

in the INDUSTRY

'Adult Failure to Thrive' and 'Debility': Update in Regard to Hospice Eligibility

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Hospice care in the United States has evolved over the last 40 years with a shift from predominantly caring for cancer patients to its current state which shows that 2/3 of all hospice enrollees are admitted with terminal diagnoses other than cancer (predominantly Dementia, heart disease, and lung disease).

There has not been significant change in regards to hospice eligibility since the creation of the Medicare Hospice Benefit in 1983: two physicians are still required to certify that a patient is terminally ill with a terminal prognosis of six months or less.

One administrative change that occurred in 2014 was in regard to terminal diagnosis reporting required by Medicare for all hospice admissions. All relevant medical conditions are now expected to be reported for each patient with one 'Principle Diagnosis' chosen on all submitted hospice claims. The 'Principle' or 'Primary' Hospice diagnosis is the condition that the certifying hospice physician determines is most contributory to the patient's terminal condition or prognosis.

Adult Failure to Thrive (AFTT) and Debility are no longer able to be used as the Principle Hospice diagnosis on a hospice claim, but can still be reported as a secondary condition or diagnosis. Previously, these were common diagnoses submitted as a Primary Hospice diagnosis for patients who had significant decline associated with aging as opposed to a specific disease state.

The National Institute of Aging describes AFTT as a "syndrome of weight loss, decreased appetite and poor nutrition, and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol." These conditions are often the main drivers for hospice eligibility, for a certain subset of patients- particularly the frail elderly. The only difference in regard to admitting these types of eligible patients is that a different Primary diagnosis must be submitted. Consideration can be given to diagnoses such as 'malnutrition' or 'dysphagia', with AFTT and/or debility submitted as a secondary diagnosis when appropriate.



in the COMMUNITY

Free Camp Healing Hearts Offers Help and Hope for Grieving Children

Statistics indicate that one in five children will experience the death of someone close to them by the age of 18. As a community partner, Family Hospice is pleased to offer a free one-day bereavement camp called Camp Healing Hearts for grieving children ages six to 12 and their parents/guardians on Sat., June 17 at Carlow University. Pre-registration is required.

Camp Healing Hearts gives a safe and supportive environment for children and families to express feelings, remember a loved one, develop coping skills, and create bonds and friendships with others who have experienced loss. Throughout the day, children will participate in structured activities, including art, memory boxes, movement, music, and pet therapy, as they remember their loved ones and learn healthy ways to grieve.

Camp Healing Hearts is staffed by licensed professionals from Family Hospice and trained volunteers. Families should initiate the application process by contacting the Family Hospice bereavement department at 412-572-8829. For more information, visit FamilyHospicePA.org.

Referrals:

1-800-513-2148



FamilyHospicePA.org

in the COMMUNITY

Advanced Illness Care Helps Eligible Patients Bridge to or from Hospice Care

We are committed to helping people get the right care, at the right time, at the right place. That means hospice care is not the best choice for all people we meet.

Some people are facing life-limiting illnesses but are not ready to focus on palliative measures only by electing hospice care. Others may be improving and are no longer hospice-eligible but need an additional level of support.

Family Hospice collaborates with the UPMC Health Plan to enroll eligible members in Advanced Illness Care. Advanced Illness Care is a home-based program for UPMC Health Plan members who have a serious or advanced illness to better manage symptoms, cope with their illness, and maintain the highest quality of life possible. This program offers a CRNP and Social Worker trained in palliative care, goals of care conversations and advance directive planning, as well as connecting them with available community benefit resources.

To place a UPMC Health Plan referral for Advanced Illness Care, call (888) 860-2273 and select option 4, followed by option 1.

in the INPATIENT CENTERS

Dispelling Hospice Myths about Inpatient Care

Myth: *Patients are transferred to the Inpatient Centers only when they are actively dying.*

Truth: Family Hospice patients may be transferred to Inpatient Centers at any point in their hospice journey when their symptoms cannot be managed at home. Sometimes this means death is imminent, but it can also mean they need a higher level of care for a short time to manage their symptoms and then can return home.

Myth: *Patients must leave the Inpatient Centers after a certain number of days.*

Truth: Patients can remain at the Inpatient Center as long as necessary in order to get their symptoms under control.

Myth: *If someone is actively dying, they should be transferred to an Inpatient Center.*

Truth: Not everyone who dies on Family Hospice care is transferred to an Inpatient Center. Through the inter-disciplinary team supporting patients, many patients are able to have their symptoms managed in the comfort of their own home - wherever that may be - and pass away without ever being transferred to inpatient care.

Family Hospice has Inpatient Centers in two locations to serve patients:

Mt. Lebanon Inpatient Center

50 Moffett Street
Pittsburgh, PA 15243
412-572-8800

Lawrenceville Inpatient Center

UPMC Canterbury Place Campus
310 Fisk Street
Pittsburgh, PA 15201
412-687-2030

in FAMILY HOSPICE

Jenna Graham appointed Senior Clinical Manager of Access

After attending the UPMC Mercy Hospital School of Nursing, Jenna Graham earned her BSN from Carlow University and went on to become BLS, ACLS, and stroke certified. She worked as a medical/surgical ICU staff nurse



at UPMC Mercy, a level one trauma center. In addition to her time in health-care, she earned a dual degree from the University of Pittsburgh in Business Administration and Communication and Rhetoric. Jenna discovered a passion for hospice care in 2013 and has cultivated her experiences as an RN Case Manager, clinical liaison, and Patient Care Supervisor. Her exceptional patient care provision was lauded with a "Champion of Caring" award in her work as a clinical liaison with another leading hospice provider. Jenna joined the Family Hospice leadership team in 2015.

As Senior Clinical Manager of Access, Jenna leads Family Hospice's RN Admissions team, Patient Care Coordinators, as well as the Intake/Access Department. The goal of the Access Department is to increase hospice utilization by easing the transition onto hospice service for patients and families who are faced with a life-limiting illness. The Access Department collaborates with the business development and clinical operations teams to ensure that the organization is offering timely access of hospice services to all those who are suffering from a life-limiting illness at home, within the hospital, as well as within long term care and assisted living communities.

Referrals:

1-800-513-2148



FamilyHospicePA.org