



Physician to Physician: COVID-19 and Hospice

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The topic on everyone's mind right now is COVID-19. This article is not a review of the disease or acute COVID-19 management, but the role hospice plays during this pandemic. A general perception is that healthcare providers not on the front line with COVID-19 patients have been more or less sidelined during the pandemic. This is not our experience for hospice.

As many people are dying in the US without this terrible viral infection as were dying before it appeared. What has changed is that patients with terminal conditions have more reason to stay away from hospitals, and home hospice is busy. Our hospice staff have proven to be essential workers in getting through this current crisis.

At Kindred at Home we developed and put into place protocols for the management of all aspects of caring for hospice patients during this public health emergency. We have instituted screening prior to the start of every clinician's workday to minimize potential exposure. We screen patients prior to a home visit to ascertain the level of personal protective equipment (PPE) our staff needs to come into the patient's home. We are availing ourselves of all options to ensure adequate supplies of PPE, which have been relatively scarce. We have deployed the use of telehealth for remote visits by all our clinicians, nurse practitioners, and hospice physicians. Some of the Medicare waivers allowing this literally required an act of Congress, which was achieved with the recent relief package passed with help from our advocacy.

We also ensure clear lines of communication regarding management of our patients through this crisis. Our physician leadership communicates with our local hospice physicians for current procedures and management, as well as providing resources for their communities regarding end-of-life care. Maintaining hospice patients in their place of residence has helped many communities keep hospital beds available that are sorely needed for COVID-19 patients. Our management of hospice patients similarly reduces the burden other healthcare

providers experience for these frail and vulnerable patients at a time when their attention is focused elsewhere. Keeping patients at home helps all involved.

For our acute-care colleagues: while your attention is rightly focused on managing your patients with acute issues, don't forget to utilize home-based post-acute continuum options like hospice. The most common way physicians refer to hospice is after an acute hospitalization. However, hospice referrals of patients who already have a likely life expectancy of six months or less before a crisis results in a hospitalization actually have been shown to improve patient satisfaction while also reducing the strain on a burdened acute care system. Please don't overlook such patients.

Finally, these trying times are bringing to the forefront ethical issues regarding how to cope with the stress of managing an individual who was healthy one week and dying the next. We hear considerable angst among healthcare professionals regarding the stress this imposes. Hospice physicians have experience in navigating these difficult decision-making processes, and remain a resource for other professionals who may be struggling.

We are here. For our patients and families, and for our fellow healthcare workers.