CMC ANNOUNCES CHANGE IN PART D

Medicare has announced significant changes in the hospice drug coverage rules, prompting cheers from many patient advocates within and beyond the hospice community. Many feared that the original changes would have had disastrous effects on quality of care by limiting the ability of terminally ill patients to gain access to medication that is crucial to both comfort and functionality at the end of life.

The newly announced modification to the Medicare Part D rules change applies to coverage for drugs unrelated to terminal illness; for example, a hospice patient with terminal cancer who also takes medication for his arthritis. “The new policy should eliminate 95% of the cases in which hospice patients need prior approval from an insurance company to get coverage for their drugs, according to participants in a Medicare briefing.”

The original new policy, which came into effect in May of this year, required patients to receive prior approval from their Medicare Part D insurer before they could fill a prescription for medications not specifically related to their terminal illness. “This became a tedious process, and many prescriptions went unfilled, because it took a long time to get prior approval and the families might not be able to afford the drugs without insurance coverage.”

The new changes to Medicare Part D only require prior approval for four specific classes of drugs: Analgesics, antinauseants, laxatives, and anti-anxiety drugs. In a policy statement issued by CMS, the federal agency noted that these drugs are “nearly always covered under the hospice benefit.” Because CMS estimates that there will be very few Part D claims for drugs in these categories, “barriers to beneficiary access should be minimized.”

The National Hospice and Palliative Care Organization welcomed the CMS announcement of changes saying that it as a measure that will “reduce confusion for hospice providers and... allow patients to get their medications when they need them.” J. Donald Schumacher, NHPCO president and CEO noted, “With this change, patients and their families will no longer be caught in the middle of troublesome policy and stakeholders can implement an interim solution that can more easily be understood by all providers.” (HelpWithAging.com, 7/2014, helpwithaging.com/health-insurance/hospice-patients-get-a-break-medicare-eases-drug-coverage-rules; CMS, 7/18, www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Downloads/2014-PartD-Hospice-Guidance-Revised-Memo.pdf; NHPCO, 7/18, www.nhpco.org/press-room/press-releases/cms-issues-new-part-d-guidance; freeforall, 7/18, donaldhtaylorjr.wordpress.com/2014/07/18/cms-revises-part-dhospice-guidance/; The Hill,
DESMOND TUTU SUPPORTS BRITAIN’S “ASSISTED DYING” BILL

Retired Anglican bishop Desmond Tutu has come out in favor of a proposed British bill that would legalize “physician-assisted dying.” Having witnessed the end-of-life process of his friend Nelson Mandela, Tutu describes the final days of the former South African president as “disgraceful,” emphasizing that he “revere[s] the sanctity of human life - but not at any cost.” Desmond Tutu writes in an editorial for The Observer, “I have been fortunate to spend my life working for dignity for the living. Now I wish to apply my mind to the issue of dignity for the dying.”

Desmond Tutu, a longtime friend of Nelson Mandela, “says the end of the former South African president’s life robbed him of his dignity.” Mandela died in December 2013 at the age of 95, following an extended lung infection that rendered him incapacitated for months. Tutu recalls watching Mandela appear on television with national leaders during his last months of life: “You could see [Mandela] was not fully there. He did not speak. He was not connecting. My friend was no longer himself. It was an affront to [his] dignity.”

Witnessing the final stages of Mandela’s life has prompted Tutu to consider his own eventual death, and how he wishes to spend his final days. “I have come to realise that I do not want my life to be prolonged artificially,” he says. “I think when you need machines to help you breathe, then you have to ask questions about the quality of life being experienced and about the way money is being spent.”

Tutu has indicated that he would like to be “cremated in a simple wooden coffin.” He also suggests a “modest” memorial stone. “My concern is not just about affordability; it’s my strong preference that money should be spent on the living.”


RESEARCH SUGGESTS OVERUSE OF ANTIBIOTICS BY HOSPICE

Hospice patients are frequently given regular doses of antibiotics despite little evidence of effectiveness, according to researchers from the Oregon State University and Oregon Health & Science University. Investigators “discovered that 21% of hospital patients who
transition to hospice care receive prescription for antibiotics upon discharge - although nearly 30% did not have any documented infection during their hospital stay,” states a report published in *Infection Control Today*. About 27% of patients continue to use antibiotics during the last week of life.

Lead researcher Jon P. Furuno, PhD, observes that the unwanted side effects of antibiotics are often not adequately considered. He notes that antibiotic treatment often may not serve much useful purpose in terminally ill patients. Research conducted by Furuno *et al* was based on information gathered from around 63,000 inpatients discharged to hospice care from the Oregon Health & Science University Hospital. “Most of the study subjects were 65 years or older, male and stayed at the hospital for 7 days or less.” (*McKnight’s*, 7/15, www.mcknights.com/too-many-hospice-patients-are-receiving-antibiotics-and-for-too-long-researchers-say/article/360787/; *Antimicrobial Agents and Chemotherapy*, online 7/7, aac.asm.org/content/early/2014/07/02/AAC.02873-14.abstract?sid=f7f3c794-2484-4b80-9aea-7693eff18d6d)

**HOSPICE NOTES**

* NHPCO has re-ratified its One Voice Board Resolution that was originally endorsed in 2008. The resolution expresses, “NHPCO’s commitment to preserving the unity of the hospice and palliative care community and [emphasizing] NHPCO’s mission as a leadership organization providing services and expertise to all providers who share our vision of quality, thereby ensuring that all those in need of care and support will be assured of the best that humankind can offer.” (*NHPCO*, 7/16, www.nhpco.org/press-room/press-releases/one-voice-board-resolution)

* Longtime hospice nurse Brad Macy has invented a catheter that has the potential to relieve discomfort for many patients at the end of life. “In 2014, the Macy Catheter, receiving 510k approval from the FDA in February, has the potential to help millions of hospice and palliative care patients.” (*Contra Costa Times*, 7/16, www.contracostatimes.com/concord/ci_26158851/hospice-nurse-invention-help-alleviate-discomfort-taking-medication)

* The Irish Hospice Foundation (IHF) “has begun piloting a scheme to allow people to plan for the end of their life online.” IHF’s Think Ahead program encourages people to “Think, Talk, Tell,” and to record/review their personal preferences for care. (*Silicon Republic*, 7/17, www.siliconrepublic.com/digital-life/item/37666-project-aims-to-help-people/)

* A new era of cost reporting is coming for hospices. “Hospices ability to turn in unchecked reports will soon be changing. CMS has created a new cost report for hospices that is slated to go into effect in fiscal year 2015 for freestanding clinics.” (*Healthcare Finance News*, 7/11, www.healthcarefinancenews.com/news/new-era-cost-reporting-hospices)

* *The New York Times* features an article on Kei Okada, a spiritual care counselor who is “part of a hospice and palliative care program that provides spiritual, emotional and physical care to patients and their families.” As a board-certified chaplain, Okada “assist[s] people with finding meaning in, and peace with, life’s final chapter.” (*The New York Times*, 7/13, www.nytimes.com/2014/07/13/jobs/offering-the-gift-of-comfort.html?_r=1)
* Hospice of the Chesapeake (Maryland) has unveiled its Veteran Tribute Wall. The Tribute wall “features 23 canvas-mounted, black-and-white photographs. Most of the photos depict dying veterans in hospital beds being saluted by a midshipman or another member of the U.S. military.” *(Capital Gazette, 7/11, www.capitalgazette.com/news/naval_academy/hospice-officials-unveil-veteran-tribute-wall/article_b543e683-ba6e-52ad-af05-bb8beb57b3a8.html)*

* UnityPoint Hospice in Iowa is training dogs to assist hospice patients through animal therapy. UnityPoint’s “Paws with a Purpose” Animal Assisted Therapy Program trains dogs who are “even-tempered and [can] avoid eating - or even sniffing - a tempting crème puff, cheese, roast beef and peanut butter platter.” *(Des Moines Register, 7/12, www.desmoinesregister.com/story/news/local/2014/07/12/dogs-unitypoint-hospice/12574867/)*

**END-OF-LIFE NOTES**

* “African Americans and other minorities underuse palliative and hospice care even when they have access to it,” writes Brandi Alexander. “Unlike many of the other disparities that impact the African-American community, this is one we have more control over. It starts with having a conversation.” *(National Journal, 7/16, www.nationaljournal.com/next-america/perspectives/end-of-life-care-advocate-never-talked-with-her-own-dad-about-his-wishes-20140716)*


* CPR often isn’t like what you see on TV. Dhruv Khullar writes for The New York Times about the limitations of CPR, which in some cases can do more harm than good. *(The New York Times, 7/17, well.blogs.nytimes.com/2014/07/17/the-cpr-we-dont-see-on-tv/?_php=true&_type=blogs&_r=0)*

* Doctors are making house calls again, and it’s saving money. “The average cost of a homebound patient’s care is about $27,000 a year. Once house calls start, that cost drops to $7,000.” The article says, “Housecall Providers is currently part of a 3-year federal demonstration project to show that the house call model could save Medicare millions of dollars.” *(Housecall Providers, 7/15, t.e2ma.net/message/q55eh/i7hfwk)*

* Yahoo Japan is helping users “rest in peace, digitally.” The company has released a service called “Yahoo! Ending,” which sends out farewell messages and deletes personal data from Yahoo! upon confirmation of the user’s death. “If this is your last day of life, are you prepared to leave?” the service asks on its promotional site. *(Wall Street Journal Blog, 7/15, blogs.wsj.com/japanrealtime/2014/07/15/yahoo-japan-to-help-users-rest-in-peace-digitally/)*

* After facing his own death, a hospice doctor finds a miracle. Dr. Mike Deters believed he was going to die when cancer was found in his bladder muscle wall, but after two weeks in
hospice, the cancer apparently disappeared. (Quad-City Times, 6/24, qctimes.com/lifestyles/health-med-fit/hospice-doctor-faces-his-own-death-then-finds-a-miracle/article_19eeecabf-1298-5b1b-b756-b5de2fd825f9.html)


* New York State may promote long-term care insurance (LTCI) plans, and end-of-life care services. Lawmakers in New York “have given their blessing to two efforts to help residents deal with chronic health problems and terminal illness,” including the use of LTCI plans and hospice care. (Life Health Pro, 7/14, www.lifehealthpro.com/2014/07/14/new-york-state-may-promote-ltci-awareness)

* Health News Digest offers 10 questions to ask aging parents about end-of-life care. The queries address what elders most value in life; if they wanting to stop curative efforts if they were unsuccessful; if they wish to die at home; and if they want to be with family when they die? (Health News Digest, 7/15, www.healthnewsdigest.com/news/aging%20issues0/10-Questions-To-Ask-Aging-Parents-About-End-of-Life-Care.shtml)

**PALLIATIVE CARE AND OTHER NOTES**


* A study published in The Journal of Palliative Medicine has found that most patients and surrogates find conversations about patient goals and preferences for medical treatment to be helpful when conducted before high-risk surgery. (The Journal of Palliative Medicine, 5/29, online.liebertpub.com doi/abs/10.1089/jpm.2013.0311)

* The US Alzheimer’s rate appears to be falling. One of several studies found that “compared with the late 1970s, the rate of dementia diagnosis was 44% lower in recent years. The sharpest decline was seen among people in their 60s.” (HealthDay, 7/15, consumer.healthday.com/cognitive-health-information-26/alzheimer-s-news-20/alzheimer-s-rates-dipping-in-developed-countries-689601.html)

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