



Webinar Presentation

End of Life Discussions with Patients and Families

Housekeeping

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- Will address Q&A at end



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Housekeeping

- Handouts for this webinar available at www.ColoradoMESA.org
 - Sign in
 - Go to Events, Upcoming Webinars
- Archive will be posted on Monday
 - Sign in
 - Go to Classroom, Webinar Archives

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Donald Murphy, MD

- MESA founder and faculty member
- Graduate of Notre Dame and the University of Colorado School of Medicine
- Geriatric fellowship at Harvard Medical School
- Started Senior Care of Colorado practice in 2001 and now Practice Group Leader
 - Grown to almost 70 providers
 - 7 outpatient clinics
 - Virtually 100% Medicare



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Mark Grimm, LCSW

- Graduated from University of Indiana
- MSW from University of Denver
- LCSW since 1984; board certified 1996
- Works exclusively with behavioral health issues in seniors



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Intro to The Colorado M.E.S.A Initiative

- The Colorado M.E.S.A. Initiative
 - Medicare Experts / Senior Access
 - Be adept at Medicare coding & documentation so you are paid fairly for work
 - Be comfortable serving patients with dementia & other geriatric syndromes
- A collaboration:
 - Funded by The Colorado Health Foundation, The Kaiser Permanente Foundation, and Caring for Colorado
 - Alzheimer's Association, Colorado Chapter
 - Senior Care of Colorado/IPC



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Today's Webinar

- How to talk to patients and family members about sensitive and important issues related to death and dying
 - The challenge for providers
 - Having "The Talk"
 - Attitudes and grieving
 - Medical intervention
 - Tools and resources
 - Reimbursement for counseling patients

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Let's Face the Facts

- People's capacity to ignore the fact that we're all going to die sometime
- Does a great disservice to everyone NOT to have the discussion
- Best solution is to have "The Talk" early and often

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The Challenge for Providers

- Easy to overlook or dismiss when not imminent
- People (including providers) are frequently uncomfortable with these topics
- Family dynamics can be complicated
- Making the time
- Getting reimbursed for the time

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Talking to Patients and Family Members

Attitudes About Death

- Everyone (including you!) has different attitudes that can come into play
- Cultural, religious, intellectual attitudes and beliefs differ
- Keep an open mind, ask questions, and understand where the patient & family are coming from

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Attitudes About Death

- Learn to be straight with patients and family members
 - “Bedside manner” --treating a human being
 - Layman’s terms, translate what it (the medical condition) really means for the patient

“Here’s what you can expect. There is no cure and it’s going to get worse. What we’re trying to do is manage the symptoms. And we need to understand what you want.”

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Attitudes About Death

- Fear of death?
 - What patients *really* fear is what's going to happen between now and death
- Idealized concept of the "perfect" death
 - Medical interventions
 - Probably not going to happen

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Family Dynamics

- With no information, family members are left to make crucial decisions
- Might be contrary to the patient's values and desires
- Conflicts and power struggles among family members
- No one can be really present to deal with the emotional aspects of dying
- Grief is delayed

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Having "The Talk"

- Aging/ill/dying people often *want* to have this discussion
 - Loved ones in denial may have to be convinced
- Can be very supportive and reassuring to normalize death by talking about it

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Having "The Talk"

- Encourage conversation
 - Early, when there is not a problem
 - Often, as wishes may change
 - With anyone who may become involved
 - Family and friends
 - Physicians and other medical caregivers
 - Clergy
 - Attorney

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Understanding Your Patients' Grieving Process

Grief in Older Adults

- Elder patients often experience grief
- Depression vs. grief
- Normal, natural collection of intense emotional human reactions
- Normalize/reframe the process for patients

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Grief in Older Adults

- Two different types of grief
 1. Normal survivor grief
 2. Anticipatory grief
 - Can last for years
 - E.g., Alzheimer's/dementia can be like dying little by little over 10-20 years
 - Caregiver grief/stress/depression

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Letting Go

- Unwillingness to let go can result in severe functional compromise
- Fear of leaving loved-ones behind
- Inability to let go of deceased loved ones
- "Permission" to die

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Medical Intervention

When is Life No Longer Worth Living?

- Quantity vs. quality of life
 - Ongoing conversation with geriatric population
- Not obligated to use the technology just because it exists
- Individuals have a right to make these decisions for themselves
- Ask them!

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Key Medical Interventions

Three key medical interventions that patients should consider:

1. Do I want Cardiopulmonary Resuscitation (CPR)?
2. Do I want to be put on a breathing machine or ventilator?
3. Do I want to be assisted nutritionally with a feeding tube?

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Helpful Tools and Resources

Tools: Advanced Directives Documentation

- Does not HAVE to be complicated
 - Can range from hand-written list to lawyer-prepared documents
- Documents stuck in a drawer do no good
 - Patients should advise others that their documents exist and where they are located (better yet, provide copies)
- Durable Medical Power of Attorney
 - Designates medical decision-making agent
 - Choose the ONE person who can be trusted to carry out the patient's wishes and objectively make tough decisions

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Tools: The Five Wishes Workbook

- Living Will
 - Legal document does not provide much practical guidance to medical professionals
- The Five Wishes
 - Simple, user-friendly workbook format
 - Legal document in the state of Colorado when properly executed
 - Available from Aging with Dignity
 - www.agingwithdignity.org
 - Consider making available to patients in your office

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Resources: Hospice

- Hospice
 - Become familiar with and teach patients about hospice services
 - Myths/misconceptions about hospice
 - Take advantage of hospice resources early

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Reimbursement for Counseling and Coordination of Care

Capture Your Work to Be Reimbursed

- Medicare pays fairly when you document and code appropriately
- Bill based on time
 - >=50% of the encounter spent on counseling and/or care coordination (C&C)
 - Archived webinar on the MESA website details this process
 - Log in and go to
 - » Classroom
 - » Webinar Archives
 - » Time-Based Billing

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Q&A, Wrap-Up

Q&A

- If you would like to ask any questions, please type them into the “Questions” box in your Go-to-Webinar control panel now



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MESA Website

- Reminder to use resources on www.ColoradoMESA.org
- Sign in to access
- *Check out the Annual Wellness Visit template!*
- Webinar archives and handouts
- Videos
- Documents and links
- Discussion forum
 - Ask any questions that weren't answered today

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Next Webinar

- Friday, December 2, at noon
- Donald Murphy, MD, and Clemencia Dublin, MD
 - Diagnosing memory loss
- Go to our website to sign up now

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