# Funders Improving Care at the End-of-Life

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#### Where We Are

High Intensity of End-of-Life Care in Last 6 Months of Life (2005) Comparison to a Community with a Strategy

	Pittsburg	USA	Portland
% of hospitalized Medicare deaths	29%	29%	22%
Hospital days	11.96	10.81	6.05
In-patient Medicare reimbursements	\$14,107	\$13,805	\$10,024
% admitted to intensive care during final hospitalization	18%	17%	12%
% admitted to intensive care	43%	39%	25%
% spending seven or more days in intensive care	15%	14%	5%

Data extracted from: The Dartmouth Atlas of Health Care, Center for the Evaluative Clinical Sciences a Dartmouth Medical School; **Population-based rates** for geographic regions

Hospice days per decedent during 9.26 11.55 13.19 the last 6 months of life (2001-2005)

Data extracted from: The Dartmouth Atlas of Health Care, Center for the Evaluative Clinical Sciences at Dartmouth Medical School; **Provider-based rates** for geographic regions;





#### This is What We Hear

- Specialist: "I saved him, but I am not sure I did him any favors. He didn't think so, nor did his wife."
- Clergy: "Do care and cure have to be united? I can accept supporting death as caring?"
- Family: "Too many decisions are made at the moment of acute terror. We should talk beforehand."
- Social Worker: "Death is still seen as a failure. Our docs can't deal with it."





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### What We've Funded

- > Hospice
- > Pain Management Pilots
- > Chair in Palliative and EOL Care
- > Physician/Patient Conversations
- » Creative Non-Fiction Special Issue
- > Institute to Enhance Palliative Care
- > Compassionate Sabbath clergy retreat
- > APPEAL Palliative care education for African Americans
- > Closure Conversations at End-of-Life





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## **Closure Vision**

- > Patients and loved ones are informed about choices and challenges
- Resources, support systems, curricula and planning tools are widely accessible in all settings
- End-of-life issues are openly discussed;
  End-of-life viewed as meaningful and personal





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#### Closure: Conversations About End-of-Life

Overview of Issues: How do most Americans die? What makes a "good" endof-life experience for patients, families and practitioners?

tients, families and practitioners? other's perspectives and experience?

Values: How do ethical issues and religious customs influence end-oflife decisions? The Planning Tool Kit: What are the essential documents and resources for successful preparation? Who helps with this?

The Family and Providers

Experiences: Can

caregivers and providers

listen and learn from each

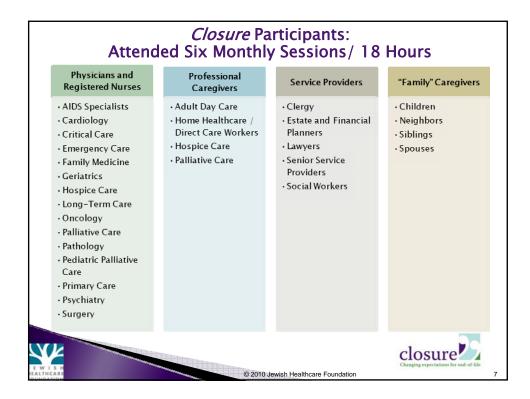
Resources and Implementation: When should we access palliative care services and hospice referrals? Planning for Culture Change A Policy Agenda

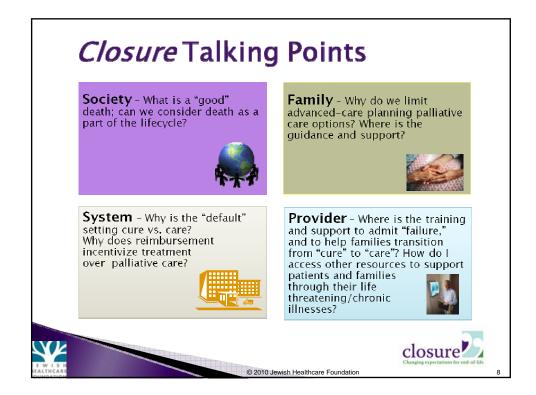




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## Ongoing efforts in Pittsburgh

- Replicating Closure
  - Catholic and African American Communities, and through the Veterans' Administration VISN 4



- Readmissions Prevention Demonstration Project
  - in Long-Term Care (Dementia Unit) with VA
- www.Closure.org
  - downloadable, advance planning documents and a 12-modules core curriculum for families and professionals





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