



# HOSPICE & PALLIATIVE CARE TODAY

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Welcome to Hospice & Palliative Care Today, a daily email summarizing numerous topics essential for understanding the current landscape of serious illness and end-of-life care. Recent [TCN Talks podcasts / videos](#) reviewing Hospice & Palliative Care Today monthly content available for 2024: [January](#); [February](#); [March](#); [April](#), [May](#), and [June](#).

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**July 28th, 2024**

*Sunday newsletters focus on headlines and top read stories of the last week (in order) - enjoy!*

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### **Headlines**

#### **[End-of-life care is a profound and essential aspect of medical practice](#)**

*Market.US Media, New York; by Samruddhi Yardi; 7/19/24*

According to [End-of-Life Care Statistics](#), End-of-life care, also known as palliative care, refers to the comprehensive medical, emotional, and psychological support provided to individuals who are nearing the end of their lives, often due to terminal illnesses or conditions. [This article includes data on the following:]

- Distribution of Adults in Need of Palliative Care at the End of Life ...
- Prevalence of End-of-Life Care Needs Statistics ...
- Age Distribution of Individuals Receiving End-of-Life Care ...
- Common Illnesses and Conditions Requiring End-of-Life Care ...
- Pain Management and Symptom Control in End-of-Life Care ...

#### **[These are the most common jobs in each state in the US](#)**

*USA Today; by Sara Chernikoff; 7/22/24*

The most common job in the U.S. is a three-way tie, [according to data from the Bureau of Labor Statistics](#). Home health care and personal aides, retail workers and fast food counter workers ranked at the top of the list with 3.6 million workers in each occupation. ... The desire for home health and personal care aides is on the rise as the share of the elderly U.S. population grows exponentially. This occupation is the fastest growing among most states, news outlet [Stacker, reported](#). ... Home health care aides typically assist people living with disabilities or with chronic illness. Personal care aides are often hired to care for people in

hospice care, according to BLS. Advanced degrees are not required for most home health aides, rather those employed by home health or hospice agencies may need to complete formal training or pass a standardized test.

*Editor's Note: (1) Federal requirements for nursing aides in hospice care are defined in the CMS Hospice of Conditions Participation §418.76 and for home health in the CMS Home Health Conditions of Participation §484.80. Additionally, extensive state laws exist, with differences between states. (2) Pair this with the previous article in today's newsletter, [Homecare Homebase opens nominations for 2024 Home Care Aide Scholarship Program](#).*

### **Sasha McAllum Pilkington on grace and storytelling at the end of life**

*Psychotherapy.net; by Lawrence Rubin; 7/22/24*

Narrative Clinician, Sasha McAllum Pilkington [of New Zealand], shares poignant stories she co-created with hospice clients which honor and celebrate their lives. [This interview includes: ...

- Meaning Making in the Shadow of Death ...
- "I think being alongside people who are dying, and their loved ones, is very important. When I speak of being 'alongside,' I am referring to supporting a person to reflect on their experience and what matters to them in ways where they experience themselves as worthy of respect and holding knowledge about their own life. I think recognizing our shared humanity is significant in working with people who are seriously ill and approaching death."
- Narrative Therapy: Discourses Around Death and Dying ...
- Building Meaning at the Threshold of Death ... A Therapist Reflects on Early and Ongoing Influences ...

For review of Sasha Pilkington's other works, visit the [Journal of Contemporary Narrative Therapy \(JCNT\)](#).



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### **Hospice enrollment and central nervous system–active medication prescribing to Medicare decedents with dementia**

*JAMA Psychiatry; by Lauren B. Gerlach, DO, MS; Lan Zhang, PhD; Joan Teno, MD, MS; Donovan T. Maust, MD, MS; 7/17/24*

Central nervous system (CNS)–active medications, including benzodiazepines and antipsychotics, are commonly prescribed in hospice for behavioral and physical symptom management.<sup>1</sup> Such medications are not without risks, especially among patients living with Alzheimer disease and related dementias (ADRD), where potential harms may outweigh benefits for some patients.<sup>2</sup> We explored the extent to which hospice enrollment is associated with CNS–active medication exposure among Medicare decedents with ADRD.

### **Why home health providers should expect to see a ‘less draconian’ final payment rule**

*Home Health Care News; by Joyce Famakinwa; 7/22/24*

As home health providers continue to digest the proposed payment rule for 2025, National Association for Home Care & Hospice (NAHC) President William A. Dombi believes that the industry will ultimately see a comparatively toned down final rule. “We believe we will not end up with this proposed rule as a final rule,” he said during the opening presentation at NAHC’s Financial Management Conference in Las Vegas on Sunday. “We will end up with something less draconian. The cuts will be reduced because, No. 1, that’s what they’ve done for the last several years, and, No. 2, it’s an election year.” Even with a prediction of a “less draconian” final payment rule, NAHC is still gearing up to fight against home health cuts and the Centers for Medicare & Medicaid Services’ (CMS) payment-setting methodologies.

### **Acupuncture as a support in palliative care at Sun City Center HAW**

*The Tidewater News, Ruskin, FL; 7/22/24*

Sun City Center Health and Wellness (HAW) is dedicated to providing comprehensive care for patients managing serious illnesses, championing the use of acupuncture as a key supportive treatment in palliative care. This practice, grounded in traditional Chinese medicine, offers relief from common symptoms and enhances overall well-being. ... The role of acupuncture in palliative care is gaining recognition for its potential to improve the quality of life for patients dealing with serious illnesses.

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**Ethical challenges in the treatment of patients with severe anorexia nervosa**

*Psychiatry Online; by Patricia Westmoreland, MD; Jole Yager, MD; Jonathan Treem, MD; and Philip S. Mehler, MD; 7/15/24*

Ethical principles assist us in determining the best course of action with regard to patients with [anorexia nervosa] AN. The vast majority of patients with AN should be offered high-quality, restorative-informed care. But for a minority of patients (e.g., those with SE-AN) other treatment options need to be considered. Clinicians are obliged to realistically assess each patient's potential for recovery or ability to engage in harm reduction and palliative care approaches, and be cognizant of the wishes of the patient, family, and treatment team. In addition, the burden on caregivers and stewardship in the expenditure of health care resources should also be considered when deciding whether involuntary treatment, harm reduction, palliative care, or end-of-life care be recommended for a particular patient.

**Tools for tomorrow: a scoping review of patient-facing tools for advance care planning**

*Palliative Care and Social Practice; by Sean R. Riley, Christiane Voisin, Erin E. Stevens, Seuli Bose-Brill, Karen O. Moss; 6/24/24 first published online*

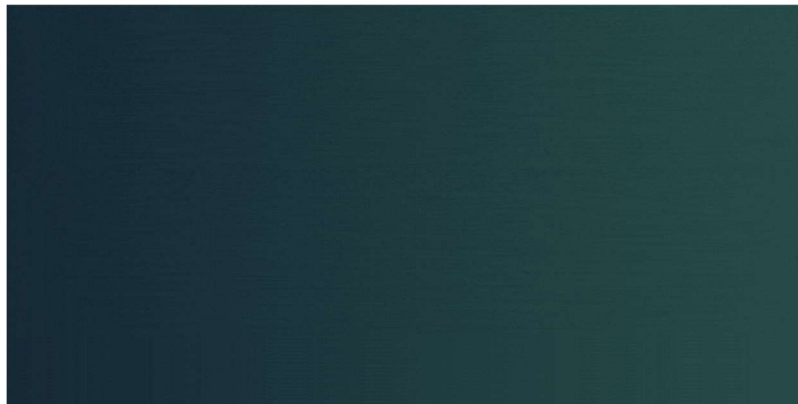
Our scoping review reveals an evolving landscape of ACP tools [Advanced Care Planning], marked by increasing diversity in delivery methods and a trend toward personalized, adaptable resources. The integration of technology and patient- and family-centered approaches signifies promising progress in end-of-life care, offering new paths for engagement with patients and families. Critics questioning the utility of ACP may need to revisit their perspectives in light of these innovative developments. Our findings highlight

the need for further research on the effective implementation and integration of these tools as well as other unique approaches into healthcare systems and community-based settings. Ultimately, the continual advancement of these tools may reshape health services research, leading to more patient- and family-centered care and improving end-of-life decision-making processes outcomes for all people thereby promoting health equity.

### **[Top Projects of 2023: Our Lady of Peace](#)**

*Finance & Commerce, Minnesota Business; by Kate Leibsle; 7/19/24*

Jamey Flannery and her team at Flannery Construction took seriously their obligation not just to their client, Our Lady of Peace, but to the patients, their families, and staff to make the construction project at the hospice center as smooth and transparent as possible. Limiting disruptions when you are renovating or adding on to an existing, occupied building is always important, but when the facility you are working on is a hospice center, it becomes paramount. ... The project turned the facility's 21 double-occupancy rooms into private suites. Each room now is big enough for family and friends to gather in a living area, have a TV and offer more privacy, Flannery said.



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### **[Screening for Dementia: A Podcast with Anna Chodos, Joseph Gaugler and Soo Borson](#)**

*GeriPal Podcast; Eric Widera, Alex Smith, Anna Chodos, Joseph Gaugler, Soo Borson; 7/19/24*

The US Preventive Services Task Force (USPSTF) concluded back in 2000 that there is insufficient evidence to recommend for or against routine screening for dementia in older adults. Are there, though, populations that it may be helpful in, or should that change with the advent of the new amyloid antibodies? Should it? If so, how do we screen and who do we screen? On this week's podcast we talk with three experts in the field about screening for dementia.

### How well does Medicare cover end-of-life care? It depends on what type

*Medical Xpress; by Mark Harden, CU Anschutz Medical Campus; 7/19/24*

Not all versions of Medicare are created equal—and when it comes to end-of-life care, some versions may serve a patient's needs better than others. That's the focus of newly published research by Lauren Hersch Nicholas, Ph.D., MPP, a University of Colorado Department of Medicine and CU Cancer Center health economist, and her colleagues. The researchers analyzed the experiences of more than a million people receiving Medicare-funded services in the last six months of their lives. ... Their paper was [published](#) July 19 in *JAMA Health Forum*. What Nicholas and her colleagues found is that the kind of Medicare a patient is enrolled in can make a difference in whether that patient gets certain treatments, and whether the patient dies in a hospital or in hospice care.

### 'Bad apples in a barrel': How fraudsters in home health care impact the entire space

*Home Health Care News; by Joyce Famakinwa; 7/19/24*

The home health industry has its very own boogeyman--the bad actor. However, there's a difference between providers that had made errors in claims ... *[Additional subscription may be required]*



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### **Today's Encouragement**

Someday I hope you get the chance to live like you were dying. He said, “I was finally the husband, that most the time I wasn’t. And I became a friend a friend would like to have...” ~Tim McGraw, Live Like You Were Dying



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