Cordt Kassner

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Saturday newsletters focus on headlines and research - enjoy!

Contents

Research News

Hospice Readmission, Hospitalization, and Hospital Death Among Patients Discharged Alive from Hospice

JAMA Network; by Elizabeth A. Luth, Caitlin Brennan, Susan L. Hurley, Veerawat Phongtankuel, Holly G. Prigerson, Miriam Ryvicker, Hui Shao, Yongkang Zhang; 5/24

This retrospective cohort study of burdensome transitions following live hospice discharge found that non-Hispanic Black race, short hospice stays, and care from for-profit hospices were associated with higher odds of experiencing a burdensome transition. These findings suggest that changes to clinical practice and policy may reduce the risk of burdensome transitions, such as hospice discharge planning that is incentivized, systematically applied, and tailored to needs of patients at greater risk for burdensome transitions.

An age group comparison of concurrent hospice care: A cost-effectiveness analysis

Journal of Hospice and Palliative Nursing; by Radion Svynarenko, Melanie J Cozad, Lisa C Lindley; 5/24

[Pediatrics] This study aimed to examine the cost-effectiveness of concurrent hospice care compared with standard care among pediatric patients of different age groups. ... Incremental cost-effectiveness ratio values across all age groups showed that children enrolled in concurrent care had fewer live discharges but at a higher Medicaid cost of care as compared with those enrolled in standard hospice care. Concurrent hospice care was the most cost-effective in the age groups of <1 year and 1 to 5 years... For the other older age groups, benefits of enrollment in concurrent care came at a much higher cost... Concurrent hospice is an effective way to reduce live discharges but has a higher total Medicaid cost than standard hospice care.

Training opportunities for managers in home health, hospice, and community-based care settings

The Journal of Nursing Administration; by Ann M Nguyen, Alfred F Tallia, Tami M Videon, Robert J Rosati; 6/24

The aim of this study was to identify areas for developing management skills-focused continuing education for managers working in home health, hospice, and community-based settings. For all 33 management tasks, managers with 6+ years of experience reported greater confidence than managers with 0 to 5 years of experience. Tasks with the lowest confidence were budgeting, interpreting annual reports, strategic planning, measuring organizational performance, and project planning. Managers were clustered into 5 "profiles." Manage ment training is not 1-size-fits-all. Healthcare organizations should consider investing in training specific to the identified low-confidence areas and manager roles to better support and develop a robust management workforce.

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Antipsychotics for Dementia Tied to More Serious Harms Than Expected

JAMA; by Emily Harris; 5/24

Prior research has suggested that antipsychotic drugs might be overprescribed for people with dementia, despite known risks of stroke and sudden cardiac death. Now, findings from a new study in The BMJ indicate that the range of serious adverse outcomes associated with antipsychotics in these patients might be broader than previously thought.

Impact of a Nurse-Led Palliative Care Screening Tool on Medical Oncology Units

Clinical Journal of Oncology Nursing; by Kaitlyn Whyman, Katherine Thompson, Michelle M. Turner; 2/24

There is a lack of early integration of palliative care in patients with advanced cancer, which has been shown to result in suboptimal quality of life across their disease continuum. Standardized palliative care screening tools are valuable for

identifying patients with early palliative care needs but have yet to be adapted into standard practice in the oncology community. This project aimed to determine whether a nurse-led palliative care screening tool increased palliative care consultations, decreased the average length of stay, reduced readmission r ates among adult patients with solid tumor malignancies, and improved knowledge and confidence among nurses regarding palliative care.

Physician Group Practices Accrued Large Bonuses Under Medicare's Bundled Payment Model, 2018–20

Health Affairs; by Sukruth A. Shashikumar, Zoey Chopra, Jason D. Buxbaum, Karen E. Joynt Maddox, Andrew M. Ryan; 5/24

The Bundled Payments for Care Improvement Advanced Model (BPCI-A), a voluntary Alternative Payment Model for Medicare, incentivizes hospitals and physician group practices to reduce spending for patient care episodes below preset target prices. The experience of physician groups in BPCI-A is not well understood. We found that physician groups earned $421 million in incentive payments during BPCI-A's first four performance periods (2018–20). Target prices were positively associated with bonuses, wi th a mean reconciliation payment of $139 per episode in the lowest decile of target prices and $2,775 in the highest decile. In the first year of the COVID-19 pandemic, mean bonuses increased from $815 per episode to $2,736 per episode. These findings suggest that further policy changes, such as improving target price accuracy and refining participation rules, will be important as the Centers for Medicare and Medicaid Services continues to expand BPCI-A and develop other bundled payment models.

Publisher's Note: For those keeping an eye on alternative payment models...

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Medical aid in dying to avoid late-stage dementia

Journal of the American Geriatrics Society; by Thaddeus Mason Pope, Lisa Brodoff; 4/24

Many patients with dementia want the option of using medical aid in dying

(MAID) to end their lives before losing decision-making capacity and other abilities that impact their desired quality of life. But, for over two decades, it has been widely understood that these patients cannot (solely because of their dementia diagnosis) satisfy three statutory eligibility requirements in all U.S. MAID laws: (1) decisional capacity, (2) the ability to self-administer the life-ending medications, and (3) a terminal condition with 6 months or less to live. Now, because of recent statutory amendments togethe r with the use of voluntarily stopping eating and drinking (VSED) to quickly advance to a terminal condition, this dementia exclusion from MAID might no longer apply. If combining VSED and MAID is now a possibility for patients with dementia, then clinicians need more guidance on whether and when to support patients seeking to take this path. In this article, we begin to provide this guidance.

Did COVID-19 ICU patient mortality risk increase as Colorado hospitals filled? A retrospective cohort study

BMJ Open; by David R Johnson, Debashis Ghosh, Brandie D Wagner, Elizabeth J Carlton; 5/24

Overall, and especially during the Delta era (when most Colorado facilities were at their fullest), increasing exposure to a fuller hospital was associated with an increasing mortality hazard for COVID-19 ICU patients.

The complexity of physician power

Science; by Laura Nimmon; 5/16/24

Inequitable variation in physician effort and resource use is revealed. Power is present in all human relationships. Thus, there is no interaction in which power and its potential to exert influence is not relevant in medicine. Although the role of power in medical interactions is important, few studies investigate how physicians allocate effort and execute their power when interacting with patients. ... The nature of physicians' relationships with patients is characterized as top down and asymmetrical (1). This unequal relationship i s thought to be a product of physicians possessing legitimized expert knowledge and legal decision-making authority and patients who are reliant on care and services. Underpinning this power afforded to physicians is societal trust that physicians will always act altruistically and ethically toward patients.

Publisher's Note: Also see the related article **How power shapes behavior: Evidence from physicians** *by Stephen D. Schwab, Manasvini in the same issue.*

[They] investigate how physician power in the US Military Health System interfaces with sociological phenomena such as hierarchy, status, and authority. Their findings reveal the variability and complex mechanisms through which physician power is exerted, ultimately providing nuance about how th e ethics of physician power is understood as it interfaces with other hierarchical systems of power.

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Today's Encouragement

We now no longer camp as for a night, but have settled down on earth and forgotten heaven. ~Henry David Thoreau

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