HOSPICE CARE

Presentation to the
House Committee on Human Services

vnas of Vermont
Your Nonprofit
Home Health & Hospice Agencies

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Hospice

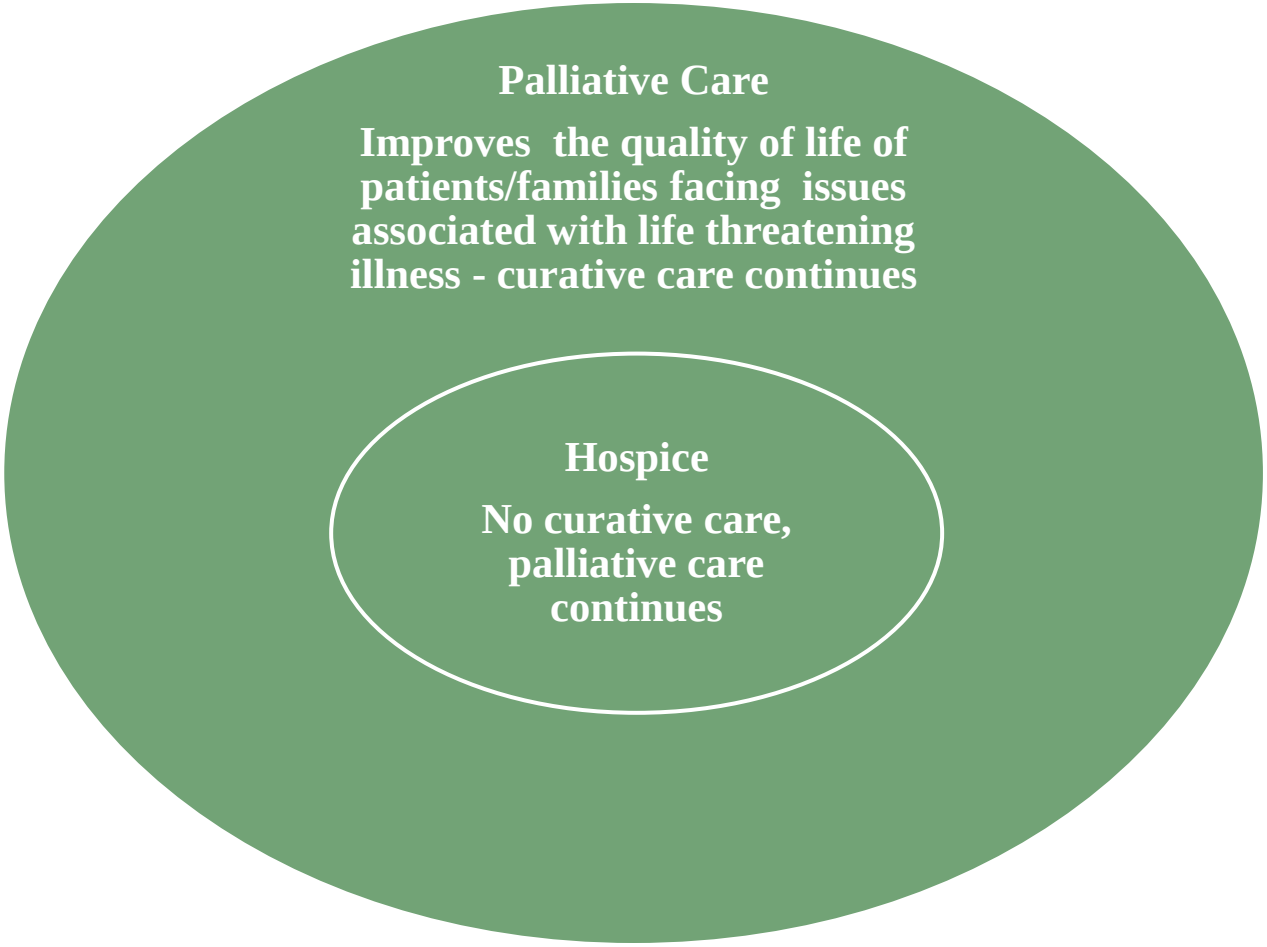
- A specially coordinated program that helps children and adults with terminal illness, along with their families, cope with death by living life to the fullest. The interdisciplinary team emphasizes care directed toward expert pain and symptom control, maximizing independence and providing support.

Palliative Care

- An approach that improves the quality of life of patients/families facing the issues associated with a life threatening illness.
- Provides relief from pain and other distressing symptoms.
- Uses team approach to address the needs of patients.
- Is applicable early in the course of illness in conjunction with other aggressive therapies.

(World Health Organization)

Hospice and Palliative Care



Hospice Team

The hospice team:

- Manages pain and other symptoms
- Offers support with the emotional and spiritual aspects of dying
- Provides medications, medical supplies and equipment
- Teaches family members skills to help them provide care
- Delivers special services like speech and physical therapy if needed
- Makes short-term inpatient care available when pain or other symptoms become too difficult to manage at home
- Provides support and counseling to family members and loved ones

Hospice Covered Services

Nursing services

Physician services

Medication necessary for pain control and symptom management

Medical Social Services

Trained volunteers to provide respite, family assistance and support

Home health aide and homemaker

Medical supplies and appliances

Short-term inpatient care of pain control and symptom management

Respite care for up to five days to give temporary relief for caregivers

Counseling for patients and family

Physical, Occupational and Speech Therapy

Who Provides Hospice Care

Congress approved the Medicare hospice benefit in 1982 with the goals of improving end-of-life care and containing costs.

There are nearly 3,500 hospice providers nationwide.

There are 10 Medicare-certified hospices in Vermont - nine are not-for-profit agencies and one is a for-profit agency.

Who is Eligible?

Medicare/Medicaid coverage for hospice is available if:

- The patient is eligible for Medicare Part A or Vermont Medicaid.
- The patient's doctor and Hospice Medical Director certify the patient is terminally ill with a life expectancy of six months or less.
- No further aggressive or cure-oriented treatment is desired or recommended.
- The patient and family understand hospice philosophy and the patient signs a statement choosing hospice care instead of standard Medicare or Medicaid benefits.

Most private insurance plans also include a hospice benefit. The rules for eligibility and the benefits offered differ for each plan.

Challenges

☐ The *Dartmouth Atlas of Health Care*, which tracks regional differences in health care spending and outcomes, found that in Vermont 20.2 percent of patients used hospice during their final six months of life during 2001-05. That rate was 10 percent below the national average. (Vermont ranks second in the country in the number of home health agency visits received by the dying in their last two years of life.)

☐ Medicare's 30-year-old hospice insurance benefit has two restrictions that act as barriers to access:

Patients must have a terminal diagnosis and be expected to live no longer than six months.

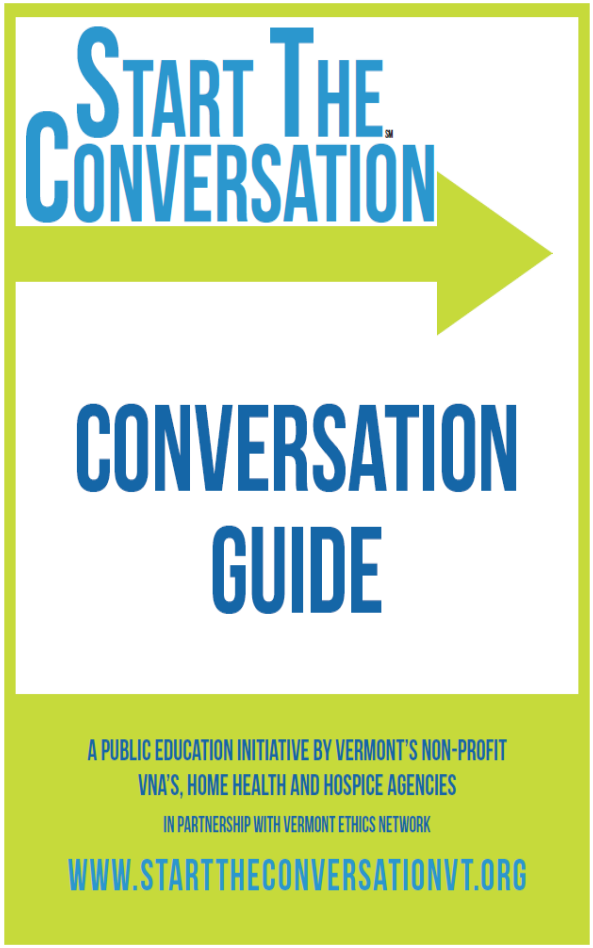
They must agree to forego further curative treatment.

Town Meetings

In 2010 the VNAs of Vermont held a series of focus group meetings to determine how to increase hospice utilization. The meetings included representatives from home health, nursing homes, hospitals, physicians, patient advocates and family members of patients who had received hospice. We found that:

- Hospice services were well regarded, high quality and readily available.
- Most patients and families were happy with hospice services as are physicians and other professionals.
- There was a lack of understanding about the program at all levels.
- Some patients didn't get information about hospice early enough nor did they know their full options.
- The goals of some medical professionals were at odds with hospice goals.
- The language of hospice set barriers between patients and family and providers.
- The hospice system was not seamless across settings.

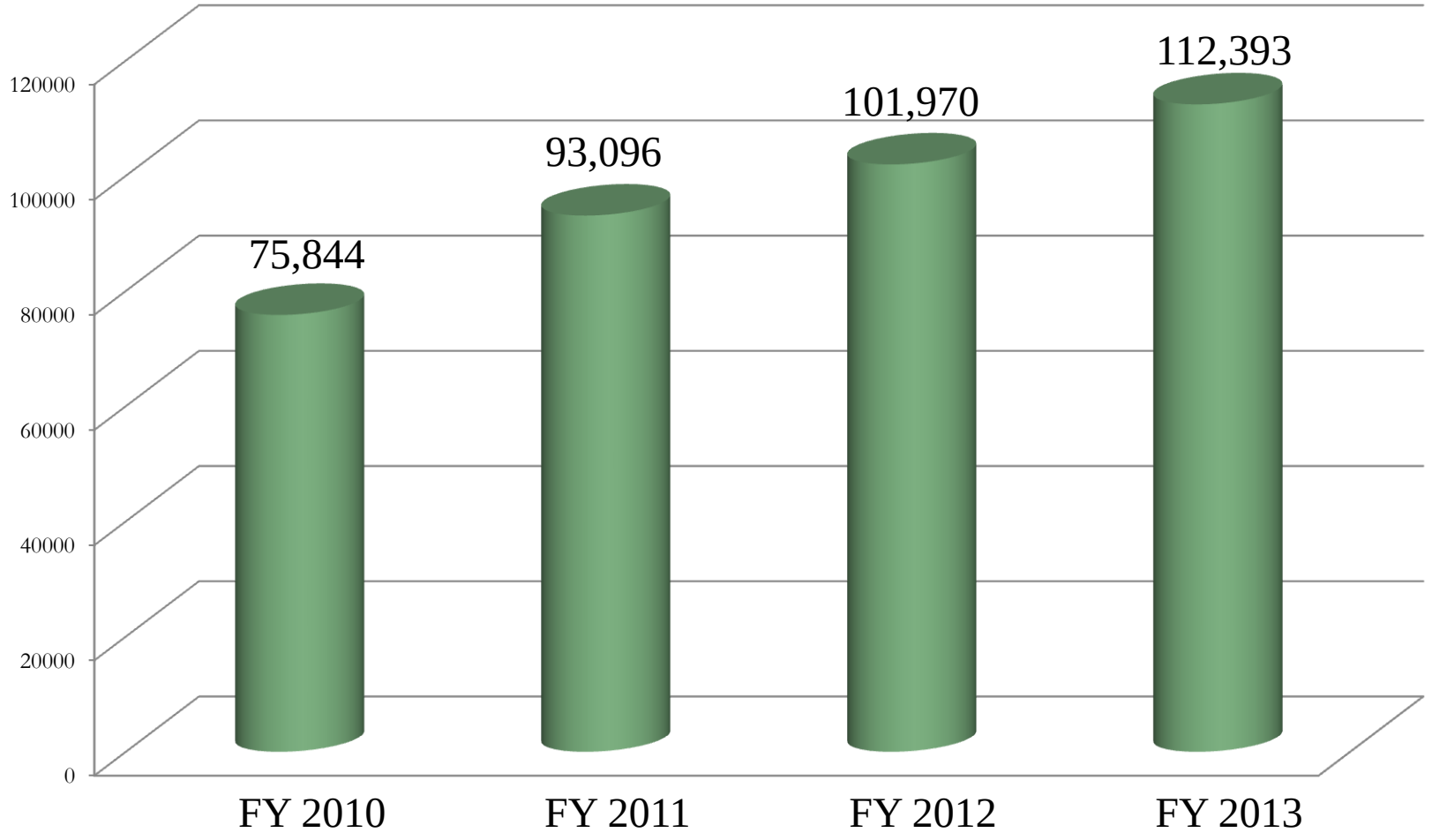
Start the Conversation



The Start the Conversion program, a statewide initiative to get the word out about hospice and other end-of-life choices to all Vermonters, resulted from information learned from the public forums.

This program has been a great success. It is based on the fact that many people (and providers) do not correctly understand hospice and the decision to enter hospice often is made too late.

Hospice Visits



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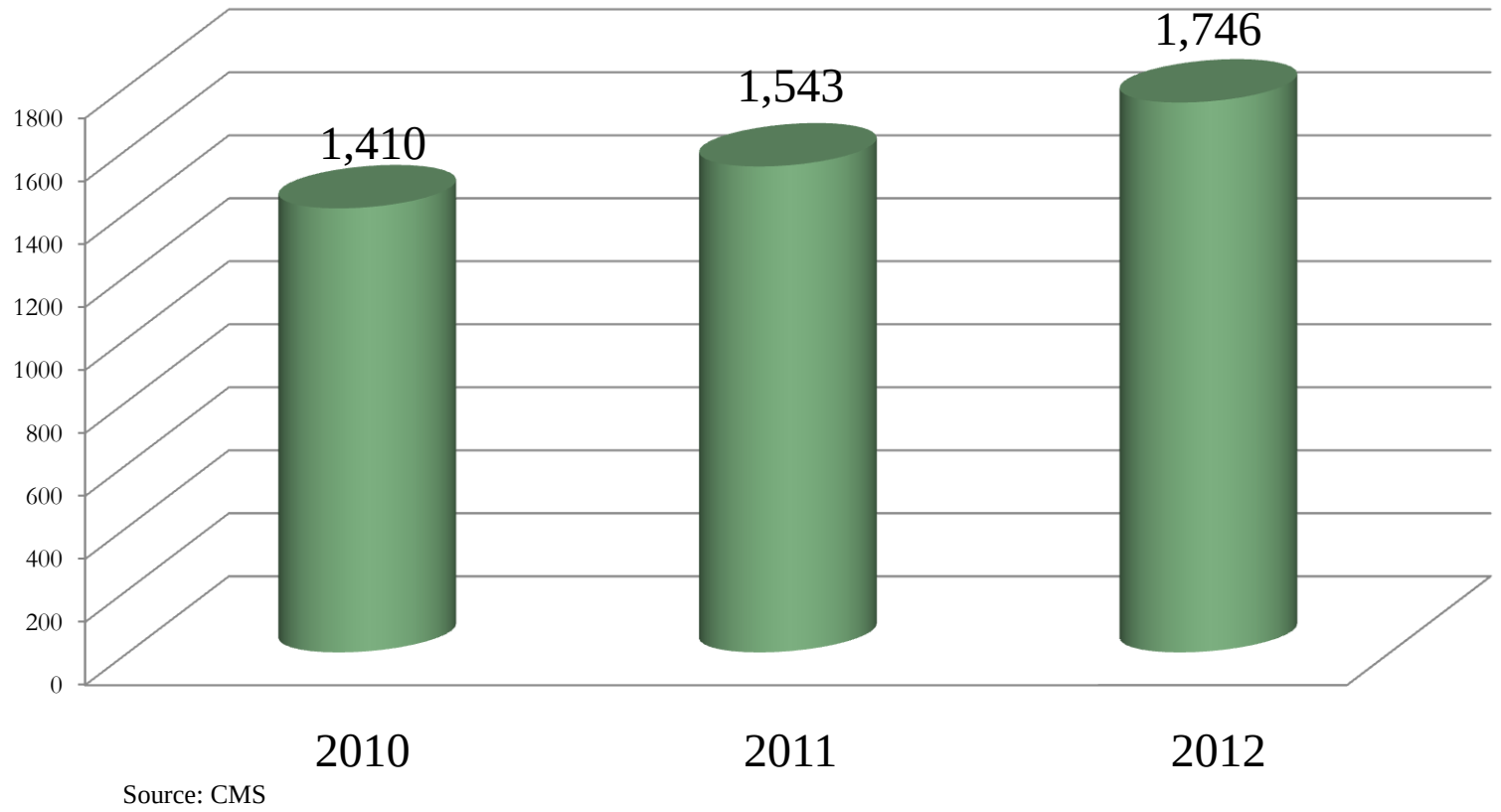
Hospice Patients



Source: CMS

Madison-Deane

The VNAs of Vermont has joined the Madison-Deane Initiative (MDI) on a study to better understand the reasons behind Vermont's low hospice utilization. Vermont has the third lowest hospice utilization rate in the nation; only New York and Alaska are lower, according to 2011 data from the Dartmouth Atlas of Health Care. The Vermont Hospice Study will identify barriers to hospice use and inform strategies to increase hospice utilization in Vermont.

The Madison-Deane Initiative (MDI) is the education arm of the VNA of Chittenden's End-of-Life Care services. It was created in 1997 to educate the general public and medical professionals about quality care at the end of life. MDI advocates for the strengthening and coordination of quality end-of-life care through education and communication between related organizations. MDI provides educational programs to the community, answering questions on topics related to quality care at the end of life.

Opportunities

- Increase the utilization of Hospice in Skilled Nursing Facilities.
- Increase the utilization of Hospice in Residential Care Facilities.
- Work with the medical community to improve the way we inform patients about end-of-life options.
- Partner with Vermont Ethics Network to educate Vermonters about Advance Directives.
- Work with Blue Cross to promote their Palliative Care benefit.
- Expand the in-patient capacity of the Respite House in Chittenden County.
- Educate Blueprint staff and community care teams (including AAA, SASH, Mental Health) on hospice and palliative care. (There is no funding for this. VNA staff should be intimately involved with Blueprint).
- Continue and expand the Start the Conversation program.

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Questions

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