

## Hospices Trying to Sell the Public on Their Care

by Karen Weintraub, *Boston Globe*

People often have one regret about hospice care: that they didn't get it sooner.

The hospice system has been caring for terminally ill patients and their families for decades; 42 percent of the 2.4 million Americans who died last year were under hospice care at the end.

Now, hospices across the country are trying to rebrand and reposition themselves to reach patients earlier and erase the idea that turning to hospice is akin to "giving up."

"It's not about death and dying, but it's about improving quality of living, not just for the patient but for the entire family," said Mark M Murray, president and chief executive of the Center for Hospice Care, which serves Northern Indiana.

Hospice care, offered in the patient's home, nursing home, or specialized facility, is available to anyone determined by a doctor to be within six months of death. Medicare and insurance usually cover the cost.

Hospice care focuses on a patient's comfort, rather than aggressive cure-oriented treatment, and on bringing families together to begin healing — if there is enough time before the death.

Too often, though, patients and families aren't referred to hospice early enough to provide effective assistance for the family.

"The earlier you get people into care, the more we can impact caregivers' lives," said Lise Lambert, chief growth officer for HopeHealth. HopeHealth is at the leading edge of a national effort to attract more people to the nation's 5,000 hospices, according to Don Schumacher, president and chief executive of the nonprofit National Hospice and Palliative Care Organization.

But there isn't a clear path to helping people understand what hospice can do for them.

"The data is quite compelling that it improves the quality of life for both patients and families, and length of life for patients who are seriously ill," said Dr. Ira R. Byock, director of palliative medicine at the Dartmouth-Hitchcock Medical Center in Lebanon, N.H. "It's really truly better care."

In one 2010 study in the *New England Journal of Medicine*, for instance, advanced lung cancer patients who received care focused on quality of life and pain reduction lived three months longer than patients who received standard, aggressive medical care.

Being in the care of a hospice rather than in a hospital also significantly reduces medical costs, Byock said.

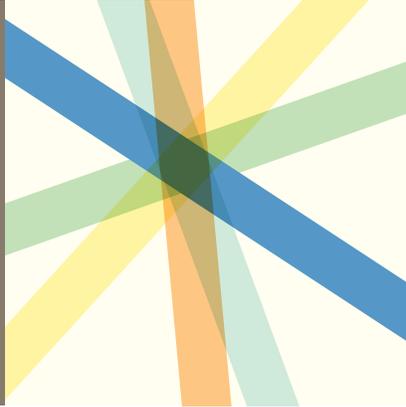
National health care reform is likely to play a role in the redefinition of hospice, though exactly how the Affordable Care Act will affect hospices remains unclear, Murray said.

The act promotes bigger-picture medicine and highlights quality of life, but it does not include hospice and palliative quality-of-life care as a required part of coverage package.

"It would be nice to be in the essential package so there's no chance that a state would cut a hospice benefit," Murray said. "Hospice under Medicaid has been on the chopping block in a number of states across the country."

*This is an excerpt of an article that appeared in the Boston Globe on November 19, 2012. Permission to reprint was granted by the author, Karen Weintraub. For the full article please log on to <http://www.centerforhospice.org/In-The-News>.*

hospice & physician  
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Mark M Murray  
President & CEO

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choices to make the most of life

## A New Face in Palliative Care Center for Hospice Care Hires Third Full-Time Board Certified Hospice and Palliative Medicine Physician, Amber Burger, MD

Greg Gifford, MD, JD, Chief Medical Officer, Center for Hospice Care, is pleased to announce the hiring of CHC's third full-time Medical Director, Amber Burger, MD. Dr. Burger is Board Certified in Hospice and Palliative Medicine (there are only approximately 3,300 board certified hospice and palliative medicine physicians in the country), and has completed a one-year Fellowship in Hospice and Palliative Medicine at Ohio State University Medical Center. She has considerable experience in the development of Palliative Care programs, and a particular interest in medical ethics. Board Certified in Internal Medicine, she completed her Internal Medicine Residency at the University of Wisconsin Hospitals and Clinics. Originally from southern Michigan, Dr. Burger received her M.D. from the Ohio State University College of Medicine and Public Health.



meets their needs every step of the way. She knows those conversations aren't always easy or pleasant. "No one enjoys these meetings or the message," she said, "but we (medical professionals) have the easy job of being on the giving-side of information. It's the patient and family who have the difficult job. For me, it's about listening. If I'm speaking more than 25% of the time, I'm speaking too much."

### 60 seconds with Dr. Burger

- Favorite color: teal
- Favorite food: bread with oil
- Favorite vacation spot: anywhere warm on a beach
- Favorite childhood memory: watching the 24-hour marathon of "The Christmas Story" with my brother
- Favorite movie: Kung Fu Panda
- Most proud moment: Graduating from medical school
- Pet: A wonderful Golden Retriever, we named "Gibby" after the character on iCarly
- Pet Peeve: When people check their cell phone at the movies

There will be a welcoming reception in Dr. Burger's honor at the Elkhart office and Hospice House after the first of the year. Watch for details.

*"No one enjoys these meetings or the message, but we (medical professionals) have the easy job of being on the giving-side of information. It's the patient and family who have the difficult job. For me, it's about listening. If I'm speaking more than 25% of the time, I'm speaking too much."*

*- Amber Burger, MD*

"Hospice means helping patients live their life on their terms," Burger explained. "During my third year of medical school, on an oncology rotation, I realized that modern medicine did not make patients feel better. There is so much more that could be done for patients with serious/terminal illness than what we offered."

"Palliative care is the best of all worlds – it's an approach of making patients feel better in spite of their illnesses." Dr. Burger said she appreciates the time that she gets to spend with her patients and their families to help develop a medical plan that

## Local Hospice Awareness Survey Results

survey by Great Lakes Marketing Research

In September 2012, on behalf of Center for Hospice Care, Great Lakes Marketing Research, Toledo, Ohio, conducted a telephone survey with 300 residents within St. Joseph, Elkhart, LaPorte, and Marshall Counties in Indiana. This was the third research wave designed to measure changes in awareness, image and perceptions. Wave One took place in October 2009 and Wave Two in May 2011.

Respondents selected to participate in this phone survey were actively involved in making health care decisions for family members who are their same age or older. The majority of those surveyed have lived in the area for more than 15 years. Half of those surveyed had someone in their family who needed hospital care in the past three years.

### Trends identified

- Hospice is increasingly becoming a "resource."
- Attitudes toward discussing hospice are generally improving.
- Many don't understand key components of hospice care
  - o When to contact hospice
  - o Who pays for hospice care

Throughout the three years of research, almost half of those surveyed state they would contact their physician if they or a loved one needed hospice care. "It's important that physicians understand the trends this study identifies, and be willing to introduce hospice as a resource to

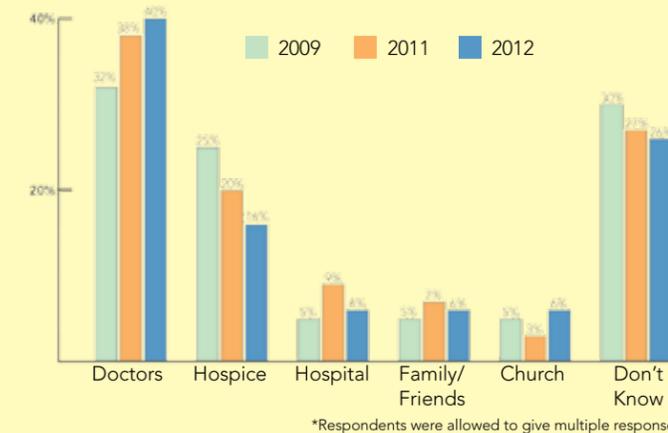
declining patients and their families when they expect those patients will continue to worsen," explained Greg Gifford, MD, chief medical officer at Center for Hospice Care. In a recent study on behalf of Center for Hospice Care completed by Anne Johnston and David McCain, MBA students at the Mendoza College of Business at the University of Notre Dame, 66% of physicians responding to a survey said they "do not want to make the choice for my patient." 66% also noted that the "big issues for families tend to be difficulty letting go and accepting the poor prognosis."

"It is clear that physicians don't want to deliver bad news to their patients and families," Gifford said. "But if they bring up hospice as a resource, and ask the patients if someone from our hospice can come talk with them and their family about how we can help them, we can do the rest. As the experts in hospice and palliative care, we can have those sometimes difficult but always important conversations and answer all their questions. As a community of medical professionals, we want to collaborate with local physicians to offer the very best care and symptom management to those we serve."

If you are interested in meeting with one of our three Medical Directors to discuss hospice or palliative care for any of your patients, please contact Amy Tribbett, Director of Marketing & Access, 574.243.3711 or amy@centerforhospice.org.

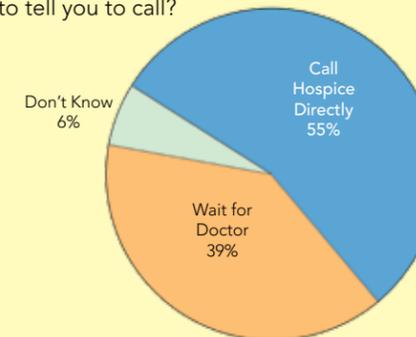
### Awareness of Hospice – Total

If a family member was terminally ill and you needed to get advice, who, or what organizations would you contact for advice?\*



### Calling Hospice – New in 2012

If you were responsible for a terminally ill family member, would you call hospice directly to learn about what it can offer or wait for the doctor to tell you to call?

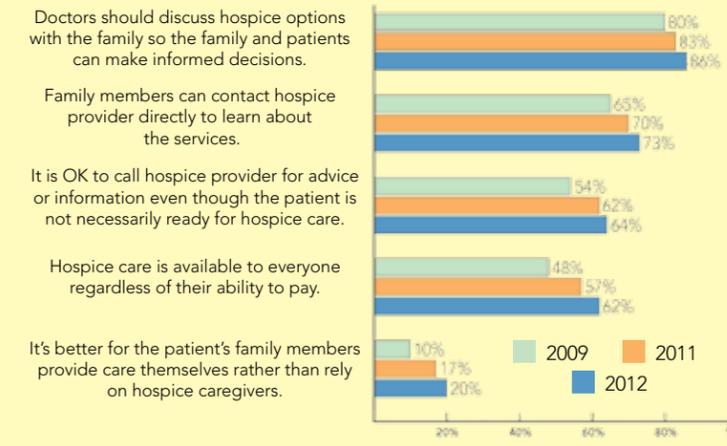


### Percent who would call hospice directly

County	Age	Gender
St. Joseph: 56%	40-49 yrs: 66%	Male: 49%
Elkhart: 58%	50-59 yrs: 62%	Female: 59%
LaPorte: 46%	60-75 yrs: 52%	
Marshall: 55%	75 plus: 48%	

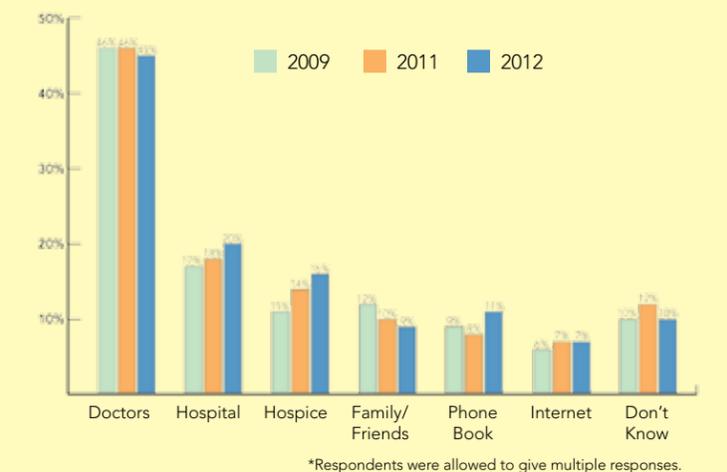
### Agreement with Statements About Hospice

OF THOSE WHO HAVE HEARD OF HOSPICE: Please tell me how strongly you agree or disagree with the following statements.



### Seeking Information about Hospice

OF THOSE WHO HAVE HEARD OF HOSPICE: If you need hospice care for a loved one, where would you get information?



# You're Invited

## End-of-Life Ethics



**Wednesday, January 9, 2013**

**8:00 – 8:30 a.m.** Registration and light refreshments

**8:30 – 11:00 a.m.** Program

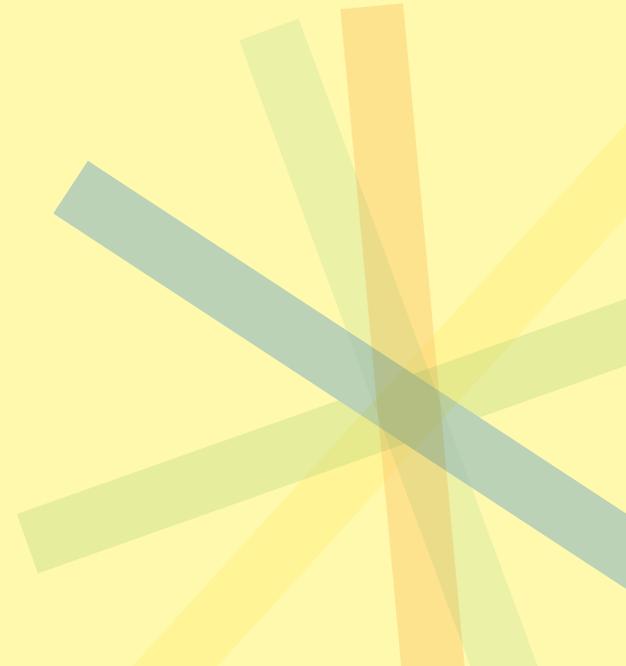
**Windsor Park Conference Center  
4020 Edison Lakes Parkway  
Mishawaka, IN 46545**

HFA's *Living With Grief*<sup>®</sup> program, End-of-Life Ethics, examines the ethical issues and dilemmas that emerge at the end-of-life, the principles of ethical decision-making and the effects of these decisions on staff and families.

***Free, but registration is required.***

Call Barb King @ 574.243.3717 or  
kingb@centerforhospice.org by January 4, 2013

For additional information, contact:  
Marcia Koelndorfer, Center for Hospice Care at 574.255.1064



Center for  
Hospice Care

choices to make the most of life

111 Sunnybrook Court  
South Bend, IN 46637

