

# B. WIEBE IT OR NOT!

Medical Director's Newsletter

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## Six Months?

*“How soon after hospice admission does a patient need to die?” “Are patients allowed to stay on hospice care if they live more than 6 months?”*

Sometimes questions like this come to us. These questions come from confusion about one feature of the admission criteria of the Medicare Hospice Benefit: “The patient has a

terminal illness and is likely to die within the next 6 months if the disease takes its usual course.” This language can leave a mistaken understanding of what “6 months” means in this context. Does it mean a patient can’t be admitted if there cannot be certainty that the patient will die within 6 months of admission? Does it mean that if a patient is admitted and does not die in the following 6 months that the patient or the hospice will be somehow penalized? The answer to both questions is, “No.”

*The regulations governing the Medicare Hospice Benefit do require that the Attending Physician and the hospice’s Medical Director agree that the patient has a terminal illness, that the goal of care is comfort, not cure, and that it is likely the patient will die of the terminal condition named within 6 months.* However, the regulations also build in mandatory reviews for appropriateness of ongoing care under the Hospice Benefit, or “recertifications.” These occur at 90 days, 180 days, and then every 60 days. At each recertification review the question is again asked of the multidisciplinary team and the Medical Director: “Is it more likely than not that the patient will die within the next 6 months? If the answer is yes, the patient is recertified to continue receiving hospice services.

**T**he issue here is that we do poorly prognosticating survival time. This is true in cancer illnesses, and is even more the case in terminal non-cancer illnesses such as dementia, end-stage heart or lung disease.

One study showed that both primary care physicians and cardiologists were no better at predicting survival time in end-stage heart patients a month before death than a year before death. The many variables, tangible and intangible, all interplaying in complex ways, variables which seem to collectively determine the final disease course as well as the time frame in which it will all happen, all assure us that we just can't be certain how long any particular patient will live. In a way this makes a joke of the Medicare requirement which requires us to certify "6 months or less." On the other hand, the grace in the Medicare Hospice Benefit lies in the flexibility, yeah, even the leniency which the language and the intent of the regulations offer, that being, that at every recertification period, the questions is asked anew: "From this moment looking forward, is it more likely than not that within the next 6 months the patient will die?"

So we can relax about the question of certainty of death in 6 months from the time of the initial certification because certainty doesn't matter. We can focus then on broad questions of where the patients seem to be in the trajectories of their lives, what their goals are for their remaining time, what their needs are, and finally, is hospice the best model for the provision of their needs. And lastly then, can we reasonably find terminal diagnostic criteria into which to fit the patient. (And if at review time, recertification simply can't be justified due to stability or improvement in health status, the patient will be discharged from hospice care.)

In the end, *it's about doing our best to give patients the help they need*, within the rules of the system.

BWiebe it or not.



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Medical Director

