Turning data into information to improve patient care

HOSPICE ANALYTICS

Volume 2, Issue 1

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.

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InfoMAX Now Available!

InfoMAX, the new online healthcare reporting system by Hospice Analytics, is now available at **www.HospiceAnalytics.com!**

InfoMAX provides the ultimate in intuitive, flexible business intelligence information reporting. How? You select:

1. **YEARS –** The most current 2011 data only, or multi-year trending (2007-2011 currently available for hospice, hospital, home health, and skilled nursing facilities; expanding to 1999-2011 soon).
2. **COUNTIES –** Break your service area into individual counties; run a selection of counties for specific service teams; run your entire service area for executive planning; select counties to examine for expansion; up to entire state and national plans.
3. **REPORTS –** Run one or multiple reports available with a selection of three different plans:
   a. ***Essential Reports:*** Designed with rural hospices and those new to data reporting in mind – a limited number of reports focused on hospice utilization, market share, admissions, length of stay, and mortality across hospices, hospitals, home health, and skilled nursing facilities – for the most current data year (2011).
   b. ***Deluxe Reports:*** Replaces the current comprehensive Market Reports, these reports include all Essential Reports and provide additional detail regarding demographic information, diagnoses, levels & locations of care, disciplines of

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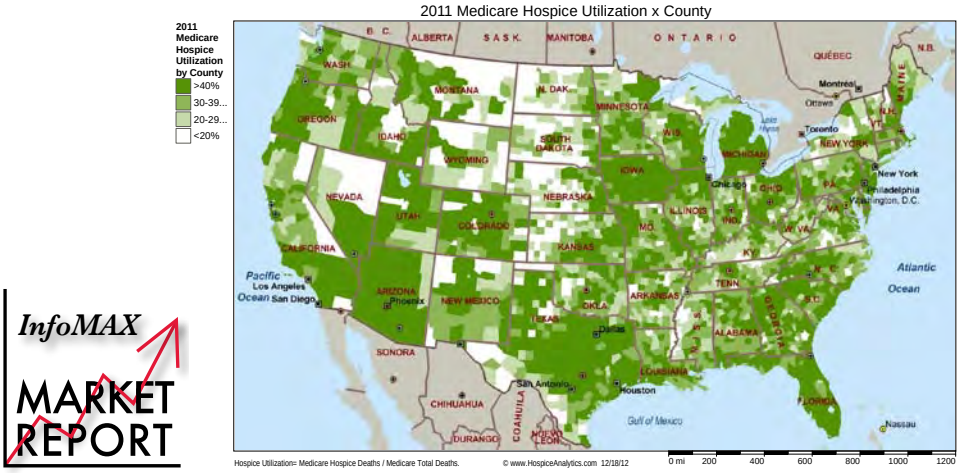

InfoMAX MARKET REPORT

Patients and Clinicians Consider Spiritual Care Important at the End of Life

Lack of training identified as main barrier to spiritual care provision

Spiritual care, defined as the recognition and support of the religious and spiritual dimensions of illness, is considered to be an important aspect of end-of-life care, but is provided by clinicians infrequently. Boston researchers have found that the major barrier to provision of spiritual care to terminally ill patients is not lack of perceived benefit or lack of time, but lack of training, according to a report published in the *Journal of Clinical Oncology.*

"Patients, nurses, and physicians view spiritual care as an important, appropriate, and beneficial component of end-of-life care," write the authors. "Spiritual care infrequency may be primarily due to lack of training, suggesting that spiritual care training is critical to meeting national end-of-life care guidelines."

SPIRITUAL SUPPORT IN END-OF-LIFE CARE IS ASSOCIATED WITH:

- Improved patient quality of life
- Satisfaction with care
- Increased use of hospice
- Decreased receipt of aggressive interventions

Ways That Clinicians Can Support Patients' Spiritual Health

Considered appropriate
by 78% to 93%of study participants

1. Ask patients about their religious or spiritual backgrounds, to be aware of whether or not it is important to them.
2. Encourage patients in the spiritual activities or beliefs that they find helpful.
3. Ask questions inviting patients to talk about spiritual matters, if they wish to.
4. With patients who are religious or spiritual, ask if there are ways their faith affects how they make treatment decisions.
5. Ask patients who may want to talk about spiritual matters if they would like to speak with a chaplain.
6. If patients have religious or spiritual supports that are important to them, ask if they would like those supporters to be involved in their care in some way.
7. If a patient asks for prayer, pray with them.
8. If religious or spiritual oneself, offer prayer for the patient.

— *Adapted from Balboni et al,* Journal of Clinical Oncology

- Decreased medical costs

Investigators analyzed questionnaire responses of patients with advanced cancer (n = 69) receiving palliative radiation therapy at one of four Boston academic centers, as well as the facilities' oncologists (n = 204) and oncology nurses (n = 118). Survey questionnaires included a list of eight literature-based examples of the types of spiritual care clinicians can provide. *[See sidebar, below.]*

OVERALL:

- Most patients considered spiritual care to be at least a "slightly important" component of care provided by their physicians (86%) and nurses (87%). More than half of patients indicated it was "moderately" or "very" important that physicians (58%) and nurses (62%) consider their spiritual/religious needs.
- 80% of physicians and 87% of nurses thought that spiritual care should be provided at least occasionally.
- Physicians reported having provided spiritual care to 24% of recently seen patients; nurses, to 31% of patients they had recently seen.
- However, few patients reported having received any form of spiritual care from their oncology physicians (6%) or oncology nurses (13%).
- The eight examples of spiritual care were endorsed as being appropriate by 78% of patients, 87% of physicians, and 93% of nurses.
- No participants reported a negative outcome of a spiritual care encounter as part of the relationship between patient and practitioner.

KEY FINDINGS INCLUDE:

- Having prior training in spiritual care was the strongest predictor of spiritual care provision by physicians (OR, 7.22; 95% CI, 1.91 to 27.30) and nurses (odds ratio [OR], 11.20; 95% confidence interval [CI], 1.24 to 101).
- Only 14% of physicians and 12% of nurses reported having received training in spiritual care.
- Time, although frequently cited by clinicians (on average, 73%) as a barrier to providing spiritual care, was not a predictor of care provision in multivariate analysis.

"[T]raining of medical practitioners in spiritual care provision is a primary means of better incorporating spiritual

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Hospitalization of Advanced Cancer Patients Must Not Be 'Missed Opportunity' for Addressing End-of-Life Needs

Most unplanned hospital admissions of patients with advanced cancer are due to uncontrolled pain and other symptoms, yet few of these patients are referred for consultation with a palliative care team, despite poor survival in this population, according to a report published in the *Journal of Oncology Practice.*

"On the basis of our data, an unscheduled hospitalization for a patient with advanced cancer strongly predicts a median survival of fewer than six months," write the authors of the study report. "We believe that hospital admission represents an opportunity to commence and/or consolidate appropriate palliative care services and end-of-life care."

Investigators analyzed data collected retrospectively on all patients with unplanned admissions to a Wisconsin inpatient oncology service in both 2000 (n = 151) and 2010 (n = 119). As part of a quality improvement project, the 2010 assessment included additional emphasis on the presence of palliative care consultation, hospice recommendation, and discharge disposition.

OVERALL FINDINGS

- Data in both surveys were similar in patient demographics, intervention, and outcomes.
- In both 2000 and 2010, gastrointestinal, lung, and breast cancers were the most common diagnoses.
- The majority of patients in both years were admitted for uncontrolled symptoms (70% in 2000; 66% in 2010).
- Median survival following discharge was 4.7 months in 2000 and 3.4 months in 2010.
- At one year, 73.5% (2000) and 74.8% (2010) of patients had died.
- Hospice was recommended during only 23% (2000) and 24% (2010) of admissions.

"Given the overall poor survival, any patient with metastatic cancer with an unscheduled hospitalization could be considered hospice eligible and appropriate for end-of-life planning, including discussion of advance directives." write the authors. "Palliative care consultation would be a potential intervention to better address end-of-life care for these patients."

FINDINGS FOR 2010

- Palliative care consultation was performed during only 6.8% of admissions in 2010.
- The four most common reasons for consultation were for procedural-based specialties. Despite the fact that the majority of patients (66%) were admitted for uncontrolled symptoms, palliative care consultation was only the fifth most common consult.
- 70% of patients were discharged home without additional services.
- Only 18% of patients were enrolled in hospice following discharge.

Inpatient oncologists who reviewed the data indicated that they rarely initiated end-of-life conversations, being more comfortable if the decision to discuss and pursue hospice care were made between the patient and the primary outpatient oncologist, report the authors. "We believe that this represents a missed opportunity to provide supportive palliative care services and end-of-life care," they state.

"Although we hope for a future where all patients, inpatient and outpatient, will be able to benefit from palliative care services, we believe that inpatient palliative care consultation is an important component of quality cancer care," the authors conclude.

Source: "Inpatient Hospitalization of Oncology Patients: Are We Missing an Opportunity for End-of-Life Care?" Journal of Oncology Practice; *January 2013; 9(1):51-54. Rocque GB, Barnett AE, Illig LC, Eickhoff JC, Bailey HH, Campbell TC, Stewart JA, Cleary JF; University of Wisconsin, Madison; Park Nicollet Methodist Hospital, St. Louis Park, Minnesota; Bay State Medical Center and Tufts University School of Medicine, Springfield, Massachusetts.*

Spiritual Care Important at the End of Life (from Page 2)

care into end-of-life care in keeping with national palliative care guidelines," comment the authors.

TRAINING IN SPIRITUAL CARE PREPARES CLINICIANS IN:

- Taking a spiritual history
- Prioritizing referral to chaplaincy or clergy
- Navigating spiritual and religious beliefs that intersect with medical decision making

"This is the first study to compare the attitudes and practices of spiritual care of patients with advanced cancer, nurses, and physicians within the same institutions," note the authors.

"Our study suggests that spiritual training is necessary to advance the inclusion of spiritual care into the care of patients with serious illness and to improve end-of-life outcomes."

Source: "Why Is Spiritual Care Infrequent at the End of Life? Spiritual Care Perceptions among Patients, Nurses, and Physicians and the Role of Training," Journal of Clinical Oncology; *Epub ahead of print, December 17, 2012; DOI: 10.1200/JCO.2012.44.6443. Balboni MJ, Sullivan A, Amobi A, Phelps AC, Gorman DP, et al; Harvard Medical School; Dana-Farber Cancer Institute; Brigham and Women's Hospital; Harvard School of Public Health; and Massachusetts General Hospital, all in Boston.*

InfoMAX Now Available! (continued)

care, and additional detailed information on hospital, home health, and skilled nursing facility providers – with 5-year trending (2007-2011).

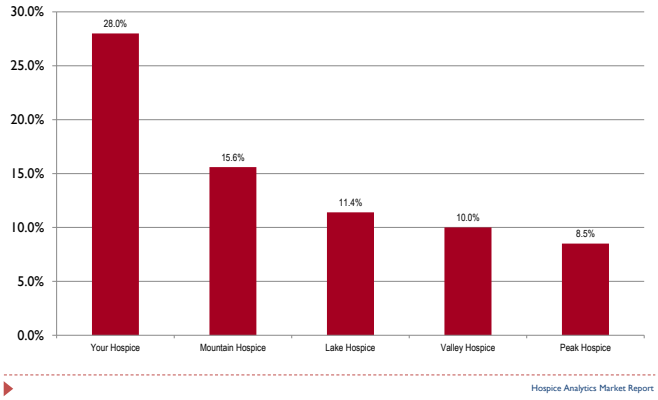
c. ***Premier Reports:*** For the enthusiast, provides all Deluxe Reports and includes 25+ of the popular cost report fields, net margin and cap calculations, and more – with 5-year trending (2007-2011).

4. OUTPUT FORMAT – Immediately available downloadable formats include Excel tables, printable PDFs, and graphic JPG files to drop charts into PowerPoint, Word, or other programs. An additional option is for Hospice Analytics to run your report, print it, burn a CD, and mail it.

WHAT ARE THE ADVANTAGES OF INFOMAX?

- **Affordable –** Pricing starts at only $300 for Essential Reports with one county!
- **Same Day –** Access your information the same day your account is set up! Access new information and report formats as soon as it is uploaded!
- **Easy –** Intuitive and easy to use; Hospice Analytics, designer of the National Hospice Locator, specializes in easy, flexible, and intuitive web applications – you're going to love this!
- **Quarterly & Annual Updates –** Medicare claims information available annually when Medicare releases new files; census, cost report, and other information updated quarterly. Additional report formats are being added all the time – and you will have immediate access to those, too, at no additional charge!
- **Maximum Information –** Medicare claims, cost reports, Census, calculations, etc. In addition, counties available in your account can be increased with the click of a button.

2011 Medicare Hospice Market Share In Selected Counties
Market Share= Admissions per Hospice / Total Hospice Admissions



Questions? See the *InfoMAX* tab at www.HospiceAnalytics.com or call Hospice Analytics at 719-209-1237.

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.

For additional information, please contact:

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