VITAS® Healthcare

Hospice Admission Guidelines

Advanced Lung Disease/COPD

At A Glance

Chronic obstructive pulmonary disease (COPD) is currently the third-leading cause of death among persons aged 65 and over.[1]

COPD-related medical care and absenteeism costs are estimated to rise to $49 billion by 2020.[2]

With hospice, patients report higher overall satisfaction with their care, symptom control and quality of life.[3]

Timely referral to hospice care can help manage long-term symptoms, address pain, and support the patient and family with dignity.

Why Choose Hospice

COPD is one of the diseases targeted by Medicare's Hospital Readmission Reduction Program. Hospice is the only post-acute care option that offers multiple levels of care to match patients' symptoms and their end-of-life preferences. Hospice also supports the vast majority of patients who prefer to die at home, wherever they call home.

Hospice care provides individualized care plans that avoid aggressive interventions at the end of life and focus instead on patients' preferences for symptom management, pain relief and quality of life.

With hospice, patients report higher overall satisfaction with their care, symptom control, quality of life and improved communication with healthcare providers.[3] Timely referral to hospice may actually prolong survival for some patients.[4]

Hospice care allows patients to maintain a sense of self-control, eases burdens on their families/caregivers, strengthens relationships with loved ones and avoids a prolonged dying process.[5]

What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies brought to the patient, covered by Medicare
- Inpatient care when the patient is too sick to stay home
- Intensive Comfort Care®, when medically necessary, provides around-the-clock hospice care to manage acute symptoms in the patient's preferred care setting so the patient can avoid hospitalization
- 24/7 access to hospice clinicians

Not sure if your patient is hospice-eligible?

Contact VITAS for an evaluation to determine whether hospice is an appropriate option for care.

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With Hospice

Less Likely

- Aggressive end-of-life interventions/treatments
- Hospital readmission
- Increased healthcare utilization

More Likely

- Patient dies in care setting
- Improved quality of life
- Symptom relief and prolonged survival (for some patients)
- Early introduction of palliative care[6]

Hospice Eligibility Guidelines for Advanced Lung Disease/COPD

Major Characteristics:

- Dyspnea at rest and/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 bronchitis or pneumonia
  - Unintentional weight loss of >10% body weight over the preceding six months
  - Progressive inability to independently perform various activities of daily living (ADLs) or an increasing dependency with ADLs, resulting in a progressively lower performance status

Other Important Critical Factors:

- Continuous chronic oxygen therapy
- Resting tachycardia >100/min
- Steroid-dependent
- Cyanosis

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.

- FEV1 ≤ 30% predicted post-bronchodilator
- Serial decreases in FEV1 of at least 40 ml/year over several years
- PO_2 ≤ 55 on room air
- O_2 sat. ≤ 88% on room air
- Persistent hypercarbia (PCO_2) ≥ 50 mmHg

Referrals are secure and simple with the VITAS app.

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To further assist with prognosis, the VITAS app contains an interactive Palliative Performance Scale that quickly quantifies hospice eligibility based on a patient's functional status.

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2. Ford E.S., Murphy L.B., et al. (2015). Total and state-specific medical and absenteeism costs of COPD among adults aged ≥ 18 years in the United States for 2010 and projections through 2020. *Chest, 147*(1):31-45.
3. Connor S., Teno J., Spence C., & Smith N. (2005). Family evaluation of hospice care: results from voluntary submission of data via website. *Journal of Pain and Symptom Management, 30(1)*, 9–17.
4. Connor S., Pyenson B., et al. (2007). Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *Journal of Pain and Symptom Management, 33(3)*, 238-46.
5. Singer PA, Martin DK, Kelner M. (1999). Quality end-of-life care: patients' perspectives. *JAMA, 281*(2),163–8.
6. Rush, R., Hertz, P., Bond, A., McDermid, R., Celia, L. (2017). Use of Palliative Care in Patients With End-Stage COPD and Receiving Home Oxygen. *Chest, 151*(1):41-46.