

Ice to Eskimos

Making the Case for Hospice Care to a Death Averse Society



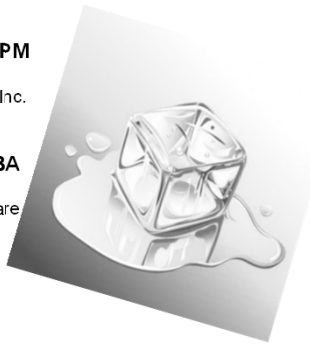
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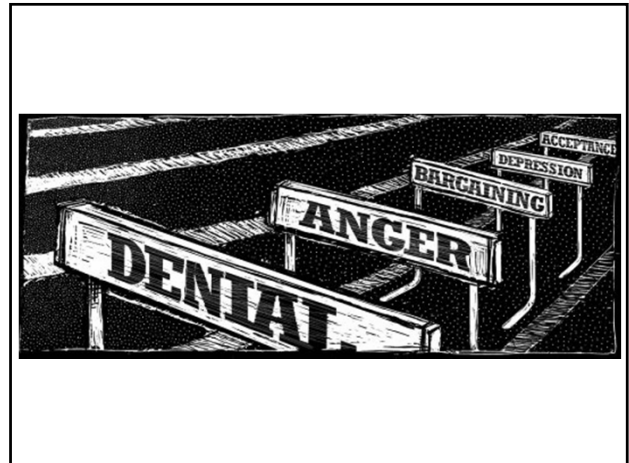
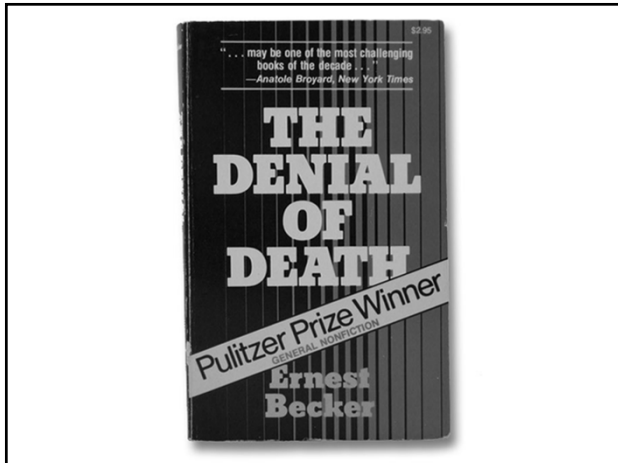
Making the Case for Hospice Care to a Death Averse Society

Faculty

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“we live in a very particular death-denying society”

-Elisabeth Kubler-Ross
testimony before the US Senate Special Committee on Aging
1972

“The existential fear of death, the fear of not existing, is the hardest to conquer. Most defensive structures, such as the denial of reality, rationalization, insulation erected to ward off religiously conditioned separation-abandonment fears, do not lend themselves readily as protective barriers against the existential fear of death”

-sociologist Lisl Marburg
Goodman
1981

“in the unconscious every one of us is convinced of his own immortality”

-Sigmund
Freud

fear of death “dominates us oftener than we know”

*Do not go gentle into that good night,
Old age should burn and rage at close of
day;
Rage, rage against the dying of the light.*

-Dylan
Thomas



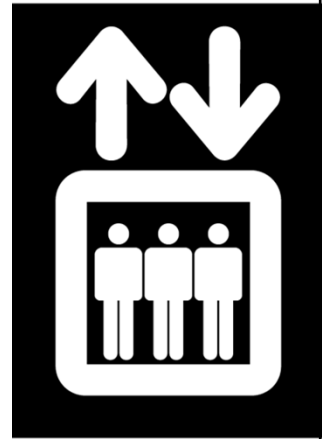
Advocacy



A political process by an individual or group which aims to influence public policy and resource allocation decisions within political, economic, and social systems and institutions.

Hospice and Palliative Care

- "Emerging" field
- Emotionally charged
- Death anxiety
- Misinformation
- Compelling stories



What is an "Elevator Pitch"?


- Short summary to quickly define a product, service or organization
- 30 seconds to 2 minutes
- Needs to reflect the **value proposition**
- Can be verbal or written, live or recorded
- Not just for elevators!

Situations in Which Elevator Pitches Are Used

- Entrepreneurs pitching ideas to venture capitalists
- Middle managers trying to get noticed by senior executives
- Lobbyists trying to influence policy-makers
- Politicians trying to connect with voters
- Any of us at any networking/social event

General Questions Answered by an Elevator Pitch

- What do you do?
- What's so special about you or that?
- Why do I care?
- How will this affect me?



Specific Questions an Elevator Pitch Answers

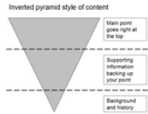
- What is your product or service?
- Who is your market?
- What is the value of your product or service?
- Who are you or your company?
- Who is your competition?
- What is your competitive advantage?

The "Nine C's" of Elevator Pitches (O'Leary 2008)

- Concise - use as few words as possible
- Clear - say it in lay terms
- Compelling - explain the problem your solution solves
- Credible - why are you qualified to speak about this
- Consistent - stay true to your basic message

The "Nine C's" of Elevator Pitches (O'Leary 2008)

- Conceptual - stay at a fairly high level
- Concrete - be specific when necessary to aid understanding
- Customized - address the specific interests and concerns of the audience
- Conversational - your goal is to start a dialogue





Inverted pyramid style of content


- Main point goes right at the top
- Supporting information follows in order of importance
- Background and history

Inverted Pyramid

All the important information goes at the beginning

Accordion Model




Compress your pitch when time is short

Expand your pitch to fill the available time

Elevator Pitch "Do's"

- Keep it short
- Pitch yourself, not just an idea
- Tell a (short) story
- Create a memorable visual image
- Practice
- Leave time for questions
- Listen




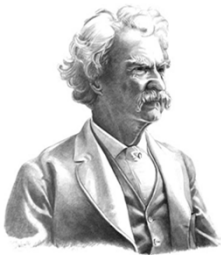
Elevator Pitch "Don'ts"

- Don't overwhelm with details, technical information, or jargon
- Don't ramble on for too long
- Don't forget to smile! 😊



Push Their Buttons!

- Start with a "hook" - a statement or question that piques their interest
- Exhibit passion
- Make a request - ask for something at the end of your pitch - a business card, schedule a full presentation, ask for a patient referral

"I didn't have the time to write a short letter, so I wrote a long one instead."
-Mark Twain



Hospice & Palliative Care
Elevator Pitch #1

Longer Life Expectancy

Hello Dr. Leedy,

You're a hospice doctor, right? I'm a nurse at the hospital and I see hospice get consulted on my patients and then they die very quickly. Come on, admit it, you guys are speeding up the dying process, aren't you?

Addressing Concerns that Hospice and Palliative Care Shortens Life

Many people falsely believe that hospice care shortens life. I'm a hospice physician, and it's a frequent topic of conversation when patients are admitted to hospice. I always reassure them that hospices do nothing to deliberately shorten life. In fact, there have been two recent studies that have shown that hospice and palliative care can actually prolong life, while simultaneously improving quality of life for the patient and the family. It makes sense, if you think about it: if patients are free of pain and other negative symptoms, surrounded by family and friends, and provided with emotional support, it's not surprising that they might actually do better and live longer. That's what these studies showed. I would love the opportunity to discuss these with you further. Could we set up a time when we could meet and I could bring you copies of the studies I mentioned?

Studies of Hospice and Palliative Care Life Expectancy

- Connor, S., et al. (2007) Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *Journal of Pain and Symptom Management*; 33(3): 238-246.
- Hospice patients lived 29 days longer.
- Temel, J., et al. (2010) Early palliative care for patients with metastatic non-small-cell lung cancer. *The New England Journal of Medicine*; 363: 733-742.
- Palliative care patients lived almost 3 months longer.



Hospice & Palliative
Care
Elevator Pitch #2

Cost-effective
High-quality
Care

Hello Dr. Lewis,

You run that hospice program, right? I'm the CFO at the hospital, so I know a thing or two about healthcare financing. My mom died under hospice recently and I got the explanation of benefits statement from Medicare in the mail. It's criminal what you guys charge for only a few days of care!

Talking About the Cost Effectiveness of Hospice

If you have followed many of the news reports out there, you might get the impression that hospice care is expensive. This misperception is due, in part, to a somewhat unusual and confusing funding mechanism: hospices are paid a fixed daily rate per patient by Medicare to provide all care related to the patient's terminal illness. Sometimes, providing that care costs less than the daily rate; many times it costs more. There are studies that show that hospice and palliative care are high-quality, cost-effective methods of delivering care and support to patients facing life-limiting illnesses. In one study, hospices saved the American healthcare system \$2,300 per patient served. If you consider that over 1.5 million patients received hospice services in 2010, that's almost \$3.5 billion dollars saved!

Cost Effectiveness of Hospice and Palliative Care

- Taylor, D., et al. (2007) What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Social Science & Medicine*; 65: 1466-1478.
- Hospice use reduced Medicare program expenditures during the last year of life by an average of \$2309 per hospice user.
- Morrison, R.S., et al. (2008) Cost savings associated with US hospital palliative care consultation programs. *Archives of Internal Medicine*; 168(16):1783-1790.
- Palliative care patients discharged alive saved \$1696 per admission; those who died in the hospital saved \$4908 per admission.



Hospice & Palliative
Care
Elevator Pitch #3

Access to Hospice
Care

Hi Dr. Leedy,

I'm an attorney... Say, are YOUR malpractice premiums paid up?

[Ominous pause]

Anyway, I do estate planning and I NEVER talk about hospice. I'm not sure what to say and I wouldn't want to frighten my clients. They'll bring it up if they want it, right?

Advocating for Earlier Access to Hospice Services

Patients are often hesitant to inquire about hospice services. There is almost a superstitious belief in American society that if we talk about death and dying, it will happen. Unfortunately, many patients in desperate need of hospice don't get enrolled in a timely fashion. The Medicare Hospice Benefit provides for care in the last 6 months of life, yet median length of hospice stays in the US are less than 3 weeks, and stays are getting shorter every year. For hospice care to truly benefit the patient and their family, there needs to be sufficient time for a rapport to develop. Unfortunately, less than 3 weeks is not enough time. The most frequent comment we hear from family members after the patient dies is: "I wish we had enrolled in hospice sooner".

Discussing Hospice Earlier

- Clayton, J.M. et al. (2005) Discussing end-of-life issues with terminally ill cancer patients and their carers: a qualitative study. *Support Care Cancer*; 13: 589-599.
- Patients want to have frank discussions, and they want to have them earlier. They would like to talk to the hospice or palliative care physician in advance, as well.
- Freund, K. et al. (2011) Hospice eligibility in patients who died in a tertiary care center. *Journal of Hospital Medicine* [online] Available at <www.wileyonlinelibrary.com>.
- A majority of terminally ill inpatients did not have a documented hospice discussion with a care provider.



Hospice & Palliative
Care
Elevator Pitch #4

Opioids Don't Shorten
Life

Hello Dr. Lewis,

You're a hospice pharmacy expert, right? My husband had COPD and was in the ICU many times in the last few months, but he always got better and went home. Then hospice got involved and gave him morphine and he died. How can you justify killing people with morphine?

Addressing Concerns About Opioids

There have been numerous new stories recently about the dangers of strong prescription opioid pain medicines such as morphine or oxycodone. What has been left out of these news reports is how beneficial these medicines are to patients at the end of their lives, when constant debilitating pain can be common. These medicines restore quality of life to patients at a point in their lives when time is most precious. Research shows that the skillful use of these medicines at the end of life might actually prolong life. Unfortunately, because of valid concerns about the potentially inappropriate uses of these medicines for recreational purposes, access to them is becoming increasingly limited for patients in need. It is essential that we maintain the availability of the strong opioid pain medications for hospice and palliative care patients to ensure quality of life in their final days.

The Safety of Opioid Use at the End of Life

- Bengoechea, I., et al. (2010) Opioid use at the end of life and survival in a hospital at home unit. *Journal of Palliative Medicine*; 13(9): 1079-1083.
- Opioid use at the end of life did not shorten, and may have increased, survival.
- Bohnert, A.S.B., et al. (2011) Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA*; 305(13): 1315-1321.
- Overdose deaths are uncommon in hospice and palliative care patients, perhaps because of better monitoring.



Hospice & Palliative
Care
Elevator Pitch #5

Importance of the Physician
Initiating the Hospice
Discussion

Hello Dr. Leedy,

It is "Doctor", right? I'm an extremely distinguished oncologist, chair of my department, frequently quoted, widely published, and SO much more important than you will ever be! I NEVER, I repeat, NEVER discuss hospice with my patients. I'm there to cure them. Talking about hospice would rob them of hope.

Physician Hesitancy to Discuss Hospice

Many physicians justify not making hospice referrals, or even discussing death and dying with their patients, by suggesting that such discussions would rob patients of hope. Studies have shown that this is not the case, and that patients and families expect the treating physician to have these discussions, and to have them early. Most patients know when they are seriously ill: by neglecting to talk about it, the physician deprives the patient of essential support and symptoms control. Unless the physician opens the door for the discussion, however, patients and families may not feel that they are permitted to bring it up. Patient quality of life, and perhaps life expectancy, is increased by physicians discussing hospice care earlier.

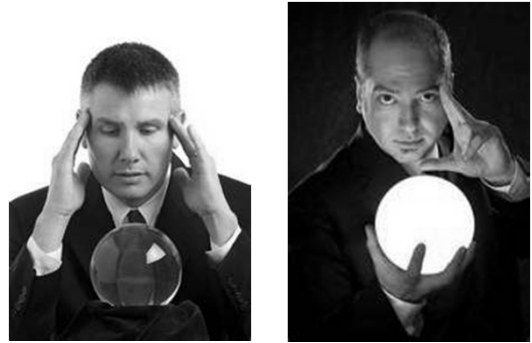
Physicians Need to Discuss Hospice with Patients

- McGorty, E.K. and Bornstein, B.H. (2003) Barriers to physicians' decisions to discuss hospice: insights gained from the United States hospice model. *Journal of Evaluation in Clinical Practice*; 9: 363-372.
- If the physician does not initiate the discussion about hospice, patients and families rarely bring it up on their own.
- Huskamp, H.A. et al. (2009) Discussions with physicians about hospice among patients with metastatic lung cancer. *Archives of Internal Medicine*; 169(10): 954-962.
- Span, P. (2009) Avoiding the call to hospice. *The New York Times*; May 26, 2009.
- Hospice was not discussed with many patients diagnosed with metastatic lung cancer, even up to 7 months after the diagnosis.

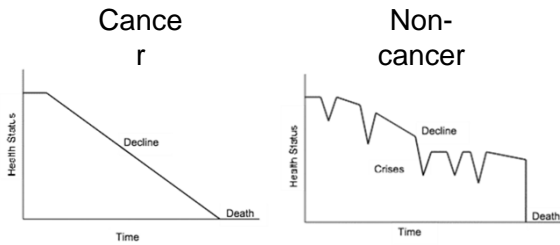
Physicians Need to Discuss Hospice with Patients

- Lundquist, G. et al. (2011) Information of imminent death or not: does it make a difference? *Journal of Clinical Oncology*; 29: 3927-3931.
- Span, P. (2011) A conversation many doctors won't have. *The New York Times*; November 16, 2011.
- Compared 1,200 cancer patients who received information about their impending death to 1,200 who did not.
- Symptoms, including pain and anxiety, were well controlled in both groups. No increased anxiety in informed group.
- Less last-minute scrambling in informed group, far more likely to die in the place they preferred, families more likely to be offered bereavement.

The Prognostication Challenge



Understanding Death Trajectories



Glaser, B.G. and Strauss, A.L. (1965) *Awareness of Dying*. Chicago: Aldine.

Would You Be Surprised?



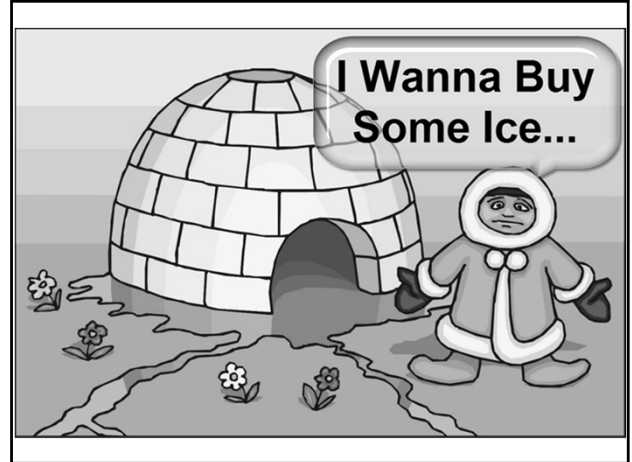
- Moss, A.H., et al. (2010) Prognostic significance of the "surprise" question in cancer patients. *Journal of Palliative Medicine*; 13: 837-840.
- 7 times greater likelihood of patient dying in the next year if the oncologist answered "no" to the question: Would you be surprised if this patient died in the next year?

Closing Comments



- Prepare
- Look for opportunity
- Luck





References

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- Malone, C & Fiske, ST (2013) *The Human Brand: How We Relate to People, Products, and Companies*. San Francisco: Jossey-Bass.
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- Solle, D (2004) *"How To Say It" to Seniors: Closing the Communication Gap with Our Elders*. USA: Penguin.
- Span, P (2009) *When the Time Comes: Families with Aging Parents Share Their Struggles*. New York: Springboard Press.
- Spoelstra, J (1997) *Ice to the Eskimos: How to Market a Product Nobody Wants*. Harper Collins ebooks.



Questions?

Thank you