

# 91 –Teaching Residents to Discuss the Transition to a Palliative Plan of Care and Hospice

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## Objectives

- Provide an easy to teach framework that equips resident physicians to discuss difficult issues with patients and family.
- Provide faculty with an improved framework to teach better communications.
- Improve care by offering the Medicare Hospice Benefit to all eligible patients, in a relaxed and comfortable manner.
- Improve care of terminally ill patients within the Healthcare System.

## Poll Question #1

Why did you select this discussion group?

- A. To learn more about hospice
- B. To learn more about teaching difficult topics
- C. Some other reason

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## Historic Perspective

- The Hospice concept came to the United States from the United Kingdom in the mid 1970's
- Hospice was established as the Medicare Hospice Trust in 1982 as part of the Tax Equity and Fiscal Responsibility Act
- Hospice and Palliative Medicine is a Medical Specialty under the auspices of the American Board of Hospice and Palliative Medicine, now transitioned to CAQ's under individual primary boards.

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# Historic Perspective

- There generally is an under-representation of teaching on Hospice care and communication in most settings.
- The late entry of Hospice and palliative care to organized medicine.
- We all have a natural avoidance response to issues involving death and dying in general.

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## Overview of The Hospice Medicare Benefit

- Designed for **all terminal diagnosis** (*not limited to cancer*)
- Hospice certification is based on the **probability** of death within six months (*not certainty of death*)
- Focus must shift to **Palliative** care and the “Patient/caregiver” unit. (*no longer curative intention*)
- **Any** therapy with a palliative outcome is acceptable (*no exceptions based on cost or type of therapy*)
- DNR status **is not** mandatory (*by federal regulation*)
- Patients may be on a transplant list (*if terminally ill*)

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## Exercise

- Break into groups of two.
- One person will be the resident, the other the patient.
- Utilizing only the skills your interns have been taught, gain the agreement of the patient to enroll in Hospice care.
- Patient react as if this is the first time you have been told about the need for hospice care.

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## Poll Question #2

How difficult was this exercise for you?

- A. Very easy
- B. Somewhat easy
- C. Neither easy nor difficult
- D. Somewhat difficult
- E. Very difficult

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## Poll Question #3

How well equipped do you feel your interns are currently to comfortably accomplish this?

- A. Very equipped
- B. Somewhat equipped
- C. Neither equipped nor unequipped
- D. Somewhat unequipped
- E. Very unequipped

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# Identification of Hospice Eligible Patients

- Guidelines developed by National Hospice and Palliative Care Organization and LMRP's
- Physician documentation of decline
  - Multiple hospitalizations or emergency room visits
  - Poor or failure of response to therapies
  - Failure to thrive, debility, "lost the will to live"
- Cardiac or hepatic pre-transplant patients may be considered.
  - Terminally ill if no transplant is made available

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## Common Myths – “DNR”

- Patient must have a signed DNR in force to be eligible for hospice.
- *The law actually mandates that hospices NOT discriminate against beneficiaries because of any advanced directive choices that they have or have not made.*

*advance directive provisions of 4206 of OBRA 1990*

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## Common Myths – “No Further Hospitalization”

- Patient may never return to the hospital for care once Hospice is started.
- *The law actually mandates that hospices provide General Inpatient Hospice care when medically indicated and consistent with the hospice plan of care.*

42 CFR § 418.302.

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# Overview of The Medicare Hospice Benefit

- Routine Hospice Care (RHC)
  - In home nursing visits as well as health aids, chaplains and social worker visits/services
  - Physical, Speech, Occupational and Nutritional therapy are included as hospice treatments
- Continuous Hospice Home Care (CC)
  - 24 hour/day in home nursing care when medically necessary.
- General Inpatient Hospice Care (GIP)
  - Hospital inpatient care for problems related to hospice diagnosis not able to be taken care of in a lesser setting.
- Respite Care
  - Up to five days in a nursing home at a time for Caregiver fatigue

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## How To Have The Talk

- Brief discussion
- One question
- Four statements {PTHB}

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## Communicating The Need for Hospice Care

- Start by introducing yourself and asking for permission to sit and talk.
- Be sure to start the conversation without saying the words “dying” or “hospice”
  - Some words and concepts “shut people down”, avoid them.
  - Avoid “telling”, you are asking things to engage the patient.

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## Communicating The Need for Hospice Care

- Ask the patient or caregiver to review their understanding of their current medical situation?
- Ask that they discuss which things they think they will need to be successful moving forward?
  - (medical, physical, emotional, social needs)

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## Communicating The Need for Hospice Care

- Ask about any needs they don't think of, but may be required.
  - home nursing care,
  - home care aids,
  - medications (currently affordable?),
  - medical equipment and supplies,
  - social worker services,
  - Chaplin services and spiritual care,
  - Other needs?

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## Communicating The Need for Hospice Care

- Ask the question:
  - “Most people in your situation would feel that the most important thing was to be kept comfortable, do you?”
  - All present in agreement?
    - Some discussion and clarification if not.

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## Communicating The Need for Hospice Care

- Make the statement: {P}
  - “I know of a program able to meet these needs, it’s not just for the last few days of your life”.

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## Communicating The Need for Hospice Care

- Make the statement: {H}
  - The name of the program scares most people, so I’ve kept from saying “Hospice” until now.

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## Communicating The Need for Hospice Care

- Make the statement: {T}
  - “I think you should give hospice care a try, if you don’t like it you can stop, and everything will go back just as it is now”.

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## Communicating The Need for Hospice Care

- Reinforce the ideas: {B}
  - “You are not giving anything up”
  - “You may come back to the hospital if necessary”

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## Post Activity Exercise

- Break into groups of two again.
- One person will be the intern, the other the patient.
- Utilizing your new skills, gain the agreement of the patient to enroll in Hospice care.
- Patient react as if this is the first time you have been told about the need for hospice care.
- Switch roles and redo the exercise.

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## Poll Question #4 Post Activity Response

Does teaching this plan feel “doable” now?

- A. I can do this at home next week
- B. I think I can do this with practice
- C. I have commitment issues
- D. It feels somewhat “undoable”
- E. Surely you’re joking, it’s impossible

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## Poll Question #5 Post Activity Response

Do you feel equipped to implement this teaching at your program?

- A. Very equipped
- B. Somewhat equipped
- C. Neither equipped nor unequipped
- D. Somewhat unequipped
- E. Very unequipped

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## Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

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## Teaching Residents to Discuss The Transition to a Palliative Plan of Care and Hospice

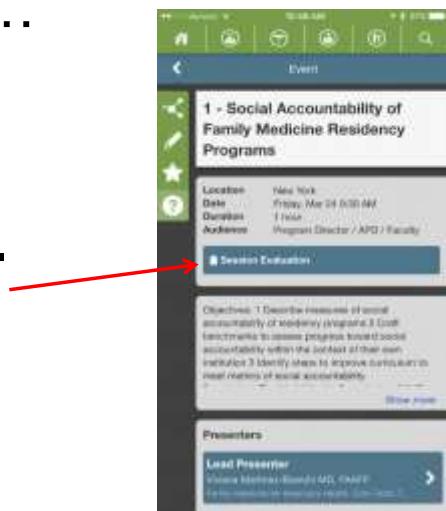
Discussion and Questions

?

**Social Q & A**

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Please...  
Complete the  
session evaluation.



Thank you.

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## Hospice Services To Expect

- Serve all patients who qualify, **regardless...**
- Aggressively palliate all symptoms
- Provide support and comfort for caregivers
- Provide bereavement follow-up services for at least a year after a loss to caregivers

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