HOSPICE OF LANCASTER COUNTY

Lancaster, Pennsylvania

A small inscription hidden in a stained-glass window at Hospice of Lancaster County reads, "In honor of my father." Discovered months after the window was installed, it turned out to be the artist's way of memorializing his father and offering a quiet thank-you for the care provided by hospice. It also exemplifies the kinds of deep connections Hospice of Lancaster County is continually forging with its community.

Following innovations in 1998, Hospice of Lancaster County more than doubled its census from 150 to a current level of nearly 400 patients per day. Behind this growth is a simple premise: access to care. By redefining eligibility and streamlining its intake procedures, Hospice of Lancaster County has removed barriers, made patients and families feel welcome, and increased referrals dramatically.

"Our overarching goal is to be true to what hospice is supposed to be — not to restrict care based on reimbursement issues or treatment choices," says Joan Harrold, MD, vice president, Medical Services. "Our definition of eligibility is not limited by a decision to cease life-prolonging treatment, nor is it defined by insurance benefits. We don't deny patients care if they choose not to elect their Hospice Medicare Benefit."

Moving away from the conventional considerations of reimbursement has been especially important because Lancaster County is home to many Amish and Mennonite families, who do not subscribe to Medicare coverage. In fact, sensitivity to the needs of these small but highly visible communities played a role in redefining eligibility. "Their situation helped us learn how to define access to care as separate from insurance benefits," says Harrold.

Immediate access is a basic operating principle at Hospice of Lancaster County, too. "When we get a referral or a call from a patient or family, we ask for name, address, physician, and the name of the next-of-kin or decision-maker. That's all," says Wendy Eisenhart, admissions social worker. "We see people at an emotionally fragile time. Their needs are about symptoms and coping. We don't do any screening for insurance information, diagnosis, or medical history during that first contact."

Follow-up on contacts is impressively swift. Members of the "A" (for admissions) team often meet face-to-face with the family or patient as quickly as two hours after the initial contact. "They call because they need us now, not in two days. We meet with families where they are — both geographically and mentally," says Harrold. "We try to take care of their immediate needs. People seeking hospice care are hurting. They don't need to hear a three-hour description of everything we do, and we don't need to know everything about them to get started."

Support for the hospice runs strong among area physicians, partly because of the program's outreach efforts, and partly because of sensitivity to physicians' needs. Hospice of Lancaster County communicates with all community physicians by sending out a "Fast Facts Fax" series, one-page information sheets which cover topics such as how to know when to refer to hospice or how to manage symptoms. Physicians also appreciate that the hospice program is structured to enable them to remain as primary physicians for their patients — a continuity that is widely expected in the close-knit community of Lancaster County. "Doctors appreciate our intake procedures," adds Harrold. "We make it easier for them to refer to us, because they're not restricted by diagnoses or insurance considerations. And they don't have to persuade their patients to agree to services before calling for an Introductory Visit."

Today, Hospice of Lancaster County cares for nearly 50 percent of all deaths in the county. "Our message is getting out, but there's much more to do," says Harrold, who notes that the program is getting more inquiries from patients immediately after receiving a diagnosis of an end-stage disease. "I'd like to see more of what we do become incorporated into routine care. We are all working to change the mindset that hospice palliative care is what you get only after aggressive treatment ends."

INNOVATION HIGHLIGHTS

STREAMLINED INTAKE PROCEDURES

ELIGIBILITY BASED ON NEED, NOT REIMBURSEMENT OR LIMITING TREATMENTS

"INTRODUCTORY VISITS" TO DISCUSS HOW HOSPICE CAN HELP