The Changing Faces of Hospice

2019 UPDATE ON HOSPICE AND PALLIATIVE MEDICINE

FOCUS ON THE TEAM
Hospice Provides

- Holistic Care to Patients in place (Home, Facility, Hospital, Prison etc.)
- Palliation of distressing symptoms at end of life
- Emotional Support
- Education for all levels (volunteers to Hospital admin)
- ADL support
- Community support for health care providers, Health Care facilities and spiritual care centers (Churches)
The Hospice Benefit

- 1982 Medicare started paying the hospice benefit. Medicare started in 1966 (LBJ)
- Covered Under Medicare part A
- Was a huge boost to caring for people at end of life.
- Came at the time when advancements were creating many difficult situations, long term ventilation support patients, ethical issues abounded.
Many physicians are resistant even today to refer to hospice.

It is a right and a benefit for people to have dignified and non-aggressive end of life care.

Hospices always have at least two physicians available for cases where a primary refuses to give a referral.

Let me try to convince you hospice care is good.

We have another service to talk about you can resist!
Hospice is very unique

- Cannot be replaced by a practice hiring a social worker (True story)
- Done properly is a Money Loosing business!
- Let the consumer AND REFERRING PHYSICIAN beware. There are vastly different Choices.
- Know “your” Hospices!
- Services Required to be provided are almost double the reimbursement rate.
Hospice Medicare Reimbursement

- Routine Days 1-60 $193.03
- Routine Days 61+ $151.60
- CIC Hourly 40.70 ($976.80)
- Respite - $181.87
- GIC - $743.55
- Annual Cap $28,689.04

- Routine Days 1-60 $196.50
- Routine Days 61+ $154.41
- CIC Hourly 41.57 ($997.68)
- Respite - $185.27
- GIC - $758.07
- Annual Cap $29,205.44
2020 Proposed

- Increase Annual Cap to $29,993.99

- Medicare has figured out the One thing that we can’t do and that is predict exactly when our patient will die.

- HHA’s and CNA’s are the most accurate predictors.
Identify and report visits in the last 3 and 7 days of life.

- Proposal will be to increase payment in the last week if all disciplines visit the patient in the last 3 days of life
- The one thing we aren’t very good at predicting is death
- Incentive to know when the patient will pass
- Incentive to do this before the cap maximum exceeded
Donations Keep Non-Profit’s Open

- Incomes less than $20,000 Donate - 4.6% of income
- Incomes $50,000 - $100,000 Donate - <2.5% of income
- Incomes $100,000 - $200,000 Donate - 6.9% of income
- Very Wealthy tend to donate large sums
- All Donors are important to hospice with a large part coming from families who were assisted by the hospice.
Wine and Art Auctions
CME
Hosting Group Events
Parties and Gaylas
**Auto Dealership Masquerade ball**
Makes it look like Hospice is all fun and games but it is essential for us to continue to provide quality care
Hospice Required Covered Services

- Nursing Care
- PT/OT
- Speech-language therapy
- Social Services
- Home Health Aid services
- Physician Services
- Home Maker Services
- Medicines
- Medical Supplies
- Oxygen and related equip.
- Dietitian Services
- CIC (Not inpatient care centers)
- Respite for caregivers
Services That MOST Hospices Provide But that are not required by Medicare

- Massage Therapy
- Pediatric Hospice Care
- Music Therapy
- Volunteer Support
- Grief Counseling for Families affected by loss
- Pet Support Services
- Medications not related to the terminal illness
- Alternative Medicine Care
- Children’s Grief Camps
- Community Education
- Myth Busting every where we go.
The Hospice TEAM

THE TRUE BENEFIT FOR YOUR PATIENTS
The Interdisciplinary Team (IDT)

- IDT Usually a weekly meeting.
- All Patients are discussed q 14 days with all disciplines present.
- Admission and death cases are discussed in detail
- Complex case management opportunity
- 256 years of hospice experience in one room!
Under the direct management of the Medical Director

Often felt to be “Just Another Medicare Check box” by some but is vital to the team and to Hospice care itself!!

Without IDT patient care would fail and the hospice worker would quit!

A time of Laughter, crying, complements and comradery. A family get together with purpose of improving care.
IDT Facts and Farses

- Improves Management of symptoms and difficult cases
- All disciplines present their facet of the patient’s care
- Offers emotional support for hospice workers
- Venting frustration, Asking for advice, Brainstorming
- A place for the team to honor one another
- Keeps your heart tender and your care excellent.
New Reporting Guidelines

- Cell Tracking of HHA and CNA
- Visits by HHA, Chaplain, Social Worker, APRN/Physician in the last 7 days of life.
  - Data will be kept private by medicare and not released YET as a public comparison data point
- Payment requires EHR/EMR data points with easily Audit features. Yes our charting woes are due to Medicare.
Chaplain

This is Jakie Carmicle. He is a dedicated Hospice Chaplain, Pastor, Friend. He tells me he prays for me every day. I have known him for 9 years.

He tirelessly works for his patients, his hospice, his friends, his congregation and his Creator.
Dietitians
Kristina, Emma, and Michelle
Live, Love, Laugh,
Eat, Drink, Be Merry,
Cook, Soften, Puree’
Count calories, Quit Counting Calories,
Enjoy When You Can.
Eat what tastes good
Have another piece of Chocolate Cake!
Regional Administrators

Work behind the Scenes, Backline,
Manage ancillary requests, supervise
Team coverage and redirects for
emergencies. Manage RN Timesheets, HHA
Cell Tracks,
Middle Management

We are not sure what they do
Most likely working to insure that our complex systems are all working.
But suspiciously they always are giving away sports tickets, Attending Wine auctions, Dinner receptions, and generally minting money out of free air.
Social Workers

The most Feared worker in hospice.
The most overworked position in hospice.
High Case Loads, 1823’s, FMLA’s, DNR’s, Baker Actors, Vice Squad, Diversions Detectives, Medicaid Waivers, Placements, Screenings.
Grief and Bereavement support.
Home Health Aids

Selfless, Cell Tracked, Patient, Kind, Helpful, Bathe the combative, Clean and Change the unchangeable, Bring supplies, Focus on Families, Bring valuable information to the attention of RN’s and the IDT.
RN’s

Most Likely to be found nodding off at midnight typing a q14 Note
The SUPERSTARS of Hospice Care.
Most Likely to be the ones smiling yet in tears in IDT
Volunteer networks that care for pets abandoned when their owner gets too ill to care for them or they pass away. Often a great comfort to patients knowing someone will be loving on their pets as they pass.
APRN’s

Fairly new component to many hospice teams.
Performs the Face to Face visits Required by medicare.
Manage inpatient care centers when a physician cannot be found – Filling in the shortage gap.
Often Tasked with Palliative care duties in addition to hospice duties and emergent visits.
Volunteers

5% of all logged hospice hours need to be provided by volunteers.
Serve in every arena except direct patient care.
Church Groups, Veterans Groups, School Groups, Scouts, Cadets, Retirees, Widows.
Palliative Care

LOVE IT OR LEAVE IT
Palliative Care

- Hospice is actually the end stage of Palliative Care
- Has been the mainstay of family practice and internal medicine practices
- Frequent Flyer Medicine
- Hospice Administration now sees this as a potential revenue source and referral source
Palliative Care: Love it

- Hospice Administrators
  - Increased Revenue from the Hospice Docs
  - Increased Hospice Referrals
- Busy Family Practices that don’t do home visits
- Busy Internists who don’t like to manage opiates in-patient
- Palliative care ONLY – APRN’s
- Patients who know they aren’t getting better but haven’t been told by their primary care team
Palliative Care: Leave It

- Practice Administrators – lost revenue
- Physicians who aren’t ready to turn over care of their patients.
- Palliative Care Physicians
- Hospice Physicians told to also do palliative care
  - Revenue for the hospice
  - 100 hour work weeks and 24 hours of additional weekend EMR documentation time.
Burnout or Get Out
THE UNFORTUNATE RISK OF OUR PROFESSION
LETS PALLIATE IT
Physician Burnout

Physicians Reporting Burnout
- 2011 – 46%
- 2014 – 54%
- 2017 – 44%

General Population Reporting
- 2011 – 29%
- 2014 – 28%
- 2017 – 28%
Physician Depression

- 2011 – 38%
- 2014 – 40%
- 2017 – 42%

- Work 12 more hours per week than the general population
  - Rose Raymond Mayo Clinic Proceedings from The Do.osteopathic.org.
Physician Suicide Rate Highest of Any Profession

- 28-40 per 100,000
- General Population rate is 12 per 100,000
- A physician commits suicide every day in our country
- Highest Rate of any profession

Web MD from 2018 American Psychiatric Association 2018 Annual Meeting
Physicians Who Have Left Medicine

APRN’s – Burnout at the same rate as physicians

Electronic Medical Records – Not created for us. Programmer said that medicare approval for a system requires that a superuser takes a minimum of 30 minutes to enter a visit

Bureaucratic EMR – Burden the system created to reduce spending by reducing productivity.

Systems energetically disconnect us from our patients.

R. Jan Gurley Centerforhealthjournalism.com
BURNOUT AND DEPRESSION = EXISTENTIAL SUFFERING....?
2019 My last AAHPM meeting
Push for Palliative Care
Push for Physician Assisted Suicide
Push for Shorter Hospice Stays
Reduced Emphasis on Hospice Care
AAHPM – What is Existential Suffering

1. Position: An official indication for Palliative Sedation
2. Position: Best treated with Drugs
3. Position: In 6 states is an indication for PAS
States with Legal Physician Assisted Suicide

California
Oregon
Washington
Colorado
Hawaii
Montana
Vermont ........ More to come
The Deadly Dozen

Out of 4000 attendees the AAHPM meeting for the “Death with Dignity” breakout group had 12 attending. I was sitting in the back like a secret agent using their Technique.

***What happened Next will astound you****
Active PAS Legislative Lobbying

- 38 States Had PAS bills before their Legislature this summer
- ALL 50 States Have Activists that work to bring about this Pro-suicide under the label of “Death with Dignity”
- When Pressed as to Why this was needed answer was
  - “YOU HOSPICE PHYSICIANS ARE SO ARROGANT TO THINK THAT YOU CAN TREAT SYMPTOMS AND RELIEVE SUFFERING. HOW DARE YOU DENY US THE RIGHT TO END ALL SUFFERING”
OSTEOPATHIC OATH

....And I will give no drugs for deadly purposes to any person, though it be asked of me.....

Our Oath was Openly Ridiculed in a meeting at the 2019 AAHPM Death with Dignity Focus Meeting.
Hospice Provides:

- Symptom management for distressing problems that occur at the end of life without hastening death!
- *** Recent Facility Case Story***
- Most of us refuse to accept PAS or Euthanasia as a direction for Hospice
Euthanasia/PAS - Ethical Issues

- Both are illegal in Florida
- The PAS movement may harm the trust that patients, families and physicians have put in us.
- Medicare is not against this – cost savings - Marxist idea
- Not to be confused with Palliative Sedation
  - Case Story (Mark with Gastric Neoplasm)
Law of Double Effect

- This is what we do that got me screamed at by the Suicide squad.
- It is a careful and conscientious technique of titrating medications until comfort is achieved.
- Most cases find relief and are still able to communicate and even eat and drink.
- Occasionally someone will be severe and the relieving doses reduce consciousness - This is ethical double effect
The Way to Treat Existential Suffering

Continue To Exist

Get Chaplain Involved
Social Worker
RN
APRN/ Physician

****MOST CASES ARE DUE TO UNRESOLVED FAMILY OR RELIGIOUS ISSUES****
Eliminating Or Preventing Burnout in 10 easy steps

HOSPICE DOC’S SOLUTION TO PREVENT YOU FROM BEING APPROPRIATE FOR EXISTENTIAL SUFFERING TREATMENT!!
Avoid Burnout and Depression

1. Identify your largest stressors
2. Create a plan to reduce or eliminate all together those stressors
3. Identify what is right in your life
4. Focus on what is right in your life
5. Meditate on what type of Practice would bring you joy
6. Develop a Financial Plan
1. Identify Your Largest Stressors

- Electronic Records
- Late Night Charting
- Declining Income
- Disillusionment with Health Care
- Fear of Failure
- Sleep Deprivation
- On Call that is really Second and Third Shift unpaid hours
- Medicare Regulations ETC ETC ETC
2. Identify What is RIGHT in YOUR life.

- Family
- Friends
- Spiritual Life and Ministries
- Things That Bring you Joy
- Hobbies
- Endocannabinoid Life
3. Sit Down With Your Household

- Ask them what changes you need to make with work
  - Be Open Minded and not quick to refute.
- Discuss Needs that they have
- Discuss Needs you have.... that they see but you can’t
- Identify expenditures and create a budget
- Let them know your HEART, what drives you, what goals you have for them and yourselves.
4. Retreat and Introspect

- Remember and Review your medical life
- What got you interested in medicine
- Think about what type patients you truly enjoy serving
- Start asking the IF ONLY questions
- Dream and Fantasize a little, Think about diversifying
- Ponder your TRUE calling/meaning in medicine.
5. Set Goals and Make Plans

- Seek to eliminate those stressors identified in step 1
- Work Each Day to Accomplish ONE task to help you move forward with your NEW Practice and or business.
- Consult a financial planner bring along the “New Goals” that you set out during your “Home Roundtable”
- When you feel your stress focus more on what you want your life to look like in 2 years.
6. Develop your Spiritual LIFE

- Body Mind and SPIRIT!
- Lean into your Faith
- If you have no spiritual life then adopt someone elses….
- Look for meaning beyond your day to day routine.
7. Find yourself a good counselor

- LCSW
- Church based provider
- Chaplain
- Life Coach
- A Good Coffee Friend
- Fishing/Shopping/Spa Buddy
8. Visualize your new evolving practice

- Roll out the idea to family
- Dig deeper with your Patients and Professional contacts
- Solidify plans
- Stay positive (Don’t share much about why you are leaving,) DO SHARE WHY YOU ARE STARTING NEW!
9. MAKE THE MOVE

Go Part Time if you can to ease your transition from old to new
Downsize if necessary
Limit your hours and accessibility
Let your patients advertise for you.
Become a 10 fingered DO
10. Rest for your Success!

- Walk in FAITH
- Live with careful movements
- Now Diversify your income stream
- Be the Health Care provider you always visualized you would be.
- Not Burned out but burning with zeal and purpose.
- Enjoy your household
Complementary and Alternative Medicine in Hospice
Medical Marijuana

- Reduction of pain medication usage by ~50%
- Does away with utilization of about 5 meds:
  - Anti-nauseants
  - Appetite Stimulants
  - Axiolytics
  - Anti-depressants
  - Sleep agents
Medical Marijuana

Under utilized due to old stigmas and fear.
Changing The landscape of Patient Care
Unintentional effect of validating Herbal Medicine
Allowing the public to see government and pharmaceutical forces at work
Know your Cannabinoid Physiology
Medical Marijuana and CBD

- 1897 A.T. Still “Man should study and use the drugs compounded in his own body”
- Still thought that Manipulation stimulated the release of homeostatic compounds within the body
- In 1975 Endorphins and Enkephalins were discovered but OMT did not raise these levels
- OMT Doubles endogenous cannabinoid (Anandamide)
  - 5 Simple ways to boost your endocannabinoid System without cannabis 7/2019 cannabisnow.com
LSD for Existential Suffering

- Decreased Pain
- Increased Peace about the meaning of Life
- Reported by study participants to be one of the TOP 5 meaningful experiences in their life
Comming to a Hospice Near You

- Peyote
- Psilocybin

> Study models have been drawn up and trials are starting for existential suffering, pain, anxiety and depression.
Number One Treatment For Pain Worldwide

Prayer – Abuja Nigeria- Sister Hospice
Osteopathy

Great Comfort is available from a 10-fingered DO

1. Craniosacral
2. Myofascial Release
3. Viscerosomatic Reflexes
4. Myospasm
5. Diagnosis when patients and families do not want tests, imaging and travel
Organizations

- NHPCO - National Hospice and Palliative Care Organization.
- HFA – Hospice Foundation of America
- NAHC – National Association for Home Care and Hospice.
- AAHPM – American Association of Hospice and Palliative Medicine.
Other Herbals in Hospice
Biogenesis

Theory About how the plant world was designed for our health and Healing
Black Cohosh
Mimosa tree

Albizia Julibrissen
Joe Pye Weed

Eupatorium Purpureum
Lemon Balm

Melissa Officinalis
Florida Muscadine

Vitus Rotundifolia
St John’s Wort
Wild Yam
Hyssop
Slippery Elm

- Component of Essiac tea
- Slippery elm bark
- Rhubarb
- Burdock Root
- Sheep Sorrel