Does America Underutilize Hospice?

The vast majority of medical journal reviews and studies covering the subject of end-of-life care conclude that most of America underutilizes hospice. Gramer, et al, reported that only 43% of those eligible actually received hospice care while Finucane found the utilization among patients with advanced heart, lung, or liver disease to be as low as 8% of those eligible. While hospice programs accept patients with a life expectancy of 6 months, the National Hospice and Palliative Care Organization report that the median length of stay in hospice is three weeks and that 10% of patients elect hospice with only 24 hours of life left. Physicians and other experts concur that patients and their families would benefit more if they enrolled in hospice more often and earlier.

When discussing low hospice utilization, journals tend to focus on two subjects: (1) the validity of prognostic criteria and (2) communication between patient, family, and healthcare providers.

Prognostic Validity: Grace Huffman, MD effectively summarized the issue for the American Family Physician. Reviewing articles focusing on CHF, COPD, and ESLD, authors recognized that the prognostic guidelines require physicians to make subjective assessments based on experience and expertise. By retrospectively analyzing 2,607 charts, they demonstrated how narrow interpretation of those guidelines would create unwanted underutilization. Narrow inclusion criteria selected a patient group where only 5.1% lived beyond the estimated six months, but the criteria excluded 99% of patients who died in six months. Comparing three categories of interpretation named broad inclusion criteria, intermediate criteria, and narrow criteria, they demonstrated that the six-month survival rate only varied by a total of 17% across all three groups, but the false-negative rate ranged dramatically. One could conclude from this data that if physicians are to avoid excluding significant numbers of eligible patients from meaningful hospice care, narrow interpretation of prognostic guidelines must be avoided and a certain level of false-positives must be accepted.

Patient Communication: In a recent interview, former secretary of the US Department of Health & Human Services, Louis Sullivan MD, responded to a very candid question about how physicians may find it difficult to have prolonged conversations concerning end-of-life options and preparation given the time constraints of modern medicine. Dr. Sullivan responded by saying that the physician does not need to do everything himself/herself. The physician only needs to make sure everything is done. Dr. Sullivan shared that, in practice, he sometimes used nurses for these prolonged conversations, and that he felt some nurses were often better at giving reassurance and explanations than he would have been. Hometown Home Health & Hospice invites healthcare providers to use hospice staff to help with these conversations. A Hometown nurse will meet your patient at home, at your office, or at the hospital to talk about end-of-life issues and explain hospice care.

Please tell your patients about Hometown Home Health & Hospice
References: