

Eli's Hospice Insider

Warning: Overly Broad Diagnoses Can Inflate Your Medication Tab

Is your hospice using the most appropriate Dx?

Evaluating whether patients' terminal diagnoses are as specific as they should be can ease a fiscal strain on your hospice in some cases.

Key point: The broader the patient's terminal diagnosis, the broader the spectrum of possible medications the hospice would need to provide for palliation, cautions **Joy Barry, RN, MEd, CLNC**, principal of Weatherbee Resources Inc. in Hyannis, Mass. For example, "diagnoses such as Debility Unspecified or Decline in Health Status are wide-ranging diagnoses that could potentially involve multiple body systems," Barry points out.

"Therefore, the hospice may need to cover many more medications." By contrast, "Adult Failure to Thrive is a slightly different category because it's specific to the ability to maintain body weight." As a result, that diagnosis may require fewer medications be covered than Debility Unspecified or Decline in Health Status, she adds.

Proactive strategy: "The hospice physician and interdisciplinary group (IDG) should work with the attending physician and, based on assessment findings over time, ensure that the patient has the most appropriate diagnosis and treatment," says Barry. "Sometimes the terminal diagnosis needs to be changed to more accurately reflect the patient's terminal status."

Example: Suppose the hospice patient has Pick's dementia as the terminal diagnosis. And the compulsion to move associated with Pick's disease exacerbates the patient's cardiac illness to the point where the patient has debilitating symptoms when he tries to do anything, says Barry. "The hospice would switch the patient's diagnosis to cardiac disease, and also change the plan of care, drug profile and types of assessment and documentation to support the terminality."