DISCLAIMER

Video will be taken at this clinic and potentially used in Project ECHO promotional materials. By attending this clinic, you consent to have your photo taken and allow Project ECHO to use this photo and/or video. If you don't want your photo taken, please let us know.

Thank you!

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Please **DO NOT** disclose any Protected Health Information (PHI)

PHI includes, but is not limited to:

- Patient name
- Date of birth
- Address
- Occupation
- Name of patient's friends/family
- Other identifiable features, i.e. scars, tattoos, hair/eye color

Palliative Care ECHO Clinic

We are Nevada's Leading Forum for Interdisciplinary Palliative Care

We aim to:

Collaborate with an interdisciplinary team of palliative care providers in Nevada

Assemble a forum of health care practitioners throughout the state of Nevada whom Project ECHO supports and prepares to deliver basic palliative care

Raise the quality of life for Nevadans living with serious illness

Establish a resource of expertise and education for a diverse health care audience on practices, resources and policy in palliative care

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Palliative Care ECHO – Hospice 101

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Conflicts of Interest

None

Learning Objectives

- Review differences between palliative care (PC) and hospice care
- Define the Hospice Benefit
- Identify the Inter Disciplinary Team Members
- Identify the Four Different Levels of Hospice Care
- Identify the Primary Hospice Diagnosis & Criteria
- Describe the Changes in Funding

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The Differences Between Hospice and Palliative Care

Palliative Care

- Any time during Illness
- May be combined with curative care
- Community resources support
- Coordination of care transitions & education for patient / family during the course of the illness (from hospitals, clinic, community agencies, and spiritual programs)

Hospice Care

- Prognosis of 6 months or less
- Focus of comfort care when decisions are made not to seek curative care
- Coordinates caregiving support & bereavement counseling after the death of a loved one

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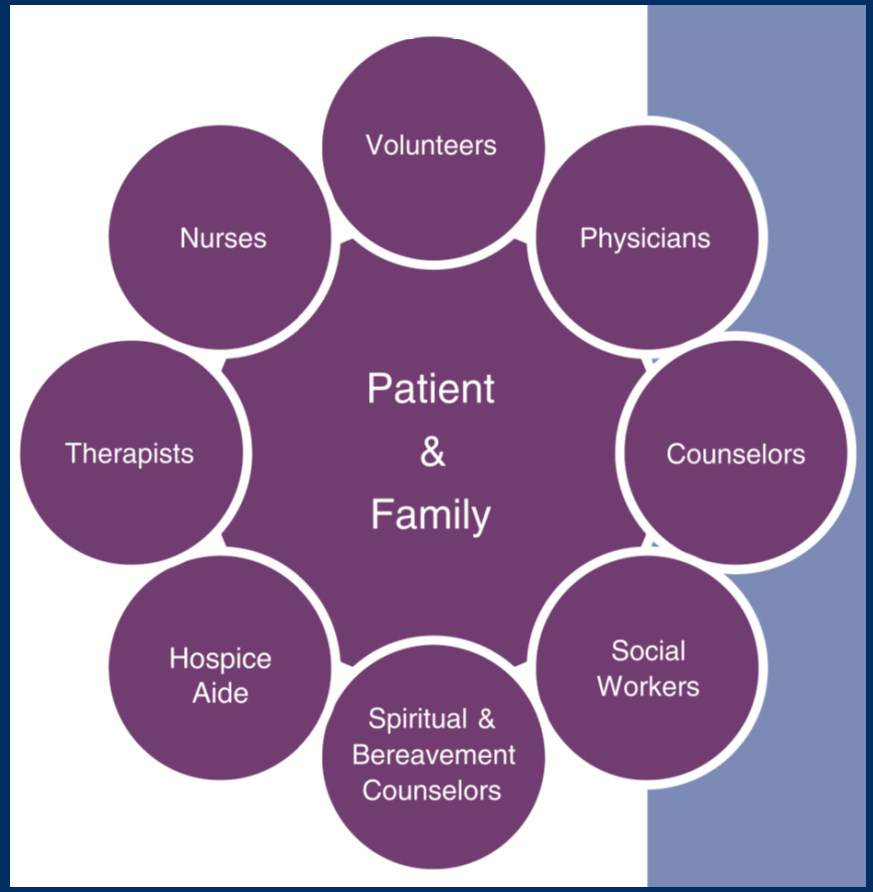
History of Hospice

- **1963 –** Dame Cicely Saunders introduces the idea of specialized care for the dying to the United States in a lecture at Yale University. In **1967 she went on to create** St. Christopher's Hospice in the United Kingdom.
- **1972 –** Dr. Elisabeth Kubler-Ross testifies at the first national hearings on the subject of death with dignity, conducted by the U.S. Senate Special Committee on Aging.
- **1982 –** Congress includes a provision to create a Medicare hospice benefit.
- **1983 –** Initial Medicare Hospice Regulations are published in the Federal Register. Regulations establish the four levels of care and outline the cost components of the routine home care rate. JCAHO initiates hospice accreditation.

What is Hospice?



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What services are provided?

The interdisciplinary hospice team:

- Manages the patient's pain and other symptoms;
- Assists the patient and family members with the emotional, psychosocial, and spiritual aspects of dying;
- Provides medications and medical equipment;
- Instructs the family on how to care for the patients
- Provides grief support and counseling;
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time;
- Delivers special services like speech and physical therapy when needed;
- Provides grief support and counseling to surviving family and friends

Volunteers

Hospice volunteers provide service in three general areas:

1. Spending time with patients and families (“direct support”)

2. Providing clerical and other services that support patient care and clinical services (“clinical support”)

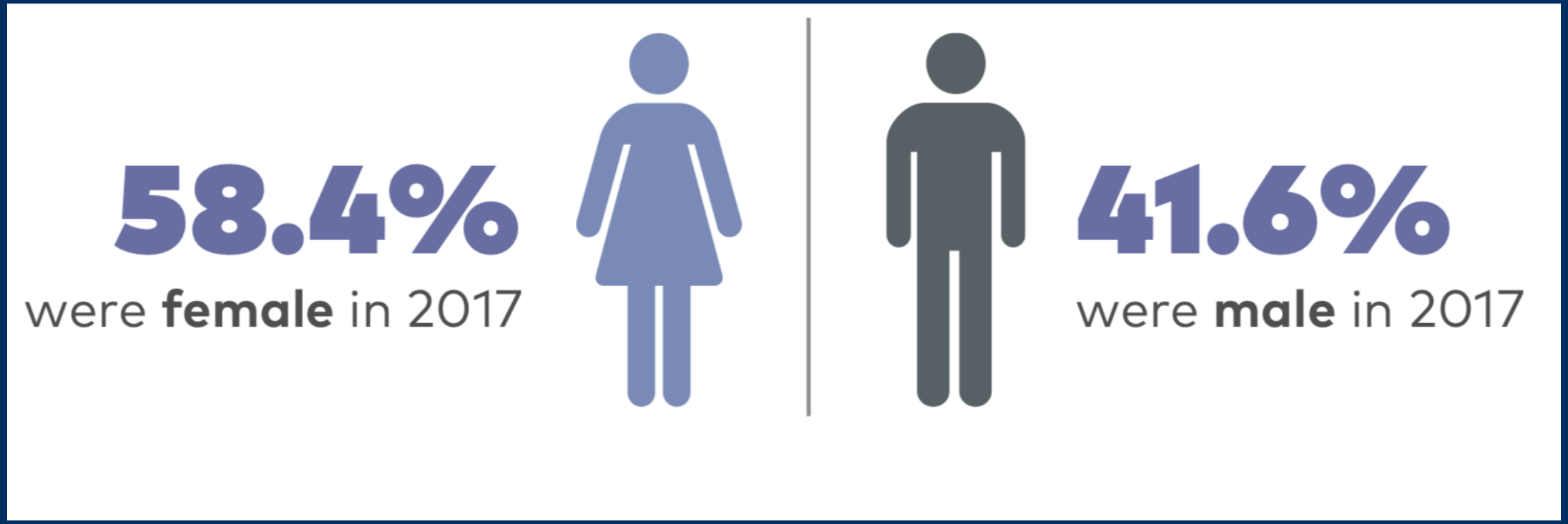
3. Engaging in a variety of activities such as fundraising, outreach and education, and serving on a board of directors (general support).

Bereavement Services

- Counseling or grief support for the patient and loved ones is an essential part of hospice care. After the patient's death, bereavement support is offered to families for at least one year.

- Some hospices also provide bereavement services to the community at large.

Who Receives Hospice Care



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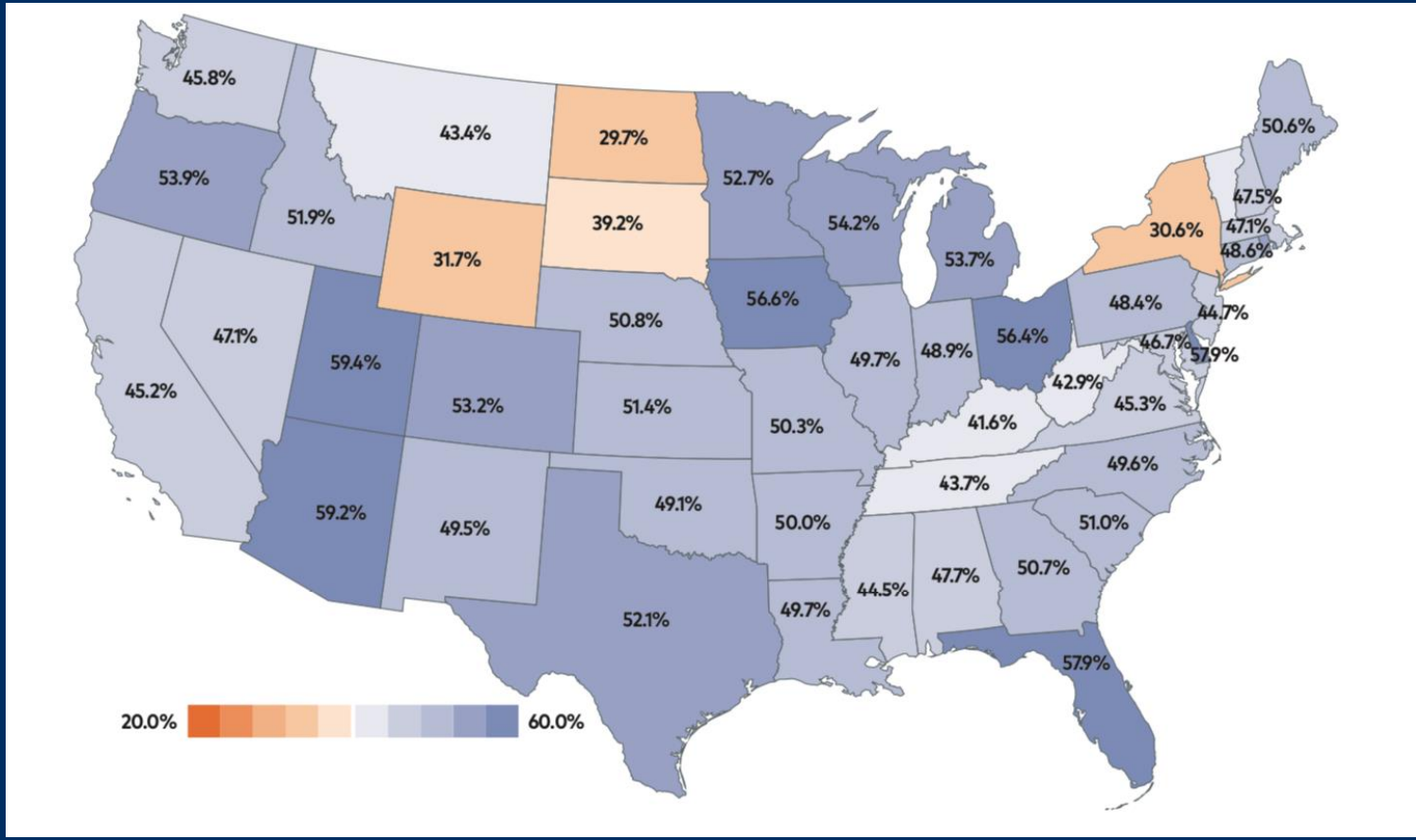
% of Medicare Decedents Services by Hospice



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2017 Medicare Spending on Hospice

- Medicare paid hospice providers a total of **$18.99 billion dollars** for care provided in 2017, increase of 6.3% over the previous year.
- **Spending Per Patient average**, per Medicare hospice patient was $12,722.
- **Spending by Diagnosis**, patients with a principal diagnosis of dementia continued to lead Medicare hospice spending at 25.4%.
  - Stroke, circulatory/heart, and respiratory related diagnosis grew the most since 2014.
- **Spending by Level of Care**, over 93% of spending for hospice care was for care at the routine home care level. This has grown 20% since 2014, followed by inpatient respite care. Continuous home care has declined 14% over the same period.

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2017 Medicare Certified Hospices increase by nearly 10%

- Over the course of 2017, there were 4,515 Medicare certified hospices in operation based on claims data. This represents an increase of 9.6% since 2014.

- One indicator of hospice size is the average daily census (ADC) or more specifically the number of patients cared for by a hospice on average each day. In 2017, the mean ADC was 63 and the median 31. 62% of hospices had an ADC of less than 50 patients.

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Case Study – Mrs. H

- Mrs. H is a 91 year old who has been suffering from COPD & CAD for over 35 years. Patient is a DNR and has advanced directives with her. She was taken to the ER, by her daughter who believes she has pneumonia. Patient was put on a CPAP, IV line started, blood drawn, Chest X-ray taken while discussion of aggressive treatment versus comfort measure. Mrs. H does not want to be admitted to the hospital, daughter is concerned that she can not care for Mrs. H at home in her current state.
- What are the options for Mrs. H if she elects comfort measures?

Four Levels of Care

- **Routine Hospice Care (RHC)** hospice care at home
- **Continuous Home Care (CHC)** is care provided for between 8 and 24 hours a day to manage pain and other acute medical symptoms
- **Respite Care** is available to provide temporary relief to the patient's primary caregiver.
- **General Inpatient Care (GIP)** is provided for pain control or other acute symptom management that cannot feasibly be provided in any other setting. GIP can be provided in a Medicare certified hospital, hospice inpatient facility, or nursing facility

Primary Diagnosis & Criteria

- **Cancer** – Stage IV, declining functional status, unintentional weight loss
- **Cardiac**
  - **CHF**: Disabling dyspnea at rest or with minimal exertion

    Optimally managed, on medically therapy, or no available surgical option
  - **End-stage coronary disease**: frequent angina at rest or with minimal activity
  - *Despite optimal medical therapy and or not a candidate for invasive procedures*
- **Respiratory** – Disabling dyspnea at rest or with minimal activity despite optimal medical therapy
- **Stroke** – Coma or severe obtundation beyond 3 days, dysphagia preventing sufficient intake, or chronic phase with post-stroke dementia stage 7 or greater

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Primary Diagnosis & Criteria

- **Dementia** – FAST scale stage 7 , and complicating event (aspiration pneumonia, pyelonephritis, septicemia, multiple stage III-IV decubitus ulcers, 10% weight loss)

- **End stage renal disease** – Creatinine Clearance <10 cc/min (<15 cc/min for diabetics) and withdrawal or refusal of dialysis

- "**Stacking" DX** – 1+ chronic conditions, with declining functional, nutritional and or cognitive status

Case Study – Mrs. H

- The hospice philosophy and benefit was explained to Mrs. H and agreeable to start care in at a skilled nursing facility under general inpatient care for symptom management and IV antibiotics.
- After 4 days of GIP, Mrs. H was transferred home under RHC where she spent the next 51 days. Her daughter had to travel to Reno for work, 5 days of respite was scheduled. On the day 3 of respite, Mrs. H had a rapid decline and required GIP care for symptom management and anxiety. After 3 days of GIP, Mrs. H was transferred to a care home.
- Mrs. H passed comfortable in the care home 21 days later. The nurse and social worker performed daily visits for the last 7 days of her life.

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2020 Hospice Wage Index

NEVADA

County Name	CBSA or Statewide Rural Name	Urban/Rural	FINAL FY2020 Hospice Wage Index	FY2020 FINAL Routine Home Care Rate 1-60 days October 1, 201	FY2020 FINAL Routine Home Care Rate 61 + days October 1, 2019 -	FY2020 FINAL Service Intensity Add-On (SIA) October 1, 201	FY2020 FINAL Continuous Care - 24 hours Rate	FY2020 FINAL Inpatient Respite Rate	FY2020 FINAL General Inpatient Rate
Carson City County, Nevada	Carson City, NV	Urban	1.0070	$ 195.44	$ 154.46	$ 58.43	$ 1,402.34	$ 451.81	$ 1,025.83
Churchill County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Clark County, Nevada	Las Vegas-Henders	Urban	1.1924	$ 220.21	$ 174.04	$ 65.84	$ 1,580.13	$ 496.98	$ 1,147.02
Douglas County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Elko County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Esmeralda County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Eureka County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Humboldt County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Lander County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Lincoln County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Lyon County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Mineral County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Nye County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Pershing County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10
Storey County, Nevada	Reno, NV	Urban	0.9210	$ 183.94	$ 145.38	$ 54.99	$ 1,319.87	$ 430.85	$ 969.61
Washoe County, Nevada	Reno, NV	Urban	0.9210	$ 183.94	$ 145.38	$ 54.99	$ 1,319.87	$ 430.85	$ 969.61
White Pine County, Nevada	Nevada	Rural	0.8988	$ 180.98	$ 143.03	$ 54.11	$ 1,298.59	$ 425.44	$ 955.10

Medicare Payment – Clark County

- RHC - $220.21 Daily
- CHC - $1,580.13 Daily
- GIP - $1,147.02 Daily
- Respite - $496.98 Daily
- Service Intensity Add-on - $65.84 Per Hour; Up to 4 hours daily for the last 7 days of life

What would you be eligible to bill for Mrs. H hospice services?

4 days of GIP at $1,147.02 daily = $4,588.08

+ 51 days of RHC at $220.21 daily = $11,230.71

+ 3 days of Respite at $496.98 daily = $1,490.94

+ 3 days of GIP at $1,147.02 daily = $3,441.06

+ 21 days of RHC at $220.21 for the 1st 9 days and $174.04 for the remaining= $1,981.89 + $2,088.48 = $4070.37

+Service Intensity Visits - Social Worker & Nurse spent 3 hours daily for the for the last 7 days of life at $65.84 an hour = $197.52 daily for 7 days = $1,382.64

82 days of care = $26,203.80 is eligible to be billed for Mrs. H's care.

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Questions?

Survey

Please complete this brief survey. Your feedback is vital to our continued improvement of Project ECHO Nevada programming!

Thank you!

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Thank you!

- **Next session February 21, 2020 at Noon**
- **Topic TBD (will email out!)**

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