

# HHS Examines Advance Planning

## Doctor-Patient Dialogues Critical, Report Says

Ongoing discussions about end-of-life care between a patient and his or her doctor versus a formal written form filled out just one time is one way to improve advance care planning, according to research completed by the RAND Corp. for the Department of Health and Human Services (HHS) in the “Advance Directives and Advance Care Planning: Report to Congress,” published in June.

Doctors—and family members—need to consider that people’s treatment wishes may change if their conditions change or new advances in medicine can make things possible that were not before, according to the research, which reviewed the current use of advance directives and made

suggestions on how to improve them. “How we die says a lot about a society,” says the HHS report, which points the way for “how all parts of our society must grapple with improving planning

**‘E**nd-of-life decision making in the U.S. is often poorly implemented.’

for the care of people nearing the ends of their lives.”

But “although advance directives and advance care planning can be important

tools to assist those facing the end of life, the evidence suggests that end-of-life decision making in the United States is often poorly implemented,” according to the research.

“In short, advance care planning and advance directives have been ineffective,” the report says.

Most people do not complete an advance directive, the researchers found, and when they are completed, wishes are not carried out either because their scope is too narrow or vague or the form is “simply physically inaccessible.”

Nursing facility residents are more likely to have an advance directive, but “the frequent transfer of patients between care settings near the end of life makes portability a concern,” the report says.

“Advance directives completed in one care setting may not be transferred to a new setting with the patient,” the researchers said. “As a result, palliative care may be interrupted.”

The report also recommends recognizing advance care planning as a process rather than a product. It says that the initial goal of advance planning was to avoid care that prolonged the dying process and did not meet a person’s wishes toward the end of his or her life.

But now there is also a concern that individuals, particularly those with disabilities, may not have access to or be offered all the care they desire.

Researchers say for the advance directives to be effective, they must reflect patient preferences, which can change over the course of an illness.

### **CORRECTION:**

Last month’s cover story included an incorrect URL for RainbowVision. The correct URL is: [www.rainbowvisionprod.com](http://www.rainbowvisionprod.com).

## Residents Enjoy Concert In ‘Real Time’



Residents of The Hill at Whitmarsh, a CCRC located in Lafayette Hill, Pa., watch a “live” performance of the Philadelphia Orchestra playing Rachmaninoff’s “Symphonic Dances” in the community’s state-of-the-art theatre. A new digital broadcasting company, SpectiCast, provided the event free of charge to residents. In addition to periodic concerts, the subscription-based service will broadcast author appearances from the Free Library of Philadelphia.

SNFs Change Hands

Kindred Healthcare, Louisville, Ky., recently closed a \$55.7 million deal to acquire the real estate related to six under-performing nursing centers that were previously leased from Ventas.

The nursing centers, which contain 777 licensed beds, generated pre-tax losses of approximately \$3 million for the year ended Dec. 31, 2008, and approximately \$2 million for the three months ended March 31, 2009.

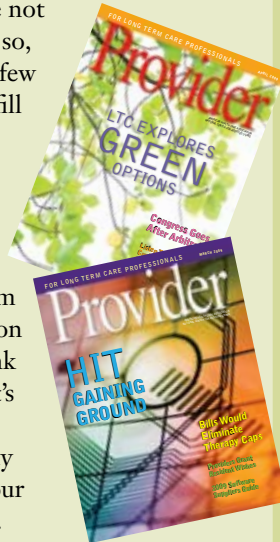
Kindred expects to account for the operations of the facilities and the loss on the transactions as discontinued operations.

Kindred will dispose of the facility as soon as practicable and expects to generate approximately \$15 million to \$20 million in proceeds from the sale. The company expects to record a net loss of approximately \$27 million to \$31 million in the second quarter of 2009 relating to these divestitures.

Your Input Needed!

Provider magazine is conducting a short survey to find out what readers like best and what innovations they might like to see introduced.

If you have not already done so, please take a few moments to fill out the brief online questionnaire by going to Provider Magazine.com and clicking on the survey link under "What's New!" The editors greatly appreciate your participation.



Physicians say lack of time, lack of formal training and knowledge of palliative care measures, belief that patients and families do not want to engage in such discussions, association of palliative care with death, and lack of belief that such discussions are needed are just some of the reasons why they do not discuss it.

The report recommends improving the tools available to move forward with completing an advance directive or making care plans.

The use of a Physician Order for Life-Sustaining Treatment, known as POLST, is also encouraged by the researchers, because advance directives do not go into immediate medical orders, while a POLST does.

"Approximately 20 states are in the process of exploring implementation," the report says.

—Suzanne Struglinski



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