PALLIATIVE CARE
CASE OF THE MONTH

What is Palliative Home Care?

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Case: Ms. I is a 65-year-old woman with metastatic mucinous adenocarcinoma with diffuse bony involvement who was admitted to the hospital with increased lower extremity weakness and pain in her left cheek. Imaging revealed a growing mass in her cheek and concern for cord compression at the thoracic level. A plan is made for radiation to these areas. Ms. I and her husband know that her cancer is not curable, and are hoping that cancer-directed treatments can reduce her tumor-related symptoms and possibly extend her life.

When returning home from the hospital, Ms. I asks if she qualifies for physical therapy and home nursing support while waiting to see if the radiation helps her strength. If her cancer-directed treatments stop working in the future, she plans to enroll in hospice.

Discussion: Many patients with life-threatening conditions, like Ms. I, seek medical treatment with the dual goals of reducing their symptom burden and extending their lives. Under current hospice Medicare guidelines, hospice is appropriate when a person's estimated prognosis is six months or less and he or she is seeking comfort-focused treatments, rather than treatments aimed at reversing the disease process. Private insurers have similar hospice guidelines.

Palliative care services, in contrast with hospice, can help support a patient's comfort when the patient is seeking both symptom-relief and life-prolongation. The delivery of palliative care services can take place in multiple settings ranging from hospital consultation to ambulatory offices.

In addition to these in-hospital and outpatient clinic services, palliative care has recently begun to be offered in a home-based setting. Home-based palliative care services are offered by a variety of providers. Hospice agencies often offer it, which allows for continuity of providers if a patient transitions to hospice in the future. Traditional home care services may also provide palliative home care.

In the Pittsburgh area, some examples of agencies offering palliative home care include: UPMC/Jefferson Regional Home Health (not affiliated with a hospice agency), Family Hospice & Palliative Care, and Forbes Hospice.

With regard to payment for these services, Medicare essentially covers them as home health services, with the following requirements:

- The patient must be under the care of a doctor.
- The doctor must certify a need for one or more of the following: intermittent skilled nursing care, physical therapy, occupational therapy, or speech-language pathology services.
- The home health agency must be Medicare-certified.
- A doctor must certify that the patient is homebound*

Part of what makes the concept of palliative home care confusing is that Medicare does not currently have guidelines in place that are specific for palliative home care; the above requirements are common to all home health services. This means that the features that make palliative home care different from standard home care depend on the agency that is providing it and/or on the insurer paying for it. Some of the additional features that may be provided under palliative home care include: phone calls or other additional opportunities for checking in on a patient's symptoms; actively screening for new skilled nursing care or therapy needs after the original qualifying need has been satisfied; employing home care nurses that have had additional training or expertise in symptom management for seriously or chronically ill patients; or prolonged coverage, past when a skilled need is strictly required. Many of these features are provided as a source of increased support at home, which may reduce hospital readmission rates.

Personal details in the case published have been altered to protect patient privacy.

For palliative care consultations please contact the *Palliative Care Program at PUH/MUH*, 647-7243, beeper 8511, *Shadyside Dept. of Medical Ethics and Palliative Care*, beeper 412-647-7243 pager # 8513, *Perioperative/ Trauma Pain* 647-7243, beeper 7246, *UPCI Cancer Pain Service*, beeper 644 –1724, *Interventional Pain* 784-4000, *Magee Women's Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore* and Children's page 958-3844. With comments about "Case of the Month" call Dr. Robert Arnold at (412) 692-4834.

So is palliative home care the same as hospice?

No. Here are some differences:

Hospice	Palliative Home Care
-primary insurer and care provider for the patient's terminal illness	-covered as a home health service by patient's insurance, with payment for other services not affected
-patient must have expected prognosis of 6 months or less	-no standardized prognostic requirements
-comfort-oriented approach; not delivered in conjunction with curative treatments	-can be delivered in conjunction with curative treatments
-ongoing eligibility for services dependent on continuing to meet prognostic criteria	-ongoing eligibility of services dependent on having a skilled nursing or therapy need (for some insurers)
-no requirement for homebound status	-patient must be homebound*
-involves a team of care providers, including a physician, who can visit the patient at home	-does not necessarily involve physician visits
-when a patient has symptoms that cannot be controlled at home, they can enter an inpatient hospice setting for more intensive symptom support	-when a patient has symptoms that cannot be controlled at home, they come to the hospital or emergency room

Evidence of benefit

Many home-based palliative care programs are new. Studies have suggested that allowing this type of support outside of a hospice context can improve patient satisfaction with care, lower costs, and reduce readmission rates. Additional benefits have been shown in studies conducted outside of the US, where the services offered may not be the same as what is described above.

Referral

Home-based palliative care service policies in this country vary by region and by specific agency providing the services. If a hospitalized patient seems appropriate for home-based palliative care, it is best to consult with hospital case coordinators and/or local provider agencies to find out which services are available and which ones would be best suited to your patient's needs.

Resolution of the case: Ms. I was discharged with home physical therapy and nursing support through a local hospice agency's palliative home care service. She found her home care nurse to be particularly helpful with encouraging her to make use of medications she had been prescribed for pain and constipation. After her second round of chemotherapy failed to shrink her tumors and caused significant side effects, she enrolled with hospice and was able to keep the same home care team. She remained at home with support from her husband and hospice care for several months.

References:

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* According to medicare.gov/coverage/home-health-services.html#1334, being "homebound" is defined as:

"-You have trouble leaving your home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury OR
-Leaving your home isn't recommended because of your condition AND
-You're normally unable to leave your home and leaving home is a major effort

You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care."

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