INSTITUTE TO ENHANCE PALLIATIVE CARE

PALLIATIVE CARE CASE OF THE MONTH

Hospice Eligibility and Re-certification for Dementia Patients

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The Case: A Hospice RN in Pennsylvania is concerned that her patient Ms. PD will not be eligible for re-certification for nursing home-based hospice care. Ms. PD is an 80- year old woman with end-stage Alzheimer's dementia, and a functional assessment staging (FAST) stage of 7C (impaired ADL's, incontinence, speech limited to a single word, and loss of ambulation). She was enrolled in hospice upon discharge from an acute care hospital where she was treated for aspiration pneumonia. Her physician anticipated she would survive only weeks. Her family received counseling and support from the hospice RN, the hospice medical director and the attending physician. The family's goal is comfort, consistent with Mrs. PD's previously expressed wishes. However, she has recovered from the pneumonia and has not had a recurrence of infection. The RN asks for assistance in determining Mrs. PD's eligibility for continuing hospice care.

Discussion: Medicare-based eligibility for hospice is diagnosis-driven: a patient must be certified both by his/her physician and by the hospice medical director to have a life expectancy of less than 6 months, if the illness for which the patient is enrolled runs its natural course. Patients can be re-certified for continuing hospice care at the end of each benefit period if progression of illness has occurred, and there continues to be a high likelihood of less than six-month's life expectancy.

In general, median survival after the initial diagnosis of dementia ranges from 3 to 8 years, with shortened survivals associated with increasing age at diagnosis, male gender, impaired mobility, and significant co-morbidities.

In 1995, the National Hospice and Palliative Care Organization issued guidelines for determining prognosis in selected non-cancer diseases. For dementia, their guidelines recommend the FAST stage, dependence in ADL's, and the presence of one or more dementia-related medical complications (infections and impaired nutritional status). However, the prognostic ability of the FAST staging system is limited. In a study by Luchins et al, a small number of patients with end-stage dementia did have a median survival of 4 months, but almost 40% of patients lived more than 6 months. Patients with less than FAST 7C all lived longer than 6 months.

Patients more advanced than FAST 7C survived on average 3.2 months, but almost 20% lived more than 6 months. In a larger study of end-stage dementia hospice patients, Schonwetter et al reported 24% of patients lived beyond 6 months, some as long as 2 years. Impaired mobility and eating problems were strongly linked to decreased survival.

The Mortality Risk Index (MRI) was specifically developed for newly admitted nursing home patients with dementia. The MRI is based on 12 risk factor criteria, and can assist in determining prognosis for dementia patients (although it is not yet validated for community-based patients or long-term nursing home residents). In a large study of newly admitted dementia patients, Mitchell et al found that 70% of patients with a score of 12 or higher died within 6 months, and concluded that the MRI was better at predicting survival than the FAST. The Palliative Performance Scale (PPS) measures functional decline in all diseases. The PPS is weighted heavily in its assessment of ambulation and activity level, and is a good predictor of mortality. In a prospective study by Rickerson et al, hospice patients with a PPS score of 40-50% had an 80% six-month mortality.

In a recent study, Mitchell et al sought to understand the lifespan of patients with severe dementia. They found that patients with acute medical complications (pneumonia, another febrile illness or a significant eating problem) were the most likely to die. Dying patients frequently had pain and shortness of breath, but only about 30% were enrolled in hospice. Less than 32% of health care proxies reported receiving prognostic information or counseling about the complications of dementia. Patients whose proxies understood the complications and believed their loved-one had a survival of less than 6 months were less likely to undergo burdensome interventions.

Back to the Case: Although Ms. PD recovered from aspiration pneumonia, the severity of her dementia (FAST 7C), in combination with progression of her disease (increase in MRI score and a decreased PPS score) support her re-certification for hospice care.

In addition, documentation of her decreased intake (more difficulty swallowing and often declining food and water) and an objective measure of weight loss (decreased body weight or a decreased measurement of upper arm circumference) provide objective information that underscores her decline. Moreover, her family understands the terminal nature of dementia and its complications, so they can better focus on the goal of comfort offered by hospice services. Mrs. PD is re-certified for hospice services.

References:

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