



# Hospice Clinical Appropriateness:

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End-Stage HIV/AIDS

**VITAS**<sup>®</sup>  
Healthcare



## Partner with the nation's hospice leader

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 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 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 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.



## Considering hospice for end-stage HIV/AIDS

The development of new antiretroviral agents and the ability to better control opportunistic infections have shifted AIDS from a terminal to a chronic illness. More patients are living with HIV/AIDS. Even patients who present with low CD4 counts and high viral loads who have never been treated with antiviral therapy should be evaluated by an HIV specialist rather than referred to hospice. A medication regimen can change the progression of the illness.

End-stage HIV/AIDS patients are, in general, younger than the typical hospice patient but often have the diseases that are seen in older HIV-negative patients; they are said to have “early aging.” The co-morbidity that has been designated as the terminal illness could be anal or cervical cancer, lymphoma, advanced coronary disease, etc. But either long-term HIV or a side effect of the antiretroviral medication has put the patient at higher risk for developing the terminal illness.

### Who is the end-stage HIV/AIDS patient?

Gay men are no longer the typical hospice patient dying of AIDS in the U.S. Nor are HIV-positive patients who take their medications likely to be hospice appropriate. Today there is higher rate of infection among minorities who have severe psychosocial issues, are disenfranchised and are without family support.

The patient may be low- or no-income with no insurance, no access to healthcare and a history of drug/alcohol abuse. Living on the edges of society, this patient is inevitably hospitalized at some point and, without a support system, placed in a nursing home. Typically, it is then that a physician must determine if the patient is hospice appropriate.

## Hospice admission guidelines for patients with end-stage HIV/AIDS

Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria. (1 and 2 must be present; factors from 3 will add supporting documentation):

1. CD4+ count <25 cells/mcL or persistent viral load >100,000 copies/ml, plus one of the following:
  - a. CNS lymphoma
  - b. Untreated or not responsive to treatment wasting (loss of 33% lean body mass)
  - c. Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment or treatment refused
  - d. Progressive multifocal leukoencephalopathy
  - e. Systemic lymphoma with advanced HIV disease and partial response to chemotherapy
  - f. Visceral Kaposi's sarcoma unresponsive to therapy
  - g. Renal failure in the absence of dialysis
  - h. Cryptosporidium infection
  - i. Toxoplasmosis unresponsive to therapy
2. Decreased performance status of  $\leq 50$  as measured by the Karnofsky Performance Status (KPS) scale
3. Documentation of the following factors will support eligibility for hospice care:
  - a. Chronic persistent diarrhea for one year

- b. Persistent serum albumin <2.5
- c. Concomitant, active substance abuse
- d. Age >50 years
- e. Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- f. Advanced AIDS dementia complex
- g. Toxoplasmosis
- h. Congestive heart failure, symptomatic at rest

### 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 reduce hospitalization

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**<sup>®</sup>—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**<sup>®</sup>—Medical management is provided in the patient's home, nursing home or assisted living community, up to 24 hours per day when medically appropriate.



## What does hospice offer the HIV/AIDS patient and family?

In a best-case scenario, the hospice team becomes the patient's advocate, placing the patient appropriately in a care facility and restarting a medication regimen. With help from a chaplain or social worker, the patient becomes compliant and is no longer hospice appropriate. Even if the patient refuses antiviral therapy, hospice addresses pain and other symptoms and attends to psychosocial issues to improve quality of life at the end of life.

Note that medications necessary to keep the HIV/AIDS patient comfortable and to improve quality of life are covered by Medicare/Medicaid/Medi-Cal. The hospice physician, consulting with an attending physician and/or family if available, establishes a plan of care that meets that patient's needs.

Hospice can also take the burden off a family caring for someone with end-stage HIV/AIDS. The hospice team gives the family the time and the encouragement to enjoy one another, to bring estranged members together, to broach difficult topics, to heal and grieve.

Refer your patients to  
VITAS Healthcare  
Call 800.93.VITAS

Easy online referrals now available  
at [VITAS.com/referral](https://www.vitas.com/referral)

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- Offers one-touch referral capability
- No referral paperwork
- Puts you in immediate contact with a VITAS hospice admissions professional if you prefer

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Contact your local VITAS representative for more information.

To refer a patient call 800.93.VITAS

[VITAS.com/referral](http://VITAS.com/referral)  

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