



## Groups Release Findings of Public Opinions on Palliative Care

The Center to Advance Palliative Care, with support from the American Cancer Society and its Cancer Action Network, recently commissioned researchers to “explore key audiences’ awareness and understanding of palliative care; and, test language, terminology, definitions and messaging to be used in discussing palliative care with consumer audiences.”

The key findings of the study, as reported in *2011 Public Opinion Research on Palliative Care* are:

- **Consumers are concerned about the level of care given to patients with serious illnesses.** Their biggest concerns “relate to information sharing between doctor and patient and other doctors, patient control and choice over treatment options, patients’ understanding about their illness and treatment, and the quality of time doctors spend with patients.”
- **Palliative care is “relatively unknown” among consumers, with 70% saying they are “not at all knowledgeable” about palliative care.** This demonstrates a “clear need” to both inform the public about palliative care and to provide them with a definition of it.
- **Physicians are a harder sell than the public,** as they tend to associate palliative care with hospice or end-of-life

*Continued on page 2.*

## CHPC is Recognized with Prestigious Circle of Life Award



*E. Thomas Brewer, Archstone Foundation; Jeanette G. Clough, Mount Auburn Hospital; Julie Bruno, American Academy of Hospice and Palliative Medicine; Christopher Kerr, M.D., Ph.D, Chief Medical Officer, CHPC; Patrick Flynn, CFRE, President, Hospice Foundation of WNY; Teri G Fontenot, Woman’s Hospital; Kate O’Malley, California HealthCare Foundation; Elizabeth Clark, National Association of Social Workers; John Mastrojohn, National Hospice and Palliative Care Organization and National Hospice Foundation.*

The American Hospital Association has named The Center for Hospice & Palliative Care a Circle of Life Award® winner. The Circle of Life Award honors leadership and innovation in palliative and end-of-life care, providing ideas and models from which other providers and practitioners can learn.

“I was very pleased to see our clinical program and staff get this well deserved national recognition,” stated CHPC CEO, Flint Besecker. “The Western New York community should be proud to have a nationally recognized center of excellence in palliative care in its own backyard.”

CHPC was chosen by a selection committee made up of leaders from medicine, nursing, social work, ethics and health administration. On-site interviews and a tour of CHPC’s Cheektowaga campus were part of the selection process. The committee focused on innovative programs that respect patient goals and preferences, provide comprehensive care, acknowledge and address the family or caregiver’s concerns and needs, and build systems and mechanisms of support to continue the program for future patients and caregivers.

CHPC is one of three programs in the U.S. to receive the Circle of Life Award.



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## Groups Release Findings of Public Opinions on Palliative Care, *continued from page 1.*

care, and “are very resistant to believing otherwise.” The physicians who participated in the research had referred patients to palliative care, but only at the end of life.

- **The language used in discussing palliative care makes a difference, and it needs to be differentiated from hospice or end-of-life care.** The report says, “Focus group respondents became confused about the meaning of palliative care when the terms hospice or end of life were introduced into the definition of palliative care. It is important to avoid defining palliative care by what it is NOT.”
- **This newer definition of palliative care got a much stronger positive response from the respondents than any currently in use:** “Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.” The researchers suggest that this definition be used in any discussion of palliative care.
- **Once informed about palliative care, consumers want it for themselves and their loved ones if they have a serious illness.** Only 6% said they were “not too/not at all likely” to use it.

After hearing a definition of palliative care, 80% or more agreed that patients and families with serious illness should be educated about palliative care, that it is appropriate at any time during a serious illness, that discussions about it should be fully covered by health insurance and Medicare.

Key barriers to palliative care include “the lack of awareness among potential consumers and patients with serious illness that palliative care services exist,” the lack of meaning that the term “palliative care” has with consumers, and physician attitudes toward palliative care.

Once informed about palliative care, however, “95% of respondents agree that it is important that patients with serious illness, as well as their families, be educated about palliative care; 92% of respondents say they would be likely to consider palliative care for a loved one if they had a serious illness; [and] 92% of respondents say it is important that palliative care services be made available at all hospitals for patients with serious illness and their families.” (*Center to Advance Palliative Care, 2011, www.capc.org/tools-for-palliative-care-programs/marketing/public-opinion-research/2011-public-opinion-research-on-palliative-care.pdf*)

Reprinted with permission from **HOSPICE NEWS NETWORK**, “*What the Media Said about End-of-Life Care This Week*” Volume 15, Number 3. August 16, 2011. HPCANYS.

## Powerful Tools for Caregivers Classes

Thursday, Oct. 6 - Nov. 10

A six-week educational program designed to help people who are caring for older relatives or friends. Through six 2 ½ hour sessions held weekly, caregivers learn how to take care of themselves by reducing stress, improving self-confidence, communicating their feelings, and locating helpful resources. **Pre-registration is required.** Call 858-2177 or email caregiver@erie.gov for more information and to register. Fee: \$25 for the course which includes a copy of The Caregiver Helpbook. The cost is covered in full for all BlueCross/BlueShield of WNY and Independent Health members. Classes will be held in the Evergreen Room at the Life Transitions Center located at 150 Bennett Road, Cheektowaga (across from Maplewood, just south of Union Road between William St and Como Park Blvd. on the south side of the Hospice Campus).



## Promoting High-Quality Palliative Care among Nursing Home Residents with Dementia May Decrease Burdensome Interventions of Little Benefit

While most older Americans with advanced cancer or other terminal conditions die at home or in the hospital, with palliative care available and eligible for payment by Medicare, 70% of persons with advanced dementia die in nursing homes, where palliative care for this population is not well reimbursed, and quality of care is often suboptimal, according to the authors of a study published in the *Archives of Internal Medicine*.

“Nursing home residents with advanced dementia commonly experience burdensome and costly interventions (e.g., tube feeding) that may be of limited clinical benefit,” write the authors. “Strategies that promote palliation in advanced dementia may shift expenditures away from these aggressive treatments in advanced dementia toward a more comfort care approach (e.g., hospice).”

Investigators analyzed data on 323 nursing home residents (mean age, 85.3 years; female, 85.5%; white race, 89.5%) with advanced dementia living in 22 facilities in the greater Boston area. Patient assessments were conducted at baseline and quarterly for up to 18 months, and health care proxies (mean age, 59.9 years) were interviewed at the same intervals, with a follow-up interview within 14 days of death.

### Key findings:

- The largest proportion of expenditures were for hospitalization (30.2%) and hospice care (45.6%), with care in a skilled nursing facility (SNF) after hospitalization accounting for 11.3% of spending.
- Total mean Medicare expenditures were \$2303 per 90 days over an 18-month period, but were highly skewed; spending was less than \$500 in 77.1% of 90-day assessments and more than \$12,000 in 5.5%.

“Roughly one-third of all Medicare expenditures were for hospitalizations,” point out the authors, adding that “most hospitalizations in this cohort were for conditions that were potentially treatable with the same efficacy and at reduced costs in the nursing home compared with the hospital setting (e.g., pneumonia, 68%).” Additionally, more than half of residents with a qualifying hospitalization were transferred to an SNF post-discharge.

Factors independently associated with higher expenditures for acute and subacute care included:

- Acute illness in the previous 90 days (odds ratio [OR], 3.95; 95% confidence interval [CI], 2.91-5.37)
- Lack of a do-not-hospitalize (DNH) order (OR, 2.68; CI, 1.96-3.67)
- The presence of a feeding tube (OR, 2.31; CI, 1.08-4.92)
- Chronic obstructive lung disease (OR, 1.94; CI, 1.14-3.30)
- Not living in a special care dementia unit (OR, 1.43; CI, 1.03-1.97)
- Greater cognitive impairment (OR, 1.37; CI, 1.00-1.88)

“The strong association between the lack of a DNH order and higher acute care expenditures supports the notion that advance care planning may be a key step toward preventing aggressive end-of-life care while reducing costs,” comment the authors.

**“Tube feeding, a potentially burdensome intervention with no demonstrable benefits in advanced dementia, was also independently associated with higher nonhospice expenditures.”**



### Hospice Buffalo Continuum of Care

- Homes
- Palliative Care/Hospice Beds in Hospitals
- Hospice Assisted Living and Nursing Home Services in area adult homes, nursing facilities, and group homes
- Mary & Ralph Wilson, Jr. Hospice Inpatient Unit at the Mitchell Campus for short-term pain/symptom management, respite and end-stage care
- Hospice Buffalo House at the Mitchell Campus and the St. John Baptist/Hospice Buffalo House for hospice-eligible patients needing 24-hour nursing care during the final months or weeks of life.

### Definition of Palliative Care:

Palliative Care is comprehensive care provided by an interdisciplinary team for patients living with a chronic, often progressive illness, and for their families. Care is focused on alleviating physical and psychosocial symptom burdens, and promoting quality of life according to the patient's goals.

Major issues addressed are:

- Pain and symptom management
- Information regarding the illness
- Advance care planning
- Psychosocial and spiritual needs
- Coordinated care with other community resources

*Continued on page 4.*

## Calendar of Events

Friday, Oct. 14  
**Harvest Festival,  
Celebrating the Friends  
and Family of Hospice**

Presented by the Buffalo Bills, the Harvest Festival will be held at 6 p.m. at the Adam's Mark Hotel Grand Ballroom. Tickets are \$200 per person and include a fabulous wine tasting, sit-down gourmet dinner with wine from Delicato Vineyards, plus live and silent auctions. The festivities conclude with dessert and dancing to the music of Twilight. For tickets and info, go to [www.HospiceBuffalo.com](http://www.HospiceBuffalo.com).

Tuesday, Oct. 18 at 6 p.m.  
Tuesday, Dec. 6 at 2 p.m.

**Open House at Hospice Buffalo**

Join us for an overview of the many services available to help you and your family. The event begins in the lobby of the clinical building at the Hospice Mitchell Campus, 225 Como Park Blvd., Cheektowaga. A tour of the campus is provided. Free event. To register, call (716) 686-8070 or email [info@palliativecare.org](mailto:info@palliativecare.org).

Promoting High-Quality Palliative Care among Nursing Home Residents with Dementia May Decrease Burdensome Interventions of Little Benefit, *continued from page 3*.

Medicare does not pay for nursing home care; that cost is generally covered by Medicaid, after patients' individual resources have been exhausted. However, Medicaid does not reimburse as highly for nursing home care as Medicare does for acute and subacute care (such as post-hospitalization transfer to an SNF). Thus, there may currently be a strong financial incentive for nursing homes to use the potentially avoidable services of hospitals and SNFs, note the authors. They suggest efforts at better understanding and addressing fiscal incentives that drive care.

**Medicare does, however, pay for hospice care, which should be an incentive for greater use by nursing homes of this service of proven benefit to terminally ill patients. "Dementia is a terminal illness, yet prior work suggests that persons dying with this disease receive suboptimal end-of-life care," state the authors, noting that only 22% of their cohort were enrolled in hospice.**

Source: "Medicare Expenditures among Nursing Home Residents with Advanced Dementia," *Archives of Internal Medicine*; 171(9):824-830. Goldfeld KS, Stevenson DG, Hamel MB, Mitchell SL; Department of Biostatistics, Mailman School of Public Health, Columbia University, New York City; Department of Health Care Policy, Harvard Medical School, Department of Medicine, Beth Israel Deaconess Medical Center, and Hebrew SeniorLife Institute for Aging Research, Boston, Massachusetts.

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## Light-A-Life Heirloom Bell Available From October through November 16, 2011

**Order your Light-A-Life Heirloom Bell, just in time for holiday delivery! A wonderful tribute to someone whose memory you hold dear. With your gift of \$55 or more, you will receive this year's commemorative porcelain bell inscribed with the name of your loved one. Order online at our secure website, [www.HospiceBuffalo.com](http://www.HospiceBuffalo.com) or call us at (716)686-8090.**



*something special every day.*

