

End-of Life Care Enhances Dignity and Peace As Life Nears Its End

INCREASING NUMBERS OF AMERICANS – and their physicians – now recognize that much of the pain and sense of hopelessness that accompany terminal illness can be eased by services designed specifically to help them: services that are covered by Medicare. End-of-life care offers the satisfaction of easing physical and emotional pain through effective palliative treatment when cure is not possible.

Physicians and other health care practitioners, who also confront a sense of loss with terminally ill patients, can be encouraged that the Medicare program includes a hospice benefit that provides coverage for a variety of services and products. When properly certified and appropriately managed, hospice care is a valuable and legitimately covered treatment option.

Many physicians also appreciate the fact that end-of-life care enables family and loved ones to participate in the experience and to get help from the hospice in managing their own feelings and reactions to the illness.

In 1999, 474,270 individuals received hospice care at 2,281 certified hospice programs in the United States. In 2000 there were 2,266 certified hospices and as of August 2001, 2,277. The majority of care is offered to those who will die from cancer; but the hospice setting also is appropriate for patients who suffer from lung disease or end-stage heart ailments, and for terminally ill AIDS patients.

The value of hospice care is recognized and advanced by many physicians and other health professionals. One professional organization, the American Academy of Hospice and Palliative Medicine (formerly the Academy of Hospice Physicians) focuses its efforts on the “prevention and relief of suffering among patients and families” through palliative therapy, education

and counseling. Among the Academy’s objectives are to “bring the hospice approach into mainstream medicine and eliminate the dichotomy whereby patients receive either curative or palliative care.”

This distinction is important because despite a growing appreciation for end-of-life care both as a philosophy and as a fully covered Medicare benefit, there exist two perceived barriers to its broader acceptance.

First is an understandable reticence to contemplate the end of life.

A 1999 survey conducted by the National Hospice and Palliative Care Organization (NHPCO) found that Americans generally are reticent to discuss end-of-life care with their elderly parents. According to the survey, less than one in four of us have put into writing how we wish to be cared for at life’s end. About one in five have not contemplated the subject at all, and a slightly smaller number told the surveyors they have thought about it but have not shared their thoughts with others.

The second perceived barrier is a less-than-full awareness on the part of both patients and practitioners that the covered hospice benefits are both broad and readily available virtually everywhere in the country.

Hospice care has been a fully reimbursable Medicare Part A benefits option for beneficiaries and providers since 1983.

As with other covered services, payments for hospice care generally are made to providers based on prospectively-set rates that are updated every year for inflation. Hospice care is primarily a specialized type of home health care, and as is the case with the home health care benefit, hospices are served by regional intermediaries for Medicare billings, payments, cost reports and audits.

Hospice care is also covered by Medicaid in many states.

Medicare covers a number of specific services, as defined in regulation and in the Medicare Hospice Program Manual. Most of these services are familiar to health care professionals and other practitioners who have worked with SNFs and home health services. Covered services include:

- Medical and nursing care
- Medical equipment (such as wheelchairs or walkers)
- Pharmaceutical therapy for pain relief and symptom control
- Home health aide and homemaker services
- Social work services
- Physical and occupational therapy
- Speech therapy
- Diet counseling
- Bereavement and other counseling services
- Case management

The covered services are chosen for specified amounts of time known as “periods of care.” Essentially, a physician may certify a patient for hospice care coverage for two initial 90-day periods of care, followed by an unlimited number of 60-day periods of care. Each period of care requires that the physician certify a terminal illness. Payment is made for each day of the period of care at one of four per diem rates set by Medicare.

Generally speaking, the hospice benefit is intended primarily for use with patients whose prognosis is terminal, with six months or less of life expectancy. The Medicare program recognizes that terminal illnesses do not have entirely predictable courses, therefore, the benefit is available for extended periods of time beyond six months provided that proper certification is made at the start of each coverage period.

Recognizing that prognoses can be uncertain and may change, Medicare’s benefit is not limited in terms of time. Hospice care is available as long as the patient’s prognosis meets the law’s 6-month test.

- This test is a general one. As the governing statute says: “The certification of terminal illness of an individual who elects hospice shall be based on the physician’s or medical director’s

clinical judgment regarding the normal course of the individual’s illness.” The statute further notes that, “making medical prognostication of life expectancy is not always exact.” Thus, there is no reason for a physician to be concerned about certifying an individual for hospice care that he or she believes to be terminally ill.

Originally defined in the Latin word “hospitium” (“guesthouse”) as a shelter for weary and sick travelers, modern hospice care thrives to this day because a growing number of Americans in the health care profession, the counseling community, the government, and mainstream society recognize that palliative care is a special and valuable way of easing the pain and emotional stress for people who are approaching the end of life’s journey.

For example, The American Academy of Hospice and Palliative Medicine offers a course on professional decision-making relative to ethical and legal considerations associated with terminal illness. This comprehensive course may be ordered through the Academy’s website at www.aahpm.org.

Also, The Hospice Foundation (www.hospicefoundation.org), the Hospice Association of America, The National Hospice and Palliative Care Organization (www.nhpco.org) and others are actively spreading the word about the therapeutic and emotional benefits of hospice care.

While each of these groups – and many other similar organizations at the state and community level – have their own focus of activity, they all share the same belief: that hospice is not about death, but rather about the quality of life as it nears its end, for all concerned – the patient, family and friends, and the health professional community.

For more information: go online to www.hcfa.gov/medicare/hospiceps.htm; check the Medicare Learning Network at www.hcfa.gov/medlearn/; or see a related informational brochure on hospice care at: www.medicare.gov/publications.

