

# The Role of Hospice in the Continuum of Care

---

First National Palliative Care Summit  
Loews Philadelphia Hotel Philadelphia, PA



# Health US - 2010



Published by the National  
Center for Health Statistics,  
March 2011

Source: National Center for Health Statistics. Health,  
United States, 2010: With Special Feature on Death and  
Dying. Hyattsville, Maryland. 2011

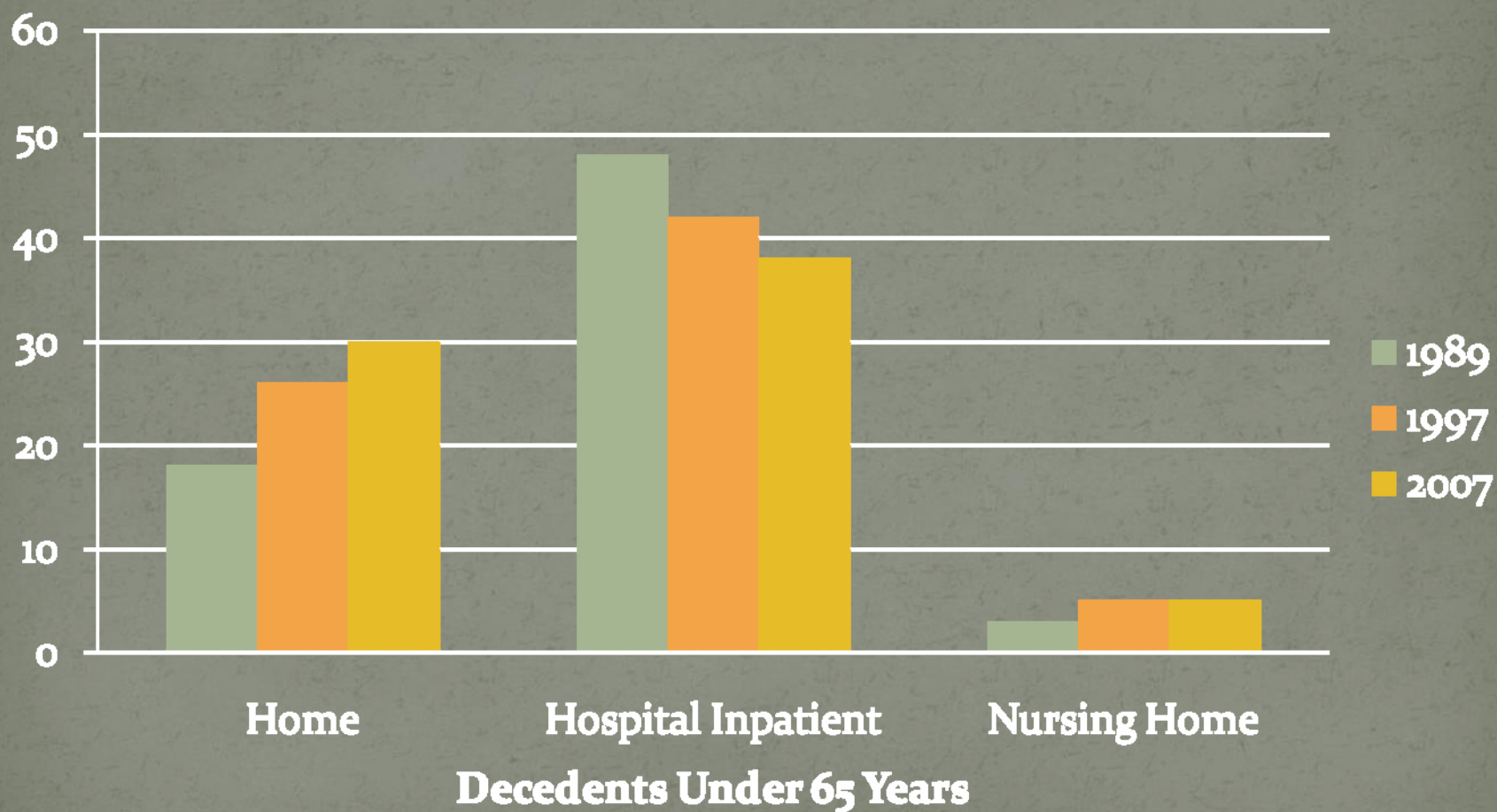
## Special Feature on Death and Dying

### Key Points

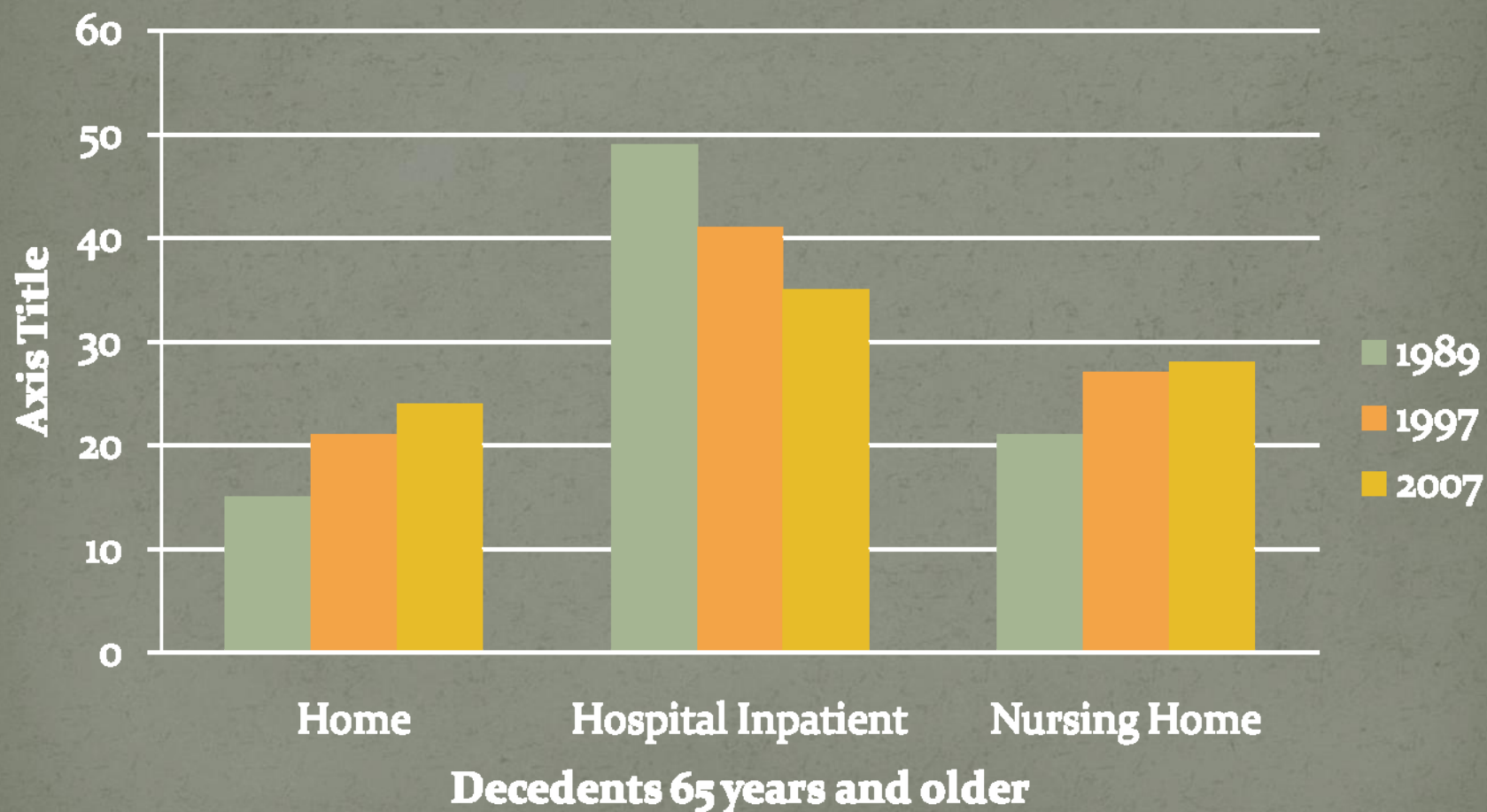
- Dying can be considered a major public health issue
- End-of-life discussions may equal less aggressive medical care near death and with earlier referral to hospice services
- 33% of hospice enrollees had pain near time of death
- High cost of dying:
  - ICU terminal hospitalization = 12.0 days and \$24,541
  - Non-ICU terminal hospitalization = 8.9 days and \$8,548



# Place of Death, Over Time



# Place of Death, Over Time





# Hospice Today

---

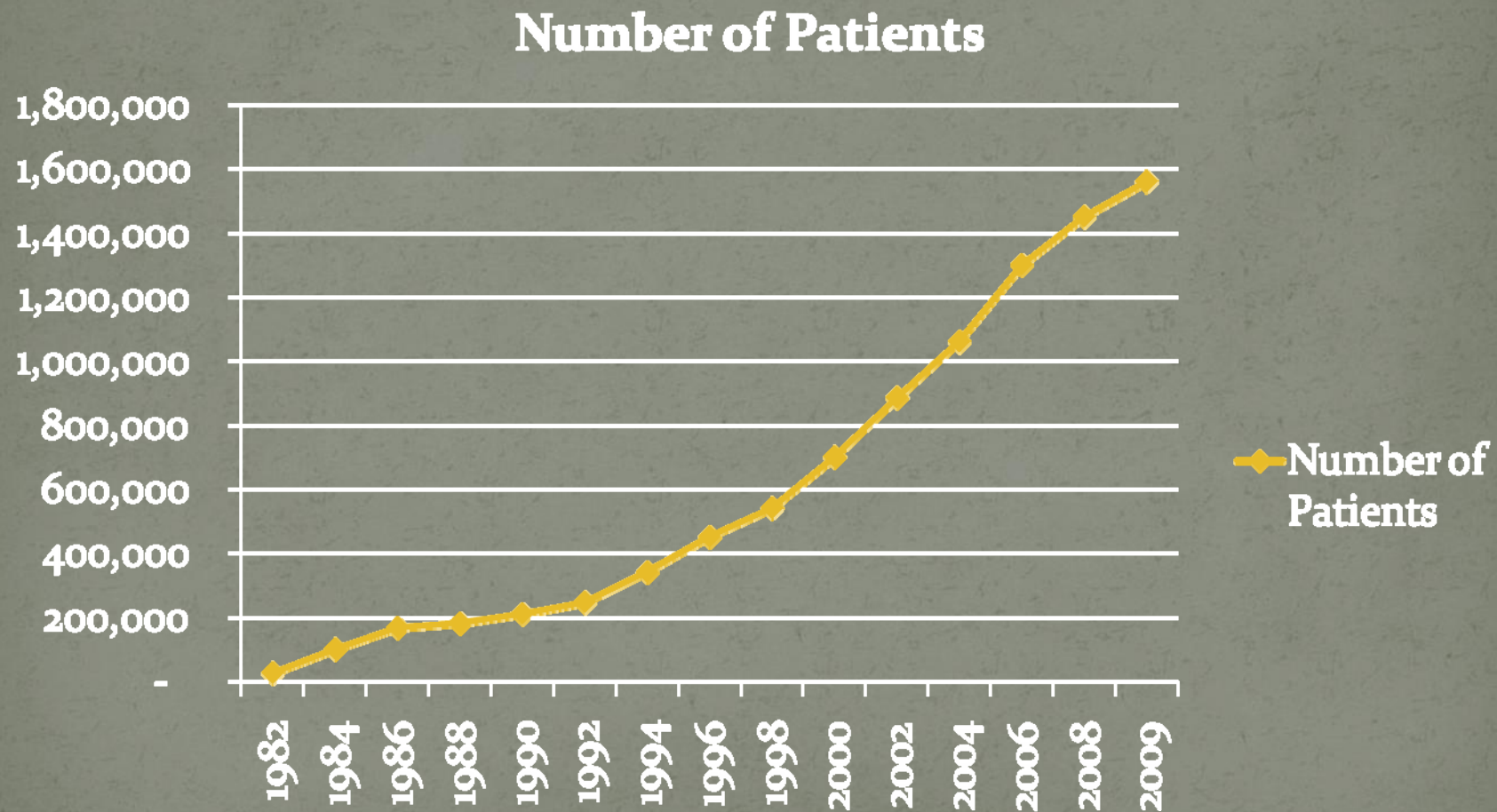


# Core Hospice Values

- Patient and family centered care
- Holistic relief of suffering
- Interdisciplinary team approaches
- Ethical behavior
- Service excellence

Source: NHPCO Member Survey,  
2007

# Patients Served by Hospice in the US 1982-2009

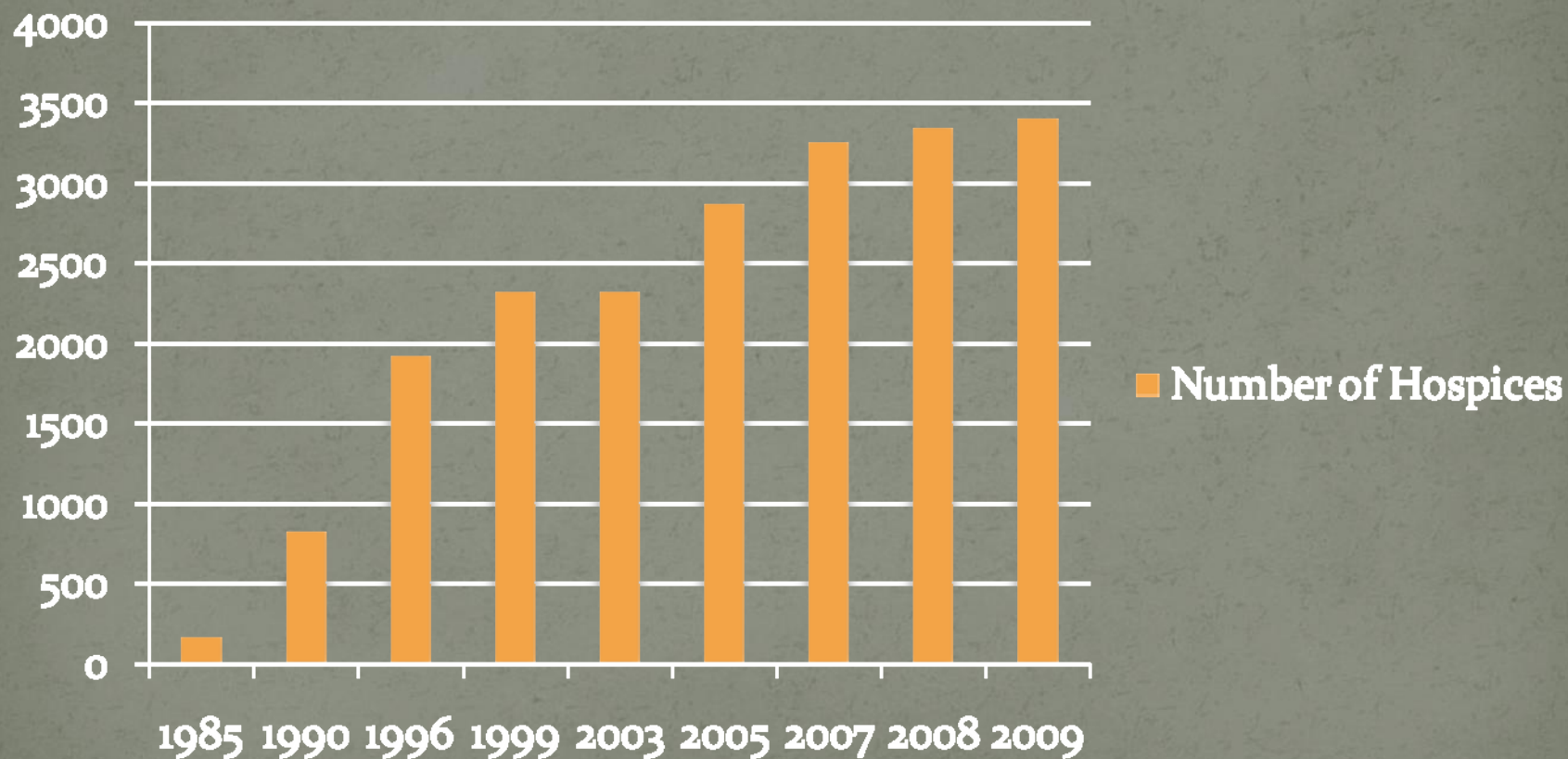


Source: National Hospice and Palliative Care Organization, 2010



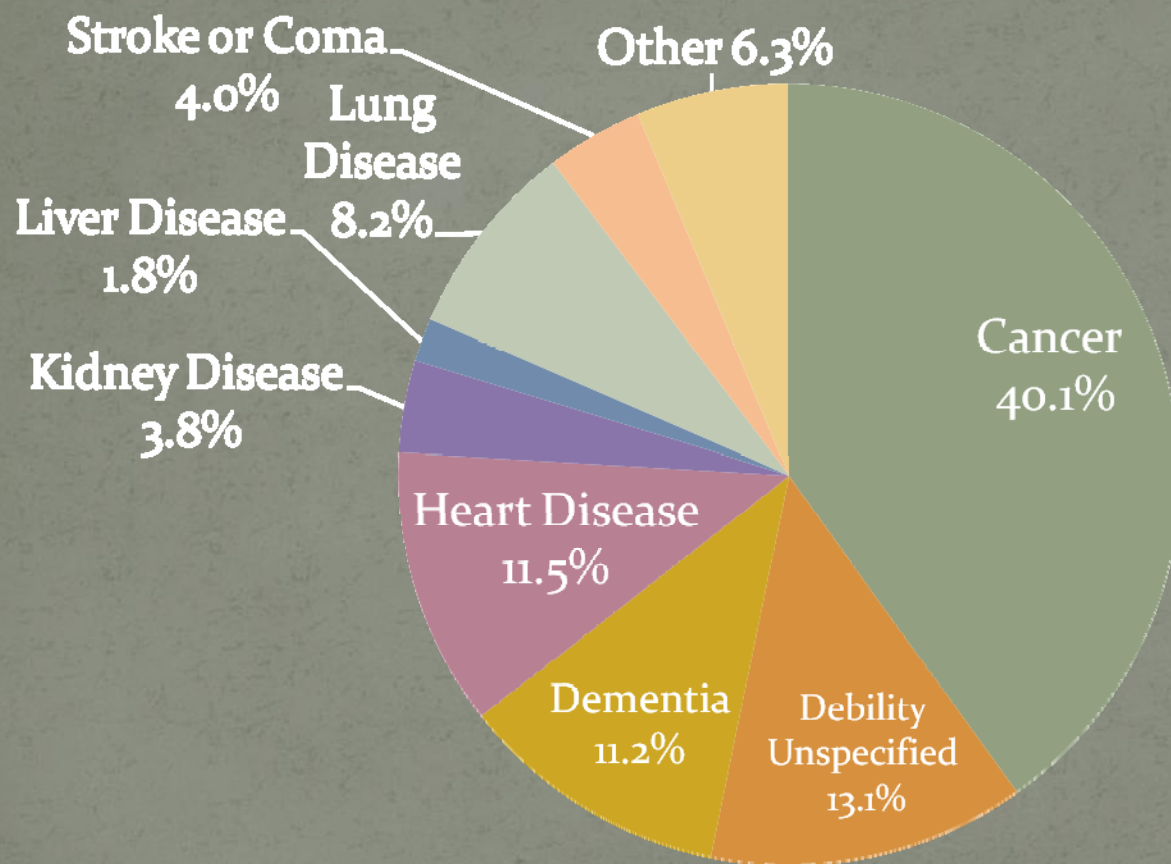
# Number of Hospices

**Number of Hospices**

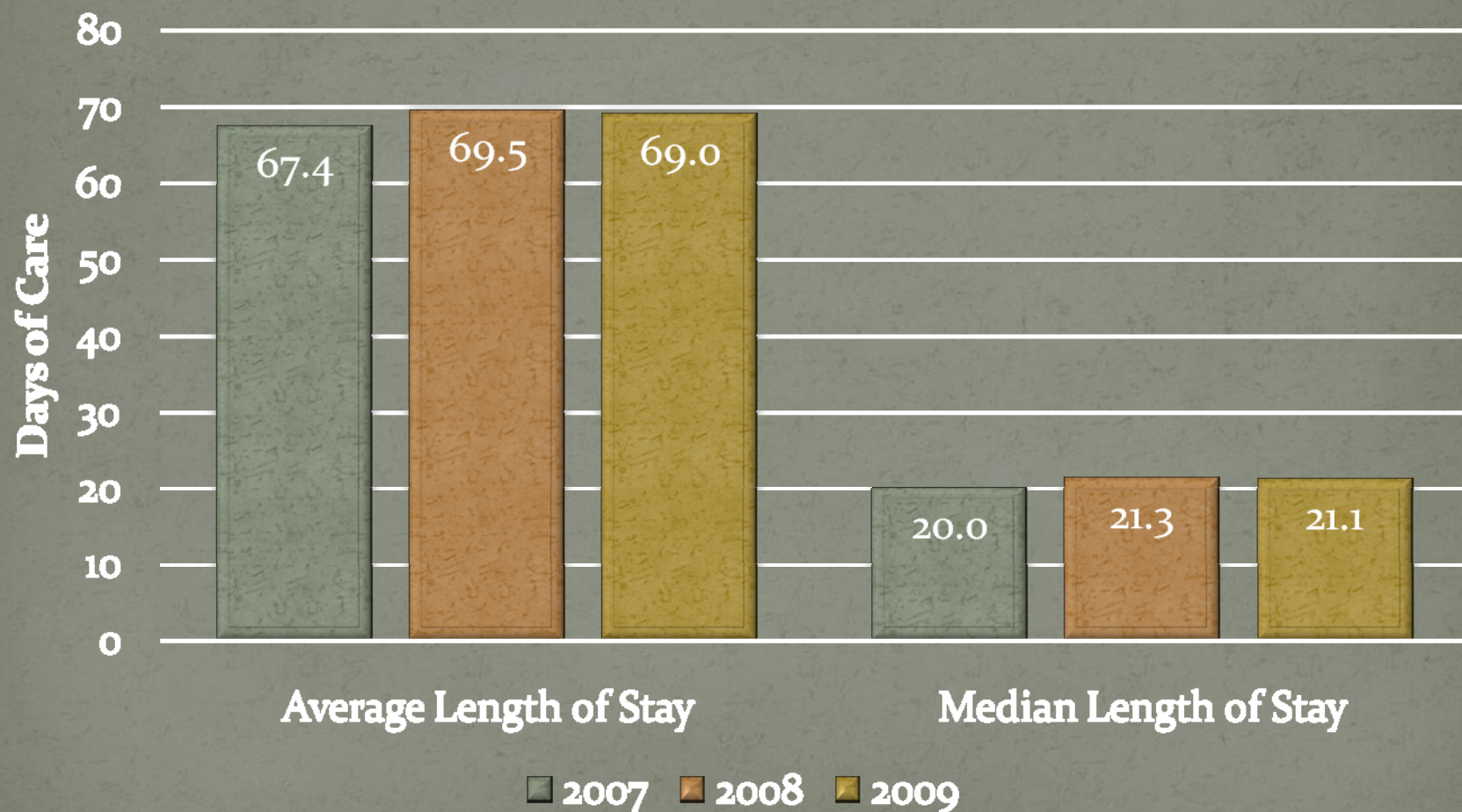




# Diagnoses of Hospice Patients - 2009



# Length of Stay in Hospice



Source: National Hospice and Palliative Care Organization, 2010





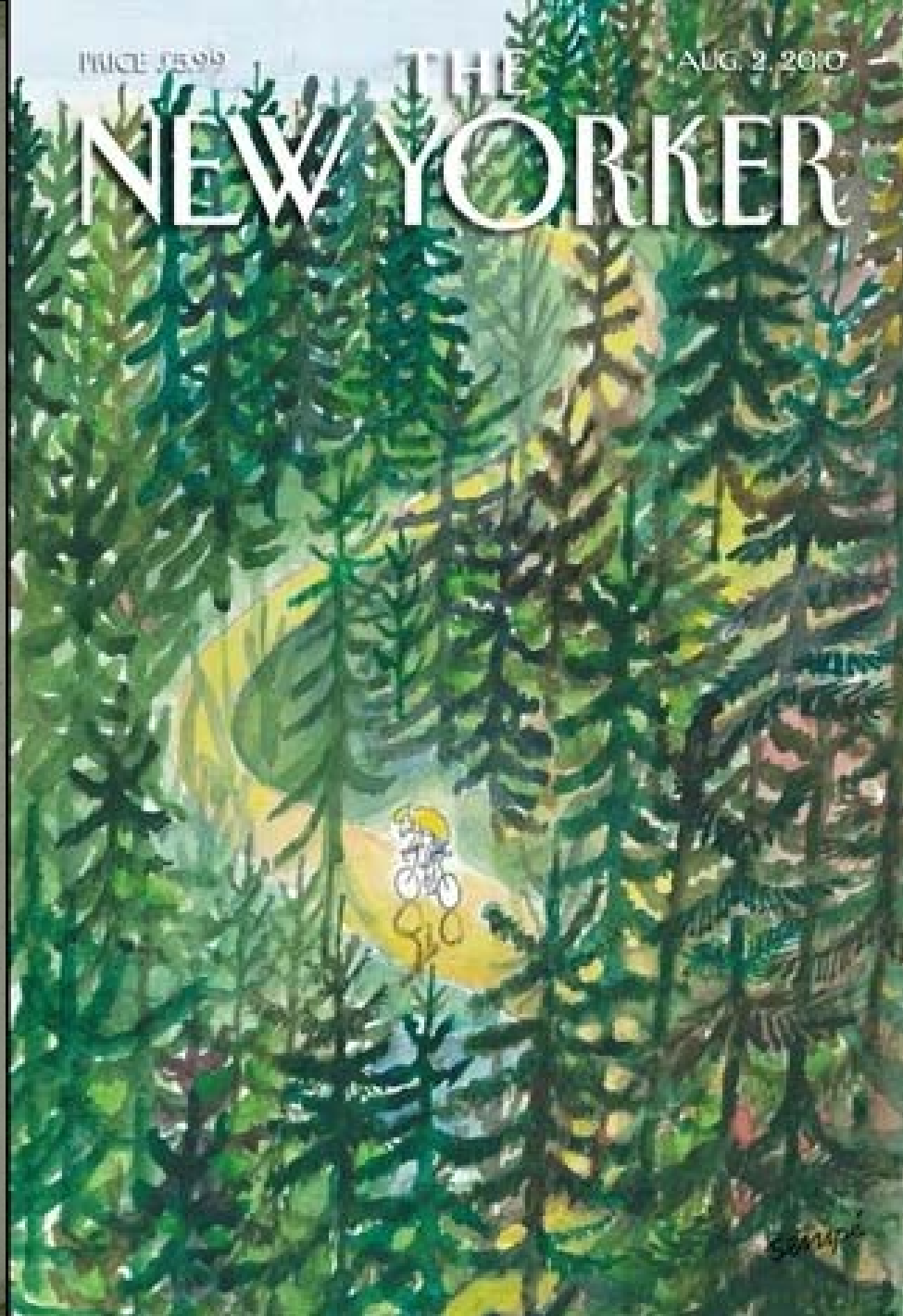
What patients are we missing?

---

PRICE \$5.99

AUG. 2, 2010

# THE NEW YORKER



The New Yorker  
August 2, 2010



# Dr. Atul Gawande

- *“Modern medicine is good at staving off death with aggressive interventions – and bad at knowing when to focus, instead, on improving the days that terminal patients have left.”*

Dr. Gawande continues...

*Medicine exists to fight death and disease, and that is, of course, its most basic task.*

*Death is the enemy. But the enemy has superior forces. Eventually, it wins.*

*...in a war that you cannot win, you don't want a general who fights to the point of total annihilation.*





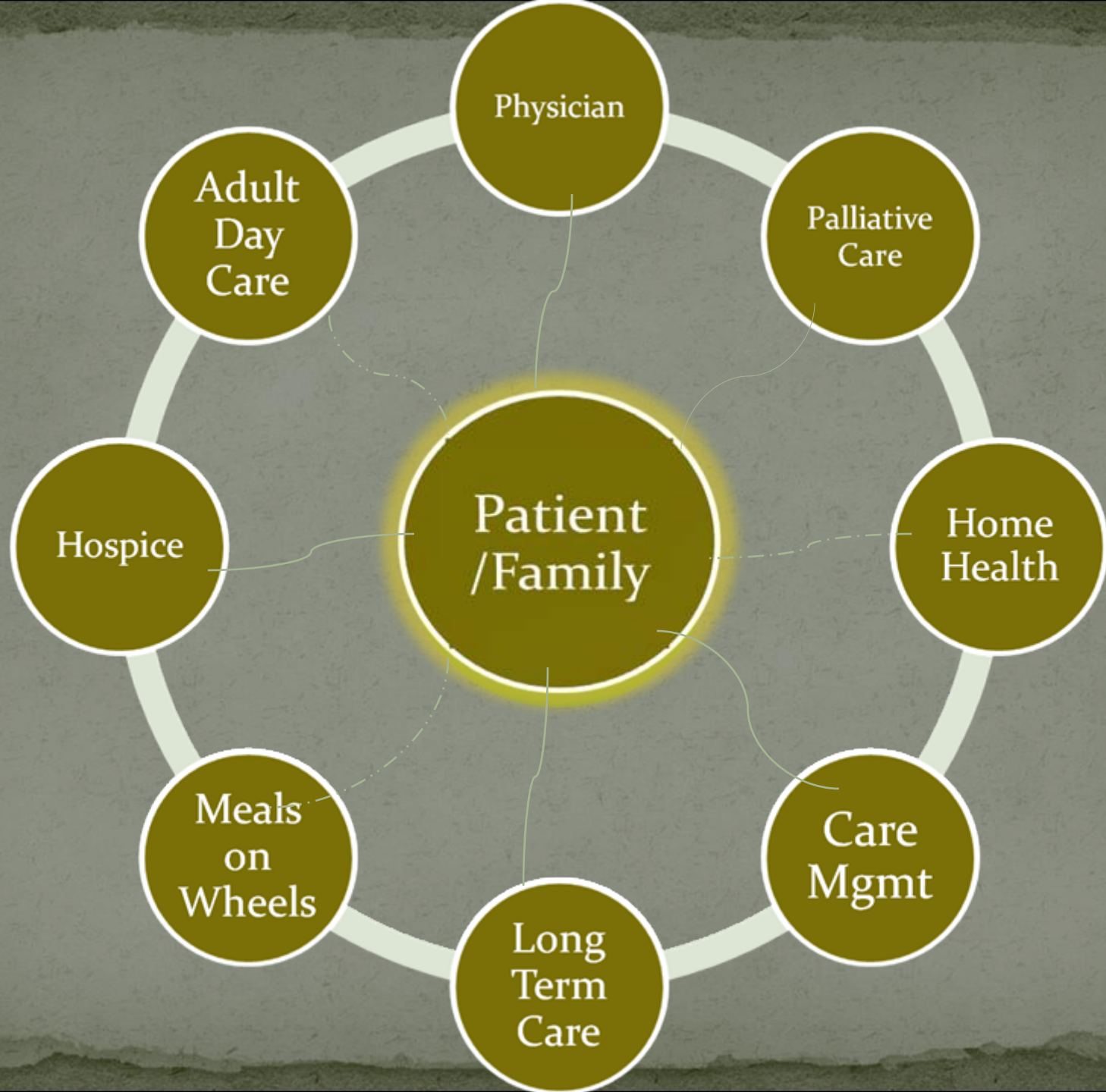
What does the patient and family need?

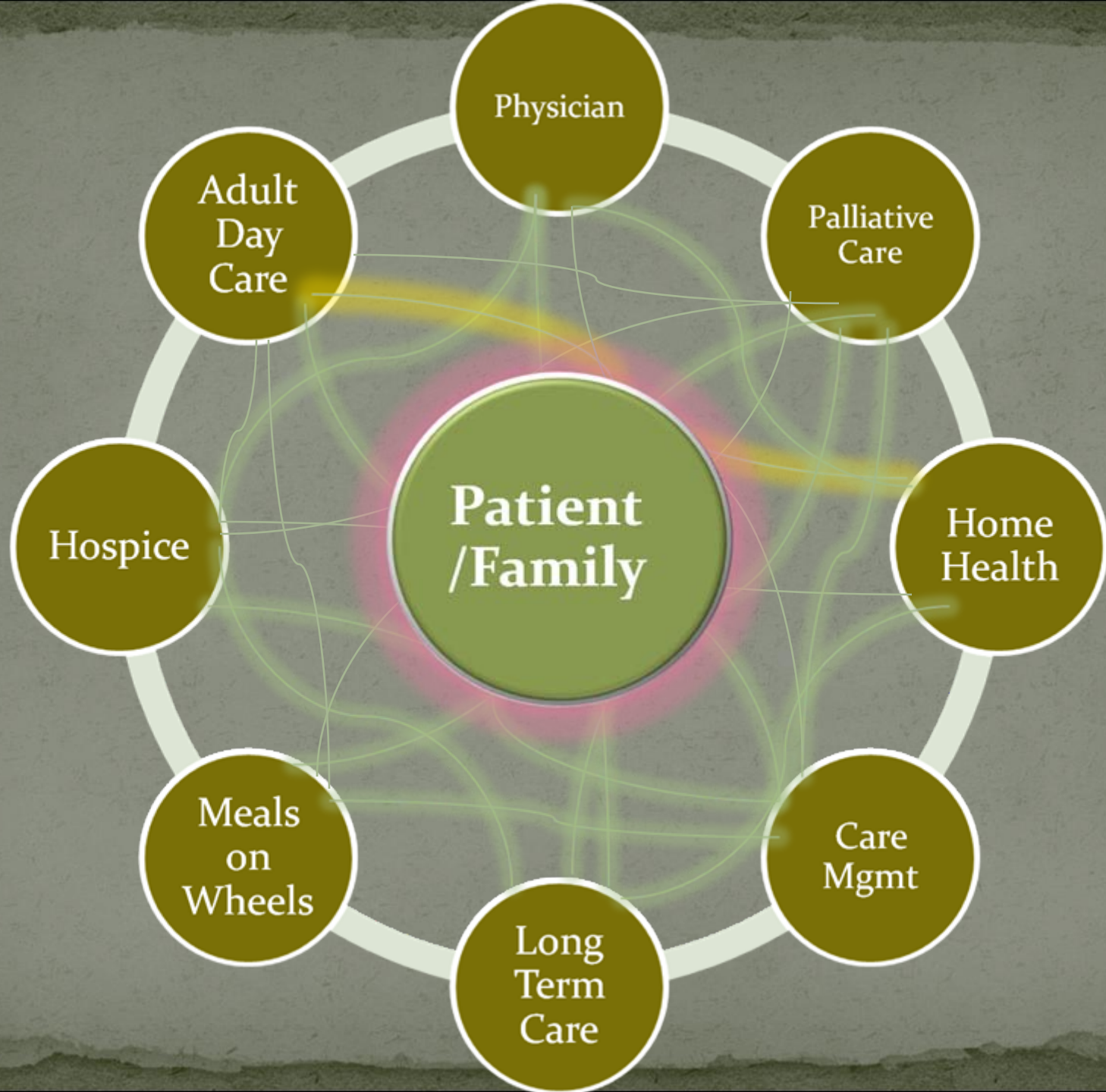
---

# What Does the Patient and Family Need?

- Help in finding resources
- Trusting relationships between healthcare providers and the patient and their family
- Communication about choices
- Connections and relationships before they are needed
- Stay at home if at all possible











# Health Care Reform Opens the Door

---

# Health Care Reform

- Opportunities for providers to shape end of life care in:
  - Accountable Care Organizations
  - Medical Homes
  - Bundled payments
  - Reducing re-hospitalizations
  - Care transitions
  - Concurrent care demonstration project



# Accountable-Care Organizations

- Goal: Facilitate coordination and cooperation among providers to improve the quality of care for Medicare beneficiaries and reduce unnecessary costs
- Likely to be established in 2012
- Networks of physicians, other professionals and hospitals
- How do hospices fit into this new model?

# Medical Homes

- Focused on primary care and prevention
  - Stresses coordinated team approach facilitated by information technology
  - Typically, internal medicine, family practice, geriatrics and general practice physicians
- How do hospices fit into this new model?



# Bundled Payments

- Five year pilot, to be established by 2013
- Integrated care
  - Improve coordination
  - Improve quality
  - Improve efficiency and care
- Services
  - Acute care inpatient services
  - Physicians' services
  - Outpatient hospital services (including ER)
  - Home health, skilled nursing, inpatient rehab
  - Other services, as determined by Secretary
- How do hospices fit into this new model?

# Care Transitions

- Allows the right care at the right place and time
- Occurs within and across systems, from systems to home and other settings of care
- Identifies patients in inpatient and outpatient settings who may be appropriate for hospice and palliative care services



# Where's the Bridge?

- “Non-hospice” palliative care
- Successful as the bridge between
  - aggressive curative care that physicians often promote and
  - full scope of benefits offered by the hospice interdisciplinary team

# CMS Concurrent Care Demo

- 15 hospice sites nationwide
- Focused on Medicare patients
- Patients can receive both curative therapies and hospice care concurrently
- RFP to be released by CMS pending Congressional appropriation for demos



# Concurrent Care Demonstration could...

- Promote partnerships with other care providers and professionals
- Create a seamless continuum of care and services
- Hospice services can be provided without the exclusion of other services that patients may want, need and could benefit from



What I Envision...

---



# What I Envision...

- Hospices even more integrated into the health and social service systems in their communities
- Hospice providers serving more people and for a longer length of time
- Patients with any diagnosis are served
- Staff have the skills they need
- Quality hospice care
- Innovative partnerships with agencies, payers and providers to meet the needs of the community

# Hospices are excellent partners at...

- Facilitating difficult but necessary conversations about advance care planning with patients early in their disease process
- Clarifying goals with patients
- Providing pain and symptom management during the final months and weeks of a patient's life
- Care management between settings – home, assisted living, nursing home, hospital
- Building the bridge from cure to comfort that patients and families desperately need



# Call to Action

- Engage in the dialogue for collaboration and cooperation between settings to improve care and quality for patients and their families
- Hospices are your partners in the care continuum
- Use the hospice's community networks and skills in building the continuum in each community

