



University of South Florida  
**GERIATRIC  
WORKFORCE  
ENHANCEMENT  
PROGRAM (GWEP)**  
**Learn@Lunch**  
**Geriatric Education Series**

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# LifePath Hospice and Open Access to Care

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# Disclosures

Chad Farmer, MD, is Medical Director of LifePath Hospice.

He has no material or financial conflicts of interest related to this presentation.

Lauren Meeks is Professional Relations Representative of LifePath Hospice.

She has no material or financial conflicts of interest related to this presentation.



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# Objectives

- Review Hospice Definition and components of the hospice benefit
- Recognize which patients are hospice eligible
- Learn the benefits of Open Access Hospice
- Discuss the challenges of talking about hospice with patients and families



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# Hospice Definition

- Hospice Care is BOTH an approach to care at the end of life and a method of health care financing for dying patients
- Interdisciplinary approach which focuses on maximizing symptom control and quality of life, rather than quantity
- A patient must be certified that, if their disease follows a “typical” course, the expected prognosis is 6 months or less
- Hospice is End-of-Life care



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# Hospice Benefit

- In 2013, Hospice agencies served 1.3 million patients
- Median length of service 18.5 days
- Unique Benefit with per diem payment for total care of the patient



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# Hospice Benefit Periods

- Must be certified by 2 physicians as being terminally ill
- Initial 90 day period before required recertification of terminality
- Second 90 day period before another required recertification of terminality
- Unlimited 60 day periods with required Face to Face encounters prior to recertification of terminality



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# Local Coverage Determinations (LCDs)

LCDs are guidelines to determine admission and continued eligibility for hospice care

LCDs contain

1. General guidelines
2. Disease specific criteria
3. Assigned ICD-10 codes

Established by Palmetto, our fiscal intermediary who pays us on behalf of Medicare



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# Hospice Eligibility

- Progressive decline despite maximal medical interventions
- Requiring increasing assist with ADLs
- Decreasing nutritional status
- Multiple hospitalizations/ER visits
- Non healing pressure ulcers
- Recurrent infections
- Decision to avoid hospitalizations, aggressive treatments, or artificial measures



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# Cardiopulmonary Disease

- Symptoms of Shortness of Breath at Rest
- Maximal Medical Treatment
- Frequent Angina
- Syncope
- Repeat Myocardial Infarction
- Progression of Disease Despite Interventions
- Orthopnea/PND
- Edema Resistant to Diuretics
- Persistent Cough
- Recurrent Infections



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# Liver Disease

- Elevated INR
- Low Albumin
- Refractory Ascites
- Encephalopathy Requiring Lactulose



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# Renal Disease

- Elevated INR
- Low GFR
- Not seeking dialysis, stopping dialysis, or not dialysis candidate
- Fluid overload



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# Alzheimer's Disease and Dementia

- FAST Score
- Incontinent of bowel and bladder
- Decubitus Ulcer
- Low Albumin
- Frequent UTIs
- Contractures



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# CVA

- PPS 40 – in bed, assist with all ADLs, reduced food/fluid intake
- Weight loss
- Dysphagia
- Aspiration Pneumonia



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# HIV

- CD4 less than 25
- Viral load greater than 100,000
- Opportunistic infections
- Stopping anti-retrovirals



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# Traditional Hospice Core Services

- Core services: physician, nursing, social work, pastoral care, medications, DME, volunteers, respite, and bereavement.
- “Additional services” determined by the hospice agency as needed to meet the palliative and support needs of the patient and family.
- Historically, these “additional services” were very limited.



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# LifePath Open Access Hospice

- Innovative, progressive approach
- Validates patient's dilemma
- Eliminates “all or nothing” choice
- Allows for gradual transition



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# LifePath Open Access Hospice

Open Access **Means:**

All eligible patients **served**

All necessary resources **relevant**

All needs **met**

All circumstances **considered**

All payors **welcome**

All related services **provided**

All access, **all the time**



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# LifePath Open Access Hospice

Resources include:

- Nursing Care
- Nursing Aides
- Medical Supplies & Equipment
- Medications
- Counseling
- Spiritual Support
- Advanced Care Planning



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# LifePath Open Access Hospice

- Chemotherapy and Radiation
- Blood Transfusions
- Cardiac Drips
- Chest Tubes
- Parenteral Nutrition
- IV Medications
- Antibiotics
- Bi-pap
- Ventilator
- Withdrawal
- Physical Therapy
- Wound Care



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# Avoid Re-Hospitalizations

LifePath provides:

- Hospice Help 24
- Hospice House
- Continuous Care
- ALF Hospice Kit
- COPD Program
- CHF Program



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# Hospice vs. Home Health

- Medicare Part A payor source
- Majority of HH services LifePath provides
- If there is a unique service that a LifePath patient needs, we contract with a HH provider for that service



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# All Access Hospice vs. Traditional Hospice

## LifePath All Access

- Accessible earlier
- Gradual transition
- Available with aggressive palliative treatments

## Traditional

- Actively dying
- “All or nothing”
- Focus is comfort measures only



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# The Hospice Talk

1. Make sure anyone they want present is there.
2. Ask for their understanding of their disease.
3. Confirm/clarify/answer questions.
4. “What If....” (use ranges)
5. Describe knowing of a service that could meet those needs and ask if they would be willing to meet with them.



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# LifePath Open Access Hospice

We promise to always support appropriate palliative treatments that match realistic goals of care.



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# Questions & Comments



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