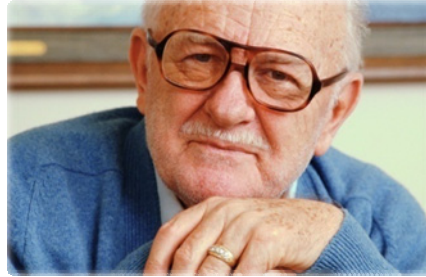




What Makes Patients 284% More Likely to Enroll in Hospice?

Answer: Receiving information about hospice from the doctor. John Thomas of the Yale University School of Medicine and colleagues followed 215 older adults with advanced cancer, COPD, or heart failure.¹ Over two years, they surveyed the patients every four months and their 96 respective physicians every six months. When doctors reported that they provided patients with information about hospice, 73% used hospice. When doctors did not provide information about hospice, 19% of patients used hospice. Only 14% of patients cited hospice as an alternative to hospitalization, suggesting that only a small number of patients had useful knowledge of hospice outside of information presented by their physicians.



Researchers found that 22% of clinicians reported providing information on hospice even though 56% of the patients died during the two year study. This study, which spanned four hospitals, six cardiology practices, four oncology practices, and three pulmonary practices in Connecticut, found that the majority of decedents did not receive information about hospice through their doctors. In each survey, for each patient, doctors were asked why they had not yet provided patients with information about hospice. Answers that revolved around patient preferences or anticipated reactions made up a minority of the reasons (patient wants curative therapies – 9%, would take away hope – 10%, patient would not handle the information well – 5%). “Services would not benefit the patient” made up 9% of the responses. The vast majority of reasons given for not providing information on hospice revolved around prognosis (not terminally ill – 50% and prognosis too uncertain – 37%). This was especially true regarding patients with

COPD or heart failure.

Overestimates of prognosis were more common than underestimates. Nearly 70% of patients with COPD or heart failure died within six months of their doctors giving them a prognosis of greater than one year. Patients were even less accurate in their understanding of their disease state. At enrollment in the study, only 10% of patients believed they had less than one year to live while their doctors estimated less than one year for 41%.

Through conversations about services that may be available to patients in the future, clinicians may help patients come to terms with the illness and aid the patient’s transition from being seriously ill to dying.² Experts recommend that doctors introduce advance care planning subjects when the prognosis is one year, so patients will have ample time to reflect on their options.³ For patients nearing the end of life, appropriately timed palliative care can be superior to curative treatments in terms of improving both quality and quantity of life – especially in cases of heart failure.^{4,9} Unfortunately, the less predictable course of non-cancer diseases may result in missed opportunities for patients to learn about their care options. In cases where physicians feel they may never be able to prognosticate with a moderate degree of certainty, doctors may consider triggers other than prognosis for providing hospice information to patients with heart failure or COPD. For instance, a history of three heart failure hospitalizations or declining independence with activities of daily living could be the trigger for introducing information while at the same time assuring patients that the discussion is for future consideration only.



Palliative Care Program - Bridging the Gap in Home Care

The Palliative Care program at Baystate Visiting Nurse Association & Hospice blends the patient-centered, comfort-focused expertise of hospice with a more treatment oriented model. Patients may be admitted to the Palliative Care program using their home health benefits and home health admission criteria. Patients enrolling in Palliative Care may receive curative treatments, and there is no limitation on prognosis.

Call BVNAH to help with important conversations about end-of-life care.

A hospice nurse or social worker will meet your patients at your office, at the hospital, or in their home.

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