

**Research Proposal:**  
**The Barriers that Medical Professionals**  
**Face when Making a Hospice Referral**

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**Spring 2008**

**PA 705**

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### **Abstract**

Since Medicare has federally recognized hospice as a benefit under Part A in 1983, many patients have had the opportunity to address their terminal illnesses with comfort, compassion and end-of life medical attention that they so deserve. As hospice is becoming more mainline and prevalent in the American healthcare system, observations and questions are beginning to emerge concerning the average hospice patients length of stay. Further methods beg to be explored that could be utilized to result in the general increase of the currently diminishing length of stay. The core piece that connects terminal patients to hospice services remains to be the medical professionals that care for the ill. Medical professionals play a vital role in assisting patients and their families with early identification and procurement of hospice as an end-of-life resource. This research proposal seeks to discover the barriers that medical professionals face when making a hospice referral. This research proposal defines medical professionals as being obviously physicians, but also importantly includes registered nurses and medical social workers who are on the frontline of daily face to face, medical care. A better understanding of the barriers that medical professionals encounter when making a hospice referral will likely assist the medical community and future hospice patients by initiating hospice services sooner, thereby increasing the patients comfort level and increased length of stay on hospice.

### **Introduction**

American society has traditionally viewed the subject of dying as verboten. The USA's attitudes towards youth are practically worshipped in almost every aspect of its culture, ignoring its elders and ultimately the imminence of death. In recent years, the American government has recognized the need for addressing death in its society by utilizing hospice as a federal benefit, reimbursed through Medicare part A. Medicare formally initiated the hospice benefit in 1983 to assist patients who are facing terminal prognosis. In order to receive the Medicare hospice benefit, the patient must be aged sixty five or over and have a referral to hospice from two physicians, who believe that the patient has six months or less to live. "Eligibility for the hospice benefit rests on a physician's determination that the patient is terminal, meaning that the physician expects the patient to die within a six month period" (Lawlor, 2003, p. 153). When a patient and their family accepts hospice as a service, they are signing on to a team based approach to care. Hospice services provide physicians, registered nurses, medical social workers, chaplains, volunteers and bereavement services.

Prior to a hospice referral, the patient usually has been utilizing Medicare Part A for their medical insurance needs. Medicare Part A provides coverage for curative and preventative treatment as well as hospitalizations and rehabilitation, typically accompanied by temporary skilled nursing placement. In order to utilize the Medicare Part A hospice benefit, the patient must surrender their existing Medicare Part A benefit which provided preventative and curative care. Once the Medicare Part A benefits have been exchanged to hospice, or palliative care, Medicare consequently covers one hundred percent of hospice services and treatments as long as they are related to the terminal diagnosis. Contrary to common belief, hospice cares for many more terminal illnesses than just cancer alone. Cassel (2005) contends that other prevalent terminal illnesses include heart disease (10%), dementia (6%), end stage kidney disease (3%) and end stage liver disease (2%). (p. 75). An unspecified number of terminal illnesses are categorized under “debility.” The term debility refers to a combination of co-morbidities, usually accompanied simply by old age. Since there is no specific diagnosis for patients categorized under debility, many physicians and medical professionals must use their own discretion when identifying hospice eligibility for patients who usually meet the criteria of near imminent death.

Hospice organizations undergo extreme scrutiny by Medicare who audits hospice organizations to ensure that the patient indeed meets the hospice criteria of having six months or less to live. It is mandatory that each hospice organization have a medical director [physician] who monitors the appropriateness of services for each individual patient and their terminal illness. The hospice medical director, in accordance with the interdisciplinary team, monitors each individual patient and the progression of their terminal illness in order to prevent misappropriations of the hospice Medicare benefit.

Medical professionals are usually the first responders to identifying whether a patient and their diagnosis is appropriate for hospice services. Ultimately, physicians have the last say at whether a patient should be considered for hospice and usually there is much dialogue between nurses, social workers and other medical professionals before the decision has been concluded. Unfortunately, the majority of medical professionals, including physicians, have any extensive palliative or hospice training in order to identify a patient's eligibility for services. Aside from palliative training, many medical professionals perhaps avoid the subject of hospice and palliative care due to the simple reason that they do not wish to engage in dialogue between patient and family that the patient may die in the next six months.

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Hospice Referral

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