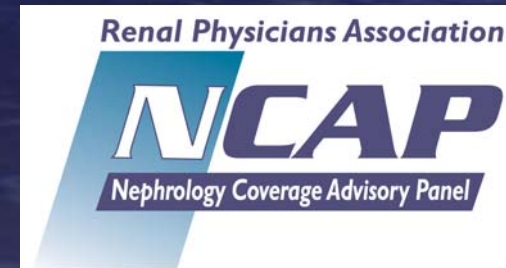


Hospice in ESRD: To Withdraw or Not to Withdraw

Access to Hospice for Patients with ESRD

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In which scenario may the hospice benefit be engaged?

- ESRD patient with lung cancer still benefiting from and wishing to continue on dialysis.
- ESRD patient with end stage heart failure wishes continued dialysis while "tidying up affairs."
- ESRD patient with no caregivers who wishes to withdraw from dialysis.
- ESRD patient with gangrenous foot who wishes continued dialysis but no surgery.

Today's Objectives

- Access for ESRD – Is it a problem??
- Current state of hospice use in the USA
- NCAP advocacy and goals of involvement
- Structure of regulatory/payor system
- Eligibility for hospice benefit
- Future steps

Scope of the Problem

- Hospice services are utilized by 13.5% of ESRD patients as compared to 25% of non-ESRD patients.
- Less than 50% of ESRD patients withdrawing from dialysis receive hospice prior to death.

Dialysis Withdrawal and Hospice Status of Deceased Patients - USRDS 2001-2002 Cohort

Dialysis Withdrawal and Hospice Status	Deceased Patients (N=115,239)	Percent	Mean Age in Years
Hospice Yes	15,565	13.5	73.4 ± 11.0 *
Hospice No	99,674	86.5	68.6 ± 13.4
Withdrawal Yes	25,075	21.8	72.7 ± 11.8 **
Hospice Yes	10,518	41.9	73.9 ± 10.6
Hospice No	14,557	58.1	71.7 ± 12.3
Withdrawal No	81,624	70.8	68.0 ± 13.4
Hospice Yes	2,751	3.4	71.7 ± 11.7
Hospice No	78,873	96.6	67.9 ± 13.5
Withdrawal Status Unknown	8,540	7.4	71.1 ± 13.2

Murray and Moss 2005 (personal communication)

Costs for Deceased Patients - Six-Month Cohort

	N	Mean cost last 6 months of life Dollars	Mean cost last week of life Dollars	Mean hospital days last week
6 month cohort	91,687	53,021 ± 42,411	6,612 ± 7,419	3.0 ± 3.1
Hospice Yes	12,058	48,979 ± 30,458	3,339 ± 3,507	1.4 ± 2.1
Hospice No	79,629	53,633 ± 43,906	7,107 ± 7,723	3.2 ± 3.1

Murray and Moss 2005 (personal communication)

Barriers

- Patient:
 - Stigma associated with cancer and hospice
 - Denial of magnitude of illness by patient or family
 - Confusion about eligibility
 - Withdrawal thought to be prerequisite
- Physician provider:
 - Reticence to assert 6 month survival
 - Lack of knowledge about acceptable diagnoses
 - Withdrawal thought to be prerequisite

Barriers - 2

- Payer:
 - Specific criteria outlined apply to ESRD patients retaining ESRD benefit
- Hospice provider:
 - Variability with regard to coverage for ESRD
 - Withdrawal required or encouraged by policies discouraging therapies
 - Hospice pays for ESRD-related services if terminal diagnosis is ESRD

Underutilization of hospice in ESRD....

is fostered by confusion with regard to eligibility and variability of providers with regard to acceptance of ESRD patients.

Reasons for nCAP Advocacy

- Identified as a policy impediment to clinical nephrology practice
- Inquiries revealed lack of knowledge among nephrologists with regard to eligibility and clinical practice
- Resulting standard of practice not uniform for all ESRD patients

Goals for nCAP Involvement

- Assure unified policies at the local level (payers and hospice providers) for ESRD patients irrespective of dialysis withdrawal.
- Broaden availability of hospice services for ESRD patients.
- Educate dialysis patients, families, staff hospices, payers on the value, scope and role of hospice in end of life care.

Specific Aims of nCAP Effort

- To ensure that hospice eligibility is determined by virtue of a diagnosis of Chronic Kidney Disease (CKD), irrespective of dialysis-dependence (Stages 4-5).
- To ensure that withdrawal from dialysis for Stage 5 patients (ESRD) is not a prerequisite for eligibility for hospice services.

Rationale – ESRD Constitutes a Chronic Illness

- CKD requires chronic care similar in magnitude to other chronic illnesses cited as target beneficiaries for Medicare's Chronic Care Improvement Program (CCIP).
- The continuum of CKD includes significant comorbid conditions and a high rate of cardiovascular death.

Rationale – Comorbidities Make Eligibility Likely

- Patients with CKD who are not dialysis-requiring (Stages 1-4) are likely to be eligible by virtue of having a CCIP designated-diagnosis (eg. diabetes or congestive heart failure)
- DM and CHF present in 40 and 30%, respectively, of patients with CKD.

Rationale – Magnitude of Comorbidities Formidable

- ESRD patients have high likelihood of having severe and symptomatic PVOD (pain or recurrent infection) and CAD rendering them unable to be independent.
- Co-morbidities associated with ESRD are not necessarily less profound than those associated with cancer).

Benefits of Hospice in ESRD

- Hospice services reduce the number of hospitalizations initiated by end-of-life events.
- Patients are afforded the option of living at home as their medical condition deteriorates.
- Patients are afforded the option of dying at home. Among patients who withdrew:
 - 11% of those *not on* hospice died at home
 - 45% of those *on* hospice died at home

Murray and Moss (personal communication)

Benefits of Hospice in ESRD

- Medicare costs for hospitalizations in the end of life would be reduced for both those withdrawing from dialysis and those choosing not to withdraw.

Costs are Less if Hospice Engaged

	N	Mean cost last 6 months of life Dollars	Mean cost last week of life Dollars	Mean hospital days last week
6 month cohort	91,687	53,021 ± 42,411	6,612 ± 7,419	3.0 ± 3.1
Hospice Yes	12,058	48,979 ± 30,458	3,339 ± 3,507	1.4 ± 2.1
Hospice No	79,629	53,633 ± 43,906	7,107 ± 7,723	3.2 ± 3.1
Withdrawal Yes	19,517	52,305 ± 36,547	4,918 ± 5,469	2.8 ± 2.9
Hospice Yes	8,200	48,641 ± 29,551*	3,243 ± 3,347*	1.4 ± 2.0*
Hospice No	11,317	54,959 ± 40,670	6,131 ± 6,322	3.7 ± 3.0
Withdrawal No	65,868	53,454 ± 42,521	7,253 ± 7,843	3.1 ± 3.1
Hospice Yes	2,165	53,295 ± 32,271	4,118 ± 4,149	1.8 ± 2.4
Hospice No	63,703	53,460 ± 42,826	7,360 ± 7,917	3.1 ± 3.1

Costs are Less Irrespective of Withdrawal from Dialysis

- Cost savings for patients withdrawing from dialysis alone are estimated to be \$68 million per year or \$33 million for last week of life.
- Cost savings for patient not withdrawing from dialysis would be derived from a reduction in hospitalizations initiated to secure outpatient services.

Current Benefit

- On Line:
 - http://www.cms.hhs.gov/manuals/102_policy/bp102c11.pdf
- In Print:
 - Medicare Benefit Policy Manual
 - Chapter 11 - End Stage Renal Disease

Medicare Benefit Policy Manual

Chapter 11 - End Stage Renal Disease (ESRD)

Table of Contents

(Rev. 27, Issued: 11-23-04)

50.6.1 - Home Health and Hospice Benefits Available for ESRD Beneficiaries

(Rev. 1, 10-01-03)

PASS Merritt004 memo

Medicare patients can receive care under both the ESRD benefit and the home health or hospice benefits. The key is whether or not the services are related to ESRD. Surgical dressing changes that are related to an ESRD condition are to be provided by the dialysis facility, but dressing changes for non-ESRD conditions may be provided under the home health benefit provided all eligibility criteria have been met.

50.6.1.4 - Coverage Under the Hospice Benefit

(Rev. 1, 10-01-03)

If the patient's terminal condition is not related to ESRD, the patient may receive covered services under both the ESRD benefit and the hospice benefit. A patient does not need to stop dialysis treatment to receive care under the hospice benefit. Consequently, hospice agencies can provide hospice services to patients who wish to continue dialysis treatment.

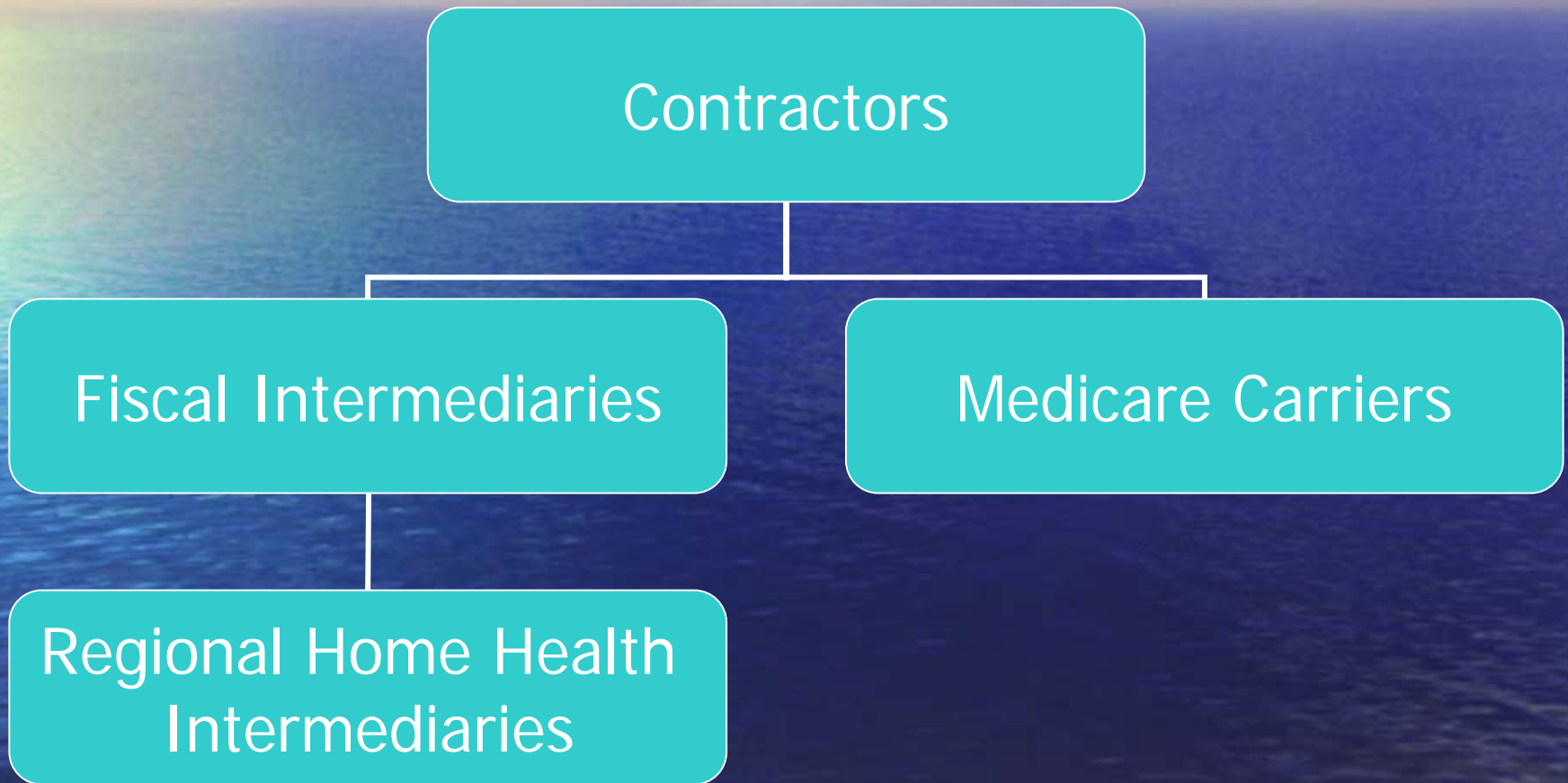
Current Benefit

- CMS provides hospice benefit for ESRD
- Withdrawal not a prerequisite
- Individual hospice entities have the option to choose NOT to accept ESRD patients
- Non-ESRD diagnosis required for ESRD patients choosing to continue dialysis and retain their ESRD benefit

Current Benefit – cont.

- ESRD diagnosis may be used if:
 - Patient is not seeking dialysis or transplant and:
 - Cr clearance < 10 ml/min (15 for DM)
 - Serum creatinine > 8 (6 for DM)
 - Signs/symptoms of renal failure
 - Hospice pays for continued dialysis treatments

CMS Organizational Structure



Processing by Setting of Care

Figure 2: Medicare Benefit and Claims Processing by Setting of Care

Treatment Setting/ Provider Type	Hospital Inpatient	SNF	Certain Home Health	Hospice Care	Hospital Outpatient	Dialysis Facility	Physician Services	Medical Equipment Supplies
Medicare Benefit	Part A – Hospital Insurance			Part B – Medical Insurance				
Claims Processing Contractor	Fiscal Intermediaries (FIs)						Carriers	Durable Medical Equipment Regional Carriers (DMERCs)

Regional Home Health Intermediaries

- Anthem Health Plans of Maine, Inc.
- Blue Cross and Blue Shield of South Carolina
- United Government Services, LLC
- Blue Cross and Blue Shield of Alabama

Anthem Health Plans of Maine, Inc.

- www.ahsmedicare.com:
- States covered:
 - ME, NH, RI, VT, CN, MA
- Medical Director: Gary Weaver, MD
 - 2 Gannett Drive
 - South Portland, ME 04106-6911
 - 207-822-7000

Blue Cross Blue Shield of South Carolina

- www.palmettogba.com:
- States covered:
 - AL, AR, FL, GA, IL, IN, KY, LA, MS, NM, NC, OH, OK, SC, TN, TX
- Medical Director: Harry Feliciano, MD
 - I-20 at Alpine Rd
Columbia, SC 29219
 - 803-788-3860

United Government Services, LLC

- www.ugsmedicare.com
- States covered:
 - CA, NV, AL, WA, OR, ID, AZ, HA, Guam, Northern Marianna Islands, American Samoa, MI, NY, NJ, MN, PR, WI, Virgin Islands
- Medical Directors:
 - Authur Lurvey, MD
 - P.O. Box 9150, Oxnard, CA 93031 805-367-0731
 - James Cope, MD
 - 401 W. Michigan Ave., Milwaukee, WI 53203-2804
414-226-6203

Blue Cross and Blue Shield of Alabama

- www.cahababa.com:
- States covered:
 - AL, GA, MS, IA, SD, CO, KS, MO, NE, ND, UT, WY, DE, DC, MD, PA, VA, WV
- Medical Director: John Olds, MD
 - P.O. Box 830139
Birmingham, AL 35283-0139
 - 205-988-2100

Levels of Reimbursement for Hospice

- Intensive home health care
- General inpatient care
- Respite inpatient care
- Continued care nursing – short-term crises

Explanation of Benefit

- A beneficiary with end-stage renal disease (ESRD) may be covered under the Medicare hospice benefit for services related to the terminal diagnosis.
- Services not related to the terminal diagnosis are not covered under the hospice benefit.

Explanation of Benefit - 2

- When a beneficiary with ESRD has a terminal diagnosis other than ESRD (the following are considered examples of acceptable diagnoses for hospice coverage: adult failure to thrive, cancer, AIDS, chronic obstructive pulmonary disease [COPD]), the beneficiary may elect the hospice benefit and continue dialysis for palliative reasons.

Explanation of Benefit - 3

- ESRD beneficiaries with a non-ESRD terminal diagnosis who elect the hospice benefit but wish to continue dialysis may be covered under both the hospice benefit and the ESRD benefit.
 - Services related to the terminal (non-ESRD) diagnosis would be covered under the hospice benefit.
 - Services related to ESRD (eg. dialysis) would be covered under the ESRD benefit.

Explanation of Benefit - 4

- When a beneficiary with a non renal diagnosis for the terminal illness elects to continue dialysis, the dialysis facility would continue to bill under the ESRD benefit and the hospice would bill for the terminal illness under the hospice benefit.
- ESRD beneficiaries may elect to use the hospice benefit under a diagnosis of ESRD as the terminal diagnosis. In this instance, the hospice provider must be responsible for all dialysis and supplies as part of the care for the terminal diagnosis and palliation. This must be reflected in the plan of care.

Bottom Line

- Two government benefits cannot pay for the same illness/condition in one beneficiary.
- Two government agencies can pay for two different illnesses/conditions in one beneficiary.

Future Steps for nCAP/RPA

- Clarify benefit specifics with RHHI Medical Directors
- Develop a toolkit for nephrologists containing:
 - Rationale, facts and myths
 - Algorithm of strategy for influencing or challenging decisions of local hospices and/or carriers
- Create policy position statement
 - RPA stance on this issue
 - Citations of carrier variability including published interpretations specific to ESRD
 - Citations of hospice chain policies with regard to ESRD
- Generate and support legislative activity aimed at improved hospice services for ESRD patients

Resources

- Education:
 - <http://www.cms.hhs.gov/medlearn/refhospice.asp>
- Information:
 - <http://www.cms.hhs.gov/providers/hospiceps/>
- Intermediary Carrier Directory:
 - <http://www.cms.hhs.gov/contacts/incardir.asp>
- Section IV (RHHIs):
 - <http://www.cms.hhs.gov/contacts/incardir.asp#4>