

Alliance for Health Reform
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Quality Care and Comfort At the End of Life: Changes Needed?

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Hospice

- Medical, emotional, spiritual care for terminal patients and their families
- “Gold standard” comfort care, family support
- 76% of hospice deaths occur in patient’s place of residence
- 82% covered by Medicare Hospice Benefit

Hospice is Underutilized

- Room for growth
 - Just 31% of US deaths are in hospice (2005)
 - 55% of cancer deaths
 - 12% of heart failure deaths
- Late referrals
 - 50% of hospice patients die within 26 days
 - 25% die in less than one week
 - 10% die in less than 24 hours

Barriers to Hospice

- The “Terrible Choice”
 - To enter hospice, patients must sign away their right to Medicare reimbursement for active treatment
 - If patient undergoes treatment, hospice must pay for it or patient must revoke hospice benefit
- The “Six Month Rule”
 - Enrollees must have a prognosis of six months or less
- Prognostic uncertainty
- Reluctance to accept, discuss dying

Home Care

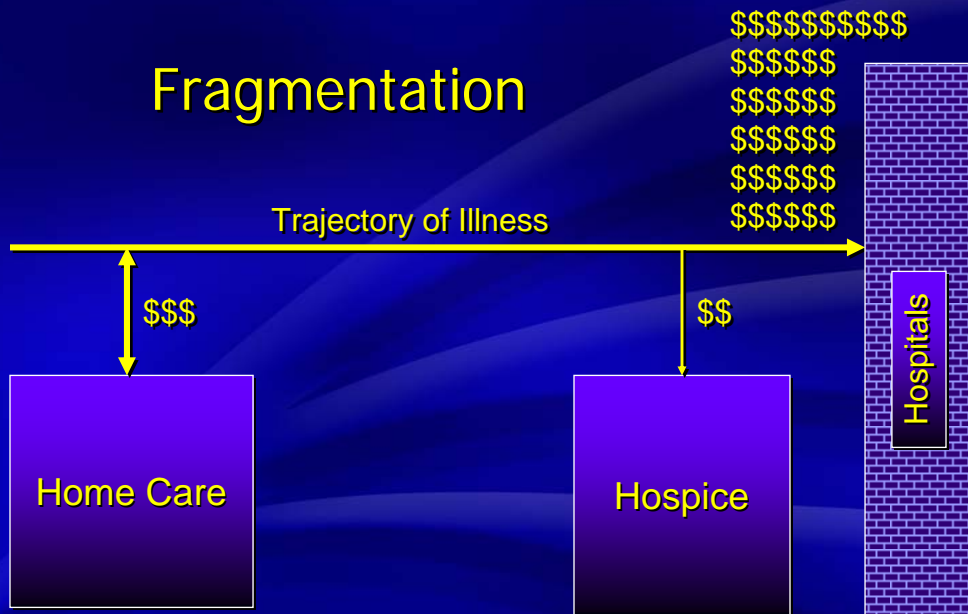
- Skilled nursing, therapy services
- Goals: “Recovery, patient safety”
- Eligibility: Homebound, skilled need
- Prospective Payment System (PPS, 2000)
 - Higher payments for rehabilitation
 - Lower payments for chronic diagnoses
- Result: patients discharged “quicker and sicker”

PPS: More Acute Services

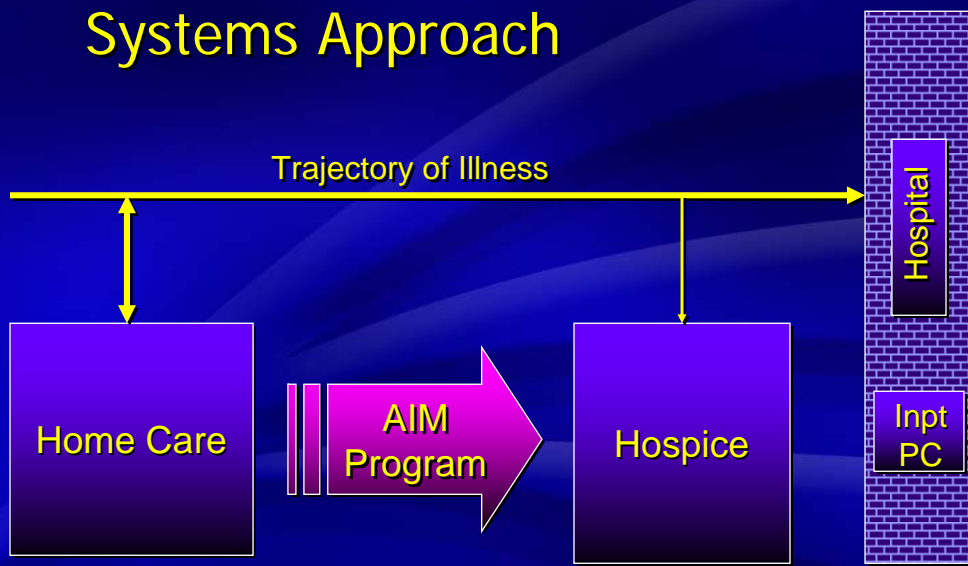
	1997	2002
Average visits per episode	36	19
Average length of stay	106 da.	56 da.
% therapy visits	9%	26%

Medicare Payment Advisory Commission, June 2006.

Fragmentation



Systems Approach



Advanced Illness Management (AIM): Home-Based Palliative Care

- Based in home care
- Uses home care, hospice staff
- Provides active treatment plus education, advance care planning
- Hospice is encouraged
- Patient has free choice of treatment options
- PPS payments are insufficient to cover costs
- Grant funding is necessary

Increasing Hospice Utilization

Transfers from Home Care to Hospice	AIM (N = 140)	Control (N = 295)	P
Overall	47%	20%	.003
African-American	47%	14%	.008

Ciemins EL, Stuart B, Gerber R et al. An evaluation of the Advanced Illness Management (AIM) program. J Palliat Med 2006;9:1401-1411.

Recommendation

- Medicare demonstration project to evaluate cost and effectiveness of model programs that integrate curative + palliative care for patients with advanced chronic illness of any diagnosis, without the limitations currently applied to hospice
 - H. R. 1078 (2007), Sec. 102: cancer only