

NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization **Summer 2016**

**NHPCO
Presents The
Intensives.**

Learn more about this
exciting event, see page 2.

INSIDE

Fostering Media
Relationships

Thoughts from our
Board Chair

Working with ACOs,
Part II

Short Takes, Member
News and More...

BE AN EFFECTIVE ADVOCATE

Tools to help you get involved in
hospice and palliative care advocacy

National Hospice and Palliative Care
Organization



THE INTENSIVES

MASTERING WHAT'S NEXT IN PATIENT AND FAMILY CARE



DIPLOMAT
RESORT
AND SPA

HOLLYWOOD, FL

MOVE OVER, "BEST PRACTICES,"
WE'RE TALKING "NEXT" PRACTICES.

What you need to know to get ahead of the curve.

The Intensives will immerse you in a NEW, in-depth learning experience on topics that you choose.

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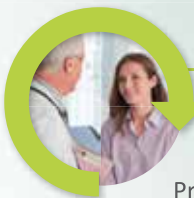
OCTOBER 31 - NOVEMBER 2, 2016

The Intensives allow your team members to dive into advanced level education in a specific topic. Pick **ONE** Intensive from **EACH** of the two groups to create a customized conference experience. Or only choose one Intensive if resources are limited.

Register now at www.nhpco.org/intensives

Early Bird Savings! Act fast to lock in the lowest rates. Register by **June 30**.

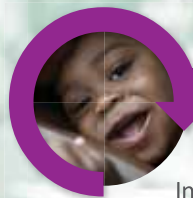
GROUP ONE:
OCT. 31 ALL DAY – NOV. 1 MORNING



CLINICAL PRACTICE

The Future is Now: Clinical Preparation for Changing Populations

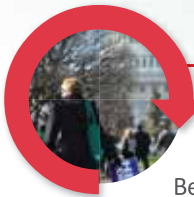
Prepare for the challenging and unprecedented needs of changing patients and families.



PEDIATRIC PALLIATIVE CARE

Community-Based Pediatric Palliative Care: Building Bridges for Future Success

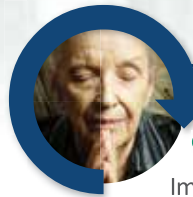
Increase your clinical and coalition-building expertise to care for the pediatric population in your community.



REGULATORY AND COMPLIANCE

Focus on Compliance: Stay Out of the Spotlight

Be equipped to face regulatory and compliance challenges ahead and prevent unwelcome scrutiny and financial penalty.



PSYCHOSOCIAL AND SPIRITUAL

Equipping Professionals for the Future of Psychosocial and Spiritual Care

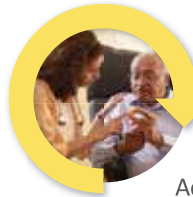
Improve your assessment skills, develop effective approaches to challenging cases and learn fresh interventions.



QUALITY

Reach for the Stars: Make High Quality Performance a Reality

Position your organization for a successful future in achieving and exceeding your goals for quality.



COMMUNITY-BASED PALLIATIVE CARE

Palliative Care 2021: Preparing for the Future of Community-Based Care

Advance your knowledge on one of the fastest growing medical specialties in the US as it transitions to becoming fully integrated into community-based settings.



BEREAVEMENT

Advances and Innovations in Bereavement Care

Increase your effectiveness in providing excellent care and services.



VOLUNTEER MANAGEMENT

Impacting the Future of Volunteer Engagement

Learn to rewrite the rules of engagement and embrace innovations that will position your volunteer programs to thrive in the future.

GROUP TWO:
NOV. 1 AFTERNOON – NOV. 2 ALL DAY

Table of Contents

8

Cover
Story



Resources to Help You be Involved

Engaged Hospice Advocates

NHPCO sets the public policy agenda and our affiliate organization, Hospice Action Network, puts the agenda into play. There are a host of resources to help individuals and organizations effectively carry the voice of hospice to our nation's legislators. Karen E. Davis outlines many of these useful tools.

7

Message
From Don

14

Hospice
Advocacy
**Beyond
Congress**

18

Meet the Board
**Hospice
Action
Network**

20

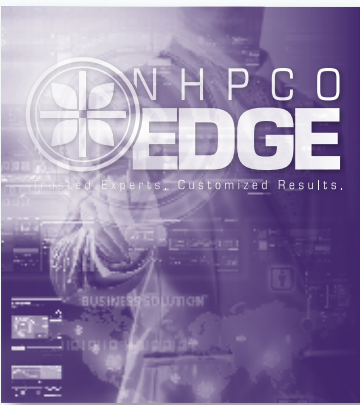
Fostering Positive Media Relationships

Melinda Graham Gruber, section leader for the NCHPP Development/PR/Marketing section, shares some pointers for working constructively with media in your community.

24

Thoughts from our Board Chair

As Linda Rock continues in her second year as NHPCO board chair, she shares some reflections about unity and the strength of our provider community.



28

Continued Look at Strategic Opportunities for Hospice

In the second article of a two-part series, NHPCO's Sue Lyn Schramm looks at the importance of providers understanding and taking advantage of ACOs and Alternative Payment Models.

NHPCO Presents *The Intensives*

Which of the eight Intensives fit your needs?

3

34

Short Takes

40

Member News

42

News From National Hospice Foundation

44

News From Global Partners In Care



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Learn more at optum.com/hospicepharmacy



Message **From Don**

We've reached the middle of 2016 and it seems like the year is flying by.

To all those who have contacted me following the news of my retirement from NHPCO, I want to express my thanks. I also want to quickly update you on the progress regarding the search for the new President and CEO.

A search committee headed up by Board Chair Linda Rock was created earlier in the year. NHPCO has secured Furst Group to lead what is a nationwide search for my successor. For those who might not be familiar with this firm, Furst Group is an exemplary search firm that works in the healthcare sector but has specific experience in working for hospice and palliative care organizations. The search committee and Furst Group are working closely together. For example, the boards of all our affiliated organizations held a comprehensive meeting prior to the Management and Leadership Conference last April that was specifically called to discuss priorities and concerns in finding the ideal candidate to take the helm of our family of organizations.

While I am not an integral part of the work of our search committee or Furst Group, please know that those working on this search are dedicated and informed. I have complete confidence that the future leader – whoever he or she might be – will be the ideal person to lead our community forward.

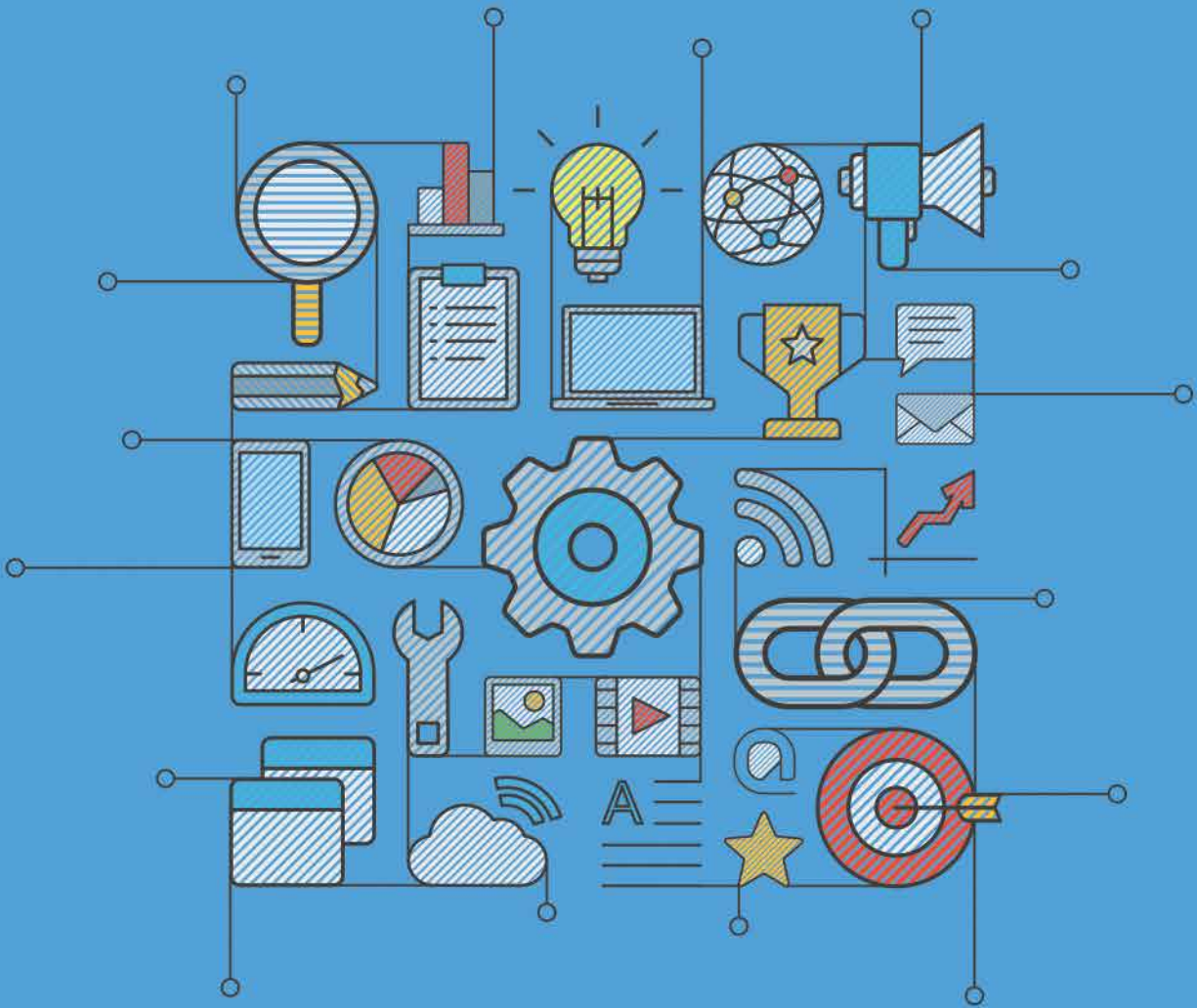
At the recent Management and Leadership Conference at National Harbor, I was incredibly touched in receiving the Galen Miller Leadership Award for my work on behalf of hospice and palliative care. As John Mastrojohn mentioned during the award presentation, this award was a surprise to me. Receiving this honor at the opening plenary with so many members and colleagues in our community in attendance was humbling. Furthermore, to be honored at the National Hospice Foundation Gala on top of that was a treat. To all those who joined us for what was my final MLC as President & CEO and/or attended the Gala to help cap off this chapter of my life in a festive way, thank you!

While I am here throughout the remainder of this year, there is something finite about the passing days. I look forward to doing some consulting and spending time with my family but please know that I will miss being involved with NHPCO on a day to day basis.



J. Donald Schumacher, PsyD
President/CEO





RESOURCES

TO HELP YOU BE INVOLVED

by Karen E. Davis



Every four years, we have a somewhat poetic moment in democracy: every member of the U.S. House of Representatives, one-third of the U.S. Senate, and the Presidency are all up for election. Everyone is on the campaign trail, for themselves or their friends, asking you for your vote. And that's just on the Federal level!

With the flurry of conventions and campaigning beginning this summer, Congress only has sixty-four legislative days left before they adjourn at the end of the year. So what is a Hospice Advocate to do? How can we influence Members of Congress on hospice policy for the rest of the year?

The answer: YOU! Candidates on the campaign trail mean they will be in their districts and states much more than a non-election year. Their increased presence and campaign events give you the opportunity to advocate on behalf of the hospice community from the comfort of your local library or high school auditorium. For example, you can share your experience providing hospice care in rural areas, and ask for support of the *Rural Access to Hospice Act* (S. 2786) and other rural

healthcare measures important to your program and the families you serve.

“But how do I get started?” you may ask. We admit, engaging with Members of Congress can seem intimidating at first. HAN has developed several programs and tools to share best practices in advocacy in how to apply them for your Hospice Advocacy.

Prepare Yourself with Information

The HAN website has videos and explainer documents that highlight current hospice policies at the forefront of the hospice community.

You will find resources from an explainer document on the fundamentals of the Medicare Hospice Benefit to NHPCO and HAN's letters of support for legislation important to the hospice community to animated videos that take complex policy topics and makes them easy to understand. Use these resources to shape your messaging.

Candidates on the campaign trail mean they will be in their districts and states much more than a non-election year.



Join and Share: The Legislative Action Center

The [Legislative Action Center](#) is the information hub for Congressional activity on hospice issues. If you haven't already, sign up. Any time HAN needs the voice of the hospice community to reach Members of Congress, we use Action Alerts to mobilize our Hospice Advocates. Through an easy-to-use interface, you can send a personalized email directly to your Members of Congress. You'll also receive a monthly email to keep you up-to-date on issues of interest to Hospice Advocates.

Some recent advocacy campaigns launched through the Legislative Action Center include:

- **Support** the Rural Access to Hospice Act of 2016 (S. 2786).
- **Tell Your Senator** to Support the Care Planning Act Now (S. 1549).
- **Hospice Opposes** the Medicare Advantage Carve-In.

Review HAN's Advocacy Toolkit

From using social media for advocacy to learning how to invite a Member of Congress to visit your program, the recently updated [Advocacy Toolkit](#) is a go-to resource for Hospice Advocates. Our Advocacy Toolkit contains templates for requesting a meeting at the district office, sample press releases, and a webinar on how to host the perfect site visit. These tools will make communicating with the district/state and Washington offices easy. Every office is different, and you may need to be patient for a response, but these tools will help you engage with Members of Congress and their staff, have great meetings, and build productive relationships.

Attend the HAN Advocacy Intensive

July 18-19, 2016, Washington, DC

Every summer, the HAN Advocacy Intensive brings together hospice caregivers, leaders, policymakers and Members of Congress to effect positive change for the hospice community. At this event, you will network with other hospice professionals from across the country, learn how to tell your hospice story to advocate for or against policies, and attend sessions from "Coalition Building 101" to "Engaging Members of Congress through We Honor Veterans" to "Advocacy in Campaign Season." Utilize the skills you learn on Day 1 in meetings with Congressional Staff on Day 2. You will be able to take these tools with you and continue your Hospice Advocacy throughout campaign season and around the year.



SAVE THE DATE: July 18-19, 2016

The HAN Advocacy Intensive is the premiere advocacy event for the hospice and palliative care community in Washington, DC. The event brings together caregivers, leaders, policymakers, and Members of Congress to affect positive change for the hospice and palliative care community.

REGISTRATION:

www.hospiceactionnetwork.org/intensive

The Advocacy Intensive gives staff a heightened understanding of politics and an appreciation that they can make a difference on a large scale. The powerful interaction between our staff and our representatives in Congress builds strong allies for our program at the federal and state level.

John Thoma, CEO, Transitions LifeCare

SPONSORED IN PART BY



Registration closes soon, but don't worry if you can't attend this year. We will have a virtual component on July 19 for Hospice Advocates around the country to support the efforts of their colleagues on Capitol Hill.

For more information on the HAN Advocacy Intensive and the virtual component, visit www.hospiceactionnetwork.org/intensive.

Thank you!

The Hospice Action Network thanks the HAN Board of Directors ([see page 18](#)), Hospice Pharmacy Solutions, and Kinnser Software for their support of the 2016 HAN Advocacy Intensive.



Attend Local Events

While you are waiting for a response about a possible site visit from an office, Members of Congress often hold local community listening sessions and town halls. These are great opportunities for constituents to ask questions about issues of concern.

The best way to find out about local events would be to check your local news outlets and your Members of Congress's websites for locations and times or your local news outlets are likely to track such events. The HAN



Leslie Baker and Kendra Bullington from Alive Hospice host a field representative from Senator Alexander's office.

Legislative Action Center has an online tool that will help you find your representatives' information.

Share Your Success with HAN

We want to hear about your Hospice Advocacy and brag about it! Is a member of your board a friend of your Congresswoman? Is an employee the sister-in-law of a Senator? Did you have a fantastic site visit, or publish a letter to the editor? Let us know. We use this information to help develop relationships with DC-based Congressional staff, and to keep you engaged with the local staff and Members of Congress.

If you have questions or are looking for specific resources, the HAN staff is available to help. Contact info@nhpcohan.org.

Karen E. Davies is the Manager of Health Policy Analysis with NHPCO and HAN. She joined the team in November 2011. Karen received her MA in Security Policy Studies from the George Washington University in 2009.

...the recently updated
**Advocacy Toolkit is
a go-to resource for
Hospice Advocates.**

PRINT-FRIENDLY PDF

Policy Tools and Resources

Here are links to some of the most useful tools available online from the Hospice Action Network.

Legislative Action Center:

<http://hospiceactionnetwork.org/han-in-action/lac/>

Advocacy Toolkit:

<http://hospiceactionnetwork.org/advocacy-toolkit/>

Advocacy Webinars:

<http://hospiceactionnetwork.org/get-informed/grassroots-tools/webinars/>

Supported Legislation:

<http://hospiceactionnetwork.org/get-informed/supported-legislation/>

Policy Resources:

<http://hospiceactionnetwork.org/get-informed/policy-resources/>

Follow HAN on Social Media!

Facebook:

<https://www.facebook.com/hospiceactionnetwork/>

Twitter:

[@HospiceAction](https://twitter.com/HospiceAction)

Blog:

<http://hospiceactionnetwork.org/blog/>

YouTube:

<https://www.youtube.com/user/HospiceActionNetwork>



Senator Chris Coons visits Delaware Hospice.

National Hospice and Palliative Care Organization,
American Academy of Hospice and Palliative Medicine, and the
Hospice and Palliative Nurses Association present:

CHALLENGES ON THE FRONT LINES:

Effective Approaches to Complex Cases

LIVE VIA THE INTERNET: August 9-11, 2016

www.nhpco.org/2016VirtualConference



	Tuesday, August 9, 2016	Wednesday, August 10, 2016	Thursday, August 11, 2016
12:00 to 12:30 pm ET	Introduction to the Virtual Conference	Poster Gallery Open	Poster Gallery Open
12:30 to 1:30 pm ET	Opening Plenary: Cultivating Moral Resilience in the Response to Moral Distress Cynda Hylton Rushton, PhD, RN, FAAN John Hopkins University, Baltimore, MD	Plenary III: Talk About a Sticky Wicket! Managing Pain in the Face of Suspected Drug Abuse Mary Lynn McPherson, PharmD, MA, BCPS, CPE, University of Maryland, Baltimore, MD	Plenary V: Sexuality and Intimacy Within the Context of Life-Threatening Illness: Implications for Hospice and Palliative Care Professionals John Cagle, PhD, MSW University of Maryland, Baltimore, MD
1:45 to 2:45 pm ET	2A: Challenges in Managing COPD Faculty TBA 2B: Caring for Patients with Mental Illness Michelle Weckman, MS, MD University of Iowa Healthcare, Iowa City, IA	6A: Medical Ethics Challenges Robert M. Arnold, MD, FAAHPM University of Pittsburgh, Pittsburgh, PA 6B: Telehealth Paul Stander, MD, Banner Good Samaritan Medical Center, Phoenix, AZ Brian Berger, Rainbow Hospice, Chicago, IL	10A: Medical Management: De-Prescribing Shaida Talebreza, MD, University of Utah, Salt Lake City, UT 10B: Yikes! I Don't Like These People! Exploring Judgments, Feelings, Conflicts and Solutions Gary Gardia, MEd, MSW, LCSW Saint George, UT
3:00 to 4:00 pm ET	3A: Documentation Jennifer Kennedy, MA, BSN, CHC, National Hospice and Palliative Care Organization, Alexandria, VA 3B: Upstream Palliative Care in Advanced Heart Failure Joan Panke, MA, ACHPN, MedStar Washington Hospital Center, Washington, DC	7A: Wound Care Leila Malicoat, RN, BSN, MA, CHA, CHPCA Optimal Hospice, Fresno, CA 7B: Is This Spiritual Suffering? Carla Cheatham, MA, MDiv, PhD, TRT Buckner Hospice, Austin, TX	11A: Dementia and Challenges Stephen A. Leedy, MD, MA, FAAHPM, HMDC Bristol Hospice LLC, St. Petersburg, FL 11B: Understanding Medical Trauma and Implications for Hospice and Palliative Care Michelle E. Flaum Hall, EdD, LPCC-S, Xavier University, Cincinnati, OH Scott E. Hall, PhD, LPCC-S, University of Dayton, Dayton, OH
4:15 to 5:15 pm ET	Plenary II: Strengthen Relationships and Minimize Barriers: Take Your Communication Skills 'Up a Notch' Kathleen Neuendorf, MD, Cleveland Clinic, Cleveland, OH	Plenary IV: Now That's a Head Banger! Challenges in Pain Management in Advanced Illness Mary Lynn McPherson, PharmD, MA, BCPS, CPE University of Maryland, Baltimore, MD	Closing Plenary: From Burnout to Resilience - Building Capacity to Thrive at Work Arif Kamal, MD Duke University, Durham, NC

Total CE/CME credit for each day is four (4) hours



**BEYOND
CONGRESS:
REGULATORY
ADVOCACY
MATTERS, TOO!**

by Sharon Scribner Pearce

We're political junkies around here, so for the HAN team, most of our energy focuses on Congress, elections, and the political maneuverings of the Administration. But it's easy to forget that some of the most important issues facing the hospice and palliative care community occur at the regulatory level.

For example, many hospices have been struggling with a billing issue that has created a lot of administrative (and financial) headaches – the new requirements around Notice of Election and Notice of Termination/Revocation. Similarly, many hospices are trying to make sense of the intersection between hospice and Medicaid managed care (What are the rates? What about the nursing home room and board pass-thru?). And let us not forget the MCCM demo, ICD-10 implementation, prescribing and disposal rules for opioids, and any other number of technical, regulatory matters.

We raise this for any number of reasons, not least of which is to brag on our colleagues in the regulatory affairs department. They spend hours pouring over the Federal

Register, patiently answering questions from hospices, meeting with the MACs, and providing CMS with much-needed insight and hospice real-world experience. With subtle nudges and decades of experience and goodwill, they work to fix problems as they arise. Judi Lund Person, Carol Spence, and Jennifer Kennedy are all key members of our regulatory affairs and quality team, and great resources if you ever have a question.

But it also is how we build out our policy and advocacy agenda. As we hear about these challenges, identify themes, and explore the solutions, we sometimes find that it takes an act of Congress – or at least their oversight and attention – to get CMS moving in the right direction. The two pieces go hand-in-glove.

...some of the most important issues facing the hospice and palliative care community occur at the regulatory level.

L to R: Lobbyist Brooke Bumpers with NHPCO's Jennifer Kennedy, Judi Lund Person, and Sharon Pearce at CMS for a meeting in March 2016.



So as you come across regulatory headaches, administrative morasses, and other roadblocks that inhibit your ability to provide high-quality hospice care, let us know. The information you provide about your front-line experiences is the lifeblood of our advocacy and policy work.

This article was originally published as part of the [Hospice Action Network Blog](#); a resource not to miss that will keep you up-to-date and provide insight from the HAN team.

[PRINT-FRIENDLY PDF](#)

Sharon Pearce is the Vice President, Public Policy for NHPCO, where she leads the organization's Congressional affairs, policy, and advocacy activities. Sharon comes to NHPCO following three years as VP, Advocacy for the National PACE Association. She also spent six years as a policy advisor for several members of Congress, was a lobbyist at a large K Street firm, and also was the lead lobbyist for Girl Scouts of the USA.



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As demand for cost-effective health care increases, so are the expectations for improved performance in the delivery of hospice and home health services. Simione Healthcare Consultants are leaders in supporting these efforts by engaging hospitals, health networks, agencies and other providers to improve quality, reduce cost, and minimize risk for more effective patient care. Simione's teams excel in driving results across the health care continuum.

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COST REPORTING
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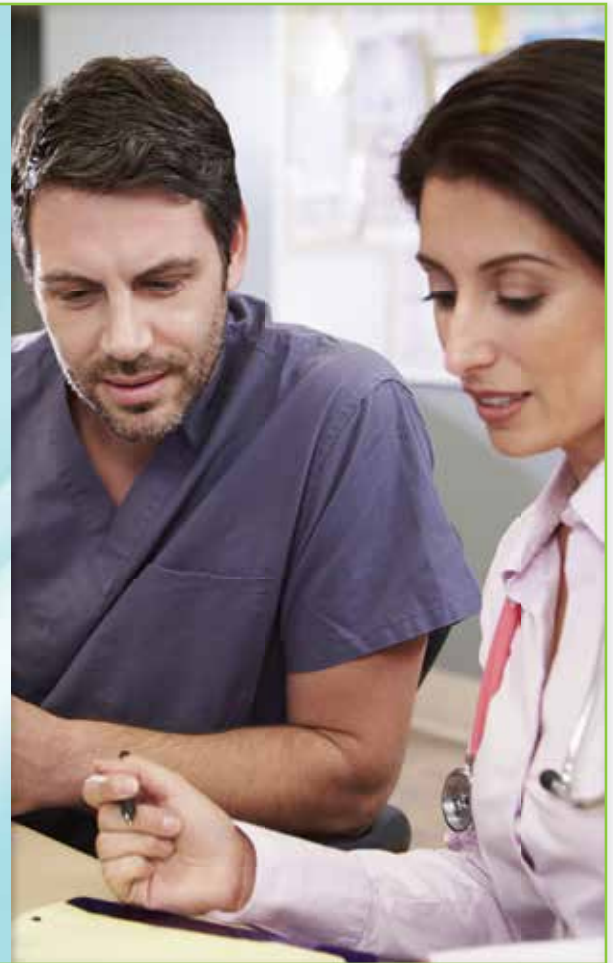
2016

INTERPROFESSIONAL WEBINAR SERIES IN PALLIATIVE CARE

The MJHS Institute for Innovation in Palliative Care and NHPCO are pleased to collaborate on a Webinar series offering an array of advanced clinical topics for every member of your interdisciplinary team.

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National Hospice and Palliative Care Organization



NEW EDITION
Now Available!

UPDATED FOR 2016!

These easy to use maps are designed for:

- **Hospice Admissions:** Guide the admission team, hospice physician and nurse practitioner through the process of certification and recertification, no matter what benefit period the patient is in
- **Hospice Providers:** Walk you through the Medicare hospice regulatory guidelines for discharge, revocation, and change of hospice provider

For more information, please visit:
www.nhpc.org/marketplace
or call (800) 646-6460

National Hospice and Palliative Care Organization



Certification and Recertification of Hospice Terminal Illness
Process Maps to Guide Hospice Providers with A
Version 4.0, January 2016



National Hosp

Hospice Discharge, Revocation, and Change of Designated Hospice
Process Maps to Guide Hospice Providers
Version 2.1, January 2016



National Hospice and Palliative Care Organization





MEET THE HOSPICE ACTION NETWORK BOARD

The Hospice Action Network, NHPCO's lobbying affiliate and national hospice advocacy organization, is dedicated to preserving and expanding access to hospice care in America. HAN works to connect Hospice Advocates with one another, the media, general public and policy makers. The Hospice Action Network also provides Hospice Advocates with the tools they need to fight for hospice at the local level, on Capitol Hill, and online.

NHPCO and the Hospice Action Network work closely together to make an impact. NHPCO sets the public policy agenda. The Hospice Action Network implements the agenda through direct lobbying, grassroots advocacy, and by working with Hospice Advocates to expand the message through education and sharing the hospice story with Congress.

Mark Murray, Chair

Center for Hospice Care

Michael Reed, Vice Chair

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and Hospice

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Jim Poole

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Kate Proctor

Seasons Hospice and Palliative
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Rafael Sciuлло

Empath Health/Suncoast Hospice

Ray Sierpina

Kindred Healthcare

Linda Rock (ex officio)

NHPCO Board Chair

**NHPCO and the Hospice
Action Network work
closely together to make
an impact.**



Hospice Action Network

Fostering Positive Media Relationships

A headline like this in your organization's local media outlets can be a dream come true: "Life is Better with Excellent Hospice and Bereavement Care." It creates priceless community goodwill, raises awareness, and promotes your program in the best possible light.



by Melinda Graham Gruber, BSBA, MBA

However, headlines like this don't just happen; they require a plan, strong relationships, powerful stories, and focused effort. With the continuing increase in hospice utilization and the aging of the Boomer generation, media interest will continue to grow. Now is the time to seize the opportunity to be the community resource in caregiving, end-of-life care, and bereavement services.

The Plan

Putting together a proactive plan to engage the media in sharing the stories of your care and your cause requires organizational buy-in. Begin by explaining the benefits of media attention to the entire staff and asking for their help. Let them know the elements of an appealing human interest story and an informative news article. Make certain that everyone clearly understands your organization's internal method for securing patient and family permission. Create a system for employees to report potential stories to your PR person in a timely and frequent manner. Additionally, identify people in your organization who are willing to speak to the media as experts on end-of-life related topics. Prepare your internal experts on how to speak to the media and what to say.

Building Strong Relationships

While you don't need a long-term relationship with a newspaper, radio, or television reporter to send a press

release, it is a very helpful way to get your story featured. Building and maintaining close and mutually respectful relationships with reporters, editors, and producers will be a major contributing factor to your success. Start with identifying who these contacts are in your market.

You may have several hundred contacts or just a few. Either way, it is important to reach out and find out what is important to them. To be respectful of their time, you should learn who their audience is, their deadlines, and their focus. These are very busy people with never-ending deadlines. They will value you as a contact if you can provide them with accurate information, are easy to reach, and are respectful of their time frames. When you speak to your media contacts, be prepared, concise, and professional. Ultimately, your goal is for them to start calling you because you are a valuable source of information and human interest stories.

Telling Powerful Stories

Stories about patients, families, volunteers, and staff make hospice care seem real and our cause genuine. They give meaning and purpose to an article or segment that otherwise would be facts and figures. Stories that make us think, laugh, cry, and relate to others humanize and normalize death and dying.

It is very important to prepare before you pitch a story to the media:

Building and maintaining close and mutually respectful relationships with reporters, editors, and producers will be a major contributing factor to your success.

- Make sure that the person or family member is willing to be an active participant. You can quickly lose credibility with a media source if the focus of your story declines to be interviewed or photographed.
- When you pitch a story to the media, you will need to be brief and well prepared. You should describe how the story appeals to the media audience, is newsworthy, educational, or related to current issues.

- Make sure that you plan ahead to offer interviews, photo opportunities, story facts, and your hospice organization's history, as well as local, state, and national statistics about hospice and palliative care.

Storytelling Tools

Frequently, you will pitch a story to your print or broadcast media contacts by letter, email or phone. But here are some other tools that you can use.

- **Press Release:** This is the standard way to make announcements to the media. A press release can be used for announcing new staff, the opening of a new location or program, a grant award, and special recognition (e.g., volunteer and employee of the year).

- **Press Kit:** This is a folder with basic information about your hospice organization.
- **Op-ed Piece:** This is a bylined opinion piece and a good way to establish an expert opinion on an issue.
- **Press Conference:** This is held for significant news events.
- **Press Seminar:** This type of session focuses on a hot topic with experts in the field, both internal and external.
- **Letter to the Editor:** This communications tool offers a compelling view of an issue or a public thank you.

Focusing Your Efforts

Our heartwarming and sometimes heartbreaking hospice and palliative care stories can give rise to strong advocacy for our cause. Now is the time to focus your efforts on attracting attention to quality end-of-life care—both locally and nationally.

Sample Pitch for a Hospice Story

The National Hospice and Palliative Care Organization reports that 1.5 million patients received hospice services in 2014, double the number of patients cared for in 2000. In Hometown, USA, we are experiencing a similar increase in quality end-of-life care. In 2015, Hometown Hospice cared for more than 1,000 patients and their families. We have stories from these families that will make a strong feature piece for the Hometown Gazette. One story is about a patient named Maggie. The biggest heartbreak of Margaret's life was that she wouldn't live long enough to hold her grandchildren. Her two daughters were in their twenties, but she was running out of time. The pain that Maggie felt was in part from her cancer and the treatments, but it also came from her sadness. Our Hometown Hospice identified her grief and came up with a plan. She chose some of her daughters' favorite storybooks from their childhood. Our volunteer recorded Maggie reading the books and put them on CDs. Maggie gave the storybooks and CDs to her daughters. She asked them to hold her future grandchildren on their laps, hold the story books, and let them listen to their grandma read them a bedtime story.

We can arrange interviews and photographs with our volunteer, Maggie's daughters and our medical director. We can also provide information about our organization, as well as local, state, and national information about hospice care.

Sincerely,

Sally Smith
Director of Development

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Melinda Graham Gruber is President & CEO of Hospice at Home (based in Saint Joseph, MI). In November 2007, the program implemented a stories media campaign. Since that time, it has more than doubled the number of people it serves in hospice care and family referrals have increased by 65 percent.

When you pitch a story to the media, you will need to be brief and well prepared.



Thoughts
— FROM THE —
**BOARD
CHAIR**

by Linda Rock

I am now in my second year as the NHPCO Board Chair which is a culmination of a long history working with NHPCO and with you, my colleagues across the country. It would not be an understatement to say that my board and committee service has taught me more than I would have thought possible and has allowed for professional and personal growth that I will always be thankful for.

As we mark the midway point of the year, I wanted to share some of the reflections that I offered from the plenary stage at the annual Management and Leadership Conference this past April.

My Appreciation

First, I want to acknowledge all those serving on the NHPCO board of directors, the Hospice Action Network board, and those who concluded board service on behalf of the National Hospice Foundation and Global Partners in Care last year. They are a dedicated and accomplished group of individuals who work very hard on behalf of our family of organizations and I thank them for their contributions.

Additionally, I want to acknowledge the leaders of our Council of States, the Section Leaders and steering committee

members of NCHPP, and all those who are involved in committee service and on our advisory councils and workgroups. You are strengthening NHPCO and making a profound difference in our shared mission.

And, of course, no appreciation would be complete without offering thanks to all our members. You are providing the highest quality care that can be found – anywhere – and you deserve recognition and thanks.

Unity in the Field

Over my tenure on the board I've been fortunate to see so much excellent and innovative work going on in programs across the country – among providers as varied as the communities they serve. Regardless of tax status, organizational structure, size or service area, one thing unites us

...there are no other professionals better trained and more skilled to care for those nearing life's end than this country's hospice and palliative care community.

all, a common mission to provide the highest quality end-of-life care and support to patients and families facing serious and life-limiting illness.

Our strong commitment to our shared-mission and the people we serve transcends all the differences in how we are structured, the size of our organizations, the programs we offer, and where we provide care, or other challenges confronting us. And there have certainly been challenges in recent years that we would never have imagined back when many of us began working in this field. Increased regulatory and compliance requirements, budgetary restraints, quality reporting, data collection, growth and competition in the field, sensationalized news headlines...the list of challenges is a lengthy one.

Just as unsettling are the detractors that draw focus away from the important work we are doing. Regardless of whether they are well-intentioned, things like misunderstood reports from the OIG, MedPAC, the Department of Justice, or members of the media crafting salacious headlines, all can cast a shadow on our work. And it can be difficult to realize that there will be outliers and programs that are not living up to the standards we expect.

Challenges will continue; I wish I could tell you that they won't but I can't. What I can tell you is that as long as we continue to work as a unified community there is no challenge we cannot overcome.

The vision that led many dedicated professionals and volunteers in the early years of our field still serves to guide us. Characteristics and principles such as tenacity, ingenuity, bravery, leadership and dedication are just as evident today as they were in those "pioneer" hospice days.

When hospice began in the U.S., the majority of hospice patients had a cancer diagnoses. As reported in our current edition of NHPCO's Facts and Figures report, cancer accounts for about 37 percent of those cared for. We have made the hospice model work for those facing dementia and Alzheimer's, heart disease, lung disease, strokes and other complex illnesses.

Fifteen years ago we were figuring out how to bring the benefits of hospice care to patients residing in nursing homes. Today, many people living in nursing homes and other settings have access to the quality care we offer. All of these advancements and the evolution of our model of care came with struggles and conflicts and uncertainty. We worked such issues out and have continued to

grow as a provider community and serve more people every year.

A Bright Future

In the next 20 years, there will be more than 70 million Americans over the age of 65. More people are going to need the compassionate, skilled services that we offer. And there are no other professionals better trained and more skilled to care for those nearing life's end than this country's hospice and palliative care community.

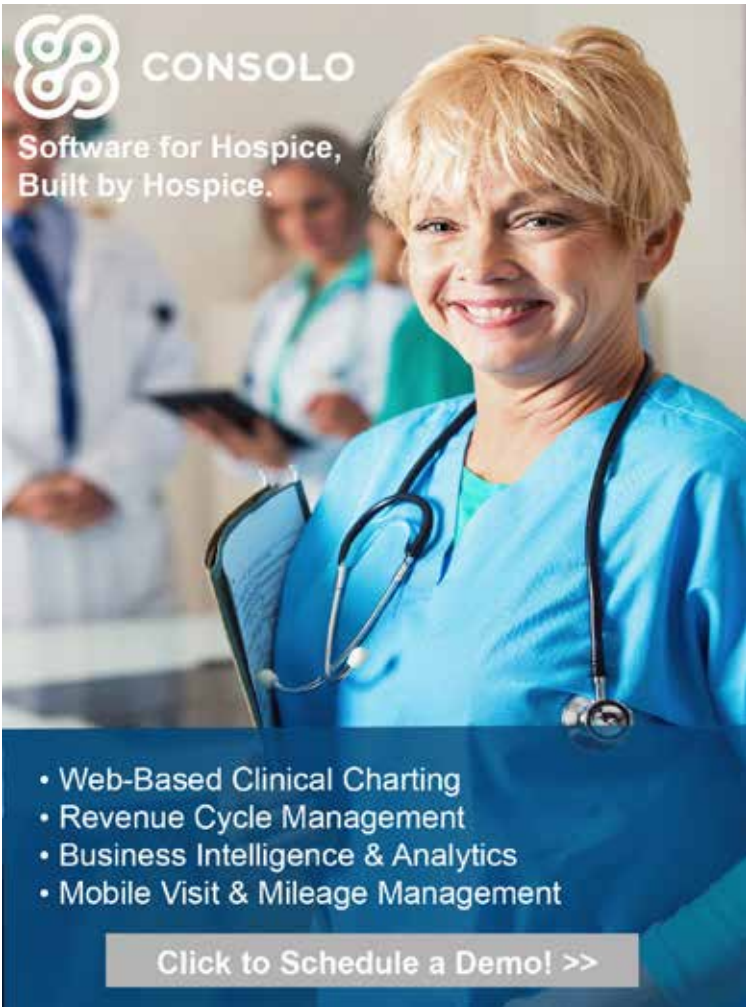
From my vantage point, I see so much that is positive and I am inspired by the diversity and uniqueness that I see. We must continue working together towards our shared vision and together share the powerful story of what we do so well. Each one of us must be a part of this vision.

I want to express my appreciation for the opportunities you have given me to work on your behalf through our work together at NHPCO and our affiliates. Our future – for the field and this organization – looks bright, indeed.

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The Heartland Hospice Memorial Fund is a non-profit organization whose primary purpose is to assist those who are coping with terminal illness, death, and the process of grief and bereavement.

HeartlandHospiceFund.org

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NEW STRATEGIC OPPORTUNITIES FOR HOSPICE:

Taking Advantage of ACOs and Alternative Payment Models (Part Two)

By Sue Lyn Schramm, MA
Director, Consulting Services, NHPCO

What do hospice leaders need to know about Medicare's move toward alternative payment models? This two-part article discusses how hospices can work with ACOs and health systems as part of a strategy to increase hospice referrals and other new revenue opportunities. Part One covered the basics of how the new alternative payment models work and why these models are critically important for hospices to understand ([read Part One](#)).

Now in Part Two: *Some practical strategies for providers to make sure they have a seat at the table with these potential partners.*

One of the challenges for hospice and palliative leaders has always been that their services were seen as a small part of the healthcare continuum. Over and over, I've had hospice CEOs and administrators tell me that their greatest frustration was in getting the time of day from hospital and health system execs.



Lately, however, I'm not hearing that as much. Instead, I hear clients and colleagues telling me that their local system seems interested in post-acute care in a new way. In January of this year, the Society for Healthcare Strategy & Market Development published results from a survey of hospital and health system executives. These were CEOs and CFOs, mostly. They were asked, "How likely is it that by 2021, the proportion of your hospital or health system's expenditures devoted to post-acute care capabilities (palliative care, hospice, or skilled nursing) will increase?" Fully 92 percent of them

said it was "Likely." And 54 percent of them even said "Very Likely."

The reason for this new attention to post-acute care is that the new payment incentives are strongly encouraging providers to care about what happens after patients are discharged from the hospital more than ever before. That hasn't always been the case. Jeff Goldsmith, the well-known healthcare futurist, wrote recently about this issue: "Traditionally, the

hospital's responsibility ended abruptly upon discharge. In candor, the discharge process often was not focused on patient outcomes. In many institutions, the main focus was on clearing the bed and making sure the patient had a safe ride home."

Now however, inattention to what happens immediately after an acute care episode can cost the hospital, health system or ACO money. If the patient comes back as a re-admission or Emergency Department visitor, that's bad, not only for the poor patient, but also for the at-risk provider's bottom line.

Cost avoidance is the name of the game, and post-acute care is finally getting its due as a key component

Cost avoidance is the name of the game, and post-acute care is finally getting its due as a key component in improving outcomes and reducing costs.

in improving outcomes and reducing costs. Unfortunately, that doesn't always mean that the hospital CEOs know clearly what they want or need from hospice. Nor does it mean they always have a good understanding of why hospices can be vital partners in a health system's efforts to reduce costs of care.

Targets for Cost Reduction

ACOs only succeed by reducing the overall costs of care for their assigned patients. Hospitals are also now being penalized for failure to manage the costs of care for readmissions, and especially for any patients admitted under bundled payment. A 2014 study of ACOs identified five primary target areas for ACO management efforts:

1. Prevention and wellness
2. Chronic disease
3. Reduced hospitalizations
4. Care transitions
5. Multi-specialty care coordination of complex patients

Outside of #1, how many of those look like things that a hospice can help with? (Hint: All of them.)

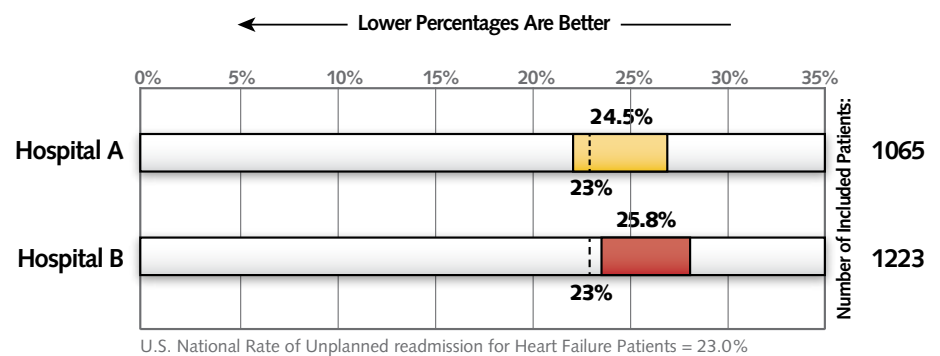
Knowing Your Metrics

If I could offer one key to getting your foot in the door with potential partners and referral sources, it would be, "Know your metrics." Don't just tell the local ACO that you provide great hospice care and your patients love

you. Tell them that you can prevent those patients from bouncing back into the hospital or ER. And then prove it. Use your own patients' histories to show what happened to them in the 30 days prior to hospice admission and then what happened afterwards. Break it out by diagnosis, so you look closely at those diagnoses that we know are highly likely to run the risk of readmission. In particular, check hospital utilization for patients admitted to hospice after hospital admissions for COPD, CHF or stroke.

Consider other sources of data as well. If your relationship with the local health system permits, you may be able to run a cooperative study, pulling from their data to find out which diagnoses and which patients are creating avoidable costs to the system. And don't forget to check the CMS consumer site, Hospital Compare. That site shows readmissions for some of these diagnoses, and how well the hospital is meeting targets for avoidable readmits. For example, see the chart below, lifted directly from the CMS website for two competing hospitals in the same mid-size urban market:

Rate of unplanned readmission for heart failure patients



Source: <https://www.medicare.gov/hospitalcompare>

Hospital A is doing okay, with readmissions for CHF that are within the average range. But Hospital B has rates worse than average, and may be that much more open to forging a closer relationship with a hospice partner that can reduce those readmits.

Thinking Outside the Hospice Box

And while on the subject of partnering with ACOs and health systems for cost reduction, I strongly encourage you to think beyond just hospice referrals. There are many more patients who can use our skills than are appropriate for hospice, with its 6-month prognosis and other limitations. We know that patients who receive community-based palliative care or transitional care management can benefit in many ways. In addition to being

less likely to use expensive hospital care, they report better quality of life, and may even live longer.

But I find that we in the hospice industry are often hampered by our own inability to think outside of the box. The Medicare Hospice Benefit box, that is. We've grown very comfortable working within our defined portion of the Medicare benefit, but we may find it difficult to imagine life outside. I've had many calls and conversations with hospice leaders asking about how to design a palliative program. I can tell from their questions that they are thinking as though there were something like a Medicare Palliative Benefit, with COPs and regulations that would define what services they offer.

In fact, however, there's no such thing. Once we step outside the Medicare hospice box to design an "upstream" service, we can define that service in any way that works for the hospice and its community or business partners. Rather than getting hung up on terminology, the focus should be on determining what your particular community needs. You may find that your community assessment leads you to:

- Advanced Illness Management (AIM)
- Community-based palliative care
- Inpatient palliative consults
- Post-acute transition management

Or any combination of the above.

Business Planning Questions to Ask

If you are thinking of expanding your services beyond the Medicare Hospice Benefit, start by asking a few key questions. Take your time with this step—getting the answers to these questions clearly established before you begin may be critical to the success of your future business line.

What population will you serve? The greatest savings will only accrue for management of the most expensive, high-risk and high-frailty patients. Along with this question, how will you identify those patients going forward so your referral sources know whom to send to your service?

How will you manage your patients? Depending on the population you decide to target, you may find that telephonic care is adequate, or that a combination of home and clinic-based care is necessary.

How will you be paid? By now many programs are learning that Medicare's palliative billing codes can't completely support the costs of their service. But remember that the biggest financial benefits for this kind of patient management may well accrue to the hospital or ACO that benefits from the costs avoided. There are lots of ways to structure financial support and revenue streams from these sources, and they don't involve billing Medicare.

And last, but not least, *What will you measure?* Identify the measures

Don't just tell the local ACO that you provide great hospice care and your patients love you. Tell them that you can prevent those patients from bouncing back into the hospital or ER. And then prove it.

you'll track both before, during and after these patients are admitted to service. Measurable results will be key to justifying your existence, and to receiving adequate financial support from your business partners.

At the end of the day, all health care is local. In asking how to structure your own post-acute service, the answers will depend on the needs of your community, the readiness of your potential partners to be open minded, and your own capabilities and resources.

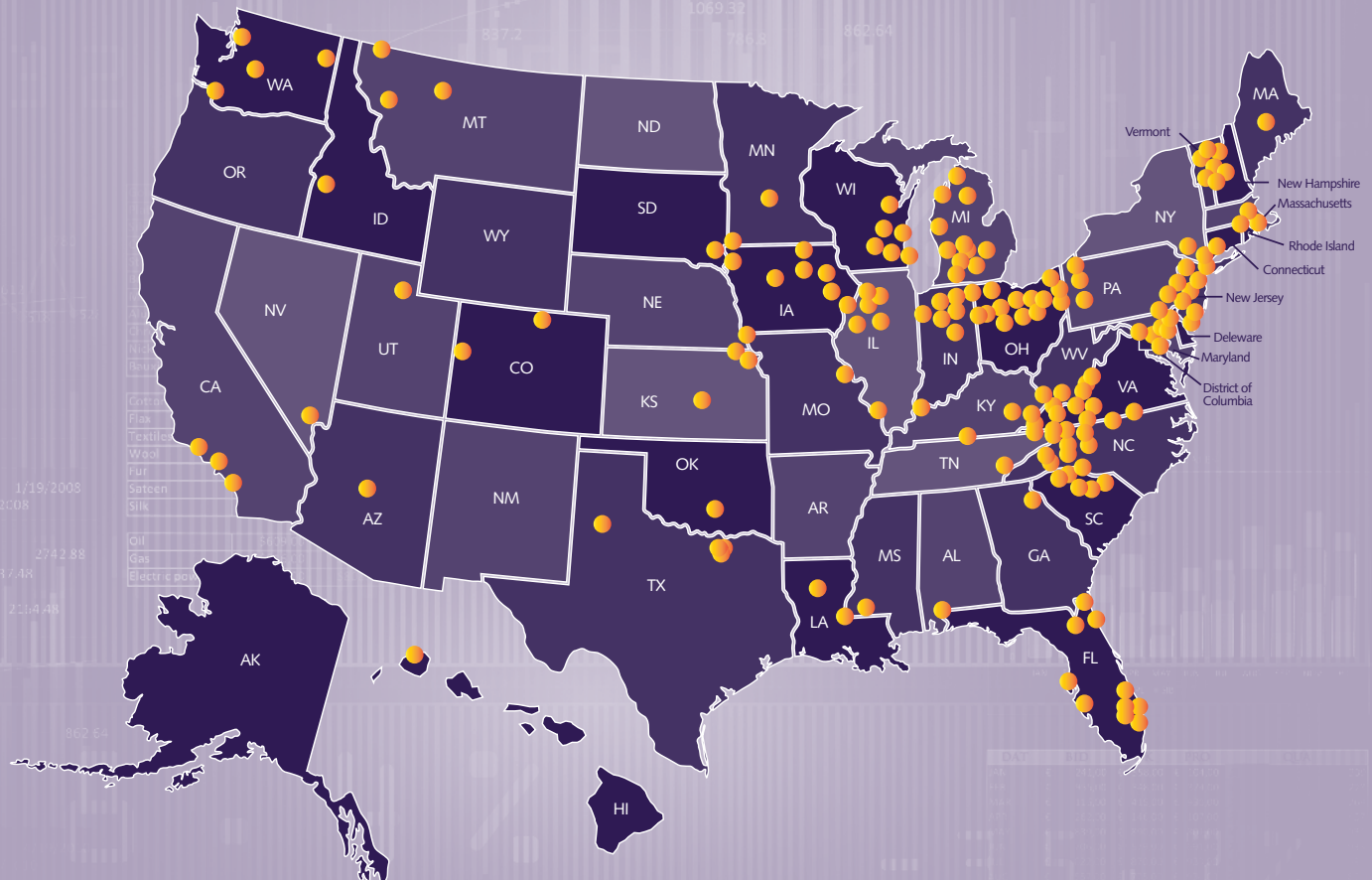
Sue Lyn Schramm, MA, is the Director of NHPCO Edge, the consulting services division of NHPCO. Sue Lyn has more than 20 years' experience in healthcare consulting and strategy and has specialized in hospice for more than 15 years. NHPCO Edge offers guidance to hospice and palliative care providers in strategic planning, business development and market analysis. For more information, see nhpco.org/resources/nhpco-edge.



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FINDING ACOs IN YOUR AREA

It may be easier than you think to find out which ACOs are operating in your area. The site CMS.gov maintains a registry of [active Medicare ACOs](#), which are the ones most likely to seek relationships with hospice and palliative providers.



NHPCO EDGE REGULATORY & COMPLIANCE WORKSHOPS

Where do you turn for the latest guidance in regulatory and compliance issues affecting hospice?
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Our expert educators at *NHPCO Edge* will lead a half-day, full-day or two-day workshop at your location so all your staff can attend. We offer the latest, most up-to-date guidance on regulatory and compliance issues affecting hospice. Thanks to our broad expertise, we can customize our content to meet your needs.

NHPCO Edge works with clients to develop an agenda that focuses on your areas of greatest concern. After each training session, your staff will receive a list of recommended follow-up steps so you have a customized action plan.

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- What hospice boards need to know
- Hospice policy update
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- Determining relatedness
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- Documentation
- Live discharges and transfers
- Locations of care
- Managing levels of care
- General inpatient care
- Medicare survey readiness

MEET OUR SPEAKERS:



Jennifer Kennedy, MA,
BSN, RN, CHC
Director, Regulatory and
Compliance, NHPCO



Roseanne Berry, MSN, RN
Associate Consultant
NHPCO Edge



Charlene Ross, MSN,
MBA, RN
Associate Consultant
NHPCO Edge



Judi Lund Person, MPH, CHC
Vice President, Compliance
and Regulatory Leadership
NHPCO

QUOTES FROM OUR CLIENTS:

- "The trainer was an exceptional presenter and a delightful individual. Rave reviews all around."
- "It was a great workshop - we definitely look forward to more interaction in the new year."
- "Clear, concise and so very helpful and relevant. I feel informed and prepared."

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FOR MORE INFORMATION:

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NHPCO Unveils a New Education Innovation

NHPCO understands the challenges providers face in this rapidly shifting healthcare landscape, and we are dedicated to providing the tools and knowledge that members of the hospice interdisciplinary team need to fulfill their mission. That's why we're launching a [brand new conference](#) that challenges hospice and palliative care professionals to take an in-depth, advanced level educational journey in the fall of 2016.

NHPCO's Diane Hill Taylor unveiled The Intensives to the 1,200 attendees at our recent Management and Leadership Conference.

Eight different Intensives will be offered over the course of three days. Each Intensive focuses on a

specific topic: clinical practice, pediatric palliative and hospice care, regulatory and compliance, psychosocial/spiritual care, quality, community-based palliative care, grief and bereavement and volunteer management.

Attendees can choose to attend one single Intensive over the course of a day and a half, or they can attend two of the Intensives over the full three days. You can pick what best fits your needs and resources.

Members of your team will leave with the knowledge they need to master what's next in patient and family care. [Registration is now open!](#)



THE INTENSIVES

MASTERING WHAT'S NEXT IN PATIENT AND FAMILY CARE

OCTOBER 31 - NOVEMBER 2, 2016

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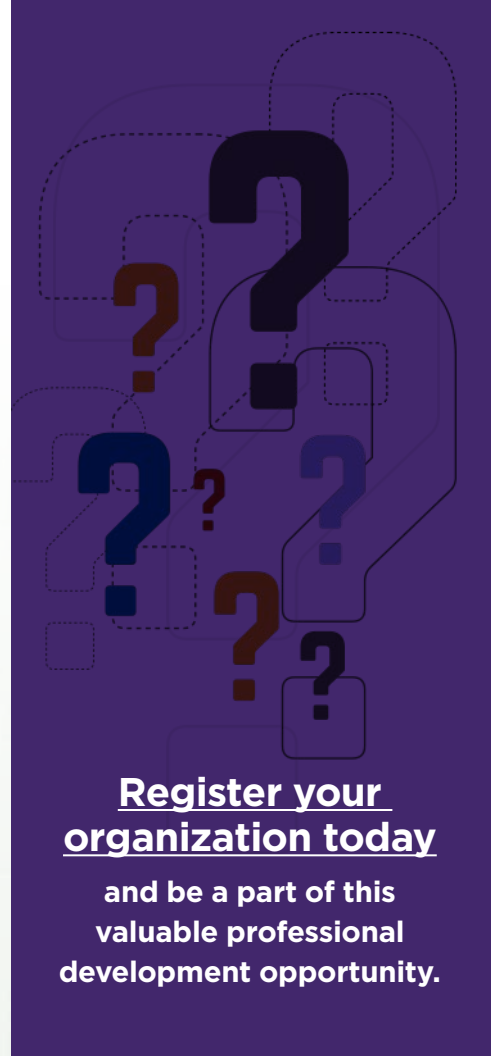
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Virtual Conference 2016: Outstanding Plenary Speakers

Again this year, NHPCO, AAHPM and HPNA are working together to produce the Virtual Conference. The theme for 2016 is [*Complex Challenges on the Front Lines: Effective Approaches to Complex Cases*](#). The 2016 Virtual Conference is one of the most cost-effective ways to bring high-quality professional development directly to your organization featuring:

- Live-streaming keynote speakers
- Webinar-based concurrent sessions
- Virtual poster gallery
- Video library
- Unique opportunities for interaction

What makes the virtual conference even more valuable is online availability to conference content following the live event for three months. Many of the sessions will be recorded and available within 48 hours of the live program. Here are the distinguished plenary speakers who will be part of the 2016 Virtual Conference.



Register your organization today

and be a part of this valuable professional development opportunity.

Opening Plenary, August 9:



Cultivating Moral Resilience in the Response to Moral Distress

Cynda Hylton Rushton, PhD RN
FAAN, Johns Hopkins University,
Baltimore, MD

Plenary II, August 9:



Strengthen Relationships and Minimize Barriers: Take Your Communication Skills 'Up a Notch'

Kathleen Neuendorf, MD,
Cleveland Clinic, Cleveland, OH

Plenary III, August 10:



Talk About a Sticky Wicket! Managing Pain in the Face of Suspected Drug Abuse

Mary Lynn McPherson, PharmD,
MA, BCPS, CPE, University of
Maryland, Baltimore, MD

Plenary IV, August 10:

Now That's a Head Banger! Challenges in Pain Management in Advanced Illness

Mary Lynn McPherson, PharmD,
MA, BCPS, CPE

Plenary V, August 11:



Sexuality and Intimacy Within the Context of Life Threatening Illness: Implications for Hospice and Palliative Care Professionals

John Cagle, PhD, MSW, University
of Maryland, Baltimore, MD

Closing Plenary, August 11:



From Burnout to Resilience: Building Capacity to Thrive at Work

Arif Kamal, MD MBA, Duke
University, Durham, NC

Proposed FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

On April 21, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule (CMS-1652-P) that would update fiscal year (FY) 2017 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. The FY2017 proposed hospice wage index rule includes:

- Analysis of data trends in hospice utilization
- A projected 2% hospital market basket increase (subject to adjustment in the final rule)
- A projected cap amount of \$28,377.17 (subject to adjustment in the final rule)
- A change in the cap year to October 1, 2016 through September 30, 2017
- Two new quality measures; data collection to start April 1, 2017
- Development of a data collection instrument which would serve as a comprehensive patient assessment instrument, rather than the current chart abstraction.

NHPCO's Health Policy Team issued a [Regulatory Alert \(04/25/16\)](#) that is available to members online.

State/County Charts for FY2017 Proposed Wage Index Values and Rates

NHPCO has prepared state/county charts for the first look at the proposed wage index values and rates for all levels of care for FY2017. The charts are set up by state in tabs across the bottom of the Excel workbook and each county is then listed in alphabetical order with both the proposed wage index and the rates. Please note that there may be some adjustment in both the wage index values and the national rates when the FY2017 final rule is published this summer. Members may access the Excel charts in the [Medicare Rates section](#) of NHPCO's online Regulatory Resource Center.

Hill Briefing on End-of-Life Care and Diverse Communities

HAN and NHPCO were happy to participate in the Congressional Hispanic Caucus Institute's Briefing on End-of-life Care and Diverse Communities that was held on Capitol Hill on April 19. There was a robust discussion about access to quality care, education about care options, and ensuring culturally-competent resources.

Cozzie King, NHPCO's Senior Manager of Access and Diversity Programs, spoke about NHPCO's work in [increasing access to quality end-of-life care](#). We were happy to be joined by Rep. Beto O'Rourke (TX-16), and fellow panelists Rosa Dominguez and Dr. Nneka Ifejika. HAN and NHPCO extend thanks to Elisa Morales and the CHCI for hosting this informative event.



L to R: Caregiver Rosa Dominguez, CHCI Fellow Elisa Morales, Rep. Beto O'Rourke, and NHPCO's Cozzie King.

Latest Additions to Palliative Care Resource Series

Three new issue briefs have been added to the library of NHPCO's Palliative Care Resource Series that address a variety of topics of relevance to community-based palliative care providers. All members have access to these issue briefs as well as companion PowerPoint presentations to help you share the information with your colleagues.

The new additions to our library:

[A Palliative Care Approach to Parkinson's and Other Neurodegenerative Diseases](#)

Written by Mara Lugassy, MD

[Palliative Care for Dementia Patients: Practical Tips for Home Based Programs](#)

Written by: Parag Bharadwaj, MD, FAAHPM; Anjali Chandra, MD; Gretchen Fitzgerald, CRNP, ACHPN; and Katherine Ward, MD

[Palliative Care in the Nursing Home Setting](#)

Written by Janet Bull, MD, FAAHPM, HMDC

[Metrics and Measurement for Palliative Care](#)

Written by Kathleen Kerr

Visit the [Palliative Care Resources Series](#) section of the website to download these and other valuable resources.



All members have access to these issue briefs as well as companion PowerPoint presentations...

New Community-Based Palliative Care Certification Option

The Joint Commission has announced Community-Based Palliative Care (CBPC) Certification that will recognize home health and hospice organizations who provide top caliber, community-based palliative care to patients and families in their home (primary place of residence). Surveys will begin on July 1, 2016. Certification is awarded for a three-year period.

Currently accredited providers can add the certification option at their upcoming resurvey or intracycle. Providers not yet accredited can pursue certification at the time of their initial accreditation survey.

Learn more at [The Joint Commission website](#).

World Hospice & Palliative Care Day: October 8



World Hospice and Palliative Care Day is a unified day of action to celebrate and support hospice and palliative care around the world. It takes place on the second Saturday in October each year. This year it will be October 8, 2016.

The theme for World Day 2016 is **“Living and Dying in Pain: It Doesn’t Have to Happen.”** The

theme tackles the critical issue of access to essential medicines for pain management and palliative care worldwide, and resonates with the advocacy work being done in the lead up to – and beyond – the United Nations General Assembly Special Session on the World Drug Problem.

This year’s World Hospice and Palliative Care Day campaign will focus on three major barriers for access to pain relief:

1. Overly restrictive national regulations
2. Poor education of healthcare providers in relation to opioid medications; and
3. Economic barriers to availability of these medications.

You can [find out more](#) and access the [Key Messages for this year](#) on the World Hospice and Palliative Care Day webpage.

Schumacher Receives Leadership Award

For his leadership in the field and his dedication to advancing hospice and palliative care, J. Donald Schumacher, PsyD, was awarded the Galen Miller Leadership Award at the opening plenary of NHPCO’s 31st Annual Management and Leadership Conference.

More than 1,200 hospice and palliative care leaders, practitioners, and senior managers were in attendance at the conference that began April 21, 2016 at the Gaylord National Harbor Resort and Convention Center, just outside of Washington, DC.

“Don has worked tirelessly to improve quality, access and care delivery throughout his entire professional career. As Don prepares to start a new chapter in his life in 2017, we felt it most appropriate to celebrate his contributions to our field,” said NHPCO Board Chair Linda Rock at the award presentation.

Created in memory of Galen Miller, NHPCO’s executive vice president who died in August 2013, this award recognizes a champion and advocate from the field who has demonstrated the highest levels of dedication and passion for the hospice and palliative care community and the patients and families that receive care.



Don Schumacher (L) receives the Galen Miller Leadership Award from Bob Ward and NHPCO Board Chair Linda Rock.

Thank you to the following organizations that have provided their generous support through educational grants and sponsorships of our **31st Management and Leadership Conference:**

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National Hospice and Palliative Care Organization



Great Lakes Caring Named 2016 Best Workplaces



[Great Lakes Caring Home Health and Hospice](#) is one of the 2016 Best Workplaces in Health Care in the United States, according to the global research and consulting firm Great Place to Work® and *Fortune Magazine*.

Great Lakes Caring ranked number 18 on the list, based on their employees' assessments of the reward and satisfaction they take in their jobs, the camaraderie and loyalty they experience with coworkers, and the trust and confidence they feel toward Great Lakes Caring's leaders.

Chief Executive Officer of Great Lakes Caring William Deary credits his employees' dedication to delivering superior quality health care, their commitment to industry-leading patient and family satisfaction, and their support and respect for their fellow employees as a few of the many reasons for the company's ability to be selected for the 2016 Best Workplaces in Health Care award.



Covenant Memory Care Center to Address Unmet Need



Covenant Care shares the architects rendering of the Covenant Memory Care Center at the Joyce Goldenberg Campus.

The facility will be housed on the Joyce Goldenberg Campus, which is also home to the Covenant Inpatient Hospice Center.

The Covenant Memory Care Center will allow residents to age in place, in a tranquil, home-like setting, with skilled staff, innovative programs and optimal living arrangements designed specifically to meet the unique needs of those impacted by dementia.

[Covenant Care](#), in Pensacola, Florida, is expanding services to provide additional care solutions for patients and families facing Alzheimer's disease and other forms of dementia. Slated to open fall 2016, the Covenant Memory Care Center will offer 11 state-of-the-art private rooms within a 7,000-square-foot secured wing.

Allen Appointed Executive Director at HPH Hospice



Patrick Allen

[HPH Hospice](#), an affiliate of Chapters Health System, named Patrick Allen, MSW, CHA, as its executive director. Allen will manage operations and strategic business development for the 32-year-old hospice organization.

Allen started his career in healthcare in elder case management. In 2006, Patrick joined Haven Hospice as the Gainesville assistant administrator. Over the years, he progressed through roles of increasing responsibility. During his tenure, one of his key accomplishments was the implementation of an efficient admission process that resulted in a 35 percent growth in admissions over a three-year period.

Franchitto Named President & CEO of Affiliated Organizations



Diana M. Franchitto

Diana M. Franchitto has been named the president & CEO of [HopeHealth](#). Franchitto was previously the president & CEO of Home Care & Hospice of New England, the parent company of Home & Hospice Care of Rhode Island and Visiting Nurse Home Care. In her new role, Franchitto will lead the expanded HopeHealth organization which includes HopeHealth in Massachusetts, Home & Hospice Care of Rhode Island and Visiting Nurse Home Care.

HopeHealth, which delivers a wide range of medical care, care management and support services in eastern Massachusetts, also announced the successful completion of the affiliation between Home Care & Hospice of New England.

Vandersee Named Cedar Valley Hospice Executive Director



Michaela Vandersee

In February, the [Cedar Valley Hospice](#) board and executive search committee announced Michaela Vandersee as the new executive director. Vandersee had been serving as director of finance for nearly 16 years and was appointed interim executive director when the previous executive director retired in January.

Vandersee's connection to hospice began over 20 years ago, when she had a close family member receiving care from Cedar Valley Hospice program. The hospice staff "left a lasting mark" on her. "Working at Cedar Valley Hospice is not just a job, it's a way of life, a way of thinking, a way of doing," says Vandersee.

**Share news of
your organization
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jradulovic@nhpco.org.**

News From **National Hospice Foundation**

A Little Goes a Long Way

NHF Profiles Donor Robert Clarke

It is clear that Bob Clarke, a longtime supporter of the National Hospice Foundation and NHPCO's international affiliate, Global Partners in Care, believes in the mission and vision of both organizations. In addition to giving monetarily to each for many years, he has traveled to Africa multiple times and has witnessed first-hand what a little support can do to help those who have limited access to resources.



Bob's family has taken several trips to Africa.

Bob's introduction to hospice came at a young age. His father, a physician, would make house calls to patients, some who were experiencing end-of-life challenges. Bob would accompany his father on these trips and learned very quickly how important hospice support is to the patient and the family. His interest in Africa originated from his children's involvement in humanitarian efforts in Kenya and Namibia.

[READ MORE...](#)

NHF Global Scholarship Challenge

Give today and double your impact!

As part of our mission to expand the availability of hospice and palliative care in Africa and globally, NHPCO affiliate Global Partners in Care has a special scholarship program to further the knowledge and skill of African nurses and social workers in the provision of palliative care.

Since the scholarship's start in 2011, 33 clinicians (nurses and social workers) from Kenya, Tanzania, Nigeria, South Africa, Malawi and Cameroon have benefited through formal training and/or attending conferences to enhance their knowledge and skills in hospice care. [READ MORE...](#)

A Night to Remember!

Attendees of NHF Gala have opportunity to honor retiring NHPCO President & CEO, J. Donald Schumacher.

The National Hospice Foundation Gala was held Friday, April 22nd at the Gaylord National Resort & Convention Center in National Harbor, Maryland. The theme this year was "Moments of Life" – a fitting tribute to honor the many special and successful moments retiring NHPCO President & CEO, J. Donald Schumacher has had during his career in hospice care. Over 400 guests attended the event and approximately \$330,000 was raised to support the various programs of NHF. The live appeal, which benefited the "Moments of Life: Made Possible by Hospice" public awareness campaign netted \$60,000.

There were plenty of laughs, some tears, and a lot of dancing at this year's event! Below are



a few photos that captured some great moments.

[READ MORE...](#)

This was a special evening and opportunity to honor J. Donald Schumacher.



20
16

NATIONAL HOSPICE FOUNDATION GALA

In conjunction with NHPCO's 31st Management and Leadership Conference



Thank you to all of the guests and supporters of the NHF Gala on Friday, April 22, 2016. We thank you for being part of our celebration and for making the event so successful.



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Suncoast Hospice/Empath Health

For a full sponsor listing, please go to our website.

www.nationalhospicefoundation.org

For more information on how you can be involved in next year's event, please contact Joy Nguyen at (703) 647-5167 or jnguyen@nationalhospicefoundation.org.

MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT



National Hospice
Foundation

LIGHTHOUSE OF HOPE FUND

PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

www.nationalhospicefoundation.org/lighthouseofhopefund

The Lighthouse of Hope Fund is available to patients

- ❖ Who request special wishes and experiences (ex. flying people in to visit, special events like fishing trips or special dinners, opportunities to spend time with family and friends in a memorable way, etc.)
- ❖ Who are cared for by one of NHPCO's provider members
- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

Selection Criteria

The hospice provider must submit a completed Lighthouse of Hope Fund Application

News From **Global Partners in Care**

US and Tanzanian Hospices Celebrated for Outstanding Partnership to Improve Access to Care

Global Partners in Care presents the 2016 Global Partnership Award to Susquehanna Health Home Care & Hospice and Shirati Hospital Palliative Care.



Staff from Susquehanna Health Home Care & Hospice traveled to the Washington D.C. area to accept the Global Partners in Care Award.

Global Partners in Care presented the 2016 Global Partnership Award at the National Hospice and Palliative Care Organization's annual Management and Leadership Conference, an event that brought over 1,200 hospice and palliative care leaders to the Washington, DC area. Susquehanna Health Home Care & Hospice, based in Williamsport, Pennsylvania and their Tanzanian partner, Shirati Hospital Palliative Care were celebrated at a lunch attended by conference attendees.

The Global Partnership Award recognizes the exemplary work of one partnership that has demonstrated leadership, innovation and has significantly contributed to the sustainable development of hospice and palliative care through their Global Partners in Care partnership. The award winner is selected based on creativity in fundraising, partner collaboration, staff contribution and commitment, and community outreach and involvement. [Read more...](#)

The Power of Partnerships

International Partners Reinforce the Impact of the Partner Program



Dr. Mmbando presenting at the Global Partners in Care Luncheon.

Dr. Paul Zebadia Mmbando, Manager of the Evangelical Lutheran Church in Tanzania Palliative Care Program and Rose Kiwanuka, RN, and Mark Mwesiga, social worker, from the Palliative Care Association of Uganda

traveled to the U.S. to meet with their U.S. partners this spring. Part of their trip included attending the Management and Leadership Conference during which they reflected about the impact Global Partners in Care program partnerships have in Uganda and Tanzania.

[Read more...](#)

Global Partners in Care Featured at MLC

NHPCO's 31st Management and Leadership Conference (MLC) attendees were invited to have lunch with Global Partners in Care on April 21. It was standing room only as the lunch program began. Attendees learned more about Global Partners in Care's efforts to expand hospice and palliative care internationally, heard from U.S. hospices about their global partnerships, and met our extraordinary international guests, Dr. Paul Mmbando, and Rose Kiwanuka. [Read more...](#)



Global Partners in Care Council co-chair Linda Todd presents the award to staff from Susquehanna Health Home care & Hospice.



NHPCO's Marketplace

The one-stop source for all your hospice and palliative care related materials!

WWW.NHPCO.ORG/MARKETPLACE



Certification & Recertification of Hospice Terminal Illness

UPDATED IN 2016! The NHPCO

Certification and Recertification of Hospice Terminal Illness process maps describe the certification and recertification process, with special attention given to the face to face encounter requirement. The maps and tables are designed to guide the admission team, hospice physician, nurse practitioner through the process of certification and recertification no matter what benefit the patient is in. Use the Master Process Map as a guide to determine which map fits the patient's admission and certification, whether the patient is new to your hospice or is transferring from another hospice provider.

Member Price: \$11.95 Non-Member Price: \$13.95



NHPCO's 2015 National Star Report

The STAR (Survey of Team Attitudes and Relationships) is the first and only job satisfaction survey designed specifically for the hospice field. The survey was developed by researchers at the University of Pennsylvania in collaboration with NHPCO.

The annual STAR National Report allows hospices to compare their individual STAR survey results to national level results for benchmarking. The report also includes hospice staff salary and demographic information that can be used for budget preparations and strategic planning.

Member Price: \$150.00 Non-Member Price: \$200.00



QAPI: A Step by Step Approach

A practical guide to planning, developing and implementing a meaningful quality assurance and performance improvement program. This workbook will prepare you with a foundation of understanding how to gather data, analyze the data, and make the "real-life" improvements that will greatly affect your outcomes.

Member Price: \$189.00 Non-Member Price: \$228.00

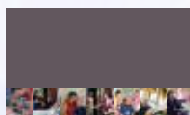


Hospice Discharge, Revocation, and Change of Hospice

UPDATED IN 2016! Produced and

published by the NHPCO Regulatory and Compliance department. This handy, travel-sized Hospice Discharge, Revocation, and Change of Designated Hospice is a resource of Process Maps to Guide Hospice Providers.

Member Price: 11.95 Non-Member Price: \$13.95



Staffing Guidelines for Hospice Home Care Teams

The Staffing Guidelines for Hospice Home Care Teams present an innovative approach to determining staffing caseloads that recognizes the wide variety of care delivery models used by hospices today. No longer "one size fits all," the guidelines

utilizes an assessment process to estimate optimal staffing levels for hospice programs that includes an analysis of the model of care delivery, characteristics of the patient population served, environmental considerations, and other circumstances unique to each hospice.

Member Price: \$14.99 Non-Member Price: \$25.99



Guidelines for Bereavement Care

These guidelines gather the collective knowledge, expertise, experience, practice and wisdom of over 80 hospice professionals whose work takes them to the very depths of human experience. Intended to enhance applicable local, state, and federal regulations and

standards, they provide information that will help hospice bereavement professionals put regulations and standards into practice, ensuring that they are including and addressing essential components of an effective hospice bereavement program.

Member Price: \$17.99 Non-Member Price: \$35.98



Links to Some Helpful Online Resources

Quality and Regulatory

- Quality Reporting Requirements
- QAPI Resources
- Regulatory Center Home Page
- Fraud and Abuse
- Past Regulatory Alerts and Roundups
- Staffing Guidelines
- Standards of Practice
- State-specific Resources
- Survey Readiness

Professional Education

- Education Home Page
- Webinar Schedule
- Upcoming Conferences
- End-of-Life Online
- Pediatric Palliative Care

Outreach

- Outreach Materials
- Social Media Resources
- NHPCO's CaringInfo

Publications

- Weekly NewsBriefs
- NewsLine
- ChiPPS E-Journal

Affiliate Publications

- Giving Matters
- Focus on Compassion



National Hospice and Palliative Care Organization



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