

## Cordt Kassner

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## August 24th, 2024

*Saturday newsletters focus on headlines and research - enjoy!*

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## **Breaking News**

### **Fraudulent hospices reportedly target homeless people, methadone patients to pad census**

*Hospice News; by Jim Parker; 8/23/24*

Fraudulent hospices in California reportedly have been targeting homeless people and methadone patients, promising them a steady supply of opioids in

exchange for enrolling in hospice. Three hospice leaders came forward to Hospice News to report these practices. According to their reports, unscrupulous providers have canvassed both homeless encampments and methadone clinics seeking to sign up patients who are not terminally ill. In many cases, the sources said, these operators offer patients free access to board-and-care facilities and a daily supply of morphine. Another frequent practice among these hospices is to offer patients cash or other items in addition to drugs, they said. "This conduct raises serious fraud concerns on kickbacks or gifts to beneficiaries who do not appear to qualify for hospice," Bill Dombi, president of the National Association for Home Care & Hospice (NAHC), told Hospice News. "More importantly, this conduct is predatory, taking advantage of individuals in addiction. Jail time is not enough punishment for the harm that such conduct creates."

*Editor's Note: This is abhorable. Click on the title's link to read more. While [John Oliver's "Last Week Tonight"](#) episode on 8/18/24 gained criticism from many hospice leaders, these fraudulent unethical behaviors (and others') lay the groundwork for such dire distrust from the public. These organizations' behaviors must be stopped. These persons and organizations must be held accountable.*

## Headlines

### **[New bill in Congress would improve end-of-life care](#)**

*Public News Service; Suzanne Potter; 8/23/24*

A bill just introduced in Congress would raise public awareness of issues surrounding the end of life, including palliative care, and hospice. The [Compassionate Care Act](#) [co-sponsored by Rep. Nanette Barragán, D-CA, and Sen. Richard Blumenthal, D-CT] would establish guidelines for advance care planning between health providers and patients... The bill would direct the government to develop education resources for providers, expand telehealth options and facilitate a study of a national advance care planning registry, which would allow patients to transfer their advance directives from state to state.

## Research News

### **[Protecting patients and society in an era of private equity provider ownership: Challenges and opportunities for policy](#)**

*Health Affairs; by Christopher Cai, Zirui Song; 5/24*

Private equity (PE) acquisitions in health care delivery nearly tripled from 2010 to 2020. Despite concerns around clinical and economic implications, policy responses have remained limited. We discuss the US policy landscape around PE ownership, using policies in the European Union for comparison. We present four domains in which policy can be strengthened.

1. First, to improve oversight of acquisitions, policy makers should lower reporting thresholds, review sequential acquisitions that together affect market power, automate reviews with potential denials based on market concentration effects, consider new regulatory mechanisms such as attorney general veto, and increase funding for this work.
2. Second, policy makers should increase the longer-run transparency of PE ownership, including the health care prices garnered by acquired entities.
3. Third, policy makers should protect patients and providers by establishing minimum staffing ratios, spending floors for direct patient care, and limits on layoffs and the sale of real estate after acquisition (forms of “asset stripping”).
4. Finally, policy makers should mitigate risky financial behavior by limiting the amount or proportion of debt used to finance PE acquisitions in health care.



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## **Does a patient's ability to pay for health care make their life worth saving?**

*JAMA Open Network; by Zara Cooper, MD, MSc; 7/24*

In this well-executed study using data from the American College of Surgeons Trauma Quality Improvement Program (TQIP), Hoit et al demonstrated that the timing of withdrawal of life-sustaining treatment (WLST) in critically injured adults between ages 18 and 64 years was statistically associated with the type of insurance they carried. Specifically, the authors showed that even after accounting for patient and hospital characteristics, individuals without insurance were approximately 50% more likely to undergo WLST earlier than others who

were insured (eg, private insurance or Medicaid). ... it is incumbent upon individual clinicians and health systems to closely and uncomfortably examine how bias either creeps or marches into the life-and-death decisions we make for everyone under our care.

### **Palliative care is a viable option for frail elderly patients with neurocognitive disorders admitted for hip fractures**

*BMC Musculoskeletal Disorders; by Justine Boulet, Etienne L Belzile, Norbert Dion, Chantal Morency, Mélanie Bérubé, Alexandra Tremblay, Stéphane Pelet; 8/10/24*

Most patients presenting with a hip fracture regardless of their comorbidities are surgically treated. A growing body of research states that a certain type of elderly patient could benefit more from a palliative approach. ... The presence of [a neurocognitive disorder] NCD and diminished prefracture autonomy strongly support counseling for palliative care. The high rate of complications when surgery is proposed for frail patients with multiple comorbidities suggests that the concept of palliative surgery needs to be revisited.

### **A protocol for the inclusion of minoritized persons in Alzheimer Disease research from the ADNI3 Diversity Taskforce**

*JAMA Open Network; by Ozioma C Okonkwo, Monica Rivera Mindt, Miriam T Ashford, Catherine Conti, Joe Strong, Rema Raman, Michael C Donohue, Rachel L Nosheny, Derek Flenniken, Melanie J Miller, Adam Diaz, Annabelle M Soto, Beau M Ances, Maryam R Beigi, P Murali Doraiswamy, Ranjan Duara, Martin R Farlow, Hillel T Grossman, Jacobo E Mintzer, Christopher Reist, Emily J Rogalski, Marwan N Sabbagh, Stephen Salloway, Lon S Schneider, Raj C Shah, Ronald C Petersen, Paul S Aisen, Michael W Weiner, Alzheimer's Disease Neuroimaging Initiative; 8/24*

Black or African American (hereinafter, Black) and Hispanic or Latino/a/x (hereinafter, Latinx) adults are disproportionately affected by Alzheimer disease, but most research studies do not enroll adequate numbers of both of these populations. The Alzheimer's Disease Neuroimaging Initiative-3 (ADNI3) launched a diversity taskforce to pilot a multipronged effort to increase the study inclusion of Black and Latinx older adults. In this cross-sectional study of pilot inclusion efforts, a culturally informed, community-engaged approach increased the inclusion of Black and Latinx participants in an Alzheimer disease cohort study.

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## **Novel drug treatments for pain in advanced cancer and serious illness: a focus on neuropathic pain and chemotherapy-induced peripheral neuropathy**

*Palliative Care and Social Practice; by Mellar P Davis; 7/24*

This review will discuss haloperidol, miragabalin, palmitoylethanolamide (PEA), and clonidine as adjuvant analgesics or analgesics. Haloperidol [demonstrates] ... only low-grade evidence that [it] improves pain when combined with morphine, methadone, or tramadol in patients who have cancer, pain from fibrosis, radiation necrosis, or neuropathic pain. Miragabalin is a gabapentinoid approved for the treatment of neuropathic pain ... [and] in randomized trials, patients with diabetic neuropathy have responded to miragabalin. Multiple randomized trials and meta-analyses have demonstrated PEA's effectiveness in reducing pain severity arising from diverse pain phenotypes. Intravenous clonidine has been used in terminally ill patients with poorly controlled symptoms, in particular pain and agitation.

## **Palliative rehabilitation in patients with cancer: definitions, structures, processes and outcomes**

*Current Oncology Reports; by Jegy M. Tennison, Jack B. Fu, David Hui; 8/24*

This review examines the literature on palliative rehabilitation for patients with advanced cancer, focusing on definitions, structures, processes, and outcomes. Palliative cancer rehabilitation emphasizes a collaborative approach that integrates palliative care with rehabilitation interventions, aiming to enhance quality of life and address diverse patient needs. The outcomes of palliative

cancer rehabilitation varied widely by goals, settings, and interventions. Studies in hospice settings generally reported improved symptom control; inpatient rehabilitation had mixed functional outcomes; and outpatient palliative rehabilitation may contribute to enhanced functional and symptom outcomes, especially among patients with higher baseline function.

### **Crowdsourced feedback to improve resident physician error disclosure skills-A randomized clinical trial**

*JAMA Open Network; Andrew A. White, MD; Ann M. King, MA; Angelo E. D'Addario, MA; Karen Berg Brigham, JD, MPH; Joel M. Bradley, MD; Thomas H. Gallagher, MD; Kathleen M. Mazor, Ed; 8/24*

Residents must prepare for effective communication with patients after medical errors. The video-based communication assessment (VCA) is software that plays video of a patient scenario, asks the physician to record what they would say, engages crowdsourced laypeople to rate audio recordings of physician responses, and presents feedback to physicians. In this randomized clinical trial, self-directed review of crowdsourced feedback was associated with higher ratings of internal medicine and family medicine residents' error disclosure skill, particularly for those without real-life error disclosure experience, suggesting that such feedback may be an effective way for residency programs to address their requirement to prepare trainees for communicating with patients after medical harm.



### **Is it early enough? The authentic meaning of the pediatric palliative approach between early and late referral in pediatric oncology: a case study**

*Frontiers in Oncology; by Anna Santini, Irene Avagnina, Maria C Affinita, Anna Zanin, Franca Benini; 7/24*

The literature widely supports the benefits of early integration of palliative care into pediatric oncological care; however, many barriers to its successful



integration remain. Integrating palliative care as early as possible in the oncology pathway is critical, but other criteria are relevant to positive results. This paper aims to contribute to the early/late referral dualism in pediatric palliative care (PPC) and highlight the importance of a collaborative approach between oncologists and palliative care teams. This study investigates the impact of early versus late referral to PPC, intersecting it with the synergy work between services and the related outcomes.

### **Access to legacy-oriented interventions at end of life for pediatric oncology patients: A decedent cohort review**

*Pediatric Blood and Cancer; by Sarah Daniels, Nelson D Franqui-Rios, Suraj S Mothi, Elizabeth Gaitskill, Kathryn Cantrell, Erica C Kaye; 8/24*

Legacy-oriented interventions have the potential to offer pediatric oncology patients and families comfort at end of life and during bereavement. Certified child life specialists often provide these services, and presently little is known about whether disparities exist in the provision of legacy-oriented interventions. [In this study] fifty-two percent of patients received a legacy-oriented intervention. Older adolescents ( $\geq 13$  years) were less likely ... to receive legacy-oriented interventions than younger ones. Patients with home/hospice deaths were also less likely ... to receive interventions compared to patients who passed away at SJCRH [St. Jude Children's Research Hospital] locations. Hispanic patients ... and those in palliative care ... were more likely to receive interventions.

### **Transitional palliative care for family caregivers: Outcomes from a randomized controlled trial**

*Journal of Pain and Symptom Management; by Joan M Griffin, Jay N Mandrekar, Catherine E Vanderboom, William S Harmsen, Brystana G Kaufman, Ellen M Wild, Ann Marie Dose, Cory Ingram, Erin E Taylor, Carole J Stiles, Allison M Gustavson, Diane E Holland; 8/24*

Patients receiving inpatient palliative care often face physical and psychological uncertainties during transitions out of the hospital. Family caregivers often take on responsibilities to ensure patient safety, quality of care, and extend palliative care principles, but often without support or training, potentially compromising their health and well-being. This study tested an eight-week intervention using video visits between palliative care nurse interventionists and caregivers to assess changes in caregiver outcomes and patient quality of life. Addressing rural



caregivers' needs during transitions in care can enhance caregiver outcomes and improve patient quality of life.



### **Mid-Atlantic primary care providers' perception of barriers and facilitators to end-of-life conversation**

*Palliative Care and Social Practice; by Melanie A. Horning, Barbara Habermann; 8/24*  
Primary care providers are ideal people to facilitate end-of-life conversations, but these conversations rarely occur in the out-patient setting. Reported barriers in descending order included resistance from patients and families, insufficient time, and insufficient understanding of prognosis and associated expectations. Reported facilitators in descending order included established trusting relationship with provider, physical and/or cognitive decline and poor prognosis; and discussion standardization per Medicare guidelines. The involvement of primary care providers is associated with earlier ACP [advance care planning].

## **International News**

### **[Netherlands] Potentially inappropriate end of life care and healthcare costs in the last 30 days of life in regions providing integrated palliative care in the Netherlands: A registration-based study**

*International Journal of Integrated Care; by Chantal F R Pereira, Anne-Floor Q Dijkhoorn, Berdine Koekoek, Monique van den Broek, Karin van der Steen, Marijanne Enge, Marjon van Rijn, Judith M Meijers, Jeroen Hasselaar, Agnes van der Heide, Bregje D Onwuteaka-Philipsen, Marieke H J van den Beuken-van Everdingen, Yvette M van der Linden, Manon S Boddaert, Patrick P T Jeurissen, Matthias A W Merkx, Natasja J H Raijmakers; 7/24*

This study aimed to assess the effect of integrated palliative care (IPC) on potentially inappropriate end-of-life care and healthcare-costs in the last 30 days of life in the Netherlands. In regions providing IPC deceased adults (n = 37,468) received significantly less potentially inappropriate end-of-life care post-implementation compared to pre-implementation. Mean hospital costs significantly decreased for deceased adults who received IPC ... while mean costs

increased for general practitioner services. This study shows less potentially inappropriate end-of-life care and a shift in healthcare costs from hospital to general practitioner and home care with IPC.

### **[Ireland] Does a palliative medicine service reduce hospital length of stay and costs in adults with a life-limiting illness?-a difference-in-differences evaluation of service expansion in Ireland**

*Annals of Palliative Medicine; by Soraya Matthews, Eimir Hurley, Bridget M Johnston, Pauline Kane, Karen Ryan, Eoin Tiernan, Charles Normand, Peter May; 7/24*

People approaching end of life account disproportionately for health care costs, and the majority of these costs accrue in hospitals. The economic evidence base to improve value of care to this population is thin. Our primary analytic sample included 4,314 observations, of whom 608 (14%) received timely palliative care. We estimated that the intervention reduced LOS [length of stay] by nearly two days, with an estimated associated saving per admission of €1,820 [~\$1,986 USD on this date].



## **Today's Encouragement**

**Life is all about how you handle Plan B ~Suzy Toronto**



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