What the Media Said about End-of-Life Care This Week
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AUTHOR ISSUES CALL FOR CMS TO MAINTAIN TELE-HOSPICE AND TO UPDATE CARE MODELS

An article in *Medscape* urges providers, "Don't Neglect Quality Care in Patient's Final Days – Maintaining tele-hospice and updating care models are essential." Physician Kurt Merkelz, senior vice president and chief medical officer of *Compassus*, is author of the article.

Even though hospices have seen a significant increase in telehealth during the pandemic, "the opportunity for hospice to leverage telehealth to its fullest potential to impact care for the most frail and vulnerable may not outlast the pandemic." That is because CMS, Merkelz says, has not completely understood the added value to patients, and did not add codes for telehealth hospice visits in the CMS Fiscal Year 2022 Hospice Payment Update Proposed Rule.
By not adding these codes, and failing to create a "mechanism to collect telehealth claim data, *CMS* undervalues the total impact of all visits, including in person and telehealth." This undercuts the value of telehealth and disincentivizes hospice providers' utilization and investments in telehealth.

Merkelz is also critical of *CMS's* creation of Hospice Visits in the Last Days of Life (HVLDL) which replaced the Hospice Quality Reporting Program (HQRP), and removed a section of the Hospice Item Set (HIS) discharge measures. The HVLDL only captures data "for the proportion of patients receiving in-person visits by a registered nurse or social worker in at least 2 of the last 3 days of life." This is a flawed methodology, Merkelz says. It "invalidates the value and impact on hospice patient outcomes of chaplains, licensed practical nurse and aides – all critical and valued IDT team members throughout a patient's end-of-life journey." Merkelz examines the values of these team members.

***CMS's* Hospice Care Index, Merkelz says, is confusing.** *CMS* proposed to look at number of minutes a nurse is in the home during routine home care, and to view the time between nursing visits of more than 7 days. The measuring of number of minutes of care does not, in Merkelz's mind, equate to quality. "To those of us deeply invested in hospice quality outcomes," Merkelz says, "it's difficult to discern what kind of outcomes could be associated with this measure. Where did this standard come from, and at what point is a nurse visit 'long enough' to create the best outcome? Patient-centered care should be the goals, not the number of minutes that have elapsed during or between visits."

Overall, says Merkelz, "Looking only at claims-based visit data provides a very narrow view of hospice that is not reflective of the true value delivered to Medicare hospice beneficiaries. This may cause hospices to lean away from developing new models of care that improve quality and service."

He does note that the Hospice Outcomes and Patient Evaluation (HOPE) assessment, are "a step in the right direction." He applauds this effort and says, "The industry needs more of that kind of thinking – regulations and recommendations that build incentives for better care and better outcomes for Americans at the end of life." (*Medscape*, 6/6, https://www.medpagetoday.com/opinion/second-opinions/92940?xid=nl_mpt_DHE_2021-06-07&eun=g963454d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=Daily%20Headlines%20Top%20Cat%20HeC%20%202021-06-07&utm_term=NL_Daily_DHE_dual-gmail-definition)

ARTICLES SHARE SUPPORT FOR MEDICAL CANNABIS

Two recent articles explore and support the value of medical cannabis. "Cannabis makes gains in the medical

community" appears in *The Seattle Times.* It is important to note that the author of this article is *The Bakeree,* a Seattle business that sells cannabis products. Mary Brown, founder of *SMJ Consulting* at the Seattle-based integrative health *AIMS Institute,* shares that when she started working with physicians 15 years ago, "'They were reluctant to even engage in conversations about the potential benefits of cannabinoid therapy.'" Professionals were afraid of unwanted repercussions.

But as the efficacy of cannabis, and public feedback grew stronger, there was an increased willingness to enter open conversation. The 2018 approval of Epidolex, the first "whole plant cannabis-based prescription medicine, served as a significant turning point. Now, Brown says, there are increasing invitations for her to speak and to offer education.

Patients are also "responding positively to the integration of cannabinoids in oncological, neurological and palliative care, but many still have questions." Patient barriers to using the cannabinoids are being discussed as well, with patients being offered more education and guidance. In Seattle, Brown reports, there are more citizens using cannabinoids, "but there's a lack of medically formulated products available." Now that medical and scientific communities are working together, quality products are increasingly helping to move acceptance of cannabis forward.

A second Washington article, printed in *The Spokesman-Review,* features an article by Dr. Zora Paster. Paster shares his support of medical Marijuana. "Dr. Zorba Paster: Medical marijuana is a good option for helping people deal with pain" is written by Paster, a family physician and host of pubic radios "Zorba Paster on Your Health."

Paster says that in Wisconsin, where he lives, marijuana is illegal for any purpose. It is a "touchy subject," he says, "but then again so was hospice when it first started." He argues for the legalization of medical marijuana.

The number one use of medical marijuana, he says, is to manage chronic pain. The usual medical treatments, while "terrific," also lead to numerous side effects. Paster reviews the limitations of medications that are currently used. **He points to a study just published in the *British Medical Journal.* "After controlling for population characteristics and other potentially influential factors, the researchers found that counties with a higher number of active cannabis dispensaries were associated with reduced opioid-related mortality rates."**

Paster compares tolerance for marijuana with acceptance of alcohol. Though there are some negative outcomes with alcohol, "we live with that." Of marijuana, he says, "We should approve it, tax it and regulate it just like we do booze." Paster argues that his patients deserve access to medical marijuana. "If we do that," he says, "we just might see fewer opioid deaths if we push our legislators to do the right thing." (*The Seattle Times,* 6/4, https://www.seattletimes.com/sponsored/cannabis-makes-gains-in-the-medical-community/; *The Spokesman-Review,* 6/2, https://www.spokesman.com/stories/2021/jun/02/dr-zorba-paster-medical-marijuana-is-a-good-option/)

HOSPICE NOTES

*** Several South Carolina hospices with in-patient facilities are partnering with the South Carolina Department of Health and Environmental Control. The hospices will allow use of their facilities when weather emergencies or disasters leave people in need.** Housing for people who have serious medical needs, but do not need hospitalization, is the concern that is being addressed. This plan will help provide support to persons who need more than what a typical shelter can provide. (*SCNOWS,* 6/4, https://scnow.com/news/local/dhec-partners-with-hospice-facilities-to-offer-medical-need-shelters-during-disasters/article_582600fe-c56b-11eb-9d62-8f766efc5ab5.html)

*** The United States and Tennessee have filed suit against *Curo Health Services,* which includes *Avalon Hospice.*** The suit claims that the agency "knowingly submitted false claims for hospice services for ineligible patients since at least 2010." The suit cites efforts made to increase hospice admissions and discourage discharges from hospice. (*The Tennessean,* 6/3, https://www.tennessean.com/story/news/crime/2021/06/03/tennessee-hospice-company-filed-false-medicare-claims-lawsuit-claims/7525007002/; *Justice.gov,* 6/1, https://www.justice.gov/usao-mdtn/pr/united-states-and-tennessee-file-suit-against-curo-health-services-and-related-entities)

* ***LHC Group* operates 120 hospices. Now, it is buying *Heart of Hospice* from *EPI Group, LLC,* based in**

Charleston, SC. The purchase, scheduled for completion in third quarter 2021, will acquire 16 hospices serving in Arkansas, Louisiana, Mississippi, Oklahoma and South Carolina. (*Yahoo!finance,* 6/3, https://finance.yahoo.com/news/lhc-group-lhcg-expands-hospice-192807293.html)

* ***Resolution Care* is a palliative care company that uses "telemedicine to help people live out their lives comfortably and on their own terms in the face of serious-often fatal-illness."** The company works to meet patient and family needs and improve quality of life. The company offers services that range from assuring housing security to assuring adequate groceries. Patients are helped to navigate healthcare services and engage in advance care planning. ***Vynca* is a company that creates "technology and analysis to help patients and providers document and share end-of-life planning documents, reducing medical errors, adverse efforts and unwanted healthcare utilization." *Vynca* has now purchased *Resolution Care.*** The goal is that more people will get "the personalized care they deserve." **Plans are to "partner and collaborate with hospices around the country."** (*North Coast Journal*, 6/4, https://www.northcoastjournal.com/NewsBlog/archives/2021/06/04/resolution-care-sells-to-healthcare-tech-company-in-merger-that-could-lead-to-national-expansion)

*** Pediatric hospice and palliative care providers are increasingly "turning to methadone for those patients rather than more frequently used pain medications like morphine."** Pediatric pain management is complex, notes an article in *Hospice News.* Using any opioids with children is challenging. The use of methadone, especially due to its half-life in children, requires that clinicians be trained and experienced. A 2019 survey revealed that 23% of survey participants reported they did not use methadone and did, instead, use long-acting opioid. The other 67% "reported they do not prescribe any long-acting opioid." The article explores the challenges of using methadone in pediatric care. It also notes guidelines for methadone use developed in 2019 by US and Canadian experts. **"Hospice providers have increasingly turned to methadone as an effective and cost-effective method of managing patients' pain, but often lacked guidance on safe practices for prescribing and administering the drug."** (*Hospice News,* 6/4, https://hospicenews.com/2021/06/04/hospices-weigh-using-methadone-for-pediatric-pain-management/)

PALLIATIVE CARE NOTES

* **Postdoctoral fellow Rachel Wells, at the *University of Alabama at Birmingham School of Nursing,* has been awarded a nearly one-million-dollar grant "to study how to optimize early palliative care intervention for persons with advanced heart failure."** The award comes from *NINR, NIH.* More details of the plan are online at the link below. (*UAB*, 6/2, https://www.uab.edu/news/research/item/12079-uab-fellow-receives-nearly-1-million-in-funding-for-palliative-care-study)

* ***Geripal* shares a podcast titled "Palliative" Inotropes?!?** Cardiologist Haisder Warraich, and palliative care fellow Anne Fohlfing, present the podcast. The podcast if online at the link below. (*Geripal*, 6/3, https://www.geripal.org/2021/06/palliative-inotropes-podcast-with.html)

END-OF-LIFE NOTES

*** *JAMA's* "The Challenge of Knowing," features physician Jessica Kalender-Rich's experience of coping with her father's medical decline while "knowing" the eventual poor outcome of his serious illness.** She shares her own story and reflects on her teaching of medical students on how to talk with patients who are seriously ill. She shares how she told her father that he was in charge of the outcomes. Physicians have a drive to be "fixers." She focuses on when we know death is imminent and fail to talk about it. (*JAMA*, 6/1, https://jamanetwork.com/journals/jama/fullarticle/2780486)

* **An article in the *Journal American Board of Family Medicine* explores deactivating cardiac defibrillators (ICDs) in patients who are nearing the end of life.** Though such recommendations were issued a decade ago, "over half of patients with ICDs who are dying still have not been offered the choice of deactivation." The authors call for all physicians to understand oversight of patients' end-of-life needs relative to ICDs; to discuss the issue while patients are still able to make decisions, beginning at time of implantation of the device; and to use all communication access, including visual communication devices, to examine patients' goals in care, "including

defibrillator deactivation." (*Journal American Board of Family Medicine,* May-June 2021, https://www.jabfm.org/content/34/3/474; *docwirenews* 6/5, https://www.docwirenews.com/abstracts/implantable-cardiac-defibrillator-deactivation-during-end-of-life-care-in-the-covid-19-pandemic/)

GRIEF AND ADVANCE CARE PLANNING NOTES

* ***End of Life University*'s podcast "Grief Dreams and What We Learn from Them" is now available online.** Dr. Joshua Black shares about impactful dreams during grief, and the need to pay attention to them. (*End of Life University*,5/31, https://eolupodcast.com/2021/05/31/ep-301-grief-dreams-and-what-we-learn-from-them-with-dr-joshua-black/?mc_cid=ec84c3656a&mc_eid=d0771da91c)

* **An article in *Forbes* explores anticipatory grief.** Anticipatory grief is "the experience of knowing that a change is coming, and starting to experience bereavement in the face of that." The article explores the nature of anticipatory grief and the types of situations in which anticipatory grief emerges. Examples of situations that often lead to anticipatory grief include times of end-of-life care, caring for chronically ill children, learning of degenerative disease, and numerous other life events. Studies show that younger caregivers and patients tend "'to report higher ratings of anticipatory grief.'" The article explores feelings during anticipatory grief, the stages of this grief, and possible benefits of anticipatory grief. Additionally, the authors offer tips for dealing with this grief. (*Forbes,* 6/1, https://www.forbes.com/health/mind/what-is-anticipatory-grief/)

* **An article in *Medscape* examines that role that hospitalists have in advance care planning (ACP).** The article recognizes the discomfort that some clinicians have about ACP. The author recommends The *Serious Illness Conversation* Guide and *Vital Talk training*, (*Medscape,* 5/27, https://www.medscape.com/viewarticle/951987#vp_2)

* **"The 'Grief Pandemic' Will Torment Americans for Years" is a *Kaiser Health News* publication that also ran in *USA Today.*** The article examines the stories of several individuals and looks at the larger issues of grief. Covid, says the article "increases the risk for prolonged grief disorder also known as complicated grief, which can lead to serious illness" and other difficult outcomes. (*Kaiser Health News,* 6/2, https://khn.org/news/article/covid-grief-pandemic-will-torment-americans-for-years/; *USA Today*, 5/30, https://www.usatoday.com/story/news/nation/2021/05/30/grief-pandemic-torment-americans-years-experts-say/5263492001/)

OTHER NOTES

* "**Physician-Assisted Suicide Fast Facts - CNN" provides an overview of facts, data, and a timeline of physician-assisted suicide in the US.** (*News Quotes Shine,* 6/1, https://keyt.com/news/national-world/2021/06/01/physician-assisted-suicide-fast-fa

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