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# HOSPICE NEWS NETWORK

*Recent News on End-of-Life Care*

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## **AS PALLIATIVE CARE GROWS, QUALITY OF CARE VARIES WIDELY ACROSS THE UNITED STATES**

**Access to and awareness of palliative care has never been greater than it is today, and yet there still exist vast disparities across the United States in terms of care offered and received.** The Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC) have released new research. Published in *The Journal of Palliative Medicine*, the research reveals that access to high-quality palliative care remains largely a factor of geography, rather than a right that can be taken for granted by citizens across America.

**With the release of “America’s Care of Serious Illness: 2015 State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospitals” on Capitol Hill, and the publication of “The Growth of Palliative Care in U.S. Hospitals: A Status Report” in *The Journal of Palliative Medicine*, we are gaining a clearer picture of the extent to which access to palliative care has grown in the United States.** The research also shows the limits to access to palliative care that still persist in many parts of the country.

**The key findings of the 2015 Report Card are overall optimistic.** The country as a whole receives a “B” grade for access to high-quality palliative care in hospitals. At the same time, the Report Card notes significant geographical disparities in care, calling for a concerted effort to bridge the gap in access that presently afflicts many Americans, especially in the geographical center of the United States.

**The CAPC/NPCRC report highlights the following areas of growth and concern:**

- “67 percent of U.S. hospitals with fifty or more beds report palliative care teams, up from 63 percent in 2011 and 53 percent in 2008.”
- “The number of states with A grades (defined as more than 80 percent of the state’s hospitals reporting a palliative care team) also increased, from 3 percent in 2008 to 17 percent in 2015”
- “For the first time no state has a grade of F (defined as less than 20 percent of a state’s hospitals reporting a palliative care program). Important gaps still remain”.
- “One-third of US hospitals with fifty or more beds report no palliative care services, and one-third of the states received a grade of C or D.”

- “The overall grade for the United States in 2015 was a B, unchanged from 2011.”

**Based on these observations, the CAPC and NPCRC provide a variety of recommendations, both at the state and federal levels.** On the part of the federal government, the Report Card calls for changes in workforce development, establishing palliative care centers that would disseminate curricula on palliative care, and providing career incentive awards for those who are trained in palliative care. The federal government could also allocate “Reform Graduate Medical Education (GME) funding to support residency slots in high-value specialties like palliative care.”

**The report also recommends that federal agencies support research that focuses on “symptom relief, communication with those with serious illness, and developing and evaluating models of care delivery.”** Overall, federal agencies should focus energy on developing research that advances palliative care and facilitates its deployment in US hospitals.

**Finally, the report focuses on quality and payment measures that would make palliative care more accessible throughout the states.** The report asks Congress to “direct CMS to include palliative care measures in all relevant quality- and value-based programs, such as Medicare-sponsored Accountable Care Organization (ACO) measures, the Five-Star Quality Rating System for Medicare Advantage plans and CMS facility-based quality reporting and incentive programs.” It recommends that palliative care be routinely considered “a component of care, quality measurement and payment for those with serious illness.”

**For state governments, the report calls for the establishment of “multidisciplinary advisory board[s] and/or task force[s] to conduct a landscape analysis of available palliative care services to determine state capacity and develop appropriate recommendations for improving access to quality palliative care.”**

It also suggests that “state legislatures should direct the appropriate department to create quality standards for palliative care and insert these into the state’s general licensure standards,” to ensure that all programs are meeting basic standards.

**Finally, the report recommends that states direct funds to “establish palliative care training institutes in their states, ideally within an existing university health system, to develop appropriate curriculum, create requirements for training and provide opportunities for hands-on professional development.”**

**The full CAPC/NPCRC report is available online, complete with charts, graphs, and graphic representations of the state of palliative care in America.** (*CAPC*, 10/1, [reportcard.capc.org/](http://reportcard.capc.org/); *PR Newswire*, 10/1, [www.prnewswire.com/news-releases/best-and-worst-states-providing-access-to-palliative-care-300151995.html](http://www.prnewswire.com/news-releases/best-and-worst-states-providing-access-to-palliative-care-300151995.html); *LiebertPub*, 10/1, [www.liebertpub.com/global/pressrelease/access-to-palliative-care-in-us-hospitals-still-not-universal/1742/](http://www.liebertpub.com/global/pressrelease/access-to-palliative-care-in-us-hospitals-still-not-universal/1742/); *The Journal of Palliative Care*, 9/29, [online.liebertpub.com/doi/full/10.1089/jpm.2015.0351](http://online.liebertpub.com/doi/full/10.1089/jpm.2015.0351))

## HOSPICE NOTES

\* **Saint Louis University has founded the first hospice and palliative medicine fellowship program in Missouri.** “The Hospice and Palliative Medicine Fellowship will train one physician this year in the subspecialty that cares for those who have chronic, life-changing illnesses like cancer, congestive heart failure or chronic obstructive pulmonary disease. Fourth year medical school students and residents also will receive training related to the program through a palliative care educational elective.” (*The St. Louis American*, 9/29, [www.stlamerican.com/your\\_health\\_matters/health\\_briefs/article\\_5aec78e6-66f7-11e5-a1f4-6f63fdfe1aad.html](http://www.stlamerican.com/your_health_matters/health_briefs/article_5aec78e6-66f7-11e5-a1f4-6f63fdfe1aad.html))

\* **Is it appropriate to use antimicrobials in hospice patients in the last stages of life?** Nearly 90% of hospitalized cancer patients receive antimicrobials in the week before death. “Research suggests that antimicrobials are commonly prescribed to dying patients in the absence of adequate clinical symptoms to support a bacterial infection. How decisions for suspected infections are made in these patients warrants increased scrutiny by clinicians, patients, and family members.” The authors say patients and families should be told, “Infections are expected near the end of life, and are commonly a terminal event. Individuals should understand that even if the infection were cured, the underlying illness (eg, metastatic cancer, advanced dementia) would remain.” (*JAMA*, 10/1, [jama.jamanetwork.com/article.aspx?articleid=2451305](http://jama.jamanetwork.com/article.aspx?articleid=2451305))

\* **“A Georgia hospice company has agreed to pay \$3 million to resolve allegations that it billed taxpayers for patients who were not terminally ill, the latest such settlement as federal officials target what they call a burgeoning number of abusive hospice schemes.”** (*Atlanta Journal-Constitution*, 10/2, [www.ajc.com/news/news/breaking-news/atlanta-hospice-to-pay-3-million-in-medicare-fraud/nnsx5/](http://www.ajc.com/news/news/breaking-news/atlanta-hospice-to-pay-3-million-in-medicare-fraud/nnsx5/))

## END-OF-LIFE NOTES

\* **“Jerry Brown signs the end-of-life bill” appears in *SFGate*.** “The bill is not an ordinary bill ‘because it deals with life and death,’ Brown wrote in his signing message. Governor Brown, D-CA, says, “The crux of the matter is whether the state of California should continue to make it a crime for a dying person to end his life, no matter how great his pain or suffering.” The bill says that two physicians must agree that the patient has six months or less left to live. Patients must then, if they decide to use the drugs, “affirm their intention 48 hours in advance and must take the drugs on their own, without help.” (*SFGate*, 10/5, <http://www.sfgate.com/news/article/Jerry-Brown-signs-end-of-dying-bill-6551615.php>)

\* **A new poll conducted by the Henry J. Kaiser Family Foundation finds that the Americans strongly favor Medicare reimbursement for end-of-life conversations between patients and their doctors.** About 8 in 10 of those surveyed felt that CMS should pick up the bill for such conversations. According to *Roll Call*, “Medicare officials received more support than criticism for a plan to pay health care providers for time spent counseling people about their medical options in case of terminal illness or failing health, an approach that was derided in the past as a path toward so-called death panels.” (*Roll Call*, 9/30, [www.rollcall.com/news/government\\_payments\\_for\\_end\\_of\\_life\\_counseling\\_draw\\_more\\_support](http://www.rollcall.com/news/government_payments_for_end_of_life_counseling_draw_more_support))

[t\\_than-243944-1.html](#); *Kaiser Health News*, 9/30, [khn.org/news/poll-finds-overwhelming-support-for-medicare-paying-for-end-of-life-talks/](http://khn.org/news/poll-finds-overwhelming-support-for-medicare-paying-for-end-of-life-talks/); [kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-september-2015/](http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-september-2015/))

\* **A nurse with terminal breast cancer writes to *The Washington Post* to express her support for end-of-life conversations being covered by Medicare.** End-of-life conversations “saved my life,” says Amy Berman. (*The Washington Post*, 9/28, [www.washingtonpost.com/national/health-science/a-nurse-with-fatal-breast-cancer-says-end-of-life-dussions-have-saved-her/2015/09/28/1470b674-5ca8-11e5-b38e-06883aacba64\\_story.html](http://www.washingtonpost.com/national/health-science/a-nurse-with-fatal-breast-cancer-says-end-of-life-dussions-have-saved-her/2015/09/28/1470b674-5ca8-11e5-b38e-06883aacba64_story.html))

\* **Staff members of one hospital say that pausing after the death of a patient helps to bring meaning and humanity to a traumatic situation.** NPR and Kaiser Health News report on a practice that is growing in one Virginia hospital, taking a few moments to pay respect to patients who have just died. Nurse Jonathan Bartels, who suggested “The Pause” says, “I just said, ‘Can we stop just for a moment and recognize this person in the bed? You know this person before they came in here were alive, they were interacting with family, they were loved by others, they had a life.’” (*KHN*, 9/28, [khn.org/news/hospital-workers-find-solace-in-pausing-after-a-death/](http://khn.org/news/hospital-workers-find-solace-in-pausing-after-a-death/))

\* **An article in *The New York Times* explores the benefits of having a person to serve as your health care proxy as you near the end of life.** “In most states, statutes specify which relatives can consent to medical procedures, or decline them, for a patient who hasn’t appointed a decision maker: spouses first, usually followed by siblings and adult children. Twenty-four states and the District of Columbia have added ‘close friend’ to that list...” (*The New York Times*, 9/29, [www.nytimes.com/2015/09/29/health/near-the-end-its-best-to-be-friended.html?ref=health&WT.mc\\_id=SmartBriefs-Newsletter&WT.mc\\_ev=click&\\_r=0](http://www.nytimes.com/2015/09/29/health/near-the-end-its-best-to-be-friended.html?ref=health&WT.mc_id=SmartBriefs-Newsletter&WT.mc_ev=click&_r=0))

\* **Two osteopathic physicians speak about the care they would want in their final days.** “Nobody lives forever, and I would rather be organized about what I want than just let fate happen,” says Kitt Klaiss, DO, a family medicine physician in Tuscaloosa, Alabama. (*TheDO*, 9/29, [thedo.osteopathic.org/2015/09/nobody-lives-forever-dos-describe-how-they-want-to-die/](http://thedo.osteopathic.org/2015/09/nobody-lives-forever-dos-describe-how-they-want-to-die/))

\* **Despite most Americans’ stated desire to have end-of-life conversations with their physician, few actually do.** Only 17% of those surveyed in a recent Kaiser Family Foundation poll reported having such a conversation with their doctor. (*CBS*, 9/30, [washington.cbslocal.com/2015/09/30/poll-few-americans-have-end-of-life-talks-with-doctors-despite-desire-to/](http://washington.cbslocal.com/2015/09/30/poll-few-americans-have-end-of-life-talks-with-doctors-despite-desire-to/))

\* **Advance directives aren’t just about refusing care; often, they’re a means to ensure intervention.** A newly released study has found that nearly a third of people who fill out advance care directives use them to request medical interventions. (*eNews Park Forest*, 9/29, [www.eneuspf.com/latest-news/health-and-fitness/64523-study-advance-directives-are-about-more-than-refusing-care.html](http://www.eneuspf.com/latest-news/health-and-fitness/64523-study-advance-directives-are-about-more-than-refusing-care.html); *Fierce Health Care*, 9/30, [www.fiercehealthcare.com/story/new-look-advance-directives-surprising-number-patients-request-intervention/2015-09-30](http://www.fiercehealthcare.com/story/new-look-advance-directives-surprising-number-patients-request-intervention/2015-09-30))

\* **The CDC has proposed draft guidelines for managing chronic pain.** The Centers for Disease Control and Prevention (CDC) is publishing new guideline for prescribing opioids for chronic pain. The new proposed guidelines are available on the CDC website. The report calls for providers to talk with patients about the risks of opioids, both before and during treatment.

*Pain News Network* offers a sharp critique of the guidelines. (*CDC*, 9/18, [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html); *WESH.com* (Orlando), 9/16, <http://www.wesh.com/news/cdc-unveils-proposed-guidelines-for-controlled-pain-medication/35313862>; *Pain News Network*, 9/22, <http://www.painnewsnetwork.org/stories/2015/9/22/chronic-pain-groups-blast-cdc-for-opioid-guidelines>)

\* **Hospitals & Health Networks Magazine takes a look at a 40-year-old court case that was a landmark for the end-of-life debate.** “It was 40 years ago that a 21-year-old New Jersey girl’s [Karen Ann Quinlan] parents set off a major court battle over who has the right to ‘pull the plug’ when doctors say there’s no hope left.” (*H&HN*, 10/1, [www.hhnmag.com/Daily/2015/September/throwback-thursday-quinlan-end-of-life-support-debate](http://www.hhnmag.com/Daily/2015/September/throwback-thursday-quinlan-end-of-life-support-debate))

\* **Stan Terman, PhD, MD decries the baseless objections to CMS funds being used to pay for advance care planning raised by the Association of American Physicians and Surgeons (AAPS).** AAPS criticized the option for additional half-hour sessions as: “attempts to persuade patients or their families of something they would prefer not to do” which is “to forgo care near the end of their lives” and would subject Medicare beneficiaries to “unnecessary” and “repeated [and] extended badgering” that is “harassment.” (*GeriPal*, 9/28, [www.geripal.org/2015/09/a-physicians-groups-baseless-objections.html](http://www.geripal.org/2015/09/a-physicians-groups-baseless-objections.html))

\* **The American Hospital Association has released a toolkit meant to “encourage early intervention and discussion about priorities for medical care in the context of progressive disease and robust communication between patients and their providers to understand the patient’s goals.”** The toolkit includes resources for hospitals and health care systems, as well as for clinicians and patients. (*AHA*, [www.ahaphysicianforum.org/resources/appropriate-use/ICU/index.shtml](http://www.ahaphysicianforum.org/resources/appropriate-use/ICU/index.shtml))

\* **When a family member experiences serious illness, the ripple effects can be huge.** A recent study explores the effect that caregiving can have on the health care needs of those providing care for loved ones, and their likelihood to take advantage of health care services. “We posit that the intensity of health care treatment received by a patient influences patient symptoms, suffering, and costs, which in turn impact enabling factors for the family caregiver, such as financial and time burden and lack of belief in the efficacy of the health care system. Because of this burden, there is a decrease in preventive and self-care behaviors, which ultimately results in increased urgent care use and health care spending for bereaved family members.” (*The Journal of Palliative Medicine*, 8/24, [online.liebertpub.com/doi/abs/10.1089/jpm.2015.0165](http://online.liebertpub.com/doi/abs/10.1089/jpm.2015.0165))

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