

Heart Disease

If you have a patient with heart disease, they may be eligible for hospice.

Only one in three people in the United States eligible for hospice care receives it – even though hospice is covered by Medicare and most Medicaid and commercial insurance plans for eligible patients. This even includes coverage for medications and supplies related to the life-limiting illness. Why aren't more people taking advantage of the benefit? Largely because people don't understand all that hospice can offer – or because they are not aware of the many diagnoses that can qualify a patient for hospice.

If you have a patient with **heart disease** that meets the following criteria, they may be eligible for hospice services:

The patient has **1 and either 2 or 3.**

1. The patient has congestive heart failure with New York Heart Association (NYHA) Class IV* symptoms and both of the following:
 - The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina (*at rest*)
 - Inability to carry out even minimal physical activity without symptoms of heart failure (dyspnea) or angina
2. Patient is optimally treated with diuretics, vasodilators, ACE inhibitors, or the combination of hydralazine and nitrates.
3. The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting documentation includes:

- Echo demonstrating an ejection fraction of 20% or less
- Treatment resistant symptomatic dysrhythmias
- History of unexplained or cardiac related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest or resuscitation, concomitant HIV disease

NOTE: Patients awaiting heart transplant who otherwise meet the above criteria are eligible. However, if a donor organ is procured, the patient must be discharged.

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment. *Coverage for hospice care may still be appropriate for patients not meeting these determinations due to comorbidity or rapid decline.*

* See the reverse side of this card for New York Heart Association (NYHA) Functional Classification.

Please contact VistaCare at 1-866-VISTACARE if you would like to refer a patient or have any additional questions about hospice eligibility. Or, feel free to use our online Hospice Referral Form at <http://www.VistaCare.com/eligibility/referral>.



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New York Heart Association (NYHA) Functional Classification (Class & Description)

I

Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, palpitations or anginal pain.

II

Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, dyspnea, palpitations or anginal pain.

III

Patients with limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain.

IV

Patients with cardiac disease resulting in an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

At VistaCare, we're committed to the exceptional delivery of compassionate, patient-focused hospice care that meets our patients and families where they are, with the care that's right for them. We can help care for patients in the following ways:

- Expertise in pain management and end-of-life care.
- Medical Director services available.
- Registered nurses available around-the-clock.
- Help patients remain at home or other residence of choice.
- Relieve the patient of financial obligations associated with the terminal illness.
- Reinforce your commitment to quality patient care.
- Accept all eligible patients.

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