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ELDER CARE

A Resource for Interprofessional Providers

Hospice Eligibility for Patients with COPD

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Chronic lung disease is the 4th most common cause of death among older adults in the United States. Each year, more than 140,000 older Americans die from direct complications of chronic lung disease, and another 70,000 (many of whom have chronic lung diseases) die from influenza and other lower respiratory tract infections. The vast majority of these individuals with chronic lung disease have chronic obstructive pulmonary disease (COPD).

People dying from COPD frequently experience difficult and uncomfortable symptoms. They commonly have respiratory symptoms that include severe and disabling breathlessness, limited tolerance for activity, and intractable coughing. They are also usually oxygen dependent, experience anorexia with weight loss and cachexia, and become dependent on others.

Despite the palliative care needs of individuals dying from end-stage COPD, only 30% of such individuals receive hospice care before death. Furthermore, there is marked variation in the rate of hospice use across the US, with hospice enrollment in the highest-use states (Arizona, Colorado, and Florida) being more than triple the rate in lowest-use states (Alaska, Maine, South Dakota, Wyoming). It is not clear why the rate of hospice use for patients with COPD is so low, but several explanations have been offered. The most important may be simply that few patients with severe COPD have discussed end-of-life planning with their clinician. Furthermore, many patients and clinicians do not view COPD as a terminal illness. Lack of awareness by clinicians that patients with chronic disorders, such as COPD, are eligible to receive hospice care may also contribute. Other reasons include lack of awareness that patients enrolled in hospice can continue to receive treatments for COPD, and the difficulty of establishing an accurate estimation of life expectancy in patients with COPD.

The fact is, however, that hospice, with its strong interdisciplinary approach, has been shown to improve quality of life for patients with end-stage respiratory disorders like COPD. Specific palliative treatments for the symptoms of late-stage COPD will be covered in a future issue of Elder Care. In this issue, we discuss the need to consider involving hospice in the care of such patients, and the eligibility requirements established for receipt of such care under the Part A benefit of Medicare.

When to Consider Hospice Care for COPD

While end-of-life-care is an appropriate topic to discuss with all patients, several factors have been suggested that should always trigger such a discussion with patients who have severe COPD. One factor is simply that if a clinician would not be surprised if a patient with COPD were to die within the next 6-12 months. Other factors follow in Table 1.

Oxygen dependence	One or more hospitalizations for COPD in past year
FEV ₁ <30% predicted	Weight loss, cachexia, or decreased functional status
Age over 70	Co-morbid conditions that might shorten life span

* Adapted from Curtis JR. Eur Resp J. 2008

Note, however, that none of these factors is highly accurate for predicting length of survival. They are only reminders of the need to discuss end-of-life care.

TIPS FOR DEALING WITH HOSPICE ELIGIBILITY FOR PATIENTS WITH COPD

- Don't forget that patients with advanced COPD are candidates for hospice care. Currently, hospice care is underused for COPD, with only about 30% of people who die from COPD receiving hospice care before death.
- Begin discussions about end-of-life care as soon as patient demonstrates findings of advanced COPD (Table 1).
- Know the specific hospice eligibility criteria for patients with COPD (Table 2). Meeting these criteria makes a patient eligible for Medicare-funded hospice care, even if you are not certain the patient will die within 6 months.

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Hospice Eligibility Criteria

If a Medicare enrollee meets certain eligibility criteria, hospice care is a benefit covered by Part A of Medicare. There are both general hospice eligibility criteria and disease-specific eligibility criteria.

General Hospice Eligibility Requirements

There are two general hospice eligibility requirements with which most clinicians are familiar. One is that the patient's physician must attest that the patient's life expectancy is 6 months or less if the terminal illness runs its normal course. The other general criteria is that there should be specific clinical findings and other documentation supporting that prognosis.

Disease-Specific Hospice Eligibility Requirements

The problem in COPD is that there are no hard-and-fast criteria that predict life expectancy with a high degree of certainty. Nonetheless, there is general agreement that the criteria listed in the table below are reasonable predictors that a patient with COPD is in the terminal stages of the disease.

To meet these Medicare-accepted eligibility requirements, criteria 1, 2, and 3 must be present. The presence of criteria 4 and/or 5 provide supporting documentation.

In some circumstances, patients may still be eligible for hospice care even if they don't meet these criteria. Such patients usually are experiencing a rapid decline in functional status, or have comorbidities that are consistent with a life expectancy of less than 6 months.

Table 2. Hospice Eligibility Criteria for Patients with COPD

Required Criteria (1-3 must be present)	
1	Severe chronic lung disease as documented by both A and B
	A. Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, (e.g., as bed to chair existence, fatigue, and cough). Documentation of FEV ₁ , after bronchodilator < 30% of predicted is objective evidence for disabling dyspnea, but measurement of FEV ₁ is not a requirement
	B. Progression of end-stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure or increasing physician home visits. Documentation of serial decrease of FEV ₁ > 40 mL/yr is objective evidence for disease progression, demonstration of declining FEV ₁ is not a requirement
2	Hypoxemia at rest on room air, as evidenced by PO ₂ ≤ 55 mm Hg or oxygen saturation ≤ 88% on supplemental oxygen determined either by arterial blood gas levels or oxygen saturation monitors, or hypercapnia, as evidenced by PCO ₂ ≥ 50 mm Hg
3	Right heart failure due to pulmonary disease (cor pulmonale), and not due to left heart disease or valvulopathy
Supportive Criteria	
4	Unintentional progressive weight loss of >10% of body weight over the preceding 6 mo
5	Resting tachycardia > 100 beats/min

References and Resources

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