



Current

HOSPICE NEWS FOR PHYSICIANS

ISSUE 1 ■ NOV ■ 2005

A COOPERATIVE EFFORT OF PATIENTS, CAREGIVERS, PHYSICIANS, AND COASTAL HOSPICE TO IMPROVE HOSPICE CARE

COASTAL HOSPICE CARE

Meeting the Needs of Our Community

HISTORY



Coastal Hospice Care was started in December, 2004 with the goal of being a locally owned hospice to meet the needs of our community.

Through the hard work of our founding members, we began to offer our services in May, 2005. We have rapidly grown to meet the needs of members of our community who need end-of-life care.

Coastal Hospice is working with our community to come up with innovative ways to improve the quality of life for our patients.

Hospice Care Enhances Dignity and Peace As Life Nears Its End

Much of the pain and sense of hopelessness that may accompany terminal illness can be eased by services specifically designed to address these needs. Hospice care, a fully reimbursable Medicare Part A benefits option for beneficiaries and providers since 1983, offers the services designed to address the physical and emotional pain through effective palliative treatment when cure is not possible. In the event that a beneficiary has been advised by his/her physician, that a cure for his/her illness is no longer possible, Medicare beneficiaries may discuss hospice care as an option. Physicians and other health care practitioners can be encouraged that the Medicare program includes a hospice benefit that provides coverage for a variety of services and products designed for those with terminal diagnoses. When properly certified and appropriately managed, hospice care is a supportive and valuable covered treatment option.

Physicians and health care providers in the community, skilled nursing facilities, and hospitals are urged to raise awareness among their patients about the hospice benefit and its availability. Further, a beneficiary may independently elect hospice care. The beneficiary may discuss this option in the event that he or she has a terminal diagnosis; however, in all such cases, a physician must certify that the beneficiary has a terminal diagnosis with a six month prognosis, if the illness runs its usual course.



Coastal Hospice is pleased to present the first issue of Current Hospice News for Physicians

The purpose of this newsletter is to raise awareness and discussion on end-of-life issues, and to strengthen collaboration between Coastal Hospice and the medical community.

In this edition, we will introduce Coastal Hospice and its mission to our community. In further issues, we will examine topics that are relevant and important to those in your care and ours, as we partner to provide the best care possible. Your suggestions and comments will always be welcome.

With Warm Regards,

W. Monte Elliott
Executive Director

Physicians and health care providers in the community, skilled nursing facilities, and hospitals are urged to raise awareness among their patients about the hospice benefit and its availability. Further, a beneficiary may independently elect hospice care. The beneficiary may discuss this option in the event that he or she has a terminal diagnosis; however, in all such cases, a physician must certify that the beneficiary has a terminal diagnosis with a six month prognosis, if the illness runs its usual course.

Hospice care that is covered by Medicare is chosen for specified amounts of time known as "election periods." Essentially, a physician may certify a patient for hospice care coverage for two initial 90-day election periods, followed by an unlimited number of 60-day election periods. Each election period requires that the physician certify a terminal illness. Payment is made for each day of the election period based on one of four per diem rates set by Medicare, commensurate with the level of care.

CMS recognizes that making medical prognostication of life expectancy is not always an exact science. Thus, physicians need not be concerned. There is no risk to a physician about certifying an individual for hospice care that he or she believes to be terminally ill.

Many physicians appreciate the fact that hospice care enables family and loved ones to participate in the experience and to get help from the hospice in managing their own feelings and reactions to the illness. The value of hospice care is recognized and advanced by many physicians and other health professionals. One professional organization, the American Academy of Hospice and Palliative Medicine (formerly the Academy of Hospice Physicians) focuses its efforts on the "prevention and relief of suffering among patients and families" through palliative therapy, education and counseling. Among the Academy's objectives are to "bring the hospice approach into mainstream medicine and eliminate the dichotomy whereby patients receive either curative or palliative care."

Excerpts from CMS-Pub. 60AB



In our next issue:

Proposed changes in the Medicare Condition of Participation for Hospice.

New program at Coastal Hospice that addresses better outcomes on CHF and COPD patients on emergency room visits.



Coastal Hospice affirms life. Hospice exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortable as possible. Coastal Hospice recognizes dying as a normal process whether or not resulting from disease. Coastal Hospice neither hastens nor postpones death. Coastal Hospice exists in the hope and belief that, through appropriate care and the promotion of a caring community sensitive to their needs, patients and families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.



Coastal
HOSPICE CARE
INC

90 McKeough Avenue
Saraland, AL 36571
Tel: (251) 675-0012
Fax: (251) 675-3303
Email: info@coastalhospicecare.com