



# Provider Resources for Moving the Elephant out of the Examining Room

## The two greatest opportunities for optimizing hospice use in your community are:

1. to identify and refer patients sooner for a hospice evaluation who probably meet prognostic guidelines for hospice, and
2. to have “The Talk” earlier in the course of a serious or life-limiting illness.

This document focuses on some practical tips for addressing these two opportunities.

## Identifying Patients Sooner: Where are the gaps?

- Many physicians believe 3-6 months in hospice care is appropriate.
- According to published studies, physicians tend to overestimate prognosis on average by 500%, i.e., that a patient they believe will live for five months may actually die in just one month.
- Median length of stay in hospice is 18.7 days (2012 data).
- 35-40% of patients enrolled in hospice die in seven days or less.

### What physicians can do

- Instead of asking yourself if your patient has a prognosis of six months or less, consider asking yourself the “surprise” question:

“Would I be surprised if I saw my patient’s name in the obituary column of the local newspaper in the next year?”

- If the answer is no, then these are the patients with whom having “The Talk” is most important.
- Your community hospice programs are excellent referral resources for facilitating these conversations.

## Having “The Talk” sooner: Where are the gaps?

Once we know something, it is very difficult or impossible to put ourselves in the situation of “not knowing.” This is called the ‘Curse of Knowledge’. All health care providers are subject to this bias to some degree.

While we as providers know the difference between curative treatments, remissive treatments (*treatment that slows down the course of a disease*) and palliative treatments (*treatment that focuses on relieving symptoms, suffering, and improving quality of life*) our patients do not know this.

**Example:** We know that advanced cancer can’t be cured.

- However, new research at Dana Farber Cancer Institute discovered that 70% of advanced lung cancer patients and 81% of advanced colon cancer patients believe their chemotherapy will cure them.

**Example:** We know that the 6-year survival rate for Congestive Heart Failure is only 20 - 25%.

- However, a recent study reported that 60% of patients with heart failure did not understand that their illness was life limiting.

## What we can do for our patients

- Encourage patients to ‘ask their doctor’ about hospice if they have a serious illness.
- Provide them with a list of specific questions to initiate “the talk” (see resource for patients).

## What we can do for ourselves

- Review and use this established protocol for conducting goals of care discussion. Check patient/family understanding of the goals/expected outcomes of treatments.

### How to Talk About Goals of Care

- Create the right setting (privacy, the right parties are present)
- Determine what the patient and family already know
- Explore what they are expecting or hoping for
- Suggest realistic goals
- Respond empathically
- Make a plan and follow through with it
- Review and revise periodically, as appropriate

- Identify hospice resources in your community that your patients can be referred to for these conversations.
- Initiate conversations to distinguish curative, remissive and comfort focused treatments early on in the course of a serious illness.

### Sample scripts you can customize to initiate conversations:

1. **With patients:** In our practice, we believe that patient comfort and quality of life are as important as curing a disease or prolonging life. When curative treatments no longer have the desired effect, and when a disease continues to worsen in spite of treatments to slow it down, we have found that hospice care is a good option because it offers patients the opportunity to stay at home and to make personal decisions about how to spend the time that remains. We work with local hospices that offer these services.
2. We have a number of options to choose from. Chemotherapy may eradicate the cancer, so you might want to start there. Next we could try.... You should also know about hospice, which cares for people at home if treatments don't help.
3. **With families:** Have you considered hospice services? We think it's a good idea to explore all possibilities, so that when you are faced with a crisis, you aren't looking around frantically for vital information.

## Remember: Research shows that early palliative interventions improve both quantity and quality of life.

This information was produced in support of Stratis Health's Targeting Resource Use Effectively (TRUE) hospice utilization improvement project. Project TRUE is intended to help eligible patients get into hospice care sooner, and to increase appropriate referrals to and utilization of hospice in Minnesota through the identification of barriers to access. Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. TRUE is a special innovation project funded by the Centers for Medicare and Medicaid (CMS).