



Case Conference: Goals, Hospice Eligibility, and Frailty

Moderated by:

Russell K. Portenoy, MD

Executive Director

MJHS Institute for Innovation in Palliative Care

Chief Medical Officer

MJHS Hospice and Palliative Care

Professor of Neurology and Family and Social Medicine

Albert Einstein College of Medicine



Financial Disclosures

Russell K. Portenoy, MD, Planner, has indicated a relationship with AstraZeneca Pharmaceuticals LP and Tabula Rasa for research support.

No other Planning Committee Member has any disclosures.



Case Conference: Goals, Hospice Eligibility, and Frailty

- An 89-year-old woman is brought to primary care clinic by her daughter for her regular bimonthly visit
- A quick review of her chart prior to the visit reveals that she has been seen regularly during the past year because of weight loss and declining function



Case Conference: Goals, Hospice Eligibility, and Frailty

- The summary from the visit about 12 months ago includes the following:
"Elderly woman brought by her daughter for routine follow-up visit. No follow-up since first seen 3 years ago. No chronic conditions, takes no medications. Lives by herself but the daughter reports that she is having more difficulty."
- Examination and routine laboratory tests at that time revealed no treatable illness
- With the help of a social worker, the patient acquired home health aide services 12 hours per week

Case Conference: Goals, Hospice Eligibility, and Frailty

- The patient has been seen every other month, and a quick review of these notes reveals progressive decline in her functioning
 - Home health aide services were increased twice due to the patient's increasing need for help, and she now has help 12 hrs/day
 - For the past year, her daughter has been doing the patient's grocery shopping and preparing one meal per day, which the patient then heats up as she needs

Case Conference: Goals, Hospice Eligibility and Frailty

- Notes from the last three visits state
 - The patient now rarely leaves her home unless accompanied by her daughter
 - Four months ago, the patient transitioned from using a quad cane to a rolling walker

Case Conference: Goals, Hospice Eligibility, and Frailty

- Notes from the last three visits state
 - The daughter indicates that the patient is communicating less, sometimes is confused at night, and more often now stays in a chair without interacting much with her attendant
 - The patient herself has had no complaints other than right hip pain with walking
 - Depression screens have been negative

Case Conference: Goals, Hospice Eligibility, and Frailty

- Review of the chart for the past year also reveals the following
 - Weight has declined from 52 kg (BMI 20.3) to 48 kg (BMI 18.8) during the past year
 - Serum albumin declined from 3.8 g/dl to 2.2 g/dl
 - Hemoglobin declined from 11.2 g/dl to 10.5 g/dl and work-up for etiology of anemia was unrevealing
 - eGFR has been 60 ml/min/1.73m²
- Other laboratory tests have been consistently normal
- Radiograph of the right hip reveals moderate arthritis

Additional Background to the Case

- Social history
 - Middle school teacher till her retirement at 65 years old; active as a volunteer till about 5 years ago
 - Widowed more than 20 years ago
 - One daughter, 62 years old, who lives with her husband in an apartment several floors below the patient in the same building
 - Daughter has been the primary caregiver for years; her husband does not interfere but is not involved in the care of the patient
 - The patient has social security, a pension and Medicare
 - The patient is Protestant but has not been active in the Church for many years
 - No history of smoking or drug abuse

Additional Background to the Case

- Advance care planning
 - In the chart is a legally executed health care proxy designating the daughter as the agent
 - The proxy documents patient's desire to avoid CPR, and artificial nutrition and hydration, if prognosis is hopeless

Additional Background to the Case

- Family history
 - Mother died of 'old age' at 89 years old
 - Father died at age 80 from congestive heart failure
 - Brother died at age 75 from a myocardial infarction
 - Sister died at age 80 from complications of a fall

Back to the Visit

- The patient starts the current visit by stating that she is feeling tired and has the usual pain in the hip
- When asked, she denies feeling hungry and she reports her mood as 'fine'
- The daughter reports that
 - The patient's functioning has become more impaired
 - She spends the day in a chair, and the daughter purchased a wheelchair for the patient's use around the apartment
 - Despite the effort of the aide, her intake is poor, and she is leaving half her meals uneaten

Back to the Visit



- The daughter reports that the patient appears 'apathetic'
 - Spontaneous conversation during the day is minimal, but she responds to questions normally
 - She sometimes awakens at night confused
- The daughter is now spending some nights in the patient's apartment because of concerns about her safety
- Aside from a vitamin and occasional acetaminophen, the patient is taking no medications

Back to the Visit



- The patient and daughter respond to a review of systems
 - Constitutional: + Weakness, + poor appetite
 - Musculoskeletal: + right hip pain reported as "usually mild", worse with movement; no back or neck pain
 - Respiratory: No shortness of breath or cough
 - Cardiovascular: No chest pain or palpitations
 - Gastrointestinal: No nausea, vomiting, diarrhea, constipation, or pain
 - Neurologic: + Unsteady gait, + occasional nighttime confusion; no language or speech problems; no problems with vision and no numbness
 - Psychiatric: No reported anxiety or depressed mood
 - Other systems negative

Back to the Visit



- A focused examination reveals the following
 - The patient is in a wheelchair and appears chronically ill; she is very thin and has moderate temporal wasting
 - Weight is 46 kg (BMI 18.0), a decline from 48 kg (BMI 18.8) at the last visit
 - CV: RRR, No murmur
 - Pulm: Clear to auscultation
 - Abd: Soft and non-tender
 - Musculoskeletal: Decreased grip strength, slow walking speed. +right hip pain on external rotation
 - Neuro: Alert, mood appears normal, oriented X 3, no focal deficits

Back to the Visit



- Summary
 - The patient is a 89-year-old woman with declining function, weakness, and weight loss for at least a year
 - The PCP considers **frailty** to be the best diagnosis

More Background to the Case

- Frailty
 - A complicated diagnosis based on criteria that continue to emerge in the literature
 - One well-accepted model: Fried Phenotype of Frailty
 - Three or more of the following
 - Weakness
 - Slowness
 - Low level of physical activity
 - Exhaustion/poor endurance
 - Weight loss

Chen X, Mao G, Leng SX. Frailty syndrome: An overview. Clinical Interventions in Aging. 2014;9:433-441.

More Background to the Case

- Frailty also is characterized by
 - Reduced functional reserve
 - Reduced ability to regain homeostasis after an insult
 - Impairment of multiple physiological systems
 - Reports of increased levels of the inflammatory cytokine IL-6

Chen X, Mao G, Leng SX. Frailty syndrome: An overview. Clinical Interventions in Aging. 2014;9:433-441.

More Background to the Case

- With progressive frailty, elderly patients experience
 - An increased risk of falls
 - More severe adverse outcomes associated with acute medical events, such as surgery
 - Progressive decline in life expectancy

Chen X, Mao G, Leng SX. Frailty syndrome: An overview. Clinical Interventions in Aging. 2014;9:433-441.

More Background to the Case

- Life expectancy declines with both
 - Progressive frailty
 - Progressive cachexia/hypoalbuminemia

Niklas Ekerstad et al. Frailty is independently associated with 1-year mortality for elderly patients with non-ST-segment elevation myocardial infarction. 2014; European Journal of Preventive Cardiology. (21), 10, 1216-1224; Jelinek ME, et al. Hypoalbuminemia is a strong predictor of 30-day all-cause mortality in acutely admitted medical patients: a prospective observational cohort study. PLOS one 2014; 9:e105983.

Back to the Visit

- Summary
 - The patient is a 89-year-old woman with progressive frailty and severe weight loss
 - On presentation, no urgent medical concerns are noted
 - The PCP decides that the visit would be a good opportunity to address goals of care
 - The PCP perceives that the patient's life expectancy is limited and decides to make a potential referral to hospice the objective of the goals discussion

What Does the Case Reveal About Goals Discussions in Primary Care?

- The processes and outcomes are complex and multifaceted
- The process should be unfold over time and be framed by specific objectives
- There is a need for a framework and a guideline for best practices appropriate to the primary care setting

Goals Discussions: Practical Considerations

- Introducing the...
 - “When, What, How (OPUS) Model” for Goals Discussions in Primary Care
 - For patients with any type of serious chronic illness
 - To support best practices to communication, particularly *when signs indicate advanced disease or prognosis is 1-2 years*

“When, What, How (OPUS)” Model

- **WHEN** to have a goals discussion?
 - At least once during a **stable** period
 - Repeatedly after ‘**triggers**’
 - Example: Following a period of rapid decline and clinician realization that life expectancy is short

“When, What, How (OPUS)” Model

- **WHAT** should be discussed?
 - Objectives may be general or specific
 - General
 - Impediments to communication
 - Patient's or family's values and preferences
 - Specific
 - Prognostic awareness
 - Advance care planning
 - Specific treatment decisions, such as hospice referral

“When, What, How (OPUS)” Model

- **HOW** to meet these objectives?
 - A structured approach with the mnemonic **OPUS**

O = “**O**pener”

P = “**P**ermission”

U = “**U**nderstanding”

S = “**S**upport”

“When, What, How (OPUS)” Model

O = “**O**pener”

- Setting the stage
- Neutral opening statement
- Main objective, in general terms

• **O** = “**O**pener”

- Setting the stage
 - » Time, adequate space, privacy, seating
- Neutral opening statement
- Main objective
 - » Example: “I would like to talk to you about your illness, help you by answering any questions you have, and discuss how to possibly get you more services at home.”

“When, What, How (OPUS)” Model

P = “**P**ermission”

- Is it OK to proceed?
- Should others be present for this discussion?

• **P** = “**P**ermission”

- Example: Confirm that the patient is comfortable having the discussion now and also confirm that the family member with the patient should remain and participate

“When, What, How (OPUS)” Model

U = “Understanding”

- What does the patient or family know?
- What does the patient or family want to know?
- What information should be elicited?
- What information should be provided?

• U = “Understanding”

- What does the patient or family know, or want to know? What information should be elicited?
- What information should be provided?
 - » Example: “What is your understanding about where you are with this illness?”
 - » Example: “One way that you might be able to get more help at home is by enrolling in hospice.”

“When, What, How (OPUS)” Model

S = “Support”

- Allow emotion
- Empathize
- Offer a plan

• S = “Support”

- Empathize and offer a plan
 - » Example: “I know that hearing about hospice sometimes raises concerns. I can talk to you about any of these. I also believe, however, that you don’t fully understand the hospice benefit. Can I schedule a visit for a nurse in your home to come and talk about it with you?”

Back to the Visit

- The PCP’s “Opener” and “Permission” statements set the stage about a hospice discussion and referral
- The PCP also confirms that the patient wants to defer to her daughter in discussions about her illness

Back to the Visit

- The PCP brings up hospice and the daughter immediately states that “my mother isn’t ready for this”
- The PCP first acknowledges that a hospice physician would be needed to confirm that the patient is actually eligible for the hospice benefit
- The PCP then tells that the daughter that her response suggests that she needs more information about the hospice benefit

Hospice in the U.S.—A Quick Review

- In the U.S., hospice is
 - A **government entitlement program** for the elderly and the poor
 - A **full-risk managed care benefit** emphasizing comprehensive home care
 - A **health system that provides specialist palliative care in the home for eligible patients with advanced illness**

Hospice in the U.S.—A Quick Review

- The Medicare Hospice Benefit includes a package of services that provide **specialist-level palliative care for patients with advanced illness and their families**
 - Case management by an interdisciplinary team, including a physician, nurse, social worker, and chaplain
 - Access to volunteers
 - Access to home health aides
 - All tests and treatments, drugs, supplies, and equipment related to the terminal illness
 - Access to acute inpatient care, continuous care in the home, and respite care
 - Bereavement support for 13 months

Hospice in the U.S.—A Quick Review

- If the patient/family elect the hospice benefit
 - The PCP can remain the physician of record or can continue involvement as a consultant
 - Patient can have access to other consulting physicians
 - All physicians are reimbursed for clinical encounters

Hospice in the U.S.—A Quick Review

- If hospice is elected,
 - There is no time limit to care, as long as the hospice medical director is able to certify eligibility
 - The patient can revoke the benefit at any time and return to prior system of care

Hospice in the U.S.—A Quick Review

- If hospice is elected, the patient and family bear no cost
 - No deductible
 - No co-pays
 - No co-insurance
 - All other insurances acceptable for costs unrelated to the terminal illness

Improving Access to Hospice

- To improve access to hospice, PCPs should follow a protocol
 - If a patient has advanced illness, consult the eligibility criteria (Local Coverage Determinations), consider the comorbidities, and review treatments
 - Ask the following: Considering all clinical information, is it more likely than not that the patient will die of the illness during the next 6 months?
 - On this basis, designate the patient “yes”, “no” or “maybe” for hospice eligibility

Improving Access to Hospice

- If “yes”, consider initiating a discussion about hospice
- If “maybe”, consider
 - Calling the hospice for a ‘curbside’ consult
 - Calling the hospice to request a home informational visit by a nurse
 - Calling the hospice to request a pre-election consultation by a Hospice Medical Director

Improving Access to Hospice

- To introduce hospice to patients and families
 - **Speak about “services”**—a benefit program supported by the government and available at no cost
 - **Re-direct anxious reactions** about imminent death or lack of ‘readiness’ by observing that the patient or family is not well informed
 - Ask whether they would be willing to receive more information

Back to the Visit

- Before determining whether the patient's daughter would agree to a informational visit from a hospice nurse, the PCP calls the hospice
 - The nurse in the admitting department consults with a physician while the PCP is holding, and then confirms that the patient's severe weight loss and functional decline appears to meet the eligibility criteria for hospice
 - The hospice physician requests a repeat albumin as additional evidence of the patient's progressive cachexia

Back to the Visit

- The PCP orders the albumin and confirms that the daughter and the patient would allow a hospice informational visit
 - He also tells the patient and daughter that eligibility is not yet a "sure thing" and that enrollment into the hospice program would require both agreement by the hospice physician and the patient

Case Conference: Goals, Hospice Eligibility, and Frailty

- Conclusion
 - Goals discussions (or serious illness discussions) are multifaceted, should be iterative, and should be guided by clear objectives
 - The "When, What, How (OPUS) Model" is an approach to timely and structured communication
 - Hospice eligibility review, discussion about hospice with the patient and caregiver, and referral to hospice can be undertaken as part of the effort to assess goals and provide care that best meets patients' needs

Case Conference: Goals, Hospice Eligibility, and Frailty

Q&A