Senators Hear Call for End-of-Life Policy Changes

BY KEITH HAGLUND
Senior Editor

At a hearing of the Senate Aging Committee, hospice and palliative care experts called on Congress to adequately fund end-of-life care and revise federal regulations surrounding care transitions at that time of vulnerability.

Congress "must adequately fund and demand high quality of care for frail, older Americans whose last home is a nursing home," testified Dr. Joan Teno, associate medical director of Home and Hospice Care of Rhode Island in Providence.

Along with others at the hearing, Dr. Teno called on Congress to reverse action taken this year by the Centers for Medicare and Medicaid Services to cut $2.2 billion in a special adjustment to hospice wages over the next 3 years. Bills to that effect were pending in both the House and Senate at press time.

Dr. Diane Meier, director of palliative care at the Mount Sinai School of Medicine, New York, testified regarding additional funding for end-of-life research.

"Despite the fact that each one of us will eventually get sick and die, almost no federal support for research aimed at improving the quality of life during chronic and serious illness has been available to develop the evidence base necessary to relieve suffering and reliably help patients and families in need," she said.

Dr. Meier also asserted the need for targeted federal support for physician and nurse training in palliative care, citing "a near total lack of medical and nursing education in palliative care." In her testimony, she stated that in 9 years of medical education, including geriatrics training, she had never received a lecture on pain management or treatment of symptoms such as shortness of breath or nausea.

Joan Curran, chief of government relations and external affairs at Gundersen Lutheran Medical Center in La Crosse, Wis., testified about the need for federal support for palliative care research and education. Ms. Curran advocated better, more widespread use of advance directives, and recommended increased Medicare reimbursement for facilities that have advance directives for 85% or more of residents and show that they abide by those documents.

'Despite the fact that each one of us will eventually get sick and die, [there is] almost no federal support for research.'

DR. MEIER

"As you move forward, my strongest recommendation to you is to remove barriers and create incentives" for "a system that allows people to make their wishes known and health care organizations that value and respect those choices," Ms. Curran testified.

Her medical center has implemented an elaborate end-of-life care model, including widespread use of advance directives, that is available for use at other facilities. Gunderson's success in that effort shows that it can save Medicare funds, Ms. Curran said. Data from 2007 showed that the center generated about $18,000 in Medicare costs per patient in the last 2 years of life, while the national average is more than $25,000 and some health care organizations generate average costs as high as $58,000 for those dying patients.

Senate Aging Committee member Sheldon Whitehouse (D-R.I.), who called the hearing, said he did so in part to address "a fundamental disconnect" between patients' end-of-life wishes and physicians' actions. He claimed that surveys indicate that 70% of physicians whose patients have advance directives don't know about them.

Oklahoma Attorney General W. Drew Edmondson called on the committee to end Medicare's "artificial division between ordinary medical care and hospice care." Patients entering hospice care shouldn't be required to forgo curative care and some palliative care, as is now the case, and the 6-month terminal diagnosis required for the Medicare hospice benefit should be relaxed, he urged.

Sen. Ron Wyden (D-Ore.), who also sits on the Aging Committee, suggested an important subtext for the hearing, as Congress looks beyond the current administration. "Looking to health care reform next year," he said, "you cannot get that topic right unless you expand options for end-of-life care." ■