

10th Annual FSA Compliance and Risk Management Conference

Palliative Care

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Objective



Define Palliative Care



Understand the difference between
Palliative Care and Hospice services



Understand who qualifies for
Palliative Care

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National Hospice and Palliative Care Organization Describes the 3 Types of Care Are as Follows:

- Curative care focuses on a cure to an illness and prolonging of life
- Palliative care focuses on comfort and quality of life that may be provided with other treatments
- Hospice care focuses on comfort and quality of life when a cure is not possible with specialized care and services



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"You matter because you are you. You matter to the end of your life, and we will do all we can not only to help you die peacefully, but to live until you die."

-Dame Cicely Saunders

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What is Palliative Care

- The World Health Organization defines Palliative Care as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.



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Myths of Palliative Care

National Hospice and Palliative Care defines the 10 most common myths

1. Palliative care hastens death

- Palliative care does not hasten death; it provides comfort and the best quality of life from symptoms until you take your last breath

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2. Palliative Care is Only for People Who Are Dying of Cancer

- Palliative Care can benefit patients from the time of diagnosis of any illness that may shorten life

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3. People in Palliative Care Who Stop Eating Die of Starvation

- People with advanced illness do not experience hunger or thirst like healthy people do.
- When a patient stops eating, it is due to their illness not because of starvation

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4. Palliative Care is Only Provided in a Hospital Setting

- Palliative Care can be provided wherever the patient lives
 - Home
 - Long-term care facility
 - Hospice
 - Hospital



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5. There is Need to Protect Children From Being Exposed to Death and Dying

- Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults
- Like adults, children need time to say goodbye to people who are important to them



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6. Pain is a Part of Dying

- Pain is not always a part of dying
- If pain is experienced near end of life, there are many options; it can be alleviated

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7. Taking Pain Medication in Palliative Care Leads to Addiction

- Keeping people comfortable often requires increased doses of pain medication
- This is a result of tolerance to medication as the body adjusts, not addiction

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8. Morphine is Administered to Hasten Death

- Appropriate doses of morphine keep patients comfortable but do not hasten death
- Its intention is neither to hasten or postpone death



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9. Palliative Care Means My Doctor Has Given Up and There is No Hope For Me

- Palliative Care ensures the best quality of life for those who have been diagnosed with an advanced illness
- Hope becomes less about cure and more about living life as fully as possible



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10. I've Let My Family Member Down Because I Did Not Die at Home

- Sometimes the needs of the patient exceed what can be provided at home despite best efforts
- Ensuring that the best care is delivered, regardless of setting, is not a failure

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Difference Between Hospice Services and Palliative Care



Palliative Services can occur at any stage of disease



Hospice Services require prognosis of 6 months or less

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Palliative Care

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The goal of therapy is to improve the quality of the life

It's focus on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness



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Palliative Care Diagnosis

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Palliative Care team focuses on treating patients that suffer from symptoms and stress of serious illness:

Cancer

Congestive Heart Failure

Chronic Obstructive Pulmonary Disease

Kidney Disease

Alzheimer's Disease

Parkinson's Disease

Amyotrophic Lateral Sclerosis



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Symptoms That Palliative Care Providers Manage

- Pain
- Shortness of breath
- Fatigue
- Nausea
- Constipation



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What is the Goal of Palliative Care ?

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The Goal of Palliative Care

- Improve the quality of life for those who suffer from serious illness, no matter what stage of illness; it is applicable early in the course of an illness along with other life prolonging treatments
- Offer a various selection of assistance and care for the patient



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Bridge to Hospice?

- One of the biggest problems in palliative care is fighting misconceptions
- There are still many people who believe that palliative care is only for end-of-life patients or that it's the same as hospice care

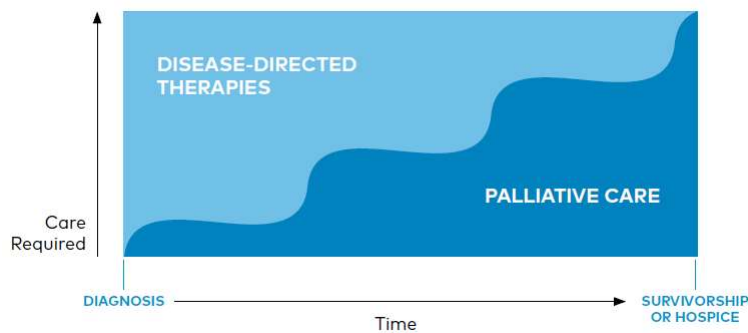


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Palliative Care is Delivered Concurrent with Disease Treatment

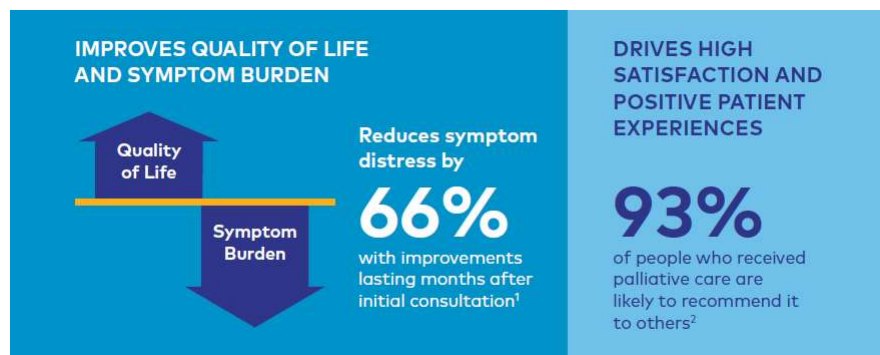
slide from Center to Advance Palliative Care



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Palliative Care Drives a Positive Patient Experience

Slide From Center to Advance Palliative Care



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Benefits of Palliative Care

Palliative care can occur at point of the diagnosis

Improves quality of life throughout the illness

Focuses on symptom management

Builds patient trust when symptoms are managed

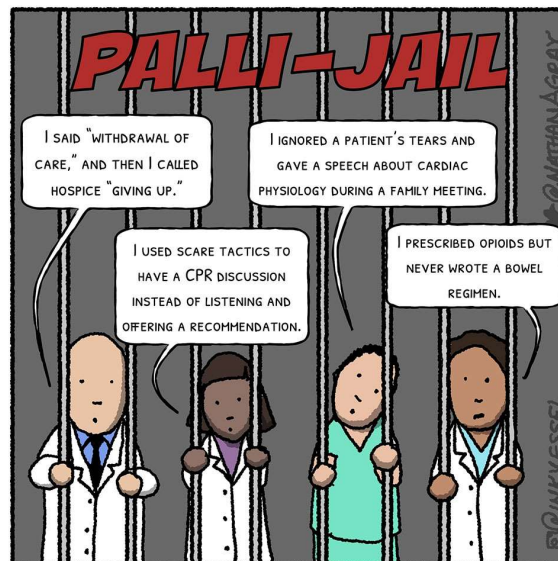
Improves patient compliance

Improves patient satisfaction

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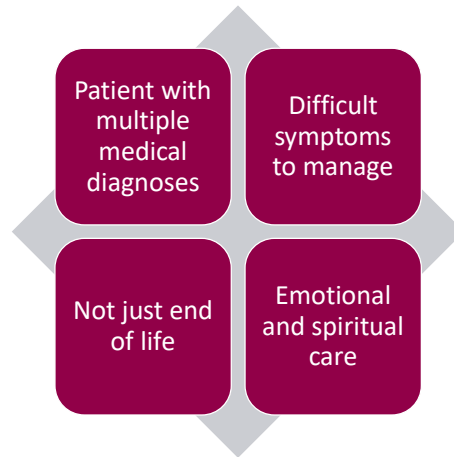
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Common Reason For Palliative Care Consult

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Between the emotion and the response
Falls the shadow

- T.S. Eliot

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Questions to Ask Patients About Their Care

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- If your health worsens, what is important to you?
- What are your biggest fears and worries about the future of your health?
- What abilities are so critical to your life that you can't imagine living without them?
- If you become more ill, how much are you willing to go through for the possibility of gaining more time?



Slide from University of Mississippi Medical Center



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Relationships- PEARLS

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- **Partnership**
 - "We are going to work on this together."
 - "I will be here for you."
- **Empathy**
 - "You appear sad."
 - "I wish things were different."
 - "I imagine this is very hard."
 - "Tell me more,"
 - ...silence... head nodding.... emotive vs. cognitive... never respond to an emotion with a fact... state the obvious...



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Communication- PEARLS

- **Acknowledge/Apologize**
 - “You have done a wonderful job caring for your mother.”
 - “I am sorry I am running late and made you wait.”
- **Respect**
 - “We may disagree, but I respect what you are telling me.”
 - “I can’t tell you how great it is to see you doing some exercise. That’s really important.”



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Communication PEARLS...

- **Legitimize**
 - “Anyone in your situation would be tearful.”
 - “It is normal to have the frustrations you are experiencing now.”
- **Support**
 - “I am going to call your doctor so she knows we are all working together on this.”
 - “Here is my contact information. I am here to work with you.”



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Communication... Helpful Phrases

Before we talk about your medical issues, tell me a little about yourself.”

“How do you understand the big picture of your health right now?”

“What are your expectations of the time we have together today?”

“What else?”

“Is there anything we haven’t talked about that I should know to help care for you?”



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Communication.... Helpful Phrases

- “I think I am beginning to understand what is bothering you.”
- “Go on.”
- “Uh huh...” with head nodding
- “So what I heard is...”
- “Let me be sure I got this right...”
- “I share your sorrow. I consider your father a good friend.”
- “Just so we are on the same page...”



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How Long Can I Be on Palliative Care Services

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A patient can continue to receive Palliative Care services until their condition has stabilized or the patient chooses to stop services



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Starting a Palliative Care Program

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How Do I Bill Medicare For Palliative Care

- Electing Hospice:
 - You have to verify whether the patient has elected for hospice before you refer a patient to palliative care or provide such services yourself
 - This directly affects services you can bill for and where you need to submit claims
 - If a patient has elected hospice and you are managing a condition unrelated to that patient's terminal illness, Medicare requires to append a modifier to the service being reported



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Billing Guidelines

- Clinician Credentialing
 - Before offering palliative care, you need to verify if you are appropriately credentialed in hospice and palliative medicine
 - Medicare has assigned a specialty code (17) for palliative care which is required while billing along with your NPI, and taxonomy code (for MD, DO or NPP)



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Billing Guidelines

- Place of Service
 - Make sure you report correct place of service codes that apply to the setting in which you're providing palliative care
 - These services can be delivered in many different locations like acute care hospital, skilled nursing facility, nursing home or assisted living, outpatient office, or a patient's home
 - Each location has its own set of CPT codes for reporting E/M services.



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Billing Guidelines

- Medical Necessity
 - If you are a palliative care consultant, make sure the attending physician or specialist makes a formal written request for you to evaluate the patient
 - This written request is not strictly necessary, but it will help support the medical necessity of your services



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Billing Guidelines

- Diagnosis
 - Submit the diagnosis you are managing as the 'primary' diagnosis on the claim
 - Avoid duplicating clinical efforts or producing conflicting treatment plans
 - Each specialty involved in the care of a patient must make it very clear which condition(s) each is responsible for managing



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Billing Guidelines

- Group Practice
 - Keep in mind that as per Medicare, physicians who are part of the same group and same specialty as one physician
 - If you provide palliative care services on the same day that as your colleague in the group makes a subsequent visit, billing both visits would result in one claim being denied
 - You could base the level of service your group decides to bill for that calendar day on the combined documentation from both visits



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Billing Practice

- Documentation
 - You need to make sure your documentation in the medical record clearly supports the medical necessity for palliative care services
 - Because these services may be subject to payers' pre- or post-payment reviews, the medical record needs to demonstrate not only the specific conditions you are managing for the patient, but why?
 - Documentation is the key to making sure you will be reimbursed for this important and valuable care



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Reimbursement

Palliative Care providers can bill for physician services through Medicare Part B

It is reimbursed by direct clinician encounter and through fee-for-service payment structure

Most common billed through home health services



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Reimbursement



Medicare and Medicaid cover palliative care services and patient visits by a physician or nurse practitioner



These visits often require a co-pay

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Palliative Care

It is important to check and see if your insurance coverage has certain limits on palliative care

There can be limits on where palliative care is provided
Coverage may differ on where you are receiving palliative care services (hospital services vs. home)

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Palliative Care Team Members

- Nurse Practitioner- Work with specialist doctor for symptom management
- Social Worker- Resources for community services and psychosocial/emotional support



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Examples of Delivery Models



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University of Pennsylvania Health System

- CLAIM Project (Comprehensive Longitudinal Advanced Illness Management)
- Home Health-based program with supplemental disciplines
- Cancer
- Goal: reduce unnecessary end of life care costs and decreased quality of life
- Cost avoidance, outcome improvements



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Lehigh Valley Health Network

- Optimizing Advanced Complex Illness Support (OACIS)
- Three-pronged service
- OACIS Home-Based Consult Service
- OACIS/Palliative Medicine Inpatient Consult Service
- Palliative Care Outpatient Clinic (PCOC) – Cancer Center
- Medical Director, APNs, RN Case Manager
- Cost avoidance/improved outcomes



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Where Can Palliative Care Take Place?



Hospitals



Nursing Homes



Outpatient clinics



Home

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Case Study

Is Palliative Care or Hospice services more appropriate?

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Case 1

- An 88-year-old with Alzheimer's disease has had multiple hospitalizations for falls and UTI. Leslie was diagnosed with Alzheimer's disease 8 years ago and lives in independent living with her husband who is her primary care giver. She is unable to verbalize her needs, is incontinent, and needs to be fed all meals and is sleeping more during the day and less at night. She has lost 20 pounds in 4 months and has been hospitalized three times.



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Palliative care or Hospice?

Leslie would qualify for hospice services due to her recent decline in functional status.



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Case 2

- Billy is 67-years-old and has renal failure, diabetes and hypertension. He goes to outpatient dialysis services 3 times a week but has been noncompliant with his diet and verbalizes that he wants to “quit” dialysis. Billy was hospitalized today because he has missed the last two dialysis appointments. Billy’s wife is teary and concerned that he is giving up and wants him to keep on fighting.



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Palliative Care or Hospice ?

Billy and his wife need to be on the same page about treatment options. A good choice would be for a palliative care provider to guide that conversation with skill, empathy and understanding. In the end, Billy has the right to stop dialysis treatments and choose hospice services.



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Case 3

- Kim is 30-years-old and has received 2 rounds of chemotherapy and radiation for breast cancer. She has fatigue, severe nausea and has lost 40 pounds due to her poor appetite and hair loss. Her husband is primary caregiver, and he works full time.



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Palliative Care or Hospice ?

Kim is aggressively receiving treatment for her disease. She would benefit from palliative care services since she is receiving curative treatment. With Palliative Care services she would receive symptom management, psychosocial support for both her and her husband and discussion about the goals of treatment plan.



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Case 4

- Evelyn is 50-years-old and has lupus and depression. Her primary physician has prescribed her an antidepressant medication, she is self-isolating and has lost her job due to her attendance and taking too many sick days.



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Palliative Care or Hospice ?

Evelyn is not a candidate for either palliative care or hospice service. She does not qualify for palliative care services because there is no symptom to manage. She does not qualify for hospice because there is no terminal diagnosis. She still needs support and would benefit from a referral to social work for community resources.



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Case 5

- John is a 51-year-old with a diagnosis of ALS. He has had 7 hospitalizations this year with pneumonia. Currently he is in the hospital on a ventilator. He is alert and told the physician he wants to be D/C home with a POLST form and be a DNR.



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Palliative Care or Hospice ?

While in the hospital, John can speak with both the palliative care team and hospice team members. Both services can help navigate the best plan of care for him. If he wishes for comfort measures, then hospice service would help him achieve his care goal of remaining at home in comfortable surroundings with his family.



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Conclusion

Palliative care is specialized medical care for patients with serious illnesses. Its main goal is providing patients with relief from symptoms, pain and stress that living with a serious illness can bring

The goal of palliative care is to improve quality of life for both the patient and family

Palliative care services can begin at any stage of serious illness and can be provided along with curative treatment

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References

National Hospice and Palliative Care Organization

World Health Organization

Medical Billers and Coders

University of Mississippi Medical Center

Center to Advance Palliative Care

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Questions?



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