

## Cordt Kassner

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**From:** Hospice & Palliative Care Today Newsletter  
<subscriptions@hospicepalliativecaretoday.com>  
**Sent:** Saturday, January 6, 2024 4:00 AM  
**To:** Cordt Kassner  
**Subject:** Your Hospice & Palliative Care Today Newsletter for 01/06/24

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January 6th, 2024

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## Headlines

### [Saturday Newsletters](#)

*Research literature is the focus of Saturday newsletters - enjoy!*

## Research News

### [Quality of data on profit status reported Care Compare](#)

*Journal of Pain & Symptom Management*, by Joan M. Teno, Emmanuelle Belanger, Gulmeena Khan; 11/23.

For-profit hospice providers differ in both key processes of care and bereaved family member perceptions of the quality of care. Recent rapid growth of hospices, formation of national for-profit hospice chains, and acquisition of hospice by private equity firms has raised concerns regarding the quality of hospice care. In response, starting in April 2023 the Center for Medicare and Medicaid Services made hospice ownership data public on the Care Compare website to help consumers make informed choices in hospice programs. On the Care Compare website, hospice are listed as for-profit, nonprofit, and other category, based on hospices' self-reported ownership status. In this study, we examined the accuracy of this information.

### [Case Series: Emergency Department Palliative Care](#)

*Journal of Palliative Medicine*; 2023

JPM is proud to present a case series on the use of palliative care in the emergency department. The six cases included in this series were collected by the Emergency Palliative Care Working Group and cover various situations involving palliative care usage, such as acute presentation of a nonsurvivable condition, hospice patients in the emergency department, etc .



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### [Impact and sustainability of a palliative care education module in patients with heart failure](#)

*American Journal of Hospice and Palliative Medicine*, by Shelley L. Thompson, DNP; Allison Lindgren, MSPAC; Jaime McDermott, DNP; Stephanie G. Barnes, MSN; Carolina D. Tennyson, DNP; Bradi Granger, PhD; 12/23

Approximately 6.7 million American adults are living with heart failure (HF). Current therapies are geared toward preventing progression and managing symptoms, as there is no cure. Multiple studies have shown the benefit of including palliative care (PC) in patients with HF to improve symptoms and quality of life. Heart failure guidelines recommend the inclusion of PC in therapy, but referrals are often delayed. A previous pilot project

demonstrated increased involvement of PC when targeted education was given to patients with HF. This sustainable project again demonstrated education on PC increases utilization of PC but does not statistically impact mortality, re-admissions, or transfers to higher levels of care.

**[I want to be seen as myself: Needs and perspectives of persons with dementia concerning collaboration and a possible future move to the nursing home in palliative dementia care](#)**

*Aging & Mental Health, by Chandni Khemai, Judith M. Meijers, Sascha R. Bolt, Sabine Pieters, Daisy J. A. Janssen, Jos M. G. A. Schols; 12/23*

Interprofessional collaboration (IPC) within and during movements between care settings is crucial for optimal palliative dementia care. The objective of this study was to explore the experiences of persons with dementia regarding collaboration with and between healthcare professionals (HCPs) and their perceptions of a possible future move to the nursing home (NH) in palliative dementia care.

**[Disparities in election, access, and outcomes in Medicare end-of-life care: A national study](#)**

*Innovation in Aging, by Thomas Christian, Michael Plotzke, Mariana Sarango Cancel, Catherine Hersey, and Zinnia Harrison; 12/23*

We examined whether end-of-life care racial disparities persist even within groups with similar geographic access and health care options. We reviewed calendar year (CY)2021 fee-for-service Medicare claims to determine if a beneficiary ever: elected hospice, had an end-of-life care conversation with their physician, and/or received advanced care planning services. ... We found no substantial racial/ethnic disparities in recorded advance care plans or end-of-life conversations.



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**[Measuring the impact of AI in the diagnosis of hospitalized patients](#)**

*JAMA Network, by Sarah Jabbour, MSE; David Fouhey, PhD; and Stephanie Shepard, PhD; Thomas S. Valley, MD; Ella A Kazerooni, MD, MS; Nikola Banovic, PhD; Jenna Wiens, PhD; Michael W. Sjoding, MD; 12/23*

In this multicenter randomized clinical vignette survey study, diagnostic accuracy significantly increased by 4.4% when clinicians reviewed a patient clinical vignette with standard AI model predictions and model explanations compared with baseline accuracy. However, accuracy significantly decreased by 11.3% when clinicians were shown

systematically biased AI model predictions and model explanations did not mitigate the negative effects of such predictions.

### **Racial and ethnic differences in hospice use among Medicaid-only and dual-eligible decedents**

*JAMA Health Forum, by Julie Robison, Noreen Shugrue, Ellis Dillon, Deborah Migneault, Doreek Charles, Dorothy Wakefield, Bradley Richards; 12/23*

Hospice care enhances quality of life for people with terminal illness and is most beneficial with longer length of stay (LOS). Most hospice research focuses on the Medicare-insured population. Little is known about hospice use for the racially and ethnically diverse, low-income Medicaid population.

### **Oncology hospitalist impact on hospice utilization**

*Cancer, by Elizabeth Prsic, Jensa C. Morris, Kerin B. Adelson, Nathaniel A. Parker, Erin A. Gombos, Mathew J. Kottarathara, Madison Novosel, Lawrence Castillo, Bonnie E. Gould Rothberg; 12/23*

Patients with advanced cancer are often admitted to the hospital near the end of life. These patients generally have a poor chance of long-term survival and may prefer comfort-focused care with hospice. In this study, oncology hospitalists discharged a higher proportion of patients to inpatient hospice with less time spent in the hospital before discharge.



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## **Today's Encouragement**

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