

Foreword

A 70-year-old man with advanced pancreatic cancer is admitted to the hospital after his wife calls 911 following a bout of severe abdominal pain. The hospitalist tells the family that the man is dying. His wife says his care would be too difficult for them at home and asks that he stay in the hospital for his last days. The hospitalist promises he can stay and requests an urgent hospice referral. The hospital case management team wants him admitted to hospice immediately, not only to meet the family's needs but also to have him excluded from the hospital's mortality rate calculation. The hospital expects to receive a pass-through of the Medicare general inpatient (GIP) per diem from the hospice for every day of this hospital stay. The hospice interdisciplinary team agrees that the family would be best served by keeping him in the hospital for his remaining days. His symptoms are now controlled on intravenous medications every 4 hours and as needed. He sleeps most of the time, hasn't eaten for 2 days, and requires total care. The hospice is currently responding to retrospective audits of GIP stays longer than 5 days and physician visits billed for patients receiving GIP. If all appeals fail, the hospice could have to repay hundreds of thousands of dollars, which the hospice administration sees as an existential threat.

Questions abound. Is he eligible for the GIP level of care now? If so, for how long? What if his natural dying process is protracted and lasts a week or more? If he isn't eligible for GIP, would the hospital accept a lower level of care and payment? Could the family manage this level of care safely and effectively at home? Can the hospice take the risk of having another unusually long GIP stay?

Welcome to the world of the hospice medical director (HMD) and hospice physician (HP), where cases with complex concerns like this happen all the time. So much depends on the diligence, discernment, and balance with which they exercise their best professional judgment. Clinical expertise is not enough. The HMD and HP also need to understand the frequently evolving regulations, rules, and payment policies that govern the administration of hospice benefits. Their decisions have a major impact

on access to care, quality, integrity, and the culture of the hospice organization. Nowhere else in health care are physicians charged with such critical administrative responsibilities, and it can be messy. It's challenging to balance conflicting duties as you strive to do your best to meet the needs of your patients, exercise your best professional judgment regarding life expectancy and eligibility for hospice benefits, maintain compliance with regulations and policies, provide care in a cost-effective and financially sustainable manner, and try to meet the expectations of colleagues who refer patients to your program. Stakes are high as you often have only one chance to get it right for any person nearing the end of life and those who care for them, but, armed with the requisite knowledge and skills and a passion for the hospice mission, you can lean into this challenging and rewarding role with confidence.

AAHPM published the original edition of this manual in 2004. Since then, it has become widely recognized as the foundational resource for physicians who practice in the role of HMD or HP. In this fourth edition, the editors—Dr. Ruth Thomson and Dr. Ron Crossno—have assembled an entirely new group of contributors representing experts and leaders in the field. While sticking with the structure of the third edition, these authors have updated content where regulations and circumstances have evolved and provided a fresh perspective on many facets of hospice practice, from administrative fundamentals to deeper dives on pediatrics, clinician well-being, leadership, health equity, and ethics.

Seasoned HMDs and HPs will find important updates here regarding regulations, billing, and quality. Physicians in fellowship training to become specialists in hospice and palliative medicine will find the essentials they need to prepare to work for or with hospices in the roles of HMD, HP, attending physician, or referring physician. And new HMDs and HPs will find this resource invaluable as they begin their hospice practice.

People nearing the end of life deserve a physician who focuses on what matters most to them, works effectively with their family and the interdisciplinary team, and is committed to getting them the right care at the right time. The information packed into this manual will empower HMDs and HPs to cater to the details that make all the difference and deliver on the promise of high-quality hospice care for all who need and want it.

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