

Refer Hospice-Eligible Patients Sooner

Research consistently finds that patients who enroll in hospice near the end of their lives report greater satisfaction, better quality of life, and reduced physical and emotional distress. What's more, one of the most statistically grounded comparative assessments of hospice spending to date looked at 2.3M Medicare-enrolled decedents and found¹:

- For Medicare beneficiaries who spent at least 6 months in hospice in the last year of their lives, spending was 11% lower than the adjusted spending of beneficiaries who did not use hospice.
- The reduction in costs when patients across all disease classes use hospice can be significant. When sorted by disease group, spending ranged from being 4% lower for neurodegenerative disease to 25% lower for chronic kidney disease/end-stage renal disease (CKD/ESRD).

Trust VITAS® Healthcare to deliver care to your patients that meets and exceeds the requirements of the Medicare hospice benefit.



Complex Modalities

VITAS offers aggressive symptom management in any setting via traditional treatments along with parenteral interventions, high-flow O₂, inotropic therapy, and more. Medicare-covered supplies include BiPAP, CPAP, home ventilator, etc.



High-Acuity Care

For patients with acute symptoms, VITAS offers higher levels of care to stabilize their condition.



24/7/365 Clinical Care Support

Caregivers have access to clinicians who can treat by phone or dispatch a clinician to the patient when necessary. VITAS offers telehealth for 24/7/365 admissions of hospice-eligible patients.



Open Formulary

VITAS offers an open Rx formulary, including the continuation of disease-directed medications such as beta blockers, ace inhibitors, diuretics, inhalers, cholinesterase inhibitors (i.e., donepezil), etc., with VITAS nurse supervision.



Advanced Illness Specialists

Experienced clinicians assist with goals-of-care conversations, specialist consults, medication reconciliation, and more to enhance prognostication of patients with serious illness.



Expanded Team

The VITAS expanded care team includes respiratory therapy, dietary support, PT/OT/speech therapy, music, pet visits, and massage.

Studies show that most patients with serious illness would benefit from being referred to hospice sooner for comprehensive care.^{2,3} Don't delay hospice referrals.

Hospice Support for Your Most Vulnerable Patients

General Hospice Eligibility Guidelines

Consider hospice if a patient meets 2 or more:

- Dependent in 2-3 of 6 ADLs
- SOB or fatigue at rest/minimal exertion
- Multiple ED visits or hospitalizations
- 10% weight loss in 6 months
- Recurrent falls with injury
- Decreased tolerance in physical activity

Diagnosis-Specific Hospice Eligibility Guidelines

Sepsis


- Hospice-eligible but not previously identified
 - Cancer, solid tumor, and hematologic
 - Advanced cardiac disease
 - Advanced lung disease
 - Dementia
 - Eligibility at hospital discharge
- OR-
- Pre-hospital functional ability
 - Physical impairment
 - 1 of 6 ADLs or 1 of 5 IADLs
 - Cognitive status
 - Any degree of dementia

Alzheimer's Disease and Other Dementias

Consider hospice if patient meets both:

- Dependent in 3/6 ADLs
- One of these complications:
 - Pneumonia
 - Recurrent UTI
 - Sepsis
 - Weight loss 10%
 - Two Stage 3 or 4 pressure ulcers
 - Hip fracture
 - Swallowing difficulty
 - Feeding tube decision
 - Delirium

VITAS[®]
Healthcare

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information: 800.93.VITAS
or VITAS.com/Referrals
 | Since 1980

Lung Disease

Consider hospice if patient meets both:

- Dyspnea at rest and/or with minimal exertion while on oxygen therapy
- One of these disease progressions:
 - Frequent ED visits and/or hospitalizations
 - Cor pulmonale

Cancer

Consider hospice if patient meets both:

- Spends 50% of time in bed or chair during waking hours
- No longer pursuing chemotherapy and/or immunotherapy

Heart Disease

Consider hospice if patient meets all:

- NYHA Class III or IV (fatigue, angina, or dyspnea at rest and/or with minimal exertion)
- Multiple ED visits and hospitalizations
- Not a surgical candidate

Liver Disease

Consider hospice if patient meets both:

- INR > 1.5 and serum albumin \leq 2.5 g/dL
- One of these complications:
 - Recurrent ascites
 - Spontaneous bacterial peritonitis (SBP)
 - Hepatic encephalopathy
 - Variceal bleed
 - Weight loss 10%
 - HRS