

Hospice in Hungary: Development from an American View

John Mastrojohn RN, MSN, MBA

Fulbright Fellow

University of Pécs, 2005

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

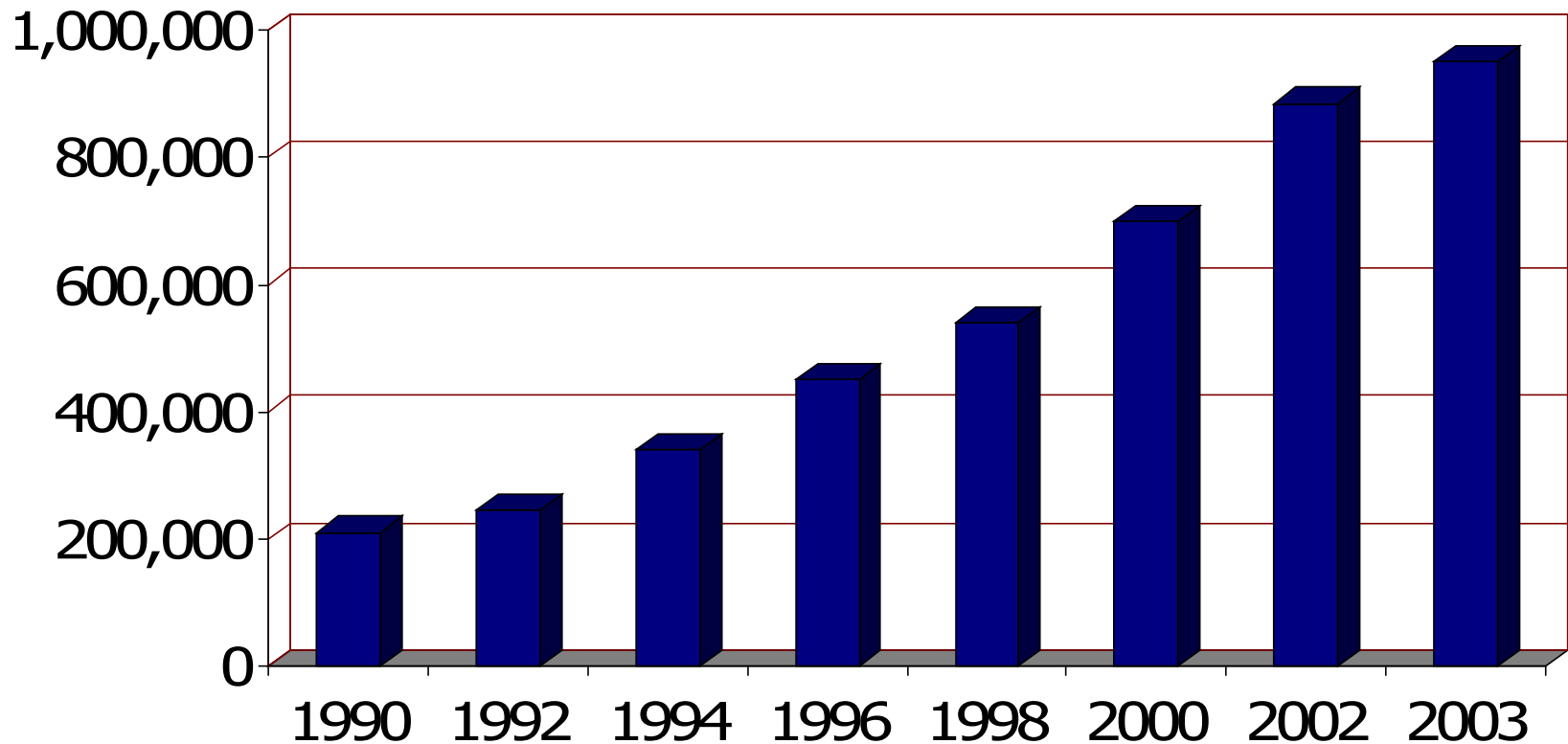
United States

- 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”¹
- Voluntary, self-administered survey
 - 29 item questionnaire mailed to all Family Physicians in Baranya County (total = 339)
 - Return rate 53.7% (n = 182)

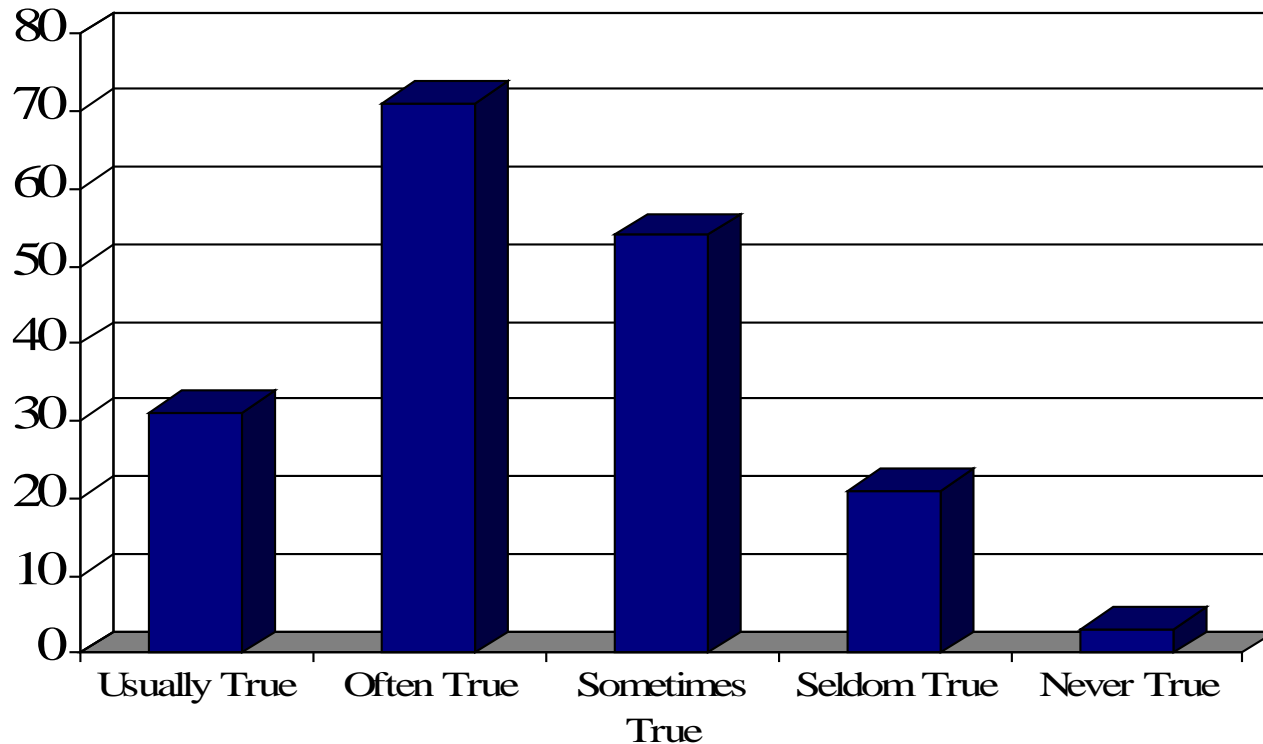
¹ Csikos, A., Mastrojohn, J., & Browne, E. *Unpublished research* (2005)

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