

## Hospice is Good™

### **Optum Hospice Pharmacy Services & Our Hospice Partners All Over the Country Believe**

Optum supports hospice and its mission. The purpose of our Hospice is Good™ campaign is to recognize the dedication and commitment of hospice staff members and to help increase awareness about all that hospice has to offer.

*Optum believes Hospice is Good™ because it...*

- Involves Interdisciplinary Care
- Allows Patients and Families Choices
- Provides Relief from Physical, Emotional and Spiritual Suffering

For more than a decade, Optum has provided pharmacy benefit management (PBM) services to hospices in local communities everywhere. While the specific needs of our partners may vary, we've discovered a common belief shared among the passionate health care professionals we serve: Hospice is Good™.

This simple concept of excellence inspires us to continue to raise the bar for what you've come to expect from your hospice pharmacy partner. Believing in your mission, we continue to elevate ours - supporting you.

### **Overview of Hospice**

Hospice is the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

Hospice focuses on caring, not curing. In most cases, care is provided in the patient's home. Hospice care is also provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, race, ethnicity, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations. Hospice is a philosophy of care. It treats the person rather than the disease. Hospice care focuses on quality of life. It surrounds the patient and family with a professional team who not only address physical distress, but emotional and spiritual issues as well. Hospice care is patient-centered because the needs of the patient and family drive the activities of the hospice team. Optum offers an exceptional team of clinical pharmacists ready to share their expertise with the other members of the hospice team.

### **Roles/Responsibilities of a Hospice Team**

- **Physician:** Responsible for identifying the patient's need for hospice and making the referral for hospice services. Encouraged to remain involved as a member of the patient care team.
- **Hospice Medical Director:** Provides an oversight of patient care and support to the hospice team. Attends a team conference to discuss the plan of care by assisting in establishing goals and participating in decisions regarding patient care.
- **Registered Nurse:** Coordinates the plan of care with the physician and hospice medical director through initial and ongoing nursing assessments. Visits the patient as often as needed to ensure all distressing symptoms are effectively managed and that the patient and family needs are being met. The RN supervises all care provided by the licensed practical nurse (LPN) and home health aide, and coordinates care with the other members of the hospice team to ensure patient and family spiritual and psychosocial needs are met.

- **Clinical Pharmacist:** Supports the patient and family along with the interdisciplinary team to ensure the medications are safe, appropriate and effective. The pharmacist also provides medication education as it relates to the goals of care.
- **Social Worker:** Provides initial and ongoing psychosocial assessments of the patient and establishes a psychosocial plan of care. Usually sees the patient 1-2 times per month to provide emotional support and ensure patient and family psychosocial needs are being met. The patient/family or any member of the hospice team can request additional psychosocial visits as needed. The social worker can provide assistance to the patient and family such as helping the patient with a Do Not Resuscitate (DNR) order, assisting with finding community resources, and making arrangements for nursing home placement or transfer to inpatient care facility. The hospice social worker can also provide counseling to the patient or family in times of crisis.
- **Chaplain:** Provides spiritual support to the patient and family as needed. Visits 1-2 times per month or more often if requested. The care provided by the hospice chaplain can address religious issues; however the focus of care is more spiritual, in nature, than religious. Care by the hospice chaplain is non-denominational.
- **Bereavement Counselor:** Supports and guides the family through the bereavement period after the loss of a loved one, but can also help the patient deal with the grief associated with declining health. The bereavement counselor can provide bereavement services to the family up to a year, or longer, after a loved one passes.
- **Home Health Aide:** Assists the patient and family with personal care needs and light housekeeping. They also teach family members the correct and safe method for providing personal care to the patient. The home health aide supplements the care provided by the nurse case manager.
- **Hospice Volunteer:** Provides companionship and support to the patient and family. All hospice volunteers are required to attend volunteer training at the hospice. The volunteers frequently perform needed errands and light housekeeping for the patient and family.

### ***Eligibility for Entry into Hospice Programs***

The following items include the general guidelines for hospice admission and no specific number of symptoms is required for hospice eligibility:

#### ***General Criteria***

- The illness is terminal (less than 6 months) and/or the family have elected palliative care
- Frequent hospitalizations
- Progressive weight loss
- Increasing weakness, fatigue, somnolence
- Alteration in cognitive and functional abilities
- Compromised activities of daily living (ADL's)
- Deteriorating mental abilities or thinking skills
- Recurrent infections
- Skin breakdown
- Specific decline in condition

#### ***AIDS***

- Must have established AIDS diagnosis
- Made decision to forego antiretroviral, antibacterial, antifungal, chemotherapeutic and prophylactic drug therapy related specifically to the AIDS diagnosis
- Chronic, persistent diarrhea

- Significant weight loss of 10% or more in past three months
- Generalized weakness
- Viral load > 100,000 copies/ml
- CD4 count < 25
- History of frequent opportunistic infections
- Kamofsky Score of < 50%
- AIDS dementia complex
- Substance abuse
- Toxoplasmosis
- Generalized wasting

#### *Cancer*

- Clinical findings of malignancy with widespread, aggressive, or progressive disease as evidenced by increased symptoms, worsening lab values and/or evidence of metastatic disease
- Impaired performance status with a PPS < 70%
- Refuses further curative therapy or continues to decline despite definitive therapy

#### *Cardiopulmonary*

- Identification of specific structural/functional impairments
- Relevant activity limitations
- Ejection fraction < 20% (not required but adds merit to terminal condition)
- Changes in appetite
- Impaired sleep functions
- Chest pain
- Impaired heart rhythm, contraction force of ventricular muscles and impaired blood supply to heart
- Decline in general physical endurance
- Dyspnea or tightness in the chest
- Impaired mobility
- Requires assistive devices for mobility

#### *Dementia/Alzheimer's Disease*

- Limited intelligible speech or inability to speak
- Repeated infections
- Progressive weight loss
- Dysphagia
- Urinary and fecal incontinence
- Comorbid and secondary conditions contribute to a poor prognosis

#### *Failure to Thrive/Debility*

- BMI < 22 kg/m<sup>2</sup>
- Karnofsky Score ≤ 40%

#### *Liver Disease*

- Weakness and compromised ADL's
- Recurrent variceal hemorrhage

- Hepatic encephalopathy
- Ascites
- Malnutrition
- Muscle wasting
- Asterixis
- Prothrombin time prolonged more than five seconds over control, or INR > 1.5
- Serum Albumin < 2.5 gm/dl
- Peritonitis
- Elevated creatinine and BUN with Oliguria < 400 ml/day and urine sodium concentration < 10 mEq/l
- May be awaiting liver transplant, but if organ is procured, the patient is no longer eligible

#### *Neurological Conditions*

- Including Non Alzheimer's Dementia, Parkinson's, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS), Huntington's Diseases and other Neurological Conditions
- Structural/functional impairments
- Activity limitations
- Impaired structures of the nervous system
- Impaired mental function
- Impaired sensory functions and pain
- Impaired neuromusculoskeletal and movement functions
- Impaired communication
- Impaired mobility
- Self care deficit
- Comorbid and secondary conditions contribute to terminal prognosis

#### *Renal Disease*

- Creatinine clearance of < 10cc/min (< 15cc/min for diabetics) AND serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
- Uremia with obtundation
- Nausea/vomiting
- Patient has chosen not to have renal dialysis
- Intractable hyperkalemia
- Pruritus
- Uremic pericarditis
- Hepatorenal syndrome
- Structural and functional impairments
- Self care deficits
- Anorexia
- Activity limitations
- Albumin < 3.5 gm/dl
- Platelet count < 25,000
- Comorbid and secondary conditions contribute to terminal prognosis

**Are you a Patient or Caregiver in Need of a Hospice Referral?**

If so, use NHPCO's [Hospice Locator](#) to contact an Optum Hospice Pharmacy Services Account Manager in your area, and receive a relevant hospice referral.

**Why YOU think Hospice is Good™!**

Our hospice partners have told us why they think Hospice is Good™ and we're posting them!

*"Hospice is about living! I am so grateful to be able to help my patients live the way they choose! I love patient directed care and I am grateful for the opportunity to care for these special patients!"*

Kimberly- Hospice Nurse, Florida

*"Hospice means giving care to patients and families when they need it most."*

Karen- Hospice Patient Care Coordinator, South Carolina

*"Hospice means meeting people exactly where they are, mentally, physically, emotionally and spiritually. We allow them to make their own choices and decisions without forming or enforcing our own opinion.*

*Hospice is giving people back their voice, their choice, when they have lost the ability to choose so many other things."*

Melissa- Hospice Director of Nursing, Texas

*"Hospice means dignity. It means helping to make a difficult time of life more peaceful and bearable."*

Cynthia- Hospice Patient Care Coordinator, South Carolina

*"Hospice means hope..hope that each day will be lived to the fullest extent possible. Hope that pain and symptoms will be managed effectively, allowing patients to spend meaningful time with those they love, and ultimately, hope that they will be able to die with dignity and grace in the setting that they choose."*

Lori- Hospice Nurse, New York

*"Hospice is offering hope when a person feels all hope has just been taken."*

Melissa- Hospice Nurse, Louisiana

*"Hospice means providing dignity and comfort to people who are at a crossroads in their life."*

Deborah Hospice Nurse, Missouri

Follow us on [Facebook](#) and [Twitter](#) (@HospicelsGood)