A study in the Journal of Critical Care Medicine (2007, Volume 35, pp 1530-1535) examined the effect of proactive palliative care consultations on the length of stay and outcomes of high risk patients in the medical intensive care unit.

The University of Rochester study identified 191 patients as being seriously ill and at high risk for death. Two groups were formed; 65 patients received “usual care” and 126 patients received proactive palliative care consultation. In the usual care group, palliative care consultations occurred when requested by the attending physician. In the study group, a palliative care team consulted and followed these patients and their families proactively. Palliative care consultations provided patient/family centered care directed at improving the patient’s quality of life through excellent pain and symptom management, goal clarification, assistance with medical decision making and support.

This study found that patients in the proactive palliative care intervention group had a significantly shorter ICU length of stay when compared to the “usual” care group, 8.96 days compared to 16.28 days. There were no differences between the groups with respect to mortality rates (55% vs. 59%), discharge disposition or total hospital length of stay.

Decreasing ICU length of stay has several potential implications for the hospital and the patient, including significant financial savings for the hospital. Enhanced patient comfort and improved communication regarding benefits vs. burdens of treatment allowed many patients and their families to decide to forgo unwanted or futile therapies. Traditionally, palliative care consultations tend to be initiated late in the hospital course, often after all aggressive treatments have failed, sometimes over weeks. This study underscored the need to consider palliative care input early in a serious illness, particularly when there is uncontrolled pain or other distressing symptoms. The palliative care consult team can also be very helpful in facilitating family discussions involving complex medical decisions.

The Palliative Care Physicians Group provides palliative care consultations in Erie County. A palliative care consultation may be obtained by calling (716) 362-0505.
HOW HOSPICE CAN HELP YOUR PRACTICE

Answers to Questions Physicians Often Ask About Hospice Care

Most Physicians know that Hospice is designed to help terminally ill patients and their families with relief from pain and other symptoms. But here are answers to questions physicians often ask about Hospice care and how it can help busy physicians and their office staff cope with the demanding problems seriously ill patients can present.

How do we know if a patient is Hospice appropriate?
The National Hospice & Palliative Care Organization has published Guidelines for Prognosis in Non-Cancer Diseases. We use these to help primary care physicians and specialists manage patients with end-stage heart, lung, Alzheimer’s, and other non-malignant conditions. For a copy, please call (716) 432-0397.

Can I bill Medicare or commercial insurance for services once my patients are referred to Hospice?
Yes, you can. Primary attending physicians continue to bill Medicare Part B and other carriers for the patient’s regular office visits or for all covered services. New billing codes are also available for care plan oversight, so reimbursement can be obtained for telephone calls to nurses, as well as patients.

Do you offer a Hospice evaluation service?
Yes. Hospice Buffalo staff are available to meet with you, evaluate, and educate patients and families who you believe are appropriate for Hospice services. There is no fee for this service. If, during the evaluation, your patient chooses Hospice care and you approve this decision, admission to the program can start right away. Contact Hospice Buffalo Admissions Department at (716) 686-8000.

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