End of Life Issues and Patients with ESRD

Coalition for Supportive Care of Kidney Patients

Learning Objectives

- After completing this session, participants will be able to:
  - Recall three “surprising” facts related to state of end-of-life care for patients with CKD or ESRD in the US;
  - Summarize how the Medicare Hospice benefit can be use with patients also receiving the Medicare ESRD benefit; and
  - Define the social worker’s role in end-of-life care and withdrawal of dialysis.

TRUE OR FALSE?

True or False…

More older U.S. dialysis patients die in a hospital setting as compared with Medicare beneficiaries with other severe chronic illness.

This is…TRUE

45% of older U.S. dialysis patients die in a hospital setting as compared with 35% of Medicare beneficiaries with other severe chronic illness.[1]

True or False…

Older dialysis patients spend twice as many days in the hospital during the last month of life as do Medicare recipients with cancer.

This is…TRUE

Older dialysis patients spend an average of 9.8 days whereas cancer patients spend an average of 5.1 days in the hospital during the last month of life.[1]

True or False…

The majority of dialysis patients say that quantity of life is more important to them than quality of life.

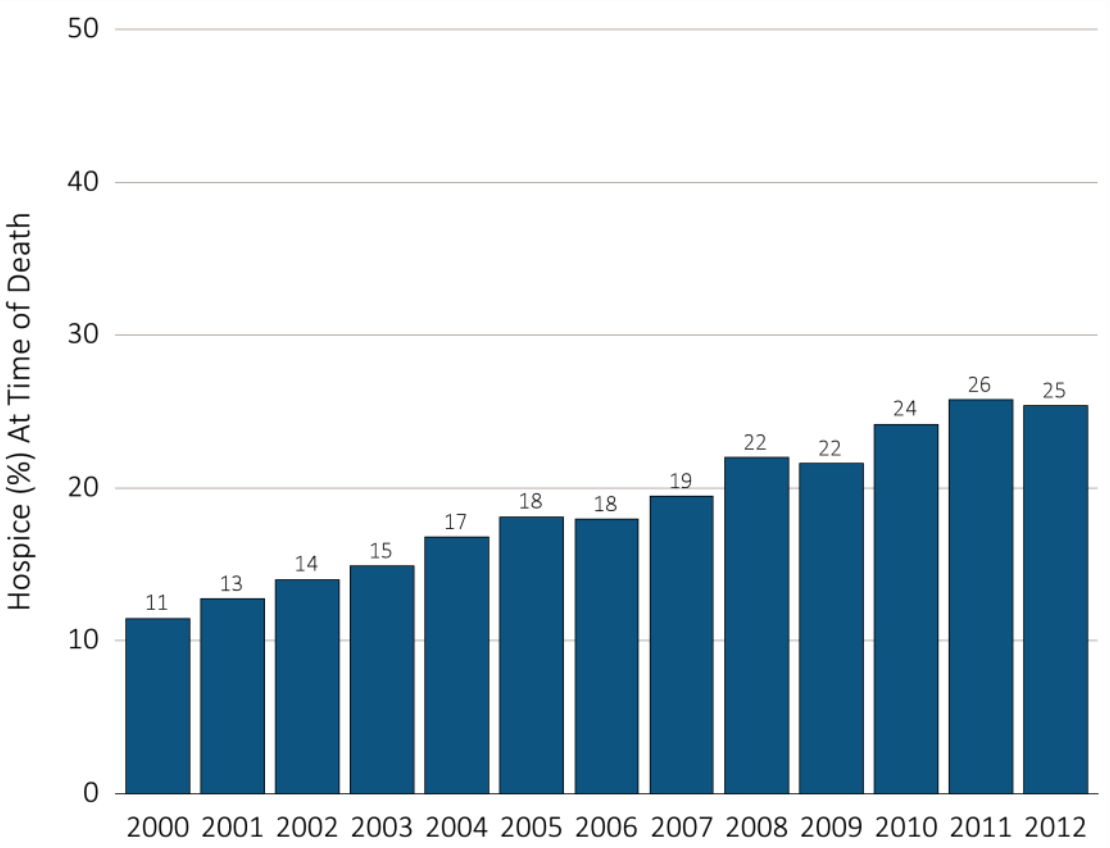
This is…FALSE

The majority of dialysis patients say that QUALITY of life is more important to them than QUANTITY of life. They would prefer to live a shorter period of time to avoid pain and suffering.[2]

Why is Hospice Relevant in ESRD?

- High symptom burden[3]
  - Median number of symptoms is 9
  - 50% of patients report pain
- Dialysis may not confer any survival benefit[4]
- Higher mortality rate as compared to general Medicare population [5]

Hospice Utilization in all ESRD Patients[5]



Data Source: Special analyses, USRDS ESRD Database. Denominator population is all decedents with Medicare Parts A and B throughout the last 90 days of life. Receipt of hospice care at the time of death was defined as having a claim in the Hospice SAF on or after the date of death or Discharge Status from hospice=40, 41 or 42.

Coalition for Supportive Care of Kidney Patients

START

Patient meets eligibility criteria for hospice services (enrolled in Medicare Part A and prognosis of 6 months or less if the disease follows its normal course).

Patient chooses not to pursue/continue dialysis treatment and meets hospice eligibility criteria.

Hospice admits and cares for the patient per Hospice Medicare Benefit.

Patient chooses to pursue/continue dialysis treatment.

What is the terminal hospice diagnosis?

Hospice physician determines terminal diagnosis is caused or exacerbated by ESRD.

Hospice admits and cares for the patient per Hospice Medicare Benefit for the ESRD primary diagnosis, and the hospice organization is financially responsible for dialysis costs. (Dialysis is not separately covered under the Medicare Hospice Benefit.)

OR

Hospice can return the patient to the referral source. Palliative care service should be considered.

Hospice physician determines diagnoses that contribute to the terminal prognosis are not caused or exacerbated by ESRD or ESRD treatment.

Hospice admits and cares for the patient per Hospice Medicare Benefit for all non-kidney terminal diagnoses that contribute to the terminal prognosis. The patient can continue to receive dialysis paid for by the Medicare Part B ESRD benefit.

DOCUMENTATION IS NECESSARY IN ALL CASES!

The physician narrative statement and the clinical record are the appropriate documentation locations for the certifying physician to reference the principal hospice diagnosis, related diagnoses, patient prognosis, and eligibility.

Decision made on case-by-case, patient-by-patient basis, AND decisions about relatedness can change as patient's condition changes.

STOP

If and when the hospice physician determines that the ESRD contributes to the terminal prognosis, the patient is no longer eligible for the Medicare Part B ESRD benefit.

(Reference: Medicare Benefit Policy Manual, Chapter 11 End Stage Renal Disease 40.8 (pg. 37) - Coverage under the Hospice Benefit (Rev. 219, 01-13-16))

Coalition for Supportive Care of Kidney Patients

Medicare Hospice Benefit & ESRD Patients

www.kidneysupportivecare.org

Different Scenarios and Eligibility

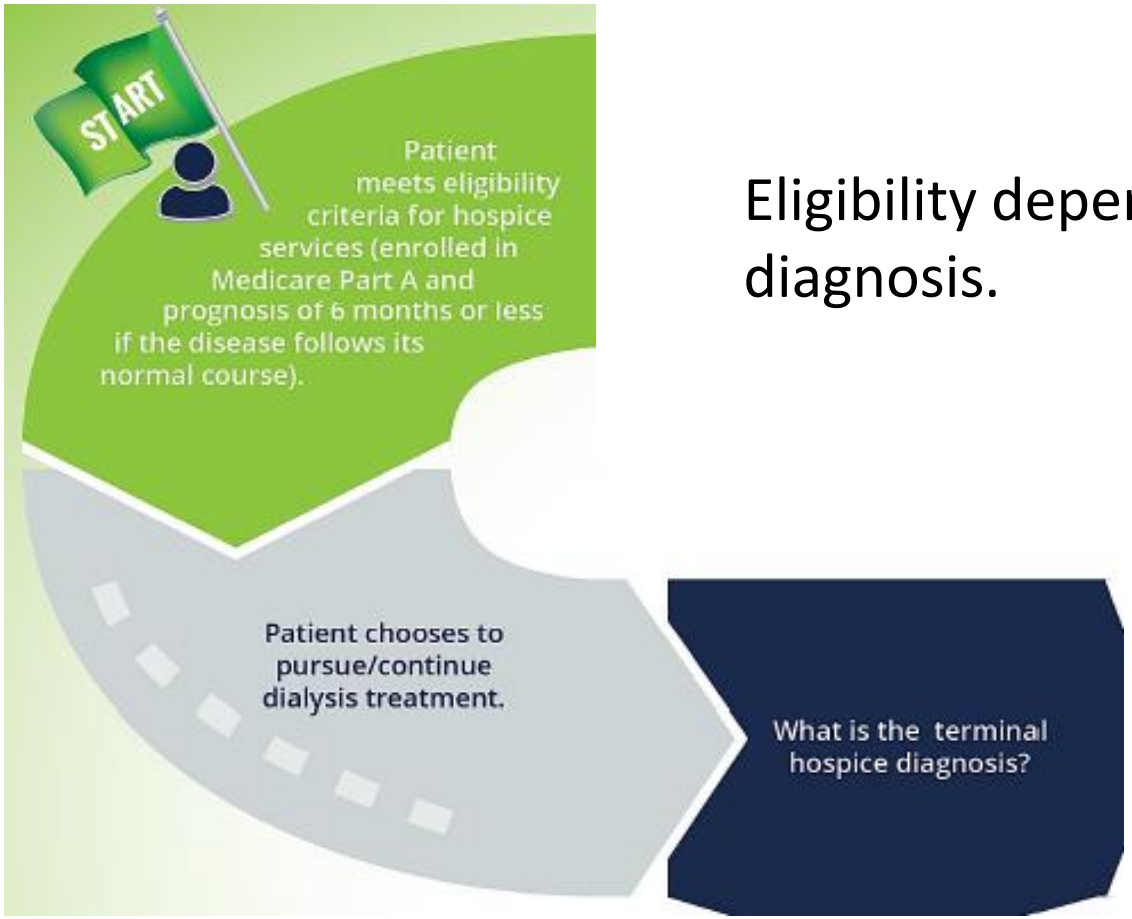
Patient meets eligibility criteria for hospice services (i.e., enrolled in Medicare Part A and prognosis of ≤6 months to live if the disease follows its normal course)

- Patient chooses not to pursue or continue dialysis
- Patient chooses to pursue or continue dialysis

Patient Chooses Not to Pursue/Continue Dialysis

Hospice admits and cares for patient per the Medicare Hospice benefit.

Patient Chooses to Pursue/Continue Dialysis



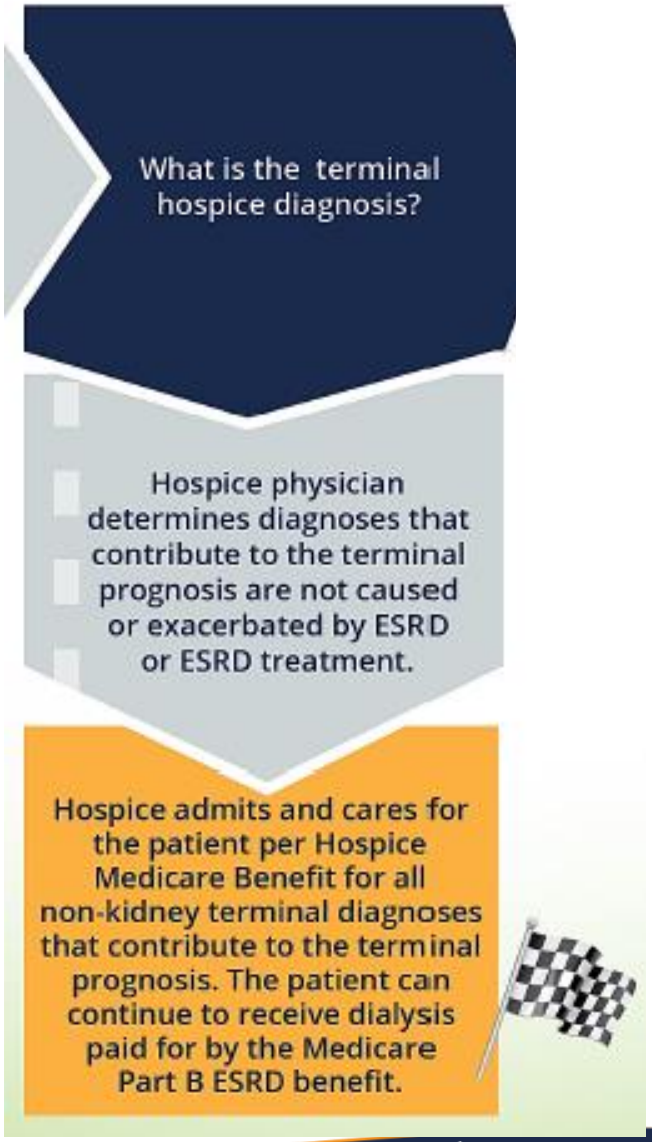
Eligibility depends on terminal diagnosis.

Non-ESRD Terminal Diagnosis

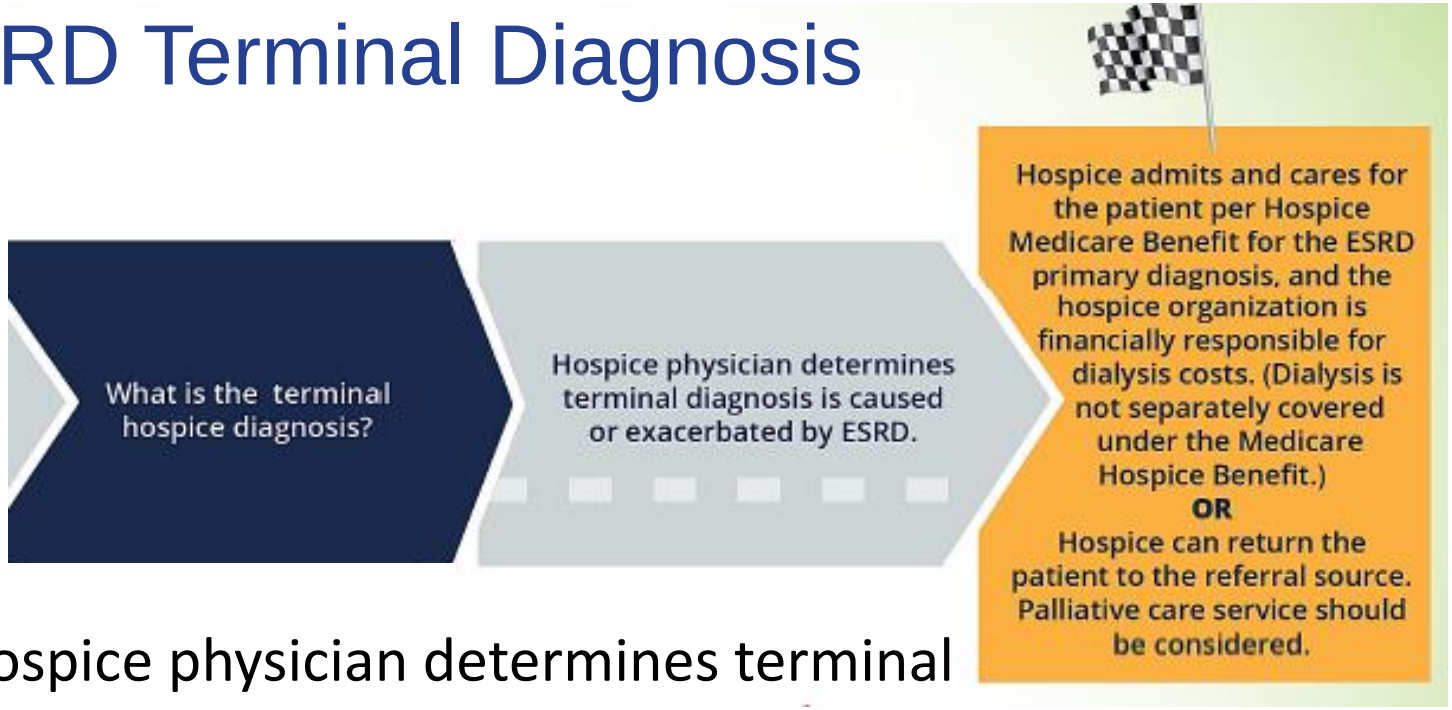
Terminal diagnosis is **not related to ESRD** (e.g., lung cancer)

Hospice admits and cares for patient per the Medicare Hospice Benefit (non-kidney terminal diagnoses)

Medicare Part B ESRD benefit covers dialysis treatment[6]



ESRD Terminal Diagnosis



Hospice physician determines terminal diagnosis is **caused or exacerbated by ESRD.**

Hospice can admit and care for the patient under the Hospice Medicare Benefit, but must bear costs related to dialysis OR return patient to referral source.

Things to keep in mind…

- Document, document, document
- Things can change; re-evaluate as necessary
- If it is determined that ESRD is contributing to the terminal prognosis, the patient is no longer eligible for the Medicare Part B ESRD benefit

DOCUMENTATION IS NECESSARY IN ALL CASES!
The physician narrative statement and the clinical record are the appropriate documentation locations for the certifying physician to reference the principal hospice diagnosis, related diagnoses, patient prognosis, and eligibility.

Decision made on case-by-case, patient-by-patient basis, AND decisions about relatedness can change as patient's condition changes.

If and when the hospice physician determines that the ESRD contributes to the terminal prognosis, the patient is no longer eligible for the Medicare Part B ESRD benefit.

Resources

- Coalition for Supportive Care of Kidney Patients Website (www.kidneysupportivecare.org)

- Materials
  - *Best Practices for Symptom Management*
  - Medicare Hospice Benefit & ESRD Patients
  - *Treating Pain in Late CKD & Dialysis Patients* Clinical Algorithm & Preferred Medications
  - *Advance Care Planning: For Dialysis Patients and Their Families* Available in English or in Spanish.
  - Advanced Directives by State

So now what?

- What is your role as a facility social worker? How can you improve end-of-life care for dialysis patients?

- How can you help patients access hospice benefits when:
  - Patient chooses not to pursue or continue dialysis?
  - Patient chooses to pursue or continue dialysis?

To Do's

- Write down one thing that you will do as a result of this presentation in the next week.

- Write down one thing that you will do as a result of this presentation in the next month.

QUESTIONS?

References

[1]Wong SP, Kreuter W, O'Hare AM: Treatment intensity at the end of life in older adults receiving long-term dialysis. *Arch Intern Med* 172: 661-663, discussion 663-664, 2012.

[2]Davison SN. End-of-life care preferences and needs: perceptions of patients with chronic kidney disease. *Clin J Am Soc Nephrol*. 2010 Feb;5(2):195-204.

[3]Weisbord SD, Fried LF, Arnold RM, Fine MJ, Levenson DJ, Peterson RA, Switzer GE. Prevalence, severity, and importance of physical and emotional symptoms in chronic hemodialysis patients. *J Am Soc Nephrol*. 2005 Aug;16(8):2487-94.

[4]Verberne WR, Geers ABMT, Jellema WT, et al. Article Comparative Survival among Older Adults with Advanced Kidney Disease Managed Conservatively Versus with Dialysis. *Clin J Am Soc Nephrol*. 2016;(18):1–8. doi:10.2215/CJN.07510715.

[5]*United States Renal Data System. 2015 USRDS annual data report: Epidemiology of Kidney Disease in the United States*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2015.

[6]Centers for Medicare & Medicaid Services. Department of Health & Human Services Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual, Chapter 11 End Stage Renal Disease 40.B (pg. 37) - Coverage under the Hospice Benefit (Rev. 219, 01-13-16). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c11.pdf

www.kidneysupportivecare.org