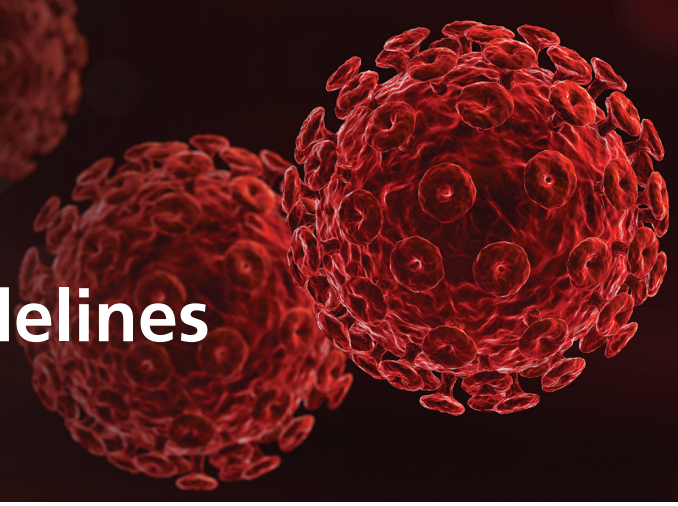
VITAS® Healthcare



Hospice Admission Guidelines

HIV/AIDS

At A Glance

An estimated 1.1 million Americans currently live with HIV/AIDS.[1]

In 2017, nearly 5,700 Americans died from HIV/AIDS.[2]

Common co-morbidities include hepatitis, mental health disorders and cardiovascular disease.[3]

Hospice care addresses HIV/AIDS symptoms and those associated with concurrent illnesses.

Why Choose Hospice

The goal of hospice is to address HIV/AIDS-related physical and emotional distress so patients can retain their dignity and remain comfortable near the end of life.

Hospice team members focus on comfort care that manages symptoms and addresses pain. They also advocate for patients and update care plans as needed, with attention to such issues as hydration, nutrition, skin care, infection, agitation and the need for emotional and spiritual support.

Other comprehensive hospice services for patients with HIV/AIDS include management of the concurrent comorbidities often associated with the end stages of the disease.

Family members receive education and training on how to care for someone with HIV/AIDS, and they also receive help with difficult decisions about end-of-life care and preferences.

What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies delivered to the patient, covered by Medicare
- Inpatient care when the patient is too sick to stay home
- Intensive Comfort Care®, when medically necessary, provides around-the-clock hospice care to manage acute symptoms in the patient's preferred care setting so the patient can avoid hospitalization
- 24/7 access to hospice clinicians

Not sure if your patient is hospice-eligible?

Contact VITAS for an evaluation to determine whether hospice is an appropriate option for care.

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HIV/AIDS (Cont.)

Patients are considered in the terminal stage of their illness (life expectancy of six months or less) if they meet the following (1 and 2 must be present; factors from 3 will add supporting documentation):

1. CD4+ count <25 cells/mm^3 or persistent viral load >100,000 copies/ml, plus one of the following:

- CNS lymphoma
- Untreated or not responsive to treatment; wasting (loss of 33% lean body mass)
- Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment or treatment refused
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma with advanced HIV disease and partial response to chemotherapy
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis unresponsive to therapy
- Cytomegalovirus (CMV) infection

2. Decreased performance status of <50 as measured by the Karnofsky Performance Status (KPS) scale

3. Documentation of the following factors will support eligibility for hospice care:

- Chronic persistent diarrhea for one year
- Persistent serum albumin <2.5
- Concomitant, active substance abuse
- Age >50 years
- Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Advanced AIDS dementia complex
- Toxoplasmosis
- Congestive heart failure, symptomatic at rest

To further assist with prognosis, the VITAS app contains an interactive Palliative Performance Scale that quickly quantifies hospice eligibility based on a patient's functional status.

1. National Institutes of Allergy and Infectious Diseases. (2019). HIV.gov Fast Facts. Retrieved from: https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics
2. US Centers for Disease Control. (2017). National Vital Statistics Reports, Deaths Final Data from 2017. Volume 68, Number 9. Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf
3. Lorenc, A., Ananthavarathan, P., Lorigan, J., Jowata, M., Brook, G., & Banarsee, R. (2014). The prevalence of comorbidities among people living with HIV in Brent: a diverse London Borough. *London Journal of Primary Care*, 6(4), 84–90. doi:10.1080/17571472.2014.11493422