

Refer Hospice-Eligible Patients Sooner

Research consistently shows that hospice care results in improved patient and family satisfaction.^{1,2} A study of 904,000 patients who died between July 2018 and June 2019 assessed the timing of hospice enrollment across care settings. The authors found³:

- **Access:** While hospice elevates care satisfaction, only 7% of eligible patients were referred to hospice for an optimal length of time. This presents a significant opportunity for many providers to positively impact patients' end-of-life care.
- **Healthcare utilization:** Patients who received hospice services for < 2 months were 5 times more likely to visit the ED during the last month of life than hospice patients who had longer lengths of stay.
- **Costs:** Patients who enrolled in hospice during the last 3-6 months of life consumed an average of \$23,600 less in healthcare costs than patients who received no hospice.

Trust VITAS® Healthcare to deliver care to your patients that meets and exceeds the requirements of the Medicare hospice benefit.



Complex Modalities

VITAS offers aggressive symptom management in any setting via traditional treatments along with parenteral interventions, high-flow O₂, inotropic therapy, and more. Medicare-covered supplies include BiPAP, CPAP, home ventilator, etc.



High-Acuity Care

For patients with acute symptoms, VITAS offers higher levels of care to stabilize their condition.



24/7/365 Clinical Care Support

Caregivers have access to clinicians who can treat by phone or dispatch a clinician to the patient when necessary. VITAS offers telehealth for 24/7/365 admissions of hospice-eligible patients.



Open Formulary

VITAS offers an open Rx formulary, including continuation of disease-directed medications such as beta blockers, ace inhibitors, diuretics, inhalers, cholinesterase inhibitors (i.e. donepezil), etc., with VITAS nurse supervision.



Advanced Illness Specialists

Experienced clinicians assist with goals-of-care conversations, specialist consults, medication reconciliation, and more to enhance prognostication of patients with advanced illness.



Expanded Team

The VITAS expanded care team includes respiratory therapy, dietary support, PT/OT/speech therapy, music, pet visits, and massage.

Studies show that most patients with advanced illness would benefit from being referred to hospice sooner for comprehensive care.^{2,3} Don't delay hospice referrals.

¹ Kumar, P., et al. (2017). Family perspectives on hospice care experiences of patients with cancer. *Journal of Clinical Oncology*, 35(4), 432.

² Teno, J. et al. (2007). Timing of referral to hospice and quality of care: length of stay and bereaved family members' perceptions of the timing of hospice referral. *Journal of Pain and Symptom Management*, 34(2), 120-125.

³ Trella Health (2020). Quantifying Hospice's End-of-Life Impact. Available at: https://www.trellahealth.com/portfolio_page/quantifying-hospices-end-of-life-impact/

Hospice Support for Your Most Vulnerable Patients

General Hospice Eligibility Guidelines

Consider hospice if a patient meets 2 or more:

- Dependent in 2-3 of 6 ADLs
- SOB or fatigue at rest/minimal exertion
- Multiple ED visits or hospitalizations
- 10% weight loss in 6 months
- Recurrent falls with injury
- Decreased tolerance in physical activity

Diagnosis-Specific Hospice Eligibility Guidelines

Sepsis


- Hospice-eligible but not previously identified
 - Cancer, solid tumor and hematologic
 - Advanced cardiac disease
 - Advanced lung disease
 - Dementia
 - Eligibility at hospital discharge
- OR-
- Pre-hospital functional ability
 - Physical impairment
 - 1 of 6 ADLs or 1 of 5 IADLs
 - Cognitive status
 - Any degree of dementia

Alzheimer's Disease and Other Dementias

Consider hospice if patient meets both:

- Dependent in 3/6 ADLs
- One of these complications:
 - Pneumonia
 - Recurrent UTI
 - Sepsis
 - Weight loss 10%
 - Two Stage 3 or 4 pressure ulcers
 - Hip fracture
 - Swallowing difficulty
 - Feeding tube decision
 - Delirium

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Healthcare

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information: 800.93.VITAS
or VITAS.com/Referrals
 | Since 1980

Lung Disease

Consider hospice if patient meets both:

- Dyspnea at rest and/or with minimal exertion while on oxygen therapy
- One of these disease progressions:
 - Frequent ED visits and/or hospitalizations
 - Cor pulmonale

Cancer

Consider hospice if patient meets both:

- Spends 50% of time in bed or chair during waking hours
- No longer pursuing chemotherapy and/or immunotherapy

Heart Disease

Consider hospice if patient meets all:

- NYHA Class III or IV (fatigue, angina, or dyspnea at rest and/or with minimal exertion)
- Multiple ED visits and hospitalizations
- Not a surgical candidate

Liver Disease

Consider hospice if patient meets both:

- INR > 1.5 and serum albumin \leq 2.5 g/dL
- One of these complications:
 - Recurrent ascites
 - Spontaneous bacterial peritonitis (SBP)
 - Hepatic encephalopathy
 - Variceal bleed
 - Weight loss 10%
 - HRS