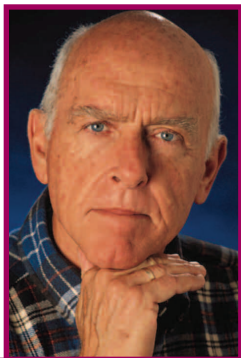


# CASE STUDY



## CHRONIC HEART FAILURE

**M**R. D is a 75-year old male who has the diagnosis of CHF, CAD, ischemic cardiomyopathy and CVA. He also has required several surgical interventions of CABG X2, AICD placement and 7 cardiac stents. He is cared for at home by his wife. Mr. D has had 4 reoccurring hospitalizations for symptom exacerbations in past year. This has resulted in decreased appetite and ambulation, as well as increased weakness and shortness of breath. He has gained 30 lbs in the last 2 months thus experiencing bed to chair existence. He is on O2 prn, has 2-3+ edema and has a PPS score of 40.

Although Mrs. D has been an excellent care giver for her husband, they now believe they need additional help. The added supports and education from the Optimum Care™ program will meet their desired goals of keeping Mr. D home and comfortable while managing his disease as it progresses. Both Mr. and Mrs. D want to avoid further hospitalizations and are in need of some assistance.

Unfortunately, that has been a difficult task because Mr. D does not meet the Medicare criteria for part-time intermittent, skilled services in order to qualify for home health care. Who can they turn to for help?

Hospice is the answer.

### CLINICAL FINDINGS

Mr. D was admitted to Hospice Buffalo and has been in program for approx. 134 days. Since his admission he has received:

1. 10 Social Work visits or an average of 1 every 2 weeks
2. 5 Hospice Physician visits or an average of 1 every 16 days
3. 7 Spiritual Care visits or an average of 1 every 18 days
4. Admitted to HIU for 6 days for treatment for open wounds then d/c'd back home
5. 28 RN visits or an average of 1 every 4 days 27 supportive phone calls or an average of 1 every 5 days

**TOTAL OF 50 VISITS OVER 134 DAYS OF SERVICE OR 1 VISIT ABOUT EVERY OTHER DAY!**

### WHEN IS IT TIME TO CONSIDER HOSPICE?

Like many other chronic and debilitating diseases, CHF is a terminal illness. Many family members and physicians agree the primary focus for these individuals should be disease and symptom management at home where they are most comfortable. Primary symptoms to look for in making a referral are:

- NYHA Class 4
- Optimally treated with ACE inhibitors, Beta Blockers, diuretics and vasodilators
- Frequent hospitalizations or trips to ER
- Supine for 50% of the day
- Weight loss
- Loss of appetite
- Increased weakness
- Edema and ascities
- High volume of phone calls to MD office and family overwhelmed by management of care regime at home

**To make a referral call 686-8000.**

**Editor's Note: Need more information? Call one of our Professional Relations nurses at 686-1900.**



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*something special every day.*



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## HOW HOSPICE CAN HELP YOUR PRACTICE

### *Answers to Questions Physicians Often Ask About Hospice Care*

*Most Physicians know that Hospice is designed to help terminally ill patients and their families with relief from pain and other symptoms. But here are answers to questions physicians often ask about Hospice care and how it can help busy physicians and their office staff cope with the demanding problems seriously ill patients can present.*

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#### **How do we know if a patient is Hospice appropriate?**

The National Hospice & Palliative Care Organization has published Guidelines for Prognosis in Non-Cancer Diseases. Hospice Buffalo uses these to help primary care physicians and specialists manage patients with end-stage heart, lung, Alzheimer's, and other non-malignant conditions. For a copy, please call (716) 989-2009.

#### **Can I bill Medicare or commercial insurance for services once my patients are referred to Hospice?**

Yes, you can. Primary attending physicians continue to bill Medicare Part B and other carriers for the patient's regular office visits or for all covered services. New billing codes are also available for care plan oversight, so reimbursement can be obtained for telephone calls to nurses, as well as patients.

#### **Do commercial insurance plans have Hospice benefits?**

Most third-party payers now have a Hospice benefit, similar to the Hospice Medicare Benefit.

#### **Do you offer a Hospice evaluation service?**

Yes. Hospice Buffalo staff are available to meet with you, evaluate, and educate patients and families who you believe are appropriate for Hospice services. *There is no fee for this service.* If, during the evaluation, your patient chooses Hospice care and you approve this decision, admission to the program can start right away. Contact Hospice Buffalo Admissions Department at (716) 686-8000.



### **CALL FOR AN INSERVICE TODAY (716) 989-2009**

- Home Connections Palliative Care<sup>SM</sup>
- Optimum Care - for severe Cardiac or Pulmonary Patients
- Advance Care Planning - sharing your wishes
- Pain/Symptom Management
- Supportive Care
- Myths & Facts of Hospice Care
- Delivering Bad News in a Good Way
- Coping with Grief and Loss (Life Transitions Center)