What the Media Said about End-of-Life Care This Week
February 8, 2021
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LEADINGAGE, VNAA, AND ELEVATINGHOME FORM PARTNERSHIP

LeadingAge has more “than 5,000 nonprofit aging services providers and other mission-minded organizations” that work together “to make America a better place to grow old. *VNAA,* also a nonprofit organization, works to advance “quality, value and innovation in home-based care.” ElevatingHOME is “an offshoot” of VNAA. A year ago the organizations announced their intent to merge. Now, the two groups have announced their permanent partnership that makes the members of *VNAA* and *ElevatingHOME* a part of *LeadingAge.* The groups “will be rebranding as LeadingAge in the future.”

“Behind only AARP in scale when it comes to tackling aging issues in the United States, LeadingAge stands to become an even bigger player in the home-based and hospice care arenas,” says an article in *Hospice News.* VNAA leaders say that *LeadingAge* leaders are “‘tenacious advocates for the interests of home health and hospice organizations, and bring a unique focus on the continuum of services and supports.’” This move comes at a time when many *LeadingAge* members are creating, or have created, their own home health and hospice organizations. *VNAA’s* 50-plus members also offer home health, hospice and services of visiting nurses.

Katie Smith Sloan, president and CEO of *LeadingAge,* notes the interest that hospices have in navigating the managed care world. *LeadingAge,* she says, brings “some solid expertise that will be of tremendous value to these organizations around the country.” She also says that *LeadingAge* works “‘to raise the profile of hospice and home health.” (*Leading Age)* ***Read more...***; (*Hospice News,* 2/5) ***Read more...***

CAREGIVER SPEAKS SUPPORTS CAREGIVERS

Innovations in Health Care shares the story of Caregiving Speaks, a way to support active and grieving caregivers. The article describes the issues and struggles of unpaid caregivers. Albigail Rolbiecki, PHD and assistant professor of family and community medicine at Missouri University, received “a $3.5 million grant from the National Institutes of Health to conduct an ongoing study about interventions for these family caregivers.” Caregiver Speaks involves stories and photos to gather information from caregivers about their experiences.

The article reports on a study that appeared earlier in *The American Journal of Geriatric Psychiatry.* Interventions that evoke caregiver experiences help “to reduce depression, anxiety and, ultimately, the intensity of grief.” “Rolbiecki’s study followed hospice family caregivers through bereavement using a process called photo elicitation as a storytelling technique.”

For the study, caregivers took photographs and shared stories about their loved ones via a Facebook group. These interactions occurred both before and after a loved one’s death. The sharing was primarily via photos of the caregiver’s experiences.

“‘Caregiver Speaks uses a low-cost, readily-available platform to deliver the storytelling intervention.’” Caregiver support increases via these interventions, and meaning in both caregiving and bereavement are supported. (*Innovations in Health Care,* 2/4) ***Learn more...***

PHYSICAN RESPONDS TO LITIGATION WHEN PATIENTS’ DOCUMENTED WISHES ARE NOT FOLLOWED

New York’s MOLST Update includes a reaction to Paula Span’s article in *New York Times* about medical professionals providing care that patients’ advance directives specify they do not want. Physician Patricia A. Bomba, a geriatrician, says “the emergence of litigation for providing unwanted life-sustaining treatment is no surprise.” And, says Bomba, she expects more litigation as informed boomers are actively setting their expectations from healthcare providers.

We all have the right to either accept or refuse treatments. The Patient Self Determination Act (PSDA) is a federal law that went into effect in late 1991. “MOLST is a set of medical orders that defines life-sustaining treatment the patient wants to receive or avoid now.” Completion of MOLST in New York, where it was created 20 years ago, requires discussion with a key medical provider, and must be followed regardless of the medical facility in which the patient receives care.

Bomba says MOLST is a risk management tool. And she shares about her “personal statement” in the “Other Instructions: section of the MOLST form. That statement, she says, makes it clear to providers the extent of her desire for her orders to be followed. Her statement says, “‘If my MOLST orders are not followed, my attorney will sue for battery, pain and suffering, and make sure the insurance company does not pay for unwanted treatment.” (*New York’s MOLST Update,* January 2021) ***Read more...***

AUTHOR SUGGESTS THAT END OF LIFE SHOULD BE CONSIDERED A DEVELOPMENTAL STAGE OF LIFE

End of life “should be considered a new life course stage,” says Deborah Carr, professor and chair of the sociology department at Boston University. “The end-of-life period is longer than it ever was historically,” says Carr. In the past people died suddenly or after short-length illnesses. Most leading causes of death, except for COIVID-19, can last a very long time. These leading causes of death, such as heart disease, cancer, and COPD, can have a long duration between becoming ill and death.

Traditional stages of life include various phases from infancy to old age. Some of these stages are more recently recognized than others. Many who are considered to be in old age are very healthy. Carr argues, however that when major chronic issues become a part of life, people “should think about how they want to live during that stage of life.”

Carr has considered the developmental tasks of this end-of-life period of life. Families need to understand how finances and household tasks will be managed after their death of loved ones. Taking about death, and engaging in preparations are important. The end-of-life stage can “be something that we can have some agency over, something we can control to the best of our capacities,” and in doing this, we “may demystify it and really destigmatize it a bit.” (*Next Avenue,* 2/3) **Read more...**

HOSPICE NOTES

* California’s Yolo Hospice and the Yocha Dehu Wintun Nation are partnering to “research, strategize and implement a program that addresses the barriers to end-of-life care and advanced-care planning experienced by Native American and rural communities.” The Yocha Dehu Wintun Nation has granted the hospice $1 million to engage in this work. Over a period of three years, the efforts will identify the needs, and strategize for action to address these needs. (*Yolo County News,* 2/5) **Read more...**

* “Leadership Perspectives: Home Care in 2021” is an on-demand webinar sponsored by Axxess. The presentation features the key leadership of *NHPCO, NAHCC,* and *Home Care Association of America, and Axxess.* Key areas addressed include “patient-centered innovation,” “data-driven value,” and workforce issues. The webinar registration is online at the second link below. Once registered, participants may watch the one-hour recorded event. The Axxess website explains that the webinar includes “how these executives will lead through change and how we can work together to elevate the national conversation around home health, home care and hospice.” (*McKnight’s Senior Living,* 2/5) **Learn more...**; (*Axxess*) **Learn more...**

PALLIATIVE CARE NOTES

* *The National Academy for State Health Policy, NASHP,* will offer a webinar titled "State Policies to Support People with Serious Illness." The webinar, sponsored by *The John A. Hartford Foundation,* will focus on the benefits of palliative care, innovative efforts in Washington State, a "new palliative care toolkit and resources available at *NASHP*. The webinar occurs on 2/22 at 4 p.m. EST. Registration is available at the link below. (*NASHP)* ***Registration information here.***

* The *Center to Advance Palliative Care (CAPC)* will report on the results of a national survey that informs the outlook for palliative care. Dr. Diane Meier will share the findings and the implications of what has been learned. The briefing will be held on 2/25 at 12:30 EST. ***Registration is available***. (*CAPC,*)

* Dr. Diane Meier has announced that, as of April, she will no longer be the Director of the *Center to Advance Palliative Care (CAPC).* Meier founded the organization 22 years ago. Brynn Bowman, who is currently *CAPC's* Chief Strategy Offer, will become the new Executive Director. And Meier will serve in the role of Director Emerita and Strategic Medical Advisor. (*CAPC,* 2/8) ***Read more...***

END-OF-LIFE NOTES

* An article in *Public News Service* encourages persons to give a unique valentine gift—the completion of end-of-life directives. Since Valentine is a day for love, completing the directives is, in itself, a gift of love. Featured in the story are Kim Callinan, president and CEO of *Compassion and Choices,* and Brandi Alexander, director of community engagement for the organization. Alexander shares how her father died without creating advance directives. The experience "caused disagreement and tension" for her family as they tried to make decisions for him. *Compassion and Choices* website has resources to help persons complete advance directives. That information is provided at the second link below. (*Public News Service, 2/3)* ***Read more.../*** **Compassion and Choices website.**

* "Saving Lives, Saving Dignity: A Unique End-of-Life Perspective from Two Emergency Physicians," written by Drs. Alan Molk and Robert A. Shaprio, is cited as a bestseller on Amazon this week. Described a book that "offers a wealth of practical ways and lessons to help anyone facing the crucial considerations of quality of life and care for their loved ones." They physicians have their own stories of end-of-life caring to offer—both from personal and professional perspectives. (*EIN Presswire, 2/4*) ***Learn more...***

ADVANCE CARE PLANNING NOTES

* “How To Prepare For When Your Parents Talk About End-Of-Life Planning” examines the process of how to talk with older parents about aging and about planning for end-of-life care. Offering tips and insights from experts, the article suggests being empathetic, using healthy detachment, asking hard questions and preparing hard documents, and creating more memories. (*The Good Trace*) ***Read more...***

Thanks to Jeannette Koijane for contributions.

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