



Featured VITAS Expert

Joseph Shega, MD
SVP and Chief
Medical Officer
VITAS® Healthcare



CE Webinar for Healthcare Professionals Determining Prognosis in Cancer and Non-Cancer Diagnoses

GOAL: To help healthcare professionals identify patients who have advanced illness and are no longer responding to curative care. Attendees will understand the trajectories of dying, decline-related domains involved in poor prognosis and factors that determine when patients and residents are eligible for hospice.

Key Takeaways:

1. VITAS is and will remain compliant with all COVID-19 CDC guidelines and recommendations throughout the outbreak. Specialized training, daily infection control, and participation in the national COVID-19 task force helps us ensure hospice care continues uninterrupted for our 19,300+ patients and their families.
2. The Medicare hospice benefit bases eligibility on “a medical prognosis (of a) life expectancy of six months or less. Determination is based on a physician’s clinical judgment.
3. Determinants of poor prognosis include clinical judgment, nutrition, physical function, cognition, healthcare utilization and symptoms. Ask yourself: “Would you be surprised if this patient were to die within the next year?”
4. For cancer, functional status is a key prognosis determinant. A patient who spends an average of 50% or more of their time in a bed or chair has a prognosis of about three months and is considered hospice-eligible.
5. Cardiac disease and COPD prognosis can be determined by presence of symptoms at rest or with minimal exertion, and increased healthcare utilization (e.g. clinic visits, ED use, and hospitalizations).
6. End-stage dementia patients are eligible if they are dependent in 3/6 ADLs and have a recent disease-related complication.
7. Prognosis factors for end-stage kidney, liver disease and HIV/AIDS can include functional decline, weight loss, muscle wasting, comorbid conditions and lack of improvement despite treatment.

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