

# CASE STUDY



## A Success Story of Home Care for Chronic Heart Failure

By Donald P. Copley, M.D.

I peeked in the exam room to find Shirley radiant and well-dressed, flanked by her proud daughter. We congratulated each other on Shirley's near-miraculous turnaround from what we all thought was "end-stage" heart disease.

I recalled a much younger woman who first came to me in 1987 because of chest pains due to heart artery spasms. Since then, Shirley and I have navigated several challenging medical crises, culminating last year in a string of harrowing hospitalizations for severe heart failure. Out of frustration from her lack of improvement, we opted last fall to start Hospice Buffalo home care, hoping for less distress in her remaining days with her family nearby.

I favored this approach because of my recent experience with a dozen of my sickest heart patients who were treated kindly and effectively by Hospice Buffalo in their homes. For two thirds, the comfort they sought came with the daily attention provided by Hospice professionals. But more remarkably, the remaining third gained so much strength that they ventured out to resume former outside activities.

Over a 35-year medicine career, I've seen hospitals take over the care of chronically sick heart patients, presuming this was the best approach.

But more recently, I've seen hospital costs rise alarmingly without any increase in the quality of outcomes. Patients are frustrated by stressful and expensive hospital stays. I now believe quality health care at reasonable cost requires at least some home-based care for patients with chronic diseases.

Heart failure has become the most common cause for repeated hospitalizations, costing billions yearly. Chronic heart problems are particularly amenable to home care because of symptoms such as shortness of breath and fluid retention are readily managed at home with simple treatments. Because heart failure is unpredictable, it's better handled by a quick response team on call for home visits, rather than by hectic trips to hospital emergency departments. Of course, home care should come into play only after hospital treatments such as angioplasty, bypass surgery, and pacemakers have been fully utilized.

I've noted patients are reluctant to accept Hospice care, probably because of its connection with incurable cancer. **But every one of my heart patients treated by Hospice Buffalo reported a favorable, even an uplifting experience.**

I've made a study of why Hospice care works so well. It starts with their convincing optimism and unconditional

commitment to a patient's well-being. I see an emphasis on what really counts: symptom relief, anxiety control, better nutrition, restful sleep, and family closeness. Hospice professionals have a knack for harnessing a patient's own grit and determination, while amplifying the assistance of family and friends.

I've also noted a wide spectrum expertise from Hospice doctors, nurse practitioners, nurses, therapists, nutritionists, and clergy. Their success comes from routine daily contact, punctuated by timely adjustments in treatments, keeping patients symptom-free and away from hospitals. I've noted how they minimize personnel changes to avoid care lapses, resulting in greater patient confidence. Team members appear motivated more by a calling to help sick patients than by expectations of personal gain.

I estimated that the total cost of Shirley's hospitalizations last year exceeded \$100,000, compared to \$150 per day in Hospice Buffalo expenses over 6 months, which undercuts the hospital tab by 75%.

There's a clear lesson here for those seeking health care reform: Patients with on-going diseases like chronic heart failure should be treated as much

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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.

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as possible at home by a team of experienced professionals if we ever hope to get a grip on rising health care costs. We must encourage simpler scientifically-proven home protocols which amplify the inherent resources of family and friends.

Shirley's experience with Hospice Buffalo should make us rethink how we organize American health care in the next decade.



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- 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)