
HOSPICE NEWS NETWORK

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

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A Service of State Hospice Organizations

WASHINGTON POST QUESTIONS “RISING RATES OF HOSPICE DISCHARGE”

The Washington Post is continuing its “Business of Dying” series, with a third article that raises sharp questions about quality of care in light of “rising rates of hospice discharge” in the United States. The *Post* article takes aim at newer hospices, which it observes are discharging hospice patients alive at much higher rates than older, more established hospice organizations. Newer, for-profit hospice organizations, the authors say, are exhibiting strikingly different practices from their older, non-profit counterparts. The article cites Joan Teno, a Brown University hospice doctor and researcher and lead author of a study published in the *Journal of Palliative Medicine*. Teno is quoted as saying, “When you have a live discharge rate that is as high as 30%, you have to wonder whether a hospice program is living up to the vision and morality of the founders of hospice.” She suggests that some new hospice providers may not share the same values of the original hospice movement and “may be more concerned with profit margins than compassionate care.”

“At hundreds of U.S. hospices, more than one in three patients are dropping the service before dying,” shows research obtained by *The Washington Post*, representing “a sign of trouble in an industry supposed to care for patients until death.” Experts in the healthcare field, says the article, indicate that such a high level of live discharge may reflect willful mismanagement by hospice agencies, “either driving [terminally-ill] patients away with inadequate care or enrolling patients who aren’t really dying in order to pad their profits.”

Hospices normally do discharge a small percentage of their patients before death (according to the *Post*, 15% has been a typical number in times past), often because of unexpected improvements in patient health. “But researchers found that at some hospices, and particularly at new, for-profit companies, the rate of patients leaving hospice care alive is double that level or more.” Two states, Mississippi and Alabama, had especially high “hospice survivor” rates, with 41% and 35% of patients, respectively, being discharged from hospice alive.

Post reporters highlight two types of improper practices that they say are emerging in the hospice industry, both of which can lead to higher discharge rates. First, some hospices may be discharging patients when their care becomes overly expensive. Many are shunted into a hospitalized setting, the article says, with roughly 25% of patients discharged from hospice alive being hospitalized within 30 days. Some hospices “abandon their end stage residents to the nearest hospital ER and have the legal representative sign the [hospice] revocation

papers - all to save money and avoid intensive continuous care at the end of life,” according to W.T. Geary Jr., medical director of the Alabama Department of Public Health. Teno worries that some hospices are discharging patients to avoid expensive care, “and that they are trying to game the system.”

The other way that *Post* reporters indicate that some hospices may be taking advantage of patients, and the medical system as a whole, is through enrollment of individuals who are not actually dying. They cite new research, which “supports the idea that many of the patients released alive from hospice are far from death,” with more than a third of discharged patients not re-enrolling in hospice and still alive after six months. “The federal government in recent years has sought to recover more than \$1 billion from hospices that, according to attorneys, illegally billed Medicare for patients who weren’t near death.”

In the worst scenarios, the consequences go beyond the financial. The authors suggest that non-terminally-ill patients who are enrolled in hospice may sometimes die earlier than otherwise expected, due to exposure to powerful, pain-killing drugs. “In some cases, those medications led to the death of patients who were not otherwise dying, families say.” **Shalynn Womack, whose mother had a diagnosis of “failure to thrive,” when she was enrolled in hospice care, says, “putting her in hospice was putting her in harm’s way.”**

The same day that the *Washington Post* article appeared in print, the National Hospice and Palliative Care Organization released a comment, questioning the balance of the *Post*’s coverage of hospice care, and reaffirming NHPCO’s commitment to high-quality care at the end of life. “The focus on those with higher than average live discharge percentages fails to recognize the complexities that patients face at the end of life,” says NHPCO. “Patients may change hospice service areas, decide to enroll in a clinical trial, or their family may not be ready to accept the termination of curative care.”

While acknowledging that problems exist within the hospice care industry, NHPCO highlights that oversight is key to rooting out bad actors. “The hospice community has repeatedly called for more consistent and timely oversight of providers.” NHPCO expresses hope that soon CMS would begin surveying hospice programs at least once every three years. “Every sector of healthcare is going to have a small fraction that tries to game the system. The difference is that NHPCO and the overwhelming majority of providers in the field want to see bad providers closed down - and more timely oversight should make that happen.” (*The Washington Post*, 8/6, www.washingtonpost.com/business/economy/leaving-hospice-care-alive-rising-rates-of-live-discharge-in-the-us-raise-questions-about-quality-of-care/2014/08/06/13a4e7a0-175e-11e4-9e3b-7f2f110c6265_story.html; NHPCO, 8/6, www.nhpco.org/press-room/press-releases/nhpco-comment-post-article)

HOSPICE COMMUNITY CHEERS NEW OVERSIGHT LEGISLATION

Legislation that was recently introduced in the US House of Representatives is being applauded by many in the hospice community as a positive step forward in more effective oversight for hospice organizations that receive federal funds. The HOSPICE Act (HR

5393) “would require that hospices be surveyed no less frequently than every three years and authorizes CMS to contract for the additional oversight.”

The National Hospice and Palliative Care Organization lauded the new bill. President and CEO J. Donald Schumacher writes, “NHPCO has long called for more timely oversight from CMS and we hope this legislation will bring necessary action on the part of CMS.” The Office of the Inspector General (OIG) examined hospice survey frequency in 2007 and 2013, finding that the existing intervals and resources were “inadequate.” **The mandatory survey frequency in the new bill would bring US law into line with OIG’s recommendations.**

As an additional benefit, the new bill would “make a technical correction to allow for implementation of existing law requiring CMS to conduct a medical review of hospice programs that reach to be determined threshold of patients under care for more than 180 days.” This threshold would be determined by CMS. This is a provision that NHPCO has supported “since it was originally recommended by MedPAC in 2009. (NHPCO, 8/4, www.nhpco.org/press-room/press-releases/hospice-act-legislation-applauded; *US Congress*, HR5393, beta.congress.gov/bill/113th-congress/house-bill/5393; Senior Journal, 8/5, [www.seniorjournal.com/NEWS/Medicare/2014/20140805 More Inspections of Medicare Hospice Programs Demanded by New House Bill.htm](http://www.seniorjournal.com/NEWS/Medicare/2014/20140805_More_Inspections_of_Medicare_Hospice_Programs_Demanded_by_New_House_Bill.htm))

HOSPICE NOTES

* **Staff members at Denver Hospice are featured in the local news for helping a veteran receive his military medals after 61 years.** Denver Hospice serves a nine county area in Colorado and serves people regardless of their ability to pay. (*9News*, 8/3, www.9news.com/story/news/health/2014/08/03/denver-hospice/13548735/)

* **A good hospice program provides dignity to the very end. In a letter to the editor of the *Daily Hampshire Gazette*, Maxine J. Stein, executive director of the Hospice of the Fisher Home in Amherst, explains that hospice “neither hastens nor postpones death.”** She explains that the Hospice and Palliative Care Federation of Massachusetts “does not support the legalization of voluntary euthanasia or physician-assisted dying, but instead encourages the use of advanced care planning, palliative care and hospice care to alleviate suffering and promote dignity near the end of life.” (*Gazettenet.com*, 8/4, www.gazettenet.com/home/12983010-95/maxine-j-stein-good-hospice-program-provides-dignity-until-last-breath)

* **Hospice of Wisconsin will be the beneficiary of Andy Land’s efforts to climb Mount Everest to promote hospice awareness throughout the state of Wisconsin.** Land, 52, is director of the Hospice and Palliative Care Services at Agnesian Health Care in Fond du Lac, and will be climbing Everest in March through May of 2015. (*Climbing for Hospice*, climbingforhospice.org/)

END-OF-LIFE NOTES

* **“At the End of Life: True Stories About How We Die,”** by Lee Gutkind, offers “unique and heartbreaking perspectives on how we die.” Reviewed in *The Journal of Palliative*

Medicine, the new book is a collection of essays by 22 authors, who “each provide their own stories in their own words - from the mother of a young girl with leukemia to the daughter of a centenarian - describing not only the emotional and psychological struggles but the societal and systemic challenges surrounding death and dying.” (*The Journal of Palliative Medicine*, 7/3, online.liebertpub.com/doi/abs/10.1089/jpm.2014.9419)

* **The factors used in a new prediction model can help identify end-of-life patients at high risk of readmission, which helps clinicians prioritize resources to minimize risk.** A study published in *The Hospitalist* looks at the opportunities to improve quality of care at the end of life and deliver the particular care needed by those at highest risk for re-hospitalization. (*The Hospitalist*, 8/2014, [www.the-hospitalist.org/details/article/6443641/Prediction Tool for Readmissions Due to End-of-Life Care.html](http://www.the-hospitalist.org/details/article/6443641/Prediction%20Tool%20for%20Readmissions%20Due%20to%20End-of-Life%20Care.html))

* **Washington State law requires that hospitals have policies in place for how end-of-life care is handled.** The end-of-life policies, along with several other types of policies, of Washington State hospitals are posted online. (www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalPolicies)

* **Advance care documents allow seniors facing dementia to prepare for and make decisions about the care they would like to receive at the end of life.** “Most people diagnosed with dementia and Alzheimer’s have a window of capacity where they can still make legal documents and consider their future,” says Robb Miller, executive director of the Washington state arm of Compassion & Choices, a patient advocacy group. (*Kiplinger*, 8/2014, www.kiplinger.com/article/retirement/T021-C000-S004-alzheimers-patients-can-craft-care-plans.html)

* **Roughly half of those undergoing a risky heart procedure make end-of-life plans with an advance directive, according to an article in *The Baltimore Sun*.** Though family members are often relieved when loved ones make advance care plans, “researchers have found the message is only getting across consistently to patients with certain diseases or under certain circumstances, and even then the rules and paperwork are not always clear” (*The Baltimore Sun*, 8/5, www.baltimoresun.com/health/sns-rt-us-advance-directive-heart-surgery-20140805,0,5270530.story)

* **Dr. Paul Bascom of Portland, Oregon, shares the poignant “Many Stories of My Mother’s Death” with readers of *JAMA Internal Medicine*.** Bascom explains the many ways the story of his mother’s death can be told. He describes the perspective of the newspaper, the discharge planner, the medical bills, and his own perspective. He reflects on why he did not speak up when physicians administered futile care to his mother: “Why did I remain silent? The lesson I have gleaned from my own mother’s death is this: our standard approach to end-of-life decision-making places an enormous and unfair burden on patients and families.” (*JAMA Internal Medicine*, 7/28, archinte.jamanetwork.com/article.aspx?articleid=1890287)

* **The rise of alternative death and dying options adds an extra dimension of planning to retirement considerations, writes Ruth Ray Karpen for *The Blue Review*.** “We may not want

to think about it, but planning for a good death is an important part of planning for retirement.”
(*The Blue Review*, 8/1, thebluereview.org/good-death-idaho/)

PALLIATIVE CARE NOTES

* **California’s Palliative Care Access Project (PCAP)** “brings together people and organizations with a passion for, and common interest in, increasing access to community-based palliative care.” To learn more about the PCAP, and to access associated resources, view the project’s web page on the Coalition for Compassionate Care of California’s website.
(*Coalition CCC*, coalitionccc.org/what-we-do/palliative-care-access-project/)

* **Cambia Health Solutions has announced “the industry’s most comprehensive palliative care program,”** which CEO Mark Ganz hopes will “create tension in the industry,” and cause other companies to move in a similar direction. “Since we made the announcement, I’ve had two or three leaders of other companies who have reached out saying they want to talk with me about what we’re doing and better understand how we thought about it. And that’s exactly what I hoped we would accomplish,” says Ganz. (*Fierce Health Payer*, 7/25, [www.fiercehealthpayer.com/story/cambia-health-cutting-edge-palliative-care/2014-07-24](http://www.fiercehealthpayer.com/story/cambia-health-cutting-edge-palliative-care/2014-07-24;); *Cambia*, 6/11, news.cambiahealth.com/news/cambia-health-solutions-announces-industrys-most-comprehensive-palliative-care-program)

OTHER NOTES

* **The CDC has found “major disparities in opioid prescribing among states,”** with some states having taken major steps to crack down on excessive prescriptions, according to a report published in *The Journal of the American Medical Association*. The article highlights the efforts of several states, including Florida and Tennessee, to reduce abuse of prescription drugs, particularly opioids. (*JAMA*, 8/6, jama.jamanetwork.com/article.aspx?articleid=1895676)

* **Writing for *The Huffington Post*, Ana Acton, Executive Director at FREED Center for Independent Living, lays out a “progressive case against assisted suicide.”** Acton says, “It’s troubling to think how many more have been affected and will be affected by the deadly mix between assisted suicide and profit-driven managed health care.” (*The Huffington Post*, 8/4, www.huffingtonpost.com/ana-acton/the-progressive-case-again_b_5648126.html)

* **The Telehealth Enhancement Act of 2014, introduced recently in the US Senate by That/d Cochran (R-Miss) and Roger Wicker (R-Miss) “would grant Medicare beneficiaries in those areas more opportunities to utilize telehealth.** It would waive current statutory Medicare restrictions on telehealth services, adjust Medicare home health payments, and extend coverage to all critical access and sole-community hospitals regardless of metropolitan status.”
(*Healthcare Informatics*, 7/31, www.healthcare-informatics.com/news-item/senators-introduce-telehealth-bill-underserved-areas)

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