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VITAS Expert



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Advanced Cardiac Disease

GOAL: To help UnitedHealthcare providers better understand the role of hospice in advanced cardiac disease, identify hospice guidelines for cardiac disease and articulate the benefits of hospice for appropriate cardiac patients.

Key Takeaways:

1. The New York Heart Association assesses cardiac disease patients with a four-class system. Class III, the threshold of advanced cardiac disease, is identified by marked limitation of physical activity and fatigue, palpitation or dyspnea due to minimal exertion. Class IV/Stage D indicates the patient cannot perform any physical activity without discomfort, and dyspnea, angina and palpitations occur at rest, medications are maximized and there are no surgical options available.
2. Hospice can serve as a solution for advanced cardiac disease patients, their families and physicians by improving quality of life (QOL) and reducing hospital readmission. Physicians should consider their patients' ADL deterioration, overall distress, hospitalization, ED visit frequency and prognosis as keys for referral.
3. The goals of quality end-of-life care are to provide adequate pain and symptom management, avoid inappropriate prolongation of dying, help patients achieve a sense of control, strengthen patients' relationships with loved ones and relieve patients' families of burden.
4. The provider's responsibilities to advanced cardiac disease patients include facilitating discussions about QOL and prognosis, educating seriously ill patients about their high risk of death, formulating end-of-life care strategies that manage symptoms, avoiding unnecessary testing and considering hospice enrollment.
5. Goals-of-care conversations should address outcomes relevant to each individual patient, including improving QOL, reducing symptoms, alleviating burdens, and improving survival. Through 24-hour nurse access, palliative support from a physician, and several levels of care tailored to their needs, hospice patients often experience prolonged and higher-quality life compared with nonhospice patients.
6. Several myths create barriers to hospice referrals for cardiac patients:
 - Hospice is only for patients with cancer or those who are actively dying.
 - All treatment is discontinued when a patient elects hospice.
 - DNR status is required for all hospice patients.
 - The physician must be certain that the patient's life expectancy is 6 months.
 - Patients who live longer than 6 months will be discharged.