National Association for Home Care & Hospice (NAHC)
Visiting Nurse Associations of America (VNAA)

Lobby Day, June 12, 2003

ALLOW HOSPICES TO CONTRACT FOR SPECIALTY NURSING SERVICES AND WITH OTHER HOSPICES FOR CORE SERVICES

ISSUE: Under Section 1861 (dd)(1) of the Social Security Act, a Medicare certified hospice program "must routinely provide directly substantially all" of the hospice core services, including nursing, medical social work and counseling by hospice employees. Congress should authorize use of arrangements for specialty nursing services in cases of extraordinary, exigent or other non-routine circumstances and allow hospices to contract with Medicare certified hospices to provide core services in situations such as unanticipated periods of high patient loads, staffing shortages due to illness or other events, or temporary travel of a patient outside a hospice program's service area.

RATIONALE:
Need for Specialty Nursing Services

- A patient with an epidural catheter who has a lot of symptom management needs would like to come home from a teaching hospital which is two - three hours from the hospice program. In the geographic area of the hospice, the doctors do not use epidural catheters for home pain management so the nurses may not have seen one/cared for one in over three years. The patient would have to remain in the hospital for an additional few days – to a week to meet the patient's hi-tech skilled nursing needs. Contracting in this example could be beneficial for the patient, the hospital and the hospice.

- It is important for hospices to be able to provide the highest quality of care for their patients even when there is an unexpected, short-term need for specialty nursing services. It is much less disruptive to a patient and family to have a different caregiver in the home for a short period of time than it is to keep the patient in the hospital or institutionalize them. It is also more cost effective for the Medicare program.

- In the best interests of patient care, it is sometimes appropriate for hospices to utilize high technology treatments to achieve efficient and effective pain management. However, some hi-tech pain management interventions require highly specialized nurses to administer the treatments. These incidents are infrequent so that it is impractical and prohibitively expensive for hospices to have such nursing specialties on staff, resulting in the inability to offer these treatments to their patients.

Need to Occasionally Contract with Other Hospices for Core Services

- There are occasionally times, due to unanticipated circumstances, that hospices are unable to provide all of the service needs of their patients with hospice employees. It is important for hospices to be able to provide continuity of care for their patients even when there is an unexpected, short-term lack of core personnel. It is much less disruptive to a patient and family to have different caregivers for a few days than it is to change hospices completely.

- The regulatory paperwork necessitated by the current requirements when a patient leaves the hospice service area, is unreasonable. In order for the patient to be assured of continuing care, a hospice must discharge the patient as not in the hospice service area, and then readmit them when they return. The hospice in the temporary service area must do the same in reverse. Also, if a patient is traveling two hours away from the service area for a weekend, he/she is without hospice care during that time. If an emergency arises, they are apt to go into the hospital via the emergency department where there is high cost, aggressive care which does not follow the patient's wishes or the hospice plan of care. If the treating hospice could contract with a hospice at the visit site, the patient could have the continuity and safety net of routine and emergency hospice services without the burden of the currently required paperwork.

For more information, contact: the Hospice Association of America/National Association for Home Care & Hospice Government Affairs, 202-546-4759.