

Focus On:

Hospice and Palliative Care

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- Evergreen Hospice Center

EVERGREEN Rounds

Specialty care highlights for physicians

Fall 2008

Palliative Care: A New Medical Specialty

Palliative care has undergone such a transformation that it has emerged as a new board-certified specialty.

“Ten medical boards joined together two years ago, including internal medicine, family practice and anesthesiology, in support of palliative care as a medical specialty unto itself,” says Hope Wechkin, MD, medical director of Hospice and Palliative Care at Evergreen. “There was a realization within each specialty that end-of-life care is an incredibly important part of medicine, but has been neglected in the pursuit of increasing longevity.”

Palliative care is an approach to end-of-life care that focuses on symptom management and quality of life, led by each patient’s goals of care. “It’s a response to changes in medical care,” says Wechkin, “in which care has increasingly become specialized and patients’ goals can easily be lost amidst the running of the medical train.” Palliative care incorporates the latest technical advances in managing pain and other symptoms in end-of-life care.

A typical palliative care consult includes one to five visits, often in a patient’s home, for people with life-limiting conditions who aren’t yet ready for hospice. Often their prognosis is “limited” – less than two years of life – but more than the six-month limit for hospice coverage.

Bridging Primary Care and Hospice

“Palliative care is a natural extension of primary care,” says Wechkin. “The underlying principles of patient-centered care are completely consonant with those of primary care, with a focus on eliciting the patient’s voice to guide medical care.” Most patients have diagnoses that show up every day in physicians’ offices, such as congestive heart failure, lung disease or dementia.

“Everyone in primary care does end-of-life care, so the relationship of palliative medicine to primary care is somewhat like that of cardiology to primary care,” says Wechkin. “Some patients have more complex pain syndromes or other symptoms in conjunction with the whole clinical picture, beyond the scope of a typical primary care office visit. Like any other specialty, palliative care is a consultation done in concert with primary care.”

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Hospice: An Expanded Chronic-Disease Model

Hospice care is extending its reach beyond cancer to chronic disease.

“Historically, people associated hospice with cancer and the end of life,” says Mary Owen, MD, associate medical director of Evergreen Hospice. “More recently, we’ve been extending hospice services to populations within the chronic-disease model, such as end-stage heart disease, lung disease, renal disease, dementia and Parkinson’s.” Cancer diagnoses now make up only 40 percent of patients on hospice at Evergreen – the typical national average, according to Owen.

In the past, hospice also meant giving up any interventions to face a comfortable, dignified death. Now hospices nationwide are embracing an “open access” philosophy that allows patients to continue with interventions that, historically, hospice benefits didn’t allow or pay for.

“We’re now allowing patients to come on hospice who may still be requesting artificial nutrition, IV fluids or radiation therapy for cancer,” says Owen. “None of these are curative treatments, but these palliative interventions do help with comfort at the end of life.”

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For Referring Providers

“Primary care and attending physicians are vital to both hospice and palliative care,” says Monique Ruyle, clinical manager, Hospice and Palliative Care at Evergreen. “They still make the orders; they know their patients best. Our goal is not to take over, but to partner with them to provide daily or weekly visits to support them. We’re the physicians’ eyes when they can’t be out in the home themselves.”

For Palliative Care

“Primary care providers have three options when referring patients to palliative care for symptom management and decision-making,” says Ruyle. Patients can be referred for:

- palliative care only
- palliative care with home health
- palliative care with hospice care when a patient is ready

“Palliative care is a consultation program for anyone with a life-limiting illness,” says Ruyle, “including patients who don’t meet the criteria for home health or hospice.”

For Hospice Care

“Early referrals are key,” says Ruyle. “People have a right to six months of hospice care, but our median length of home-based hospice care at Evergreen is only 19 days.”

As the team is working to reach patients earlier, their service is growing geographically, as well.

“The hospice and palliative care program now serves all of Snohomish and King counties,” says Ruyle. “It’s exciting that we’re reaching more people than we ever have.”

To refer patients to Hospice or Palliative Care: 425.899.1040 or 800.442.4546. ■

To contact a physician at Evergreen:

- Call Healthline at 425.899.3000 and press “5” to skip the consumer options and reach the physician-only line (you won’t be prompted to press “5”).
- Consult the Evergreen Directory of Physicians and Services. Call Healthline at 425.899.3000 to have a copy mailed to you.

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Palliative care consults focus on decision-making for end-of-life care as well as symptom management to cope with pain, nausea, shortness of breath, excessive secretions, bedsores, depression, anxiety, delirium – even existential pain. “It’s not something any of us had training in, in medical school,” says Wechkin, “but it’s a very real part of end-of-life care. I teach at UW, and only now, in the last four years, have we had a required rotation in end-of-life care.”

Advance Directives

The palliative care team helps patients clarify their advance directives, using the POLST (Physician Orders for Life-Sustaining Treatment) form to outline their end-of-life medical interventions. “It’s the patients’ way of communicating with the world,” says Wechkin, “to say whether they do or do not want to be resuscitated or receive further treatment such as antibiotics, artificial nutrition or hydration. Primary care physicians should have POLST forms in the office and discuss advance directives at every annual physical.”

Other decision-making includes choosing a medical durable power of attorney. “We do a fair amount of mediation among family members,” says Wechkin, “always keeping in mind: what does the patient want? With complicated families and complex goals of care, this can take time to sort out. A palliative care physician can help, especially when patients can’t speak for themselves.”

“When people hear ‘end of life,’ they hear ‘end,’ but I hear ‘life.’ This is about how you live at the end of your life.”

*– Hope Wechkin, MD, medical director,
Hospice and Palliative Care*

The “Elephant in the Room”

A key role of palliative care is to educate patients and families about the role of hospice. A misconception exists that saying “yes” to hospice means a patient is ready to die soon.

“When people hear ‘end of life,’ they hear ‘end,’ but I hear ‘life,’” says Wechkin. “This is about how you live at the end of your life. We have patients on hospice who want to visit family in California, so we arrange for a hospice there to be their safety net.”

“A lot of our job is addressing the elephant in the room,” says Wechkin. “Death isn’t a failure. How can the one thing that we know to be inevitable be a failure? Our goal is to bring this into the medical mainstream, because it’s the one thing we know is going to happen to all our patients.”

Hospice benefits cover the last six months of life. “But the national median stay on hospice is only 26 days,” says Wechkin. “Of family members who had their loved ones die on hospice, 98 percent say they’d recommend it to friends. The overwhelming complaint is that it came too late – and the most commonly cited reason is physician reluctance to refer to hospice. That’s what we need to change.” ■

A Wealth of Underused Benefits

Hospice care is a Medicare-funded program that covers the last six months of life, with benefits that include:

- medical equipment at home
- medications for comfort and the terminal diagnosis
- a nurse who goes into a patient's home, from once a week to daily
- a wound care specialist to help with bedsores
- a home health hospice aide to help with bathing and other ADLs
- a social worker to help plan and manage care
- a chaplain for spiritual care
- a bereavement specialist for families, up to 13 months after the death
- volunteer companionship and respite care

“There are so many patients out there privileged to receive complete Medicare coverage for their hospice benefits,” says Owen. “We need to remind physicians and patients to take advantage of these services.” For patients not on Medicare, many private insurance plans also cover hospice benefits.

“One of the saddest things we see are patients referred to us with two days of life left,” says Owen, “who could have benefited from six full months of care if they'd been referred in a timely way. We'd like physicians to know that these amazing benefits are free to patients and easy to access, with little work except picking up the phone to make the referral.”

Preserving the Primary Care Relationship

After referring a patient to the hospice program, primary care providers can still see the patient, make any clinical decisions, bill for office visits when the patient comes to them, and be reimbursed by Medicare. “What physicians get is us, as medical directors, assisting in the care of their patients,” says Owen, “and a full team of professionals assisting with all of their patients' needs. They lose nothing and gain a lot – and their patients gain tremendous end-of-life care.”

Countless patients with end-stage chronic diseases could benefit from in-home care during their final six months. “But it never crossed anyone's mind to refer them to hospice,” says Owen.

Hospice Care in the Home

Evergreen's hospice home-care program now cares for about 250 people, traveling to wherever patients live: at home, in assisted living or long-term care facilities. Once the referral is made, a hospice team – a nurse and social worker, with the medical director when needed – goes out to meet the patient and family, determine needs and eligibility, and educate them about hospice benefits. Within a day or two, the team can begin delivering services and care.

“If they need a hospital bed, we have it delivered,” says Owen. “If they need oxygen, a special wheelchair or lift, or a bedside commode, we have it delivered. Every one of those things is covered by their Medicare hospice benefit. We have medications available through our pharmacy, with weekly refill capability.”

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Featured in This Issue:

Evergreen Hospice and Palliative Care

12040 NE 128th Street, MS #119
Kirkland, WA 98034
425.899.1040

Gene & Irene Wockner Hospice Center

12822 124th Lane NE
Kirkland, WA 98034
425.899.1040



Hope Wechkin, MD Medical Director Hospice and Palliative Care

Hope Wechkin, MD, medical director of Evergreen Hospice and Palliative Care, also teaches palliative medicine at the University of Washington. She graduated from Yale University and the University of Washington School of Medicine and completed residency training at Providence Family Medicine Residency in Seattle. ■



Mary Owen, MD Associate Medical Director Evergreen Hospice

Mary Owen, MD, associate medical director of Evergreen Hospice, graduated from the University of Washington School of Medicine and completed her residency in internal medicine there. Along with working in primary care community health, she has been on the teaching faculty and in the Department of Medical Education at the University of Washington. ■



Monique Ruyle, MSW, LICSW Clinical Manager, Hospice and Palliative Care

Monique Ruyle, clinical manager of Evergreen Hospice and Palliative Care, received her master of social work from the University of Washington. She also has a BS in Psychology and a BA in Spanish, and has been with Evergreen Hospice since 1999. ■

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Some patients are obvious candidates for hospice. With others, assessing who is within six months of death can be more complex. “With dementia, we’re more inquisitive when we go through our criteria, to tease out who is truly approaching end-stage,” says Owen. “We now have a good assessment tool, as we see that they’re beginning to have more visits to the ED with pneumonia, bladder infections and falls; or they’re becoming less verbal, requiring complete care for basic needs, refusing to eat or aspirating food.” ■



The Hospice Center’s memorial garden



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12040 NE 128th Street • Kirkland, WA 98034
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Editor: Rebecca Buffum Taylor
rounds@evergreenhealthcare.org

Evergreen Healthcare is a community-based health care organization with more than 800 staff physicians in over 50 specialties serving residents in the Puget Sound region. Evergreen’s clinical excellence and breadth of services are among the most comprehensive in the Pacific Northwest.

The Evergreen Hospice Center

Evergreen’s Hospice Center, one of the few hospice centers in the state, is a 15-bed, family-oriented center. “Our mission is to deal with both patients and families as they face end of life, and we take the family’s role very seriously,” says Owen. The Hospice Center has private rooms with access to the garden, large enough for a family member to sleep overnight, and two full kitchens so families can cook meals together.

“Most patients are at the center for a few days to a week, and most are here for end-of-life care,” says Owen. “Some patients with young children choose to die here when they don’t want to attach the memory of death to the family home or to the couple’s bed.”

Other patients are admitted temporarily, with intractable pain, nausea, delirium or other symptoms that can no longer be managed at home. The staff admits them to stabilize symptoms and discharges them when symptoms are under control. Hospice social workers help families find long-term care when needed.

Medicare requires that five percent of hospice hours be provided by volunteers, an acknowledgment of the role of community in end-of-life care. Evergreen’s volunteers provide companionship and respite care in the home, as well as animal-assisted therapy, Reiki and massage at the center.

Dying with Dignity

“Not talking about death is more frightening than bringing it out into the open,” Owen says. “The euphemisms and efforts to skirt the topic can make patients more anxious, while our discussions give patients and families a way to talk more openly among themselves. If this is what a patient’s body is wanting to do, then comfort is our entire goal.”

Once a year, the Hospice Center has a ceremony in its rose garden, inviting family members of everyone who passed away in the previous year. “Last July, more than 500 people came,” says Owen. “It’s a privilege to have been welcomed into people’s lives at such a time. It’s an incredible gift.” ■

Specialty Excellence Awards for General Surgery and Gastrointestinal Services

Evergreen Hospital Medical Center has received the **2009 Specialty Excellence Awards** for **General Surgery** and **Gastrointestinal Services** from HealthGrades, the leading independent health care ratings company. These awards place Evergreen’s clinical outcomes in the top ten percent nationally for each recognized area of care.

Evergreen also earned **5-star ratings** in six areas of specialty care:

- Heart Attack (3 years in a row)
- Heart Failure
- Pneumonia (4 years in a row)
- Gastrointestinal Care
- General Surgery
- Maternity Care (5 years in a row)



To learn more about our many other services recognized by HealthGrades, visit www.evergreenhealthcare.org/healthgrades.