

NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization | Winter 2018

Palliative Care Needs Survey

NHPCO Issues Report from Recent Membership Survey.

INSIDE

New Edition of NCP Guidelines

The Power of Stories for Outreach

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National Hospice and Palliative Care Organization



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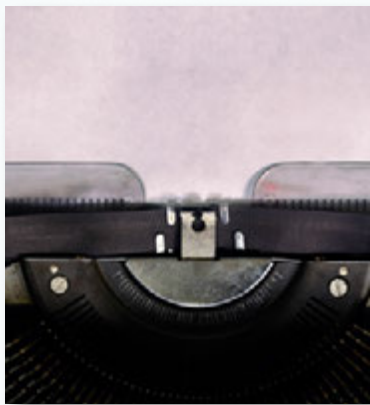
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The new edition of the NCP Guidelines seeks to improve access to palliative care for people living with serious illness. Learn more and download the NCP Guidelines free of charge.

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2019 WEBINAR SERIES



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FEBRUARY 26	Building a Culture of Accountability	AUGUST 27	Quality and Regulatory Hot Topics
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JUNE 13	Orientation and Onboarding	DECEMBER 12	Personnel, Performance and Productivity
JUNE 25	Clinical Assessment and Documentation	DECEMBER 19	Advanced Pain Management

- Supportive Care
- Interdisciplinary Team
- Innovation in Access and Community-Based Palliative Care
- Quality and Regulatory
- Management and Leadership
- Clinical



Message **From Edo**

As we mark the final weeks of 2018, I want to let you know how much I appreciate the essential work you do every single day for so many people in communities across the U.S. While we often focus on the terms “hospice” and “palliative care,” what you do transcends these terms. You help people deal with life, illness, death, and grief. The rest of the health care system tends to focus on diagnosis and treatment of a particular illness or body part. What you do helps deal with the things in between—often the real needs of the whole person and whole family. Dame Saunders founded hospice to support the varied needs of people with the varied skills of professionals and volunteers. That is at the heart of what hospice is, and at the heart of what I envision as a good palliative care benefit.

While many of your friends and neighbors may enjoy time off during the holidays, I know that your work does not stop for the season. Whether it’s care at the bedside, serving call, support of family caregivers, outreach to the community and referral sources, quality and compliance efforts, management and administrative work, or volunteering in countless ways, you bring compassion, dignity, and love to many—and that job never takes a break.

At a time when news of the day tends to focus on division, we should find a great deal of satisfaction in the care we provide and the interdisciplinary philosophy at the heart of how we function.

Directly following our successful Interdisciplinary Conference in New Orleans last month (page 32), I had the privilege of delivering the opening plenary presentation with Dr. Diane Meier at the CAPC National Seminar in Orlando. We spoke about the importance of providers working collaboratively and the necessity for us to think expansively about the ways we will care for people coping with serious and advanced illness. I’ve talked about this at other state meetings, conferences, and on Capitol Hill and I know that answers to challenges we are now facing can be found in the path we as hospice and palliative care providers have forged over the past four decades.

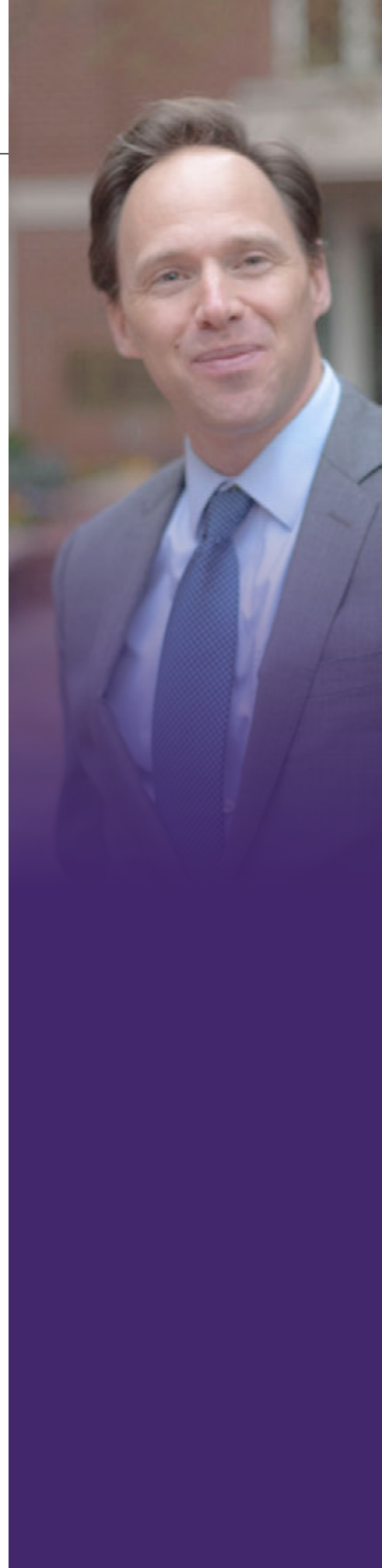
As the year ends, and we as an organization think about the future, it’s helpful to reflect on our work of the past year which we share in this issue of *NewsLine*—we have much to be proud of.

All of us at NHPCO look towards 2019 to continue much of what began over the past year. On behalf of the entire NHPCO team and our board, I extend our warm wishes for the year ahead.

Happy New Year!



Edo Banach, JD, President and CEO



REPORT ON PALLIATIVE NEEDS SURVEY



By **Lori Bishop**, MHA, BSN, RN, CHPN, and **Kristi Dudash**, MS

Palliative care services have grown rapidly in the hospital setting. As the seriously ill population grows exponentially, so does the need for community-based palliative care services. Hospice providers are ideally positioned to meet this need, and many are already engaged in providing palliative care services. While the focus of care is markedly different, the model of palliative care mirrors the hospice model: holistic care provided to the patient and family by an interdisciplinary team supporting symptom and medication management, goals of care discussions, advance care planning, and care coordination.

CARE

In June and July of 2018, NHPCO and its Palliative Care Council conducted a palliative care needs survey of the membership. Out of the respondents, 53 percent are providing palliative care services while an additional 35 percent are considering or in the process of developing these services. Respondents represent palliative care services in 48 states. This report summarizes the results for all who answered the question: “Do you provide formal palliative care services...” The results include the services these programs are providing, the challenges they are experiencing, and the opportunities for NHPCO to support development and sustainability of palliative care services provided by hospice agencies. You will find the full survey result details in the [summary report](#) available for download on the NHPCO Website.

The percent of respondents providing palliative care services have mature community-based palliative care programs and over 85,153 seriously ill individuals were served in 2017. While the primary location of services provided is community-based (home, assisted living facility, and long-term care), most of these organizations are providing care in multiple settings, including the hospital and clinic. Over 70 percent of these respondents have served palliative care patients for three or more years. 63 percent served 101 or more patients, with 29 percent of these organizations serving 501 to 5000 patients in 2017.

The National Consensus Project *Clinical Practice Guidelines for Quality Palliative Care, 4th edition*, provide structure to ensure quality palliative care services (learn more about the NCP Guidelines on page 12). Accrediting organizations utilize the NCP Guidelines as their foundation for palliative care accreditation. The Palliative Care Needs Survey demonstrates an opportunity to expand awareness and educate on the value of the NCP Guidelines. While most providers are utilizing the NCP Guidelines, 32 percent are unsure, not familiar, or not following them at all (the survey did not ask about accreditation).



Lori Bishop at the recent Interdisciplinary Conference shares information about the new Palliative Care Needs Survey and the updated version of the Clinical Practice Guidelines for Quality Palliative Care, 4th edition.

**Respondents represent
palliative care services in
48 states.**

NHPCO members leverage an interdisciplinary team to provide palliative care services with the bulk of team members directly employed by the organization. Most programs have three or more disciplines on their palliative care team. The most common core team members are physician, nurse practitioner, and social worker, followed by chaplains and registered nurses. Physicians have the highest percent of palliative care certification (67 percent), while 38 percent of nurse practitioners and 38 percent of registered nurses are certified. Other certified disciplines include social workers, chaplains, and aides.

A variety of palliative care services

are provided by these programs. The highest identified services are goals of care discussions (158), patient/family education (157), symptom management (157), comprehensive assessment (154), advance care planning (152), care coordination and transition management (142), medication management (139), and POST/POLST completion (107). Other notable services provided by some include bereavement (68) and volunteers (48).

Reimbursement is essential to the sustainability of palliative care services. Medicare B fee-for-service billing is the most common reimbursement source (120). However, most programs utilize

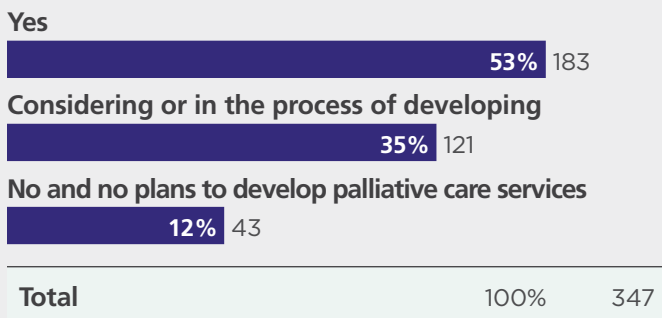
two or more types of reimbursement. Additional reimbursement categories include contracts with payers (52), private pay (37), philanthropy (35), Medicare home health (25), subsidy by parent corporation (23), grants (20), and arrangements with an Accountable Care Organization or Medicare Shared Savings Plan (13).

Use of an electronic medical record can improve communication to healthcare partners and simplifies data collection for quality reporting and billing. Over 90 percent of respondents utilize an electronic medical record. One of the challenges for NHPCO members are the variety of electronic medical record vendors

CARE PROVISION

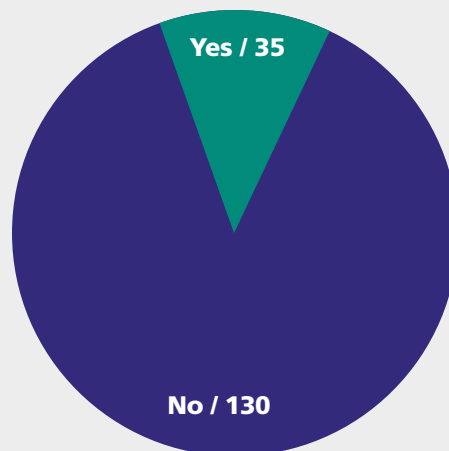
Does Your Organization Provide Formalized Palliative Care Services?

Out of a total 347 responses to this question, over half of hospices responded that they do currently provide formalized palliative care services separate and distinct from hospice services. Only 12 percent of respondents have no plans to develop palliative care services.



Specialized Pediatric Program

Approximately 19 percent of those who provide formalized palliative care services have dedicated staff with pediatric expertise providing care.



(32) and the lack of government incentives to mandate interoperability in the community-based care setting. The top ten vendors identified are NetSmart (19), Cerner (18), Epic (17), HealthWyse (10), Suncoast (6), Consolo (6), Brighttree (6), Allscripts (5), McKesson (4), and Meditech (3).

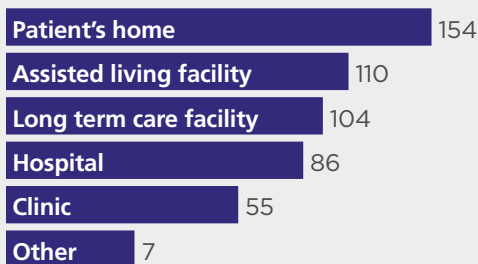
Leveraging data to manage the patient population and demonstrate program outcomes is essential as reimbursement shifts from traditional fee-for-service to value-based. Approximately 76 percent of respondents collect data for metrics. However, 57 percent do not participate in any public reporting or data sharing. Of those that do, 34 percent participate in the CAPC Data Registry; eight percent participate in the Palliative Care Quality Network (PCQN); and one percent participates in the Global Health Partners QDACT. Types of metrics tracked include operational (107), utilization (70), financial (64), patient experience/satisfaction (61), clinical (55), and process metrics (51).

State palliative care legislative activity is important to increase awareness, access, and reimbursement. As leaders in the provision of community-based palliative care services, hospice agencies should engage in these activities. Most

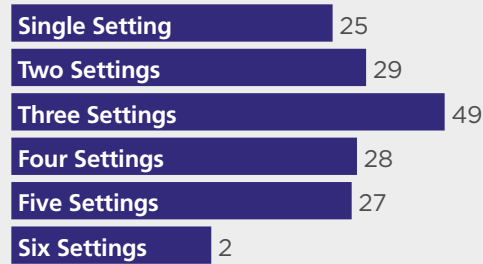


Settings Where Palliative Care Services Provided

Respondents were allowed to select multiple settings.



Responses by Number of Settings



Other Settings Where Palliative Care Services are Provided

Veteran's Home (State run facility)

All levels of care at a CCRC — skilled, assisted living and independent living

Homeless

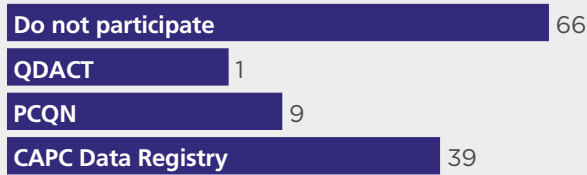
Inpatient hospice facility

Reimbursement is essential to the sustainability of palliative care services.

FURTHER DETAILS

Palliative Care Data Registry Participation

Survey respondents were asked if they participated in any of the PC data registries listed below.



programs (86) do not participate in state palliative care activities. Of those that do participate in state activities: 58 are active in their state palliative care coalition; 19 participate in Medicaid policy/reimbursement activity; and 17 are active in regulation/licensure revision. Note: The largest number of respondents was from the state of California (26) where SB 1004 required a palliative care benefit for all MediCal beneficiaries by January of 2018 and SB 294 allows hospices to participate in the provision of palliative services to MediCal beneficiaries.

The greatest challenge and barrier identified by respondents is reimbursement: Medicare B billing and coding (161), contracting with payers (153), and collaborating/contracting with ACOs and MSSPs (109).

The second biggest challenge and barrier is a lack of understanding of palliative care by referring providers (162) and patients/families (129). Measurement/metrics/demonstrating value (92) and obtaining appropriate referrals/adequate volume (91) are the next largest challenges and barriers identified. Staffing challenges and barriers identified include recruitment and retention (64), productivity (56), and training and certification (55). Challenges and barriers with documentation (53) are also a concern.

Participants were asked about preferences in how NHPCO can assist them in development and sustainability of palliative care services. The overwhelming preference for education assistance is through webinars (210), followed by conferences (99), telephone consultation (68), and site visit (34). For vendors: assistance with billing (97), smart phone

Metrics used for Program Evaluation



applications (81), and patient satisfaction survey (80) received the highest responses. The types of tools and resources that respondents preferred included sample documents (157), data collection/analysis/metrics/benchmarking (154), metrics/measurement resources (142), hospice specific models of palliative care (138), referral outreach/marketing resources (135), staff training and competencies (132), documentation templates (127), patient education resources (122), job descriptions (77), and telehealth (75).

The survey results provide important information that demonstrates hospice providers are expanding their services to meet the needs of seriously ill individuals and their families, particularly in the community setting. NHPCO and the NHPCO Palliative Care Council are committed to developing, (or partnering to provide) tools, resources, and education to support our members in the provision of palliative care services.

[Download Full Report PDF](#)

Lori Bishop, MHA, BSN, RN, CHPN, is NHPCO Vice President, Palliative and Advanced Care. She is a healthcare nurse executive focused on innovative and transformational interdisciplinary care delivery models for the vulnerable seriously ill population.

Kristi Dudash, MS, is NHPCO Senior Manager, Research and Quality. She manages the organization's performance measure programs through design, implementation, analysis, and reporting of performance measures and data and quality projects.



NEED CRITICAL COMPETITIVE DATA?

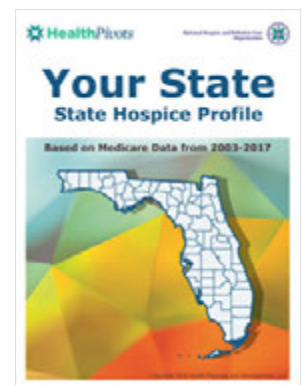
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NEW NATIONAL GUIDELINES

**SEEK TO IMPROVE ACCESS TO
PALLIATIVE CARE FOR PEOPLE
LIVING WITH SERIOUS ILLNESS**

New national palliative care clinical practice guidelines seek to ensure the millions of people living with serious illness, such as heart failure, lung disease, and cancer, have access to vital care that can help meet their needs.

The [*Clinical Practice Guidelines for Quality Palliative Care, 4th edition*](#), officially released for publication on October 31, calls for a seismic shift in the delivery of this specialized care by urging all health care professionals and organizations to integrate it into the services they provide to people living with serious illness. The guidelines include tools, resources, and practice examples to help with implementation.

New recommendations include comprehensive assessment of the person living with serious illness and their caregivers; improved care coordination, especially during transitions; culturally inclusive care; pediatric palliative care recommendations; and collaboration with all members of the care team, including community resources.

NHPCO was one of the 16 national leadership organizations that are part of the National Consensus Project for Quality Palliative Care that developed and wrote the updated and revised fourth edition of the guidelines. Among the many NHPCO staff who were active in the project, NHPCO Chief Operating Officer John Mastrojohn served on the NCP Steering Committee and NHPCO Vice President of Regulatory and Compliance Judi Lund Person served on the NCP Writing Workgroup.

“NHPCO has been a proud member of the National Coalition for Hospice and Palliative Care and has been instrumental in the development of the guidelines since the 1st edition was published in 2004. And NHPCO is proud to be an integral part of the development of the new 4th edition of the National Consensus Project Guidelines,” said Edo Banach, NHPCO president and CEO. “With its focus on community-based palliative care, these guidelines will be especially useful in guiding community organizations as they begin offering palliative care services.”



The guidelines include tools, resources, and practice examples to help with implementation.



The NCP Guidelines were featured at the opening plenary session on November 5 at the NHPCO Interdisciplinary Conference in New Orleans. In speaking to the nearly 1,000 conference attendees on Monday morning, NHPCO Vice President of Palliative and Advanced Care Lori Bishop shared key messages about the importance of the guidelines and stressed the value of this resource to the field.

In her remarks during the opening plenary of IDC, Lori Bishop said, “The NCP Guidelines focus on improving access to quality palliative care by fostering consistent standards and criteria and encouraging continuity across care settings. Additionally, the guidelines encourage integration of primary palliative care principles in all care settings, leveraging specialized palliative care teams for the seriously ill with complex care needs.”

New recommendations in this edition include calling for:

- each person living with serious illness to receive a comprehensive assessment to determine needs and priority goals;
- assessment of the needs of families and caregivers for support and education;
- improved coordination of care, especially as the person living with serious illness transitions from one place to another;
- culturally inclusive care; and
- communication among those caring for the person, from the palliative care team to the family to other health care professionals and providers of community resources.

The guidelines were developed by the National Consensus Project for Quality Palliative Care, comprised of

16 national organizations with extensive expertise with palliative care and hospice. Published by the National Coalition for Hospice and Palliative Care, the [full guidelines are available online](#) to download or purchase.

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On a Journey without a Destination

By Zinnia Ng Harrison, MHS

My journey into public health began when my mother was diagnosed with stomach and bone cancer in my mid-20s. Fortunately, my mother received hospice care in the last few weeks of life and, as these experiences are inclined to do, that set me on a journey on which I never intended. It was not directly related, but much of what I learned before working directly on hospice payment policy served as a necessary foundation. Although my personal experience with hospice guided me to study health policy, I never imagined my career would ever be focused specifically on hospice policy. Then there came the passing of the Affordable Care Act of 2010, which provided myriad opportunities to work on projects for policy staff at the Centers for Medicare & Medicaid Services which administers the hospice program. And with ACA, came reform of the hospice payment system.

As CMS considered the many issues related to Medicare payment of hospice services, they looked at the Medicare Advantage program. At the time, little was known about the relationship between hospices and beneficiaries that were enrolled in Medicare Advantage. My team at CMS, along with a CMS contractor, gathered public input to develop an analytic plan that would inform the public about the Medicare hospice benefit. Currently, MA plans do not directly cover hospice care - when an individual with MA elects the Medicare hospice



benefit, fee-for-service Medicare covers all Medicare covered-services. This includes services unrelated to the terminal condition, even if they choose to remain enrolled in their MA plan. The individual's MA plan may continue to provide services not covered by Medicare, while the MA plan or standalone Medicare Part D prescription drug plan covers the individual's prescription drugs.

Although some analysis has been conducted regarding the percentage of hospice beneficiaries enrolled in MA one month prior to their hospice election, the information from MA plans and hospice claims is limited. Meanwhile, data in enrollment trends in MA including penetration by state are readily available; data published by the Kaiser Family Foundation annually have shown a steady increase since 2005 (five years before the passage of Affordable Care Act). And interestingly beneficiary selection of a MA plan is quite high in some states. According to Kaiser Family Foundation's report on [Medicare Advantage \(October 10, 2017\)](#), 33 percent of Medicare beneficiaries were enrolled in MA in 2017.

The Medicare Payment Advisory Commission provides independent, nonpartisan policy and technical advice to Congress on issues affecting the Medicare program, and the approach they take in their work is to conduct research focuses on ensuring access to high quality Medicare services while considering beneficiaries, taxpayers, and providers. They acknowledged an increase in MA enrollment since 2005. In addition to MA enrollment rates, MedPAC's analysis has identified numerous key trends related to beneficiaries on MA and their selection of hospice. They report that beneficiaries with MA prior to their hospice election had slightly shorter lengths of stays for long hospice stays, live discharge rates were slightly lower, and more MA enrollees are dying on hospice. In 2014, MedPAC made a recommendation to Congress to include the Medicare hospice benefit in the MA benefits package beginning in 2016. MedPAC also recognized several operational challenges; specifically, plans would be required to offer the full scope of the hospice benefit, monitor access, ensure network adequacy requirements, and increase the MA base payment rate and recalibrate the risk adjustment model.

Subsequently, the Senate Committee on Finance released the "[Bipartisan Chronic Care Working Group Policy Options Document \(December 2015\)](#)" report which identified the policy and rationale for including hospice in MA plans. This

At the time, little was known about the relationship between hospices and beneficiaries that were enrolled in Medicare Advantage.

report also recognized the need to include the full scope of the hospice benefit as well as additional considerations for MA if the policy were to be introduced into legislation. Specifically, the MA five-star quality measure system would be required to incorporate measures associated with hospice care, such as patient satisfaction and appropriate level of care. It is also important to ensure that high-quality hospice care is provided, and that the payment system is adjusted to account for hospice services. MedPAC and the Bipartisan Chronic Care Working Group have expressed similar recommendations, but nothing has been formally introduced in legislation. Recognizing the need for further analysis, for this, I am grateful.

It is important to note that the overarching policy recommendation, while straightforward, has not been put forward, perhaps indicating a great deal of caution on the part of the legislative branch. I believe that this pause allows stakeholders (i.e. plans, providers, and beneficiary advocates) the opportunity to be thoughtful, curious, and open to diving deeper into the operational concerns raised by all sides. Articles published in the *Journal of*

the American Medical Association (JAMA), *HealthAffairs*, and other peer reviewed journals have encouraged some thinking around the issues related to a Medicare Carve In by me and many of my colleagues. However, it seems these intermitted reminders have not been enough to drive hospice leaders to step too far outside the comforts of our hospice and palliative care communities and current payment systems where

shared my curiosity and would be open to having a conversation about it. By mid-August, NHPCO and BMA had joined forces on a path to discovery – a press release was issued to announce our partnership with BMA, beginning our mutual collaboration aimed at addressing the challenges and opportunities associated with the possible policy changes if hospice was carved into the Medicare Advantage program. We realized that bringing both hospices and BMA allies together to talk about the issue would be beneficial to all parties. Without preconceived notions of where we would end up, we invited a diverse group of NHPCO members and BMA allies to a “Convening on Medicare Advantage and Hospice.” The Cambia Health Foundation graciously provided much-needed funding to support the event.

The event piqued the interest of the press. I was personally excited to learn that a topic seemingly very narrow in focus would gain such broad interest. Worth noting, the [“Announcement of Calendar Year \(CY\) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter”](#) and the [“Bipartisan Budget Act of 2018”](#) stirred excitement in



(L to R) Edo Banach and Allyson Schwartz are joined by NHPCO's Lori Bishop and Kendra Buchanan for podcast episode 49.

we would engage in multiple discussions with MA plans. The need to collaborate and bring together diverse perspectives is necessary – not to solve a problem but to fully understand the complexity of the issues at hand.

As I drove to work listening to National Public Radio this past Spring, I heard a commercial for [Better Medicare Alliance](#) and wondered if a potential partnership would make sense. Perhaps they

the hospice and palliative care communities as well as among Medicare Advantage plans. These signaled a shift in thinking about the importance of supplemental services for seriously and chronically ill beneficiaries. There was recognition that the complex needs of beneficiaries and their families supports should be covered in order to prevent hospital admissions or readmission. This shift represents the possibility of MA plans seeking relationships with hospices which are experts in providing this type of person-centered care.



Leadership from NHPCO and BMA are pictured together following the successful convening.

I decided it was time to bring life to my inner hospice and MA musings by putting pen to paper and wrote [“A new frontier, and I’m not afraid to stay curious.”](#) As the health care environment continues to change and the beneficiary’s needs become more complex, we must consider the many ways that the hospice care model can be applied to transform health systems and plans. On October 2, I was delighted to hear Congresswoman Allyson Schwartz, CEO of BMA, and Edo Banach, President and CEO of NHPCO, engage in a lively conversation about their views on including hospice in Medicare Advantage plans in NHPCO’s podcast [Episode 49: A Discussion on MA and Hospice](#). It was just the right setting at which two thought leaders could humbly admit that they do not have all the answers. They clearly shared a perspective on the importance of traveling on this journey of discovery together in hopes of a better understanding.

In early October, we hosted the [NHPCO Virtual Town Hall: Medicare Advantage and Hospice](#) to introduce the fundamental issues of Medicare Advantage and hospice. Many of the points highlighted in the podcast were also made in the Virtual Town Hall. We also shared some preliminary NHPCO’s 116th Legislative Agenda Survey findings to further spark discussions among the members. A few key concerns that consistently came up were beneficiary access, integrity of the hospice benefit, quality oversight and accountability, administrative burden, support for small hospices, and most frequently the need for more information. These concerns echoed previous discussions I’ve had with individual members and my colleagues at NHPCO. However, my hope has not been diminished

**The need to collaborate
and bring together diverse
perspectives is necessary...**



Congresswoman Schwartz welcomes participants to the Convening on Medicare Advantage and Hospice on October 18.

regarding what drives our members, and it is as to me clear as ever - their concern for beneficiaries and families to receive high-quality person-centered care. Naturally, members want more information about whether it makes sense for hospice to be included in MA plans. Together as a community, we must reach beyond the comforts of our typical partners. But our focus and collective goal remain the same - ensuring that beneficiaries and their families continue to receive the highest quality care possible at the appropriate time.

We in partnership with BMA hosted our “Convening on Medicare Advantage and Hospice” on October 18 at the Kaiser Family Foundation’s Barbara Jordan Conference Center. This is the first step in understanding the potential opportunities and drawbacks from the beneficiary, provider, and plan perspectives. We were fortunate to hear from MedPAC and congressional committee staff who provided background and their perspectives about the recommendation to include hospice in Medicare Advantage.

During the afternoon, attendees were assigned to small groups and discussed their initial reflections regarding their own understanding of policy problems and rationale. The second roundtable discussions focused

on the impact of a Medicare Carve in on the beneficiary, plans, and providers. One of the key takeaways from the Virtual Town Hall and the convening was the need to continue engaging with one another, as getting the policy right matters to everyone. Ultimately, no one could define the destination when asked – should we carve hospice into MA or not? I am looking forward to NHPCO’s summary report set to be released in early 2019 as it will capture the discussion and perspectives of plans and providers from the small group discussions. We don’t know yet where we will end up, but we do know that we need to work together to scan the terrain and explore potential paths. I’m glad we are on our way.

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Zinnia Ng Harrison, MHS, joined NHPCO in September 2017 as Vice President of Innovation and Inclusion to collaborate with diverse stakeholders to design and implement sustainable care delivery and payment models that increase high quality care to a broad cross-section of patients and families.



NHPCO Resources



HOSPICE VOLUNTEER PROGRAM RESOURCE MANUAL

Are you ready to take your program to the next level? Updated in 2015 to reflect current regulatory requirements and best practices.

The manual offers suggestions for developing the “ideal” volunteer program - that is, one that goes above and beyond the “5% requirement.”

Member Price: \$74.99

Non-Member Price: \$89.99



WHAT IS HOSPICE

NHPCO BEST SELLER! This handy pamphlet is full of facts about hospice and includes a very effective “20 Commonly Asked Questions” section. Use it for patient/family education, public outreach, and volunteer recruitment!

Member Price: \$.78

Non-Member Price: \$1.48



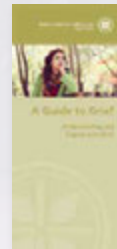
NHPCO’S 2016 NATIONAL STAR REPORT (PDF ONLY)

The Survey of Team Attitudes and Relationships is the first and only job satisfaction survey designed specifically for the hospice field.

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

Member Price: \$40.00

Non-Member Price: \$60.00



A GUIDE TO GRIEF

NEWLY UPDATED IN 2017! This pamphlet takes readers through the feelings and symptoms of grief: shock, denial, anger, guilt, sadness, acceptance, and growth.

Member Price: \$2.00

Non-Member Price: \$2.50

New Hospice Apparel

HOSPICE: PASSION & COMPASSION POLO

Show off your hospice support in these newly added Hospice: Passion & Compassion Fleece and Polo’s. They are available in both unisex and women’s sizes. Get yours today!

POLO’S Member Price: \$25.00 | Non-Member Price: \$32.00

FLEECE Member Price: \$40.00 | Non-Member Price: \$50.00



The Power of *Stories*

In a three-part article, NewsLine offers insight into the power of storytelling to increase understanding and awareness of hospice care. Professional communicators David Aaker and Connie Goldman offer suggestions for what makes a powerful story and share examples. Paul Longenecker poignantly writes of his family's experience to underscore the value of our stories as tools to help others comprehend the value of what hospice can do.



Communicating and Inspiring through Stories

By David Aaker

I wrote the book, *Creating Signature Stores* to help organizations like hospices to communicate and inspire.

It is increasingly critical that hospice communicate to and motivate patient decision makers, patients themselves, supporters, volunteers, and employees. They all need to know your purpose, your beliefs, your programs, and your heart. This task is becoming more difficult with digital channels, information overload, limited budgets, and disinterested and skeptical audiences.

The inclination is to talk about facts and program descriptions because that appears to be direct and efficient. The assumption is that your audience is logical and believe, as you do, that knowing facts and programs are both useful and worthwhile. Perhaps tragically, that is rarely the case. It is much more likely that the audience will ignore such messaging and, even when it gets through, will usually forget or distort.

What does work is what I call signature stories, “once about a time...” authentic narratives that intrigue, involve and communicate who you are.

Signature stories are amazingly more impactful than facts or program descriptions. Hundreds if not thousands of studies have confirmed that assertion. Stories provide a way

to break through distractions and disinterest to make an audience take notice, stay engaged, change perceptions, be inspired, and remember. They are orders of magnitude more effective than reciting facts or describing programs—not 20 percent better but 200 percent or 300 percent better. The numbers are just amazing.

So it is important that you recognize that it is imperative to learn to communicate via stories. But just not any story, but effective stories that impact. What makes a story effective? There is no check list of desirable story characteristics, but there are some suggestions that can help.

Consider the [4-minute video story about Rudy](#) that is part of the [My Hospice Campaign](#). There was a lot to like. First, you got to know and become emotionally attached to Rudy. You see his home inside and out. You learned how he served in WWII and about his relationship with his wife of 50 years, his son and dog. You saw some of his humor. More detail about Rudy’s life would have been useful, but there is enough to make you care. Second, there was audience emotional involvement. You heard him say “I was afraid to die—before I got hospice” and “Hospice makes life worth living, makes me feel this tall (as he reached high).” Third, the message about the five-person active



Signature stories are amazingly more impactful than facts or program descriptions.

hospice team is told by seeing how they relate to Rudy not by describing what they do. Rather than a lecture, it builds an emotional connection. The music therapy section is very effective. We see Rudy singing along and tapping his feet. I suspect that, in general, the easiest way to explain “who Hospice is” will involve music therapy. Fourth, the video is tied back to the overall Hospice beliefs with a tagline that without the video would have been ignored or misunderstood --“A program that works, a benefit that matters.”

The Rudy vehicle shows the power of a well-developed character, an emotional story with authentic connections, having an imbedded message (the hospice team), and the use of a summary message at the end.

A few other suggestions:

Detail helps. While it is possible to have too much detail so that the story becomes boring, the more frequent error is to not have enough specifics. Detail can make the story vivid and intriguing. Detail such as a personality background or what a major character enjoyed doing and why can help you get to know the character and the challenges being faced. Detail can avoid being superficial or shallow.

Be intriguing at the outset. The

story should grab your attention with the opening lines or moments. They should suggest that the story will be thought-provoking, novel, informative, inspiring, exceptionally relevant, humorous and/or awe-creating? If it does not score highly on one or more of these dimensions, it will not gain attention and is thus not a good candidate for a signature story.

Consider the story that begins—“It was drab and rainy day in mid May 1931 when the 28-year-old Neil McElroy, the advertising manager of P&G’s Camay soap, sat down at his Royal typewriter and wrote perhaps the most significant memo in modern marketing history.”

Doesn’t that perk up your ears? Why the memo Why was it important? Who is this guy? What happened to him. You notice.

Highlight any challenge, tension, or surprise. The story plot or flow, when possible, should create and resolve a meaningful challenge. When the story creates uncertainty and tension and there is a surprise resolution, so much the better. The audience should not be passive but should be drawn in, they should care.

Professional presentation. A good presentation will not save a weak story, but a strong story can be rendered ineffective with a bad presentation. You need people that

are good at putting a story in a print or video context that makes it pop. Professional help can be expensive, but most Hospice units will have among their volunteers that have professional experience from a past life. Or students from a nearby school might work as well. Relying on story subjects or employees to create the story presentation is risky.

Story overload. Having many signature stories can provide freshness, energy, visibility, depth, breadth and texture. But there is a tipping point after which there are too many signature stories for employees to manage or for customers to grasp and they are just overwhelmed. Coping strategies can involve organizing stories as to content and message, prioritizing story as to their power to breakthrough and influence, and creating meta stories that cluster stories with a common theme or message.

David Aaker is Vice-Chairman of Prophet, a member of the NYAMA Marketing Hall of Fame, and the author of 18 books on branding and related topics including *Creating Signature Stories* and *Aaker on Branding*.



Caregiving and the Power of Sharing our Stories

By Connie Goldman

For many years, I've collected and shared stories of those who have told me their personal experiences and learning. Through the sharing of a personal story, someone completely unrelated to the situation we are in is able to offer a source of comfort and inspiration. My wish is that their stories will bring you, or someone you know, an unexpected gift of both hope and healing.

I sincerely believe in the power of stories. I'll now share a few short excerpts from some of the longer stories told in my books.

Excerpts from *The Gifts of Caregiving: Stories of Hardship, Hope and Healing*:

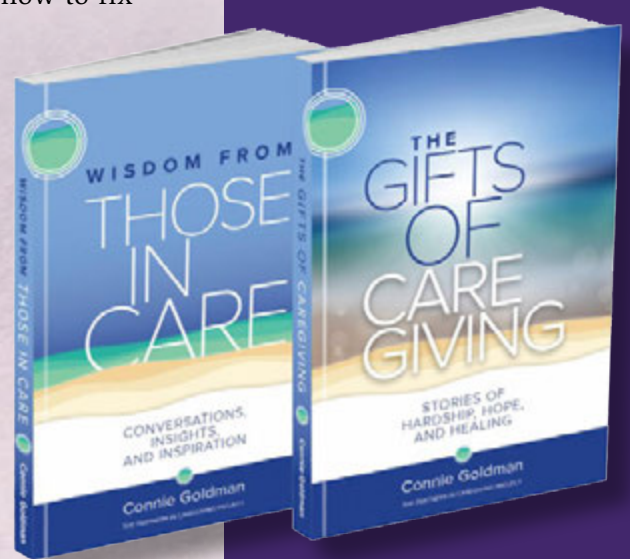
A Different Perspective

Lois will tell you that it's never too late to heal old hurts, though. We talked about this when I came to visit her. We sat in her charming kitchen in a wooded residential area. Our conversation was about healing, not of the body but of the relationship between parent and child.

I had always had a very difficult relationship with my mother. And here I was thinking about bringing her to live close to me. I had spent a lifetime wanting a better relationship with my mother, but I had no clue how to fix it. We just couldn't communicate.

I guess I secretly hoped that, living close to my mother, there might be a chance to work on a relationship that had disintegrated or maybe one that never really existed. Not until I became her caregiver did I realize how much we both needed each other. Building a genuine relationship with my mom during the two years she lived here was a mutual gift that grew from my sharing what life she had left and then participating in her dying.

...someone completely unrelated to the situation we are in is able to offer a source of comfort and inspiration.



New Ways to be With My Dad

Francis is married and has three grown sons, but Francis would rather talk about his dad and his experience as a caregiver. Being a caregiver during the last years of his father's life brought about many personal realizations for him. "My relationship with my dad in those years of his illness fed my own midlife growing experience," he told me.

Every once in a while, my dad would say, "Hey, Francis, why don't you sit down with me and talk?" But I'd always say, "No time for that, Dad. Sorry." I had gotten caught up in doing stuff around the house, in the routine care of my dad. Then one day I was driving home and it suddenly hit me. My dad was asking me to stop doing the "stuff" and to sit down with him, talk with him, share with him my day, and simply let him express his thoughts. He was asking me to listen to him.

So, things changed. I started to get other people to do the chores, so when I went over to the house, I could just be with him. Looking back, the illness I had damned for so long had, in truth, offered me a new way to be with my dad.

Excerpts from *Wisdom from Those in Care: Conversations, Insights and Inspiration*:

He's With Me for the Journey

One day a neighbor of mine told me about Julie, who had recently gotten a diagnosis of early onset Alzheimer's. I made a plan to visit Julie, and she greeted me at the door with a smile.

I don't specifically remember when my memory began to give me problems. I was a busy person out in the world and had started my own business. I just couldn't do it easily or well anymore.

Then one day I noticed that I was beginning to take hours to get a presentation together. My husband started to realize how long simple tasks were taking me. Simple things were getting me confused. When Tom and I heard the words "early onset Alzheimer's," we walked silently out of the doctor's office. We sat in the car, held onto each other, and both cried.

Very soon after the diagnosis, we began to re-organize our lives. We moved out of our house and into an apartment. My husband, Tom, takes care of the whole

building we live in. The hardest thing for me now is to fill up a day.

Living Each Day Fully from Jeff

Jeff and I were introduced via e-mail through a friend. She told him I was a collector of stories and asked if he'd be willing to tell me his. "Sure," he said. "Ask her to write to me, and I'll tell her whatever she wants to know." Jeff had been diagnosed with Amyotrophic Lateral Sclerosis, most often referred to as Lou Gehrig's disease or ALS.

Between my bouts of painful sadness, this has all seemed surreal, yet I wasn't in denial. The most powerful thing that keeps me out of depression is my sweet children. I need to have something to live for beyond myself, and my children are that reason.

Knowing there is no hope of recovery has led me to an unexpected freedom. It has enabled me to let go of certain things. I no longer worry about slights or injustices that occurred in the past. I've been liberated from the "conventional wisdom" of how a man my age is supposed to behave.

I hope these short excerpts have been able to illustrate a sense of acceptance and contentment that each caregiver or person in care has reached in their individual caregiving partnership. I'm confident that when you read the full story, you too will realize what I strongly believe – that a personal story can be a gift in disguise, an experience that moves you toward a more meaningful connection with yourself and others. You too may have stories that can be shared. I hope you will do that. A story can be a gift of new insights and learning for others.

Connie Goldman is an award-winning radio producer and reporter and former radio host for National Public Radio. For more than 35 years her public radio programs, writing, and speaking have been exclusively concerned with the changes and challenges of aging and family caregiving.

Connie is the author of several books including her latest, *The Gifts of Caregiving: Stories of Hardship, Hope, and Healing* (Second Edition) and her new companion piece, *Wisdom from Those in Care: Conversations, Insights, and Inspiration*. For more information visit www.congoldman.org.



It's True What They Say about Hospice Care

By Paul D. Longenecker, RN, MBA, PhD

On Sunday November 12, 2017,

my 93-year-old father died in the care of hospice. It had been three weeks since his diagnosis of having a lung mass. I have been involved in health care for over 40 years and hospice and end-of-life care for the last 20 years. During my time in EOL care as a clinician, executive, consultant and researcher; I had

always experienced EOL care from the outside as an observer and not from the inside as a participant in the process. I knew all the great stories we told about the positive impacts of hospice care and had shared many of these stories that I had heard but had never had the first-hand experience of utilizing hospice with a family member. Although a trying time for my father, mother, siblings and

...a personal story can be a gift in disguise...



Being honored for his military service.

spouses, grandkids, other relatives and myself; in looking back on the experience, it was one of the most positive, uplifting experience for everyone.

In sharing the experience with hospice colleagues and NHPCO staff that I worked with, they suggested that I write an article about the experience: A inside perspective from a hospice outsider.

The Diagnosis

On Saturday, October 21 (my 60th birthday); I received a call from my mother telling me that my father had gone to the hospital for shortness of breath

and when a CT scan was done. they found a mass in his lungs. My mother was concerned since they told her they wanted to do a biopsy. She did not see the benefit of doing it. Being the designated family healthcare expert (the RN in the family), I told her I would come up on Monday and talk with the

healthcare team about the diagnosis and the proposed plan. I live in Columbus, Ohio and my parents live in Toledo (my home town) about a 2.5 hour drive. I reassured my mother, a retired RN (70 years of practice) that we would get everything worked out on Monday.

Bright and early Monday morning I was on the road and made it to Toledo by 10:00 a.m. to pick up my mother for the trip to the hospital, a short one-mile drive from their independent living facility. All the way up, I thought about what my father would want done since he was always adamant that he wanted everything done. He would never

go down without a fight. His position was contrary to my mother's position of not wanting aggressive care. She always threatened that she would haunt us for the rest of our lives if her directives were not followed. Should be an interesting discussion, one similar to many I had encountered in my hospice experience.

Upon arriving at the hospital, my father was upbeat and eating his breakfast. Everything seemed normal other than his voice being nothing but a whisper (tumor was apparently pressing on his larynx). He stated it felt like a ball in his throat. Once my mom and I arrived, the health care team started showing up: primary care nurse, aides, palliative care nurse, physical therapist, and pulmonary nurse practitioner. We were shown the CT scan results, discussed the current plan of care and potential treatment options.

The NP stated a biopsy would only be needed if he would want treatment for the lung mass, so they would know how to treat it. When this was explained to my father and went asked if he would like treatment of the mass, he replied in a well-articulated whisper, "Hell no. I

have seen too many people after getting treatment.” Based on his past history, I was shocked but happy knowing the downside of chemo and radiation treatments to a 93-year-old. With his decision made, the next step was easy in my mind: hospice care.

Hospice

Referrals were made, evaluations conducted by two hospice providers and facility visits made by my mother and sister. The hospice with an inpatient facility was selected and my father transferred and admitted for symptom management. A quick action-packed few days for my parents and siblings followed. Luckily, my siblings, an older sister and two brothers, all live in the Toledo area so there was plenty of support for my parents and each other.

Being back in Columbus, I was following from a distance. First call after his hospice admission was to inform me that the hospice staff suggested a celebration of my mom’s birthday (91st) and my parents wedding anniversary (69th) on Saturday. When he was admitted, they asked if any special anniversary or events were in the near future... and these two were. Made perfect sense to me so the “planning wheels” were put in motion. Cake order, friends and relatives invited, room reserved and We Honor Veteran representative notified (my dad was a WWII veteran).

Saturday morning arrived, and the family started showing up. Everyone was concerned since my dad did not seem stable enough to tolerate all the activities. We were quickly reassured everything would be fine. Room decorated, friends and relatives in place; my dad was wheeled; bed, oxygen and all; down to the family lounge. Happy birthday and happy anniversary (a revised version of happy birthday) sang, lots of pictures taken, a special pinning ceremony by the We Honor Veterans representatives and special presentation of a commemorative coin sent by the General who oversee the



Surrounded by children, grandchildren and great-grandchildren.

With his decision made, the next step was easy in my mind: hospice care.

US Armed Forces. Quite a celebration and my father was fine throughout. Quite a day.

Over the next two weeks, my father had non-stop visits from old neighbors, church friends and priests, family, friends and whoever else heard that he was on hospice. His symptoms slowly worsened with periods of air hunger but each and every crisis was met with great symptom management and reassurance for the family that everything was under control by the hospice team.

With Veterans Day, November 11 approaching, my mother predicted that he would die on that day. My father was a D-Day veteran and had been active in speaking to high school students, community groups and was an interviewer of war veterans for the Library of Congress Veterans History Project. My mother insisted that his military service was so important to him that he would want to die on Veteran's Day. When hearing this, my cousin (his sister's daughter) stated that would never happen. My cousin stated my mother had been telling him what to do for the last 69 years and this was his last chance to "put his foot down" even though he was unresponsive. He did not die on Veteran's Day.

His Last Day

Sunday, November 12 at 4:15 a.m.; my cell phone rang. The hospice nurse was calling to tell me that my dad's symptoms had changed and wanted to let us know, thinking it might be a good idea to come in. I put out a quick text and calls to my siblings. Everyone would head in and my younger brother would get my mom. Now the long drive to Toledo. Out the door at 4:40 a.m., arrived at the hospice at 6:45 a.m. Amazing how little traffic there is on an early Sunday morning.

When I arrived, my mother, my siblings and their spouses were there. My father was unresponsive, his breathing was very shallow. The hospice staff said that they were 100 percent sure of us needing to be there but did not want to take the chance. My mother told me to let him know I was there, which I did. He opened his eyes momentarily. My mother stated, "I told everyone that he was waiting on you."

We all sat around his bed talking to him, holding his hand, and supporting each other. At 7:15 a.m., his breathing started becoming intermittent. At 7:20 a.m., he took his last breath.

Throughout this time, the hospice staff were checking in on us, letting us know that they were there for us. After his last breath, they verified that he had died but let us know that there was no rush for us to leave. We continue to sit around the bed talking. It was suggested that we each tell a "funny" dad story.

Reflecting Back

From his diagnosis to his death, it was just over three weeks. It was very uplifting time. A time of remembrance and celebration. He had been a brother, son, veteran, husband, father, uncle, business owner, Boy Scout leader, community advocate, bowler, neighbor and many other things. In those three weeks, we were able to reflect on these many roles. It was also a time to experience both of our parents in different roles. My mother was a RN trained in the 1940's when nursing was much more "military" in its approach to care. She was used to giving directions and having them followed. My father was the recipient of those directions. During those three weeks, she did not give any orders but supported my dad during his last days.

My father was a story teller, always ready with a story whether you wanted to hear it or not. More of a talker than a listener. During his last three weeks, he was not able to speak above a whisper, so he was now a listener, not by choice but you could see in his eyes, how he was taking everything in. It was a fascinating to watch my parents in these new roles. My siblings and I identified that was maybe the three most unique weeks of our lives.

In hindsight, I wonder how those weeks would have been different if my father had made a different choice. My father's last three weeks and our family's experience was about being supported; physically, emotionally, socially, spiritually, and intellectually. Dame Cicely Saunders would have been proud. Having been involved in hospice and palliative care for the last 20 years, I now have a personal story to tell. No longer an outsider looking in but an insider looking out. I can now personally say "it's true what we say about hospice care."

Paul D. Longenecker, RN, MBA, PhD is on the graduate faculty at Otterbein University in Westerville, Ohio. He has been involved in hospice for the last 20 years as executive, consultant, educator and researcher.

[Printer-Friendly PDF](#)

**...every crisis was met
with great symptom
management and
reassurance for the
family that everything
was under control by the
hospice team.**

A Year of Accomplishment

That we share with our members

The past year has been one full of activity and accomplishments that we share with the hospice and palliative care community. From the creation of new provider tools and resources, increasing membership retention (over 90 percent), successful educational programs, growing member involvement, and important strategic partnerships, 2018 has been a worthwhile year that sets the stage for ongoing impact in the field.

“What is so important to remember is that the success of our organization reflects the support, involvement, and dedication of our membership,” said President and CEO Edo Banach. “While the team at NHPCO is dedicated to serving the membership

and our shared mission, ultimately, everything we accomplish is due to the members who make up the heart of this organization.”

On the following pages, we shine a light on some additional activity of late as well as an overview of strategic accomplishments for the year. Let’s begin with IDC 2018.



Interdisciplinary Conference 2018

More than 1,000 hospice and palliative care professionals and industry experts gathered for the 2018 Interdisciplinary Conference in New Orleans, November 5 – 7.

Sold out preconference educational programs offered on November 3 and 4 included the inaugural “Hospice Compliance Certificate Program” as well as “Community-Based Palliative Care: Beyond the Business Case” and the “Hospice Manager Development Program Foundational Course.” Other events filled to capacity included “The Angola Experience,” a special day-long visit on November 8 to the innovative hospice program at Louisiana State Penitentiary in Angola, where participants got a first-hand look at the way this program cares for dying inmates.



Marking 40 Years of NHO/NHPCO

The opening plenary kicked off with recognition of NHPCO’s 40th anniversary. One of the chart-topping songs of 1978 played while attendees enjoyed a slide-show of photos and images of the organization’s achievements – from the founding days as National Hospice Organization to the most recent

accomplishments. Marking the journey that we've taken as a provider community kicked off the IDC opening plenary on a celebratory note. Download the brochure sharing highlights from NHPCO's 40 years. [LINK TO COME.]



Distinguished Plenary Speakers



Kevin Carroll at the IDC opening plenary.

Motivational speaker and author Kevin Carroll spoke about the importance of creativity, mentoring, and peer support in his highly regarded opening plenary presentation, “Play@

Work: Unleashing Growth through Creativity and Innovation.” Every single copy of Carroll’s two books available for purchase at the Marketplace were sold out minutes after his plenary session and Kevin spent the morning signing copies, taking the time to speak with every individual who waited to meet him.



John Mulder and Tricia Walker playing on stage.

Attendees were unexpectedly moved during Tuesday’s plenary session when presenter John Mulder, MD, was joined on stage by Grammy-winner musician Tricia Watkins who performed music to demonstrate the power of song as a healing heart. Mulder and Watkins led a concurrent session that morning following the plenary at which they worked with participants to write an original song “Joy in a Teardrop”

that was performed Wednesday morning to a standing ovation by attendees.

Sam Snodgrass, Patti Anewalt, and Diane Snyder Cowan delivered the powerful closing plenary presentation that focused on the impact of the opioid crisis. From Snodgrass’ sharing the nature of addiction and his personal journey, to information about programs of support offered by Pathways and Western Reserve, participants heard about the ways these programs collaborate with community stakeholders to address the needs of bereaved survivors following opioid overdose.



Diane Snyder Cowan at Wednesday’s IDC plenary.

...the success of our organization reflects the support, involvement, and dedication of our membership.

NHPCO Spotlight

More Highlights from New Orleans

A special fundraising celebration, *Hospice on the River*, was hosted on Tuesday evening at the historic Mandeville Shed on the banks of the Mississippi River near Crescent Park. Hosted by NHPCO and the Louisiana Mississippi Hospice and Palliative Care Organization, *Hospice on the River*, featured regional cuisine, drinks, and performances by several local musicians that created a party like no other.

In addition to the great party, *Hospice on the River* raised funds for LMHPO's prison hospice program and NHPCO/NHF disaster relief fund. See our sponsor acknowledgement on page 49.

A conference first was the special "Coffee House" hosted for attendees on Tuesday afternoon that featured the music of John Mulder and Tricia Watkins who were joined by music therapist Brian Thering. Attendees enjoyed music, coffee, wine, and conversation in a relaxed atmosphere that helped cap off a day of professional development.

The Exhibit Hall featured more than 70 vendors and exhibitors celebrating "Laissez le bon temps rouler" (Let the good times roll) and spending time with conference

attendees to share the latest products and resources and to learn about the needs of professionals in the field.

Thanks also goes out to the organizations that provided support for IDC 2018. At the Silver Level: Brightree; and We Remember by ancestry. At the Bronze Level: StateServ – Hospicelink. At the Copper Level: Home Healthcare Solutions, A Cardinal Health Company; and Consolo. At the Pewter Level: Delta Care.

NHPCO extends its appreciation to the many faculty members and the conference planning committee who work so hard to ensure the IDC is an unparalleled professional development experience.

IDC 2019 in Orlando

Plans for the 2019 Interdisciplinary Conference in Orlando have already begun. Set for November 4 – 6, our conference home in Orlando will be the Gaylord Palms Resort. Preconference offerings will be offered on November 2 – 3 and will likely include the Hospice Compliance Certificate Program, the Hospice MDP, and seminars focused on community-based palliative care. Look for more details in early 2019.



Celebrating Hospice Volunteers

Presented by NHPCO's National Council of Hospice and Palliative Professionals, the Volunteers are the Foundation of Hospice Awards recognize hospice volunteers who best reflect the universal concept of volunteerism in its truest sense—serving as an inspiration to others. The honorees have made significant contributions to hospice programs in the areas of care delivery, organizational support, and teamwork.

The words of appreciation and wisdom shared by our Volunteer honorees at the awards presentation on November 6 served as an inspiration to all. Meet this year's honorees:



Specialized Service Award: **C. Scott Eschbach**

Visiting Nurse & Hospice Care, Santa Barbara, California.

Scott began his hospice volunteer work in Dutchess County, New York in the early 1990s following the experience of being personally supported by hospice during the death of both his parents. Scott now volunteers at Visiting Nurse & Hospice Care of Santa Barbara where he currently schedules three seven-hour shifts per week at their in-patient facility. Scott is a trained Reiki therapist and offers this practice to his patients. He is also active in the 'No One Dies Alone' program and remains on call to provide vigil for patients who are alone and imminently dying.

Patient and Family Service Award: **Laurence P. Rybak**

VITAS Healthcare, Lombard, Illinois.

Larry has provided more than 20,000 hours of volunteer service to VITAS Healthcare in Northwest Chicago since 2004. His service has included a wide variety of activities including driving a patient through her neighborhood one last time, playing Yahtzee with a dying patient, or standing vigil at the bedside for family members who cannot be present.

Our Volunteer Award honorees at the presentation ceremony, (L to R): NCHPP Volunteer Section Leader Stacy Groff, Laurence Rybak, J.P. Morgan, Nikki Ellis accepting for Blake Weissman, Scott Eschbach, and NCHPP Vice Chair and Bereavement Section Leader Diane Snyder Cowan.

The honorees have made
significant contributions to
hospice programs...

Organizational Support Award: Jim “J.P.” Morgan

*Joliet Area Community Hospice,
Joliet, Illinois.*

J.P. Morgan began his volunteering with Joliet Area Community Hospice 10 years ago, shortly after retiring from ExxonMobil. In addition to his volunteer work with patients, J.P. has taken on the role of “official” agency photographer for the numerous events the organization holds each year. He is also volunteering at least five hours a week to perform maintenance to JACH’s 39,000 square foot building and 15-acre property. J.P. has volunteered at least 200 hours every year since he began with JACH, totaling 2,433 hours.

Young Leader Award: Blake Weissman

Infinity Hospice Care, Las Vegas, Nevada.

Blake became interested in hospice care in his junior year of high school and began volunteering at Infinity Hospice Care. He started out as an administrative volunteer and eventually moved to the in-patient unit. While there, Blake delivered meals to patients, cleaned rooms, and sat with patients and listened to their stories. He also developed a business plan for the organization on how to enhance the Teen Program – a program that encourages teens and young adults to volunteer for hospice.

Benefits of Membership

Ensuring that our members find value through a broad range of resources and tools is an ongoing priority to NHPCO. In 2018, some new offerings joined the list of services and programs that bring value to members and the broader community. From new professional development offerings launched this year to the new NHPCO Annual Buyers Guide coming out in spring 2019, NHPCO strives to help our community work more effectively and more efficiently. Below, we share some additional programs of note; an extended list of representative accomplishments begins on page 40.

NHPCO & Ai

In October, NHPCO and [Audacious Inquiry](#) (Ai) announced a strategic partnership to improve care quality by increasing connectivity, expanding access to care, and promoting advocacy efforts across the hospice and palliative care communities.



The collaboration will leverage Ai’s nationally deployed software solutions to improve communication and connectivity, deeply integrating the hospice and palliative care communities into the care continuum to provide high-quality end-of-life care.

Community-based palliative care is an increasingly vital part of our nation’s health care system. Through tools such as Ai’s Encounter Notification Service®, alerting the Palliative Care provider of their patients’ hospitalizations as well as informing hospital care

teams of existing palliative care efforts, will ensure more seamless and effective course of treatment. This collaborative effort will see the NHPCO's expertise in the hospice and palliative care space join with Ai's technology and strategic advisory capabilities to yield a robust set of resources and knowledge aimed to further a population health management approach to patient care.

This new partnership allows NHPCO to leverage Ai's national deployments, enabling increased member integration with hospitals and SNFs. With access to Ai's connectivity and software offerings, such as ENS, NHPCO members possess a network and tools for enhanced population health management, allowing them to provide more timely, comprehensive care management and support for patients and their families.

“By virtue of our partnership with Ai, NHPCO members will have access to tools that will help connect them to the rest of the health care spectrum,” said NHPCO's Edo Banach. “This increased connectivity supports population health management initiatives by improving communication and care coordination, ensuring high quality care for patients with serious illness.”

NHPCO and Ai will use the joint resources and expertise gained through this partnership to advance advocacy efforts in the hospice and palliative care space.

ICM Train-the-Trainer Series

NHPCO is collaborating with Sutter Health to offer our members the nationally recognized Integrated Care Management training. ICM curriculum is the foundation for Sutter's Advanced Illness Management program which is the blueprint for the Serious Illness Alternative Payment Model submitted by CTAC and being considered by CMMI in the development of a limited scale demonstration.

This series is comprised of eight live, one-hour interactive webinars and four online, self-paced condition-specific modules that will solidify competencies for the successful implementation of the ICM model of care.

The series begins on January 19 and is limited to 50 participants. As *NewsLine* goes to press, space is still available but please know that it is filling quickly. Visit the NHPCO website for [additional information and registration](#), if available.



...NHPCO strives to help
our community work
more effectively and more
efficiently.

NHPCO **Spotlight**

Hospice Compliance Certificate Program

The inaugural offering of the [Hospice Compliance Certificate Program](#) was offered prior to IDC 2018. Not long after registration opened, the course was sold out – expansion of the original class size also reached capacity within days. The course will be offered prior to the 2019 Leadership and Advocacy Conference in April in Washington, DC. Additionally, a secondary level course is being developed as are online components that will debut in the future.

The Advantage Program

In 2018, NHPCO launched a new [Member Advantage Program](#) that provides benefits and discounts to a variety of business services, including UPS, Lenovo, Office Depot, Avis, Budget, TSYS Merchant, debit, credit card processing services, as well as access to insurance coverage with Glatfelters.

Benefits of the Advantage Program can be used not only for business savings but makes an attractive employee retention program where individuals in your organization can benefit from your NHPCO purchasing power.

NHPCO's Growing Leadership



Hannah Yang Moore

Hannah Yang Moore, MPH, is the newest member of the NHPCO leadership team where she serves as the Chief Advocacy Officer. Previously she served as NHPCO's Director of Strategic Initiatives & Partnerships.

Ms. Yang Moore started at NHPCO in

April 2018, bringing over 20 years of experience in federal policy, advocacy, and research. Prior to joining NHPCO, she served in the Department of Health and Human Services as the Senior Policy Coordinator for CMS and the Office of the National Coordinator for Health IT. In 2010, she joined HHS in the Office of Consumer Information and Insurance

Oversight to help implement the Affordable Care Act. She directed and developed policy for Medicare, Medicaid, the Children's Health Insurance Program, and Health Insurance Exchanges. Previously, Ms. Yang Moore was a Principal Policy Analyst for the Kaiser Commission on Medicaid and the Uninsured at the Kaiser Family Foundation. She has served in the NYC Mayor's Office of Health Insurance Access and conducted policy analysis at the RAND Corporation and RTI International.

Ms. Yang Moore earned a Bachelor of Science degree in public health from the University of North Carolina at Chapel Hill and a Master of Public Health degree from the UCLA Fielding School of Public Health.

"I am constantly inspired by the work among the NHPCO provider community and look forward to ongoing collaboration within our community and with all of our partners," said Yang Moore.

2018 INTERDISCIPLINARY CONFERENCE

NEW ORLEANS, LA

NHPCO EXTENDS ITS APPRECIATION TO OUR CONFERENCE SUPPORTERS FOR THEIR COMMITMENT TO THE SUCCESS OF THE 2018 INTERDISCIPLINARY CONFERENCE:

SILVER

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STRATEGIC ACCOMPLISHMENTS FROM 2018

NewsLine shares some of the ways in which NHPCO leadership and staff have supported the membership and the broader hospice and palliative care community from January to October 2018.



Regulatory, Quality and Research

- The [Hospice Compliance Certificate Program](#) was launched as part of the 2018 Interdisciplinary Conference. The training was filled to capacity and NHPCO looks forward to offering the program again in April 2019 as part of the Leadership and Advocacy Conference.
- Published the updated edition of [Standards of Practice for Hospice Programs](#), a valuable resource that encompasses key components of quality; available to members online, free-of-charge.
- Preconference offerings and regulatory concurrent sessions were offered at NHPCO's Management and Leadership Conference in April, the Interdisciplinary Conference in the fall, and in the Regulatory & Quality track of monthly Webinars. Members enjoy discounted registration rates for all NHPCO events onsite or online.
- 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. Summaries of critical regulatory information and hot topics were published weekly in *NewsBriefs*, via Regulatory Alerts, and provided in a monthly format through Regulatory Round-Ups posted online.
- More than 2,110 members received individualized support from Regulatory and Quality staff via phone and email by October of this year, reinforcing the value of this member benefit.
- New regulatory and compliance guides specifically for hospice providers were created that included: Emergency Preparedness for Hospice Providers, General Inpatient FAQs, Guides on Continuous Home Care, General Inpatient Care, Inpatient Respite Care, QAPI Toolkit, and more. Members will find these free resources online in the [Regulatory and Compliance Center](#).
- Continued the [Regulatory Podcast](#) series exploring specific regulatory and policy topics in a twice-a-month podcast that has garnered well over 40,000 downloads.
- Collaboration with NHPCO's Council of States, that included monthly conference calls with the COS steering committee, facilitated necessary awareness of critical issues at the state level.
- Released the updated edition of NHPCO's annual report [Facts and Figures: Hospice Care in America](#) (PDF) that utilizes CMS data as primary data source.

**Members enjoy
discounted registration
rates for all NHPCO
events onsite or online.**

Advocacy, Legislative Affairs, and Policy

- Launched the national [My Hospice Campaign](#) in April designed to reinforce the value of the Medicare hospice benefit among policy and health care decision makers through active engagement of the national hospice and palliative care community. To date, the #MyHospice hashtag has garnered more than six million impressions, videos included in the campaign have gotten more than 708,000 views, op-eds have run in papers throughout the country, and equivalent advertising value of earned media is well over \$535,755.
- NHPCO's Edo Banach along with Susan Lloyd of the Delaware Hospice and Robin Stawasz of CareFirst in New York's southern tier addressed the House of Representatives Ways and Means Committee about burdensome regulations in hospice at a roundtable on red tape relief, May 22 on Capitol Hill.
- NHPCO and HAN's 2018 Advocacy Intensive, held in conjunction with the Management and Leadership Conference, brought hospice and palliative care advocates together in Washington,

DC for a day of training, visits to 300 Congressional offices, and a reception in the historic Kennedy Caucus Room in the Russell Senate Office Building the featured remarks from three distinguished members of Congress and numerous Congressional champions.

- [Supported legislation](#) such as the *Patient Choice and Quality Care Act*, the *Rural Access to Hospice Act*, *Patient Choice & Quality Care Act*, and provisions in the final Opioid legislation packaged passed on October 3 that included a safe disposal provision for qualified hospice staff.
- Created the online [Advocacy Opioid Toolkit](#) designed as a repository of resources relevant to the Opioid crisis as it relates to providers and state organizations, available on the HAN website.
- Continued to serve as the respected voice of hospice and palliative care beyond the halls of Congress with federal regulators – most notably with CMS where we spoke on behalf of the hospice community on such important issues as regulatory burden reduction, alternate payment models, ongoing dialogue on the role of the attending physician, the FY2019 Hospice Wage Index Final Rule, to name a few.



Professional Education and Development

- Brought national recognized thought-leaders and content experts to deliver plenary presentations and keynotes at our national conferences that included Michael Burcham, Kevin Carroll, John Mulder, Ari Shapiro, Senator Debbie Stabenow, and members of the provider community.
- Presented the 2018 Virtual Conference, *Turning Points: Mastering Transitions in Care*, in collaboration with American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association.
- Created the *Volunteer Manager & Volunteers Webinar Series* that was hosted on three Wednesdays in October to support the essential work of volunteers.
- Released the updated publication, [Guidelines for Bereavement Care in Hospice](#).
- NHPCO's Webinar Series included an Interdisciplinary track and a Regulatory and Quality track offering monthly webinars on hot topics and issues relevant to the field. The [2019 Webinar Series](#) will include additional focus tracts reflecting the needs of providers today; money-saving packages are available to order online.
- New courses were added to [NHPCO's E-Online](#) (E-OL) which makes cost-effective, online learning available 24/7 to hospice and palliative care professionals. These courses provide continuing education credit provided through NHPCO accreditation providers.
- Shared information from the bi-annual [Education Needs Assessment](#) regarding top staff training needs in the field.
- Expanded NHPCO's joint providership relationships with national organizations, academic institutions and providers.

Community-Based Palliative Care and Innovation

- Conducted the Community-Based Palliative Care Need Survey among the membership, releasing a report that was widely disseminated and is featured in this edition of *NewsLine*.
- Reconvened NHPCO's Palliative Care Council to provide strategic guidance and technical expertise related to the provision of community-based palliative care.

**Continued to serve
as the respected
voice of hospice
and palliative care
beyond the halls of
Congress...**

- Participated in the launch of the bipartisan Congressional Palliative Care Task Force championing awareness and availability of palliative care services.
- Hosted the preconference seminars “Community-Based Palliative Care: Getting Started and Making it Work” at MLC in Washington and “Community-Based Palliative Care: Beyond the Business Case – Operationalizing and Sustaining” at IDC in New Orleans. A palliative care session track was included in both of NHPCO’s 2018 onsite conferences. Additionally, conducted the “Serious Illness Town Hall” prior to MLC 2018.
- Worked alongside other national organizations on the newly released *National Consensus Projects Clinical Practice Guidelines of Quality Palliative Care, 4th edition*; officially released at NHPCO’s Interdisciplinary Conference in New Orleans in November.
- Collaborated with MJHS Institute for Innovation in Palliative Care on a monthly inter-professional webinar series and added courses from the MJHS Institute to NHPCO’s E-OL digital platform.
- Implemented usage of the new tool [Evaluation of Grief Support Services](#) to replace the *Family Evaluation of Bereavement Services*; a valuable addition to the performance measurement tools available to members.

Collaborations of Note

- Collaborated with the Better Medicare Alliance to engage in discussions of Medicare Advantage and hospice to better inform understandings of this complex issue; highlights include a convening at the Kaiser Family Foundation, a podcast, blogs, and Virtual Town Hall (see page 16).
- Created a strategic partnership with Audacious Inquiry to leverage Ai software solutions to improve communication and connectivity for hospice and palliative care providers.

- Participated in stakeholder discussions with the Physician-Focused Payment Model Technical Advisory Committee regarding development of an [alternative payment model](#) (PDF) for serious illness.
- Worked with the National Association for Home Care & Hospice to host a special webinar on program integrity and understanding risk assessment.
- Developed a [Partner Program](#) that provides collaborative opportunities for outside organizations, companies, corporations and other entities that share the mission and vision of NHPCO. Industry partners, strategic partners, organizational alliances and conference supporters are highlighted as partnership opportunities within the new Partner Prospectus.

Consumer Engagement, Access, and Diversity

- Re-established the Diversity Advisory Council to provide information, guidance, and expertise to NHPCO and its members related to serving diverse populations.
- NHPCO was a partner in the Univision *Una Vida Mas Saludable* national campaign launched in spring as part of its commitment to informing, entertaining, and empowering Latino communities to live healthy lives.
- Released new videos such as [Rudy’s Story](#), [A Butterfly to Remember](#), [We Honor Veterans](#), and re-imagined videos from NHPCO’s Moments of Life initiative.

- [NHPCO's Find a Provider](#) online tool, available on multiple websites to help visitors find an NHPCO member hospice in any area of the country, was utilized by 33,733 website visitors between January and October; this represents a 20 percent increase over 2017.
- NHPCO's [CaringInfo.org](#) – a website offering free information on hospice and palliative care, advance care planning, grief, coping with pain, and related topic areas had more than 275,000 visitors between January and November 2018, with 99,000 downloads of free, state-specific advance directive forms.
- The [We Honor Veterans](#) initiative has grown to include the commitment of over 3,729 hospice partners, 1,248 community-based healthcare partners, as well as 111 Hospice-Veteran state-wide partnerships.
- Published the [Children's Project on Palliative/Hospice Services](#) (ChiPPS) E-journal, available free-of-charge to all who are interested in supporting young people and their families – this included as special [50th Edition celebrating the past and future of pediatric care](#) (PDF).
- Launched the End-of-Life Doula Council and the Millenium Council to provide insight and expertise to NHPCO.



Philanthropy

- Through NHPCO's fundraising affiliate, the [NHF Disaster Relief Fund](#) distributed \$17,500 in disaster relief to state members to distribute to providers affected by hurricanes and wildfires.
- Raised more than \$48,000 in support of the Disaster Relief Fund during the targeted mid-event appeal during the NHF Annual Gala in Washington on April 24.
- Through the [Lighthouse of Hope Fund](#), NHF awarded over \$58,000 to 42 hospices that provided special experiences for people under their care. From traveling to visit loved ones, a date-night to remember, to attending a game of a favorite sports team, Lighthouse of Hope made memorable events possible.

Participated in the launch of the bipartisan Congressional Palliative Care Task Force championing awareness and availability of palliative care services.

- In collaboration with the Mississippi Hospice and Palliative Care Organization, hosted a fundraising event, *Hospice on the River*, in New Orleans that raised support of the Disaster Relief Fund and for LMHPCO's Prison Support Project.

Communications, Operations and Membership

- 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*, *Kaiser Health News*, *Bloomberg*, *Forbes*, *Kiplinger's*, *NPR*, *Univision*, *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 Care News*, *Home Health Line*, *Eli's*.
- NHPCO social media continues to grow in viewership, engaging both members and the general public. With more than 45,000 followers on Facebook, 11,600 on Twitter, hundreds more on Linked-In (as well as Pinterest and Instagram), these media vehicles have been a valuable tool for raising awareness and creating interest in NHPCO and its affiliates.
- 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 from January to September: 534,119 unique website visitors with 2,111,568 total page views. NHPCO is excited to launch a redesign in 2019.

- Blogs written by President and CEO Edo Banach continue to garner widespread readership with 2018's "[Be the Cheetah on the Right](#)" reaching more than 2,300 readers in the first three months it was posted. Edo's most popular blog continues to be "[All Other Ground is Sinking Sand](#)" which has reached more than 14,000 readers since its release in August 2017.
- Maintained a strong member retention rate of 90 percent despite continued mergers and acquisitions among member organizations and competition within the association field.
- To date there have been 13,312 chat registrations from member organizations – representing an unknown number of total participants – for 73 chats offered by NCHPP. These chats are archived in the NCHPP Section e-communities of My.NHPCO.org.
- Continued to add benefits to the new [Member Advantage Program](#) offering discounts to a variety of business services.

Printer-Friendly PDF



Vital Signs



6,232,220

Impressions of the #MyHospice hashtag



\$535,755.48

Equivalent Advertising Value of Earned Media (August-October)



708,259

My Hospice video views (August-October)

Media Highlights

Date	Outlet	Headline	Reach
Oct. 27, 2018	Modern Healthcare	Home healthcare is getting a boost from insurers and the Medicare program	79,468
Oct. 9, 2018	The Philly Voice	Congress targets misuse of hospice drugs	372,847
Oct. 8, 2018	Tampa Bay Times	When hospice patients die, their unused opioids can be stolen. A new bill aims to stop that.	1,303,337
Oct. 7, 2018	The Atlantic	A Plan to Keep Dying Patients' Drugs From Fueling Addiction	12,872,741
Oct. 4, 2018	Kaiser Health News	Congress Targets Misuse Of Hospice Drugs	84,933
Sept. 28, 2018	Bloomberg	Medicare Managed Plans Could Be Inching Toward Hospice Coverage	27,345
Aug. 31, 2018	Bangor Daily News	Change Drug Rules	278,671
Aug. 25, 2018	Charleston Gazette-Mail	Sen. Capito leads multiple effort to improve care for WV aging	108,771
Aug. 3, 2018	Medium	Hospice Caregivers are "Helpers" Committed to Coordinated Care	42,791,399
TOTAL			57,640,841

Who Is Listening

■ SENATOR SHELLEY MOORE CAPITO

Liked a post by HAN about the opioid legislation on Twitter

■ CONGRESSWOMAN DEBBIE DINGELL

Shared a post by HAN about the opioid legislation on Twitter

■ CONGRESSMAN TIM WALBERG

Liked a post by HAN about the opioid legislation on Twitter

■ CONGRESSMAN RICHARD HUDSON

Shared a post by HAN about the opioid legislation on Twitter

■ CONGRESSMAN TOM REED

Liked a post by HAN on Twitter

■ CONGRESSWOMAN JACKY ROSEN

Shared posts about the Palliative Care Task Force briefing on Twitter

■ MINDY YOCHELSON

Reporter with Bloomberg
Shared article quoting NHPCO on Twitter

■ CNBC INTERNATIONAL

Shared article quoting NHPCO on Twitter

■ JAMES L. SWANN

Health-Care Reporter with Bloomberg Law
Shared article quoting NHPCO on Twitter

Honoring 20 Years of ChiPPS

As NHPCO celebrates its 40th anniversary in 2018, our Children's Project on Palliative/Hospice Services is marking its 20th anniversary. NHPCO offers heartfelt thanks to the many members of ChiPPS for their exceptional work to improve the lives of seriously ill children and families across the country.

Over the past two decades, the dedication and collaboration of the many members, professionals, and parents sharing their experiences has made the best-known practices in pediatric palliative care more widely available to care providers and increased the availability of state-of-the-art services to families.

The work of ChiPPS began with a conclave meeting in November of 1998. The two-day meeting in Dallas, Texas involved 30 leaders in the pediatric hospice and palliative care field who worked to identify and reach consensus about the critical issues facing pediatric palliative care and to develop strategies necessary to address those issues.

Since 1998, the accomplishments of ChiPPS have played a vital role in shaping the entire national pediatric palliative care and hospice field. Highlights of the group's work include:

- Publishing many educational resources for healthcare providers: *Compendium of Pediatric Palliative Care*; *Pediatric Palliative Care Educational Curriculum*; and *Caring for Kids: How to Develop a Home-Based Support Program*;
- Helping NHPCO in the sponsorship of the first National Conference on Pediatric Palliative and Hospice Care in 2004 and continuing to make conference offerings available in the form of pre-conference seminars and as concurrent session content;

- Coordinating the ChiPPS quarterly e-journal which features topical articles by family members as well as professionals; now has over 3,700 subscribers.
- Serving as advisors to NHPCO's consumer engagement initiative, CaringInfo, during development of its educational brochures for families of seriously ill children; and
- Creating the first national standards of care for pediatric palliative care and hospice and continuing to work with NHPCO to keep these valuable standards updated.

NHPCO is grateful to have you as part of the team. Thank you so much for all you are doing to expand and improve pediatric hospice and palliative care across the country.

New Issue Pediatric E-Journal Continues Focus on Care for Specific Populations



The ChiPPS E-journal workgroup continues its look at caring for different populations. In the previous edition, Issue #52, the focus was on diversity. In the latest edition, Issue #53 (November 2018), the needs related to caring for young people and adolescents serves as the theme.

Download this [collection of articles \(PDF\)](#) free of charge.

Visit the [ChiPPS E-journal archive page](#) to find all available issues.

HOSPICE ON THE RIVER

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Simione Healthcare Consultants



Dr. Coleman facilitated a panel discussion, "The View from the Other Side of the Bed: An African American Experience in Hospice Care" as part of the 2018 Management and Leadership Conference, seen below.

Reflections on serving on the 2018 Diversity Advisory Council

By Geoffrey Coleman, MD

At the NHPCO Management and Leadership Conference in 2014, I was sitting on a bench with Dr. Bernice Harper crunching on a celery stick in the Exhibitors' Hall. As I looked around at the sea of attendees in the hall, I realized no one looked like me, except Dr. Harper, two women from the Cleveland Clinic, and the security guard checking badges at the door. I commented to her, "Why are there so many white people here?" I did not know what to do about it. Then, Dr. Harper shared with me her experience on a previous committee with the same goals.

Several months later, I received an email from NHPCO asking me to join the Diversity Advisory Council. I believe Dr. Harper had made a few calls and managed to restart her Diversity Advisory Council. And, apparently, I was sucked into this council by Dr. Harper, just because I had been sitting on a bench with her reflecting upon the world around me. She has a way of convincing you to do things that you normally would not do. I said to myself, "All I needed was one more meeting. I am a clinician. I am supposed to be treating something." To my surprise, my boss encouraged me to join. How do you say 'no' to your boss?

But, I am glad I was invited to join. It taught me team work. It gave me connections to people outside of my immediate circle to find that others shared the same beliefs and concerns. It proved to me that I wasn't crazy or wrong. And, unlike many committees I have been on that are voluntary, the Diversity Advisory Council actually accomplished a few things. When you are at work, there is a different motivation for accomplishing goals – getting paid. The Diversity Advisory Council's work is born out of our collective commitment and passion to improve person-centered care for all people.

I am grateful for the things we have done in providing education for people at our conferences and outside, a forum for others to speak, and for the council to learn. One of our projects is to develop a multi-cultural resource guide that I hope will launch soon. As this council continues to serve the community, I hope it will continue to do more education on end of life care in all manner of settings. For it is a big world out there waiting for us to provide help, instead of sitting on a bench eating celery without a call to action.





REGISTER NOW

HOSPICE & PALLIATIVE CARE

LEADERSHIP & ADVOCACY CONFERENCE

2019

MARRIOTT WARDMAN PARK HOTEL | WASHINGTON, DC

PRECONFERENCE **APRIL 13-14, 2019**

MAIN CONFERENCE **APRIL 15-17, 2019**

National Hospice and Palliative Care
Organization



State Conferences for 2019

Members of the Council of States offer a range of valuable conferences and educational offerings throughout the year. Here are some dates for 2019 that providers will be interested in. Visit the organization website for further details – some of which may not be available until later in the year.

Connecticut Association for Healthcare at Home

2018 Northeast Home Health Leadership Summit
January 22 - 24, 2019
Boston, MA

Florida Hospice & Palliative Care Association **Annual Conference for Non-Clinical Hospice Professionals**

May 30-31, 2019
Hyatt Grand Cypress, Orlando, FL

Georgia Hospice and Palliative Care Organization

2019 GHPCO Clinical and Leadership Conference
February 20 - 22, 2019
UGA Center for Continuing Education & Hotel,
Athens, GA

Illinois Hospice & Palliative Care Organization

Creating Connections... Building for the Future
October 16-17, 2019
Northern Illinois University, Naperville, IL

Hospice and Palliative Care Association of Iowa **HPCAI Social Work Peer Group**

March 29, 2019
Iowa Hospital Association Conference Center,
Des Moines, IA

HPCAI Special Topics Conference

June 26, 2019
Iowa Hospital Association Conference Center,
Des Moines, IA

Hospice & Palliative Care Federation of Massachusetts

HPCFM Annual Education Conference
October 28 – 30, 2019
Four Points by Sheraton, Norwood, MA

Missouri Hospice & Palliative Care Association **MHPCA Midwest Regional Conference**

October 13-15, 2019
Oasis Hotel, Springfield, MO

Nebraska Hospice and Palliative Care Association

2019 Annual Conference, “Living a Good Life...at the End of Life”
March 12-13, 2019
Embassy Suites Hotel, Lincoln, NE

Hospice & Palliative Care Association of New York State

39th Annual Interdisciplinary Seminar and Meeting, “Journey to the Stars”
April 2-4, 2019
Marriott Hotel, Albany, NY

LeadingAge Ohio

2019 Annual Conference and Trade Show
August 27-29, 2019
Hilton Columbus at Easton, Columbus, OH

Pennsylvania Homecare Association **2019 Annual Conference: Healthcare is Coming Home**

May 1-3, 2019
Lancaster Marriott at Penn Square, Lancaster, PA

Pennsylvania Hospice and Palliative Care Network

2019 Annual Conference, “It Takes a Team: Hospice and Palliative Care”

May 1-3, 2019

Sheraton Harrisburg/Hershey Hotel, Harrisburg, PA

South Dakota Association of Healthcare Organizations

Continuing Care Conference 2019

April 24-25, 2019

Sioux Falls, SD

Texas & New Mexico Hospice Organization

37th Annual Convention

Feb. 22-25, 2019

Omni Mandalay Hotel Las Colinas, Dallas, TX

The Carolinas Center

Hospice 101: The Nuts and Bolts of the Medicare Conditions of Participation

January 31, 2019

Kannapolis, NC

Hospice 201: The Manager’s Guide from Regulation to Care Delivery

February 1, 2019

Kannapolis, NC



**Members of the Council
of States offer a range
of valuable conferences
and educational offerings
throughout the year.**

News From **We Honor Veterans**

We Honor Veterans Partners in Actions

A Vietnam Veteran's Final Wish Granted

Hospice of the Wabash Valley, a We Honor Veterans Level 4 partner, honored a Vietnam Veteran's last wish - reuniting him with the Dirty Half Dozen. Staff members at Hospice of the Wabash Valley worked relentlessly to make Mr. Ken Dierdorf's last wish come true.



Ken Dierdorf

Mr. Dierdorf was diagnosed with Lou Gehrig's disease in 2010 and wasn't going to let that stop him from being united with his comrades one last time. Mr. Dierdorf and his friends, the Dirty Half Dozen, fought together in Vietnam. [Read more...](#)

We Need Your Help

It's that time of year again! Each year we reach out to you, our partners, to help shape the program and ensure we are always improving. This year we are including questions that will help shape our efforts to create specific resources and protocols aimed at caring for Vietnam Veterans, so your feedback is extremely valuable. [Read more...](#)



@WeHonorVeterans

We Honor Veterans Level 5



WE HONOR VETERANS

Drumroll please...the long-awaited Level 5 program is now open to all qualifying hospice partners. Like other partner level requirements, there is an outline of required partner activities to be completed for approval. Unlike the other levels, however, Level 5 will be different - we will require partners to complete their activities on a yearly basis. You will need to be recertified year after year to keep your Level 5 certification. [Read more...](#)

We Honor Veterans 2018 Annual Report

In the fall of 2018, We Honor Veterans released its 2018 annual report. Entering its 9th year, We Honor Veterans now has over 3,700 hospice partners and over 1,200 community-based health care partners. The annual report highlights partner activities including community education programs, Vet-to-Vet volunteers, pinning ceremonies and more. [Read more...](#)



WE HONOR VETERANS

2019 NATIONAL HOSPICE

Gala

SAVE THE DATE

TUESDAY, APRIL 16, 2019

WASHINGTON MARRIOTT WARDMAN PARK

6:30 PM - 11:00 PM

COCKTAIL RECEPTION, AUCTION, ENTERTAINMENT & DANCING

FOR ALL INFORMATION ABOUT THE GALA, INCLUDING EVENT SPONSORSHIP,
PURCHASING TICKETS OR DONATING AUCTION ITEMS, PLEASE VISIT
WWW.NATIONALHOSPICEFOUNDATION.ORG/GALA

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



National Hospice and Palliative Care Organization



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