



# Resident Wishes: DNR, POLST, Advanced Care Planning, and More

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# FMDA Journal Club

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# Readmissions The Avoidable Ones

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# Avoidable Readmissions

# Nothing to report Full Disclaimer

I just think this stuff is important

# Goals and Objectives

- Why do we even care about reducing readmissions?
- What have we tried that doesn't work?
- Impact of reducing readmissions: Personal, Facility, Costs.
- What works.

# Why Do We Care?

- Medicare Penalties
- Scores
- Organizational relationships
- Stigma
- And least of all, personal suffering

# What Doesn't Work

- Optimization
- Doctor to Doctor communication
- Facility to Facility communication
- Medication Reconciliation



# Impact

- Reduces Human suffering
- Reduces **futile** use of resources and staff
- Improves staff retention
- Medicare cost savings

<b>PPS Level</b>	<b>Ambulation</b>	<b>Activity &amp; Evidence Of Disease</b>	<b>Self-Care</b>	<b>Intake</b>	<b>Conscious Level</b>
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work. Significant disease.	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work. Significant disease.	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly Sit/lie	Unable to do any work. Extensive disease.	Considerable assistance required	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity. Extensive disease.	Mainly assistance	Normal or reduced	Full or Drowsy +/-confusion
30%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Normal or reduced	Full or Drowsy +/-confusion
20%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Minimal to sips	Full or Drowsy +/-confusion
10%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Mouth care only	Drowsy or coma +/-confusion
0%	Death	-	-	-	-

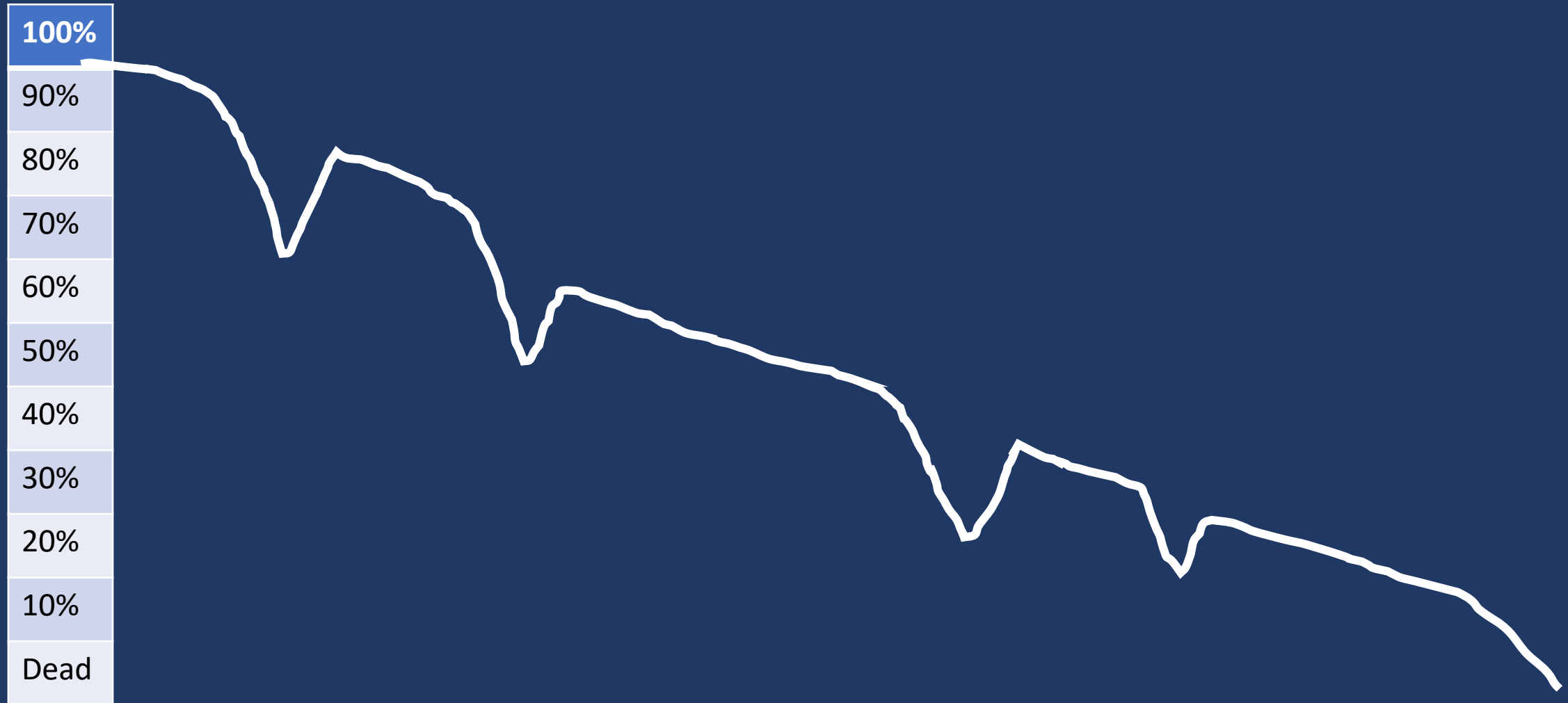
# Pattern of Geriatric Decline, Drop like a Rock



# Pattern of Geriatric Decline, Gradual and Predictable



# Pattern of Geriatric Decline, Fighters and Bouncers



# Medicare Total Cost, 2020

- 2016, \$609 billion
- 2020, \$830 billion
- Total Healthcare spend, \$4.1 Trillion

# 5% Spend 50%

- Reported, refuted and re reported
- 5% of Medicare recipients spend 50% of the Medicare dollars.
- 1/2 of Medicare dollars are spent in the last six weeks of life.

# Medicare Spending 2020

- One half of \$830 billion is spent on 5% of Medicare recipients. \$415 billion.
- Where?
- What part of the Medicare recipient's life?
- Perhaps the last six weeks



# What Happens to the 5%

- Will 100% of the 5% recover, rehabilitate, live?
- Only one in five, 20%, of these ER, hospital admissions will “get better.”
- 80% will have escalated care, long length of stay and readmissions.

# Tools to Know The 50%

- C.A.R.I.N.G. in the Emergency Department
- C. Cancer, stage 4
- A. Admissions to ED or hospital, > 2 in a year.
- R. Resident of a nursing home
- I. ICU patient within the past 30 days
- N. Non cancer patient in hospice
- G. Guidelines

# Tools to Know The 50%

- Intensive Care Unit
- New admission to ICU after 10 days in the hospital
- >80 years old with two or more system failures
- Cancer stage 4
- Status Post cardiac arrest
- Intracerebral bleed requiring ventilation

# Medicare Math

- 50% of \$830 billion is \$415 billion
- Of the \$415 billion, 80% of patients will not recover, rehabilitate or live. Only 20% will “get better” for a while.
- 80% of 415 billion is \$332 billion spent on patients who are readmitted and don't benefit.

# So, What Works?

- Ask the patient what they want
- “We’re with you. We want you to get better. Getting better would be wonderful. That’s our goal. But, if you don’t get better, how do you want to live the rest of your life?” “In and out of the hospital, getting weaking each time or some safe comfortable place to be with your family?”

# OMG, You Just Became a Palliative Specialist

- Breaking Bad News
- The Difficult Discussion
- THE GOALS OF CARE CONVERSATION
  - “What are your goals for care for the rest of your life?”

# If Even a Few

- 80% of the 50% who spend one half of Medicare dollars are the focus group that spend \$332 billion and don't "get better."
- If even 1/3 of those made a quality decision about the care they wanted for the rest of their lives that would mean \$110 billion not spent in ERs and Hospitals.

# Tools

- Intensive Care Unit
- New admission to ICU after 10 days in the hospital
- >80 years old with two or more system failures
- Cancer stage 4
- Status Post cardiac arrest
- Intracerebral bleed requiring ventilation



# Ask the patient or loved ones

- How were you this time last year? Last month?
- What do you think is happening here?
- If next week looked like the past week, what could happen?
- Are you seeing recovery or decline?
- This is a difficult time. How can I help?

# Thank you

- How can I help?
- Leonard Hock
- Hock Talk
- 561 714-1531

# References

- C.A.R.I.N.G. criteria, Fischer et al, Jour. Pain and Symptom, April 2006.
- Proactive Palliative Care in ICU, Norton et al, Crit. Care Med., 2007.
- Palliative Performance Score
- Medicare Cost



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