Hospice in Hungary: Development from an American View

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Overview

• Professional Background
• U.S. Fulbright Program and Project
• Comparison of Hospice Histories
  – U.S. and Hungary
• Describe Research Results
• Recommendations for the Future
• Questions
Professional Background

• Registered Nurse with 20 years of experience
• 15 years in leadership roles
  – Past 9 years in hospice care
• Masters’ degrees in Healthcare Administration and Business
• Currently Founding Director of Palliative Care and Hospice Services, Summa Health System, Akron, Ohio.
U.S. Fulbright Program Project

• Why did I choose Hungary?
• Fulbright Project
  – Study Hungarian Healthcare System
  – Study Hospice Care in Hungary
  – Prepare and teach Hospice course
  – Provide lectures/presentations
  – Research project – Hungarian Family Physician Survey
Comparing Histories

United States

• First Hospice programs 1974
• National Hospice & Palliative Care Organization 1978
• Hospice Medicare Benefit 1983

Hungary

• Hungarian Hospice Foundation 1991
• Hungarian Hospice & Palliative Association 1995
• Two-Year Model Program OEP 2004
U.S. Patients/Families Served

Medicare Hospice Benefit

• Specific coverage (national) for hospice care implemented in 1983
• Pays 100% of covered services which are part of the Hospice plan of care
• Coverage includes:
  – Medications related to the terminal illness
  – Medical equipment in the home
  – Services of the Hospice Team
Research Project

• “Hungarian Family Physicians and Hospice: Assessing Knowledge, Attitudes, & Perceived Barriers”
  
• Voluntary, self-administered survey
  – 29 item questionnaire mailed to all Family Physicians in Baranya County (total = 339)
  – Return rate 53.7% (n = 182)

Research Goals

• Gain insight to identify knowledge deficits, perceived barriers, and general attitudes regarding the care of terminally ill patients
• Results will be used to design hospice related CME
• Critically important to determine what is known and perceived so that hospice can be appropriately utilized in Baranya county
Selected Results

Discussing a prognosis of terminal illness with a patient gives them a sense of hopelessness, is this statement…
Additional Results

• Majority of Family Physicians (72%) believe the most appropriate type of care for terminally ill patients is palliative care.

• 85% believe the best setting is in the home.

• A total of 55% are either unsure or disagree that families are capable of providing appropriate care in the home.
Identified Barriers

• Family
  – Lack of knowledge
  – Psychosocial issues
  – Responsibilities

• Other
  – Access to home medical equipment
  – Lack of “sick benefit” for family members
Recommendations: Short Term

• Develop role to assist families with personal care
  – Nursing Assistant/Home Health Aide role
  – Cost-effective and assists families with what many need

• Enhance availability of opioids for alternative routes of delivery
  – Liquid Morphine
Recommendations: Long Term

• Easier access to Home Medical Equipment

• Increase formalized educational opportunities for Physicians and Nurses
  – Certification programs

• Consider national program to provide short-term leave of absence to care for a terminally ill spouse or parent.
Köszönöm Szépen!

- Hungarian Hospice - Palliative Association
- OEP
- Hungarian Hospice Foundation - Budapest
- Erzsébet Hospice – Miskolc
- University of Pécs, Institute of Family Medicine – Pécs