The St. Francis Hospice Program is symbolic of more than 100 years of Franciscan dedication to the people of Hawaii. Since Mother Marianne’s arrival in November of 1883, the Sisters of the Third Franciscan Order Syracuse, New York have responded to the calling; “the charity of Christ impels us.” It is through this calling that care and comfort for the terminally ill is a part of the mission of St. Francis Healthcare System. The magnificent spirit through which Hospice services have been made possible, is a reflection of God’s great generosity to us throughout the years.

Background

Originally, hospice was a medieval name for a way-station for weary travelers, where they could be cared for, replenished, and refreshed. In 1967, Dame Cicely Saunders MD, founded the first modern day hospice, St. Christopher’s Hospice in England. The mission of St. Christopher’s Hospice was to use palliative care as a focus in providing for pain and symptom management. Comfort care was to be focused on the patient and family, thus providing dignity at the end of life.

Historically, dying had been a natural process in which families, friends, and care givers were intimately involved. In previous centuries, the majority of people died in their homes. However, advances in modern technology extended the dying process far beyond the normal limits of the body. Until recently, more than 90 percent of deaths were occurring in the hospitals and other institutional settings. In the 70’s and 80’s, the impetus for the development of hospices grew out of the recognition that the needs of terminally ill patients and their families were not being met effectively, by the existing health care system, and of the need to reduce medical costs, which often skyrocket during this period. 2

In 1974, the first hospice in the United States was begun in New Haven, Connecticut. Today, there are over 2,700 hospices located throughout the United States. Here in Hawaii, there are eight hospices:

1) St. Francis Hospice - Oahu
2) Hospice Hawaii - Oahu
3) Hospice of Hilo - Hawaii
4) Hospice of Kona - Hawaii
5) North Hawaii Hospice - Hawaii
6) Ka Ea Hou Mahelona Hospice - Kauai
7) Kauai Hospice - Kauai
8) Hospice Maui - Maui

Today, the term hospice is used to describe a program that assists terminally ill patients and their loved ones, in facing impending death with dignity and meaning. Hospice care focuses primarily on the care of the patient and family and not on the disease and its treatment. At the point in which a terminally ill patient and his/her family chooses hospice care, it becomes more than just philosophy or theory. Rather, it becomes a unique approach in providing care for both the patient and family, either at home or in an inpatient facility.

Terminal cancer is the leading diagnosis of hospice patients. Approximately a sixth of our patients have diseases other than cancer, including ALS (Lou Gehrig’s Disease), Alzheimer’s Disease, Chronic Lung Disease, Parkinson’s Disease, Chronic Kidney Failure, AIDS, and End Stage Heart Disease.

St. Francis Hospice

St. Francis Hospice was begun in 1978 and is today the oldest and largest hospice program in the state, with an average daily census of 70 - 75 patients. This program supports families and other care givers by providing skilled assistance in the home, which allows patients to remain with their loved ones, rather than be institutionalized in an acute care facility for the final months of their lives.

St. Francis Hospice provides a choice to the terminally ill patient for whom the traditional medical approach may no longer be appropriate. The hospice philosophy emphasizes palliative care rather than curative treatment, and has developed in response to growing concerns that medical care, with its technological emphasis, has become increasingly insensitive to the needs of terminally ill patients and their families.

Although we continued to focus and promote hospice home care services, it soon became apparent that as the population of patients grew in the home setting, so too, would the need for a hospice inpatient setting grow. Thus it was that the St. Francis Hospice - The Sister Maureen Keleher Center, a 12-bed inpatient facility was opened in 1988. This facility provided a home like setting for both the patient and family, where the acute care needs and the respite needs of the patient and their family could be met.

As the aged population continues to increase, so does the terminally ill population. This particular population requires more health care, as well as supportive care. Many cannot rely on their children for care and support. The very old have children who are also old and in today’s society children, because of economics tend to be engaged full time in the work force, leaving no one at home to tend to the terminally ill. Those who are able to help at home, often find that the nursing care needs are so skilled and demanding that the only alternative is taking their loved one back to the emergency room or to an acute hospital. Recognizing both the current and the future needs, a 24-bed hospice inpatient facility, St. Francis Hospice - EWA, is being built in order to meet the hospice needs of the West Oahu population.

St. Francis Hospice provides a comprehensive medical/social model of providing care for terminally ill patients experiencing a life limiting and irreversible disease. An inter disciplinary team approach aimed at controlling physical, emotional, spiritual, and social pain affords the patient the opportunity for reconciliation and life fulfillment. The following bundle of services are included in the
provision of hospice care: Nursing, Social Work, Dietician, Home Health Aide, Homemakers, Chaplain, Volunteers, Bereavement, Durable Medical Equipment, Pharmacy, Medical Supplies, Laboratory, and Counselors. Nurses are on-call 24 hours a day. Respite care is also provided. Hospice care is community centered, physician directed, and patient/family focused. The interdisciplary team is in place 24 hours a day, 7 days a week.

**Medicare Hospice Benefit**

In 1982, the Medicare Hospice Benefit was first funded through the Tax Equity and Fiscal Responsibility Act (TEFRA). Through the Consolidated Omnibus Budget Reconciliation Act of 1985, the benefit became a permanent part of the Medicare program. Certified hospice providers are payed a per diem payment based on four defined levels of care: Routine Home Care, Inpatient Respite Care, General/Acute Inpatient Care, and Continuous Home Care. Patients may elect hospice care but must meet the following criteria:

1. Medicare Part-A eligibility,
2. voluntary election of the hospice benefit, and
3. physician certification of an anticipated prognosis of less than six months.

Patients who elect their hospice benefit continue to receive services for other diagnoses unrelated to the terminal illness. Medicare uses the hospice benefit as a mechanism to transfer care/care management and cost risk to the hospice organization. While Medicare pays the per diem rates, the hospice is responsible for providing the services needed by the patient. The following is taken from a hospice article written by Lubash and Dunn:

> The per diem reimbursement provides incentive for the hospice organization to manage costs by minimizing the use of acute and inpatient facilities, maximizing the contribution of available family members and other volunteers, and negotiating prices with all providers.

The Medicare Hospice Benefit covers the full cost of standard hospice services in the home. Many other forms of insurance reimburse all or part of the cost of hospice care. In the event the patient is not insured and the cost of care causes family hardships, hospice services will be provided, based on sliding-scale eligibility. Table 1 gives a comparison of the Hospice Medicare Benefit and Standard Medicare Coverage.

<table>
<thead>
<tr>
<th>Hospice Services</th>
<th>Medicare Hospice Coverage</th>
<th>Standard Medicare Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy/Drugs</td>
<td>95-100%</td>
<td>0</td>
</tr>
<tr>
<td>Inpatient Respite</td>
<td>5 days</td>
<td>0</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Intermittent Nursing services</td>
<td>100% Unlimited period regardless of level of care</td>
<td>Coverage only while strictly defined skilled nursing care is required</td>
</tr>
<tr>
<td>Extended Nursing visits**</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>Intermittent home health aide visits</td>
<td>Same as coverage of nursing services</td>
<td>Same as coverage of nursing services</td>
</tr>
<tr>
<td>Extended home health aide visits**</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>Hospitalizations (In hospice inpatient or contracted hospital)</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Bereavement</td>
<td>100%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Extended visits are longer than regular visits**

Hospice care currently is available to many, but not all terminally ill patients. In Hawaii, hospice care is available to all Medicare and Medicaid Beneficiaries, through most Health Maintenance Plans (HMOs), such as Kaiser and Hawaii Medical Service Association (HMSA), and through a growing number of private insurance plans. Under both Federal and State Health Care Reform proposals, it will be essential that hospice care be included in the basic benefit plan. Rather than waiting for some direction to emanate from Washington in the form of health care reform, St. Francis Hospice is taking a pro-active role to embrace these uncertainties and to work towards defining the role of hospice in the future.

Although anxiety about health care reform is very high, hospices are finding themselves extremely well positioned as a viable alternative to acute hospital care. St. Francis Hospice finds itself growing as its target population, the elderly, increases and as hospice services become more acceptable as a viable health care alternative. St. Francis Hospice continues to take strides towards helping more terminally ill patients and their families achieve quality of life during the last six months of life; a viable alternative to the very controversial ‘physician assisted suicide’ as advocated by Dr. Jack Kevorkian. By reducing the overall cost in health care, we also become a major player in health care reform.

**References**

1. Warren M. Attitudes of Family Members Toward Hospice Care of the Terminally Ill; research project, University of Phoenix, 1985.