

Eli's Hospice Insider

INDUSTRY NOTES: Doctor-Patient Conversation Can Lower End-of-Life Expenses

Patients who discuss end-of-life preferences have lower rates of intensive care admission.

Dying isn't a popular conversation topic, but discussing end-of-life issues with a physician can result in better quality of life for patients and could lower national healthcare expenditures for cancer care alone by tens of millions dollars each year, according to a study led by researchers at DanaFarber Cancer Institute.

The study, reported in the March 9 issue of the **Archives of Internal Medicine**, followed advanced cancer patients, calculating the final week healthcare costs of patients who had an end-of-life (EOL) conversation with their physician and comparing them to those of patients who did not.

Researchers found that patients who reported having an EOL conversation had an estimated average of \$1,876 in healthcare expenses during their final week of life, compared to \$2,917 for those who didn't -- a difference of \$1,041, or 36 percent, according to a release from Dana-Farber Cancer Institute. Higher costs -- typically the result of more intensive, life-prolonging care -- were also associated with a worse quality of death during patients' final week. In addition, patients typically did not live longer if they received intensive care.

"We refer to the end-of-life discussion as the multimillion dollar conversation because it is associated with shifting costs away from expensive, burdensome, non-curative care, like being on a ventilator in an ICU, to less costly comfort care provided at home or in hospice, which most patients and their families say they would prefer," said the study's senior author, **Holly Prigerson, PhD**, of Dana-Farber in the release. "As the nation looks to ways to improve patient care and reduce costs of healthcare, end-of-life conversations should be considered. Policies that promote increased communication, such as incentives for end-of-life conversations, may be cost-effective ways to both improve care and reduce some of the rising healthcare expenditures."

Physician education and support can also help, experts say. "Unless physicians are hospice trained, many still view their role as diagnosing and curing people," **Diana Waugh, RN,BSN**, a geriatric care nurse who serves on a hospice board of directors, tells Eli's Hospice Insider. "And when you say hospice, that means you aren't going to cure something."

Beef up handwashing with this handy tool. Getting your direct care staff to use proper hand hygiene should be at the top of your infection control priority list, says accrediting body The Joint Commission (formerly known as JCAHO). But figuring out exactly what protocol to require and then encouraging and measuring compliance can be tricky. Now a tool from the Oakbrook Terrace, Ill.-based accreditor, developed in conjunction with a group of federal and private groups, may help. The monograph includes reviews of the strengths and weaknesses of commonly used approaches, examples of measurement methods and tools, and references to evidence-based guidelines and published literature, the Commission says. Access the tool at www.jointcommission.org/PatientSafety/InfectionControl/hh_monograph.htm or email www.customerservice@jointcommission.org for a free copy.

The transition to ICD-10-CM might be a little less painful thanks to new tools from CMS. The tools help you crosswalk from the current diagnosis code set (ICD-9-CM) to the new one. CMS' general equivalence mappings offer a backward and forward crosswalk tool to help you convert diagnosis codes between the two systems. In some cases, you won't find a direct one-to-one match between the code sets. Instead, one ICD-9 code may lead you to several options on the ICD-10 code set.

Review the general equivalency mappings at www.cms.hhs.gov/ICD10/02m_2009_ICD_10_CM.asp. CMS will hold a May 19 conference call that will provide an ICD-10 overview, an explanation of the mappings, and ICD-10 transition planning advice. More information about the call is online at www.cms.hhs.gov/ICD10/07a_2009_CMS_Sponsored_Calls.asp.

