The Role of Hospice in the Continuum of Care

First National Palliative Care Summit
Loews Philadelphia Hotel  Philadelphia, PA
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

Decedents Under 65 Years

- Home
- Hospital Inpatient
- Nursing Home

- 1989
- 1997
- 2007
Place of Death, Over Time

Decedents 65 years and older

Axis Title

1989
1997
2007

Home
Hospital Inpatient
Nursing Home
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

- Cancer: 40.1%
- Debility Unspecified: 13.1%
- Dementia: 11.2%
- Heart Disease: 11.5%
- Other: 6.3%
- Kidney Disease: 3.8%
- Liver Disease: 8.2%
- Lung Disease: 4.0%
- Stroke or Coma: 1.8%

Source: National Hospice and Palliative Care Organization, 2010
Length of Stay in Hospice

<table>
<thead>
<tr>
<th>Average Length of Stay</th>
<th>Median Length of Stay</th>
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<tbody>
<tr>
<td>67.4</td>
<td>20.0</td>
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<tr>
<td>69.5</td>
<td>21.3</td>
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<tr>
<td>69.0</td>
<td>21.1</td>
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Source: National Hospice and Palliative Care Organization, 2010
What patients are we missing?
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