

# HOSPICE NEWS

Gateway Hospice Newsletter

June 2017

## ABOUT US!

Gateway Hospice is proud to serve Wright County and our surrounding communities. We're starting a newsletter to provide upcoming information and updates available to our partners. We appreciate your partnership in caring for all the counties we serve.

## Celebrating CNA Week!

Gateway Hospice is proud to celebrate CNA Week with our dedicated and committed aides. They truly help make our agency the great success it is today! Thank an aide every day!



Jessie Kraft

THANK YOU



Mary Gruver

*"Thank you so much for taking care of my loved one and myself during the last week of his life. I couldn't have done it without you. He wanted to be home so bad, and you allowed me to grant his last wish. I'll never forget your kindness."*

- Family of a hospice patient



**HAVE A SAFE AND HAPPY  
4TH OF JULY!**



### JULY COMMUNITY COMFORT COFFEE OPTIONS

Friday, July 7th , 2017

10:00 a.m.-11:00 a.m.– Gateway Hospice Office

2:30p p.m.-3:30 p.m.– Meadow's Assisted Living Activity Room

Everyone Welcome. Light refreshments & coffee served.

# Why Hospice is More Important Today than Ever Before

By Dan Hogan

The Affordable Care Act is driving all health care providers to find ways to improve outcomes in an environment of declining reimbursements. As payments go down, it's important to consider how health care as a whole can increase efficiencies by providing hospice and palliative plans to end-of-life patients who need them most. A few facts to consider:

- By 2020, the number of people living with at least one chronic illness will increase to 157 million. Today, seven out of 10 Americans die from chronic disease.
- Approximately 68 percent of Medicare costs are related to patients with four or more chronic conditions — the typical palliative care patients.
- The costs of critical care for patients with chronic disease and multi-organ failure — mainly the elderly and those for whom death is a common but not an immediate outcome — are exceedingly high. The top 5 percent of such patients account for nearly half of health care spending and the cost per capita for 1 percent of such patients is \$90,000 compared with \$236 per capita for the bottom 50 percent.

If you're starting to think my suggestion to bolster palliative care is singularly financial, consider the study excerpts below:

- According to a 2010 study in the *New England Journal of Medicine*, patients receiving early palliative care **experienced less depression, had better quality of life, and survived 2.7 months longer.**
- According to the Dartmouth Atlas of Health Care, more than 80 percent of patients with chronic diseases say they want to avoid hospitalization and intensive care when they are dying.
- Seven out of 10 Americans say they would prefer to die at home, according to a CNN poll, but according to the Centers for Disease Control and Prevention, only 25 percent actually do.

**Bottom line: hospice is not a bleak sentence; it's a healthy option preferred by patients and their families.**

Maggie Riley, a nurse practitioner at the Atlanta VA Medical Center puts it this way: *Palliative care is about therapeutic relationship-building and interpersonal skills. It's about listening intently, restating and reclarifying, so that you understand what a patient knows and what they need or want to know in order to make good decisions.*

Serious illness affects a person physically, psychologically, socially, and spiritually. Patients are often confused about many aspects of their situation. Some can't comprehend what they've been told about their disease state and their likely outcomes. Others don't understand their treatment options or know about their medical benefits. In some cases, they may be hoping for a cure that just is not possible.

Having these discussions is terribly difficult but absolutely necessary. On a personal note, I don't want my parents and loved ones to exit this world in the clinical sterility of a hospital room surrounded by dedicated and capable strangers, but strangers nonetheless.

Further, I unequivocally do not want to die in a hospital. I am one of the 70 percent of Americans who wants to die at home. I will be in my bed, surrounded by people who love and care for me, who are all bawling in an almost debilitating manner so that I am afforded one last little dose of ego stroking before I go. But that's just me.

We, as a health care community, have the tools to make this scene — tears or no tears — a reality for more people than we ever have before. Predictive modeling is the answer. It can analyze clinical data and glean from that data a comparative insight into a patient's likely term far earlier and more accurately than ever before. These analytics can provide families and patients a longer runway to consider, evaluate, and understand their options. What critically ill patient wouldn't want to be made aware of palliative options if it meant a more comfortable existence and possibly even a longer one?

One of the fibers of our fabric as Americans is an attitude of eternal optimism and perseverance.

*Never Give Up!*— Undeniably words to live by, but not to die by.

**For the complete article visit: <http://www.nahc.org/news/why-hospice-is-more-important-today-than-ever-before/>**

*Life changing services, when the choice is comfort.*