What the Media Said about End-of-Life Care This Week
November 2, 2021
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NHPCO REPORTS ON 2021 HOSPICE *FACTS AND FIGURES*

NHPCO's 2021 edition of *NHPCO Facts and Figures* reveals that there is a continuing 'growth in the number of hospice patients with non-cancer diagnoses, including a principal diagnosis of Alzheimer's, dementia, or Parkinson's, which represented more than four times the number of patients who had cancer." The data from 2019 reveal that there is progress in serving Hispanic and Black Medicare beneficiaries. Admissions are still late, too often, with 25% of hospice patients receiving care for five days or less. And another 10% receive care for two days or less. In 2019, "51.6 percent of all Medicare decedents were enrolled in hospice at the time of death."

NHPCO issued a press release with highlights of the *Facts and Figures.* There is also downloadable access to the full report. Section one of the report reviews hospice basics including location of care, levels of care, and volunteer and bereavement services. Section two examines demographics, and offers an overview of who receives hospice services. Section three explores data related to days of care, lengths of stay, discharges and transfers, and location of care.

There has been a 3.9 percent of increase in the number of Medicare beneficiaries served by hospices between 2018 and 2019. Overall, the number of Medicare decedents using hospice services for one or more days grew from 48.6% in 2015 to 51.6% in 2019. Of interest, decedents enrolled in Medicare Advantage (MA) plans is "a bit higher than among Traditional Medicare users." Numbers in both groups continue to grow.

Of all Medicare decedents who use hospice, 56.2% are women, with 46.7% being men. Of all Medicare decedents in 2019, 53.8 percent of white beneficiaries, 42.7% of Hispanic decedents, 40.8% of all Black decedents; 39..8% of all Asian American decedents, and 38.5% of all American Indian/Alaska Native decedents utilized hospice care. "As of 2019, about 71 percent of hospices were for-profit, 26 percent were nonprofit, and 3 percent were government owned."

Total days in hospice care grew from 95.9 million in 2015 to 121.8 million in 2019. Average days of care varied according to location where care was received. Medicare expenditures for hospice grew from $15.9 billion in 2015 to 20.9 billion in 2019. Days of routine home care account for 98.2% of all levels of care, followed by 1.2% in GIP, .3% in respite care, and .2% in continuous home care. There were 4,092 hospice providers in 2014, and that number has grown, in 2019, to 4,840. Between 2018 to 2019, the number of for-profit hospices grew by .2 percent, while government run hospices shrank by 5.7%.

The press release is at the link below, and the full report may be downloaded from there. (NHPCO release, 10/28, https://www.nhpco.org/nhpcos-new-facts-and-figures-report-shows-changes-in-hospice-patient-diagnoses/)

CAN PROVIDERS MAKE DEATH MORE DIFFICULT?

Modern medicine is responsible in part, says geriatrician and palliative care specialist Diane Meier, for creating more fear of death. Meier, a professor in New York at Mount Sinai School of Medicine, is featured in an article in playcrazygame. When caregivers intervene in the natural process of death, says Meier, "We make everything complicated and difficult." Healthcare providers work to prolong life, but sometimes this is not a benefit to patients. Because of medical interventions, says Meier, "relief from the patient's suffering has been ignored in recent decades." Palliative care, says Meier, serves "those who want to improve their quality of life and that of their loved ones.:

Meier notes the palliative care serves anyone who perceives a need to deal with pain, stress, and suffering. The multidisciplinary team help patients face the myriad of challenges they face with serious illness. Meier wrote early in her career that palliative care is difficult because we are
"'approaching the goals of care in a culture that did not admit other goals besides healing.'"

We have interventional tools that are used indiscriminately—regardless of ability to return patients to quality of life. "There is a failure to recognize," says Meier, "that our interventions can be wonderful in one patient, but only a form of torment in another." Meier address assisted suicide and fears people may seek it because of "financial pressures and a healthcare system that restricts access to good care."

Most often, Meier contends, death is peaceful. "We make everything complicated and difficult by trying to intervene in the natural process of dying…" Not enough doctors are trained to know when someone is dying. (playcrazygame, 10/27, https://playcrazygame.com/2021/10/27/we-make-death-more-difficult-when-we-try-to-intervene-says-specialist-in-palliative-care-10-26-2021-folha-seminars/)

HOSPICE NOTES

*** Encompass Health Corp filed a lawsuit in District Court in Dallas. The lawsuit seeks "an injunction against former executive April Anthony.** Encompass says Anthony breached "her employment agreement with Encompass Health, including breach of non-competition and non-solicitation obligations, and for misappropriation of trade secrets." Multiple sources shared that Anthony was meeting with them and encouraging them to leave the company, in direct conflict with her legal obligations. (*PR Newswire,* 10/26, https://www.prnewswire.com/news-releases/encompass-health-files-lawsuit-against-former-executive-april-anthony-for-breach-of-non-compete-and-non-solicit-agreements-301409178.html)
* **The Build Back Better Act contains provisions to support hospice and palliative care.** In Section 31007 "provides $30 million in funding to support training of health professionals in palliative and hospice care, foster patient and family engagement, integration of palliative and hospice care with primary care and other appropriate specialties, and collaboration with community partners to address gaps in health care for individuals in need of palliative or hospice care." (Build Back Better Act, https://rules.house.gov/sites/democrats.rules.house.gov/files/Section_by_Section_BBB.pdf; *CNN*, 10/30, https://www.cnbc.com/2021/10/30/the-3-big-ways-democrats-social-plan-would-expand-health-coverage.html)

PALLIATIVE CARE NOTES

*** An article in *Pulmonary Fibrosis News* urges practitioners to discuss palliative care with patients soon after diagnosis with pulmonary fibrosis.** The article says, "'Palliative care can offer peace of mind to patients as they face a life-threatening illness.'" (*Pulmonary Fibrosis News,* 10/27, https://pulmonaryfibrosisnews.com/2021/10/27/discuss-palliative-care-soon-after-diagnosis-pf-foundation-urges/)

* "**DNRs Muddy Waters in Acute MI Care as Palliative Services Fall Short" appears at TCTMD's website. "TCTMD is the most comprehensive on-line resource in interventional cardiology…"** Of patients with acute MIs, says the article, one in eight have a DNR, and they are more common among white patients and women. The article explores the ways cardiologist interpret a DNR, with some deciding to do the bare minimum for patients, which the article calls a "misunderstanding." The article provides a deep dive into this and calls for more palliative care among MI patients. (TCTMD, 10/27, https://www.tctmd.com/news/dnrs-muddy-waters-acute-mi-care-palliative-services-fall-short)

END-OF-LIFE NOTES

*** Colorado's *Northglenn/Thornton Sentinel* shares an article about a Denver business that offers water cremation.** The business, Be a Tree Cremation, is the second water cremation company in the state. The article describes the process and explains more about the details of the business. The goals are "to help people live on through nature, and to reduce the carbon footprint of the funeral industry…"(*Northglenn/Thornton Sentinel,* 10/25, https://northglenn-thorntonsentinel.com/stories/denver-business-offers-water-cremation-as-end-of-life-alternative,384035)

* **KQED, an NPR affiliate, offers "How To Have Effective Conversations About Death."** The interview features Liza Hanks, an estate planner, Michael Hebb, an author and Dr. Sunita Puri, a palliative medicine physician. The audio is online at the link below. (KQED,10/25, https://www.kqed.org/forum/2010101886144/how-to-have-effective-conversations-about-death)

*** Arthur Caplin, medical ethicist at New York University Grossman School of Medicine, writes "No One Should die Alone: Changing End-of-Life Care During Covid."** One of the toughest issues during the pandemic, says Caplan, is the separation of dying patients from their loved ones. He argues, "If a family member is willing to go into the room with a person, we owe it to them to provide protective gear, explain the risks of being there, and let them make the decision as to whether they want to take that risk to be with their dying loved one." Caplan also believes hospice needs "more iPads, iPhones, or possibilities for electronic communication that are easy to use so that someone who is really ill, elderly, or has dementia can use those technologies to have a semblance of stimuli and even a sense of companionship." The link below includes a video of Caplan as well as text. (*Medscape,* 10/26, https://www.medscape.com/viewarticle/958435)

* **Physician Nicholas Gideones is with family medicine at Oregon Health Sciences University and is medical director at Kindred Hospice in Portland and Salem. With concerns of access, Gideons is suing to remove Oregon's law that denies access to Oregon's Death with Dignity law for non-Oregon residents.** The October 28 lawsuit "names Oregon Governor Kate Brown and calls on the state to strike down the residency requirement as unconstitutional and unfair." Just in the last year Gideones has had "at least 16 patients residing in Washington, but he has been unable to continue that care to include medical aid in end-of-life situations. (KGW8.com, 10/31, https://www.kgw.com/article/news/lawsuit-death-with-dignity/283-753e851e-1e57-445d-898b-be86260528a9)

GRIEF AND ADVANCE CARE PLANNING NOTES

*** End of Life University offers the podcast "Dealing with Disenfranchised Grief in a Polarized Society."** The session describes disenfranchised grief, tips for coping, and tips on managing grief. Dr. Karen Wyatt, founder, is the speaker in this episode. (End of Life University, 10/25, https://eolupodcast.com/2021/10/25/ep-322-dealing-with-disenfranchised-grief-in-a-polarized-society/?mc_cid=3429a2228c&mc_eid=d0771da91c)

*** Goodtrust has launched a free guide to assist in end-of-life planning.** The guide includes "videos, checklists, ideas, and links to important resources." According to a news release, "It's one of the first guides to also offer steps for protecting anyone's digital legacy, which includes online assets and memories." The guide is online at mygoodtrust.com/end-of-life-guide. (*EIN Presswire,* 10/25, https://www.einnews.com/pr_news/554159051/goodtrust-launches-free-ultimate-guide-for-anyone-to-complete-end-of-life-planning)

*** "How to process grief and find healthy ways to overcome loss" is posted by *BetterUp.*** The article notes that grief follows "many kinds of significant loss,." The article notes many causes of grief, and explains different types of grieving processes including anticipatory, delayed, complicated, cumulative, and collective grief. How to process grief is discussed, noting that there are many grieving styles. A framework for processing grief and other topics are also offered. (*BetterUp,* 10/21, https://www.betterup.com/blog/how-to-process-grief)

* **Prolonged grief disorder (PGD) is now recognized as a disorder by the American Psychiatric Association.** With the grief caused by the pandemic, many more are suffering. "PGD can be diagnosed no sooner than one year after the death of a loved one, and it is defined by daily, intense yearning for the deceased or a preoccupation with thoughts or memories of them." Other symptoms, described in the article in the *Washington Post,* are also required. The article is online at the link below and is also available there in audio. (*Washington Post,* 10/21,https://www.washingtonpost.com/lifestyle/2021/10/21/prolonged-grief-disorder-diagnosis-dsm-5/?wpisrc=nl_sb_smartbrief)

OTHER NOTES

* **A story on *WPSD Local 6*, an NBC affiliate, discusses planning for what happens with social media accounts when we die.** The story discusses ways to deal with “digital footprints.” Consider your “Facebook account, Twitter, Google, Gmail, Google Drive, Amazon, Netflix, Dropbox, and maybe a hundred other accounts only you can sign into.” The story offers tips on taking action, and calls on listeners to do work now to be sure steps are taken to make the accounts easier to manage when we die. (*WPSD Local 6*, 10/25, https://www.wpsdlocal6.com/news/end-of-life-planning-for-your-google-account/article_4ebd374c-3610-11ec-b980-9b3f801d58f6.html)

* **C-TAC shares “New Core Principles for Care Models.”** The focus of the principles is to make sure that “no matter their age, no matter who’s paying for care, not matter the care model—the patient and family have access to care based on what matters most to them.” The document is online at the link below, along with a call for feedback. Basic aims focus on recognizing that care is “person- and family-centered, improving quality of life.” And, “Care is inclusive—reducing inequities and disparities and removing barriers to access and to quality care.” (C-TAC, 10/27, https://www.thectac.org/2021/10/c-tac-releases-new-core-principles-for-care-models/)

Hospice Analytics is the national sponsor of Hospice News Network for 2021. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.