



NHPCO Healthcare Reform Resolution

WHEREAS, hospice and palliative care providers across the nation are unified by a common mission to provide the highest quality end-of-life care to relieve suffering and support to patients and families facing serious and life-limiting illness and the grief that accompanies loss;

WHEREAS, hospice and palliative care are regarded as the leading patient-focused, interdisciplinary team-led philosophy of care with a goal of honoring patient and family wishes at the end of life and serves as models of care for a broader patient population;

WHEREAS, more than 1.4 million Americans living with life-limiting illness received care from hospice and palliative care programs last year, for an estimated 12 million patients who have died with quality care and support of family members from hospice in the past three decades;

WHEREAS, the number of people in need of hospice and palliative care services will continue to rise with the nation's aging population, leading to a projected 70 million deaths by the year 2020;

WHEREAS, independent studies have documented the disproportionate healthcare expenditures incurred in the final months of life, costs that can be reduced through expanded use of the hospice model of care—which, based on current independent research saved Medicare an estimated \$2.2 billion in 2007 alone;

WHEREAS, the patient population is evolving, with complex and diverse care needs that hospice and palliative care organizations provide while maintaining a deep commitment to the core values central to the hospice philosophy of care;

WHEREAS, hospice and palliative care programs have efficiently and effectively utilized the interdisciplinary team to serve their patients and families and includes the active participation of trained community volunteers who currently provide 16 million hours of service annually to programs across the country;

WHEREAS, hospice and palliative care providers demonstrate on a daily basis a deep and abiding commitment to the dignity of every person, regardless of age, health, or social status;

THEREFORE, the board of directors of the National Hospice and Palliative Care Organization urge legislators, regulators, policy experts, and the administration to integrate the following factors in U.S. healthcare reform proposals:

- Elimination of barriers that prevent timely access to high quality end-of-life care;
- Recognition of the measurable quality inherent in the hospice model of care delivery that stresses the importance of effective, coordinated care to ease suffering at the end of life;
- Adoption of a broader hospice and palliative care model serving appropriate patients and families, that fosters a seamless continuum of coordinated care across all care settings, reflects the needs of a diverse patient population, and decreases the amount of non-productive medical interventions for patients in the last years of life;

- Application of evidence-based standards to eligibility guidelines that assure all appropriate patients have access to care;
- Timely referral of appropriate patients to prevent issues arising from late admissions and allow hospice providers to significantly reduce the number of patients that receive services for seven days or less, a number that now represents 30 percent of hospice admissions;
- Creation of a framework for enhanced educational and training opportunities for all clinicians to facilitate increased access to palliative care services in both inpatient and outpatient settings for appropriate patients needing end-of-life services, regardless of prognosis;
- Recognition of the support that hospices provide to family caregivers to help them fulfill their critical role in caring for loved ones, including proper caregiver education, training, and bereavement care that empowers them to make informed and knowledgeable decisions and facilitates the grief process;
- Acknowledgement of the positive benefits hospice offers in the workplace, including the appropriate provision of policies that strengthen support to members of the workforce who bear responsibility as caregivers;
- Development of comprehensive data collection initiatives that build on existing efforts and facilitate multi-source analysis which can better inform policy decisions, enhance quality of care, and foster productive research within the hospice community;
- Adoption of reimbursement levels that accurately reflect the increasing complexity of patient needs and enable hospices to provide the high-quality care expected by patients and families in an efficient and cost-effective manner;
- Establishment of a payment review—including limits to care—that adequately supports the provision of service to all appropriate patients, given the changing patient population and the uncertainty of prognosis; and
- Deliberation at the Congressional and Executive levels that provides constructive contributions to the Medicare hospice benefit and to Medicare beneficiaries, their families, and all individuals facing the end of life.

NOW, THEREFORE, be it resolved that the board of directors of the National Hospice and Palliative Care Organization, by virtue of the authority accorded this governing body, do hereby publicly proclaim NHPCO 's commitment to preserving and expanding high quality end-of-life services, making sure that future patients and families can access, in all service settings, the high-quality care that hospice and palliative care have come to symbolize, consistent with NHPCO's mission as a leadership organization providing services and expertise to all providers who share our vision of quality, transparency and accountability, thereby ensuring that all those in need of care and support will be assured of the best that humankind can offer.

Approved this 21 day of April, 2009

**Board of Directors
National Hospice and Palliative Care Organization**