Hospice Clinical Appropriateness:

End-Stage COPD and Other Forms of Lung Disease

VITAS® Healthcare

Make the nation's hospice leader your partner in care

Your patients depend on you to guide them in making some of the most important decisions they will ever make. So, when it comes to helping them choose hospice, you'll want to refer them to a provider with a proven record of administering the highest quality of clinical, spiritual and emotional support services. You'll want to partner with VITAS.

Physicians, hospitals, nursing homes, assisted living communities and home health agencies have chosen to refer to VITAS because they trust our protocols. Developed over more than 35 years of caring for patients at the end of life, our expertise and resources ensure comfort, peace, and satisfaction for their patients and patients' families. Clinicians know we work hand in hand with them in an interdisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as he or she nears the end of life.

Hospice as part of your continuum of care

Hospice services are specially designed to supplement the high level of care attending physicians and clinical staff bring to their patients. Partnering with VITAS has many benefits:

- VITAS staff actively monitors and manages changes/declines in your patient's condition.
- VITAS support reduces emergency calls to the physician, which minimizes the burden and stress on office/facility staff.
- VITAS services reduce calls to 911 or unnecessary transfers to the hospital/ED.
- VITAS clinicians are available as an experienced end-of-life resource at all times.
- VITAS care plans are dependent upon the attending physician's approval, and we welcome the physician's input on care.

Hospice for end-stage COPD and other forms of lung disease

The number of people who have chronic obstructive pulmonary disease (COPD) is on the rise—more than 15 million have been told by a healthcare provider they have the disease.[1] According to the Centers for Disease Control and Prevention (CDC), it was the third-leading cause of death in the U.S. in 2011.[2] However, statistics suggest hospice services are underutilized by this population. According to the National Hospice and Palliative Care Organization, less than nine percent of hospice admissions in 2013 were patients with a primary diagnosis of nonmalignant lung disease.[3]

People with advanced COPD and their caregivers face significant physical and psychosocial challenges. VITAS offers a comprehensive multidisciplinary approach to relieving the distress of patients suffering from advanced lung disease and can support their families both before and after the patient dies.

Types of nonmalignant chronic lung disease

There are several types of chronic lung diseases that can be life-limiting, including:

- COPD
  - Emphysema
  - Chronic bronchitis
- Chronic asthma
- Bronchiectasis
- Pulmonary fibrosis
- Cystic fibrosis
- End-stage tuberculosis

Specialized program for patients with end-stage COPD and other lung disease

Dyspnea, and the anxiety it causes, are two of the most distressing symptoms that patients experience. These can often be treated using a combination of clinical therapies and the individual, 24-hour support that hospice offers. The VITAS plan of care for end-stage lung diseases includes:

- Comprehensive evaluation by all members of the interdisciplinary team
- Pre-emergency care planning consistent with the patient's needs and goals
- Pharmacologic and non-pharmacologic interventions to reduce episodes of respiratory distress
- 24-hour response upon onset of respiratory distress using a customized emergency protocol
- Caregiving objectives focused on improving the patient's quality of life

Knowing when a patient with COPD or other lung disease is ready for hospice care

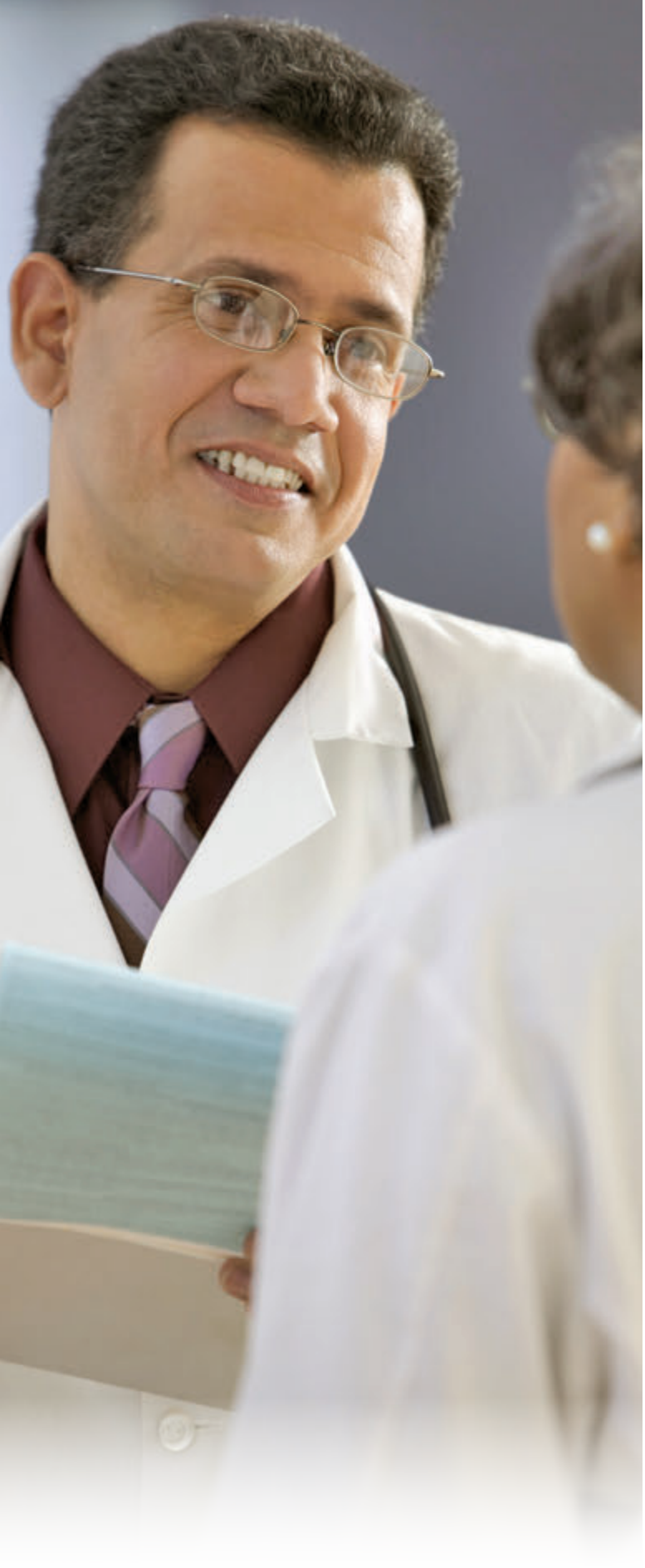
Physicians may use clinical guidelines to identify patients in the final six months of lung disease. But when it comes to end-of-life care, patients should be both physiologically and psychologically hospice-appropriate. Hospice care is designed to help patients who:

- Are dyspneic at rest or with minimal exertion
- Have progressed to the point where they spend most of their days at home
- Have experienced repeated ED visits (one or more each quarter) due to infection or episodes of respiratory failure
- Have endured repeated hospitalization (one or more each quarter) and no longer wish to be admitted
- No longer wish to be intubated

VITAS counsels patients and their families about their goals and alternative ways to manage symptoms to prevent unwanted hospitalization and intubation.

Even before hospice is considered…

a VITAS physician is available for a consultation. We have the time to listen to the concerns of the patient and family, describe the progression of the advanced disease, explain care options and outline a realistic plan of care. You are informed of the outcome and we maintain communication with patient and family.



VITAS helps to reduce rehospitalization

A partnership with VITAS provides resources that can reduce unnecessary rehospitalization:

- **Visit frequency—**VITAS' interdisciplinary team members coordinate support based on the individualized plan of care.
- **VITAS Telecare®—**24-hour direct access to trained clinicians provides around-the-clock resources and peace of mind for patients, families, and clinical staff members in nursing homes and assisted living communities.
- **Intensive Comfort Care®—**Medical management is provided in the patient's home, nursing home or assisted living community, up to 24 hours per day when medically appropriate.

Hospice admission guidelines for patients with end-stage COPD or other lung disease

Major characteristics:

- Dyspnea at rest or with minimal exertion
- Dyspnea unresponsive or poorly responsive to bronchodilator therapy
- Progression of chronic pulmonary disease as evidenced by one or more of the following:
  - Frequent use of medical services, including hospitalizations, ED visits and/or physician outpatient visits, due to symptoms of pulmonary disease
  - Frequent episodes of acute exacerbation of COPD, bronchitis or pneumonia

[1]Morbidity and Mortality Weekly Report (MMWR). "Chronic Obstructive Pulmonary Disease Among Adults — United States, 2011." 61(46);938-943. Web. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6146a2.htm. Accessed July 24, 2014.

[2]Hoyert Donna L. and Xu Jiaqua. National Vital Statistics Reports. "Deaths: Preliminary Data for 2011." National Vital Statistic Reports. Web. http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf. Accessed July 24, 2014.

[3]*NHPCO Facts and Figures: Hospice Care in America.* Alexandria, VA: National Hospice and Palliative Care Organization, October 2013.

  - Unintentional weight loss of ≥ 10 percent body weight over the preceding six months
  - Progressive inability of the patient to independently perform the various activities of daily living (ADLs) or an increasing dependency with ADLs, resulting in a progressively lower performance status

Other important critical factors:

- Cor pulmonale
- CO_2 retention
- Steroid dependent
- Hypoxemia despite oxygen therapy

Abnormal laboratory findings:

While these laboratory studies may be helpful to the clinician when considering patient appropriateness for VITAS services, they are not required for patient admission.

- FEV_1 ≤ 30 percent predicted post-bronchodilator
- Serial decreases in FEV_1 of at least 40 ml/year over several years
- PO_2 ≤ 55 mm Hg on oxygen
- O_2 sat. ≤ 88 percent on oxygen
- Persistent hypercarbia (PCO_2) ≥ 50 mm Hg

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