Hospice Sales Focus
Quick Reference Guide

Diagnosis/ Condition: Cancer

Cancer Overview for Hospice Liaisons

Cancer encompasses a wide range of diseases characterized by abnormal cell growth. While many cancers are treatable, advanced stages often become life-limiting. Hospice care becomes a crucial consideration when curative treatments are no longer effective or desired.

Critical Challenges/Symptoms for Patients with Advanced Cancer

1. **Pain Management:** Often severe and complex, requiring expert intervention.
2. **Fatigue:** Profound exhaustion affecting quality of life.
3. **Nutritional Issues:** Weight loss, loss of appetite, difficulty swallowing.
4. **Breathing Difficulties:** Especially in lung cancer or metastases to the lungs.
5. **Neurological Symptoms:** Confusion, seizures, or personality changes in brain cancers.
6. **Emotional Distress:** Anxiety, depression, fear of dying.
7. **Frequent Hospitalizations:** For symptom management or complications.
8. **Side Effects of Treatment:** Managing the aftermath of chemotherapy or radiation.
9. **Functional Decline:** Loss of independence in daily activities.
10. **Caregiver Burden:** Significant strain on family and caregivers.

Hospice Care for Cancer Patients

Hospice provides specialized care focusing on comfort and quality of life::

1. **Expert Pain Management:** Tailored approaches to complex cancer pain.
2. **Symptom Control:** Managing nausea, breathlessness, and other cancer-specific symptoms.
3. **Emotional and Spiritual Support:** Addressing end-of-life concerns for patients and families.
4. **24/7 Care Access:** Round-the-clock availability for symptom crises.
5. **Medication Management:** Balancing effectiveness and side effects of medications.
6. **Nutritional Guidance:** Strategies for nutrition in advanced cancer.
7. **Advanced Care Planning:** Assisting with decisions about future care preferences.

Key Points for Educating Referral Partners/Medical Professionals

1. **Quality of Life Focus:** Emphasize hospice's role in enhancing comfort and life quality.
2. **Early Referral Benefits:** Highlight the advantages of early hospice involvement for symptom management.
3. **Hospice Eligibility Criteria:** Clearly communicate cancer-specific eligibility criteria.
4. **Comprehensive Care Approach:** Stress holistic management of physical and emotional needs.

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5. **Family Support:** Emphasize the support and education provided to caregivers.
6. **Complementary Care:** Illustrate how hospice complements ongoing oncological care.

Criteria for Hospice Eligibility in Cancer Patients

Patients may be eligible for hospice when they demonstrate:

1. Distant metastases with continued decline despite therapy.
2. Progression to poor performance status (ECOG 3-4 or Karnofsky <50%).
3. Hypercalcemia >12 mg/dl despite treatment.
4. Malignant pleural/pericardial effusion or carcinomatous meningitis.
5. Cachexia or weight loss >5% in the past 3 months.
6. Recurrent disease after multiple anti-cancer regimens.

*Medicare coverage of hospice depends on a physician's certification that an individual's prognosis is a life expectancy of six months or less if the terminal illness runs its normal course.
Source: Hospice - Determining Terminal Status. Local Coverage Determination (LCD). CMS.gov
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33393&ver=9&=

Open-Ended Questions to Help Identify Cancer Patients for Early Hospice Referral: Dx Sell(TM)

1. Which of your cancer patients have you noticed a significant change in their energy levels or ability to perform daily activities recently?
2. How have your patients with metastatic disease been responding to their current treatments?
3. Which patients have expressed increasing concerns about pain management or other symptom control?
4. Tell me about a patient who recently decided to discontinue curative treatments? What led to those decisions?
5. Which of your patients have had multiple hospitalizations or ER visits in the past few months?
6. How are the caregivers of your more advanced cancer patients coping with the increasing care needs?
7. Which patients have you observed significant weight loss or decreased appetite in, despite interventions?
8. How do your patients with brain metastases or other neurological involvement manage their daily lives?
9. Which of your patients has expressed a desire to focus more on quality of life rather than aggressive treatments?
10. Have any patients or their families been asking about additional support services or ways to manage care at home?
11. Which of your patients are struggling the most with the emotional or spiritual aspects of their cancer journey?
12. How are your patients with hormone-refractory prostate cancer or triple-negative breast cancer progressing?
13. Which patients have you considered discussing advanced care planning with recently?
14. Have any of your patients with hematological malignancies stopped responding to multiple lines of therapy?
15. Which of your lung cancer patients are experiencing increasing breathing difficulties despite optimal management?

Top Referral Partners for Cancer Patients:

1. Oncology practices
2. Radiation oncology centers
3. Hospital oncology departments
4. Palliative care teams
5. Pain management clinics
6. Primary care physicians
7. Hematology practices
8. Cancer treatment centers
9. Home health agencies
10. Cancer support groups and organizations

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Common Objections and Strategies to Address Them:

1. **OBJECTION:** **"*Our patients are still undergoing treatment.*"**
   RESPONSE: "I understand your commitment to treatment. I'm curious, what challenges have you encountered in managing symptoms for patients on ongoing cancer treatments?"
   [Listen to their response]
   "Those are significant issues. How do you think additional support in managing these symptoms might complement your current treatment approach?"

2. **OBJECTION:** **"*Mentioning hospice might make patients lose hope.*"**
   RESPONSE: "That's a common concern. In your experience, how do patients typically react when discussing changes in their cancer progression?"
   [Wait for their answer]
   "That's insightful. How do you think framing the conversation around enhancing support and quality of life might change these discussions?"

3. **OBJECTION:** **"*We prefer to manage symptoms ourselves.*"**
   RESPONSE: "It's clear you're dedicated to your patients' care. I'm curious, what aspects of symptom management for advanced cancer do you find most challenging?"
   [Listen to their response]
   "Those are complex issues. In what ways do you think having additional specialized support might allow you to focus more on other aspects of patient care?"

4. **OBJECTION:** **"*Our patients aren't ready for hospice yet.*"**
   RESPONSE: "I appreciate your assessment. I'm interested to know, what criteria do you typically use to determine when a cancer patient might benefit from additional supportive care?"
   [Wait for their response]
   "That's a thoughtful approach. How do you think earlier introduction of supportive care might affect your patients' overall journey?"

Source: Medicare.gov. Hospice Determining Terminal Status. Local Coverage Determination (LCD). https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34538.

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Common Objections and Strategies to Address Them:

5. **OBJECTION:** ***"We don't have end-stage cancer patients right now."***
   RESPONSE: "Thank you for sharing that. In your experience with cancer patients, what changes in their condition typically signal to you that they might need a different level of care?"
   [Listen to their answer]
   "Those are important indicators. How do you currently approach care planning discussions when you start noticing those changes?"

   Remember, the goal is to help them realize their own patient care needs rather than simply push for referrals. By positioning yourself as a supportive resource and expert partner, you're more likely to build a relationship that leads to appropriate referrals over time.

Performance Scales: Karnofsky & Eastern Cooperative Oncology Group (ECOG) Scores

Karnofsky Status	Karnofsky Grade	ECOG Grade	ECOG Status
Normal, no complaints	100	0	Fully active, able to carry on all pre-disease performance without restriction
Able to carry on normal activities. Minor signs or symptoms of disease	90	0	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
Normal activity with effort	80	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
Care for self. Unable to carry on normal activity or to do active work	70	1	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
Requires occasional assistance, but able to care for most of his needs	60	2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
Requires considerable assistance and frequent medical care	50	2	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
Disabled. Requires special care and assistance	40	3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
Severly disabled. Hospitalisation indicated though death nonimminent	30	3	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
Very sick. Hospitalisation necessary. Active supportive treatment necessary	20	4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
Moribund	10	4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
Dead	0	5	Dead

Source: https://oncologypro.esmo.org/oncology-in-practice/practice-tools/performance-scales

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