



newsletter



Mark M Murray
 President & CEO

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Hospice Industry Calls for Earlier and More Frequent Conversations Between Patients and Healthcare Professionals

From the National Hospice and Palliative Care Organization

New research from Brown University published in the current issue of the Journal of the American Medical Association finds that use of hospice care among Medicare beneficiaries has risen in the last decade. Yet, concerns about the increasing number of people receiving hospice for three days or less is a call for action.

More than 17% of patients cared for by Center for Hospice Care in 2012 were on service for three days or less. "Shorter lengths of stay provide less opportunity for any hospice program to provide high-quality pain and symptom management," noted Mark Murray, president & CEO, Center for Hospice Care. "Our staff at Center for Hospice Care and all of our fellow members of the National Hospice and Palliative Care Organization (NHPCO) encourage earlier referrals so we can better meet the end-of-life goals for each patient and family we serve."

Findings in the study echo concerns voiced by the NHPCO that increasing number of short lengths of service may prevent patients and family caregivers from benefiting fully from the range of specialized services and compassionate care that hospices offer.

Additionally, researchers found that the increase of admissions to an Intensive Care Unit, repeated hospitalizations, and multiple transitions in care in the last 90 days of life raises concern about the quality of life for dying elderly Americans.

Researchers, lead by Joan Teno, MD, MS, found hospice use among Medicare beneficiaries increased to 42.2 percent in 2009, up from 21.6 percent in 2000. However, more than 28 percent of these dying individuals received hospice care for three days or less. Additionally, the proportion of people who had a stay in an Intensive Care Unit in the last month of life increased to 29.2 percent in 2009 from 24.3 percent in 2000.

"For years the hospice community has been concerned about the growing number of patients who come to hospice within days or hours of dying," said J. Donald Schumacher, NHPCO

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choices to make the most of life

Trend Toward Shorter Lengths of Service Continues

An estimated 1.65 million patients received care from one of the nation's more than 5,300 hospice programs in 2011, according to an annual report released in November by the NHPCO. Yet, more than one-third of these patients received hospice's specialized end-of-life services for seven days or less.

"We continue to see more dying Americans opting for hospice care at the end of their lives, yet far too many receive care for a week or less," says J. Donald Schumacher, NHPCO president & CEO. "We need to reach patients earlier in the course of their illness to ensure they receive the full benefits that hospice and palliative care can offer."

The NHPCO publication, entitled "Facts and Figures: Hospice Care in America," reports that 44.6% of all U.S. deaths occurred under the care of a hospice program in 2011, up from 41.9% in 2010 and just under 40% in 2009.

"In recent years, regulators have been focused on long-length patients, and while it is understandable that they are interested in the long-length statistic, we should not overlook the fact that far too many people receive care for too short a time," emphasizes Schumacher.

Non-cancer patients continue to account for the largest percentage of hospice admissions, at 62.3%. Although when hospice care began in this country, it primarily served patients with cancer, less than one-quarter of U.S. deaths are currently caused by this disease. The increased enrollment of patients with other terminal illnesses reflects the growing expertise of hospice providers in caring for a wider range of patients with more complex diagnoses, reports the NHPCO.

Primary non-cancer admitting diagnoses in 2011 included:

- Dementia, 12.5%
- Heart disease, 11.4%
- Lung disease, 8.5%
- Stroke or coma, 4.1%
- Kidney disease, 2.7%
- Liver disease, 2.1%
- Debility unspecified, 13.9%

The NHPCO states that it continues to stress the importance of having health care providers of patients with serious or life-limiting illness discuss the options of hospice and palliative care early enough for patients and their families to be aware of and receive the full benefits of expert end-of-life care.

"There's a common misconception that hospice care is giving up," observes Schumacher. "Nothing could be farther from the truth. Hospice provides high-quality medical care and services from an interdisciplinary team of professionals and trained volunteers that maximizes quality of life and makes the wishes of the patient a priority."

KEY 2011 FINDINGS INCLUDE:

- 35.7% of hospice patients died or were discharged within seven days of enrollment, up from 35.3% in 2010 and 34.4% in 2009.
- About half (50.1%) died or were discharged within 14 days of enrollment, an increase from 49.4% in 2010 and 48.4% in 2009.
- The median length of service in 2011 was 19.1 days, a decrease from 19.7 days in 2010 and 21.2 days in 2009.
- In contrast, the percentage of patients remaining under hospice care for longer than 180 days decreased slightly, from 11.8% in 2010 to 11.4% in 2011.

Benefits of Hospice Care

While choosing hospice care has sometimes been viewed as "giving up," it is actually a value-added service that is incomparable in helping people transition at the end-of-life. Here are key points to share with your patients and their families about the services that they will receive from Center for Hospice Care:

- Registered Nurses make routine visits to monitor symptoms and manage pain.
- Registered Nurses are available 24 hours per day, seven days per week to respond to any concerns and make in-person emergency visits.
- Home Health Aides are available to assist with routine activities of daily living.

- Social Workers are available to address psychological, social, financial and legal issues.
- Spiritual Care Counselors are available to address spiritual needs.
- Volunteers are available to assist with various activities.
- Bereavement Counselors are available to address issues of grief and loss.
- Medications and medical equipment related to the admitting diagnosis may be provided without expense to the patient. (Dependent upon source of payment).
- Emphasis is on improving the quality of living for both the patient and family.

Approach to Hospice Referral Directly from the Emergency Department

Terminally ill patients presenting to the emergency department (ED) in the final stages of their disease can be offered the option of hospice care as an alternative to hospitalization, according to a recent monograph published by EPERC (End-of-Life/Palliative Education Resource Center) and written by experts in emergency and palliative medicine.

"Patient-centered care for hospice-eligible, terminally-ill patients may be enhanced by emergency clinicians who acquire skills to make early appropriate hospice referrals from the ED," write the authors of EPERC's Fast Facts and Concepts #247.

Initiating a Hospice Referral:

- Assess for hospice eligibility
- Discuss the hospice option with the patient's personal physician
- Determine whether the patient's goals are in agreement with the hospice philosophy
- Introduce the topic of hospice
- Make a referral to Center for Hospice Care and write the orders
- Ensure patient/surrogate understanding

Eliciting the Patient's Goals

Emergency clinicians can initiate a goals-of-care discussion with four questions:

1. "What have you been told about your illness status, and about what the future holds for you?"
2. "Has anyone discussed your prognosis with you, or talked about how much time you're likely to have?"
3. "Are there any plans for new treatments aimed at helping to extend your life?"
4. "Has anyone talked to you about hospice services? What do you know about Center for Hospice Care?"

Medical Director's Speaker's Bureau

Looking for a guest speaker at an upcoming meeting? Consider a presentation on hospice and/or palliative care. All three medical directors at Center for Hospice Care are Board Certified in Hospice and Palliative Medicine. Call Amy Tribbett, 574.243.3711 or email amy@centerforhospice.org to schedule.



Greg Gifford, MD



Jon Kubley, MD



Amberly Burger, MD

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president & CEO. "A part of this issue involves patients and families not being aware of the full range of care options available – that would include hospice – when coping with a serious, life-limiting illness."

NHPCO's recent Facts and Figures Report indicates that 35.7 percent of hospice patients died or were discharged within seven days of admission; while only 11.4 percent of patients were under care for longer than 180 days.

"We must ensure that healthcare providers and families are having clear conversations earlier in the course of an illness about patient preferences regarding quality of life, where they prefer to receive care, and the type of care they wish to have. One of the

most frequent comments hospice professionals hear from the families they care for is that they wished they knew about and received hospice earlier," added Schumacher.

Discussions about palliative care options throughout an illness are necessary as goals of care change as the benefits and burdens of treatments evolve. NHPCO stresses that more timely discussions among families members and then with their healthcare providers might result in earlier access to hospice and reduce the number of difficult transitions in the final months of life.

While even a short period of hospice care might be beneficial for the dying and their loved ones, the Medicare hospice benefit was designed to bring

this patient-centered care to people far earlier in the course of an illness.

Access to services hospice offers will also benefit family caregivers by providing necessary support, caregiving training, and help in coping with grief and loss. Support for bereaved family caregivers – integral to hospice palliative care – is often not available in other care settings.

Teno stresses the need for physicians and hospitals to focus more on delivering high-quality, patient-centered care that is based on the needs and expectations of an individual approaching the end of life.

The study analyzed Medicare fee-for-service records of more than 840,000 people aged 66 or older who died in 2000, 2005, or 2009.

Join us for an Open House

What Day Works Best For You?
Come Any Day!

Monday, March 18 – Friday March 22
7:00am – 9:00am

- * Meet our newest medical director, Amber Burger, MD
- * Tour our beautiful Hospice House and offices
- * Enjoy conversation with other Center for Hospice Care staff
- * *Bring a colleague, we'd love to see you*

A complimentary continental breakfast will be served

If you have any questions, please call Amy Tribbett,
574.243.3711 or email amy@centerforhospice.org

