

# Quality of Life Matters<sup>®</sup>

Serious illness care news & clinical findings | Issue Q3 2025

## PALLIATIVE MEDICINE CONSULTS CUT HOSPITAL READMISSIONS IN HIGH-RISK DIAGNOSES

Hospital readmission within 30 days remains a persistent and costly issue for healthcare systems. A recent retrospective study in the *American Journal of Hospice & Palliative Medicine* found that palliative medicine consultations significantly reduce readmission rates in patients with specific severe diagnoses.

The study, led by Carissa N. Depew, DNP, and colleagues, analyzed data from over 47,000 patients admitted across 21 hospitals within the Ballad Health System between

2020 and 2022. Researchers focused on six common diagnoses: chronic obstructive pulmonary disease (COPD), heart failure, acute myocardial infarction (AMI), pneumonia, sepsis, and stroke.

Using provider consultation notes instead of diagnostic codes, the team ensured precise identification of patients who received palliative medicine consults. The readmission rates of these patients were compared to those who received standard care.

### Key findings

The analysis revealed a statistically significant reduction in 30-day readmission rates for four of the six targeted diagnoses when palliative consults were included in care plans:

- **Heart failure:** Readmission dropped from 18.8% to 9.8% with palliative care involvement ( $P < .0001$ ).
- **Sepsis:** Rates declined from 13.8% to 9.2% ( $P < .0001$ ).
- **Pneumonia:** Readmissions were reduced from 13.1% to 8.3% ( $P = .0003$ ).
- **Stroke:** A decrease from 8.1% to 4.3% pointed toward reduced readmissions ( $P = .0613$ ).

For AMI and COPD, reductions were observed but did not reach statistical significance, suggesting a need for further investigation.

### Implications for practice

The authors assert hospitals may benefit from expanded use of palliative consults as part of quality improvement and cost-containment strategies, noting, “Given the positive impact on readmission rates, healthcare systems should consider expanding palliative care services particularly for [these patients].”

The study acknowledges limitations such as lack of severity-of-illness data and recommends future research to explore long-term patient outcomes and the cost-benefit implications of palliative expansion. Regardless, these findings bolster the growing evidence that palliative care is not just for end-of-life care but a proactive clinical intervention that improves outcomes for medically complex patients.

Source: Depew CN, Wood M, Walden J, et al. “Palliative Medicine Consultation Reduces Readmission Significantly in Certain Diagnoses: A Retrospective Analysis.” *Am J Hosp Palliat Care*. 2025;0(0):1-4. doi:10.1177/10499091251313805.

### INSIDE THIS ISSUE

**Page 2.** Aggressive Cancer Care at EOL Persists Despite Decade of Reform

**Page 3.** Patient Beliefs and Mistrust Shape Use of Palliative and Hospice Care in Advanced Lung Cancer

**Page 4.** GOC Discussions Often Come Too Late for Young Adults with Cancer

**Page 5.** Hospice Use Patterns Differ for Patients with Parkinson’s and Lewy Body Dementias

**Page 6.** Recent Hospice Transition Linked to Poorer Mental Health in Dementia Caregivers

**Page 7.** Early PC in Dementia: Bridging the Gap in Support and Planning



Scan to view abstract and access options for this study

# AGGRESSIVE CANCER CARE AT END OF LIFE PERSISTS DESPITE DECADE OF REFORM

A new retrospective cohort study published in *JAMA Health Forum* reveals that nearly half of older adults with advanced cancer continue to receive aggressive end-of-life care despite years of national efforts aimed at improving the quality of oncology care near death.

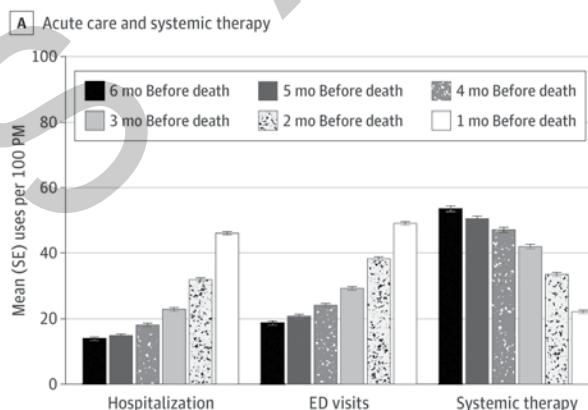
The study analyzed data from 33,744 Medicare beneficiaries aged 66 and older who died between 2014 and 2019 with stage IV breast, prostate, pancreatic, or lung cancer. Drawing on the Surveillance, Epidemiology, and End Results (SEER)-Medicare database, researchers examined use patterns of acute care, systemic therapies, hospice, palliative care (PC), and advance care planning (ACP) during the last six months of life.

## High rates of intensive care use

Despite national guidelines promoting comfort-focused care, 45% of patients exhibited at least one marker of potentially aggressive treatment in the final 30 days of life—defined as multiple hospitalizations, emergency department visits, ICU admissions, in-hospital death, late hospice entry, or receipt of systemic therapy within two weeks of death.

Aggressive care was especially prevalent in patients with lung cancer, a group that has seen a surge in novel therapies in recent years. Conversely, patients with prostate and pancreatic cancers were significantly less likely to receive such intensive interventions, suggesting longer survival may allow more time for prognostic clarity and care planning.

Figure 1. Monthly Rates of Health Care Use From 6 Months Before Death to the Month of Death for Each Service Type (Kwon Y, et al, 2025).



While hospice use increased to 73.5 per 100 person-months in the final month of life, palliative care remained markedly underutilized. Only 26.1 per 100 person-months of patients received PC in their last month, and just one-quarter received any palliative care in the final six months of life. Use of ACP was similarly low, peaking at only 12.8 per 100 person-months near death.

These figures contrast sharply with recommendations from the American Society of Clinical Oncology (ASCO), which has advocated since 2016 for routine integration of palliative care in standard oncology practice. The study also highlighted disparities in PC use, with lower utilization among rural, older, and socioeconomically disadvantaged patients.

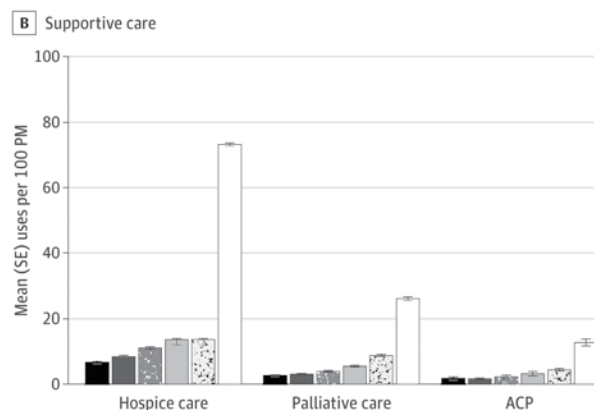
## Systemic barriers remain

Authors cite systemic and clinical barriers to supportive care, including provider shortages, restrictive hospice eligibility, and misconceptions equating palliative care with “giving up.” Newer therapies also complicate prognostic clarity, delaying comfort-focused transitions.

The authors conclude, “To make meaningful improvements in the quality of EOL care, a multifaceted approach that addresses patient, physician, and system-level factors associated with persistent patterns of potentially aggressive care will be required.”

Source: Kwon Y, Hu X, Shi KS, et al. “Contemporary Patterns of End-of-Life Care Among Medicare Beneficiaries with Advanced Cancer.” *JAMA Health Forum*. 2025;6(2):e245436. doi:10.1001/jamahealthforum.2024.5436.

Scan to view the full study



# PATIENT BELIEFS AND MISTRUST SHAPE USE OF PALLIATIVE AND HOSPICE CARE IN ADVANCED LUNG CANCER

Despite clear evidence that palliative care and hospice care improve outcomes for patients with advanced cancer, disparities in the use of these services persist—especially among racial and ethnic minority populations. A new study published in *Cancer Medicine* explores the underlying drivers of these disparities in a cohort of patients with advanced lung cancer.

## Study focus and findings

Researchers from the Icahn School of Medicine at Mount Sinai and Virginia Commonwealth University studied 99 patients with advanced lung cancer—55% of whom self-identified as Black and/or Hispanic—at an urban academic hospital in New York City. Through a combination of electronic health record review and validated survey instruments, they examined patients' beliefs, medical mistrust, sociodemographics, and utilization of palliative and hospice care services.

The study found that minority patients were significantly more likely than non-minorities to receive a palliative care referral (63.6% vs. 31.8%) and consultation (56.4% vs. 25%) and had higher rates of hospice referral (47.3% vs. 27.3%). However, actual hospice utilization did not differ significantly (32.7% vs. 18.2%;  $P = 0.102$ ), revealing a key gap between referral and uptake.

## Patient beliefs, knowledge, and trust

The findings point to several psychosocial variables influencing care use. Minority patients reported less knowledge of palliative care (only 20% with prior knowledge) and hospice care (63.6%) compared to non-minorities. They had more negative perceptions about their illness progression, more misconceptions about hospice care, and higher levels of medical mistrust.

These negative perceptions did not deter palliative care utilization, suggesting to the authors that referrals may help bridge gaps in understanding and access. Among the sample, patients with more negative beliefs were more likely to use palliative and hospice care, reflecting a greater perceived need for supportive services.

Older age and negative beliefs about lung cancer were also significantly associated with higher odds of hospice use, according to adjusted regression models.

“Our findings underscore the need for targeted interventions to address beliefs surrounding lung cancer and hospice care, as well as the importance of proactive referral processes in facilitating access to palliative and hospice services, particularly among older patients.”

—Megan C. Edmonds, et al, School of Public Health, Virginia Commonwealth University, Richmond, Virginia.

## Referral, Not Readiness, May Drive Access

The authors suggest that proactive referral practices—especially by oncologists uncertain about conducting goals-of-care discussions—may account for higher referral rates among minority patients. Prior research has shown that physicians may refer minority patients to palliative care to support difficult conversations, particularly when they anticipate cultural or communication barriers. However, higher referral rates did not translate to higher hospice enrollment, highlighting enduring systemic or personal obstacles. These may include limited resources, cultural taboos, or continued misconceptions about hospice as “giving up.”

## Addressing disparities moving forward

The authors write, “[D]espite the higher rates of referral to hospice, our findings also highlight a concerning trend of underutilization of hospice among minority patients even when being referred, suggesting that barriers beyond referral persist in accessing end-of-life care services.”

The study underscores the need for targeted education and culturally responsive interventions to close gaps in hospice and palliative care utilization. Ensuring equitable access will require a multipronged approach: clinician training, patient education, and policy-level incentives to support value-based, patient-centered care for all.

Source: Edmonds MC, Mazor M, Jain M, et al. “Drivers of Palliative Care and Hospice Use Among Patients with Advanced Lung Cancer.” *Cancer Med.* 2025;14:e70518. doi:10.1002/cam4.70518.



Scan to view the full study

# GOALS-OF-CARE DISCUSSIONS OFTEN COME TOO LATE FOR YOUNG ADULTS WITH CANCER

A study in *JAMA Network Open* found that adolescents and young adults (AYA) with cancer rarely have palliative care preferences documented early. Most goals-of-care (GOC) discussions occur in the final weeks—if at all. Researchers analyzed records of 1,929 patients aged 12–39 who died between 2003 and 2019 to examine how GOC evolved during the last 90 days of life.

Researchers reviewed records from Dana-Farber Cancer Institute, Kaiser Permanente Northern California, and Kaiser Permanente Southern California. Patients included had stage IV cancer or a new metastasis or recurrence of earlier-stage cancer. Documentation of GOC was classified into three periods: **initial period** (>60 days before death), **middle period** (31–60 days), and **late period** (≤30 days). Goals were categorized as palliative, nonpalliative, undecided, or not discussed.

## Key findings

- 7.2% of patients had palliative goals documented in the initial period; this increased to 17.2% in the middle period and 57.7% in the late period
- 16.7% of patients did not have a documented GOC discussion before death
- 20.4% transitioned from documented nonpalliative to palliative goals by the late period
- 0.9% transitioned from palliative to nonpalliative goals in the initial to middle period; 1.3% transitioned in the middle to late period

The study identified significant disparities by race, ethnicity, and cancer type. For example, a higher percentage of Black (19.1%) and Hispanic (22.6%) patients had no recorded discussions compared to White (14.1%) and non-Hispanic (12.2%) patients. Patients with hematologic cancers were also more likely to lack early discussions and to have nonpalliative or late-documented palliative goals compared with those diagnosed with solid tumors or brain tumors.

## Impact on end-of-life care

The timing of documented GOC was closely linked to the type of care received near the end of life. Patients without documented discussions or with nonpalliative

goals were more likely to receive intensive treatments. Chemotherapy in the last 14 days of life was received by 13.0% of patients with no documented GOC discussion, 19.7% with nonpalliative GOC, 6.5% of patients with palliative goals in the initial period, 5.2% in the middle period, and 13.4% in the late period.

ICU care and emergency department visits were also higher among those without early palliative documentation. In contrast, patients with early-documented palliative goals were more likely to receive palliative care referrals, hospice care (with enrollment >7 days before death), and do-not-resuscitate orders.

## Clinical implications

The study emphasizes that initiating and revisiting GOC discussions earlier may help ensure care aligns more closely with patient values. Late-stage documentation—especially among those who eventually change their preferences—may compromise the opportunity to receive care focused on quality of life.

“As conversations about GOC occur inconsistently and often late in the end-of-life course, clinicians can improve clinical practice by offering to discuss the GOC of AYA patients with cancer earlier and by returning to these conversations over time to ensure the goals have not evolved,” the authors write. Their findings also highlight the need for targeted interventions, especially for Black, Hispanic, and hematologic cancer patients, to reduce disparities in care preference documentation.

The authors underscore the critical gap in early GOC documentation among AYA cancer patients. With only a small minority having early palliative goals and many transitioning late, there is a clear need for clinicians to engage in more timely, repeated conversations. Doing so may improve care alignment, reduce unnecessary interventions, and better honor the diverse values of young patients facing terminal cancer.

Source: Mastropolo R, Cernik C, Uno H, et al. “Evolution in Documented Goals of Care at End of Life for Adolescents and Younger Adults with Cancer.” *JAMA Netw Open*. 2024;7(12):e2450489. doi:10.1001/jamanetworkopen.2024.50489.



Scan to view the full study

# HOSPICE USE PATTERNS DIFFER FOR PATIENTS WITH PARKINSON'S AND LEWY BODY DEMENTIAS

A nationwide study of more than 11 million Medicare beneficiaries reveals significant differences in hospice use among patients with Parkinson's disease (PD), dementia with Lewy bodies (DLB), and Alzheimer's disease (AD). Published in *JAMA Network Open*, the study shows that people with PD were more likely to have extended hospice stays and to revoke hospice care, suggesting gaps in how the system supports their unique end-of-life needs.

Researchers analyzed Medicare data from 2010 to 2020 to compare hospice use patterns by dementia subtype. Of the 1.24 million patients with one of the three diseases as a primary hospice diagnosis, 8.4% had AD, 2.1% had PD, and 0.4% had DLB.

## Findings on hospice use and disenrollment

PD patients were more likely to have long hospice stays (over 180 days) than those with AD, with an adjusted odds ratio (OR) of 1.15. However, those with DLB were not significantly more likely to have extended stays. PD and DLB patients were less likely to be disenrolled for extended prognosis compared to those with AD.

Despite these favorable trends in continuity of care, revocation of hospice—when patients or families choose to stop hospice services—was higher among patients with PD. The study reported that patients with PD were more likely to revoke hospice (OR, 1.29; 95% CI, 1.27–1.32) compared with AD.

“Higher likelihood of hospice revocation in PD raises important questions about unmet needs,” the

“The Medicare Hospice Benefit...is aligned with conditions such as cancer...However, neurodegenerative illness is now the most common reason for hospice referral... [these illnesses] are slowly progressive over time with high levels of prognostic uncertainty, leading to increased rates of disenrollment...from hospice.”

—Meredith Bock, MD, et al, Division of Geriatrics, Department of Medicine, University of California, San Francisco.

authors write, noting potential challenges in symptom management and caregiver support. Patients with PD were also more likely to move out of their hospice's service area and less likely to be discharged due to extended prognosis or ineligibility.

## Clinical implications and policy needs

The findings suggest that while hospice services may provide extended support for PD patients, they may not always align with their complex needs. People with Lewy body disease (LBD)—including both PD and DLB—often experience severe psychiatric and motor symptoms. Standard hospice protocols, such as comfort kits containing neuroleptics, may inadvertently worsen symptoms for these patients.

The authors point out that some essential medications used in LBD, like dopaminergic therapies and acetylcholinesterase inhibitors, are often discontinued in hospice due to their disease-modifying classification. Yet for these patients, they can be vital for symptom control and quality of life. Findings indicate that families may notice problems with symptom management and revoke hospice care. These challenges are compounded by hospice providers' limited experience with LBD-specific symptoms, the authors added. Education and specialized protocols for neurodegenerative subtypes are lacking.

This study is the first to assess hospice use patterns by dementia subtype on a national scale. Prior research has grouped all dementia types together, masking differences in patient needs and outcomes. The authors argue that “hospice use patterns differ by dementia subtype and should be disaggregated for policy analyses.”

They also call for future research on hospice experiences among patients with PD and DLB, the development of tailored end-of-life care strategies, and the implementation of training programs to support hospice providers in managing complex neurologic symptoms.

Source: Bock M, Gan S, Aldridge M, et al. “Hospice Use Among Medicare Beneficiaries with Parkinson Disease and Dementia with Lewy Bodies.” *JAMA Netw Open*. 2025;8(3):e250014. doi:10.1001/jamanetworkopen.2025.0014.



Scan to view the full study

## RECENT HOSPICE TRANSITION LINKED TO POORER MENTAL HEALTH IN DEMENTIA CAREGIVERS

A new study examining the mental health of caregivers for persons with dementia has revealed that those who recently transitioned to hospice experience significantly greater emotional distress than caregivers who had been in hospice longer.

The findings, presented in *Alzheimer's & Dementia*, underscore the need for timely and targeted psychosocial support as families face the emotional and logistical demands of end-of-life care. "In the context of dementia care, our results highlight that caregivers who just entered hospice are undergoing a challenging transition that often finds them in a mentally vulnerable position," stated the authors.

The research, led by investigators from the University of Pennsylvania and Washington University in St. Louis, focused on data from 156 caregivers enrolled in a randomized clinical trial of the ENCODE intervention (Empowering Caregivers of Patients with Dementia). All participants provided care to individuals with dementia receiving hospice services between December 2021 and January 2024.

The study classified "recent transition" as caregivers whose loved ones had been enrolled in hospice for fewer than 14 days at the time of assessment. Researchers compared these caregivers to those whose care recipients had been enrolled in hospice longer, using two-sample t-tests and chi-squared tests to evaluate mental health indicators.

### Key findings

Among the total sample, the average caregiver age was 59.6 years, and the majority (82.1%) were female. Just over 16% were the spouse or partner of the patient. Of the group, 62 caregivers (39.7%) had recently transitioned into hospice. These caregivers exhibited significantly worse mental health on several measures:

- Higher depressive symptoms ( $P = 0.031$ )
- Higher anxiety symptoms ( $P = 0.001$ )
- Worse perceived change in well-being ( $P = 0.012$ )

Interestingly, there was no significant difference in the mental component of health-related quality of life (HrQoL) between the two groups. However, the consistency in correlation patterns across all mental

health indicators—regardless of transition timing—suggested shared emotional stressors among hospice caregivers broadly.

### Implications for hospice practice

The findings indicate that the first two weeks after entering hospice are a vulnerable window for caregivers. During this time, caregivers often confront not only the emotional weight of anticipatory grief and role change but also a complex new care system with unfamiliar routines, medications, and expectations.

While hospice is designed to provide holistic support for both patients and families, the study authors argue that more focused strategies are needed to address the acute stress that arises during this transition. **"To develop and implement effective strategies for caregivers of persons with dementia, we need to understand the needs and vulnerabilities of caregivers during hospice transition and identify the best timing for the delivery of supportive tools,"** the researchers wrote.

The study's authors suggest that future models of hospice care should emphasize proactive caregiver support, particularly in the early phase of hospice admission. This may include:

- Timely psychosocial screening
- Targeted mental health interventions
- Education about what to expect in hospice
- Tools for coping with anticipatory grief and caregiving role shifts

These strategies may be especially critical in dementia care, where disease progression can be slow, ambiguous, and emotionally taxing for family members. The ENCODE trial, from which this study drew data, aims to explore problem-solving therapy as a potential intervention to ease these burdens. While full trial results are still pending, this secondary analysis offers a strong case for incorporating caregiver mental health into hospice quality metrics.

Source: Oh O, Oliver DP, Washington K, Demiris G. "Transition to Hospice: How It Impacts the Mental Health of Caregivers of Persons with Dementia." *Alzheimer's Dement.* 2024;20(Suppl. 4):e085102. doi:10.1002/alz.085102.



Scan to view the full study

# EARLY PALLIATIVE CARE IN DEMENTIA: BRIDGING THE GAP IN SUPPORT AND PLANNING

A scoping review published in the *Journal of Pain and Symptom Management* finds that most models of dementia care delay palliative support until late in the disease, missing vital opportunities to build trust, plan ahead, and preserve patient identity.

The review, led by a multinational team of palliative care (PC) and dementia researchers, systematically examined more than 4,000 studies published between 2013 and 2023. The team aimed to map what is known about the timing, content, and delivery of PC for people in the early stages of dementia, focusing on studies addressing physical, psychological, social, or spiritual needs, as well as advance care planning (ACP).

## Unmet needs in early dementia

Despite growing consensus on the importance of early intervention, the review found a surprising lack of clarity in how early PC is defined and delivered in dementia. Few studies explicitly addressed the early stages, and even fewer provided models tailored to this unique period of the illness trajectory. Still, consistent themes emerged. Patients and caregivers face a range of unmet needs in early dementia, including:

- **Anticipatory care planning:** Navigating “what-if” scenarios about future decline, hospitalization, or loss of decision-making ability
- **Reassurance against abandonment:** Building long-term provider relationships with continuity of care
- **Emotional preparation:** Dealing with loss of autonomy, identity, and social roles
- **Balanced care decisions:** Advocating for care without unnecessary or burdensome interventions

The authors note that opportunities for palliative care often arise at “tipping points”—changes in symptoms, function, or caregiving needs. They emphasize the thin evidence base as well as the underrepresented cultural, spiritual, and relational aspects in dementia care, urging future efforts to prioritize:

- **Developing assessment tools** to help providers recognize early palliative needs
- **Integrating dementia care with palliative frameworks** from the point of diagnosis
- **Enhancing communication training** for clinicians across care settings
- **Promoting policies and reimbursement models** that support early interventions

As the population of older adults living with dementia continues to rise, this review offers a timely and evidence-based argument for expanding palliative care upstream. The authors assert that early engagement not only prepares families for the road ahead but also honors the personhood and values of patients while they are still able to express them.

By addressing the unique needs of people with dementia early in the disease course, clinicians and systems can reduce suffering, foster continuity, and better align care with what matters most to patients.

Source: De Sola-Smith K, van der Steen JT, Ritchie CS, Hunt L, Gilissen J, Van den Block L. “Palliative Care in Early Dementia: A Scoping Review.” *J Pain Symptom Manage*. 2024;67(5):e832–e833. <https://doi.org/10.1016/j.jpainsymman.2024.03.016>.



Scan to view the abstract

## Elements of effective early PC

- Dementia-specific ACP that integrates personal values and preferences
- Structured goals-of-care conversations earlier in the disease trajectory
- Personalized care delivery rooted in knowledge of the person’s life story, values, and identity
- Clinician education and training tailored to long-term communication and relationship-building
- Support to help families build their care networks and resources for caregivers focused on emotional well-being and preparedness

—Karen de Sola-Smith, PhD AGPCNP-BC MA, Adult-Gerontology and Palliative Care, et al, VA Health System San Francisco.



BACK PAGE AD: 8" X 10.5"

Full color custom masthead and full back page ad is included with the newsletter pricing. Submit completed artwork or we can design for you for just \$50/hr.

You're there for your patients.  
We're here for you.

We're providing this complimentary newsletter to keep you informed about the latest news in serious illness care, palliative care, and hospice care. Studies from sources such as the *Journal of the American Medical Association* are summarized to concisely deliver significant medical findings to busy clinicians.

Our interdisciplinary team of healthcare experts is here for you, providing compassionate, personalized care for your patients and their families. Please contact us if you have a patient referral or want to know more about our services.

1-800-123-4567  
info@domain.com

YOUR LOGO  
HERE