
HOSPICE NEWS NETWORK

What the Media Said about End-of-Life Care This Week

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CMS PILOT PROGRAM WILL ALLOW CONCURRENT HOSPICE & CURATIVE CARE

CMS has announced a new program that could help to break down the firm lines between curative and hospice care that has long been the norm within the US medical system.

Rather than requiring patients to choose whether to continue curative care or commit to a hospice care track, the Medicare Care Choices Model (MCCM) will “provide a new option for Medicare beneficiaries to receive palliative care services from certain hospice providers while concurrently receiving services provided by their curative care providers.” MCCM will be an experimental program, designed to “evaluate whether providing hospice services can improve the quality of life and care received by Medicare beneficiaries, increase patient satisfaction, and reduce Medicare expenditures.”

Until now, Medicare patients have been required to make a stark choice: Continue with treatment that could potentially prolong life, or enter into a hospice care track, which provides comfort and palliative measures, but which does not seek primarily to extend life. **MCCM is designed to “test whether Medicare beneficiaries who qualify for coverage under the Medicare hospice benefit would elect to receive the palliative and supportive care services typically provided by a hospice if they could continue to seek services from their curative care providers.”** As the program takes effect, CMS will study whether broader access to hospice-style services improves quality of care and overall satisfaction for those who choose it in addition to curative care.

The target population for this new model is those who are enrolled in traditional Medicare and are eligible for the Medicare Hospice Benefit, but who have not already chosen the hospice care track within the last 30 days. CMS is limiting participation in this trial program to those who are experiencing “advanced cancers, chronic obstructive pulmonary disease, congestive heart failure and HIV/AIDS.” MCCM will begin operation in “at least 30 rural and urban Medicare certified and enrolled hospices that have demonstrated experience with an established network of providers for referrals to hospice.” **Over the course of three years, CMS plans to enroll 30,000 beneficiaries in the program.**

Virgil Dickson reports for Modern Healthcare that physicians and hospices are “largely supportive” of the experiment. Nevertheless, the program has drawn some critique. “Patient advocates say that, as the experiment is structured, program applicants will be too sick to benefit from any curative treatment they may receive.” Terri Berthelot, a senior attorney at the Center for Medicare Advocacy, is cautious, saying: “It would be a much more interesting and robust

initiative” if it hadn’t been limited to patients with six months or less to live. **The demonstration could have a greater impact if it included people with a real chance of survival.**

There are also concerns about the effect that this program could have on the hospice industry itself. Dr. Brad Stuart, CEO of Advanced Care Innovation Strategies, notes that the \$400-per-month flat rate to be paid by CMS “may be sufficient for a large for-profit hospice that has the staff and infrastructure to pick up a large number of new clients, but for small shops that amount per patient may not be enough to establish the staffing resources needed to offer an adequate experience.” **Dr. Stuart worries that “small nonprofits will probably get eaten for lunch by the larger guys.”**

Despite concerns, MCCM is the beginning of what may be a profound shift in the US health care system. If the results are positive, it could prove the beginning of “a benefit redesign for all Medicare beneficiaries,” according to Dr. Amy Kelley, assistant professor of geriatrics and palliative medicine at the Icahn School of Medicine at Mount Sinai.

NHPCO issued a statement applauding the decision. In the press release, NHPCO’s CEO Don Schumacher said, “End of life is a sensitive and difficult time for patients and families, filled with confusing and complicated choices. For far too long, the decision to elect hospice has been tantamount to ‘giving up’ as a patient must decide to forgo what is often thought of as ongoing curative care.”

(CMS, 3/18, innovation.cms.gov/initiatives/Medicare-Care-Choices/; *Modern Healthcare*, 3/19, www.modernhealthcare.com/article/20140319/NEWS/303199962/cms-hospice-plans-draw-mixed-reactions&template=mobile; *Bloomberg BNA*, 3/20, www.bna.com/cms-offers-choices-b17179888852/; *NHPCO*, 3/18, <http://www.nhpc.org/press-room/press-releases/nhpc-applauds-cms-concurrent-care-project>; *Inside Health Policy*, 3/19)

CONNECTICUT DEBATES ASSISTED SUICIDE BILL

Hundreds of people gathered in the state capital of Connecticut to debate the merits of a bill that would allow terminally ill patients to receive physician-prescribed medication to end their own lives. Some lauded the proposed law as a victory for individual choice, allowing Americans the right to control their own bodies. Others cautioned that legalizing physician-assisted suicide would open the door for abuse, and that effective programs of hospice and palliative care virtually eliminate the need for assisted suicide.

One leading voice in the debate was that of Dr. Joseph Andrews Jr., chief medical officer at the Connecticut Hospice Inc., in Branford. He argues that the variety of painkillers and other palliative techniques currently available make any assisted-suicide law unnecessary. “If you do the job right in palliative care, this becomes a relative non-issue.”

On the contrary, opening the door to assisted-suicide might distract from the state’s mission of providing high-quality care to relieve end-of-life suffering. “We can bring the whole force of civilizing interest to bear on pain, and we greatly succeed in our mission,” said Dr. Andrews, speaking before the Public Health Committee.

Comptroller Kevin Lembo, a former state health care advocate sees things differently. “The nuance of our death, the peace or rage we experience is unique, as unique as we are individuals,” he said. **“I am here to support this legislation simply because I would want this choice for me.”** For Lembo, simply having the choice to choose is a matter of human dignity. **Attorney General George Jepsen agrees, saying that forcing adults to continue lives of terrible pain is “cruel and inhumane.”** In the end, Jepsen supports the right of each individual to control their own body, even in the matter of how and when to die.

Still, there are many who see assisted suicide as an infringement upon human dignity. Walter Nagle, a Catholic priest who recently lost his mother, insists that palliative care is essential. “This is not a religious issue. It is a human rights issue.” Nagle offers an alternative to assisted suicide, one that focuses on caring holistically for the individual and family, rather than encouraging a quick end. “We need to be the hands and feet to care for and love the most vulnerable in our midst. For you see, it is not just about the terminally ill patient, it is also about the loved ones left behind.”

The state of public support for the bill is not entirely clear, clouded in part by two rival polls that have emerged in recent weeks. One poll conducted by Quinnipiac University shows that the general public in Connecticut favors the legalization of physician-assisted suicide by a margin of almost 2-to-1. Yet, another recently released poll provides a very different picture of public opinion. This second poll, sponsored by the Knights of Columbus and conducted by the Marist Institute for Public Opinion, “found deep reservations about the principles behind the proposed bill.” In this poll, only 21% of respondents said that they support allowing doctors to prescribe lethal medication to terminally ill patients who request it. (*CT Post*, 3/17, www.ctpost.com/news/article/Bill-on-assisted-suicide-spurs-debate-5324381.php; *The Courant*, 3/17, www.courant.com/news/connecticut/hc-aid-in-dying-hearing-0318-20140317,0,1039272.story; *NBC Connecticut*, 3/17, www.nbcconnecticut.com/news/local/Crowd-Expected-for-Doctor-Assisted-Suicide-Bill-Hearing-250595791.html; *CTV News Montreal*, 3/17, montreal.ctvnews.ca/doctors-don-t-want-euthanasia-bill-revived-post-election-1.1732774; *News Times*, 3/18, www.newstimes.com/news/article/End-of-life-debate-good-for-society-5328771.php; *The CT Mirror*, 3/14, ctmirror.org/emergency-responders-disability-advocates-backing-end-of-life-care-proposal/; *The Courant*, 3/16, www.courant.com/news/politics/hc-aid-in-dying-0317-20140316,0,3829743.story)

HOSPICE NOTES

*** An Alabama hospice organization received media attention after laying off 10% of its staff, with hopes to recall them soon.** “A staff shake-up last week... saw six long-time employees, including the chaplain, escorted out the door without being allowed to retrieve their belongings themselves.” The chaplain has since been recalled. (*AL.com*, 3/12, blog.al.com/breaking/2014/03/hospice_family_care.html)

*** Students at a high school in Rochester, New York are having the opportunity to experience hospice care first hand as part of a class on hospice.** In a documentary about the groups’ experience, “Beginning with the End,” viewers are able to witness the experience of a group of teens who volunteer as caregivers to dying patients. The film trailer is available online:

www.youtube.com/watch?v=QDMSul96bvg (*Geeks of Doom*, 3/10, www.geeksofdoom.com/2014/03/10/sxsw-2014-review-beginning-end)

* **Gulfside Hospice is going where the people are by raising awareness of hospice care at the local shopping mall.** A recent event at the mall featured a panel of speakers and a children's puppet show. (Sun Coast News, 3/11, suncoastnews.com/su/list/news-pasco/gulfside-hospice-takes-its-message-to-mall-20140311/)

* **Dartmouth-Hitchcock has received an anonymous gift of \$10 million to create a care center for patients with life-threatening conditions and complex diagnoses.** "The Center for Palliative and Hospice Care also will train doctors, nurses and other professionals and conduct research." (Boston.com, 3/20, www.boston.com/news/education/2014/03/20/dartmouth-hitchcock-gets-for-hospice-center/jMaZPfizdzGTHIq5W6C7IJ/story.html)

* **Fred Phelps, controversial founder of Westboro Baptist Church, died recently in hospice care.** Phelps was internationally infamous for his high-profile protests at the funerals of gay people, soldiers killed in combat, and many others. (NPR, 3/20, www.npr.org/blogs/thetwo-way/2014/03/20/291909137/westboro-baptist-church-founder-rev-fred-phelps-dies)

END-OF-LIFE NOTES

* **Emergency responders and disability advocates back an end-of-life care proposal for Connecticut.** Advocates see the MOLST bill as having more chance of passing the legislature than the assisted suicide bill. (*The CT Mirror*, 3/14, ctmirror.org/emergency-responders-disability-advocates-backing-end-of-life-care-proposal/)

* **Europe is looking to Lacrosse, Wisconsin, as a model for end-of-life care.** An \$8.5 million study for six EU nations will be modeled on the city's Respecting Choices program. The program encourages residents to plan ahead for end-of-life care. (*Lacrosse Tribune*, 3/20, lacrossetribune.com/news/local/europe-looks-to-la-crosse-for-end-of-life-care/article_8d1932b3-af91-5281-aef1-8c2fab27ba1a.html)

* **"If Americans don't protect the unborn, they won't protect people at the end of life, either."** Mike Huckabee, speaking at CPAC, suggests a connection between a willingness to allow abortion and a willingness to get rid of the elderly. (*Politico*, 3/12, <http://www.politico.com/story/2014/03/mike-huckabee-abortions-104616.html>)

* **Could LSD offer help for terminally ill patients? A small pilot study published in *The Journal of Nervous and Mental Disease* finds that the drug is "safe and effective when used in combination with psychotherapy."** The study is the first controlled study of LSD-assisted psychotherapy in more than 40 years. (*Medscape*, 3/14, www.medscape.com/viewarticle/821971)

* **Dementia patients with an advance directive are three times more likely to die peacefully, finds a new study.** "Dying nursing home residents who have dementia display significantly less fear and anxiety if they have a written advance directive in place." (*McKnight's*, 3/17,

www.mcknights.com/chances-of-peaceful-death-are-three-times-higher-for-dementia-residents-with-an-advance-directive-study-finds/article/338469/?DCMP=EMC-MCK_Daily&spMailingID=8170298&spUserID=NDI1OTM3MTEwNDES1&spJobID=261488737&spReportId=MjYxNDg4N)

PALLIATIVE CARE NOTES

* **A \$10 million gift from Patty and Jay Baker will have a major impact on the Mount Sinai Palliative Care National Centers.** The new Patty and Jay Baker National Palliative Care Center at Mount Sinai will “support public policy, education, training, national outreach, and research aimed at improving access to quality palliative care for all seriously ill Americans and their families. (Newswise, 3/20, www.newswise.com/articles/10-million-gift-from-patty-and-jay-baker-will-transform-mount-sinai-s-palliative-care-national-centers)

* **The rise in palliative care usage could prove beneficial to Boomers living with chronic conditions.** According to the US administration on Aging, “a person currently aged 65 can expect, on average, to live to the age of 84, the highest life expectancy rate for Americans in history.” In this context, palliative care will become increasingly important in filling in gaps of healthcare coverage in the coming decades. (*Healthline*, 3/13, www.healthline.com/health-news/rise-in-palliative-care-helps-chronic-conditions-031314)

* **End-of-life dreams and visions (ELDVs) are common, and often provide great meaning to patients and family members alike.** A report published in *The Journal of Palliative Medicine* highlights the importance of ELDVs, which “may be a profound source of potential meaning and comfort for the dying, and therefore warrant clinical attention and further research.” (*The Journal of Palliative Medicine*, 3/11, online.liebertpub.com/doi/abs/10.1089/jpm.2013.0371)

OTHER NOTES

* **FDA Commissioner Dr. Margaret Hamburg defends Zohydro in the face of intensifying criticism.** While some lawmakers argue that the drug is too dangerous to be made available, Hamburg argues that Zohydro fills “an important and unique niche” for treating chronic pain. (*ABC News*, 3/14, abcnews.go.com/US/wireStory/fda-chief-defends-zohydro-criticism-intensifies-22904943)

* **Following his granddaughter’s death, one Texas man is advocating euthanasia in that state. Brad Newton watched the toddler die for nine days after feeding tubes were removed.** After watching his granddaughter’s excruciating process of dying, he wants euthanasia legalized. (*KSAT*, 3/18, www.ksat.com/news/grandfather-wants-euthanasia-legalized-in-texas/25041804)

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