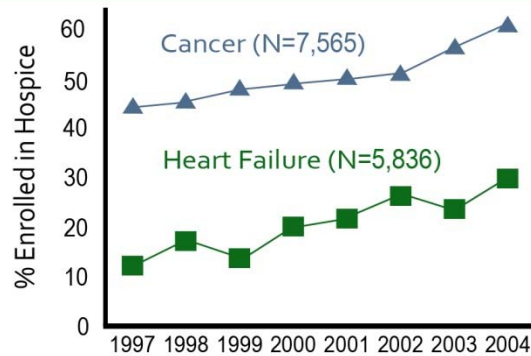




Hospice in Heart Failure Up 131%

The *American Heart Journal* recently published a study comparing hospice utilization for heart failure to hospice utilization for cancer.¹ This excellent work by Soko Setoguchi, MD and colleagues focused on the continued need for greater utilization, but perhaps missed an opportunity to highlight the good news their study quantified. They tracked insurance records for 5,836 heart failure patients and 7,565 cancer patients from 1997 to 2004. The authors noted a trend of increased utilization over that time frame, but described the increase for heart failure as modest and in keeping with a general trend toward increased hospice utilization. However, figure one of their study shows a roughly 36% increase in hospice utilization for cancer compared to an approximate 131% increase in hospice utilization for heart failure from 1997 to 2004. The 13% hospice utilization rate for heart failure measured by this study for 1997 rose to a utilization rate of roughly 30% in 2004. Given the upward trend demonstrated here, it is likely that patients with heart failure continued to receive beneficial hospice care at increasing rates after 2004.

Medical advances have resulted in more patients surviving into late-stage heart failure, and this has resulted in patients carrying a longer burden of dyspnea, pain, and other end-of-life symptoms. Studies have shown that up to 78% of heart failure patients report increasingly severe pain and/or dyspnea near end of life.²⁻⁷ Hospice provides better symptom control and quality of life.⁸ In 2004, Setoguchi and colleagues measured a hospice utilization of roughly 30% for heart failure patients compared to a hospice utilization of approximately 60% for cancer patients.



Given that patients with cancer and patients with heart failure both have high needs for pain and other symptom management at the end of life, the authors discussed the need for ongoing improvement in hospice utilization rates for patients with heart failure.

Heart failure's less predictable trajectory has frequently been cited as one reason for lower utilization. In evidence of the prognostication challenge, a 2009 study reported that physicians overestimated survival in 68% of heart failure patients compared to only 11% of cancer patients.⁹ Dr. Setoguchi recommends number of heart failure hospitalizations as a prognostic

indicator. Number of heart failure hospitalizations has been shown to be an independent predictor of survival, with number of hospitalizations existing in inverse correlation with survival. After two hospitalizations, median survival was less than 18 months, and after three hospitalizations, median survival was less than one year.¹⁰ Given that experts recommend doctors introduce advance care planning topics when the prognosis is 12 months,¹¹ three heart failure hospitalizations could be used as an objective indicator of when to plan that conversation. Although physicians' discussion of hospice was independently associated with a fivefold increase in hospice utilization, less than 7% of heart failure patients report having had a discussion about resuscitation preferences or hospice.^{12,13} While hospice utilization among patients with heart failure has increased admirably in recent measurements, Soko Setoguchi, MD and colleagues identify continued improvement in prognostication and communication as two avenues for continued improvement of end-of-life care.

BVNAH Heart Failure Care at Home



Linda Twyeffort, RN

Baystate Visiting Nurse Association & Hospice (BVNAH) provides care for heart failure patients at various stages in their disease. BVNAH's Telehealth program combines traditional home health care scheduled nursing visits with daily electronic monitoring of key vitals to help reduce hospital readmissions and to improve patient outcomes. For patients that have more advanced stages of heart failure, the BVNAH palliative care program adds a focus on pain and other symptom management along with the home health visits and Telehealth monitoring. For end-stage heart failure patients, BVNAH's hospice program helps provide comfort, dignity, and emotional support to the patients and their families. Whatever stage your heart failure patient is in, BVNAH can help.

To make a referral to Baystate Visiting Nurse Association & Hospice, call 800-249-8298.

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