

HOSPICE ANALYTICS



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This is the inaugural issue of Hospice Analytics' quarterly newsletter. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets. Please contact Hospice Analytics with any questions or ways we may assist you.

Marketing Matters

The day when prospective hospice patients, their families, and ordinary people will take initiative to explore hospice benefits, research nearby hospice providers, and then come knocking on your door, will never come. The more thorough and sophisticated your public education and referral networking efforts are, the more likely they will increase hospice awareness in general, and lead people to prefer your hospice over others. Still, patient and public access to information about hospice providers is limited – but about to dramatically increase, and in ways you may have never expected!

Hospice Analytics has launched a new service targeted to the general public: the National Hospice Locator, and (astounding-

ly) it's unique. Nearly all state and national hospice organizations only list members, which is sensible from a membership-building perspective, but not from a public service perspective. It is still challenging to get more in-depth information than "what are the hospices in my area and how do I contact them?"

The National Hospice Locator provides geo-maps and lists of this information, and goes much further. Interested in just Medicare-certified hospices? Curious about their accreditation status? What about locating hospices with an inpatient unit without making half a dozen phone calls or looking at each hospice's website? The list of search options is impressively long.

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HOSPICE ANALYTICS, INC.
National Hospice Locator
Research connecting people with hospice providers.

HOME / NHL PRODUCTS AND SERVICES PATIENT AND FAMILY INFORMATION ABOUT US CONTACT US

The National Hospice Locator (NHL) geo-maps and provides information about every known hospice in the United States. Find hospices by clicking a state on the map, zooming into the area of interest, and clicking on a hospice pin (on the map) or name (in the list below the map) for detailed information.

Information is gathered from Medicare data files; numerous hospice, state, and national public Web sites; and from surveying hospices directly. Please use search options to narrow directory results. If using the search box, an auto-fill drop-down box appears to help narrow your search after 4 characters are entered (hospice name, city, county, state, or zip code). Find detailed information on the first 100 hospices meeting your search criteria, sorted by Sponsors, Advertisers, Hospices, and hospice size, provided at the bottom of the page. If your search yields more than 100 hospices, consider narrowing your search (e.g., from a state to a city). Specific searches for "pediatric", "prison", and "Circle of Life" may be helpful. You may choose how to sort results. If selecting a hospice, a helpful resource by Caring Connections is *Choosing a Quality Hospice for You or Your Loved Ones*.

The NHL averages 1,000 visits and searches / week. Please verify and update your hospice information! Add / Update your Hospice Information - Click Here. NHL FAQs - Click Here.

Search
Enter zip code, city, county or state
View Results (5037) Reset Search

Add Additional Criteria:

- Medicare Certified?
- Accreditation
- Hospice Inpatient Facility?
- Memberships
- Number Served Daily
- Ownership
- Type of Hospice Program
- Medicare Certified Hospital, Home Health, Skilled Nursing Providers

Map

Special Thanks to Sponsors:

- Sangre de Cristo Hospice & Palliative Care, Pueblo, CO
- VNA Hospice Care, Woburn, MA
- Family LifeCare, Berne, IN
- HCI Care Services, West Des Moines, IA

Advertising Information

COPD Patients Who Have End-of-Life Discussions More Likely to Give High Ratings for Quality of Care

But only 15% of patients report having such discussions, study finds

Patients with chronic obstructive pulmonary disease (COPD) who report having discussed end-of-life care planning with their clinicians have higher perceived quality of medical care and higher satisfaction with their physicians than do those reporting no such discussions, according to a study published in *Chest*, the official journal of the American College of Chest Physicians.

“These results suggest that clinicians should not be reticent to have end-of-life discussions,” write the authors. “The idea that patients with COPD may in fact desire end-of-life discussions is not new; however, the relationship between having had end-of-life care discussions and overall perception of quality and satisfaction with care is novel.”

Researchers analyzed questionnaire responses of 376 predominantly older white men with COPD treated at the Veterans Affairs health care system in Seattle and Tacoma, WA. Respondents had been enrolled between 2004 and 2007 in a randomized trial designed to improve end-of-life care communication.

KEY FINDINGS:

- 67.7% of patients with COPD indicated a desire for end-of-life planning discussions.
- Only 14.6% reported having had such discussions with their clinicians.
- Patients who had end-of-life discussions were more than twice as likely to rate their care as the “best imaginable” (adjusted odds ratio [AOR], 2.07; 95% confidence interval [CI], 1.05 to 4.09).
- Those reporting end-of-life discussions were nearly twice as likely to be “very satisfied” with their medical care (AOR, 1.98; 95% CI, 1.10 to 3.55).
- Patients who discussed end-of-life care were more likely to believe that their provider knew the treatments they wanted (AOR, 7.69; 95% CI, 2.83 to 20.94) and to report that their physician had provided an excellent or very good explanation of their breathing problems (AOR, 4.48; 95% CI, 1.85 to 10.81).
- Discussions were more likely to have occurred among patients with worse overall health status, as indicated by higher scores on the St. George’s Respiratory Questionnaire, than among those with more advanced COPD.
- No association of discussion occurrence was found with COPD disease severity as assessed by predicted value of FEV1 (Forced Expiratory Volume in 1 Second).

A 2004 guideline from the American Thoracic Society (ATS) recommends that end-of-life care be integrated into routine COPD therapy, but this has yet to be translated into clinical

“This study demonstrated that having end-of-life discussions is associated with higher ratings of patient satisfaction with and quality of medical care. The paucity of these conversations at even the most advanced stages of disease, however, suggests that significant additional effort will be needed to facilitate these discussions.”

— Leung et al, *Chest*

practice, note the authors.

“As a result, patients with COPD are more likely than those with lung cancer to receive treatment consistent with preservation of life at the end of life. Moreover, palliative care resources often made available to cancer patients are less likely to be offered to patients with COPD.”

Physicians may feel that it is not appropriate to initiate discussions of end-of-life care preferences until patients reach very advanced stages of COPD, observe the authors. “For these patients, discussions may occur only after an acute deterioration in symptoms, when patients and family are already under significant emotional and functional stress, and where careful reflection about preferences cannot be fully considered.”

But because patients often have opinions — even in the absence of a physician-directed discussion — on such topics as life support, symptom relief, and preferred location for their final months, eliciting these opinions early in the disease process provides them with the opportunity to more fully consider their values and to discuss their preferences with family and providers.

Although the ATS recommendations focus on end-of-life care specifically for patients with severe COPD, the authors suggest that the spectrum of disease severity complicated by comorbid conditions demonstrated in their study cohort “may make discussions about preferences for end-of-life care appropriate regardless of the markers of COPD severity.”

Source: “The Effect of End-of-Life Discussions on Perceived Quality of Care and Health Status among Patients with COPD,” Chest; Epub ahead of print, January 2012; DOI: 10.1378/chest.11-2222. Leung JM, Udris EM, Uman J, Au DH; Critical Care Medicine Department, National Institutes of Health, Bethesda, Maryland; Department of Medicine, Division of Pulmonary and Critical Care Medicine, University of Washington, Seattle; and Health Services Research and Development, VA Puget Sound Health Care System, Seattle.

Aggressive Care at End of Life Is Common Among Cancer Patients, But Varies Both Across and Within Types of Hospitals

'The majority of patients prefer comfort over curative care and would rather die at home'

The overall amount of care delivered by facilities to terminally ill cancer patients nationwide is high, yet no hospital characteristic reliably predicts a specific pattern of care, and no type of hospital was found to excel in the delivery of high-quality end-of-life care, a team of Dartmouth researchers reports in a study published in *Health Affairs*.

"Our study revealed a relatively high intensity of care in the last weeks of life," write the authors. "At the same time, there was more than a twofold variation within hospital groups with common features. These results indicate a need for a broad re-examination of end-of-life cancer care and whether it meets the needs and wants of patients."

Researchers analyzed data on 215,311 patients with poor-prognosis cancer (i.e., patients likely to die in less than one year) who were Medicare beneficiaries during the last six months of life, and were cared for at one of 4444 hospitals nationwide between 2003 and 2007.

The hospitals were categorized into one of the following groups: members of the National Comprehensive Cancer Network (NCCN); designated National Cancer Institute (NCI) centers; academic medical centers not in NCCN or designated by NCI; or community hospitals.

To determine the quality of end-of-life care provided, the team used standards endorsed by the National Quality Forum (NQF). These included: lower rates of intensive care unit (ICU) use in the last month of life, reduced use of chemotherapy in the last 14 days of life, fewer deaths occurring in hospital, and fewer late referrals to hospice ("late" being defined as within three or fewer days of death). **"Such late hospice use has been aptly described as 'using hospice to manage death rather than palliate disease,'" comment the authors.**

DIFFERENCES IN NATIONAL QUALITY FORUM QUALITY MEASURES ACROSS HOSPITAL TYPES

- Compared to NCCN hospitals, "late" hospice initiation was 29% higher in community hospitals, 19% higher in academic hospitals, and 13% higher in NCI hospitals.
- ICU use in the last month of life, when compared to NCCN hospitals, was 11% to 15% higher in the other three types of hospitals.
- The use of chemotherapy in the last 14 days of life was about 30% higher in community hospitals than in the other three hospital groups.

- Use of potentially life-prolonging procedures in the last month of life was about 30% higher in NCI centers and academic hospitals than in community or NCCN hospitals.

Patients cared for in large (more than 300 beds) and medium size (150 to 300 beds) hospitals received more aggressive care by almost every measure than did patients in small (fewer than 150 beds) hospitals. Patients in for-profit hospitals received more aggressive care than those in not-for-profit facilities, although the use of hospice services was similar in both types.

VARIATION WITHIN HOSPITAL GROUPS

Although modest differences in intensity of end-of-life cancer care were observed across hospital types and hospital characteristics, these trends were "dwarfed" by the variation in care intensity found within hospital groups sharing common characteristics — even groups with a specific clinical focus on cancer care, such as NCCN hospitals or those designated as NCI centers, note the authors.

"Generally, more than a twofold variation was noted within the hospital groups with common features," report the authors. "We found that these hospital characteristics explained little of the observed variation in intensity of end-of-life cancer care and that none reliably predicted a specific pattern of care."

PATIENT PREFERENCES

Such a variation in intensity of care for chronically ill patients in the last six months of life is not likely to be a reflection of patient preferences, suggest the authors. "The majority of patients prefer comfort over curative care and would rather die at home than in the hospital," they state. "The fundamental question is whether the care received by these patients is the care that they and their families wanted.

"These findings raise questions about what factors may be contributing to this variation," the authors continue. "They also suggest that best practices in end-of-life cancer care can be found in many settings and that efforts to improve the quality of end-of-life care should include every hospital category."

Source: "End-of-Life Care for Medicare Beneficiaries with Cancer Is Highly Intensive Overall and Varies Widely," Health Affairs; April 2012; 31(4):786-796. Morden NE, Chang CH, Jacobson JO, Berke EM, Bynum JP, Murray KM, Goodman DC; Dartmouth Medical School and Dartmouth Institute for Health Policy and Clinical Practice, Hanover, New Hampshire; Cancer Control Research Program, Dartmouth-Hitchcock Norris Cotton Cancer Center, Lebanon, New Hampshire; Dana-Farber Cancer Institute, Boston; and Center for Outcomes Research and Evaluation, Maine Medical Center Research Institute, Portland.

Marketing Matters (continued)

There's more: The National Hospice Locator does much more than locating hospice providers. It educates the public about options and differences between providers; it tells ordinary people that there are, in fact, for-profit and non-profit hospices, hospices with inpatient units and others without, hospices that vary in size, accreditation, affiliation, and more.

These are factors that most people may have never known about, and therefore are not considered in making a choice. The National Hospice Locator has the potential to change the way people choose hospices by changing the very factors they consider in making a decision. It is also a tremendous tool for referral sources, who look for ways to engage patients in their own healthcare decision-making, and giving them the ability to guide patients and their families to hospice in general, without referring them to a particular hospice.

WHAT DOES THIS ALL MEAN?

1. For starters, it means that the organizations that were given the opportunity to sponsor the development of The National Hospice Locator won a Marketing lottery of sorts.

2. Second, I predict that many other hospices will soon be advertising on The National Hospice Locator site (much like they advertise on Google Ads, though the added benefit on the Locator will be a considerably more captive audience).
3. Third, when something is about to change the way your constituents (patients, families, doctors, nurses, clergy, the general public) learn about hospice options, and the way they make decisions on which provider to choose or refer people to, it should clearly catch your attention and be considered in the marketing decisions your hospice makes.

The proverbial ball is now decidedly in your court.

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NEVER underestimate the POWER of data...

Hospice Analytics is an information-sharing organization whose mission is to improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets.

More than 50% of the State Hospice Organizations participate in Hospice Analytics' Market Reports Project. These State Hospice Organizations represent over 60% of the hospices serving over 70% of the hospice patients in the country.

Substantial revenue is shared with participating non-profit State Hospice Organizations.

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