

# The Bomba Letter

*Dedicated to the challenges of elder abuse and palliative care.*

**MEDAmerica**  
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June 2011

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## Welcome

A decade has passed since the launch of the Community-wide End-of-life/Palliative Care Initiative in May 2001. At that time, members of the Initiative reviewed the 1997 Institute of Medicine Report, "Approaching Death: Improving Care at the End of Life." The Report reviewed studies that showed people don't die in the setting of their choice, don't have advance directives in place, and many fear dying in pain and without dignity or control.

I have been privileged to lead the Community-wide End-of-life/Palliative Care Initiative and have shared the challenges and successes of the projects, including, but not limited to:

- Community Conversations on Compassionate Care (CCCC)
- Medical Orders for Life-Sustaining Treatment (MOLST) Program, a nationally approved Physician Orders for Life-Sustaining Treatment (POLST) Program
- Community Principles of Pain Management (CPPM)
- CompassionAndSupport.org community website
- Education for Physicians on End-of-life Care (EPEC), since renamed Education on Palliative and End-of-life Care
- Guidelines for Long-Term Feeding Tube Placement

Successful changes in health policy have been achieved through legislative advocacy and leveraging the power of the healthcare and community collaborative and partnerships with similar coalitions across New York State.

The past year is a key example. June 1, 2011 marked the one year anniversary of the Family Health Care Decisions Act in New York State that aligns with the newly revised DOH-5003 MOLST form. On February 9, 2011, the Palliative Care Information Act became effective; physicians and nurse practitioners are obliged to offer to inform and counsel terminally ill patients, as defined by a life expectancy of 6 months or less, of their end-of-life options.

On June 17, 2011 the Assembly passed A.7343A (Gottfried) and on June 20, the Senate passed the companion bill S.5259A (Hannon). These bills amend the Family Health Care Decisions Act to authorize surrogate decisions regarding hospice care -- irrespective of whether the patient is in a hospital or nursing home. This is a major advance -- it will both make hospice care available to persons who previously could not be enrolled; and improve decision-making for patients in hospice. The law will be effective 60 days after signed into law by Governor Cuomo.

These successful efforts will be highlighted in future issues along with up-to-date information on palliative care and elder abuse.



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## PALLIATIVE CARE

### The Joint Commission Releases Standards for Advanced Certification Program in Palliative Care

The Joint Commission (TJC) accredited hospitals now have the option of seeking Advanced Certification in Palliative Care. The new certification program launches September 1, 2011. **Standards are now [available here](#).**

To be eligible for Palliative Care Certification, a hospital must:

- Have a formal, defined inpatient palliative care program.
- Provide services following palliative care guidelines or evidence-based practice.
- Use data actively for performance improvement.

The standards for palliative care certification are built on the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care and the National Quality Forum's National Framework and Preferred Practices for Palliative and Hospice Care Quality. They were developed under the guidance of The Joint Commission Health Care Services Task force, which is composed of experts in palliative care and key stakeholders.

[Learn more](#) about the Advanced Certification in Palliative Care program or contact (630) 792-5291, [palliative@jointcommission.org](mailto:palliative@jointcommission.org).

### Palliative Medicine Certification

The American Board of Medical Specialties (ABMS) formally recognizes specialties and subspecialties in allopathic medicine and confers specialty and subspecialty status, including hospice and palliative medicine.

The Grandfathering period refers to the time early in the development of a field when physicians may qualify to sit for the certification exam on the basis of experience, even if they have not completed a 12-month ACGME-accredited fellowship program. The ABMS grandfathering period is from 2008 through 2012.

ABMS confirms a total of 2,995 physicians have successfully received subspecialty certification in hospice and palliative medicine from the 10 co-sponsoring boards.

The next hospice and palliative medicine subspecialty certification exam will be held October 4, 2012. Thereafter it will be offered every other year (e.g., 2014, 2016, etc).

Registration for the 2012 exam will open in winter 2011/2012. AAHPM will post dates when they become available. [Learn more](#).

### When demented patients receive feeding tubes

By Paula Span, New York Times, May 9, 2011

While surgically implanted feeding tubes have not been found to improve survival rates among those in the advanced stages of dementia, nearly one-third of this group of patients receive feeding tubes. A recent study also uncovered that some family members of those who received feeding tubes were never consulted, and many of those who were consulted recalled only very brief conversations with doctors on the subject. "We mismanage this final chapter of life, and it can be traumatic for family members," said Dr. Joan Teno, a community health physician, hospice medical director and researcher at Brown University.

[Read](#) about one of the toughest decisions families have to face as their elders begin to falter.

## Advance Care Planning

Advance Care Planning is a process of planning for future medical care in case you are unable to make your own decisions. It is a continual process and not merely a document or isolated event.

Advance Care Planning assists you in preparing for a sudden unexpected illness, from which you expect to recover, as well as the dying process and ultimately death. Advance care planning is a gift to you and your family. It allows you to maintain control over how you are treated and to ensure that you experience the type of care and the type of death that you desire.

The key elements of the process include choosing the right Health Care Agent or Spokesperson and discussing values, beliefs and what is important to you with your Health Care Agent, family, close friends, personal physician and other health care providers. Providers can only respect an individual's religious, spiritual and cultural beliefs if they are shared ahead of time.

You can find additional information on [CompassionAndSupport.org](http://CompassionAndSupport.org).

### Catholic Bishops of New York State Publication

The Catholic Bishops of New York State have released a publication entitled **Now and at the Hour of Our Death**, A Catholic Guide to End-of-Life Decision-Making. [This guide](#) is designed to explain the moral principles of Catholic teaching with regard to end-of-life decision-making and to outline the options that exist in New York State for advance care planning.

### United States Conference of Catholic Bishops Statement

To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide

To live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones—that is the hope of each of us. In particular, Christian hope sees these final days as a time to prepare for our eternal destiny.

Today, however, many people fear the dying process. They are afraid of being kept alive past life's natural limits by burdensome medical technology. They fear experiencing intolerable pain and suffering, losing control over bodily functions, or lingering with severe dementia. They worry about being abandoned or becoming a burden on others.

Our society can be judged by how we respond to these fears. A caring community devotes more attention, not less, to members facing the most vulnerable times in their lives. When people are tempted to see their own lives as diminished in value or meaning, they most need the love and assistance of others to assure them of their inherent worth.

The healing art of medicine is an important part of this assistance. Even when a cure is not possible, medicine plays a critical role in providing "palliative care"—alleviating pain and other symptoms and meeting basic needs. Such care should combine medical skill with attention to the emotional as well as spiritual needs of those facing the end of life.

Read the complete statement [here](#).

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## Elder Abuse



### NCPEA and Elder Abuse Awareness Day

The National Committee for the Prevention of Elder Abuse participated in the 6th annual Elder Abuse Awareness Day, on June 15th. To mark the occasion, NCPEA is releasing an exclusive song by musician, Jeff Beam, written to help spread the word about elder abuse. For more information on how to obtain this recording, and for the activities that took place on Elder Abuse Awareness Day, [read here](#).

### Can't You Feel The Curve of the Earth?

This is a song originally found on Jeff Beam's album "Venus Flying Trapeze". This version features new lyrics pertaining to elder abuse awareness, recorded especially for World Elder Abuse Awareness Day 2011. This song is sponsored by NCPEA, the National Committee for the Prevention of Elder Abuse. The mission of NCPEA is to prevent abuse, neglect, and exploitation of older persons and adults with disabilities through research advocacy, public & professional awareness, interdisciplinary exchange, and coalition-building.

Visit and "Like" NCPEA on Facebook page! [Check out](#) the music video and lyrics for this song!

### Fear, Discrimination and Abuse: Transgender Elders and the Perils of Long-Term Care

By Daniel Redman for Aging Today, March-April 2011, Vol. XXXII, No. 2

Phyllis Frye is a long-time lawyer and a judge in Houston. She is also a prominent transgender activist. To transition from male to female – her true gender identity – she underwent several medical procedures and takes estrogen. In Phyllis's life, she chooses where and how she lives without fear. Looking to her future, she is adamant she would not feel safe living in a nursing home.

Transgender elders are afraid of long-term-care facilities. As Frye puts it, "A secret fear of all transgender people, surgical or not, is to grow old and be psychologically abused, day after day, by the staff of a nursing home." Transgender elders are afraid staff members will refuse to let them live consistent with their gender identity, deny them appropriate medical care (such as hormone therapy), violate their privacy and leave them vulnerable to harassment and mistreatment.

*Daniel Redman is an attorney in the Elder Law Project of the National Center for Lesbian Rights, San Francisco, CA. [Read more](#) about this seldom discussed topic.*

## The MetLife Study of Elder Financial Abuse: Crimes of Occasion, Desperation and Predation Against America's Elders

NCPEA, in partnership with the **MetLife Mature Market Institute** and the **Center for Gerontology at Virginia Tech**, has released a new study that examines the depths of financial exploitation against the elderly in the United States. Titled "Crimes of Occasion, Desperation, and Predation Against America's Elders," the study is an expanded follow-up to a groundbreaking study in 2009 named "Broken Trust: Elders, Family, and Finances."

### KEY FINDINGS:

- The annual financial loss by victims of elder financial abuse is estimated to be at least \$2.9 billion dollars, a 12% increase from the \$2.6 billion estimated in 2008.
- Instances of fraud perpetrated by strangers comprised 51% of the articles. Reports of elder financial abuse by family, friends, and neighbors came in second, with 34% of the news articles followed by reports of exploitation within the business sector (12%) and Medicare and Medicaid fraud (4%).
- Medicare and Medicaid fraud resulted in the highest average loss to victims (\$38,263,136) followed by fraud by business and industry (\$6,219,496), family, friends, and neighbors (\$145,768), and fraud by strangers (\$95,156).
- Women were nearly twice as likely to be victims of elder financial abuse as men. Most victims were between the ages of 80 and 89, lived alone, and required some level of help with either health care or home maintenance. In almost all of the cases, there existed a combination of tenuous, valued independence and observable vulnerability that merged in the lives of victims to optimize opportunities for abuse by every type of perpetrator — from the closest family members to professional criminals.
- Nearly 60% of perpetrators were males. Most male perpetrators were between the ages of 30 and 59, while most of the female perpetrators were between the ages of 30 and 49. Perpetrators who were strangers often targeted victims with visible vulnerabilities (e.g., limited mobility, displays of confusion, or living alone).
- The number of news articles increased and the character of elder financial abuse changed during the holidays. From November 2010 through January 2011, of the 1,128 articles on elder abuse identified through the newsfeeds, 354 (31%) concerned elder financial abuse. At least one-quarter (27%) of the cases reported were random, predominantly single-event crimes accounting for relatively small monetary rewards and characterized by a high level of brutality and disregard for human life. Reports of elder financial abuse perpetrated by strangers and by friends and families were very similar (47% vs. 45%, respectively).

To read the entire report, view [here](#).

### [Change in Address or Other Contact Information?](#)

Please assist us in keeping the Bomba Letter and other updates coming your way. All you need to do is provide updated information including: name, address, phone number, place of employment, or email. To update your information please contact, Ellen Sorce at, (585) 453-6323 or [Ellen.Sorce@excellus.com](mailto:Ellen.Sorce@excellus.com). Thank you in advance.

## Calendar of Events

### 2011

- Ongoing      **Seminars on Mental Health Topics for Pastoral Care.** Free monthly classes offered the first Tuesday of each month beginning on April 6, 2010, Rochester, NY
- Ongoing      **Alzheimer's Association 2010 Fall Learning Opportunities,** beginning September.
- Jul 13        **MOLST RN Manager Training at Wegman's School of Nursing, St. John Fisher College,** Rochester, NY
- Aug 1         **MOLST Presentation at Valley Manor,** Rochester, NY
- Sep 6-9      **Providing Interdisciplinary Pediatric Care in New York State,** New York-Presbyterian Morgan Stanley Children's Hospital, Columbia University Medical Center, New York, NY
- Sep 9         **MOLST CME Lecture for Cayuga Medical Center,** Ithaca, NY
- Sep 16        **eMOLST Demonstration for WNY Coalition for Health Care Decision-Making,** Buffalo, NY
- Sep 19-22    **AATI/NAPSA Conference on Elder Abuse,** Buffalo, NY
- Sep 23        **2011 MLMIC Risk Management Seminar,** Syracuse, NY
- Sept 23      **The 25<sup>th</sup> Annual Conference "Spanning the Continuum of Care: Innovations in Geriatric Health Practice,"** Monroe Community Hospital, Rochester, NY
- Oct 21        **5<sup>th</sup> Annual Latino Summit,** Utica, NY
- Oct 26-28    **39<sup>th</sup> Annual Conference of the State Society on Aging of New York State,** Saratoga, NY
- Nov 8         **Third Annual Sussman Lecture,** Two presentations:
  - **Palliative Care 2011: Closing the Gap Between Availability and Need,** Rochester, NY
  - **Be at the Table or Be on the Menu: The Role of Palliative Care in the Success of Healthcare Reform,** Rochester, NY
- Nov 10-12    **Center To Advance Palliative Care National Seminar,** San Diego, Ca
- Dec 2         **NYALTCA,** Syracuse, NY

### 2012

- Feb16        **National POLST Paradigm Conference, "Partners in POLST: Efficacy and Innovation in Honoring Choices across Care Settings",** San Diego, CA
- Mar 7-10     **AAHP & HPNA Annual Assembly,** Denver, CO
- APR 19-21    **ACP: Internal Medicine 2012,** New Orleans, LA
- May 2-6      **2012 AGS Annual Scientific Meeting,** Seattle, WA

If you know of other events related to Elder Abuse or Care at the End-of-Life, please [forward them to me](#), and I will add them to our calendar of events for the next edition of this newsletter. Thank you.

[Access archives of prior publications of "The Bomba Letter."](#)

For further information on Elder Abuse and Long Term Care, visit [Med America's website](#). If you do not wish to receive future editions of the Bomba Letter, please reply to this message with "Unsubscribe" in the subject line.