Hospice article 3

By Brittany Stimson, CSW, CDP
VP of hospice and home health services at NCCDP

**Redefining Hospice:**

Thanks to CMS’S latest “Person-centered-Care” initiative Hospice care see a revolution ahead. Over the years hospice has already seen many new changes and “upgrades”. Already its becoming less “Black and white”. Patients can continue receiving certain medications and treatments while on hospice as long as its deemed “palliative in nature”. Some examples of this may include, chemotherapy, feeding tubes and even blood transfusions. Due to these great changes, its becoming much easier for consumers to choose their hospice benefit much sooner. Patient centered care is now helping to evolve hospice one step more.

Person-centered-interdisciplinary care is now proving that you can improve clinical outcomes, boost patient satisfaction and even lower costs! Hospice and even home care has always provided patient centered care with an assigned interdisciplinary team however more often than not patients do not choose this care because they do not fit in “black and white guidelines” that Medicare/ Medicaid requires to start services. With home health services the usual issue to starting services is that the patient must be “homebound”. Not all patients who need homecare services are completely homebound or they do not like to be considered “homebound”.

With Hospice its “having a prognosis of six months or less”, which either scares the patient from starting services because they actually think that this means they will die faster. Or it turns off the provider who thinks “what if they live past six months?” Many fail to realize that Hospice is actually a lifetime benefit that you can not cap out of, and there are no out of pocket fees what so ever! That it is actually the hospice providers job to ensure that you qualify and continue to qualify for services after six months has passed. In addition, once on hospice Medicare puts you in a category if you do this treatment you cannot be on hospice. But what if we could get rid of that “all or nothing” guideline? Would people start the benefit sooner if they were not given a choice of curative versus palliative?

Medicare aims to find out just that! A new initiative has been started in certain states to see if patients can receive their hospice benefit while still undergoing treatment would they start services sooner. Thanks to Person-centered Care, Medicare is recognizing that having an interdisciplinary team and given patients informed choices with their care, we can improve quality outcomes and even cut overall costs. This new pilot called “caring transitions” gives a small benefit to its consumers to receive hospice care while still getting treatment. Patients can now customize their care choices, until the time comes when they can finally transition over to their full hospice benefit. The point is to provide palliative care while still receiving some of their hospice benefit, like equipment, home health aides, social work, nursing and even chaplaincy without having to forego their curative treatment. The hope is that patients will also see the benefit of having a team guide them along the way and hopefully elect their hospice benefit sooner than later. For more information please follow the link below.

[www.Homehealthcarenews.com](http://www.Homehealthcarenews.com)