack of reimbursement to have discussions about Goals Of Care
- Delayed access to hospice and palliative care
- Myths about the “H” Word

Curative (Traditional) and Palliative (Symptom Management) Approaches to Care

Curative/Disease Focused

- Diagnosis of disease & related symptoms
- Curing of disease
- Treatment of disease

Palliative Focused

- Pt/family identify unique end-of-life goals
- Assess how symptoms, issues are helping/hindering reaching goals
- Interventions to assist in reaching end-of-life goals
- Quality of life closure

Types of Care

Curative Care:

- Focuses on a cure to an illness and the prolonging of life.

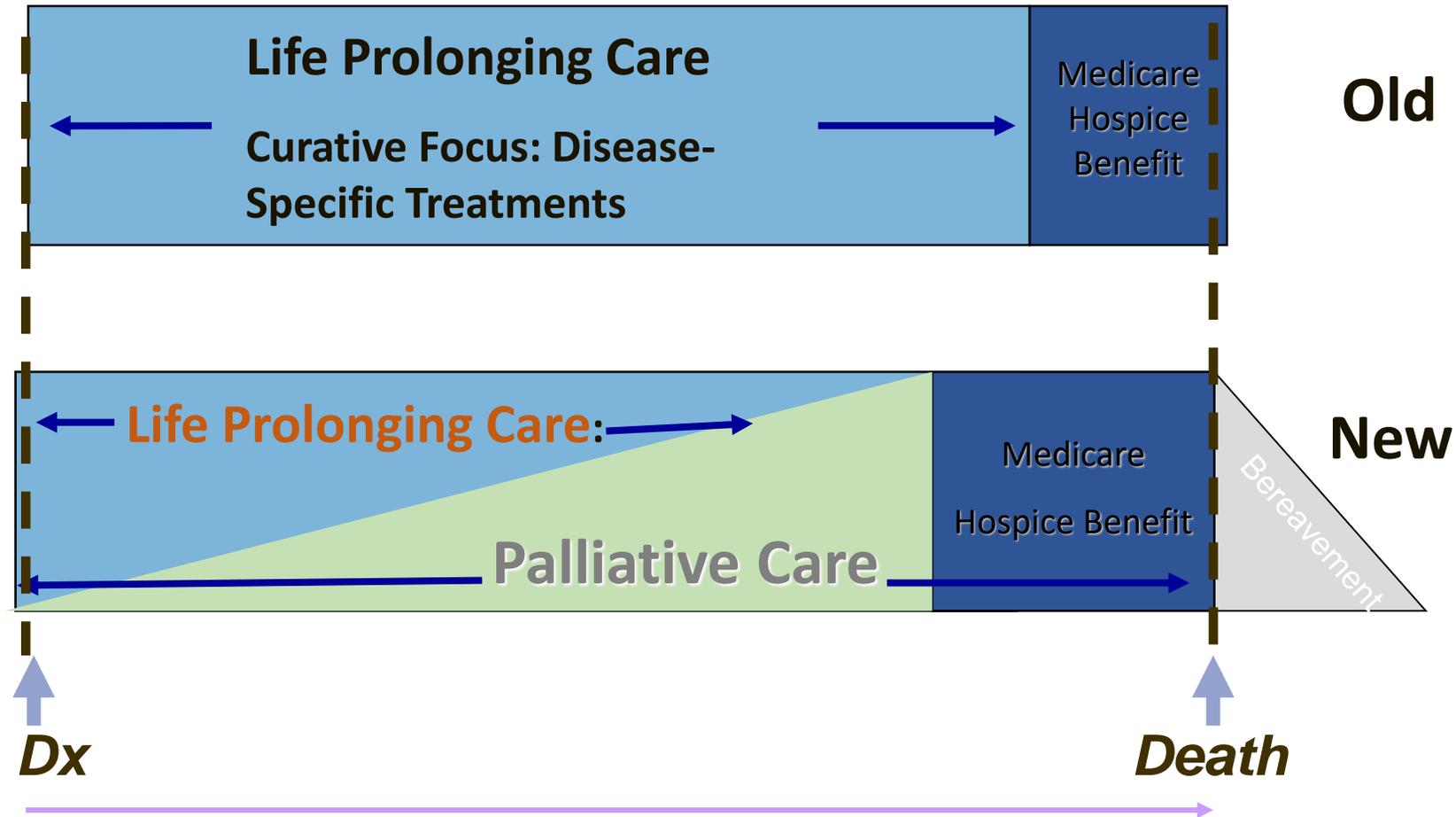
Palliative Care:

- Focuses on comfort and quality of life that may be provided with other treatments.

Hospice Care:

- Focuses on comfort and quality of life when a cure is not possible with specialize care and services.

Palliative Care: A Conceptual Shift



Principles of Palliative and Hospice Care

- Patient and Family are seen as 1 unit
- Patient-centered and Patient driven Plan of Care
- Holistic Approach
- Interdisciplinary Approach
- All symptoms palliated to promote comfort

Palliative Care

- Palliative care provides pain relief and comfort care to anyone who is seriously ill regardless of prognosis. Can be provided along with curative treatment (Moon 2002, NINR 2011)
- Treatment that enhances comfort and improves the quality of an individual's life who is facing a serious illness but may not qualify or be ready for hospice care.
- The expected outcome is relief from distressing symptoms, the easing of pain, and/or enhancing the quality of life.
- Palliative care is financed by Medicare on a physician fee-for-service basis. (described in National Association of Chronic Disease Directors)

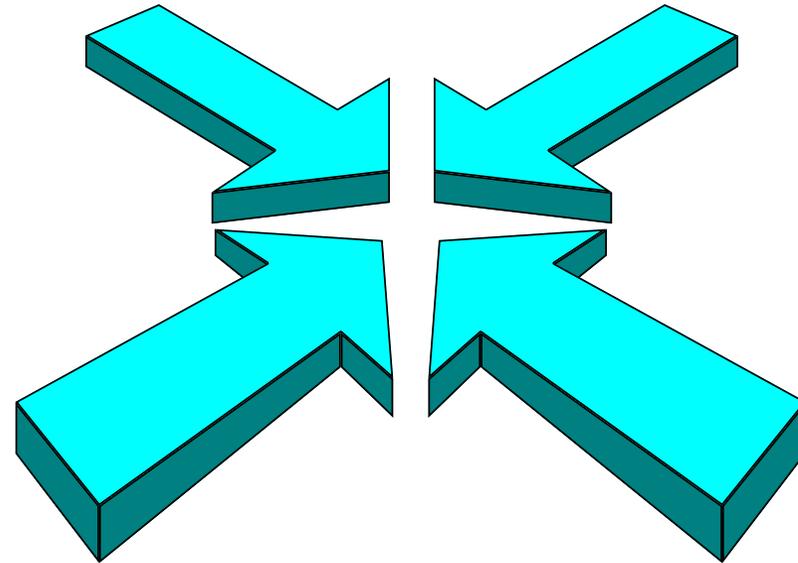
Philosophy and Principles of Hospice and Palliative Care



- Philosophy of care
- Focuses on Goals of care

Model of Quality of Life

- Physical Well Being
- Psychological Well Being
- Social Well Being
- Spiritual Well Being



Physical Well Being

- Pain
- Multiple other symptoms
- Impact on family caregivers



Psychological Well Being

- Wide range of emotions and concerns
- Meaning of illness
- Depression
- Coping
- Cognitive assessment

Social Well Being

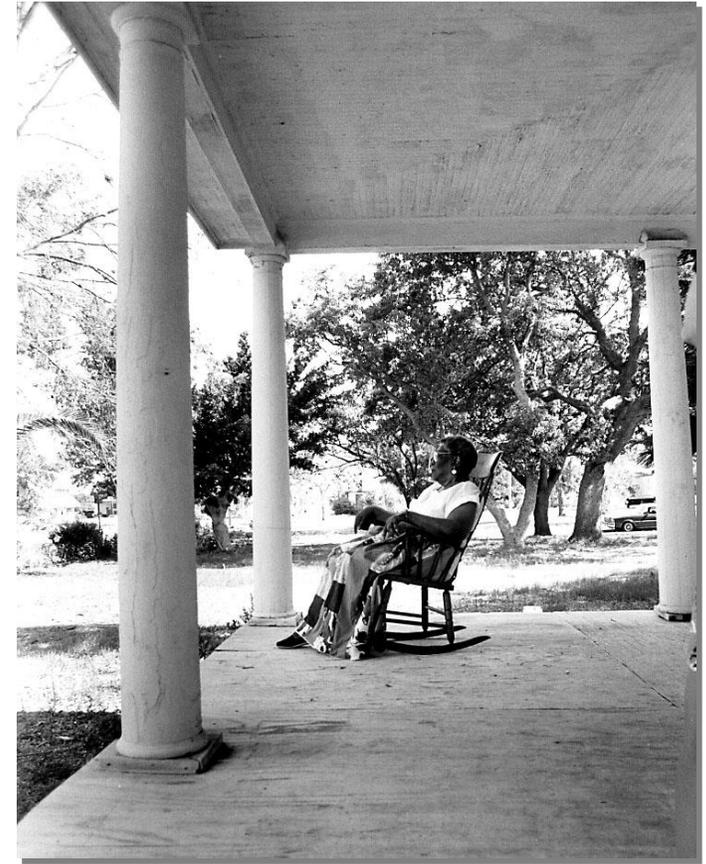
- Relationships and roles
- Caregiver burden
- Sexuality concerns
- Impact on children
- Financial concerns

Spiritual Well Being

- Religion and spirituality
- Seeking meaning
- Hope vs. despair
- Importance of ritual
- Closure or tying up loose ends

Opportunities for Growth

The last phase of life provides continued opportunities for positive growth in the face of suffering



Can You Find Palliative Care Doctors or Health Care Professionals?

- Inpatient or hospital
- Part of a team
- What about as an outpatient?

Can You Find An Outpatient
Palliative Care Doctor?

Can You Find An Outpatient Palliative Care Doctor?



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Fact

25% of deaths occur at home
more than 80% of Americans would prefer to die at home.

Hospice Care

- Provides support and care for those in the last phases of life-limiting illness.
- Recognizes dying as part of the normal process of living.
- Affirms life and neither hastens nor postpones death.
- Focuses on quality of life for individuals and their family caregivers.

Clinical Indicators for Hospice

- Frequent trips to the E.D. or the hospital
- Frequent Urinary Tract Infections
- Frequent Respiratory infections
- Weight Loss
- Changes in nutritional intake
- Frequent medication changes
- Falls



Clinical Indicators for Hospice

- Changes in mental status
- Frequent skin breakdown
- Labile blood glucose readings
- Frequent IV sticks for lab orders
- Pain Issues
- Shortness of Breath

Clinical Indicators for Hospice

Patient verbalizes desire to minimize

- Trips to the ER
- Hospitalizations
- Curative attempts at treatment
- Further work ups

Hospice Admission Criteria

To qualify for hospice care, these are the general requirements:

- Life-limiting illness, prognosis is 6 months or less if the disease takes normal course
- Two physicians must document that a patient is terminal
- Live in service area
- Consent to accept services
- Forgo other medical interventions for the terminal illness

Where is Hospice Provided?

- Home – the patient's or loved one's home
- Nursing Facility
- Assisted Living Facility
- Hospital
- Hospice residence or unit
- Correctional setting, homeless shelter – wherever the person is located

Hospice Locations

Where care is provided

- 66.7% received care at “home”, which included private housing, nursing homes and residential facilities
- 21.9% received care in a hospice inpatient facility
- 11.4% received care in acute care hospitals

• (NHPCO 2011)

Core Aspects of Hospice Care

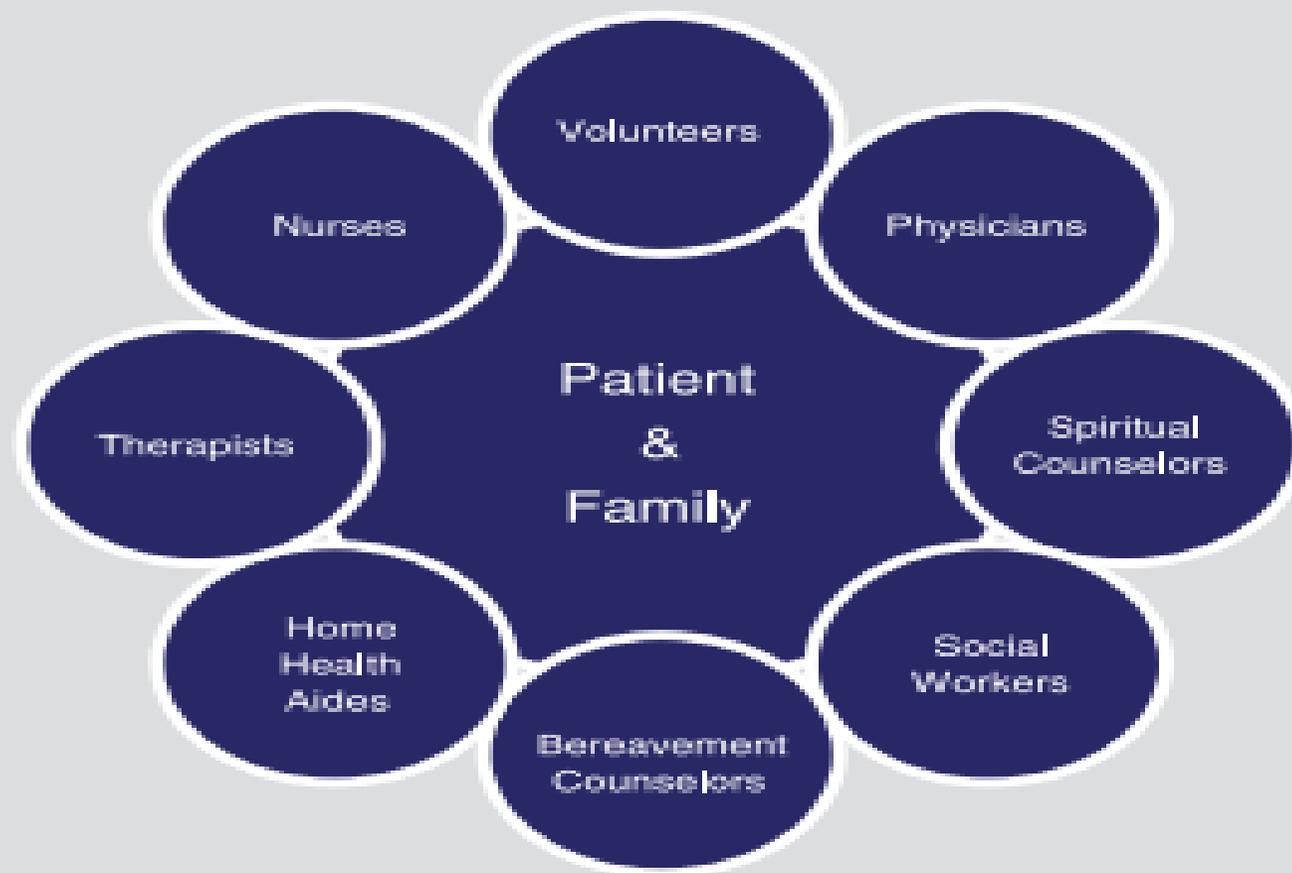
- Patient and family focused care
- Interdisciplinary team care
- Provides a range of services
 - Interdisciplinary case management
 - Pharmaceuticals
 - Durable medical equipment
 - Supplies
 - Volunteers
 - Grief support

Medicare Part A: Hospice Must Provide The Hospice Team

- Physician Medical Director
- Nurse
- Hospice aide
- Social Worker
- Chaplain
- Volunteer Program
- Bereavement
- Patient's Primary Physician



FIGURE 1. INTERDISCIPLINARY TEAM



Work of the Hospice Team

- Develops the plan of care
- Manages pain and symptoms
- Attends to the emotional, psychosocial and spiritual aspects of dying and caregiving
- Teaches the family how to provide care
- Advocates for the patient and family
- Provides bereavement care and counseling

Medicare Hospice Services

Not covered but may be offered

- Massage Therapy
- Music Therapy
- Art Therapy
- Pet Therapy
- Aromatherapy
- Physical, occupational, speech therapy (case by case)

Medicare Hospice Benefit Covers

- Outpatient prescription drugs for symptom relief and related to the hospice diagnosis
- Medical Supplies
- Durable Medical Equipment

Who Pays?

- Medicare
- Medicaid
- Insurance and HMOs
- Private pay
- Sometimes a combination of these...

Levels of Hospice Care

- *Routine care*- can occur anywhere
- *Respite care*- for caregiver relief-maximum of 5 day period.
- *Continuous Care*- for symptoms requiring extensive intervention.
- *General Inpatient (GIP)* must occur in a Hospice Inpatient Unit or a contracted LTC or hospital for symptoms that cannot be managed in the home setting.

Hospice Referral Process

- ***Anyone can make a referral***
 - consents can be signed and or an educational, informative discussion
- Must have a ***Doctor's order to admit*** the patient.
- Can have the admission RN do a chart evaluation.
- Provide medical record authorization to help determine eligibility

Early Referral to Hospice Care

- Allows the patient to focus on Living
- Promotes a Pro-active approach to Life
- Transition of family members from PCG to spouse, child, sibling.
- Use of Medicare Benefits- Respite

Life Closure: A Personal Experience

- Completion of worldly affairs
- Meaning about one's individual life
- Love of self and others
- Completion or closure of family and friend relationships
- Acceptance of the finality of life
- Meaning about life
- Surrender to the unknown or "Letting go"

Similar but Different

Palliative Care

- Focuses on relief from physical suffering. The patient may be being treated for a disease or may be living with a chronic disease, and may or may not be terminally ill.
- Addresses the patient's physical, mental, social, and spiritual well-being, is appropriate for patients in all disease stages, and accompanies the patient from diagnosis to cure.
- Uses life-prolonging medications.
- Uses a multi-disciplinary approach using highly trained professionals. Is usually offered where the patient first sought treatment.

Hospice Care

- Available to terminally ill Medicaid participants. Each State decides the length of the life expectancy a patient must have to receive hospice care under Medicaid. In some States it is up to 6 months; in other States, up to 12 months. Check with your State Medicaid agency if you have questions.
- Makes the patient comfortable and prepares the patient and the patient's family for the patient's end of life when it is determined treatment for the illness will no longer be pursued.
- Does not use life-prolonging medications.
- Relies on a family caregiver and a visiting hospice nurse. Is offered at a place the patient prefers such as in their home; in a nursing home; or, occasionally, in a hospital.

An illustration of two hands, one on the left and one on the right, holding a circular sign. The hands are rendered in a simple, stylized manner with thick blue outlines and light yellow skin. The circular sign is dark blue with a lighter blue border and contains white text.

Combined Care

Hospices are the largest providers of palliative care services in the country. Many organizations work together to offer the patient a seamless continuum of care over the course of a serious illness.

Websites

- American Bar Association www.aba.org www.abanet.org/aging
- Biogift for Body to Science donation www.biogift.org
- CDC www.cdc.gov/aging/advancecareplanning
- Centers for Medicare and Medicaid Services www.cms.gov
- Death with Dignity National Center www.deathwithdignity.org
- Gundersenhealth www.gundersenhealth.org/respecting-choices
- Hospice & Palliative Care Federation of MA www.hospicefed.org
- National Assoc. of Chronic Disease Directors www.chronicdisease.org
- National Hospice & Palliative Care Organization www.nhpco.org
- ProCon.org www.procon.org
- Texas Organ Donation www.donatelifetexas.org

Local Websites

- Care and Prepare
- <https://www.careandprepare.org>

- Community Hospice of Texas:
- <http://www.chot.org>

Questions?