

MORE HOSPICE MYTHS AND THEIR REALITY
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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 through Hospice. End-of-life care offers the satisfaction of easing physical and emotional pain through effective palliative treatment when a cure is not possible.

Hospice Myths & Their Reality:

#1- If I am a physician and I order Hospice for a patient and they live longer than 6 months, I will be in trouble for fraud.

Thomas A. Scully, while at CMS, stated, “We recognize that making these determinations is not an exact science and that the impact of hospice services may initially improve the patients condition. Thus Medicare regulations use the term “expectancy” and “if the terminal illness runs its normal course” in its definition to indicate that it is entirely possible for hospice services to be needed for more than a 6 month period. In further recognition of the difficulty in making exact predictions, physicians certifying Medicare patients for hospice are expected only to use their best “clinical judgment regarding the normal course of the individual’s illness.”

#2- Most people are on hospice 6 months or more before their death.

Sadly most people do not begin receiving hospice care until the last 50 days of their life. When a patient comes to you in the last week of their life you realize there was so much more that could have been done for this patient and their family, if only you could have admitted them to Hospice sooner.

#3- The Medicare Hospice Benefit is the only benefit that pays for hospice.

In the state of Indiana Hospice is also covered under Medicaid. Many commercial insurances also have a Hospice benefit.

#4- If a patient resides at a Skilled Nursing Facility they are not eligible for Hospice.
Skilled Nursing Facilities may have contracts with various Hospices. If the Skilled Nursing Facility has a contract with a Hospice they are eligible to receive the same services they would receive in their own private residence.

#5- If a patient signs up for Hospice they cannot get pain medication, since this is a treatment and they cannot be actively seeking treatment.

Hospice patients must be willing to accept that they are terminal and that further treatments will not prolong their life. Treatment in this sense does not refer to pain medications. Symptom control is one of the primary goals of hospice and pain management is a definite part of symptom control.

#6- If a patient is on Hospice the Hospice is allowed to pay for all their medications,

even those not related to their terminal diagnosis.

Hospice covers pharmaceutical therapy for pain relief and symptom control. If a Hospice is paying for medications not related to the patients terminal diagnosis the OIG may consider this to be a kickback. A kickback in this case would mean the Hospice is getting the patient as a referral due to the fact that it is providing services other Hospices would not be providing.

#7- If a patient is on on Hospice they can't go see the doctor anymore.

Hospice encourages patients to continue to see their physicians. If it comes to a point where they can no longer leave their home and go to the physicians office, their physician is kept updated by the Hospice nurse. Physicians are very much a part of our Hospice IDT.

#8- If a patient signs up for Hospice they must be homebound.

Hospice encourages their patients to live as active a life as they are able to. There is no requirement for a hospice patient to be homebound to receive services.

#9- After a patients death, if they are on Hospice, their families care ceases the day they die.

Hospice will provide bereavement care for a Hospice patients family for at least 1 year after the time of their death.

If you have questions about Hospice or have someone you would like to refer to Hospice services please feel free to contact Hoosier Uplands Home Health Care & Hospice at 800-827-2219 or 812-849-4447 and ask for Dawn Robinson, RN, Patient Care Coordinator.