HOSPICE OF THE PLAINS

Serving Northeastern Colorado since 1996

MISSION STATEMENT

- *Hospice enhances quality of life through provision of compassionate physical, emotional and spiritual care for the terminally ill, comfort for the grieving and education for the communities it serves.*

- Visit us at: **www.hospiceoftheplains.org**

INTERDISCIPLINARY TEAM

- Patient
- Primary Care Provider
- Hospice Medical Director
- Registered Nurse
- Certified Nursing Assistant
- Social Worker / Family Services Coordinator
- Volunteer Coordinator / Volunteer
- Chaplain
- Primary Caregiver / Nursing Facility Staff

PATIENT CARE PROBLEMS NURSING

- Lack of Knowledge
- Sensory
- Hydration
- Nausea and Vomiting
- Nutrition
- Bowel
- Bowel R/T Diarrhea
- Bowel R/T Incontinence
- Bowel R/T Obstruction
- Bowel R/T Colostomy
- Bladder
- Skin
- Infection
- Pain
- Sleep
- Respiratory
- Cardiac
- Circulation
- Functional Limit/Safety

PATIENT CARE PROBLEMS SOCIAL WORK, SPIRITUAL SUPPORT & BEREAVEMENT

- Lack of Knowledge
- Anger
- Anxiety/Fear
- Body Image
- Loneliness/Isolation
- Grieving/Bereavement
- Spiritual Concerns
- Suicide Potential
- Coping
- Economics
- Legal, Funeral, etc.
- Hopelessness
- Altered Thought Process
- Transfer / Discharge Plan

PATIENT CARE PROBLEMS VOLUNTEER COORDINATION

- Volunteer Assignment

TEAM COORDINATION

- Hospitalization
- General In-patient Respite
- Residential Placement

HOSPICE OF THE PLAINS SERVICES

- Hospice of the Plains celebrated its 12th anniversary October 2, 2008.
- Hospice serves Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties, covering more than 9,300 sq. miles, (1/11th of Colorado) with a population of ~73,000.
- Last year, Hospice of the Plains provided 10,893 patient contacts, $817,467 in prescriptions, medical equipment, bereavement support and other care or services throughout Northeastern Colorado.

- Hospice participates in research development with the Population-Based Palliative Care Research Network (PoPCRN) under the direction of Jean Kutner, MD, MSPH at the University of Colorado, Health Sciences Center
- Patients who have insurance are responsible for deductibles only.
- Hospice of the Plains receives no Federal, State or Local tax assistance.

- The 2008 Average length of patient stay was 29.35, whereas the median length of stay was only 12 days. Thirty-two of the 103 individuals served during 2008 expired in seven or less days. It requires nearly one month of service to recoup the cost of each admission.
- Hospice saved one family more than $49,670 in medication and oxygen expenses alone – exceeding the median yearly income in the counties it serves.
- Anticipated uncompensated care expenses for 2009 is $266,720.

- Economies of scale and unexpected patient expenses result in deficits averaging $32.50 per patient, per day. Regardless, last year Hospice made 1,895 bereavement visits to 1,513 Hospice families and 398 community members, 711 bereavement mailings were sent, grief support groups were held in Otis, Sterling, and Yuma, 153 end-of-life programs were presented, 2,000 Five Wishes and 500 Cinco Deseos were distributed, and the Hospice of the Plains newsletter, *Helping Hands*, was delivered quarterly to 3,360 recipients.

HOSPICE MEDICARE BENEFIT

- If an individual has had a three-night hospital stay; he/she may receive Medicare SNF rehabilitative services and Hospice services concomitantly only when the terminal illness is not the reason for the rehabilitation
- Hospice pays for medications, oxygen and supplies necessary to treat the terminal illness even though private insurance, Medicare or Medicaid may have been covering the cost prior to electing the Hospice benefit.

- The Medicare Hospice Benefit enacted in 1982 was to provide all-inclusive comfort care for terminally ill Medicare beneficiaries.
- Prescription drugs for hospice patients represented about $1 of the daily rate in the early 1980's.
  - Duragesic, may be as high as $300 per application.
  - Zofran costs $121.60 per day
  - A Lupron injection is $2,859, consuming twenty-two days of reimbursement.
  - Oxygen ranges from $180 to more than $5,000 per month per patient.

- Individuals may continue to receive treatment for any health problem that isn't related to his/her terminal illness, including antibiotics to treat infections, cataract surgery, fracture care, etc. However, if the terminal diagnosis is End Stage Renal Disease (ESRD), one must choose between electing Hospice and receiving dialysis, as it is excluded by Medicare. If the individual is on dialysis and the terminal diagnosis is something other than ESRD, one may elect hospice.

- In addition to overhead and administrative costs, Hospice of the Plains is responsible for payment of the following related to the terminal illness:
- Physician Services; Nursing Care; Counseling, Social Work and Pastoral Services; Durable Medical Equipment; Medical Supplies; Medications; Respite and General In-Patient Care; Nursing Assistant and Homemaker Service; Physical, Speech and Occupational Therapies if needed for palliation of symptoms; Dietary Counseling; and Bereavement Support for the family for one year after the patient's demise.

- Medicare does not reimburse Hospice separately for oxygen, medical equipment, ambulance transfers, diagnostic tests, x-rays, blood transfusions, palliative chemotherapy and/or palliative radiation, even though they are related to the terminal illness.
- To receive Hospice Benefits, the primary care provider certifies that assuming the individual's illness continues as expected, he/she will most likely die in six months. The primary care provider continues to serve in the same capacity once his/her patient has elected Hospice.

HOSPICE SAVES MONEY!

- The Medicare, Medicaid and private insurance hospice benefit includes professional services, drugs, equipment, and supplies that are necessary to provide palliation of symptoms related to the terminal diagnosis, thus saving money for the families, Medicare, Medicaid and Private Insurance.
- For every $1 spent in Medicare Part A & B, hospice saves Medicare $1.52.

- A 2003 study conducted by Milliman, USA Inc on the financial impact of the Hospice Benefit on Medicaid indicated a savings of approximately $282 million nationwide or $7000 per hospice–eligible beneficiary.
- These savings were in three areas: avoidance of unneeded and costly hospitalizations, medications, durable medical equipment and visits that were covered under the per diem hospice benefit and extending end of life care to nursing home residents which decreased their need for hospitalizations and aggressive therapies while providing pain management.

HOSPICE REIMBURSMENT

Medicare A Benefit covers either aggressive comfort Hospice care OR Medicare A Skilled Therapeutic Nursing care, but not both concomitantly, UNLESS the Skilled Care is for a different, non-terminal diagnosis, which is rare.

Hospice pays for medications, oxygen and supplies necessary to treat the terminal illness even though private insurance, Medicare or Medicaid may have been covering the cost prior to electing the Hospice benefit.

Medicare does not reimburse Hospice for ambulance transfers, diagnostic tests, x-rays, blood transfusions, chemotherapy and/or radiation, if they are related to the terminal illness.

Hospice doesn't begrudge families the opportunity to take advantage of the skilled nursing facility benefit and actually encourages them to do so, particularly for the first week or two to enhance their stamina, with their knowledge that when they no longer meet Medicare criteria for the skilled nursing facility, Hospice stands ready to assist them, if they so chose.

For those who would benefit from the additional services unique to Hospice, it is a deterrent for skilled nursing facilities to refer their patients to hospice, particularly for skilled nursing facilities that put profit first.

Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance, Medicaid Hospice Benefit 8.550.6 Hospice Reimbursement states: "Nursing Home Reimbursement. When hospice care is provided to Medicaid Hospice Benefit clients residing in intermediate care facilities for the mentally retarded (ICF-MRs) or skilled nursing facilities, the hospice is paid a room and board fee in addition to the hospice per-diem for each routine home care day and continuous care day provided under hospice. The additional payment for room and board is reimbursed to the hospice provider on behalf of the client residing in the facility at a rate equal to 95 percent of the amount the State would have paid under the State plan for that facility less any patient payments."

The nursing home facility contacts social services to have a 5615 form generated delineating the amount of the patient payment. The nursing home bills hospice the number of days the individual is living in the nursing home, (excluding the date of death) times the Medicaid room and board rate less 5%, less any patient payment.

Hospice is responsible for submitting and collecting the claim for the nursing home, as well as, paying the nursing home the amount collected, plus the 5% difference. Of course, this is a loss, as room and board is not reimbursable to Hospice. Otherwise, it is another deterrent for referrals, as the nursing home would receive 5% less on room and board.

In addition to the monies the State saves, because the resident's medications and treatments are paid by hospice, the State also saves 5% on room and board.

Hospice of the Plains has saved individual families over $53,000 in medication expense alone, exceeding the average median income in northeastern Colorado, yet received only $25,174 to cover all expenses for this young Veteran's care.

Hospice of the Plains saved one family more than $7,500 for one month of liquid O2 in a nursing home. As a retired rural farmer, this individual's savings would have been depleted without Hospice services.

Individuals may continue to receive treatment for any health problem that isn't related to his/her terminal illness, including antibiotics to treat infections, cataract surgery, fracture care, and etc.

However, if the terminal diagnosis is End Stage Renal Disease (ESRD), one must choose between electing Hospice and receiving dialysis, as it is excluded by Medicare. If the individual is on dialysis and the terminal diagnosis is something other than ESRD, one may elect hospice.

Early referrals allow the terminally ill individual and his/her family an opportunity to fully utilize the many services Hospice provides. Costs associated with admission, exacerbations of the illness and when the terminally ill individual is actively dying are often exorbitantly higher than usual days of care and take several weeks of service to reach a break-even point.

OPPORTUNITIES FOR COLLABORATION

- Hospice consult for pain and symptom management related to chronic illnesses
- Anticipatory Grief and Bereavement support
- Pain & Symptom Management Education
- Five Wishes / Cinco Deseos
- Access to HospiScript Hospice & Palliative Care Pharm. D's expertise.

THANK YOU

Thank you for your service to the residents of Colorado. Thanks also for the opportunity to present the frontier and rural Colorado Hospice prospective and for the continued opportunity to assist in providing quality end-of-life services for your constituents, support for their families, and end-of-life education for northeastern Colorado communities.