



Last acts.®

A national coalition to improve care and caring near the end of life

Contact: Mollie Katz
Arlyn Riskind
301-652-1558
ariskind@burnesscommunications.com

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NATIONAL GROUP GIVES MAINE MIXED RATINGS ON END-OF-LIFE CARE

***High Marks for State Advance Directive Policies,
Number of Trained Physicians;
Low Grades for Hospital Services and Hospice Use***

WASHINGTON, D.C. (Nov. 18, 2002) – The nation’s first state-by-state “report card” on availability and use of care for dying Americans, released today in Washington, D.C., shows that terminally ill and dying residents of Maine are well served in some aspects of end-of-life care, but poorly served in others.

This analysis is produced by *Last Acts*, the nation’s largest coalition to improve care and caring near the end of life. Former First Lady Rosalynn Carter is honorary chair of *Last Acts*, which is funded by The Robert Wood Johnson Foundation. The coalition is composed of more than 1,000 Partner organizations, including the American Medical Association, the American Nurses Association, the American Hospital Association, AARP and the NAACP.

On the positive side, *Means to a Better End: A Report on Dying in America Today* reports that Maine’s policies regarding advance directives were strong, and that state policies allow physicians to treat pain at the end of life without undue scrutiny. Moreover, compared to other states, Maine has a high percentage of physicians who are trained in palliative care. Palliative care controls pain and symptoms while providing emotional and spiritual support to the patient and family, respecting their cultural traditions.

On the down side, hospice use in Maine is very low and most hospitals do not have hospice or palliative care programs. Moreover, a majority of the state’s deaths do not occur at home, and nursing homes in the state do only an average job of managing the pain of residents. These and other findings indicate that the state needs to do more to prepare for the needs of the frail elderly and dying now and in the future, when the number of Americans over the age of 65 will be rapidly increasing.

Key findings on the status of end-of-life care in Maine:

- **State Advance Directive Policies:** Maine’s advance directive policies earned an A grade because they support good advance care planning in the form of living wills and medical powers of attorney, designating a health care decision-maker should the patient become unable to communicate. These documents, explaining the extent to which the patient desires life-sustaining treatments, are considered critical to end-of-life care.
- **Palliative Care-Certified Physicians and Nurses:** The state received an A grade for the percentage of physicians trained in palliative care, and a grade of B for the percentage of nurses trained in the same field. This suggests that, compared to that of other states, the health care workforce is doing a good job in preparing for current and future needs of the frail elderly and dying.
- **Hospital End-of-Life Care Services:** Hospitals in Maine offer low levels of hospice and palliative care services. The state earned the lowest possible grade – an E – for the small percentage of hospitals (18 percent) reporting hospice programs, and the low percentage of hospitals (15 percent) reporting palliative care programs. Such programs are considered the “gold standard” of end-of-life care. Maine earned an average C grade for the 45 percent of hospitals reporting pain management programs.
- **Hospice Use:** Hospice care is not widely used in Maine. The state earned an E grade on this measure because only 9 percent of people over age 65 who died in the state used hospice in the last year of life. Moreover, the median length of stay in hospice care in the state was 27 days, which is less than the 60 days considered necessary for the maximum benefit from the program.
- **State Pain Policies:** Maine state policies regarding pain management earned a B grade from *Last Acts*, because they allow physicians to treat pain at the end of life without undue scrutiny.
- **Care in ICU at the End-of-Life:** Maine received a B grade from the *Last Acts* report for the relatively small percentage of elderly residents (7 percent) who spent a week or more in intensive care units during the last six months of life. This suggests that health care providers in the state do not provide overly aggressive care that does not take the patient’s treatment wishes into consideration.
- **Location of Death:** A majority of Maine residents do not die at home, although most Americans say they prefer to be at home in comfortable surroundings with their loved ones. The state earned a D grade from *Last Acts* on this measure.

End-of-life care advocates in Maine include:

Kandyce Powell
 Main Consortium for Palliative Care and Hospice
 Post Office Box 2239
 16 Winthrop
 Augusta, ME 04338
 Phone: (800) 438-5963
 Email: kpowell@saturn.caps.maine.edu

Larry Harcourt
 Director, Chairman
 Main Consortium for Palliative Care
 and Hospice
 Post Office Box 521
 Portland, ME 04112
 Phone: (207) 885-0361
 Email: acorn@maine.rr.com

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Criteria	Measure	Grade
<p><u>State Advance Directive Policies:</u> <i>Do state policies support good advance care planning?</i> Quality of state advance directive laws, 2002</p>	5.0 on a scale of 0 to 5	A
<p><u>Location of Death:</u> <i>What proportion of the state's deaths occur at home?</i> Percentage of state residents who died at home, 1997</p>	23.8	D
<p><u>Hospice Use:</u> <i>Is hospice care widely used in the state?</i> Percentage of deaths with hospice stays, 2000 Median length of stay in hospice (days), 2001</p>	9.1 27.4	E D
<p><u>Hospital End-of-Life Care Services:</u> <i>Do the state's hospitals offer pain and palliative care services?</i> Percentage of hospitals self-reporting pain management programs, 2000 Percentage of hospitals self-reporting hospice programs, 2000 Percentage of hospitals self-reporting palliative care programs, 2000</p>	45.0 17.5 15.0	C E E
<p><u>Care in ICUs at the End-of-Life:</u> <i>How many elderly people spend a week or more in intensive care units during the last six months of life?</i> Percentage of state residents over 65 with seven or more ICU days totaled across all admissions during the last six months of life, 2000</p>	7.2	B
<p><u>Pain Among Nursing Home Residents:</u> <i>How well do the state's nursing homes manage their residents' pain?</i> Percentage of nursing home residents in persistent pain, 1999</p>	41.3	C
<p><u>State Pain Policies:</u> <i>Do state policies encourage good pain control?</i> State pain policies' level of support of palliative care, 2001</p>	7 on a scale of -3 to 9	B
<p><u>Palliative Care-Certified Physicians and Nurses:</u> <i>Does the state have enough physicians and nurses who are trained and certified in palliative care?</i> Percentage of primary care and primary care subspecialty physicians who are certified in palliative care, 2000 Percentage of estimated number of full time equivalent registered nurses who are certified in palliative care, 2000</p>	0.78 0.55	A B