

Cordt Kassner

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Headlines

Saturday Newsletters

Research literature is the focus of Saturday newsletters - enjoy! Today we add a late-breaking MedPAC story.

MedPAC votes to recommend home health payment rate cut, hospice update freeze

McKnights Home Care, by Liza Berger; 1/12/24

Per the draft recommendations, the body agreed to put forth cutting the 2024 Medicare home health base payment rate by 7% in calendar year 2025 and freezing the update to 2024 Medicare hospice base payment rates for fiscal year 2025.

Publisher's note: Also see [MedPAC 1/11/24 meeting summary](#) and [presentation](#).

Research News

A report on the innovative University of Colorado Community Hospice and Palliative Medicine Fellowship

Katherine T Morrison, F Amos Bailey, David Nowels, Maurice C Scott

This article introduces the Community Hospice and Palliative Medicine (CHPM) Fellowship, an Accreditation Council for Graduate Medical Education (ACGME) Advancing Innovation in Residency Education (AIRE) project designed to enable mid-career physicians (at least five years out from residency or fellowship) to achieve eligibility for board certification in HPM.



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Accelerate Learning

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What's in this for you? What's in this for me?: A win-win perspective of involving study advisory committee members in palliative care research

J Patient Exp., by Juanita Booker-Vaughns, Dawn Rosini, Romilla Batra, Garrett K Chan, Patrick Dunn, Robert Galvin, Ernest Hopkins 3rd, Eric Isaacs, Constance L Kizzie-Gillett, Margaret Maguire, Martha Navarro, Neha Reddy Pidatala, William Vaughan, Sally Welsh, Pluscedia Williams, Angela Young-Brinn, Kaitlyn Van Allen, Allison M Cuthel, Rebecca Liddicoat Yamarik, Mara Flannery, Keith S Goldfeld, Corita R Grudzen; 1/24

Study advisory committees (SACs) provide critical value to clinical trials by providing unique perspectives that pull from personal and professional experiences related to the trial's healthcare topic. The Emergency Medicine Palliative Care Access (EMPalla) study had the privilege of convening a 16-person SAC from the project's inception to completion. The study team wanted to understand the impact this project had on the SAC members. In this narrative, we use reflective dialogue to share SAC members' lived experiences and the impact the EMPalla study has had on members both personally and professionally. We detail the (1) benefits SAC members, specifically patients, and caregivers, have had through working on this project. (2) The importance of recruiting diverse SAC members with different lived experiences and leveraging their feedback in clinical research. (3) Value of community capacity building to ensure the common vision of the clinical trial is promoted.

The rise of home death in the COVID-19 pandemic: a population-based study of death certificate data for adults from 32 countries, 2012–2021

EClinicalMedicine, Part of The Lancet, by Sílvia Lopes, Andrea Bruno de Sousa, Mayra Delalibera, Elizabeth Namukwaya, Joachim Cohen, Barbara Gomes; 1/24

Data on place of death for all adults (18 years and over) that died from 1 January 2012 to 31 December 2021 were requested (47 countries approached, 32 included). Our study shows that there was a rise in home deaths during the pandemic, but with variability across countries, sex, age, and causes of death.

Place of death before and during the COVID-19 pandemic

JAMA Network, by Ben Teasdale, MPhil; Aditya Narayan, BS; Stephanie Harman, MD; Kevin A. Schulman, MD; 1/8/24

As recently as 2015, dying at home became more common than dying in a hospital. The COVID-19 pandemic interrupted these trends, as the acute clinical

course of severe infection shifted deaths back inside hospitals. Beyond the direct consequence of pandemic-related mortality, indirect associations of factors, such as workforce and resource limitations, disrupted the provision of end-of-life care more broadly, even for patients who were not directly infected with COVID-19. Three years after the start of the pandemic, we investigate the national and ongoing impact of the COVID-19 pandemic and place of death among individuals in the US.



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Response to medical assistance in dying, palliative care, safety, and structural vulnerability

Top-read articles of 2023 - Journal of Palliative Medicine, by Romayne Gallagher, Ramona Coelho, Philippe D. Violette, K. Sonu Gaind, Harvey Max Chochinov, and on behalf of An International Community of Palliative Care Professionals; 12/23

This report, signed by >170 scholars, clinicians, and researchers in palliative care and related fields, refutes the claims made by the previously published *Medical Assistance in Dying, Palliative Care, Safety, and Structural Vulnerability*. That report attempted to argue that structural vulnerability was not a concern in the provision of assisted dying (AD) by a selective review of evidence in medical literature and population studies. It claimed that palliative care has its own safety concerns, and that “misuse” of palliative care led to reports of wrongful death. We and our signatories do not feel that the conclusions reached are supported by the evidence provided in the contested report.

The ethics of refusing lifesaving treatment following a failed suicide attempt

J Clin Ethics, by Megan K Applewhite, Jacob Mago, Wayne Shelton; Fall 2023

Injuries from failed suicide attempts account for a large number of patients cared for in the emergency and trauma setting. While a fundamental underpinning of clinical ethics is that patients have a right to refuse treatment,

individuals presenting with life-threatening injuries resulting from suicide attempts are almost universally treated in this acute care setting. Here we discuss the limitations on physician ability to determine capacity in this setting and the challenges these pose in carrying out patient wishes.

Editor's note: An interesting ethical analysis of care following a suicide attempt that hospice professionals may find helpful.

Decision-making for hospitalized incarcerated patients lacking decisional capacity

JAMA Network, by Sarah Batbold, BS; Jennifer D. Duke, MD; Kirsten A. Riggan, MA, MS; Erin S. DeMartino, MD; 12/23

How does decision-making occur for hospitalized incarcerated persons lacking decisional capacity? In this qualitative study of documentation for 43 hospitalized incarcerated persons without decisional capacity, prison employees appeared to have been involved in decisions for half of the admissions, including participating in family meetings and being asked to authorize invasive procedures.

Editor's note: Also see this interesting invited commentary "[Incapacitated and Incarcerated—Double Barriers to Care](#)" by Alison E. Turnbull, DVM, MPH, PhD; Diana C. Bouhassira, MD; Brendan Saloner, PhD



TURNING DATA INTO INFORMATION – TO IMPROVE PATIENT CARE

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Addressing 10 myths about pediatric palliative care

AM J Hosp Palliat Care, by Kim Sadler, PhD, BSN; Saadiya Khan, MD; Khaled AlGhamdi, MD; Hamad Hussain Alyami, MSN; Lori Nancarrow, MSN; 2/24

With advances in biomedical sciences, a growing number of conditions affecting children have evolved from being considered life-limiting to almost chronic diseases. However, improvements in survival rates often come at a cost of

increased medical complexity and lengthy hospitalizations, which can be associated with a poorer quality of life. This is where pediatric palliative care (PPC) can play a significant role. PPC is a specialty of healthcare that focuses on the prevention and relief of suffering in children with serious conditions.

Today's Encouragement

Live and let live.

Editor's note: I recently listened to an exegetical analysis of this phrase - i.e., consider the meaning of each word individually, then the first two words together, etc., until considering the entire phrase. Give it a shot...

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