

# NewsLine

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



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National Hospice and Palliative Care  
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PRECONFERENCE DATES: April 29 -30, 2017

MAIN CONFERENCE: May 1-3, 2017

Washington Hilton, Washington DC

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## **FY2017 Hospice Wage Index** Final Rule Released by CMS

The implementation date for the FY2017 Hospice Wage Index Final Rule was October 1, 2016. In this issue of *NewsLine*, NHPCO's Judi Lund Person and Jennifer Kennedy point out key provisions with which all providers should be familiar. Quality reporting is now a significant component of the Hospice Wage Index.

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## Message **From Don**

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I cannot believe I'm actually writing what will be my final *NewsLine* message as President and CEO. As the year comes to a close, I am overwhelmed by all that I have to be thankful for and my work with you is at the top of the list.

I look back at a long history within our field that began as a volunteer, then a hospice CEO, and then leading NHPCO and its affiliated organizations. I reflect on the many people I have had the honor and pleasure of working with and learning from – their names are too numerous to list but I hope that I've expressed my gratitude and appreciation to each of you as we've gone on this journey together.

I am so proud of the numerous advances and innovations accomplished by the hospice and palliative care community that I've been privileged to have seen. And I know that the passion for caring for patients and families facing serious and life-limiting illness continues to burn so brightly in so many professionals and volunteers working in this field. As I wrap up my time as NHPCO President and CEO, I know there are so many excellent individuals who will continue to raise the bar on access and quality of care.

A well-known quote from Dame Cecily Saunders has been in my mind of late, "You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die." That quote inspired me many years ago and still serves to inspire me today. I will continue to be a part of the hospice and palliative care community, of course, but in a significantly different way. I look forward to sharing what I know will be continued accomplishments and advances in caring that will build upon our impressive past. The future of our community is in excellent hands and the road ahead is full of promise.

With gratitude to each of you,





# CMS ISSUES FY2017 HOSPICE WAGE INDEX FINAL RULE

By Judi Lund Person, MPH, CHC, and  
Jennifer L. Kennedy, MA, BSN, RN, CHC

The Centers for Medicare and Medicaid Services (CMS) issued the [FY2017 Hospice Wage Index Final Rule](#) on July 29, 2016, with an implementation date of October 1, 2016. The rulemaking process allows CMS to publish a proposed rule (April 21, 2016), receive comments from providers and other stakeholders, take the comments into account and publish a final rule for the year. This year's rule included claims analysis data, hospital marketbasket updates, an update on the hospice aggregate cap, and a significant update on quality measures and hospice public reporting.

**Growth in the Medicare hospice benefit:** The growth in hospice services for Medicare beneficiaries is substantial, from 513,000 patients in 2000 to nearly 1.4 million patients in FY2015, with a corresponding rise in expenditures, from \$2.8 billion in 2000 to \$15.5 billion in FY2015. The top five diagnoses in 2015 include (in order) Alzheimer's disease, congestive heart failure, lung cancer, chronic

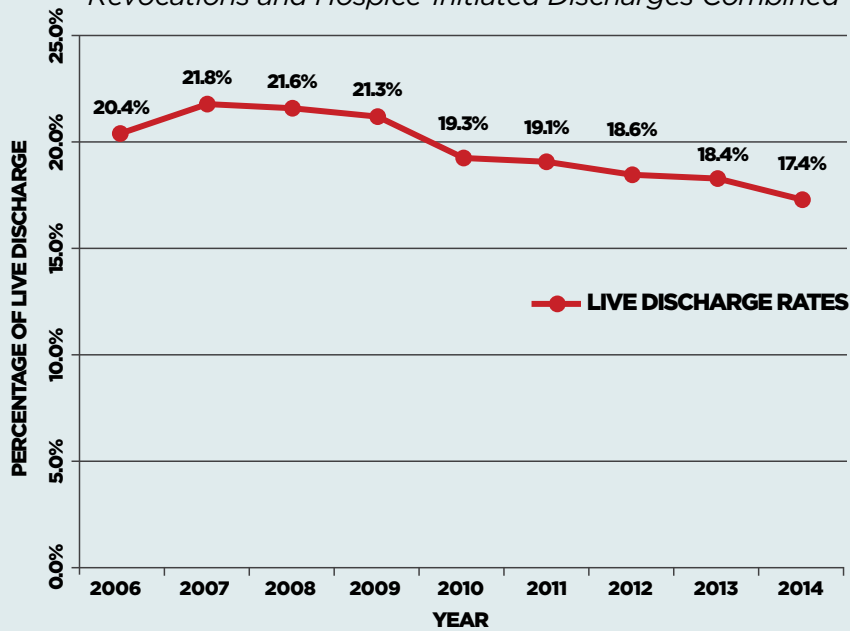
obstructive pulmonary disease (COPD), and senile degeneration of the brain.

**Data analysis for impact on hospice payment reform:** CMS announced the continued monitoring for impacts of hospice payment reform, first detailed in the proposed rule. Data analysis includes Medicare spending in the six months, three months, and thirty days before the hospice election. Medicare spending for a beneficiary with Alzheimer's disease, dementia or Parkinson's disease (about 20% of hospice patients) was significantly lower than the daily routine home care rate, even as the beneficiary gets closer to a hospice election. Analysis also included spending outside the Medicare hospice benefit in Parts A, B and D after a Medicare hospice election and the volume of skilled visits in the last days of life. CMS notes that the rate of live discharge (revocations and hospice-initiated discharges combined) has decreased over the last few years, to 17.4% in 2014. They note that the live discharge rate will never be 0.



### Live Discharge Rates by Year

Revocations and Hospice-Initiated Discharges Combined



**Rate Increase for FY2017:** Beginning October 1, 2016, hospice rates increased by 2.1 percent for hospices who participated in quality reporting. The wage index for all hospice payments has been finalized using the new Office of Management and Budget (OMB) delineations for CBSAs and rural areas, in line with the 2010 US Census. The NHPCO website has FY2017 state-county wage index charts with rates for all levels of care for every county in the country. The new rates were effective October 1, 2016.

### FY2017 Final Rates for Hospices Participating in Quality Reporting October 1, 2016 – September 30, 2017

|                                 | National Rate* | Wage Component | Wage \$\$ | Non-wage | Non-wage \$\$ |
|---------------------------------|----------------|----------------|-----------|----------|---------------|
| <b>RHC 1-60</b>                 | \$190.55       | 68.71%         | \$130.93  | 31.29%   | \$59.62       |
| <b>RHC 61+</b>                  | \$149.82       | 68.71%         | \$102.94  | 31.29%   | \$46.88       |
| <b>Service Intensity Add-on</b> | \$40.19        | 68.71%         | \$27.61   | 31.29%   | \$12.58       |
| <b>Continuous Care</b>          | \$964.63       | 68.71%         | \$662.80  | 31.29%   | \$301.83      |
| <b>Inpatient Respite</b>        | \$170.97       | 54.13%         | \$92.55   | 45.87%   | \$78.42       |
| <b>General Inpatient</b>        | \$734.94       | 64.01%         | \$470.44  | 35.99%   | \$264.50      |

\* Published in FY2017 Hospice Wage Index Final Rule, July 29, 2016

**Different rates for hospices who do not submit required quality data:** Hospices who did not participate in the Hospice Quality Reporting Program (HQRP) during FY2015 will receive two percent reduction in hospice rates for FY2017.

The NHPCO website has  
FY2017 state-county  
wage index charts with  
rates for all levels of  
care for every county in  
the country.

## Hospice Cap Amount for FY 2017

**Aggregate Cap Amount:** The cap is annually adjusted using the same hospice payment update percentage that is applied to the rates. For the 2017 cap year, the final cap amount is \$28,404.99.

**Change in Cap Year:** Beginning in FY2017, the cap year for both the inpatient cap and the aggregate cap will be aligned with the federal fiscal year of October 1, 2016 to September 30, 2017. 2017 is considered the transition year so the following table will outline the timeframes for this year.

## Hospice Aggregate Cap Timeframes for Counting Beneficiaries and Payments for the Alignment of the Cap Accounting Year with the Federal Fiscal Year

| Cap Year               | Beneficiaries      |  | Payments           |  |
|------------------------|--------------------|--|--------------------|--|
|                        | Streamlined Method | Patient-by-Patient Proportional Method | Streamlined Method | Patient-by-Patient Proportional Method |
| 2016                   | 9/28/15 - 9/27/16  | 11/1/15 - 10/31/16                     | 11/1/15 - 10/31/16 | 11/1/15 - 10/31/16                     |
| 2017 (Transition Year) | 9/28/16 - 9/30/17  | 11/1/16 - 9/30/17                      | 11/1/16 - 9/30/17  | 11/1/16 - 9/30/17                      |
| 2018                   | 10/1/17 - 9/30/18  | 10/1/17 - 9/30/18                      | 10/1/17 - 9/30/18  | 10/1/17 - 9/30/18                      |

Source: Table 26, FY2016 Hospice Wage Index Final Rule

## Quality Reporting Updates

**HIS Submission:** Hospice providers are nearing the end of year one for compliance with HIS submission thresholds. On January 1, 2017, the submission threshold increases from 70% to 80% of HIS records to be submitted within the 30 day submission timeframe. Providers who do not submit quality data to CMS per regulatory requirements will be subject to a two percentage point reduction to the market basket percentage increase for that fiscal year. CMS confirmed the following compliance thresholds for the submission of HIS records in the final rule:

| Year                                 | Compliance Threshold   | Annual Payment Update Impacted |
|--------------------------------------|--|--------------------------------|
| January 1, 2016 to December 31, 2016 | 70% of all required HIS records within the 30 day submission timeframe | FY 2018                        |
| January 1, 2017 to December 31, 2017 | 80% of all required HIS records within the 30 day submission timeframe | FY 2019                        |
| January 1, 2018 to December 31, 2018 | 90% of all required HIS records within the 30 day submission timeframe | FY 2020                        |

**New Quality Measures:** While there will be no changes to the seven hospice item set (HIS) measures, CMS confirmed that data collection for two new quality measures will be implemented in 2017 as part of HIS. The two new measures are:

- Hospice Visits When Death is Imminent Measure Pair:** This is a set of two measures that assesses hospice team member visits to patients and families in the last week of life.



- **The first measure** assesses the percentage of patients who received at least one visit from:

- registered nurses
- physicians
- nurse practitioners
- physician assistants

...in the **last three days of life** for the purpose of case management and clinical care provision.

Physician assistants are included in this measure because HIS data are submitted for all payer types and payer types other than Medicare may allow physician assistants to care for patients.

- **The second measure** assesses the percentage of patients who received at least two visits from :

- medical social workers
- chaplains or spiritual counselors
- licensed practical nurses
- hospice aides

...in the **last seven days of life**.

This second measure allows providers flexibility to provide care that is individualized according to the patient/ family's preferences and goals of care.

Only patients with a length of stay (LOS) of 2 days or more are included in this measure.

**New Items on HIS Discharge Record:**

Data for the measure pair will be collected via four new items to be added to the HIS Discharge record.

- **Start date:** April 1, 2017.

**CMS confirmed that data collection for two new quality measures will be implemented in 2017 as part of HIS.**

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## 2. Hospice and Palliative Care Composite Process Measure:

This measure is intended to assess the overall quality and completeness of assessment of patient needs at hospice admission. CMS indicates that a composite measure would ensure that all hospice patients receive a comprehensive assessment for both physical and psychosocial needs at admission.

The composite measure consists of seven component measures—the seven current HIS measures. The measure score is calculated by determining the percentage of patients for whom HIS admission records contain data on all seven HIS quality measures. Those measures are:

- Pain Screening
- Pain Assessment
- Dyspnea Screening
- Dyspnea Treatment
- Patients Treated with an Opioid who are given a Bowel Regimen
- Treatment Preferences
- Beliefs/Values Addressed (if desired by patient)

The individual components of the composite measure are assessed separately for each patient and then aggregated into one score for each hospice. The seven day LOS exclusion for the current HIS measures is being eliminated, so the Composite Measure will not include the LOS exclusion in order to be consistent with the individual measure components.

- **Start date:** April 1, 2017

**What can a hospice do now:** Hospice providers already have the data on HIS Admissions submissions so they can begin to check their percentages now to review percentages of

completeness and problem areas. Depending on the outcome, a provider could develop a performance improvement project to analyze the issues and make improvements in processes to improve the percentage of patients with 100% data submission for all seven measures.

**Standardized Patient Assessment Instrument:** CMS is in the early stages of developing a new data collection tool for use by hospices to standardize the patient assessment process. The tool would include data elements designed to be collected concurrent with provision of care. CMS states that this standardized assessment would be “in line with other post-acute care settings (e.g. OASIS).” The tool would not replace other existing data collection requirements set forth in the Medicare Hospice Conditions of Participation (i.e., initial nursing and comprehensive assessments), other non-HIS data sources utilized for HQRP measures, such as the Hospice CAHPS survey, or the regular submission of claims data. CMS envisions the hospice patient assessment tool as an expanded HIS data set that would be collected upon a patient’s admission and discharge from any Medicare-certified hospice provider.

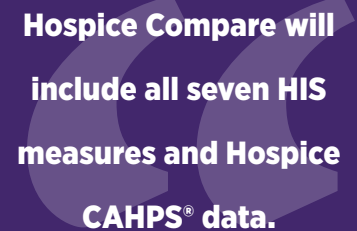
In the discussion of the instrument in the FY2017 final rule, CMS expects to address the “holistic nature of hospice, incorporating important medical, psychosocial, spiritual, and other aspects of care, incorporate input from various members of the IDT, and accommodate the unique circumstances of hospice patients including imminent death and the patient/caregiver’s right to decline services or treatment.” CMS states that their rationale for developing this assessment tool is to provide the quality data necessary for Hospice Quality Reporting Program requirements and to enhance the collection of clinical data that could inform future payment refinements. More information will be provided by CMS in future rulemaking.



**Hospice Compare:** Section 3004 of the 2010 Affordable Care Act (ACA) requires CMS to establish procedures for making hospice quality data available to the public. CMS proposes to make data from all seven HIS quality measures, as well as data from the Hospice CAHPS® survey, publicly available sometime in 2017 through the development of a Hospice Compare website, similar to CMS's other Compare websites. Hospice Compare will include all seven HIS measures and Hospice CAHPS® data. The minimum HIS denominator size for public reporting of all HIS quality measures is 20 patient stays based on 12 rolling months of data. Hospices with a quality measure denominator size of smaller than 20 patient stays will not have a quality measure score publicly displayed. It is expected that there will be a notation on the Hospice Compare website that the sample was too small to report data. The Hospice CAHPS® data will be based on the survey results for an eight-quarter rolling average.

**What should a hospice do:**

1. Review the HQRP reports after submission of HIS data to check for errors in the data submission.
2. Review hospice organizational demographic data. All hospice demographic data has been posted to a Medicare hospice provider data directory website and includes hospice demographic and certification information. Providers can review their demographic data by going to [data.medicare.gov](http://data.medicare.gov), where the list of Hospice Casper/Aspen Contacts is available. Hospices should check the website to ensure that all data are correct and up to date. CMS will announce the contacts, based on state or region, for making corrections to the hospice demographic data.
3. Use provider-specific feedback reports provided in CASPER, expected to be released in late December 2016. These reports will have a hospice's quality measure scores and can be used internally for quality improvement.
4. Review Hospice Compare preview reports, available in CASPER shortly before Hospice Compare goes live. Hospices will have 30 days to review the information, beginning on the date the provider can access the preview report. A hospice cannot make a correction to the data on a preview report, but can request that CMS review and correct specific data points. If CMS agrees to correct the error, the data correction will appear the following quarter.



**Hospice Compare will include all seven HIS measures and Hospice CAHPS® data.**

As always, NHPCO is ready to answer questions and assist providers with the implementation of this final rule. Contact [regulatory@nhpco.org](mailto:regulatory@nhpco.org) with your questions.

**Judi Lund Person, MPH, CHC**, is NHPCO's vice president, regulatory and compliance.

**Jennifer L. Kennedy, MA, BSN, RN, CHC**, is NHPCO's senior director, regulatory and quality.

Judi and Jennifer are both featured on NHPCO's Podcast, which debuted October 4 and features discussions on timely regulatory, compliance and health policy issues. Visit [www.nhpco.org/podcast](http://www.nhpco.org/podcast).

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- 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  
Senior Director, Regulatory  
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Roseanne Berry, MSN, RN  
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Charlene Ross, MSN,  
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Judi Lund Person, MPH, CHC  
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# BECOMING DISASTER READY: A NEW CoP FOR MEDICARE HOSPICE

Jennifer L. Kennedy, MA, BSN, RN, CHC,



Medicaid participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. CMS also wanted to ensure that providers were adequately prepared to meet the needs of patients and families during disasters and emergency situations. Disasters can disrupt the environment of health care and change the demand for health care services. Regulatory requirements make it necessary that health care providers and suppliers integrate emergency management into their daily operation and culture.

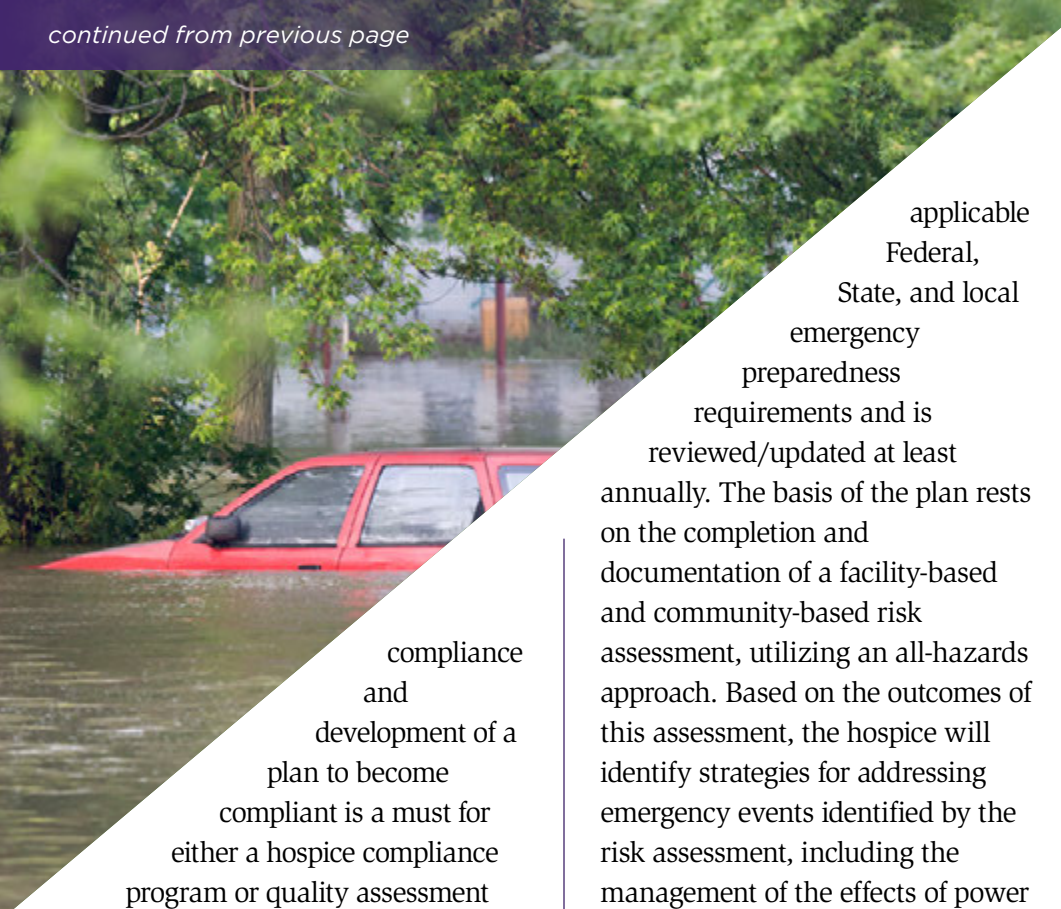
Prior to the posting of the final rule, the federal hospice Conditions of Participation (CoPs) at § 418.110 (c) only included hospice inpatient facilities to have a written disaster preparedness plan that is periodically rehearsed with hospice employees, with procedures to be followed in the event of an internal or external disaster, and procedures for the care of casualties (patients and staff) arising from such disasters. This final rule has emergency preparedness requirements for both homecare and inpatient hospice providers. Hopefully, most hospice providers have some type of emergency or disaster plan in place right now that contains most of the components in this new CoP which will make the implementation less onerous. Whether your hospice is enhancing your current plan or starting from scratch, including your assessment of your current

After three years of waiting, the final rule for Medicare and Medicaid Programs; [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#) (CMS-3178-F) was finally posted in the Federal Register on September 16, 2016.

The Centers for Medicare and Medicaid Services (CMS) undertook the architecture of specific emergency preparedness regulations to establish national emergency preparedness requirements for Medicare and

**Regulatory requirements make it necessary that health care providers and suppliers integrate emergency management into their daily operation and culture.**





compliance and development of a plan to become compliant is a must for either a hospice compliance program or quality assessment performance improvement (QAPI) program.

The CoP for hospice providers contains four main standards that specify requirements for the hospice to develop an emergency plan, specific policies and procedures for emergency preparedness, a communication plan, and a program for preparedness training and testing that is based on the emergency plan. The good news for hospice providers is that the implementation date for this new CoP is **November 16, 2017**.

### **The Emergency Plan**

The first standard in this new hospice Condition of Participation (CoP) at §418.113 (a) requires the hospice to develop and maintain an emergency preparedness program that complies with all of the outlined requirements and

applicable Federal, State, and local emergency preparedness requirements and is reviewed/updated at least annually. The basis of the plan rests on the completion and documentation of a facility-based and community-based risk assessment, utilizing an all-hazards approach. Based on the outcomes of this assessment, the hospice will identify strategies for addressing emergency events identified by the risk assessment, including the management of the effects of power outages, natural disasters, and other emergencies that would affect the hospice's ability to provide patient/ family care.

The hospice must also address their patient population by determining what type of services they can provide during an emergency and how the services will be delivered and how continuity of operations will be maintained, including delegation of authority and development of a succession plan. The hospice provider must also map out their process for coordinating and cooperating with local, tribal, regional, state, or federal emergency preparedness officials' efforts with the aim of maintaining an integrated response during a disaster or emergency response situation. The hospice must document their attempts to contact these officials and, when

applicable, of their involvement in collaboration and coordination in planning.

Hospice providers should check with their state for emergency preparedness resources such as hazard risk assessment tools and emergency plan templates. There are also Federal risk assessment resources available from the [Federal Emergency Management Agency \(FEMA\)](#). Ready.gov has a helpful [risk assessment tool](#) for providers to use to document their all hazards risk assessment outcomes.

### **Policies and Procedures**

The second standard of the new CoP at §418.113(b) requires a hospice provider to develop and implement emergency preparedness policies and procedures, based on the emergency plan, the facility-based and community-based risk assessment, the communication plan, and the training and testing program.

The hospice organization's policies and procedures must be reviewed and updated at least annually just like the emergency plan. There are minimal requirements for the policies and procedures including:

- Processes for follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency

and how hospice staff will be used in emergency as well as other emergency staffing strategies.

- Measures to inform State and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.
- Structure and processes to preserve patient information and clinical documentation that is HIPAA security compliant and maintains access to records.
- The establishment of arrangements with other hospices and other providers to receive patients if there are limitations or interruption of hospice operations to maintain the continuity of services to patients.

When §418.113 goes into effect in 2017, the current CoP requirements at §418.110 Condition of Participation: Hospices that provide inpatient care directly, *Standard: Physical Environment* will be eliminated. The policies and procedures that are additional requirements for hospice-operated inpatient care facilities only must include the following:

- A process to shelter in place for patients, hospice employees who remain in the hospice.
- An evacuation plan from the hospice facility which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation site(s) and principle and alternate modes of communication with external sources for assistance.
- A plan to meet the sustenance need of hospice patients and staff including food, water, medical, and pharmaceutical supplies if they evacuate to an alternative site; the means to provide a temperature controlled environment to protect patient health and safety and for the safe and sanitary storage of provisions; emergency lighting, fire detection, alarms, and management; and sewage and waste disposal.
- Plan for functioning under a [Federal 1135 waiver](#) for the provision of patient care and treatment at an alternate care site identified by emergency management officials.
- Development of a system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency.
- If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location.

**The hospice provider must also map out their process for coordinating and cooperating with local, tribal, regional, state, or federal emergency preparedness officials' efforts...**

## The Communication Plan

The third standard in this new hospice CoP at §418.113 (c) requires a hospice to develop and maintain an emergency preparedness communication plan that that complies with federal, state, and local laws and is reviewed and updated at least annually. The communication plan outlines the names and contact information for hospice staff, contracted partners, and patient physicians as well as federal, state, tribal, regional, and local emergency preparedness staff. The plan must outline primary and secondary means for communication with hospice staff and federal, state, tribal, regional, and local emergency management agencies to ensure optimal coordination of care and services during a disaster.

The communication plan must also delineate the process of how a hospice will share information and clinical documentation for patients under their care with other health care providers and federal, state, tribal, regional, and local emergency management agencies to preserve continuity of care. The release of patient information is critical in the event of patient evacuation and is permitted under [45 CFR 164.510\(b\)\(1\)\(ii\)](#), which discusses when a covered entity may use or disclose protected health information without the written consent or authorization of an individual. For hospices with an inpatient facility, this process would also include how information about a hospice's inpatient occupancy, needs, and its ability to provide assistance would be communicated to federal, state, tribal, regional, and local emergency management agencies. The process of patient information exchange during a disaster response serves as a means to discern the general condition and location of patients under a hospice facility's care.

## Training and Testing

The final standard in the CoP at §418.113(d) requires a hospice provider to develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, policies and procedures, and the communication plan and is reviewed and updated at least annually. Depending on the size of the hospice and their geographic location, elements in this part of the requirement may be the most difficult to implement.

**The training program:** The emergency preparedness training program must educate new staff, existing staff, and contracted partners about the emergency plan, policies and procedures, and communication plan consistent with their expected roles at least annually. As with all training, staff competency needs to be assessed and documentation of training needs to be maintained.

**Testing the program:** A hospice must conduct two exercises to test their emergency plan at least annually. One of the exercises requires 'boots on the

ground' participation in a full-scale exercise that is community-based or individually facility-based. The second exercise may include, but is not limited to a second full-scale exercise that is community-based or individually facility-based or a tabletop exercise that includes a group discussion led by a facilitator who utilizes a narrated, clinically-relevant emergency scenario, and a set of problem statements, designed to test an emergency plan. The hospice must analyze their response to the exercise and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospice's emergency plan, as needed based on the outcomes of the exercises. If the hospice activates their emergency plan related to an actual natural or man-made emergency, they are exempt from engaging in a community-based or individually facility-based full-scale exercise for 1 year following the actual event.

A hospice may be part of a healthcare system which includes multiple separately certified healthcare facilities. If this is the case, that system may opt to have a combined and integrated emergency preparedness program and the hospice may choose to participate in the healthcare system's coordinated emergency preparedness program. In this scenario, the integrated emergency preparedness program must demonstrate that each provider within the system actively participated in the development of



the unified emergency preparedness program and that it was developed and maintained related to the unique conditions, patient populations, and services offered by each provider. This approach to compliance would need to include all of the required elements outlined in the CoP (emergency plan, policies and procedures, communication plan, and training and testing)

### Resources for Compliance

NHPCO is developing an [Emergency Preparedness resource](#) to help hospice providers with compliance requirements. The U.S. Department of Health & Human Services, Assistant Secretary for Preparedness and

Response (ASPR), has developed a healthcare emergency preparedness information gateway website called [Technical Resources, Assistance Center, and Information Exchange \(TRACIE\)](#) to meet the needs of healthcare coalitions, healthcare providers, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness.

NHPCO will be working with the HHS/ASPR team in the future regarding hospice specific resources and information.

[Printer-Friendly PDF](#)

**NHPCO has developed an Emergency Preparedness resource to help hospice providers with compliance requirements.**

## Attention Hospice Providers!

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# New Data from

from the Centers for Medicare and Medicaid Services

On October 6, 2016, CMS released new data to increase transparency on Medicare hospice payments and the third release of the Market Saturation and Utilization Data Tool.

As part of CMS efforts to improve care delivery, payments to providers, and the sharing and utilization of information, the Centers for Medicare & Medicaid Services released a privacy-protected public data set, the Hospice Utilization and Payment Public Use File (Hospice PUF), which provides information on services provided to Medicare beneficiaries by hospice providers. CMS also released an update to the Market Saturation and Utilization Data Tool, formerly called the Moratoria Provider Services and Utilization Data Tool. For the first



# om CMS

**The Hospice PUF covers  
calendar year 2014 and  
includes information  
on 4,025 hospice  
providers...**

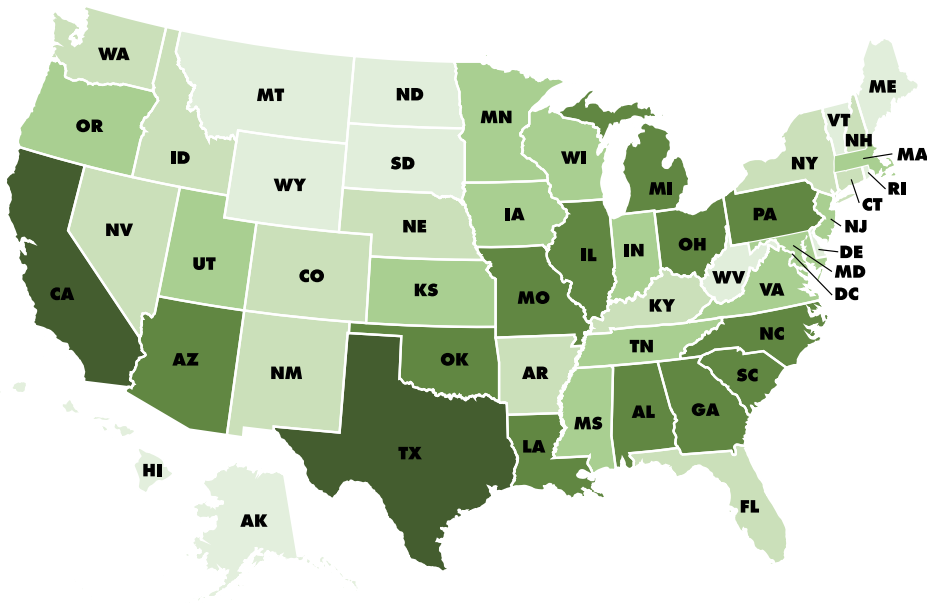
time, this tool will include information on hospice services.

“The Hospice data and Market Saturation and Utilization Data Tool made available today support our goals of increasing access to Medicare data and improving the flow of information,” said CMS Chief Data Officer Niall Brennan. “CMS believes that greater data transparency leads to a more effectively functioning health care system, which leads to better care and smarter spending.”

The Hospice PUF contains information on utilization, payments, submitted charges, diagnoses, and

hospice beneficiary demographics organized by provider and state. The Hospice PUF covers calendar year 2014 and includes information on 4,025 hospice providers, over 1.3 million hospice beneficiaries, and over \$15 billion in Medicare payments. With this data, it is now possible to analyze geographic variation in the delivery of hospice care, as well as variation across individual hospice providers. The Hospice PUF also includes a number of metrics on hospice beneficiary demographics and diagnoses to facilitate analyses of differences in the patient population across providers.





The third release of the Market Saturation and Utilization Data Tool includes interactive maps and supporting data sets that show national-, state-, and county-level provider services and utilization data for three reference periods and the following health service areas: Home Health, Ambulance (Emergency, Non-Emergency, Emergency & Non-Emergency), Independent Diagnostic Testing Facilities (Part A and Part B), Skilled Nursing Facilities, and Hospice.

The Market Saturation and Utilization Data Tool can be used by CMS to monitor market saturation as a means to prevent fraud, waste, and abuse. The data can also be used to reveal the degree to which use of a service is related to the number of providers servicing a geographic region. Provider services and utilization data by geographic regions are easily compared using an interactive map. There are a number of research uses for these

data, but one objective of making these data public is to assist health care providers in making informed decisions about their service locations and the beneficiary populations they serve.

The release of the Hospice PUF and the Market Saturation and Utilization Data Tool continues CMS' commitment to greater data transparency. The Hospice PUF also adds to the suite of provider-level transparency data sets that CMS has released over the past several years, including hospital-, physician-, and prescriber-level utilization and payment data files.

- View a CMS fact sheet on [the Hospice PUF](#).
- Visit the CMS website to [access the Hospice PUF](#).
- The [Market Saturation and Utilization Data Tool](#) is also available online.

**Printer-Friendly PDF**

## VISIT STRUCTURE DESIGN

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### NU 431: Hospice and Palliative Care Nursing

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- Examine the philosophy, ethical considerations, and quality of life concepts unique to hospice and palliative care.
- Develop strategies for culturally competent communication with patients and their families.
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Classes start November 9 and December 7.

For comprehensive consumer and gainful employment information, visit [kaplan.edu/info](https://kaplan.edu/info). Although certain programs at Kaplan University are designed to prepare students to take various certification or licensing exams, the University cannot guarantee the student will be eligible to sit for or pass those exams. Students must meet practice and contact-hour requirements beyond the Kaplan University bachelor's degree program. The Magnet Recognition Program® is a registered trademark of the American Nurses Credentialing Center.

# Strategic Accomplishments During 2016

By Jon Radulovic, MA





In the final edition of *NewsLine* for 2016, we share some of the representative accomplishments from January to October that demonstrate the value of membership as well as contributions to the broader hospice and palliative care community.

### **Regulatory, Quality and Performance Measurement**

- NHPCO leadership and staff continued to monitor, analyze, and comment on new, changing, and proposed regulations that affect end-of-life care and kept members abreast of pertinent issues of importance to the field.
- Breaking news was shared with members via NHPCO's Regulatory Alerts with 15 alerts going out between January and October 2016. While summaries of critical regulatory information and hot topics were provided in the monthly Regulatory Round-Ups for members.
- More than 2,550 members received individualized support from the Regulatory Team via phone and email by October of this year, reinforcing the value of this member benefit.
- Health Policy staff submitted eight comment letters to CMS since January on a range of proposed rules that would have impact on the hospice and palliative care community.
- Preconference sessions and a regulatory track were offered at NHPCO's *Management and Leadership Conference* in April, and the new fall conference, *The Intensives*, offered specific intensives on Regulatory and Compliance and on Quality. Members are reminded that they enjoy discounted registration rates for all NHPCO events onsite or online.
- Our best-selling compliance resources "Certification and Recertification of Hospice Terminal Illness" and "Hospice Discharge, Revocation, and Change of Designated Hospice" were updated this year. These process map guides, written specifically for hospice providers, are available in Marketplace. Tip Sheets and compliance guides available to members free of charge were updated and created and made available in the online [Regulatory and Compliance Center](#).
- Our Health Policy Team helped members understand the myriad of issues related to Hospice Quality Reporting, including preparation for the measures that were part of the FY2017 Hospice Wage Index final rule from CMS.

**Our Health Policy  
Team helped members  
understand the myriad  
of issues related  
to Hospice Quality  
Reporting...**

- Multiple tested [performance measures](#) that yield useful, meaningful, and actionable results are included as a benefit of provider membership. Available measures are: National Data Set, Patient Outcomes and Measures, Survey of Team Attitudes and Relationships, Family Evaluation of Bereavement Services, and Family Evaluation of Palliative Care. NHPCO also provides reporting of results for these performance measures as a member benefit.
- Continued collaborative work with state organizations through NHPCO's Council of States, with monthly conference calls with the COS steering committee to help keep us all up to date on critical issues.

### Advocacy

- Hosted a Congressional briefing and screening of the PBS/Frontline documentary, *Being Mortal*, to encourage dialogue about advance care planning. The event featured Dr. Atul Gawande, Grammy-nominated country music performer Rory Feek, and five members of Congress as speakers. The audience included Members of Congress, congressional staff, policymakers, industry experts, providers, and other concerned stakeholders. ([See Fall 2016 NewsLine.](#))
- NHPCO and the Hospice Action Network's 2016 Advocacy Intensive brought nearly 250 hospice advocates from 120-plus hospices, representing 46 states and Puerto Rico, to Capitol Hill in July for a day of education and training and a day of Congressional visits. All the members of the Interdisciplinary team were represented and they shared stories of care at the bedside with congressional leaders and staff.
- Virtual Hill Day, coordinated by the Hospice Action Network, amplified the voice of the hospice and palliative care community who were on the Hill with more than 230 phone call and 180 emails from 41 states.

- [Supported legislation](#) such as the *Personalize Your Care Act of 2016* and the *Care Planning Act* that both work to improve advance care planning and patient choice and the *Rural Access to Hospice Act* that facilitates the provision of care in rural areas.
- Continued to serve as the respected voice of hospice and palliative care beyond the halls of Congress with federal regulators – most notably CMS where we spoke on behalf of the hospice community on such important issues as requirements surrounding the Notice of Election and Notice of Termination/Revocation, ICD-10 implementation, the MCCM demonstration project, the FY2017 Hospice Wage Index Final Rule, to name a few.
- Developed online hospice advocacy resources specifically designed to help organizations share their work caring for and honoring [our nation's Veterans](#), so legislators at the local and national level are aware of the organization's commitment.

### Professional Education

- Brought national recognized thought-leaders and content experts to deliver plenary presentations and keynotes at our national conferences that included: John Cagle, Ron Culberson, Todd Henry, Vicki Hess, Arif Kamal, Mary Lynn McPherson, BJ Miller, Kathleen Neuendorf, Cynda Rushton, and Reed Tuckson.
- Presented the 2016 Virtual Conference, *Challenges on the Front Lines: Effective Approaches to Complex Cases* in collaboration with American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association; 305 organizations hosted sites across the country and in the U.K. and we had a live audience of 23,250 throughout the three days. This year's virtual conference expanded the number of live plenary speaker webcasts from three to six.

- Created an entirely new professional development offering, *The Intensives: Mastering What's Next in Patient Care*, that featured eight different Intensives offered over three days that gave participants the opportunity to select the in-depth topic areas most relevant to their needs.
- NHPCO's Webinar Series included a Regulatory and Quality track and an Interdisciplinary track offering monthly webinars on hot topics and issues relevant to the field; the [Webinar Series](#) will continue in 2017.
- Added 25 new courses to [NHPCO's E-Online \(E-OL\)](#) for a total of 110 different online courses to choose from, as a cost-effective way for professionals to access education and training. Participants can enroll online, select from a catalog of sessions organized by topic area, and take the sessions when convenient.
- NHPCO jointly provided educational activities with NHPCO member organizations, allied healthcare organizations and academic institutions to offer CE/CME credit.

### **Palliative Care Initiative**

- Expanded the [Palliative Care Resource Series](#) to include 19 issue briefs and 13 companion PowerPoint presentations on topics relevant to community-based palliative care and written by leading experts in the field. Some of the resources added this year include:
  - *Caring for Holocaust Survivors and Survivors of Other Traumatic Events at the End of Life*
  - *Finding Calm in the Storm: A Palliative Care Approach to Navigating the Family Meeting*
  - *A Palliative Care Approach to Parkinson's and Other Neurodegenerative Diseases*
  - *Palliative Care for Dementia Patients: Practical Tips for Home Based Programs*
  - *Palliative Care in the Nursing Home Setting*
  - *Metrics and Measurement for Palliative Care*
- Collaborated with MJHS Institute for Innovation in Palliative Care on a monthly inter-professional webinar series; launched in 2015, the series will continue into 2017.

**Added 25 new courses  
to NHPCO's E-Online  
(E-OL) for a total of 110  
different online courses  
to choose from...**



- Hosted the preconference seminar “Leading the Way to Community-Based Palliative Care Success” in collaboration with the CSU Institute for Palliative Care.
- Created a new category of Palliative Care membership for professionals not associated with a hospice or palliative care provider organization.

### Access and Diversity

- NHPCO partnered with Morgan State University to develop a pilot outreach program to help educate family caregivers in the Baltimore area about issues related to end-of-life care. A series of four workshops that were free to the public were offered in the winter and again in the summer.
- Working with members of the Diversity Advisory Council, resources were offered to members to help reach out to diverse communities and help increase access. These included streamlined versions of NHPCO’s diversity outreach guides which are available online, [visit nhpco.org/diversity](http://nhpco.org/diversity).
- The spring 2016 edition of *NewsLine*, that focused on diversity and end-of-life care was awarded best digital publication in the 2016 Folio: Eddie & Ozzie Awards in the category of association publication. Access this helpful resource online at [nhpco.org/newsline](http://nhpco.org/newsline).
- The *Moments of Life: Made Possible by Hospice* video, “[Grandma Luk](#),” was made available with Mandarin Chinese subtitles and information in Mandarin is available on the website.
- A Spanish-language version of the Moments video, “[A Dance for Gloria](#),” was created to help educate Latino families about the value of hospice care.
- Efforts to expand and build on the innovative [We Honor Veterans](#) initiative continued with more than 3,120 hospice partners and 1,100 community partners (such as funeral homes and nursing facilities).

- Continued work with the Veterans Advisory Council to integrate end-of-life care into VA Medical Centers.
- Made the PDF e-journal from NHPCO’s Children’s Project on Palliative/Hospice Services (ChiPPS) available free of charge to all who are interested in supporting young people and their families. Visit [www.nhpco.org/pediatrics](http://www.nhpco.org/pediatrics) for the e-journal archive, other pediatric resources, and details about ChiPPS.

### Consumer Engagement

- *Moments of Life: Made Possible by Hospice*, NHPCO’s award winning consumer engagement website sharing the **real stories** of patients and families and the special moments hospice and palliative care make possible garnered more than 25 million social media impressions, more than 85,000 videos views, 10,000+ media placements on broadcast and online news outlets, and 130,000 website visitors to [momentsoflife.org](http://momentsoflife.org).
- Moments of Life was recognized as a finalist in PR News’ 2016 Nonprofit PR Awards in the category of Social Responsibility.
- As of September 2016, NHPCO’s Moments-themed hospice public service announcement aired in 21 states with more than 2,151,000 viewer impressions with a broadcast value of \$266,310.
- NHPCO was the focus of a special video created by the American Society of Association Executives sharing the effectiveness of our work to raise awareness and educate the public. .
- NHPCO’s [CaringInfo.org](http://CaringInfo.org) – a website offering free information on hospice and palliative care, advance care planning, grief, coping with pain, and related topic areas had 347,000 visitors between January and October 2016, with more than 55,000 brochures, directives, and fact sheet downloads. The most visited page was “What is Hospice?”
- NHPCO continued to support National Healthcare Decisions Day on April 16 to promote awareness of advance care planning and work with the Consumer

Reports Choosing Wisely campaign to help consumers make more informed healthcare decisions.

- NHPCO's [Find a Provider](#) online tool is available on multiple websites and helps visitors find an NHPCO member hospice in any area of the country was utilized by more than 36,000 between January and October.

### **Communications, Operations, Administration and Consulting**

- Engaged with media at the national and local levels working with such media outlets as the *Associated Press*, *USA Today*, *New York Times*, *Washington Post*, *Philadelphia Enquirer*, *Dallas Morning News*, *Forbes*, *Kiplinger's*, *NPR*, *Politico*, *CQ Roll Call* and numerous local newspapers. NHPCO's leadership continues to be a major source of end-of-life information for industry reporters, including those writing for *Modern Healthcare*, *Inside CMS*, *Home Health Line*, *Eli's*.
- NHPCO social media (Facebook, Twitter, Instagram and Pinterest) continues to grow in viewership, engaging both members and the general public. These media vehicles have been a valuable tool for education and creating interest in NHPCO assets including the *Moments of Life* campaign.
- Launched the NHPCO Edge speakers bureau, increased the roster of consultants working with our clients to ten experts from the field, and began offering regulatory workshops tailored to the client's needs through NHPCO's consulting services division. Learn more at [www.nhpc.org/consulting](http://www.nhpc.org/consulting).
- Participated in a panel discussion at the New York City premiere of the documentary, *Mortal*, to which NHPCO leadership contributed.
- The NHPCO website continues to play a vital role as a member tool and educational resource. As an example, here's a snapshot of NHPCO website activity during the first nine months of 2016: Unique website visitors – 492,191 and total page views – 1,818,845. The most popular PDF download was our [facts and figures report](#) with 20,968 downloads by the end of September.
- Posted a blog series based on each of the eight focus areas from NHPCO's fall conference, *The Intensives*, which reached more than 14,000 readers. Throughout the course of the year, increased postings to the [NHPCO Blog](#).
- Maintained a strong member retention rate of 92 percent during a period with increasing mergers and acquisitions among member organizations and competition within the association field.

**Printer-Friendly PDF**

**Efforts to expand and build on the innovative We Honor Veterans initiative continued with more than 3,120 hospice and 1,100 community partners...**



# 2016 Creative Arts Contest.

## Hospice and Palliative Care: *When It Matters Most!*

NHPCO is proud to showcase the winning photographs, essays, blogs and poetry from the 2016 Creative Arts Contest. The theme for this year's contest, "Hospice and Palliative Care: When It Matters Most!" reflects the special life moments or memories made possible by hospice and palliative care teams across the country. [Download the complete content PDF.](#)

### Photography: Adult Category



### First Place A Birthday Party Sprinkled With Love

**Submitted by** Audrey Waters- Director,  
MJHS Public Relations , MJHS Health System



### Second Place Generations

**Submitted by** Sharon  
Ahlberg  
Volunteer Coordinator at  
Bridge Hospice



### Honorable Mention

**Submitted by** Lindsey  
Rogers, Manager of  
Physician Relations &  
Marketing Hospice of  
South Ga & Langdale  
Hospice House

### Photography: Nature Category:



### First Place Earth and Sky

**Submitted by** Karen  
Schulman-Bear; Volunteer  
with Hospice of the  
Bluegrass





**2nd place**  
Shared Path

**Submitted by** Teresa  
Looper; RN Supervisor  
Providence Hospice



**Honorable Mention**  
Serene Sunset

**Submitted by** Sharon  
Ahlberg  
Volunteer Coordinator,  
Bridge Hospice

**Photography:**  
Child Category



**First Place**  
Sending Timmy Home

**Submitted by** Kathy Money Penny,  
Bereavement Coordinator  
Hospice of Tift Area

**Essay/Blog**

**First Place**  
Honoring Death

**Submitted by** Jeanne M. Karr, Volunteer Coordinator, Beacon Hospice, an Amedisys Company  
**Written by** Beacon Hospice volunteer, Linda Aherns-Poscos

**Second Place**  
Transformed BY Love

**Submitted by** Elizabeth Keri, Communications Specialist  
Hospice and Palliative Care of Greensboro  
**Written and submitted by** Jane Gibson, Public Support  
Coordinator, Hospice and Palliative Care of Greensboro

**Honorable Mention**  
Vet-To-Vet Program Enlisting More Volunteers  
to Honor Veterans at Their End Of Life

**Submitted and Written by** Elyzabeth Marcussen,  
Communications Specialist - Media, Hospice of the  
Chesapeake

**Poetry Category**

**First place**  
Late

**Submitted and written by** Scott Wilson, Chaplain, Benton  
Hospice Service

**Second Place**  
Thank You For Holding My Hand

**Submitted by** Kimberly Heestand, Coordinator of Volunteer  
Services, Hospice of the Bluegrass  
**Written by** Angela Crawford, Eleventh Hour volunteer

**Honorable Mention**  
A Collection of Hugs

**Submitted and Written by** Sophie Whitlock, Bristol Hospital  
Home Care and Hospice

[Download the complete content PDF](#)

## NHPCO Podcasts Now Available



NHPCO has created a new resource, available free of charge, to help providers with information and insight into regulatory, compliance, quality and health policy issues: the NHPCO Podcast.

The inaugural podcast was released on October 4 and features NHPCO's Judi Lund Person and Jennifer Kennedy talking about the September OIG report. NHPCO

Podcasts will be released the first and third Tuesday of each month with some special episodes to be made available when important issues break.

Available episodes include:

- **Episode 1** - OIG Report on Election Statements and Certification
- **Episode 2** - Nondiscrimination in Health Programs and Activities Final Rule
- **Episode 3** - Emergency Preparedness Final Rule
- **Special Episode** - Post-Election Recap

You can subscribe to the NHPCO Podcast via iTunes, GooglePlay and on Stitcher. [Or you can listen to the podcasts online.](#)

The NHPCO Podcast is new way to stay on top of valuable information.

## *Extremis* looks at end of life in ICU

Dr. Jessica Zitter is an ICU physician in Oakland and offers a close up look at patients and families facing serious medical conditions near the end of life in the Netflix documentary, *Extremis*. Created by filmmaker Dan Krauss, the film was released on September 13 by Netflix, one of the world's leading Internet television networks.

In an interview with MarketWatch, Dr. Zitter said, "We unlearned that skill over the last century. We have technology that does these miraculous things, but as we began to focus more and more on these technologies we lost the art of helping patients die, and started to focus more on keeping them alive than helping them die when it was time."

*Extremis* won Best Documentary Short when it premiered at the 2016 Tribeca Film Festival. The film has garnered additional awards at subsequent film festivals and despite the difficult subject matter, has been very well received.

Subscribers to Netflix should look for this documentary online.



**Watch the trailer for *Extremis* on YouTube.**

## New Palliative Care Issue Briefs

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 this information with your colleagues.

New additions to our library:



[\*Caring for Holocaust Survivors and Survivors of Other Traumatic Events at the End of Life\*](#)

Written by Toby Weiss, MSOD.



[\*Palliative Care for Cancer Patients: Practical Tips for Home Based Programs\*](#)

Written by Parag Bharadwaj, MD FAAHPM, Anjali Chandra, MD, Gretchen Fitzgerald, NP, and Egidio Del Fabbro, MD.



[\*Finding Calm in the Storm: A Palliative Care Approach to Navigating the Family Meeting\*](#)

Written by Steven M. Radwany, M.D., FACP, FAAHPM.

Visit the [Palliative Care Resources Series](#) section of the website to download these issue briefs and companion PowerPoint presentations as well as other valuable resources.

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

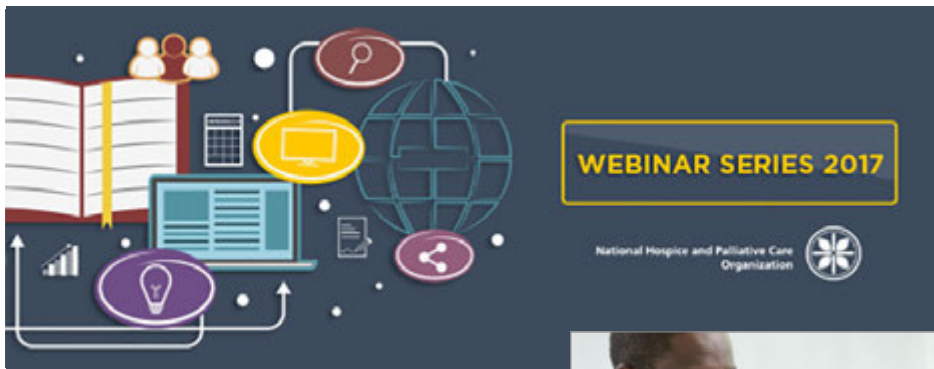


# Save on 2017 Webinar Packages

NHPCO Webinars bring you and your staff expert guidance from nationally recognized authorities on important topics of the day — at rates as low as \$67 per Webinar if you take advantage of the early-bird package pricing (you must order by 12/31/16). CE/CME credit is also available, depending on the Webinar topic.

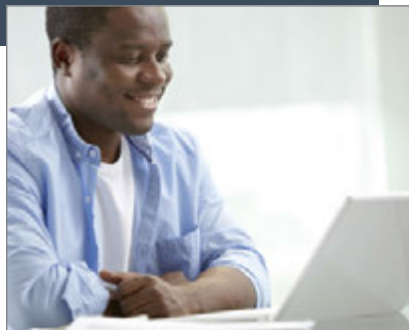
Two Webinars are offered each month — with one focusing on an interdisciplinary topic and the other on a quality or regulatory topic. The topics are generated and vetted by your peers so you can be assured that the content is relevant to the field. The annual calendar is developed with input from several NHPCO Committees as well as from the Educational Needs Assessment Survey.

The [calendar of 2017 Webinars](#) is available online and we invite you to take a look.



All Webinars are held from 2:00 to 3:00 p.m., ET. The one hour program length makes it easier to integrate into your team's work schedules. The Interdisciplinary Webinar falls on the second Thursday of the month, while the Quality and Regulatory Webinar falls on the fourth Tuesday.

New this year, a MP4 recording will be included with your Webinar purchase giving you the opportunity for staff to listen to the valuable discussions after the original presentation (CE/CME is only available for participation in the live Webinar broadcast and not for those who listen to the MP4).



## Member Rates for Webinars that include MP4s

**24-Webinar Package: \$1,625** if you order by 12/31/16; \$1,829 afterwards.

**12-Webinar Package: \$865** if you order by 12/31/16; \$975 afterwards.

**6-Webinar Package: \$460** if you order by 12/31/16; \$515 afterwards.

**Single Webinars: \$85** if you order by 12/31/16; \$95 afterwards.

## Affordable Training for Multiple Staff

The Webinar rates shown are for access from a single computer. But from that computer, you can invite as many staff, volunteers and community partners as you want to view the Webinar — so it's an affordable way to train large groups.

If you'd also like specific staff to access the Webinar(s) from multiple computers, you can purchase additional site access. Check the NHPCO website for additional site pricing or contact the NHPCO Solutions Center at 1-800-646-6460.

## Order a 2017 Package Today

For Webinar details or to register, visit [www.nhpc.org/webinar](http://www.nhpc.org/webinar). Or download our [2017 Webinar Early Bird Order Form](#) – but you must get it in by December 31, 2016 to get the early bird savings.

# NHPCO 2017 WEBINAR TOPICS

| 2 <sup>ND</sup> THURSDAY | INTERDISCIPLINARY                                    |
|--------------------------|--|
| January 12               | Discontinuing Medication Appropriately               |
| February 9               | Renal Disease: A Palliative Approach                 |
| March 9                  | Veterans: Care at the End of Life                    |
| April 13                 | Advanced Grief and Bereavement Care                  |
| May 11                   | Trauma-Informed End-of-Life Care                     |
| June 8                   | Drug Addiction and End-of-Life Pain Management       |
| July 13                  | Avoiding Compassion Fatigue and Burnout              |
| August 10                | Billing for Community-Based Palliative Care Services |
| September 7*             | Spiritual Care for the Non-Religious                 |
| October 12               | Addressing Drug Diversion                            |
| November 9               | Advancing Hospice Care Upstream                      |
| December 7*              | End-of-Life Care in Lung Disease                     |

As you plan your 2017 budget and education calendar, include this opportunity to bring teams together to stay on top of pressing issues in the field while earning continuing education credit in one of the most cost effective and affordable ways.

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Register online at:  
[www.nhpc.org/webinars](http://www.nhpc.org/webinars)

| 4 <sup>TH</sup> TUESDAY | QUALITY AND REGULATORY  |
|-------------------------|---|
| January 24              | Documentation: Compliant and Complete                                   |
| February 28             | "Hot Topics:" Regulatory and Quality                                    |
| March 28                | Sustaining Lessons Learned from PIPs                                    |
| April 25                | Part D, Drug Disposal, Drug Review: Issues and Concerns                 |
| May 23                  | Root Cause Analysis: Digging Deep                                       |
| June 27                 | Hospice Audits: Surviving and Thriving                                  |
| July 25                 | Community-Based Palliative Care Certification                           |
| August 22               | "Hot Topics:" Regulatory and Quality                                    |
| September 26            | Performance Improvement Priorities                                      |
| October 24              | Balancing Compliance and Compassionate Care                             |
| November 28             | Eligibility and Prognosis: Determination Challenges                     |
| December 19*            | Hospice CAHPS® Survey: Using Measures to Assess and Improve Performance |



\*Denotes change from regular schedule to avoid conflicts



## Two Publications on Caregiving Available Online

### Families Caring for an Aging America

The demand for family caregivers for adults who are 65 or older is increasing significantly, and family caregivers need more recognition, information, and support to fulfill their responsibilities and maintain their own health, financial security, and well-being, says a new report from the National Academies of Sciences, Engineering, and Medicine.

Although caregivers' individual circumstances vary, family caregiving can negatively affect caregivers' mental and physical health as well cause economic harm, including loss of income and career opportunities. The report calls for health care delivery system reform that elevates family-centered care alongside person-centered care to better account for the roles of family caregivers and support their involvement in the care delivery process.

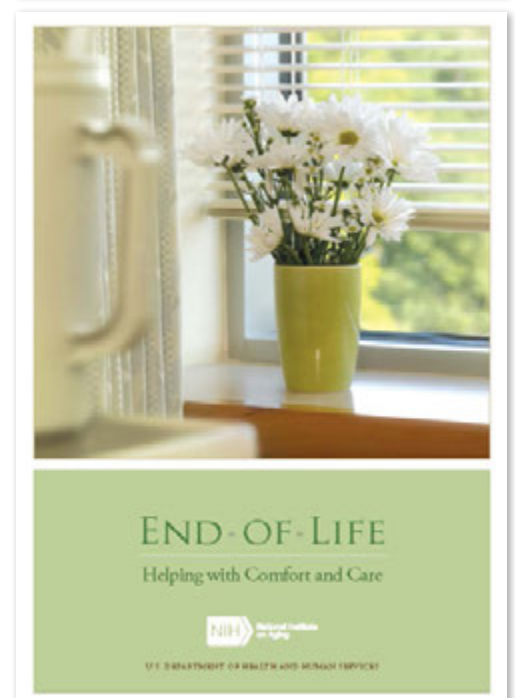
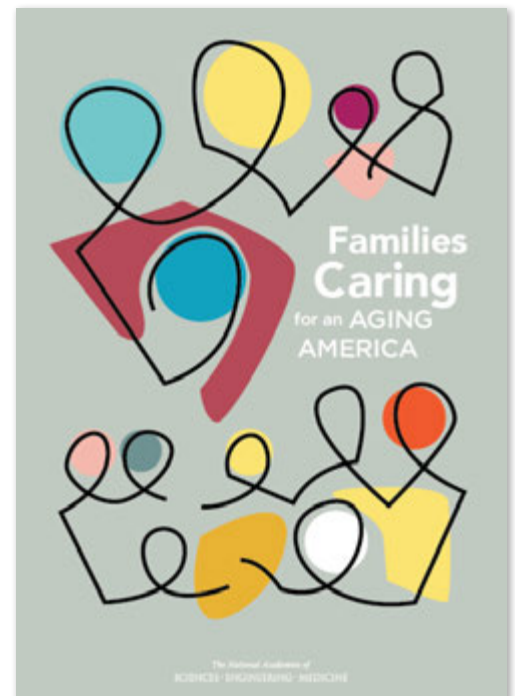
Download the report, [Families Caring for an Aging America](#), from the National Academies website.

### End of Life: Helping with Comfort and Care

Published by the National Institute on Aging, *End of Life: Helping with Comfort and Care*, provides an overview of issues often faced by people caring for someone nearing the end of life. The information provided does not replace the personal and specific advice of the doctor or other experts, but it can help family caregivers make sense of what is happening and offers a framework for making care decisions.

The goal of the publication is to provide guidance and help in understanding the unfamiliar territory of death. This information is based on research, such as that supported by the National Institute on Aging, along with other parts of the National Institutes of Health. It also includes suggestions from healthcare providers with expertise in helping individuals and families through this difficult time. Most of the stories included are examples of common experiences at the end of life. National Hospice and Palliative Care Organization and NHPCO's [CaringInfo.org](#) are both offered as resources in the publication.

Learn more and download [End of Life: Helping with Comfort and Care](#) from the NIA website.





## To Joey, With Love Makes an Impression

Earlier this summer, country music composer, singer, author and filmmaker Rory Feek shared his family's poignant story at the NHPCO and Hospice Action Network Congressional briefing on advance care planning and end-of-life care ([see Fall 2016 NewsLine](#)).

To help raise awareness of the film telling Rory and Joey Feek's story, *To Joey, With Love*, NHPCO and HAN helped promote the limited showings of the film in cinemas across the country in September and October. Our social media outreach resulted in more than 452,214 Facebook impressions and more than 150,500 viewings of the [To Joey, With Love](#) trailer on the film's website. Many providers in the hospice and palliative care community connected with local theaters playing the film to participate in discussions and provide information to community members who attended the film.

But there was more. NHPCO shares a moving Facebook post from [Hospice Care Plus](#) that tells of a very special viewing of the film:

Thanks to several wonderful people in the community, we were able to make a special wish happen for a patient on Tuesday. Elizabeth, 27 years old, felt a strong connection with Joey Feek and very much wanted to see the movie, *To Joey, with Love*. But our medical team was concerned that Elizabeth might not be with us by October 6, when the movie was to be shown for the last time. We called the theater and asked for their help. In no time at all, they made arrangements to give a private viewing to Elizabeth and her family on Tuesday afternoon, Oct. 4. They donated snacks for Elizabeth's family, guests, and the nursing staff we sent with her. She was able to watch the entire film from the comfort of her stretcher, provided by Madison County EMS. It seemed to all of us that she used all the resources left to her to make it to and through that film. She declined

quickly afterwards. We learned last night, less than an hour before the final public viewing of the film, that she had passed away.

Rest in peace, Elizabeth. We're so happy you got to be part of a story that meant so much to you. Special thanks go to everyone at Cinemark at Richmond Centre, Madison County EMS, Elizabeth's wonderful family for allowing us to be part of her care, and Joey+Rory, whose beautiful and brave story means so much to so many.



Elizabeth at the special screening of the film.

## More from *Moments of Life: Made Possible by Hospice*



The *Moments of Life: Made Possible by Hospice* campaign has released three new videos including the very first Spanish language video.

“[A Dance for Gloria](#)” features an 85 year-old Colorado woman who is receiving hospice care from Sangre de Cristo Hospice in Boulder. Her care team arranged a very special cultural ceremony for Gloria. Grupo Xochitl, a group that celebrates Aztek Indian traditions, brought their gift of song, prayer, and dance to Gloria at her home. The video

gives viewers a glimpse of the beautiful ceremony.

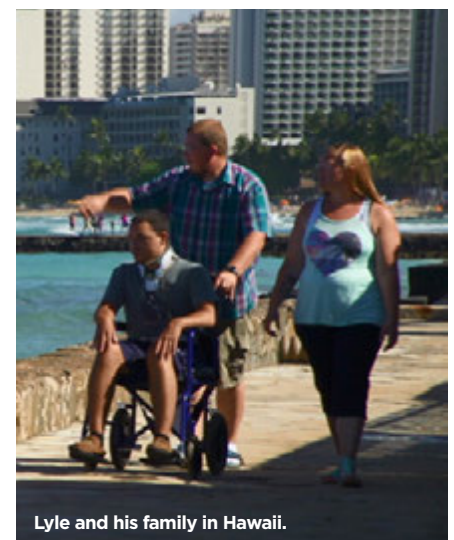
Shortly after the video was released, NHPCO put into production a [Spanish version of the video](#). “Una Danza Para la Gloria” is a translated version of the English video and will be added to the Latino outreach resources NHPCO provides.

In November, the *Moments of Life* campaign featured “[Lyle’s Hawaiian Dream](#).” The video features Lyle Romans, a 21 year-old with terminal lung disease and dermatomyositis and

shows Lyle and his foster family on a journey from his home in Oregon to the beautiful beaches of Waikiki, Hawaii. His trip was made possible by Dream Foundation, the only national dream-granting organization for terminally-ill adults. NHPCO and Dream Foundation partnered to produce the video.

[Several blogs](#) featuring stories from hospice providers across the country were added to the *Moments of Life* website including a piece called “[Corynna’s Reflections](#).” The blog features snippets of the life-review video Corynna did with her hospice.

To view more go to [momentsoflife.org](http://momentsoflife.org).





# All Career Centers Are **NOT** Created Equal



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## **Are you searching for a new position in Hospice and Palliative Care?**

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National Hospice and Palliative Care  
Organization





## Hospice Volunteers Honored for Outstanding Service

NHPCO recognized five outstanding volunteers at the organization's event, *The Intensives*, hosted in Hollywood, Florida, October 31 through November 2.

The **Volunteers are the Foundation of Hospice Awards** were created by NHPCO's National Council of Hospice and Palliative Professionals to recognize hospice volunteers who best reflect the universal concept of volunteerism in its truest sense—serving as an inspiration to others.

Chosen from more than 200 nominations, this year's dedicated honorees were:

**Clyde Day**, a volunteer with Peterson Hospice in Kerrville, Texas, honored for organization support. In 1984, Clyde worked with other community members to donate their time and raise money to start Heart of the Hills Hospice in Kerrville. He helped negotiated the



Clyde Day and his daughter Elizabeth (R) with Volunteer Manager Rhonda Richter.

agreement between Peterson Memorial Hospital and the Hills Hospice which was the beginning of Peterson Hospice where he currently volunteers. Day's service has included visiting patients, delivering flowers, sweeping floors, building shelves in the Thrift Store, as well as serving on the Board.



Karen Jackson (C) with Director of Volunteer Services Kathy Roble (R) and Volunteer Program Coordinator Melissa Moré.

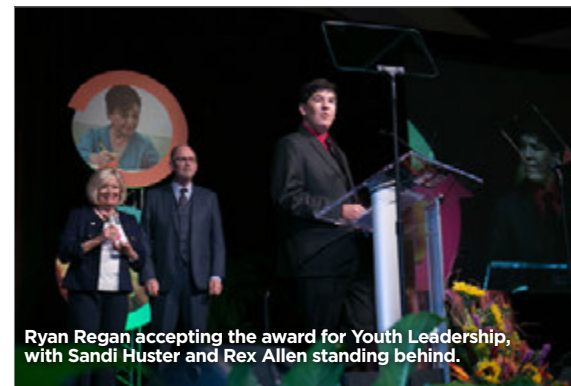
**Karen Jackson**, a volunteer with Suncoast Hospice / Empath Health in Clearwater, Florida, was honored for Specialized Volunteer Service primarily for her work with the hospice's perinatal loss doula program for which she has served since it began in 2004. With more than 1,600 hours of service, she has often served as the "voice" of the program, playing an instrumental role in public speaking events, attending advisory

board meetings, and presenting the program at local and national events and conferences.

**Ryan Regan**, a young volunteer with Suncoast Hospice / Empath Health in Clearwater, Florida, was recognized for his contributions to the hospice's Teen Volunteer Program. Since January 2014 he has

contributed more than 1,000 volunteer service hours in support of more than 240 families. Regan was selected to serve as one of six members of the Suncoast Hospice Teen Volunteer Regional Leadership Board/North County. He is active in the recruitment of teen

volunteers and serves as a mentor to young people coming into the volunteer program.



Ryan Regan accepting the award for Youth Leadership, with Sandi Huster and Rex Allen standing behind.



Colonel Patsy Thompson accepting her award for Specialized Volunteer Service.

**Colonel Patsy Thompson**, a volunteer with Sutter Care at Home Hospice in Roseville, California, was honored for Specialized Volunteer Service. In her twentieth year of volunteering for the hospice, she began by visiting patients with her spouse and their dog Pretzel. Now, Thompson has taken the lead of the “We Honor Our Veterans” ceremony program where she has been honored by the community and continues to serve with gusto.

**Ingrid Watt**, another volunteer with Suncoast Hospice / Empath Health in Clearwater, was recognized in the Patient and Family Support category. She began her volunteer journey with Suncoast Hospice in 1993 and has provided over 2,900 hours of service in caregiver relief, transportation, Transitions Companion visits, and bereavement support for patients and their families. Through her volunteer work, she has become a Reiki

Master and uses this therapeutic technique in her work with patients.

“Volunteers play an integral role in hospice care and each and every one deserves recognition and the highest accolades. From direct patient support and caregiver relief to board service and community outreach and education, hospice volunteers selflessly give of their time to serve patients and families who are facing end-of-life challenges and are integral to the hospice programs for which they serve,” said J. Donald Schumacher, NHPCO president and CEO.

The awards were presented by NCHPP Chair Rex Allen and NCHPP Vice-Chair Sandi Huster who also serves as the section leader for the Volunteer/Volunteer Management Section.



Ingrid Watt (L) with NCHPP Vice-Chair Sandi Huster.

**The Volunteers are the Foundation of Hospice Awards were created to recognize hospice volunteers who best reflect the universal concept of volunteerism in its truest sense...**

### Three Significant Grants from Colorado Health Foundation



**TRU Community Care** has been awarded \$100,000 in grant funding by the Colorado Health Foundation to increase access to primary care services for elderly individuals through telehealth.

The grant will be used to extend the ability to monitor and assess patients between physician and home health visits for those with chronic diseases in TRU's new PACE program (Program for All-Inclusive Care of the Elderly). Telehealth includes equipment, connectivity, clinician consultations via electronic communications, monitoring of vital signs, and other symptoms related to chronic disease.

TRU PACE is scheduled to open in early 2017, and is the first time this program will be offered in Boulder and southwest Weld Counties and beyond.



The University of Colorado School of Medicine, in partnership with **The Denver Hospice** received \$266,000 in grant funding from the Colorado Health Foundation to develop and implement an Advance Care Planning Volunteer Training and Certificate Program titled, "Colorado ACP Certification."

This innovative project seeks to increase the number of Coloradans actively engaged in their health. The two-year program will launch early 2017, engaging the community and certifying volunteers. A key component of this program is to focus on quality communication in addition to proper use of documents.



**HopeWest** has been awarded a \$300,000 grant from the Colorado Health Foundation to develop a comprehensive advance care planning initiative with the goal of increasing the number of Coloradans who are actively engaged in their health by 4,000 people over the course of two years.

"At the heart of this initiative is our desire to encourage community members to have thoughtful conversations about their health care decisions with local health professionals and make their wishes known," said Christy Whitney, President and CEO of HopeWest. "Too often, people do not have these conversations and do not document their wishes. When a health crisis arises, family members are distraught and don't know which health care options their loved one would have wanted."

HopeWest is collaborating with other health care organizations, emergency medical responders, attorneys and other professionals in Mesa County to achieve the goals of this project.



The Colorado  
Health Foundation™



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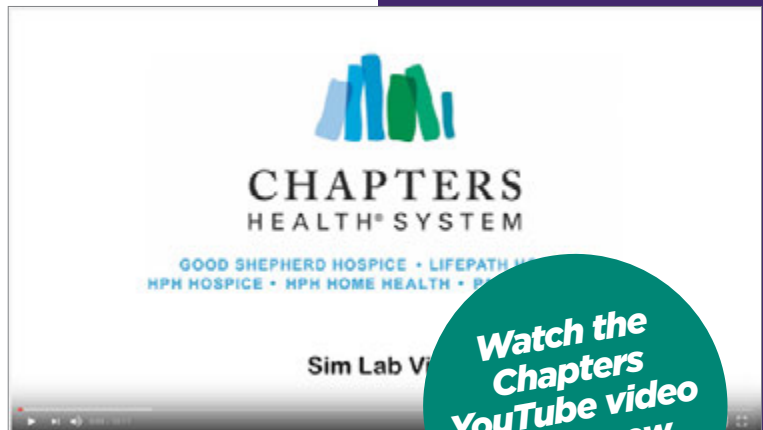
## Chapters Health System Unveils New Learning Center

Chapters Health System, based in Tampa, Florida, and its affiliates (Good Shepherd Hospice, HPH Hospice and LifePath Hospice) unveiled the new 8,600-square foot Learning Center featuring a state-of-the-art simulation lab, clinical skills lab and special educational training room.

In the sim lab, employees and volunteers learn empathetic ways in which to interact with patients and families, especially when anger, frustration and fear are the predominant emotions. Monitored from a connected control room during each simulation, debriefing discussions are possible with the review of the recorded session. In the skills lab, clinicians are able to practice administering IVs, catheter placement and other procedures on medical mannequins. With an occupancy range of 48 to 100 depending on set-up, the training room presents a vast array of continuous educational opportunities for employees.

Whether staff members are providing hospice, palliative care or home-health services, the Learning Center is designed to assist them in performing at their best.

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## Pathways Changes Name to Reflect Range of Services

For nearly 40 years, Pathways Hospice has provided the northern Colorado community with expert medical and comfort care for individuals with an advanced medical condition and their loved ones. The organization will now be known simply as Pathways.

“Pathways provides hospice and palliative care, serious illness and grief and loss counseling, veteran services, dementia care and more,” said Evan Hyatt, President of Pathways. “We only felt it was fitting that our name better reflects our broader scope of services, rather than narrowing in on only one of our facets.”



## CEPOP Opioid Safety Roundtable in Minnesota

The Collaborative for Effective Prescription Opioid Policies, hosted a state-level roundtable on opioid safety on September 16. The Minnesota Network of Hospice and Palliative Care was represented on the roundtable



panel which was led by Mary Bono and included Congressman Erik Paulsen. NHPCO is a collaborative member. The event included the launch of the Minnesota component of a national donation of safe disposal systems by Mallinckrodt, a global specialty biopharmaceutical company. Supplies of pouches to be used for safe drug disposal were distributed to organizations who will take them out to communities across Minnesota; hospices in the state are participating in the safety pouch distribution.

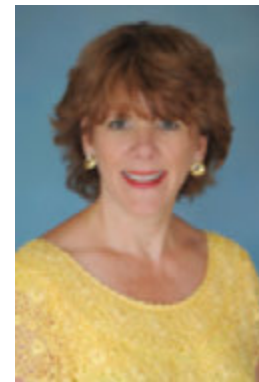
## Hoefer and Johnson Receive Award from CSU Institute

Daniel R. Hoefer, MD, Chief Medical Officer Outpatient Palliative Care and Associate Medical Director with Sharp HospiceCare, and Suzi K. Johnson, MPH, RN, Vice President of Sharp HealthCare both were recipients of the Doris A. Howell MD Award for Advancing Palliative Care presented by the CSU Institute for Palliative Care at a reception at the Institute's headquarters on the campus of California State University San Marcos in North San Diego County.

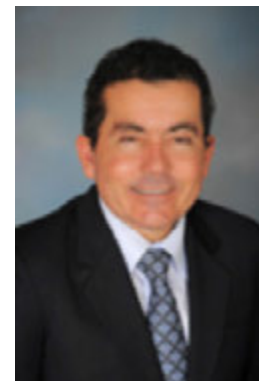
The Doris A. Howell MD Award for Advancing Palliative Care was initiated by the Institute to honor Dr. Howell's legacy of achievements and contributions in opening the doors for patients to receive palliative care.

"We are extremely proud to bestow our inaugural Doris A. Howell MD Award for Advancing Palliative Care upon Dr. Daniel Hoefer and Suzi Johnson. I cannot think of two more worthy recipients. They truly embody

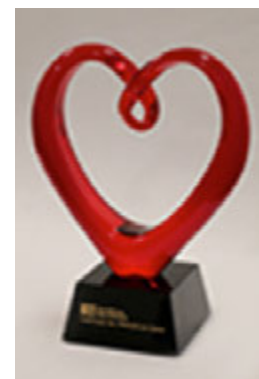
the spirit of palliative care and improving the lives of others as modeled by Dr. Howell. At the Institute, we strive to expand access to compassionate, interdisciplinary care. We know Dan and Suzi live this out in their work with patients every day," said Helen B. McNeal, Executive Director of the Institute.



**Suzi Johnson**



**Daniel Hoefer**



**Doris A. Howell Award**

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## New President/CEO at Hospice of the Piedmont



The Board of Directors of Hospice of the Piedmont announced the appointment of Ronald Cottrell as HOP's new President and Chief Executive Officer. Mr. Cottrell brings 32 years of experience in hospital administration and management to this role with Virginia's Hospice of the Piedmont. He was most recently the Vice President of Business Development at Sentara Martha Jefferson Hospital in Charlottesville and Sentara RMH Medical Center in Harrisonburg.

Mr. Cottrell described his decision to apply for the role of CEO in this way: "There are times in your life when you are put in places for the right reasons... I believe I was there for a personal calling..."

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## KCH&PC Names New President/CEO



Kansas City Hospice & Palliative Care (KCH&PC), the largest not-for-profit hospice and community-based palliative care organization in the Kansas City area, has appointed David Wiley as president and CEO. He replaces longtime CEO Elaine McIntosh who is retiring. Wiley will oversee KCH&PC's operations and financial performance; drive its strategic planning; direct development and community engagement efforts. He will also have oversight of the Kansas City Hospice Foundation.

Wiley became involved with the organization when his family was served by KCH&PC during his mother's final illness. He later served as a KCH&PC board member. In 2014, he was hired as the organization's first Chief Operating Officer.

Have news to share  
from your organization?

Send to

[communications@nhpco.org](mailto:communications@nhpco.org)



# News From **National Hospice Foundation**

## Leave a Legacy to Advance Care and Compassion

We are humbled every day by the generosity of the many donors who give in honor and memory of loved ones served by hospice.

Was hospice there for you and your loved ones? Want to celebrate that care but cannot make a cash gift today? A simple way to give back to honor a loved one and express gratitude for your family's positive hospice experience is by leaving a bequest to the National Hospice Foundation. [LEARN MORE ABOUT HOW YOU CAN LEAVE A LEGACY...](#)

## Dream Foundation – Delivering Dreams to Terminally-Ill Adults



Lyle Romans

In June of 2016, the National Hospice and Palliative Care Organization partnered with Dream Foundation to create a new video for NHPCO's *Moments of Life: Made Possible by Hospice* campaign. The video features Lyle Romans, a 21 year-old with terminal lung disease and dermatomyositis. "Lyle's Hawaiian Dream" shows Lyle and his foster family on a journey from his home in Oregon to the beautiful beaches of Waikiki, Hawaii. His trip was made possible by Dream Foundation, the only national dream-granting organization for terminally-ill adults.

"NHPCO was able to create this amazing video for the *Moments of Life* campaign because of

the generosity of Dream Foundation," says Vice President of Access and Philanthropy, Sarah Meltzer. "With this video we will spread the word about dreams made possible by Dream Foundation and the benefits of palliative care."

[READ MORE...](#)

## You Can Help Keep the Light On

The Lighthouse of Hope Fund has fulfilled 22 wishes and experiences in 2016 and granted a total of \$28,084.64. NHPCO member hospice organizations from across the country are eligible to apply for funding for a patient who has a wish or dream they would like to fulfill. From family picnics to a day at the ballpark, the fund offers children and adults with a life-limiting illness, such as cancer, heart failure, liver disease, end-stage renal disease and ALS the chance to take a break by allowing them to have their wishes and dreams come true.

We want to continue to grant experiences to hospice patients across the country. A gift to the Lighthouse of Hope Fund is a wonderful way to make a year-end contribution. [LEARN](#)

[HOW YOU CAN CONTRIBUTE...](#)



JoAnn Leszcynski's wish came true in September. After receiving funds from Lighthouse of Hope, she and her family attended a Vikings/Packers game. JoAnn is pictured with her children, Valerie and Eric, and her partner, Jill.



# 2017 NATIONAL HOSPICE *Gala*

IN CONJUNCTION WITH NHPCO'S  
32ND MANAGEMENT AND LEADERSHIP CONFERENCE

TUESDAY, MAY 2, 2017  
WASHINGTON HILTON - WASHINGTON, DC  
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COCKTAIL RECEPTION, AUCTION, AND PROGRAM



To be an event sponsor, purchase tickets or donate auction items, please call (703) 647-5167, email [jnguyen@nationalhospicefoundation.org](mailto:jnguyen@nationalhospicefoundation.org) or visit [www.nationalhospicefoundation.org/gala](http://www.nationalhospicefoundation.org/gala).

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[www.nationalhospicefoundation.org/lighthouseofhopefund](http://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**

### **Siyabonga from Swaziland**

**By: Denise Mortlock, Director, The Rocking Horse Project**

*Siyabonga* (“we thank you” in SiSwati, the beautiful language of the Kingdom of Swaziland), is what children and families affected by life shortening conditions say to Global Partners in Care, Vitas Healthcare – Inland Empire (California), regarding the new partnership with The Rocking Horse Project for Children’s Palliative Care.

The mission of The Rocking Horse Project is to mitigate current gaps by bridging existing services to optimize care for the children in Swaziland. [Read more...](#)



*Inpatient play therapy at The Rocking Horse Project.*

### **Lessons Learned**

**By: Fatia Kiyange, Programmes Director, African Palliative Care Association**

Like the theme of this year’s conference, “Differentiated care for diverse communities”, every category of



*Fatia Kiyange exchanging information with a Zambian delegate during the APCA conference.*

people were considered throughout the entire conference. Palliative care cannot go further if we do not involve stakeholders at all levels. It should be a shared responsibility of all key players including the governments, health ministries, and politicians because they are the ones who pass the policies.

[Read more...](#)

### **Thank you, Scholarship Donors**



*Scholarship winner, Rebecca Miremba at the 5th International African Palliative Care Conference.*

The African Palliative Care Association would like to sincerely thank Global Partners in Care’s partners and private donors along with its committed collaborators for improving the knowledge and skills of

palliative care providers in Africa. APCA is especially grateful for the conference scholarships which were awarded to two social workers in Uganda to fully participate in this year’s 5th International African Palliative Care Conference.

And from all of us at Global Partners in Care - thank you to those who made a donation to the nursing and social work palliative care education scholarships in 2016! Your donations make a difference. [Read more...](#)

### **Pay it Forward. Become a Global Partner Today.**

Our partner program provides the opportunity for hospice and palliative care organizations in the U.S. to support a hospice palliative care organization in another country. To help our partners engage in a wide variety of activities to expand and improve services, Global Partners in Care:

- Provides personalized consultation and ongoing technical assistance
- Wires financial donations from U.S. partners to their respective international partner
- Collaborates and coordinates with international and national palliative care associations
- Networks partners together so they can learn from each other

[Learn more...](#)





**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.nhpco.org/marketplace](http://www.nhpco.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





## NHPCO PODCAST

Our new podcast connects you with experts and leaders in hospice and palliative care with pertinent discussions about timely issues facing the field today. Judi Lund Person and Jennifer Kennedy will focus on pressing regulatory, compliance and quality topics and team NHPCO will focus on additional news of importance.

New episodes are available the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of every month.

**LISTEN TODAY!**

Subscribe to the podcast via **iTunes**  or **Stitcher** 

Or visit our website at [www.nhpco.org/regulatory/nhpco-podcast](http://www.nhpco.org/regulatory/nhpco-podcast)

National Hospice and Palliative Care  
Organization



# 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
- Palliative Care Resources

## 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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