



What the Media Said about End-of-Life Care This Week April 26, 2021 A Service of Your State Association

ARTICLE EXAMINES THE PUSH TO EXPAND PALLIATIVE CARE

A *STATELINE* article from *Pew Charitable Trusts* examines the push to expand the use of palliative care. “Long-Haul COVID Renews Push to Expand Palliative Care” explores the efforts of providers of palliative care, as well as medical organizations, in pushing for expansion of palliative care to more Americans. If successful, their efforts would result in a permanent Medicare and Medicaid benefit for such care.

Studies show, says the article, that palliative care serve patients well, and results in better quality of life and better management of symptoms. It also lowers healthcare costs, largely because of decreased hospitalizations. Most insurance plans, however, do not offer adequate coverage for palliative care.

Pandemic “long-haulers” add to the numbers who need palliative care. And the pandemic led NHPCO to talk with CMS “to create a home- and community-based palliative care benefit.” With a growing number of seriously ill people who are not eligible for hospice, better access to palliative care is important. James Tulsky, co-director of the Harvard Medical School Center for Palliative Care, says, “There are many patients with significant needs (medical, psychosocial) who are primarily homebound and could benefit from closer monitoring and more in-home services. Currently, the resources available for them are limited.”

Professional groups have “long argued for more community-based palliative care options.” Edo Banach, president of NHPCO, says that efforts have been doubled since facing the urgency of the pandemic. The biggest barrier to expansion, say many advocates, is the continuing belief that palliative care is only for those who are dying. Kate Meyers, with *California Health Care Foundation*, says, “Our health care system tends to do pretty well at treating disease, but where it often falls down is truly taking care of the person—helping them with the physical, emotional, and practical burdens of their disease.” Offering this care at the end of life, says Meyers, is not enough. People need this care much earlier.

Banach says a group of allies ‘have had fruitful conversations with CMS about embarking on such a model.’ This group is calling for an “expansion of a demonstration that CMS has been funding since 2016 called the Medicare Care Choices Model.” The model allows terminally ill persons to receive hospice without giving up other medical treatments. Meyers adds that the need for this care is only going to grow. (*Pew*, 4/20)

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DEALING WITH GRIEF IN A PANDEMIC

The *University of Maryland Baltimore* offers “Virtual Face to Face with President Bruce Jarrell.” The presentation features substitute host Jane M. Kirschling, *University of Maryland Nursing Dean*. Other presenters include Susan Carole Roy, director of pastoral care services at the *University of Maryland*, and John Cagle, associate professor in the School of Social Work there.

In addition to the video discussion, the page offers an examination of grief. Grief is not an emotion, says the page, “but a process by which we come to terms with loss.” Given that description, says the page, “we are all grieving right now.”

The greatest loss right now, says the page, is with those who have lost loved ones during the pandemic. The inability to be with those we care about at the end of life, and the required social distancing at disrupted rituals, the changes in funerals, and diminishment of physical and emotional support all add up to make grief more difficult.

Others who are suffering especially hard are healthcare workers. Healthcare workers, they note, are both “witnesses and victims.” Trainee workers “may have not yet developed personal or professional grief management strategies and are coming into healthcare practice during a time of great disruption to both teaching and clinical care.” Citing a *USA Today* article, the page adds that David Kessler, the founder of Grief.com, says, healthcare workers are “always second-guessing themselves, wondering if they could do more....No one has been trained for this much death.”

They cite another article from *Psychoneuroendocrinology*, where *Rice University* researchers say “that the effects of grief, particularly long-term or ‘complicated grief’ may be as physically damaging as any disease. Among the list of grief-induced maladies are trouble sleeping, higher blood pressure, depression, even serious inflammation.”

The presentation, including questions from participants, and links to the articles noted here, are online at the link below. (*University of Maryland*, 4/23)

[Access the presentation here.](#)

HOSPICE NOTES

* Jose Garza, operations manager for a hospice of the Merida Group, has been sentenced to serve 27 months in prison. Garza wrongly convinced “thousands of patients with long-term incurable diseases that they had less than six months to live,” and they enrolled in hospice offered by the company. Physicians were offered kickbacks, says the Justice Department release. Garza pleaded guilty in 2019. The owner of the Merida Group was earlier sentenced to 20 years in prison and the CEO to 15 years. Garza was ordered, in addition to his sentence, “to pay \$4,700,000 in restitution.” (*US Department of Justice*, 4/21) [Read more...](#)

* An article in *Journal of American Geriatrics Society (JAGS)* is titled, [“Live discharge from hospice for people living with dementia isn’t ‘graduating’-It’s getting expelled.”](#) The authors write in response to an earlier article that says, “a substantial portion of hospice enrollees with dementia -as many as one in four - will have their hospice experience disrupted by a ‘live discharge,’ which refers to patient- or hospice-initiated disenrollment from hospice while still alive.” When hospice ends, patients lose access to their healthcare team, DME, prescriptions, and medical supplies. Caregivers must scramble to replace these resources—which takes a lot of energy. These dementia patients require more care and their caregivers are more burdened than those of patients with no dementia. The authors call for creation of a system so that patients with dementia so patients and families get the care they need. (JAGS, 2/19) [Read more...](#)

* Liana Karapetyan pleaded guilty “to one count of conspiracy to commit health care fraud and one count of conspiracy to pay and receive health care kickbacks.” Overall, Karapetyan and others “caused 8,000 claims to Medicare for the cost of home health care and hospice services.” From these claims, the agencies received \$31 million. Sentencing is set for August 26. (*The United States Attorney’s Office Eastern District of California*, 4/22) [Read more...](#)

PALLIATIVE CARE NOTE

* Nephrologists and palliative care clinicians who participated in a survey indicate that a lack of coordination is “the primary obstacle to integration effective end-of-life care into chronic kidney disease care.” Yet, referrals for palliative care consultations remain low. The barriers to these referrals, say 65% of the survey participants, is caused by fragmentation of patient care such as poor communication and coordination. Reluctance of patients and families to “discuss prognosis, palliative care or hospice is named as a barrier by 49%. And 39% say having providers at different locations is a problem. All participants call for “interventions that prepare patients and families for treatment-related decision-making...” (*Healio*, 4/21) [Read more...](#)

END-OF-LIFE NOTES

* An article in *Anaesthesia*, the Journal of the Association of Anaesthetists with international scope, is titled “Medical and ethical experts say ‘make general anaesthesia more widely available for dying patients.’” While both painkilling medications and deep sedation are used with terminally-ill patients, these interventions, for some says the article, are not enough. Some want to be unconscious as they die. Some just want to sleep. The authors make it clear that they are not talking about assisted dying. They are focusing on comfort. General anesthesia is a tool to help dying patients manage their final days. Of course, they note, patients should understand all of their options and be helped to make informed choices. (*Anaesthesia*,4/20) [Read more...](#)

* A study by *Oregon State University* says policies that focus on misuse of opioids “may have the unintended side effect of limiting access to the pain-relieving drugs by terminally ill patients nearing the end of their life.” Researchers reviewed over 2500 hospice patients over a nine-year period and noted “a decreasing trend of opioid prescriptions, as well as an increase in the prescribing of less powerful” medications. The study was published in the *Journal of Pain and Symptom Management*. With more than 60% of terminal cancer patients reporting “very distressing pain,” optimized pain management is critical. (*KTVZ News*, 4/20) [Read more...](#)

* An opinion article in *STAT* is titled “For-profit nursing homes and hospices are a bad deal for older Americans.” The author is Haider Warraich, a cardiologist, research and writer at the VA Boston Healthcare System, Brigham and Women’s Hospital, and Harvard Medical School. Warraich says six studies show “that the risk of infection or death from Covid-19 was significantly higher in for-profit nursing homes.” And his own research, he says, shows that, “even as the cost of hospice care is increasing, the quality of care is plummeting.” “Nursing homes and hospices have been not traditionally been scrutinized like hospitals or other entities in health care,” says Warraich, who adds, “That must change.” He calls for Biden’s administration to “prioritize studying for-profit business practices in elder care.” (*STAT*, 4/19) [Read more...](#)

* A physician-assisted suicide bill in Connecticut has once again stalled. The bill faced a divided legislature and citizenry for years. State Senator Will Haskell, a Democrat from Westport, supported the bill. He says he’ll try again to pass the bill in the future. (*WSHU*, 4/22) [Read more...](#)

* A series of articles in North Carolina’s *Sun Journal* focuses on issues related to end of life. The articles in the series address end-of-life legal documents, changes in the funeral home business, how Americans relate to death, and hospices and how they have been impacted by COVID-19. A link at the article below provides links to each of the articles. A subscription may be required. (*Sun Journal*, 4/21) [Read more...](#)

OTHER NOTES

* A *Washington Post* and *Kaiser Family Foundation* poll reports on the toll that covid has taken on healthcare workers. Three out of 10 of those healthcare workers surveyed say that they have considered leaving the healthcare profession. Sixty percent “say stress from the pandemic has harmed their mental health.” Their stress comes not only from the personal losses they have faced, but the refusal of many of the public to take basic precautions. The lack of equipment, said one worker, makes “you feel expendable.” Most feel respected by the public and their patients. Yet, six in ten of the survey participants say Americans are not taking enough precautions. Many of the responders say that they are disillusioned by the exposure of “the broken parts of America’s health-care system.” Experts worry about lack of access to healthcare providers, PTSD, anxiety, depression, substance abuse and suicide.” The article discusses the survey results in depth. (*Washington Post*, 4/22) [Read more...](#)

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