

New Data & Trends: End-of-Life Care in New Jersey



Rutgers Center for
State Health Policy

Institute for Health, Health Care Policy,
and Aging Research

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Acknowledgements

**Support from The Robert Wood Johnson Foundation and the NJ
Department of Health and Senior Services**

**In collaboration with New Jersey Health Decisions and
Colleagues in Caring**

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Outline

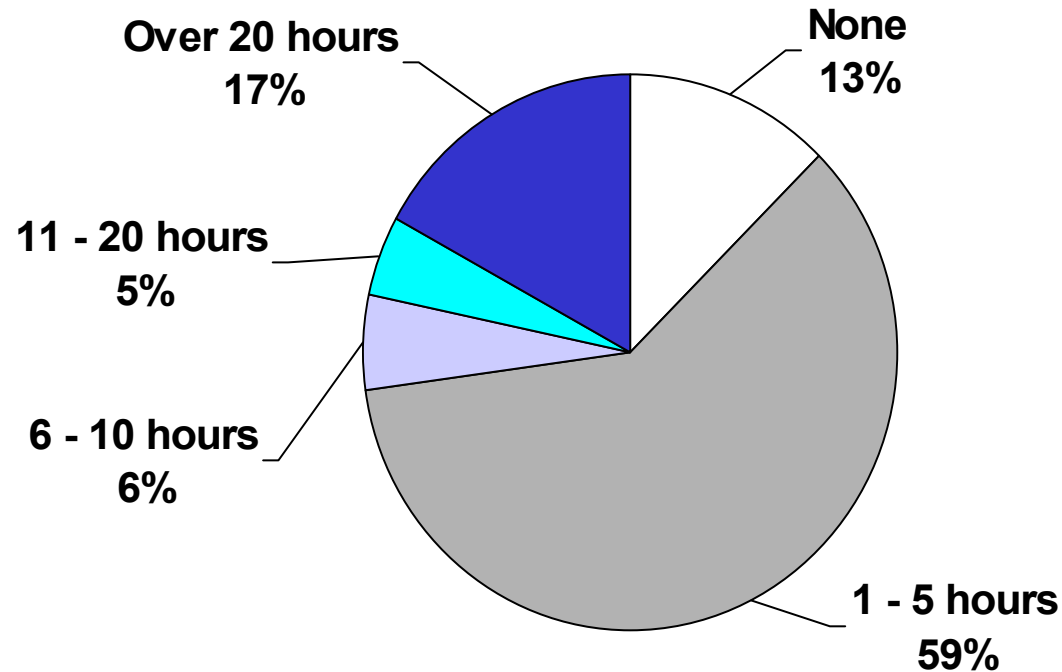
- Health professional training in end-of-life care
 - How much training do nurses and physicians receive?
- Advance directives
 - Who has advance directives and who doesn't?
- Place of death
 - Are more people dying at home or in other non-hospital settings?

Data Sources

- NJ Board of Nursing/Colleagues in Caring Survey of RNs
 - 6,657 active licensed RNs in NJ
 - 50% response rate
- CSHP NJ State Physician Census
 - 4,854 patient care physicians active in NJ (excludes medical residents)
 - 26% response rate
- CSHP NJ Family Health Survey
 - Telephone sample of 2,265 families (including 6,600 individuals)
 - Over-sample of low-income and elderly
 - 59% response rate
- DHSS NJ Mortality Statistics

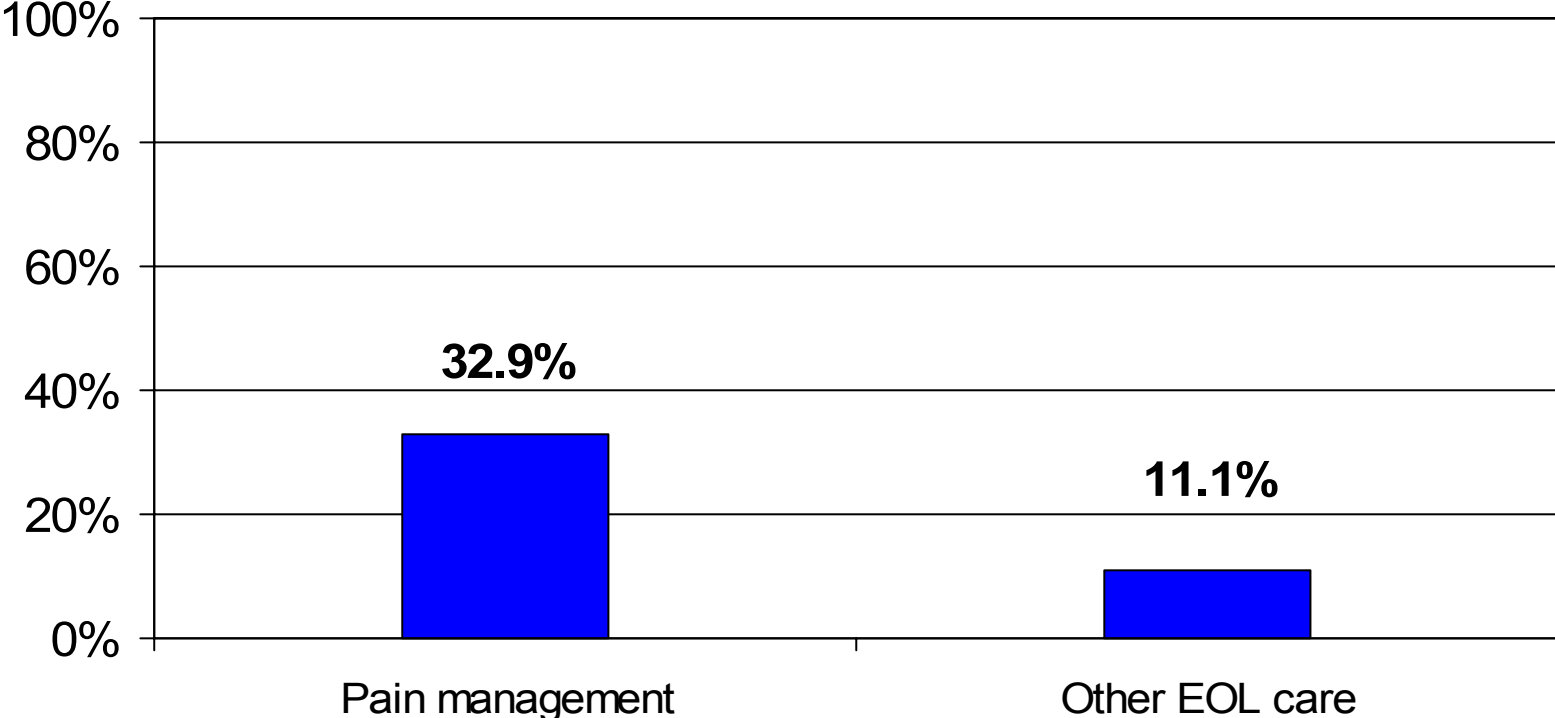
Health Professional Training in End-of-Life Care

Figure 1: RN Formal Training in End-of-Life Care or Pain Management



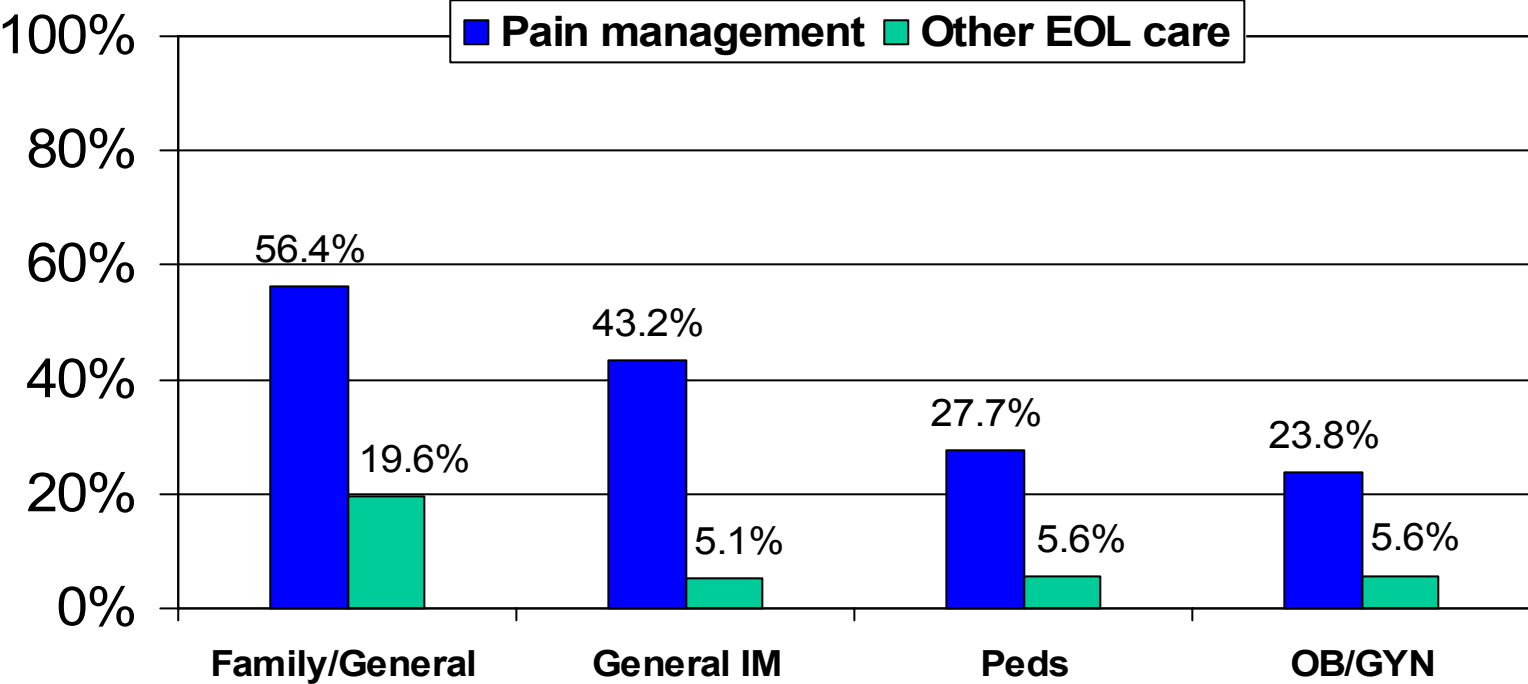
Source: New Jersey Board of Nursing and Colleagues in Caring Survey

Figure 2. Physician Continuing Medical Education (CME) Related to End-of-Life Care



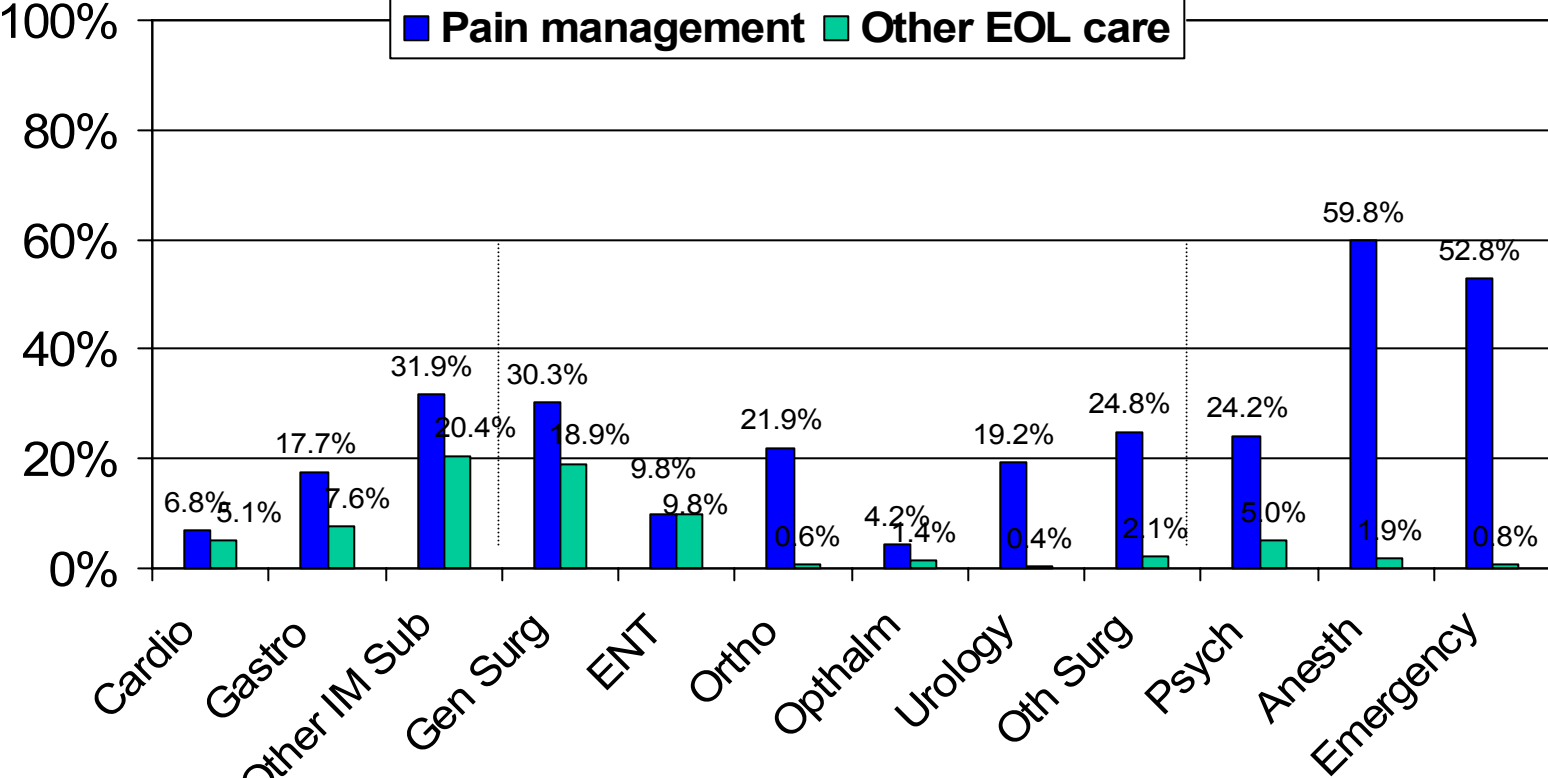
Source: NJ State Physician Census

Figure 3. CME Related to End-of-Life Care: Primary Care Physicians



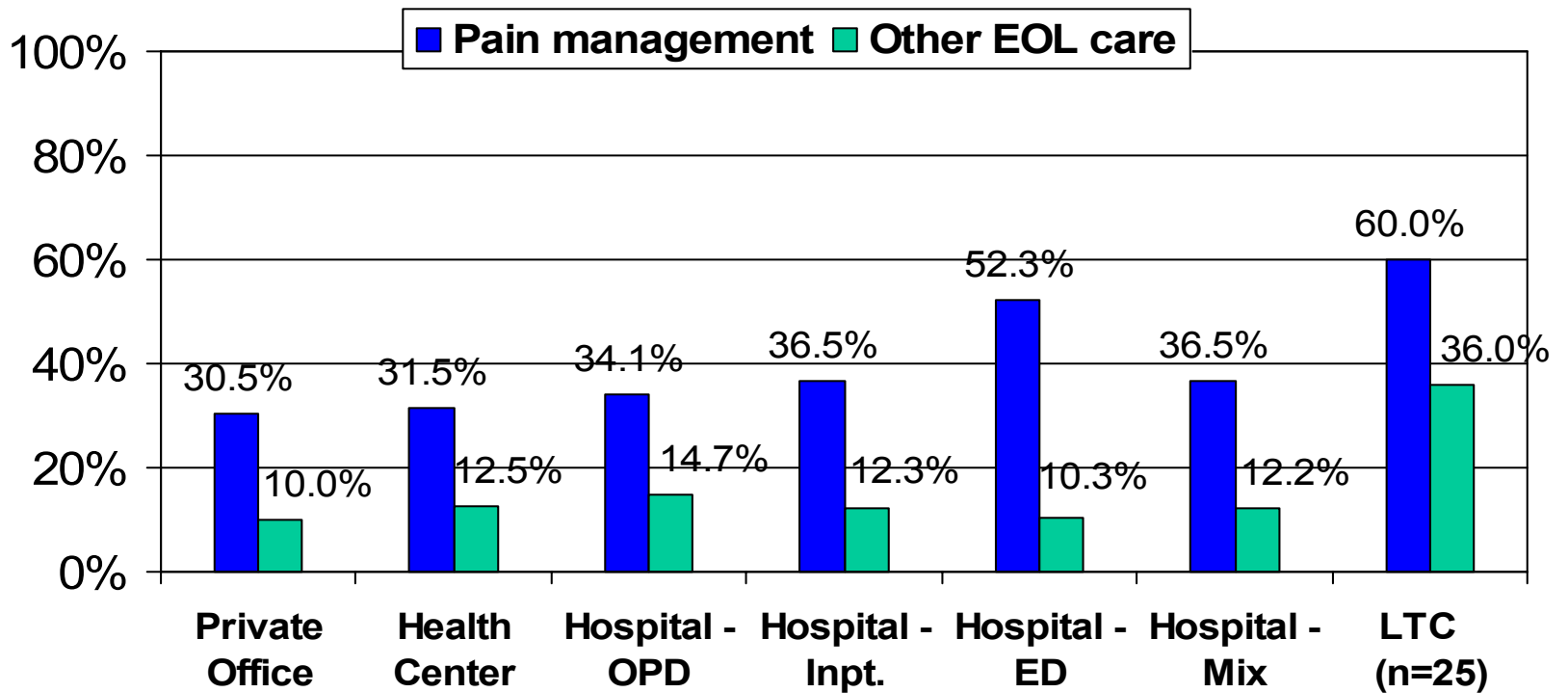
Source: NJ State Physician Census

Figure 4. CME Related to End-of-Life Care: Selected Subspecialties



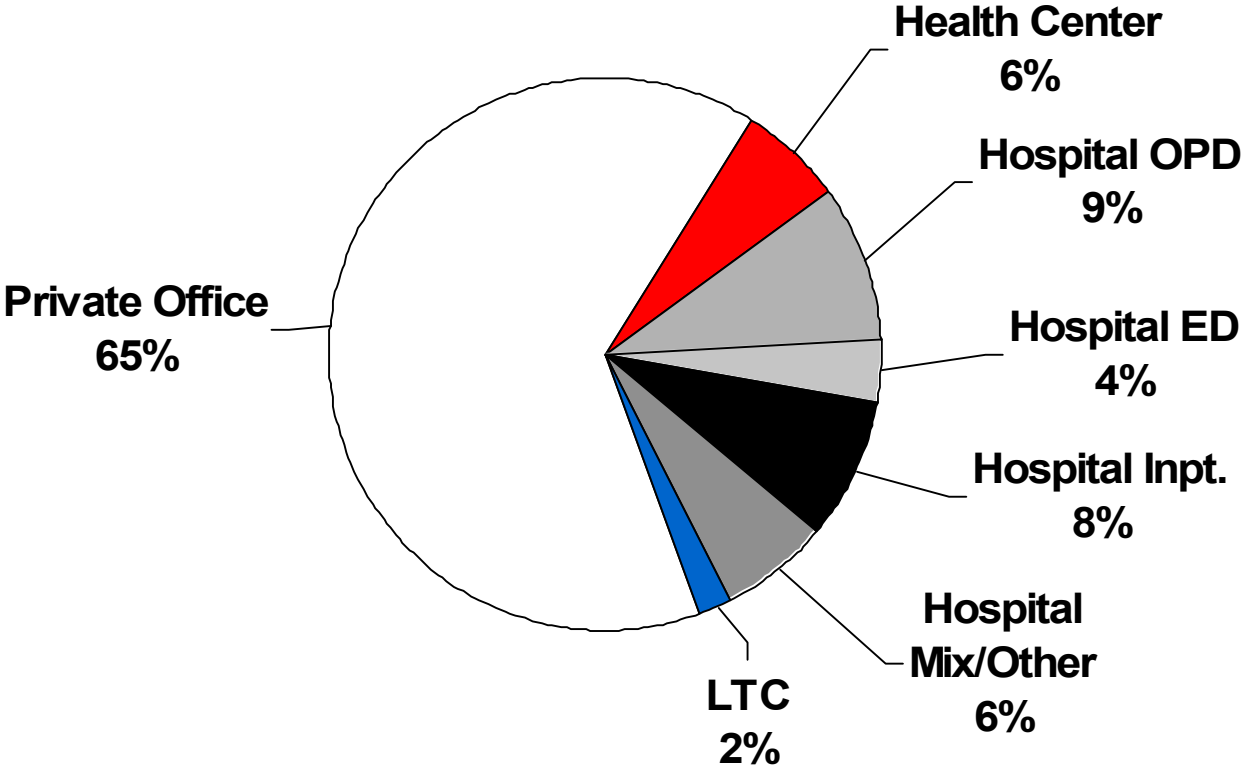
Source: NJ State Physician Census

Figure 5. CME Related to End-of-Life Care by Type of Practice Location



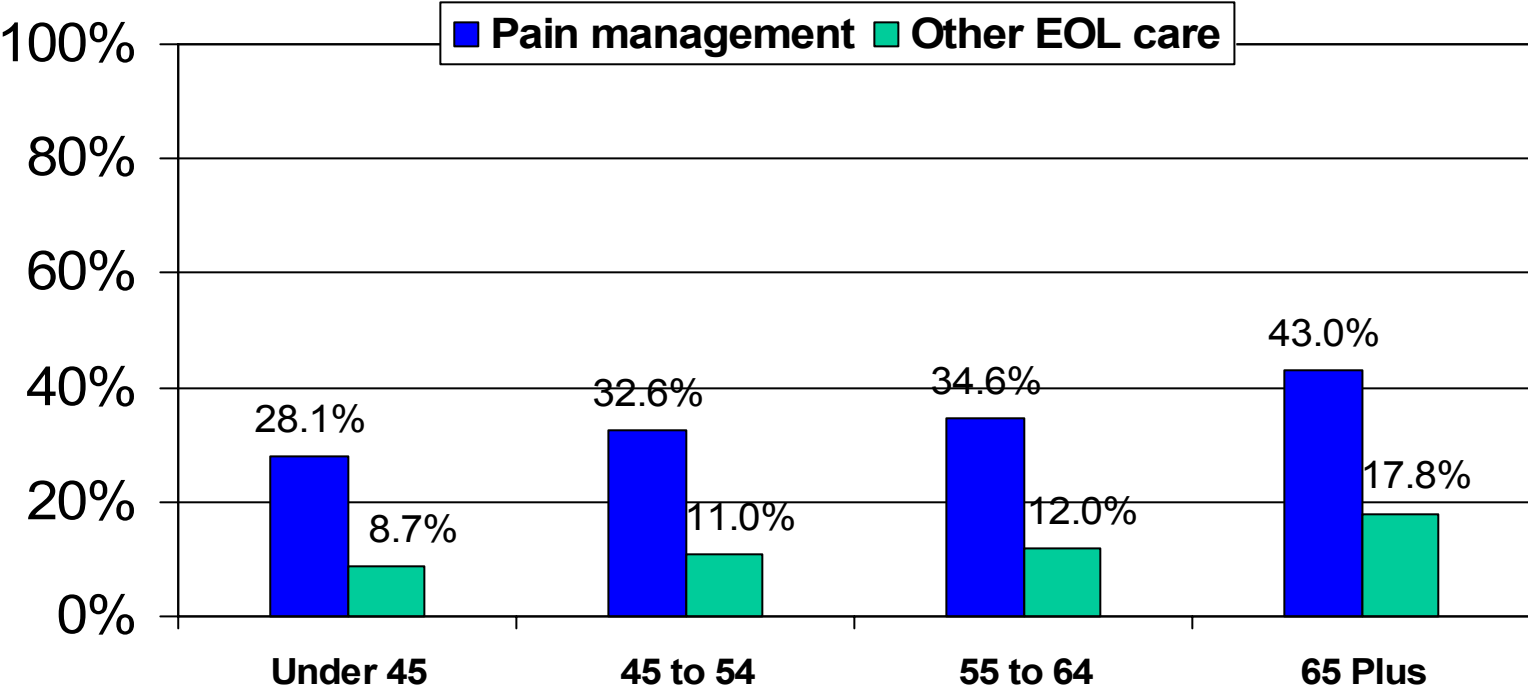
Source: NJ State Physician Census

Figure 5a: Primary Settings of Physician Respondents



Source: NJ State Physician Census

Figure 6. CME Related to End-of-Life Care by Physician Age



Source: NJ State Physician Census

Professional Training *Summary*

- Most nurses receive EOL training, but not many hours
- About 1/3 practicing MDs receive CME in pain management, about 10% in other EOL care
 - Highest for family medicine, general internal med., emergency med., anesthesiology, LTC settings, and older physicians
 - Lower for some sub-specialties and private office physicians
 - Few demographic differences

Professional Training

Conclusions

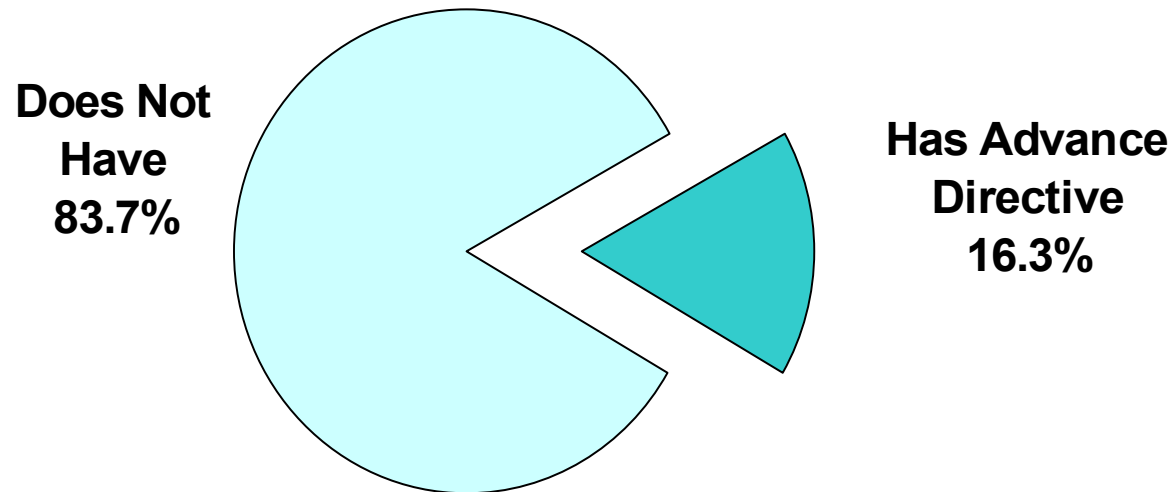
Glass half full

- Limited formal training among nurses
- Glass 1/3 full for physicians (pain management)
 - CME for other EOL much lower
 - Rates among some specialties/settings more respectable (e.g., emergency medicine, family medicine, LTC)
 - Lack of CME among private office physicians and some subspecialties most troubling

Advance Directives

Figure 7: Advance Directives in New Jersey

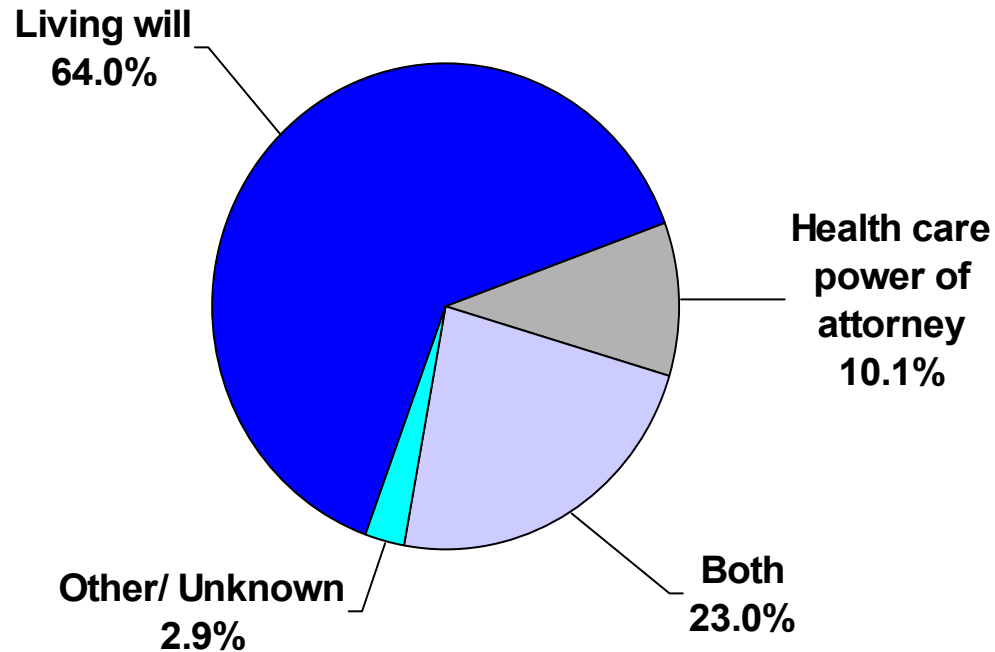
Persons age 18 and older



Source: NJ Family Health Survey

Figure 8: Type of Advance Directive

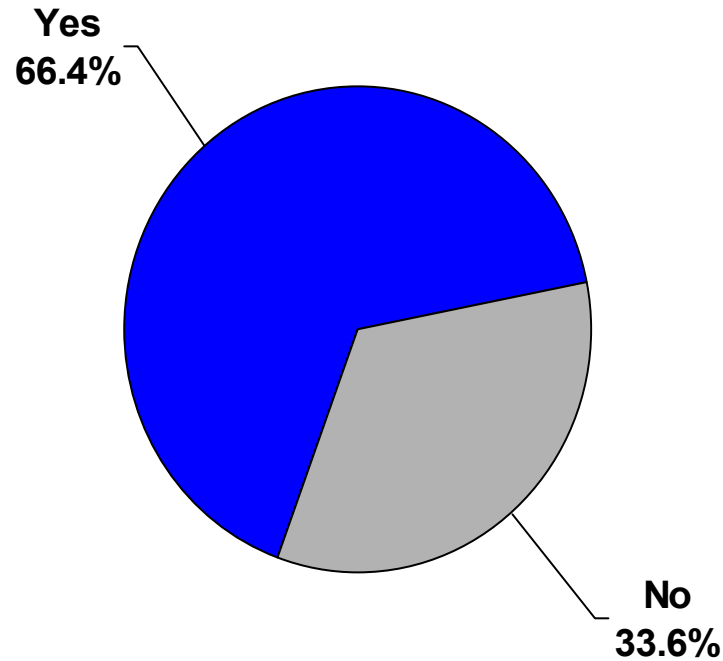
Persons age 18 and older



Source: NJ Family Health Survey

Figure 9: Have You Told Your Doctor?

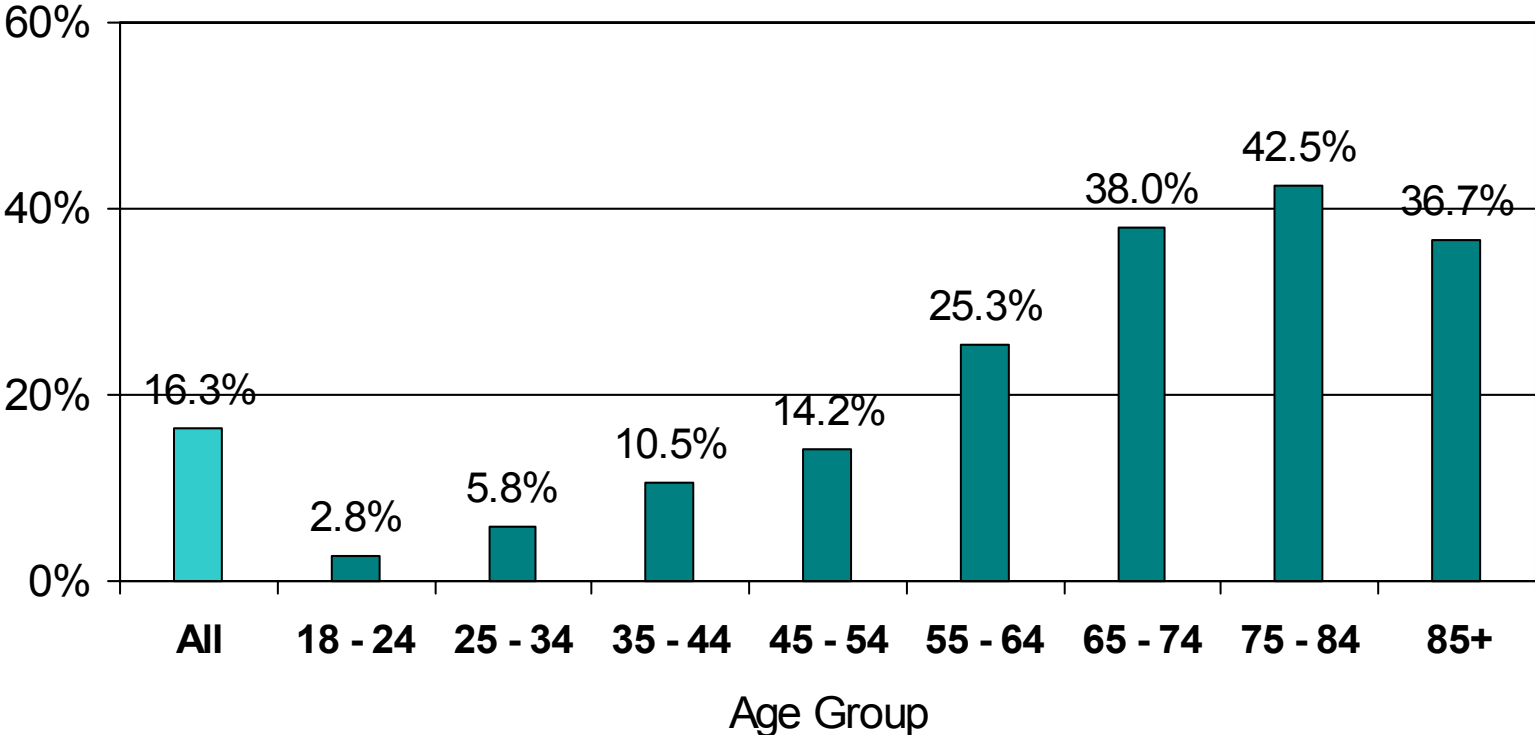
Persons age 18 and older



Source: NJ Family Health Survey

Figure 10: Advance Directives by Age

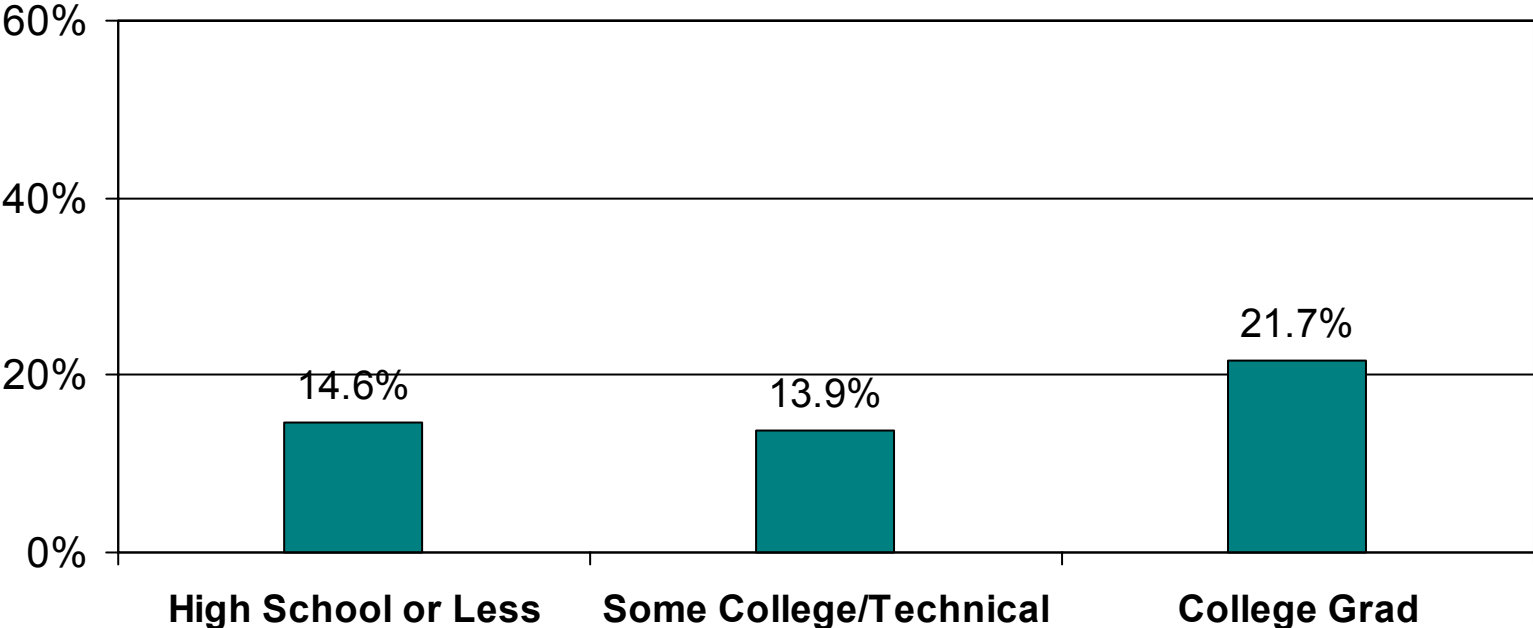
Persons age 18 and older



Source: NJ Family Health Survey

Figure 11: Advance Directives by Education

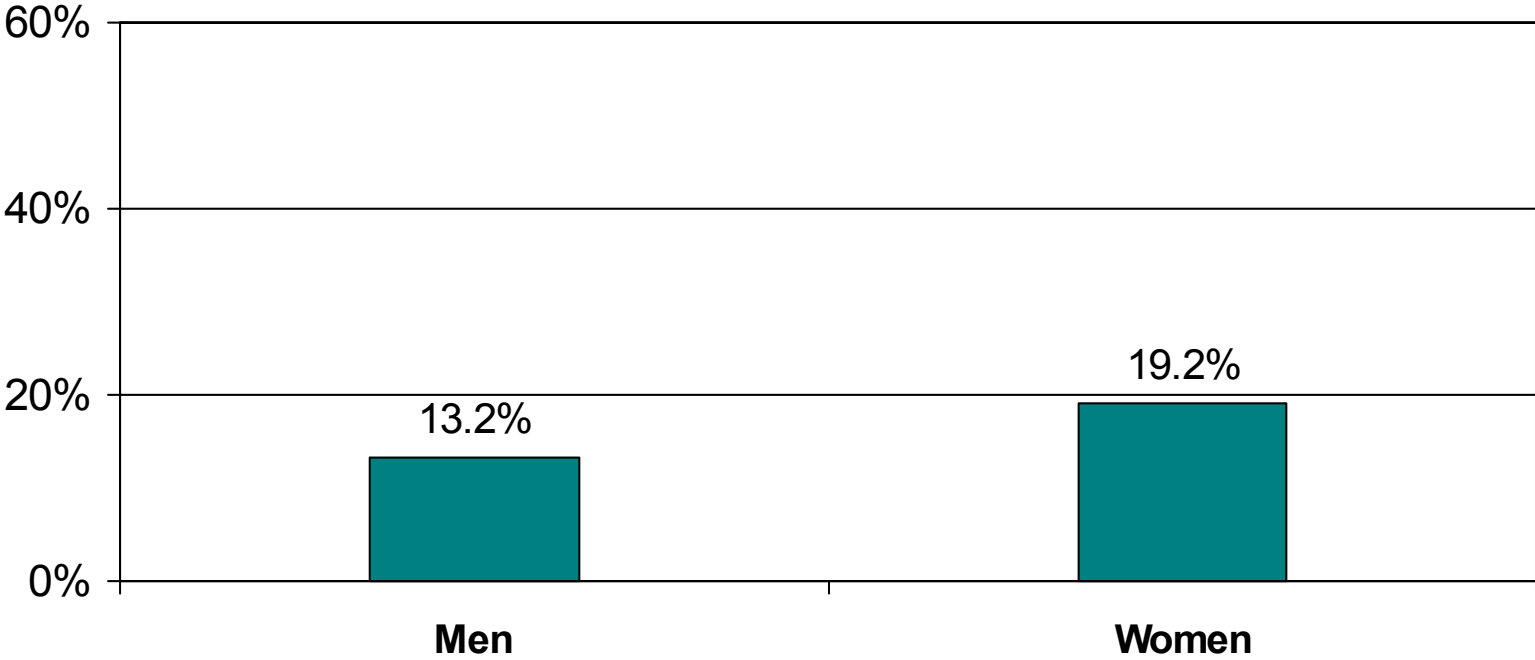
Persons age 18 and older



Source: NJ Family Health Survey

Figure 12: Advance Directives by Sex

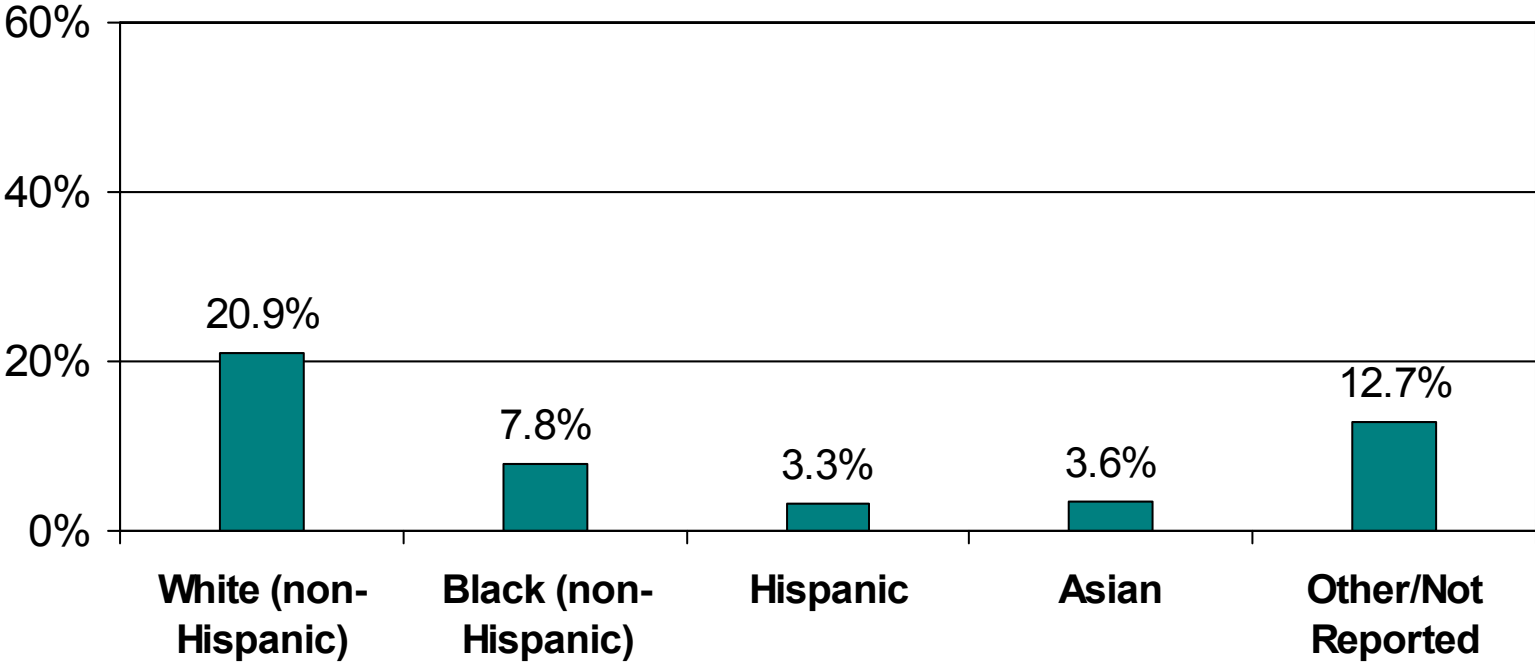
Persons age 18 and older



Source: NJ Family Health Survey

Figure 13: Advance Directives by Race/Ethnicity

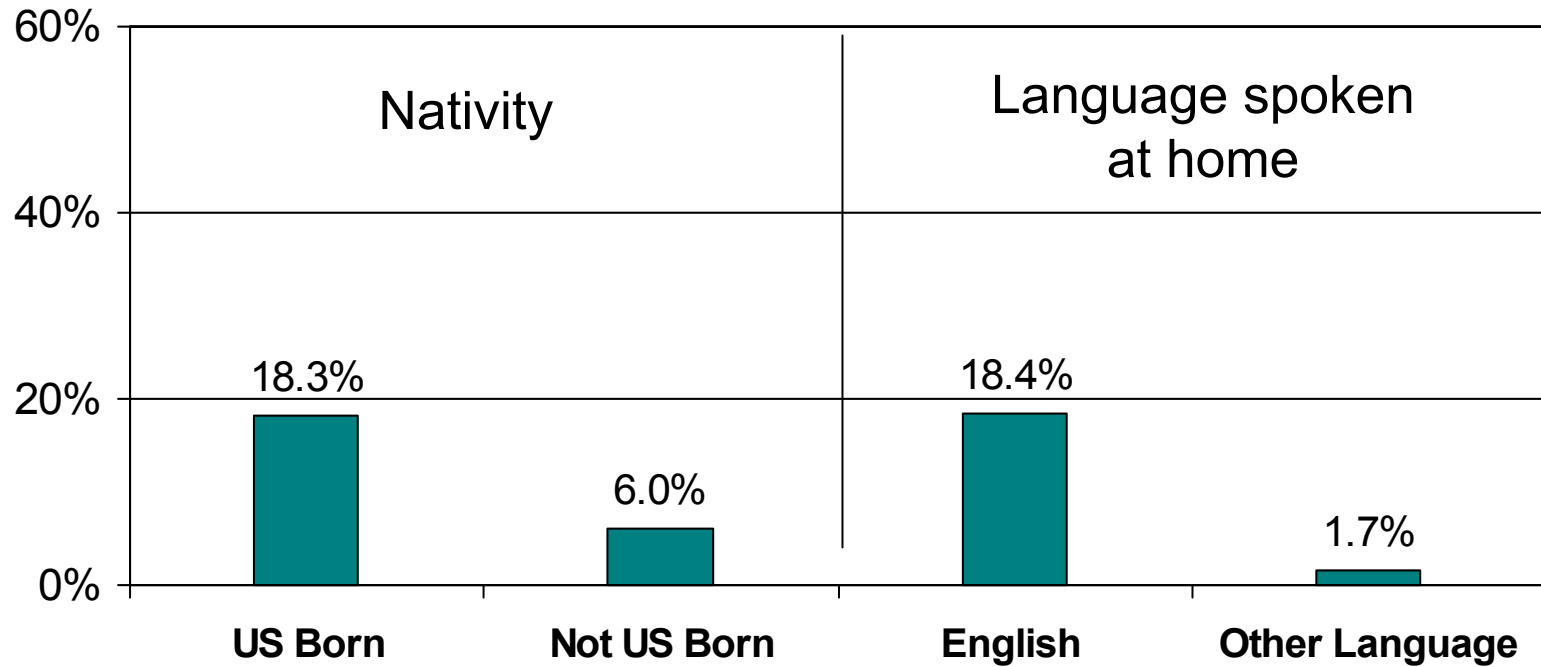
Persons age 18 and older



Source: NJ Family Health Survey

Figure 14: Advance Directives by Nativity & Language

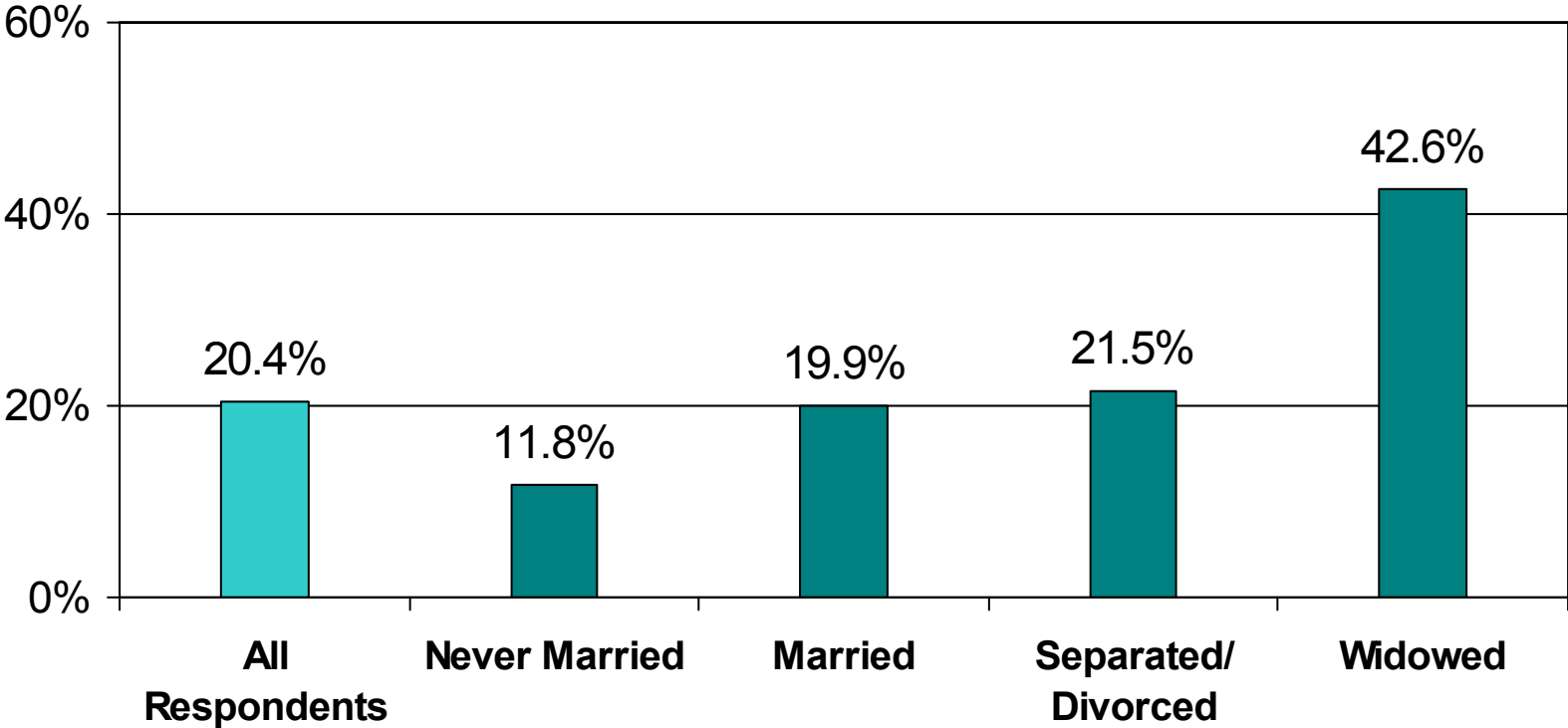
Persons age 18 and older



Source: NJ Family Health Survey

Figure 15: Advance Directives by Marital Status

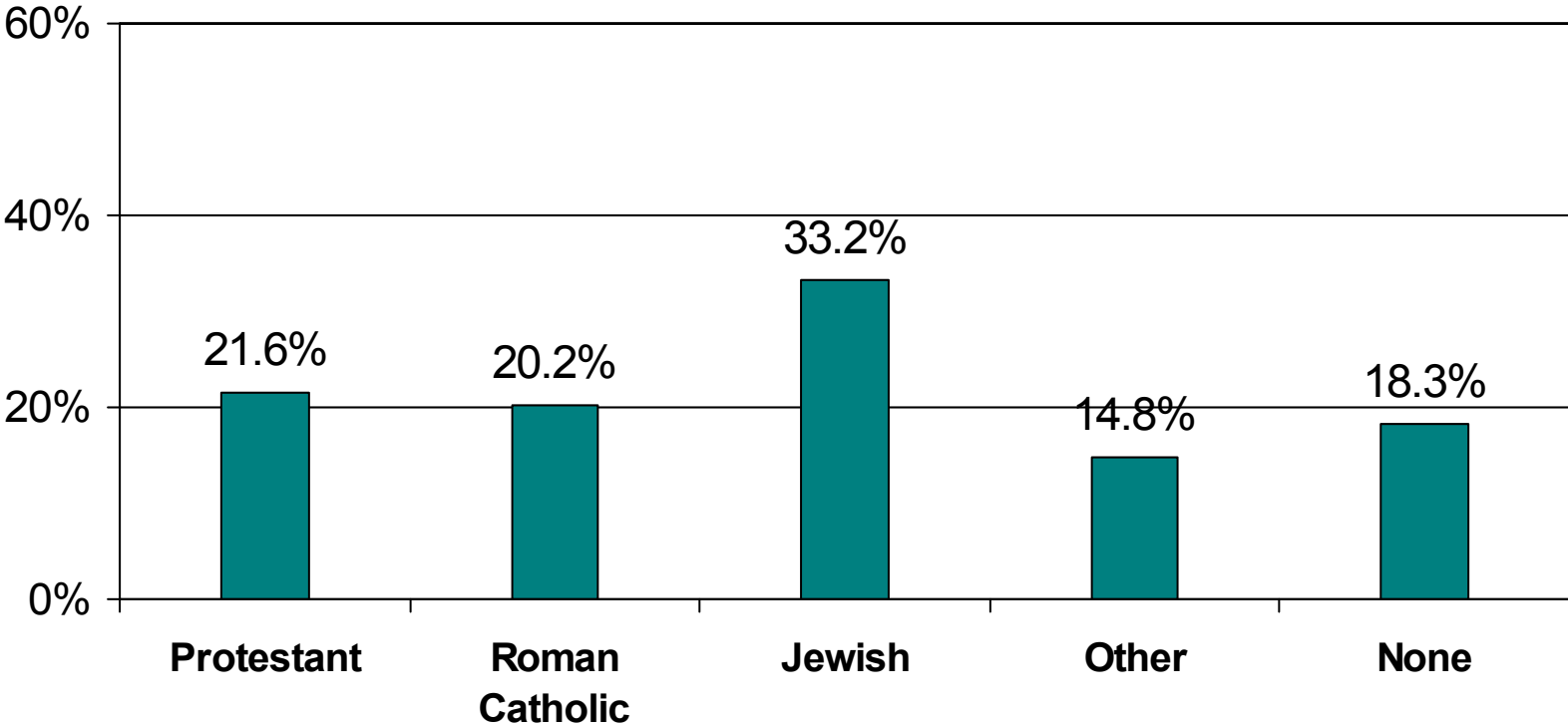
Limited to survey one respondent per family



Source: NJ Family Health Survey

Figure 16: Advance Directives by Religion

Limited to survey one respondent per family



Source: NJ Family Health Survey

Advance Directives *Summary*

- Nearly 1 in 6 New Jersey adults has an AD
 - Rises with age, peaking at over 40% among those age 75-84
 - Two-thirds say they've discussed with their doctor
- Serious disparities
 - Race/ethnicity
 - Nativity
 - Language

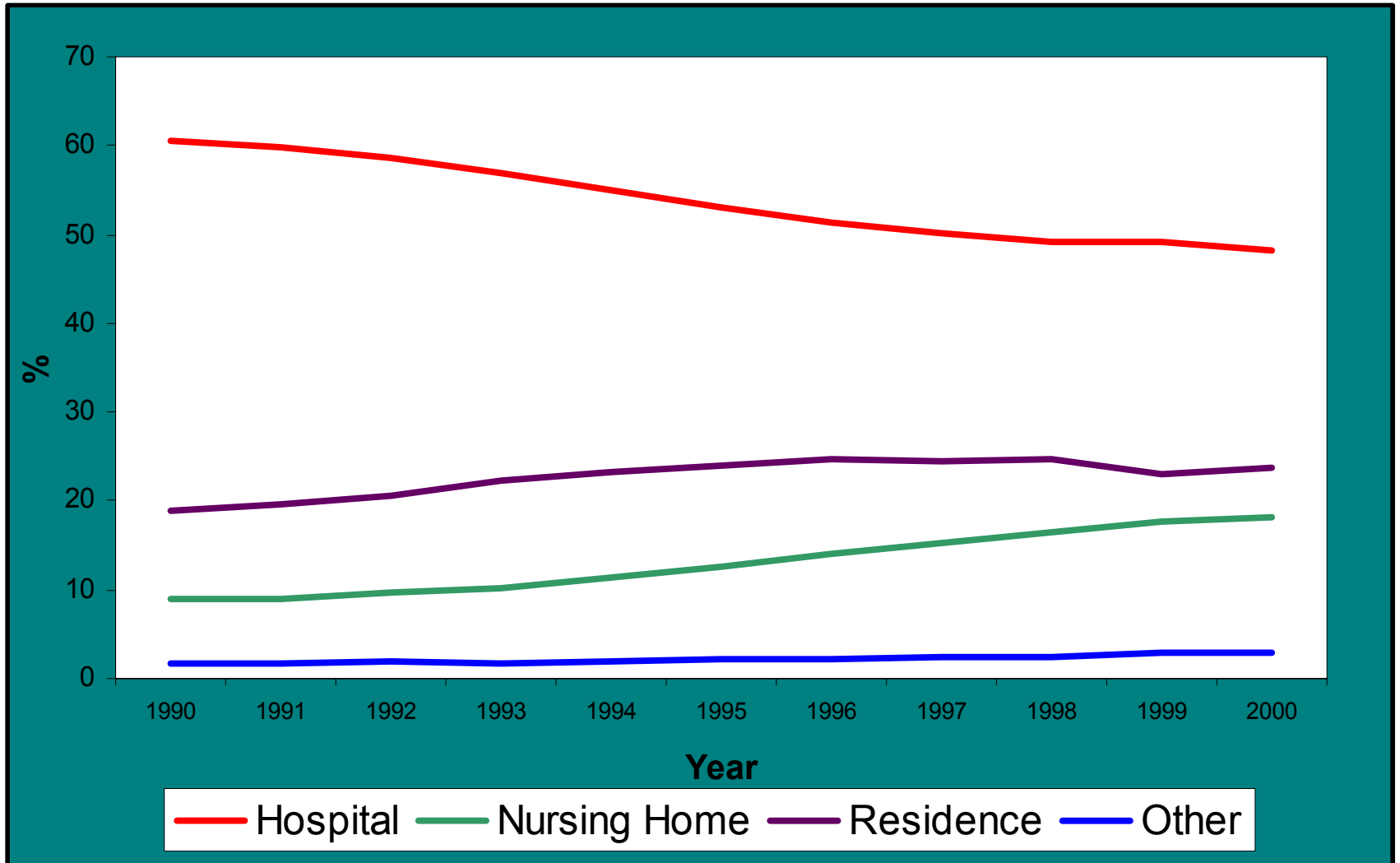
Advance Directives

Conclusion

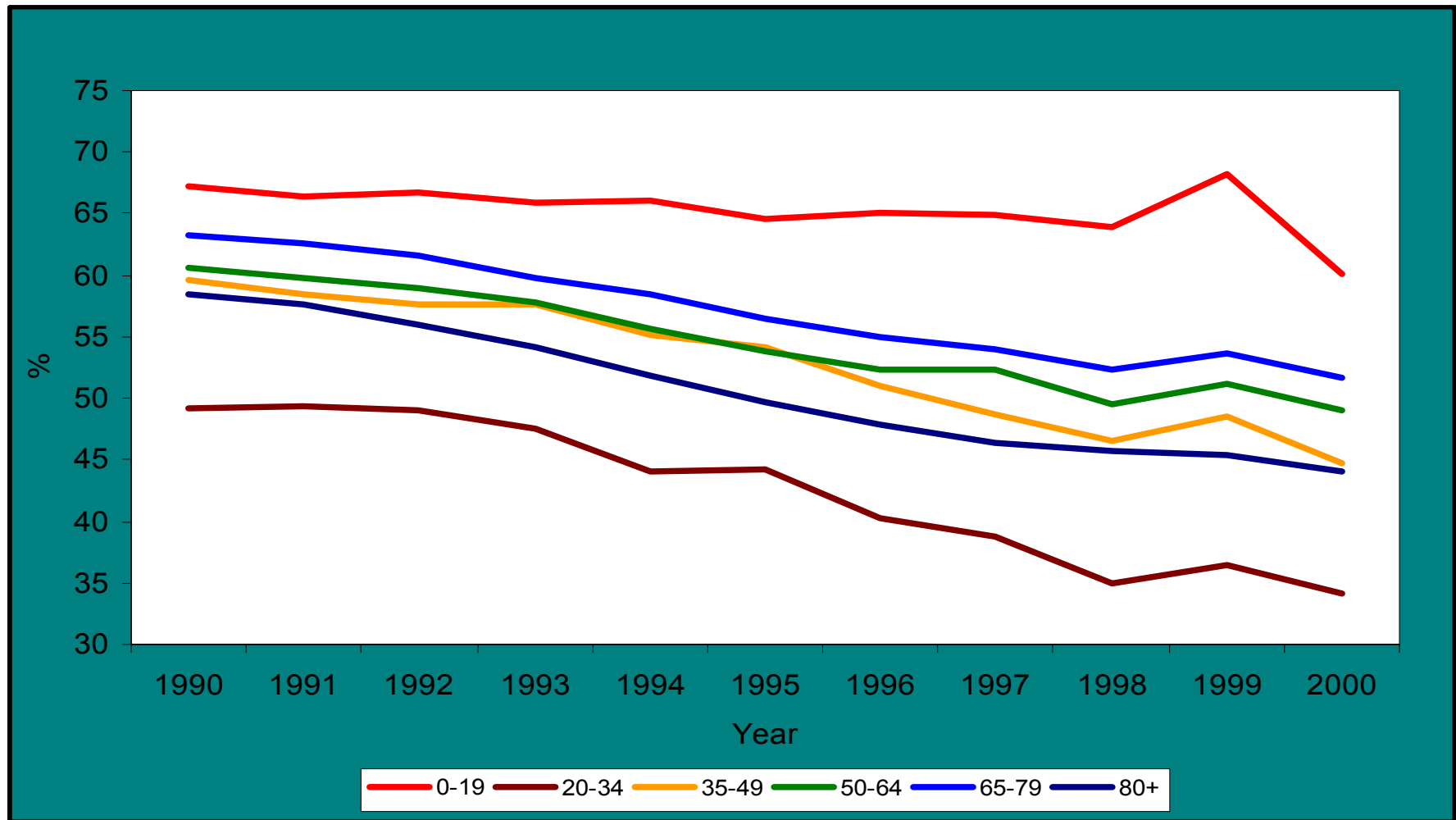
Glass is 84% empty
...much to be done

Place of Death

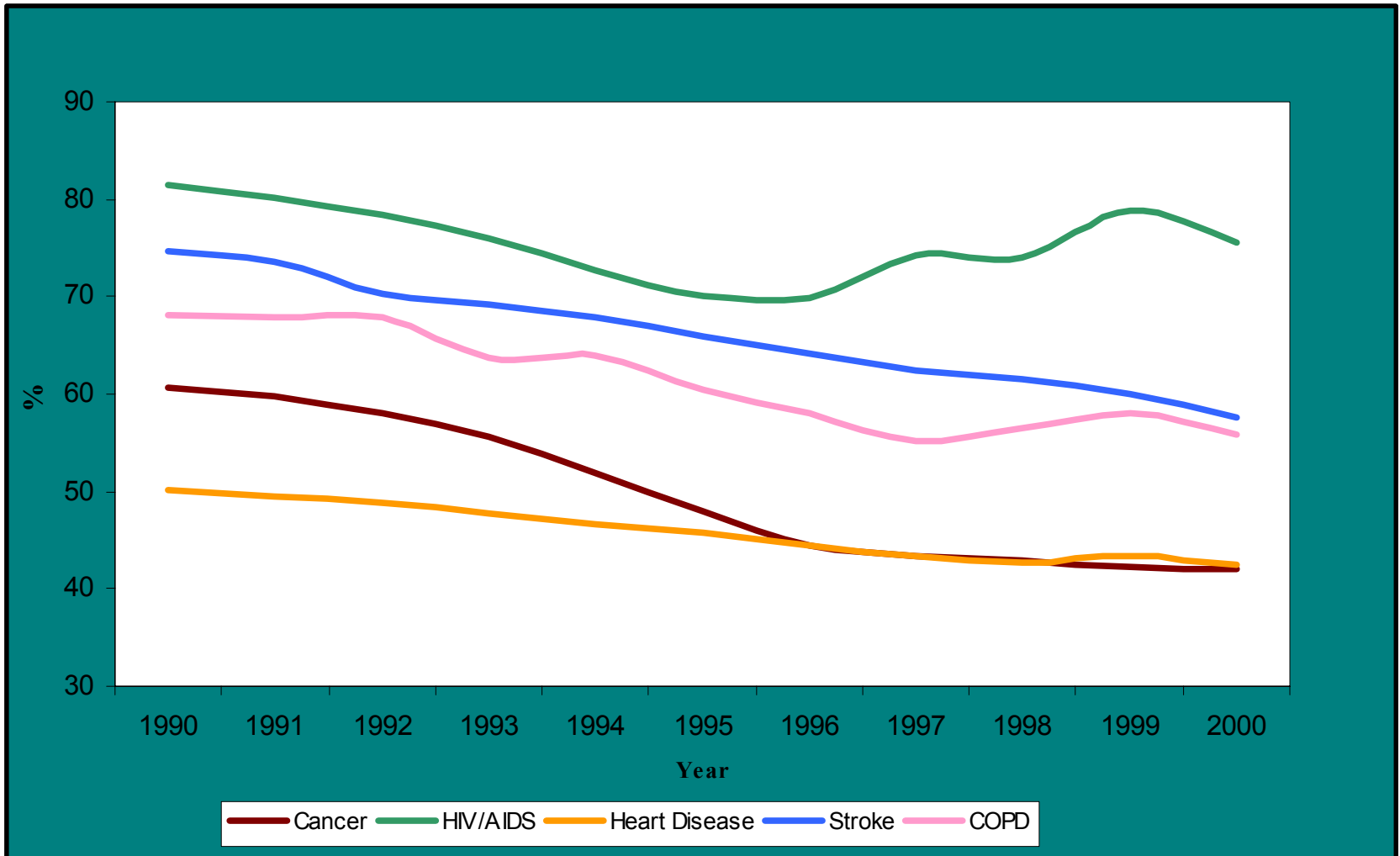
Place of death in New Jersey, 1991-2000



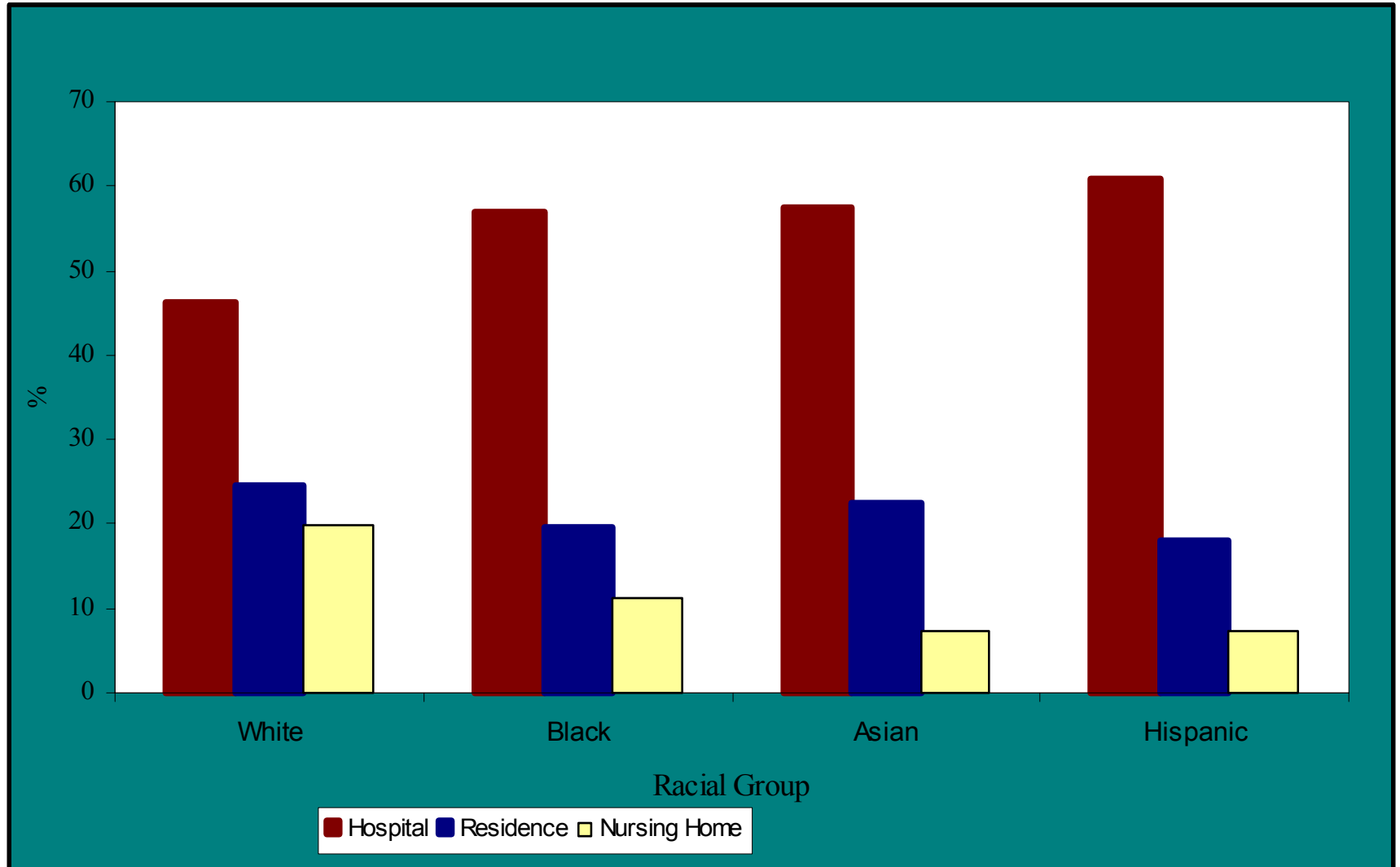
Percent dying in hospital, by age, New Jersey, 1991-2000



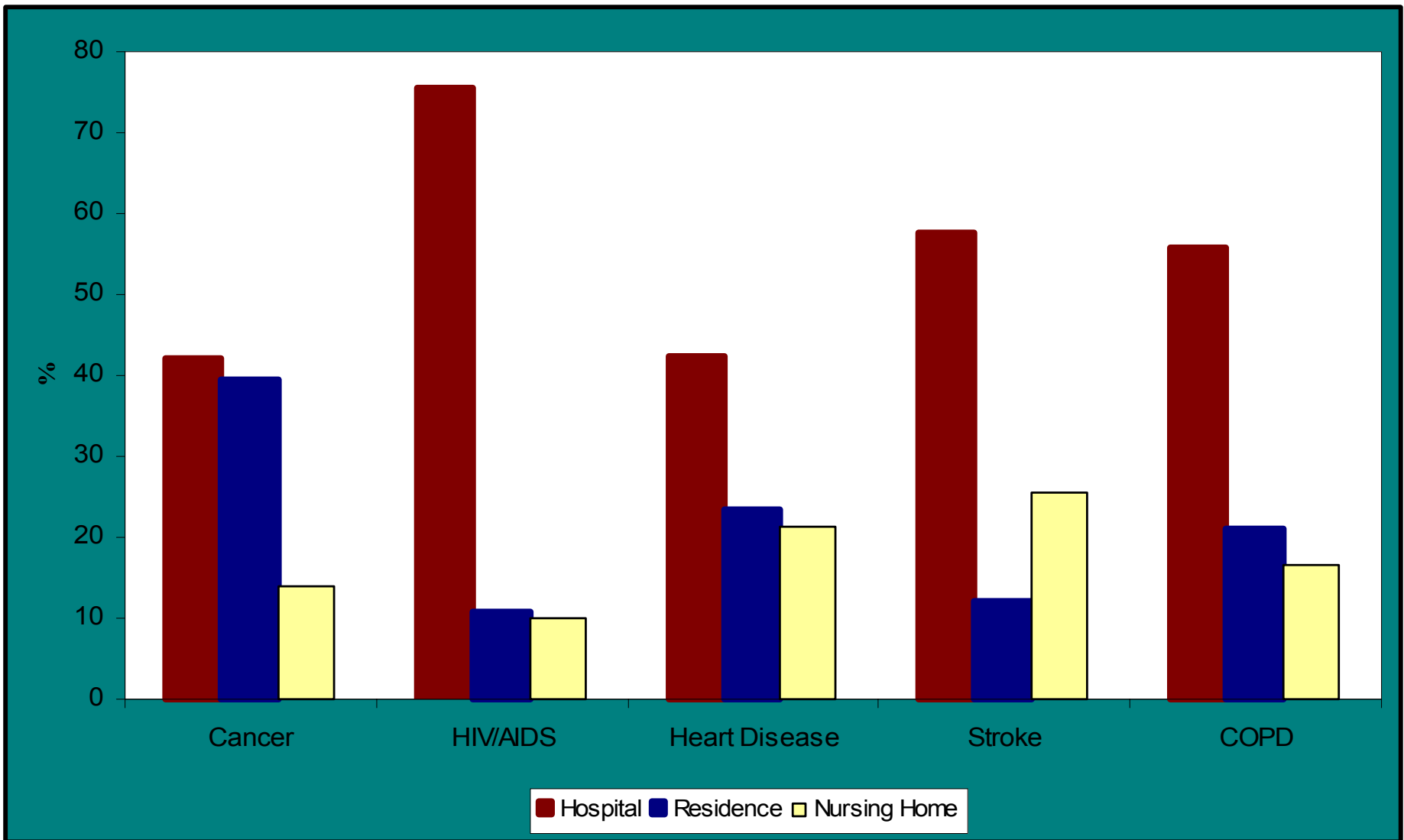
Percent dying in hospital, selected major causes, 1991-2000



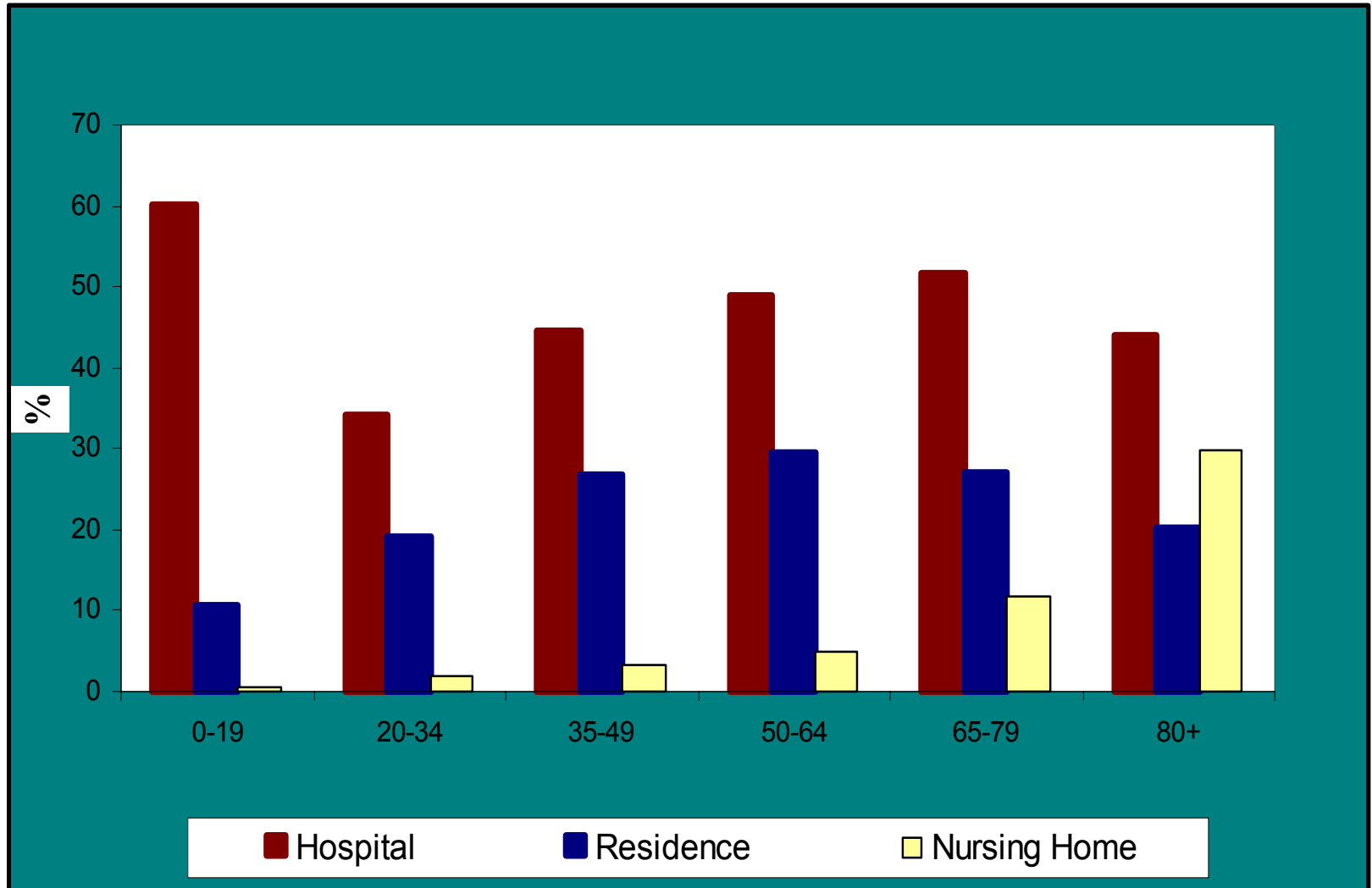
Place of death by race, 2000



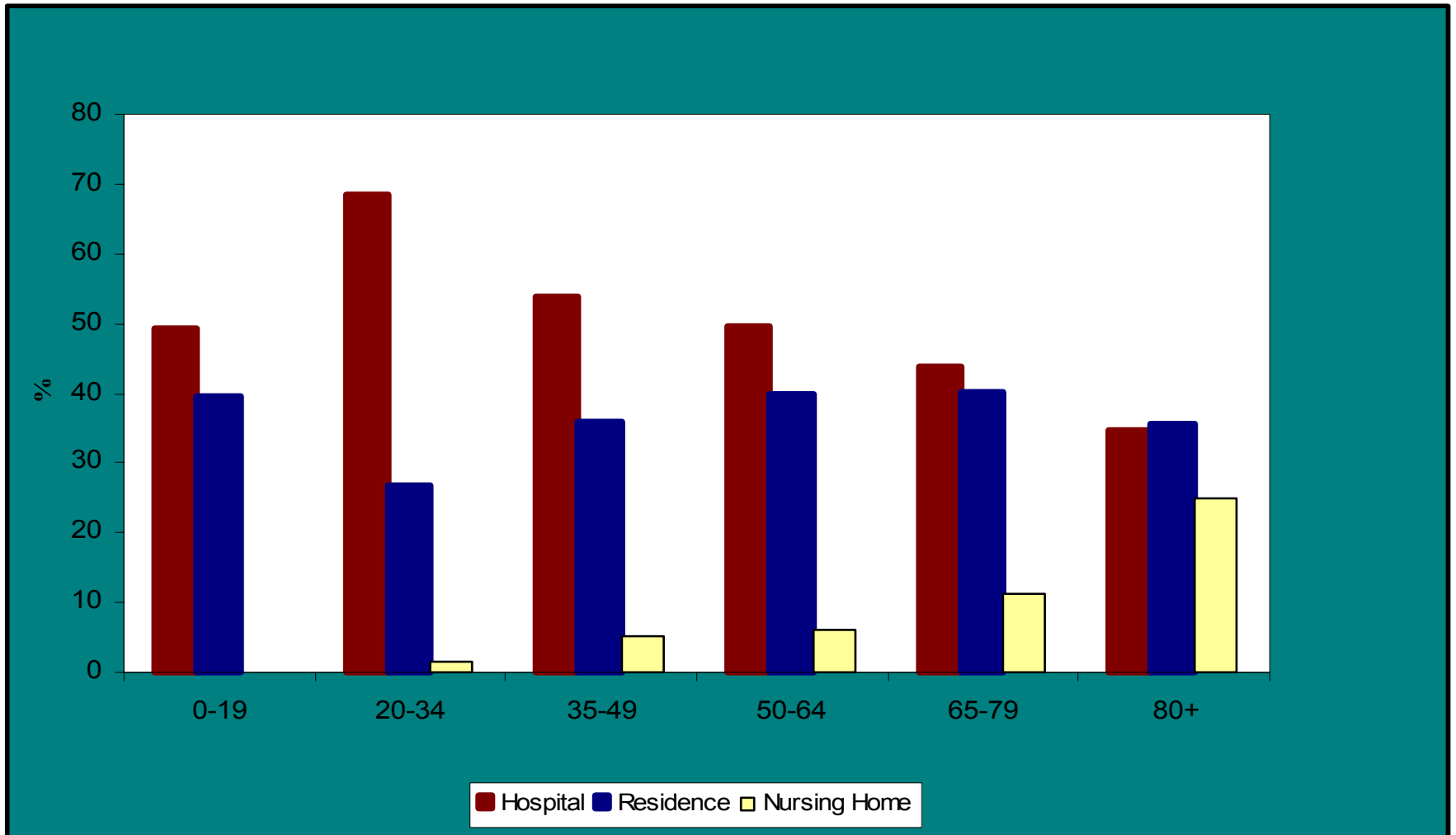
Place of death by major cause, 2000



Place of death by age, 2000



Place of death by age, cancer, 2000



Place of Death Summary

- In last ten years, percent dying in hospital has declined from over 60 to about 48
- Trends in cancer deaths have accounted for the bulk of the change
- Some hospitals now offer hospice care, so meaning of “hospitalized death” as reflected in death certificate is less clear
- New death certificate will include “hospice” as a place of death - starting in 2004 in New Jersey

Place of Death Summary

- There is a significant racial disparity in place of death
- Non-Hispanic whites far more likely to die in residence or nursing home than all other groups
- Racial gap is not completely explained by differences in age composition
- Number of deaths at older ages from chronic conditions still relatively low for Hispanics and Asians, making it difficult to examine racial differences by age and cause
- However, 54% of blacks dying from cancer died in the hospital in 2000, as compared with 41% of non-Hispanic whites