HOSPICE NEWS...

A Report from Hospice Association of America

HOSPICE, AIDS, AND LONG-TERM CARE

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In the realm of long-term care, hospice is not often thought of as a resource for the management of patients with long-term, yet terminal illnesses. Indeed, the preponderance of hospice patients are short-term, acutely and terminally ill cancer patients who have an average length of stay in the hospice program of forty-five days. In addition, restrictive reimbursement policies, particularly Medicare hospice reimbursement, virtually preclude admission of patients with long-term illnesses to hospices, including even the cancer patient who, with aggressive therapy, may live longer, but still have a terminal prognosis.

These perceptions and care patterns are changing as more and more hospices begin to accept AIDS patients. In the care of the AIDS patient, hospice becomes a part of the case-management system. Here, the patient's care is coordinated among in-patient acute care, outpatient clinic, physician office, home health, and hospice care programs. In this coordinated system, the hospital is no longer the central focus for acute care services. The patient becomes the central focus, and the care setting becomes dependent on the patient's physiologic and psychosocial state. Not only is this more humane, it is also cost effective. Demonstration studies in New York and San Francisco utilizing a coordinated approach to care of the AIDS patient were able to reduce the costs of care per patient and per total treatment course by as much as $120,000.

Because the care is planned and coordinated based on the patient's needs, hospice services may be provided at any point during the course of disease. Many AIDS patients associate hospice with "giving up." For others, hospice has come to mean a variety of services for the AIDS patients and for the families of AIDS patients. The case-management system allows the AIDS patient and family to utilize many of the supportive therapies available through hospice early on in treatment, while at the same time a home health agency may be providing aggressive therapy. Both patient and health care provider are aware of the inevitable outcome of the disease and that aggressive treatment is only palliative at best. But there is always the hope that, this time, things may be different and a cure may be effected. In many ways, this is not different from the concerns and hopes of many terminal cancer patients. But we tend to treat the AIDS patient differently, perhaps because the AIDS patient is rarely indifferent to or accepting of his disease, and because of the young age of the typical person with AIDS.

If AIDS is forcing a change in the way hospices view aggressive treatment and long-term care of the terminally ill, it may also be creating significant and overall changes in the health care delivery system. Long-term care is the major health policy issue on the federal agenda. As the greying of America progresses, policymakers are searching for cost-effective ways of providing necessary health care and social services. Lateralization of health care services and case management are proving to be highly cost-effective methods of providing care to individuals who require a variety of medical, social, and community services and aggressive high-tech care.

Kubler-Ross says that hospice is a "concept of care...to help a person live until he dies." Such a concept is fully compatible with aggressive care directed toward relieving symptoms and consequently lengthening the life of a terminal cancer or AIDS patient. Hospices must broaden their approach to long term care. The industry must be alert to the system changes that lie around the corners and release their tenacious hold on an inadequate reimbursement program that would limit their ability to change -- if there is to be a role for hospice in the future.

The Hospice Association of America will co-sponsor two all-day conferences on long-term care, AIDS and Alzheimer's disease, at our annual meeting and conference to be held in Washington, D.C., October 10, 1987, at the Grand Hyatt Hotel. Please join us there.