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Title

Physician Assessment of CMS Eligibility Criteria For Hospice (PACE-H)

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PHYSICIAN ASSESSMENT OF CMS ELIGIBILITY CRITERIA FOR HOSPICE (PACE-H)

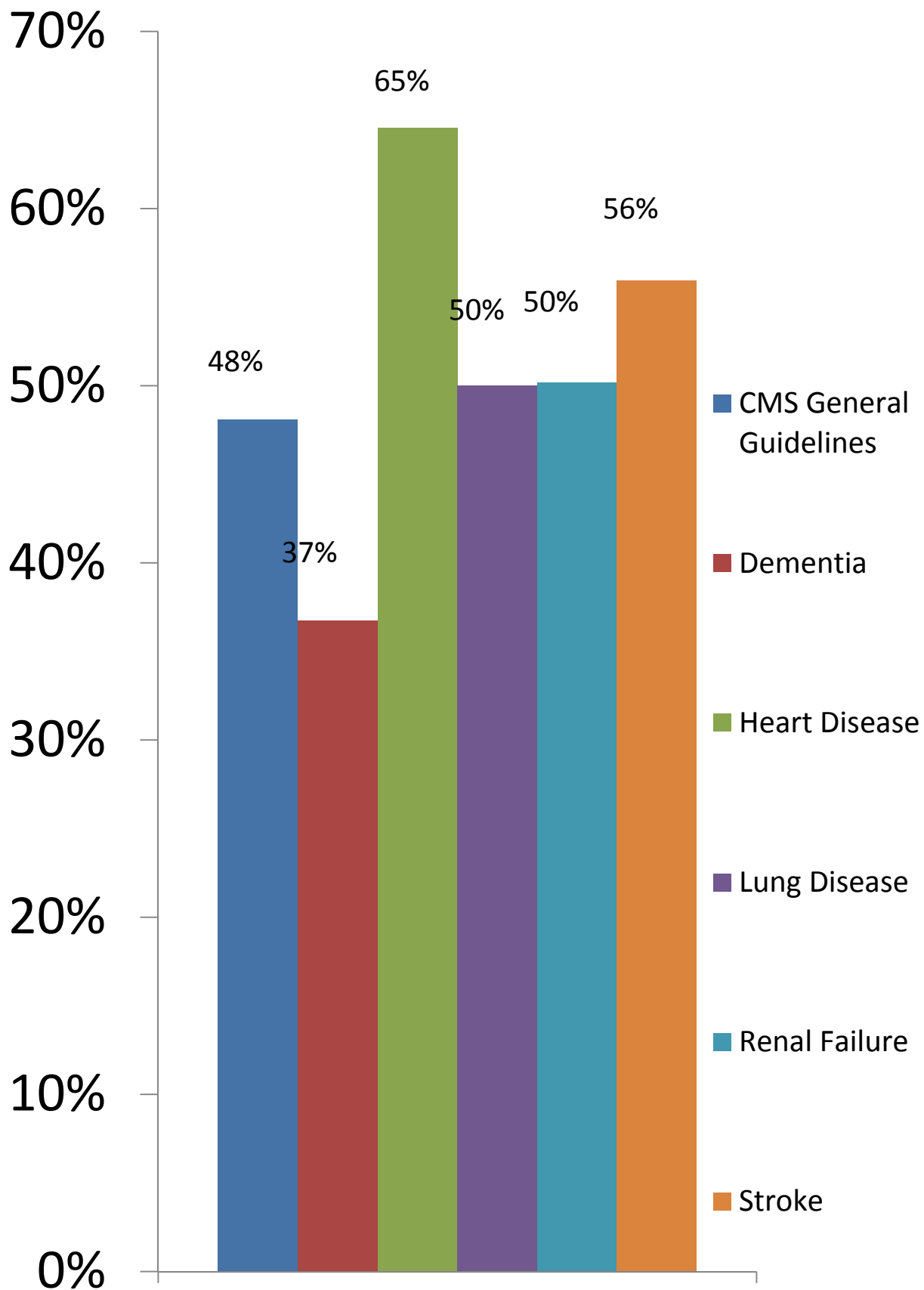
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Purpose of Study: Although Medicare funded hospice care is available to qualified patients in the last 6 months of life, the median time of hospice use is 17 days (MedPAC 2011). We hypothesized that under-utilization of hospice can in part be explained by physicians' inadequate knowledge of the criteria for hospice eligibility as established by Center for Medicare and Medicaid Services (CMS). A brief questionnaire was used to assess physicians' knowledge of such non-cancer diagnoses as dementia, heart, pulmonary and renal disease, stroke, as these are the largest percentage of hospice admissions (NHPCO 2010).

Methods Used: Questionnaire responses were quantified by assigning a (+1) value to correct answers and unmarked incorrect answers, and (-1) for incorrect.

Summary and Results: On average, participants scored 53%; however, performance of some criteria was poor. For example, only 7% correctly identified one of the listed terminal lung disease criteria and 41% chose an incorrect response instead; only 11% recognized the correct Karnovsky Performance Score for hospice eligibility. In addition, over 67% chose an incorrect criterion for dementia, and 52% did not know the value of ejection fraction in significant congestive heart failure. Also, only 47% of doctors knew the glomerular filtration rate value necessary for hospice referral.

Conclusions: The findings of our study suggest a significant lack of knowledge of the CMS criteria for hospice referral and a need to either simplify the criteria or create a continued education program for physicians in order to help increase utilization of hospice and thus improve patient satisfaction and reduce medical care costs.





Physician Assessment Of CMS Eligibility For Hospice (PACE-H)

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Introduction

History and current utilization of hospice

- 1982: US Congress creates a Medicare hospice benefit under Medicare Part A.
- 2011: Median length of stay in hospice care only 17 days ³.

Hypothesis:

Multiple barriers to earlier referral to hospice among primary care providers may exist, such as: limited experience with hospice, or discomfort addressing end of life care with patients and family members.

This study is designed to **test primary care providers knowledge of the current eligibility guidelines for hospice referral.**

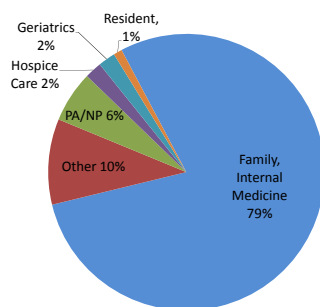
Methods

Questionnaire

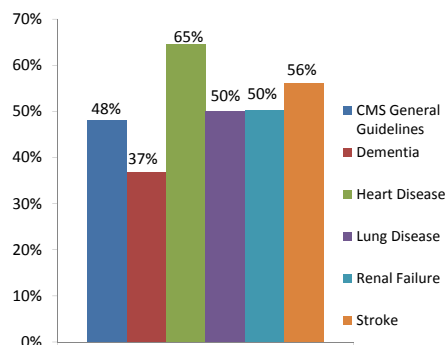
- June 28th-30th 2013: 225 physicians surveyed at the **56th Annual Post-Graduate Symposium by San Diego Academy of Family Physicians (SDAFP)**
- 104 out of 225 (46.2%)** surveys distributed were returned completed
- 10 minute questionnaire with 7 multiple choice questions on the following non-cancer diagnoses: **dementia, heart disease, pulmonary disease, renal disease, and stroke** (the most common hospice admissions diagnoses according to National Hospice and Palliative Care Organization (NHPCO))
- Questions based on CMS guidelines for hospice eligibility ²
- Responses were quantified with (+1) for correct, (-1) for incorrect, and (0) for unselected answer choices
- Results were validated using Cronbach's measure of internal validity, with value of $\alpha = 0.689$ (confirming our results were acceptable for research $\alpha > 0.6$)
- Data analyzed using IBM SPSS statistics software

Results

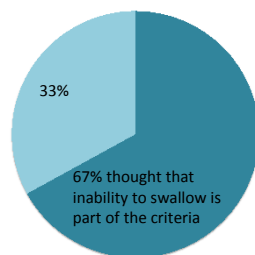
Provider Specialty



Correct Responses by Category of Disease



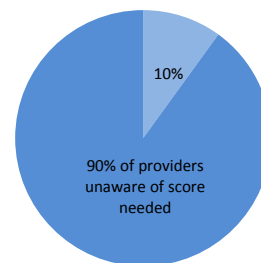
Inability to Swallow Solids or Fluids



~67% of providers **incorrectly** identified the inability to swallow solids or fluids without assistance as part of CMS Hospice eligibility guidelines for dementia

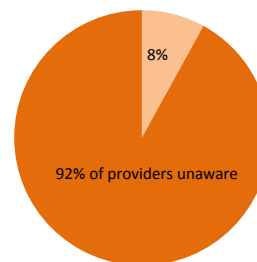
Results (continued)

Karnofsky Performance Score (KPS) and Palliative Performance Score (PPS)



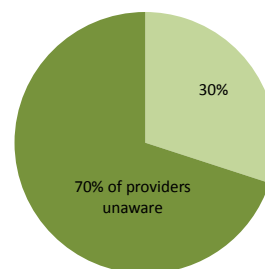
Only 10% of providers recognized the value of the KPS and PPS for admission to hospice.

Increased Visits for Lung Disease



<10% recognized that CMS guidelines for lung disease require increased number of ER, home visits, and hospitalizations.

Inability to Ambulate Without Assistance for Dementia



Only 30% of providers knew that inability to ambulate is a criteria for hospice referral for dementia.

Conclusions

The findings of our study suggest a **significant lack of knowledge** of the CMS guidelines for hospice referral among health care providers.

- Mean overall score was 51.4% (16/32 with a SD of 3.4)
- For example, only 10% recognized such instruments as KPS and PPS to measure functional status of patients prior to hospice admission.
- Only 8% were aware that CMS guidelines require increased ER visits, hospitalizations and home visits for lung disease.
- Only 30% knew that inability to ambulate without assistance and patients' fecal incontinence were part of the hospice guidelines for dementia.

Our survey also suggests that providers consider other criteria that are not in CMS guidelines when referring to hospice.

- ~70% of providers thought that inability to swallow solids or fluids without assistance should be part of the criteria for dementia.

Discussion

Potential reasons for measured knowledge gap

- Difficulty accessing guidelines
- Perception that CMS guidelines are not helpful in establishing prognosis or too cumbersome to use
- Belief that other factors for hospice admission should be considered

Possible solutions

- Revision of current CMS eligibility guidelines
- Improve accessibility and distribution of the guidelines
- Continued education of providers on CMS guidelines

Literature Cited

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