



What the Media Said about End-of-Life Care This Week November 9, 2020 A Service of Your State Association

MEDICARE CARE CHOICES MODEL RANKS WELL ON PATIENT SATISFACTION, QUALITY OF END OF LIFE, AND REDUCED COST

At the end of the third year of implementation, evaluations of the Medicare Care Choices Model (MCCM) have been released. In the *CMS Perspective*, found at the first link below, readers are reminded that MCCM began because only half of Medicare beneficiaries utilize hospice care. And, even then, admissions come less than a week before death. MCCM allows “eligible beneficiaries the option to receive supportive services from participating hospices while continuing to receive treatment for their terminal condition through fee-for-service Medicare.” Hospices that are a part of the demonstration receive \$400 per patient per month. The overall goal is to improve the quality of life for patients and families, to learn more about payment “approaches” for Medicare and, overall, to reduce expenditures.

Medicare expense have decreased “by 25% generating \$26 million in gross savings and \$21.5 million in net savings for 3,603 beneficiaries who enrolled in MCCM and died during the first three years of the model,” says CMS’s evaluation. These savings, of about \$6,000 per decedent, come largely from reducing inpatient care. The demonstration continues through 2021, and CMS hopes for continuing analysis of the results.

Beyond fiscal savings, “Most caregivers reported positive experiences in the model, yet caregivers of enrollees who did not transition to MHB reported less satisfaction, while most caregivers were highly satisfied with MCCM.” Of the participants in MCCM, 84% transition to MHB. And more individuals would benefit from the program if the six-month prognosis requirement was not a part of the admission process. CMS’s evaluation also notes that limiting patients’ access to the demonstration to only several diagnoses has limited the reach of MCCM.

“The positive findings outlined in this evaluation report,” says CMS, “suggest that MCCM and similar models could make a meaningful difference in the quality and cost of end-of-life care. Such efforts could lead to further improvements in care and reductions in spending.”

Abt Associates was contracted to provide an evaluation of MCCM. The extremely data-intensive report is available online at the second link below. The details of the number of hospice providers in the demonstration, the numbers who dropped out of the model, and the number of Medicare participants, are all included and indicate some of the challenges that the model has faced. At the end of the thorough evaluation, the *Abt* evaluation notes a number of key findings—among patients who did and did not transition to the HMB.

Abt notes that half of the patients served were in only nine of the participating hospices. They highlight that the high satisfaction among those served who transitioned to MHB demonstrate that “MCCM and similar models” can improve both quality and cost of end-of-life care. The evaluation concludes by saying, “In sum, the findings in this report suggest that transformation of the delivery of traditional hospice services to address the needs and preferences of beneficiaries who wish to continue to receive life-prolonging treatments take time but can lead to meaningful outcomes.” (CMS, October 2020) [Read more...](#) (*Abt Associates*, October 2020) [Read more...](#)

HOSPICE NOTES

* The *National Hospice and Palliative Care Organization* announced a new quality program called NHPCO Quality Connections. The program will offer resources and education to assist members in “achieving and sustaining continuous quality improvement.” Participants will share best practices with one another, and NHPCO will offer recognition to those who “demonstrate a commitment to continuous quality improvement.” (NHPCO, 11/5) [Read more...](#)

* Medicare has launched its Medicare Care Compare website that includes hospice. The tool is online at the link below. (*Medicare*) www.medicare.gov

* *American Journal of Hospice and Palliative Medicine* includes an article titled “Attitudes of Front-Line Nurses Toward Hospice Care During the COVID-19 Pandemic. The study, conducted in Wuhan, China, sought to review these perceptions and to “to provide a source of reference for hospice care education and training in hospitals treating patients with COVID-19.” The authors concluded that front-line nurses’ attitudes toward hospice needs improve. (*American Journal of Hospice and Palliative Medicine*, 10/22) [Read more...](#)

PALLIATIVE CARE NOTES

* *Blood*, a publication of the American society of Hematology, published “Frequency and Timing of Palliative Opportunities in Pediatric Patients with Hematologic Malignances.” Researchers found that many of these patients have events that show palliative care is appropriate. But less than half actually received a palliative care consultation. The article calls for greater integration of palliative care for cancer patients. (*Blood*, 11/5)

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* “Integrative Palliative Care: A New Transformative Field to Alleviate Suffering” appeared in *The Journal of Alternative and Complementary Medicine* and has now been posted online. Many integrative health providers, say the authors, do not fully understand palliative care. The article explores the needs of patients, family caregivers, and professional caregivers, focusing specifically on issues created in these days of COVID. A review of how integrative palliative care is being practiced is offered, and there is a recognition of the evolution of palliative care. This issue includes multiple articles about integrating palliative care. The article noted here, and a summary of other articles in the issue are available at the link below. (*The Journal of Alternative and Complementary Medicine*, 9/18) [Read more...](#)

END OF LIFE NOTES

* An article in *NEJM Catalyst* examines the use of MOLST and advance directives during COVID. As Mount Sinai Health System (MSHS) faced the tasks created by this public health emergency, staff worked to create and utilize functional system adaptations. The MOLST/POLST directives surpassed usual advance directives allowing clinicians to act “in all care settings and in emergencies.” The article describes the way that use of eMOLST assisted MSHS clinicians. The article is available online. *NEJM Catalyst*, 11/3) [Learn more...](#)

* An article in *Futurity* explores the racial gaps in end-of-life care. The authors cite a study published in *JAMA Network Open* in August of this year. The *Futurity* article highlights a number of these disparities. (*Futurity*, 11/5) [Read more...](#)

* Compared to 20 years ago, says an article in *Journal of the American Geriatrics Society*, seniors nearing the end of life experience fewer of some distressing symptoms. Fewer have less difficulty with sleeping, chest pain, shortness of breath, and other issues. But other issues continue to be experienced in levels that have changed little since 1998. These include “poor eyesight, anxiety, depression, musculoskeletal pain, fatigue, dizziness and unsteadiness, frequent or painful urination, and swelling in feet or ankles.” Overall, however, researchers find that the most restrictive symptoms have lessened or remained the same. “These results suggest that end-of-life care has been improving, although additional efforts will be needed to further reduce symptom burden at the end of life.” (*EurekAlert*, 11/4) [Read more...](#)

* Writing in *NEJM*, physician Scott Halpern tells of key points in his Grandpa's life that led him to be ready for the end of his life. Grandpa decided, on Halpern's query, that stopping eating and drinking would be the thing to do. But the thirst was too much. And Halpern, with advice from hospice and others, helped his loved one, now nearing 103 years old, by using morphine and lorazepam to keep him more comfortable as he was dying. Halpern writes, "I've learned many things in living this story that no amount of studying, teaching, or providing palliative care could ever reveal: the power of isolation and the countervailing force of family, the devastation of existential suffering and the paucity of options for relieving it, and the inequities at play, such that stopping eating and drinking is largely impossible without knowledgeable family members and dedicated hospice care. And I've learned that despite many problems with physician-assisted dying, it may provide the most holistic relief possible for people who are not immediately dying, but rather are done living." (*NEJM*, 10/21) [Read more...](#)

* Writing for the *Journal of the American Geriatrics Society*, physician Sandy Y. Moody, MD, BSN, addresses limitation in advance care planning (ACP). The advances in ACP, says Moody, make treatment choices "more nuanced and complex." Asking people to make decisions and choices "about treatment or interventions in advance of illness further complicates the process." Moody shares the real stories of two of her dying friends, and demonstrates the difficulties faced when real-life experiences do not unfold the way a person has envisioned earlier. These experiences made Moody "reconsider whether current approaches to ACP are realistic for most individuals." Care choices are more dynamic than a typical ACP document. Moody calls, instead for "adaptive care planning" where treatment options when one is seriously ill are made at the time of illness. (*Journal of the American Geriatrics Society*, 11/9) [Learn more...](#)

OTHER NOTES

* An article in *Next Avenue* explores the *Hospital At Home (HaH)* program. The article presents a case of an individual in Eau Claire, Wisconsin, who was a patient in Mayo Clinic Hospital there. He went home on the *HaH* program and received round-the-clock care through in-home visits and telemedicine. The article also explores other hospitals that are sponsoring *HaH* programs, especially since COVID. (*Next Avenue*, 10/23) [Read more...](#)

* "4 Tips to Deal With People Who Say the Wrong Thing When You're Grieving" shares how to deal with people when they say things that annoy or hurt you when you are grieving. (*What's Your Grief*, 10/24) [Read more...](#)

* The state of Oregon has become "the first state to legalize the use and production of psilocybin products, as well as psilocybin-assisted therapy." The state will spend two years learning more about the therapy and creating rules for access. While the US Food and Drug Administration has given a "breakthrough distinction" to the use of psilocybin, opponents say more study is needed. (*Statesman Journal*, 11/5) [Learn more...](#)

* In Episode 271 podcast of *End of Life University*, Dr. Karen Wyatt, MD, explores the power of gratitude “to bring light to the darkness.” Wyatt explores research that shows how “a gratitude practice can change your brain and your life for the better.” Audio of the presentation, and a handout are available online. (*End of Life University*, 11/2)

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