

# NEWSLINE



# NHPCO

Leading Person-Centered Care



## New Branding: Focused Direction

NHPCO. Leading Person-Centered Care.

### INSIDE

Leadership in Action

New Serious Illness Models

Torrey DeVitto on Volunteering

Spotlight Sections, new resources  
and more...



## NHPCO

National Hospice and Palliative  
Care Organization



# HOSPICE & PALLIATIVE CARE LEADERSHIP & ADVOCACY CONFERENCE **2019**

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## THANK YOU!

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# Contents

## 5 Message from Edo

NHPCO President and CEO Edo Banach shares thoughts on NHPCO's new branding and stresses the importance of our link to the past as we innovate for the future.



## 6 Our New Brand

Our new branding was designed to more accurately reflect who we are as NHPCO, what we are doing, and why it matters to the field and, ultimately, those we serve.



## 10 Leaders and Advocates in Action

In April, NHPCO and its affiliates welcomed nearly 1,500 hospice and palliative care professionals, advocates, and supporters to Washington, DC. Newline shares some of the highlights from the week.



## 16 New Serious Illness Models from CMS

NHPCO is working to help the provider community better understand opportunities that might be found in the new serious illness care models that have been announced by CMS.



- 26 Palliative Care Spotlight
- 28 Pediatric Spotlight
- 30 EOL Doula Spotlight
- 32 New Regulatory Resources
- 33 Hospice Music Project
- 36 We Honor Veterans



# Gala

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And thank you to our many other sponsors and partners for making the 2019 gala such a success.



**NHPCO**

National Hospice and Palliative  
Care Organization



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National Hospice  
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# Message from Edo



As NHPCO worked to develop and update its brand, we knew that we could not part with the Lotus. Representing mind, body, and soul in numerous religions, the Lotus also represents the varied needs people have and the interdisciplinary team that meets those needs. Dame Cicely Saunders based her early work on these very concepts.

However, even as we preserve the link to our past, we also recognized the importance of moving forward. We decided to adopt the tag line "Leading Person-Centered Care" both because we do and because we must continue to do. Dame Saunders did not ask for permission to take the world and to make it better. We stand on her shoulders—and that of many others—and have been leading person-centered care for over five decades.

This tag line is a reminder that we must continue to lead in today's world of Alternative Payment Models, Medicare Advantage, Accountable Care Organizations, and the like. At the root of all these innovations is the realization that the status quo does not serve people with serious

illness well (not to mention taxpayers). We agree. However, I am confident that unless the hospice community is heavily involved in providing more care for more people, many of these innovations will not be person-centered and will not be interdisciplinary. They also won't work. Market-, physician-, institutional-, and academic-driven approaches will fail unless they involve the teams that actually provide person- and family-centered care.

It is not because we are smarter or better. Indeed, we have to admit that innovators often have a leg up on technology and have access to the same professionals in the job market that are part of our community. The reason our model works is that the collective intelligence and insight of a group of committed and person-centered people will always yield greater outcomes than the individual work or opinion of a doctor, computer, or any other person or piece of technology. In the words of American rapper Chuck D, "Real people do real things. A collective of a whole bunch of people who do things in their own locale, in their own neighborhoods— the sum is bigger than the parts, and the

parts will grow." This is true whether you are on a team in Los Angeles, CA or Rutland, VT, or any place in between. Nuance, compassion, perspective — these are the things that often get lost in the shuffle. When people are wigits, or algorithms, or "risk", they lose their humanity. Hospice and palliative care teach us that each person is different, and that their needs and desires are different, and family matters.

We must believe that, as a movement, we can help lead person- and family-centered care because the country demands it. We will do it armed with technology, with business intelligence, but also with compassion, humility, and the dedicated individuals who have brought us to where we are as a community. I'm proud of the work you do and promise to work tirelessly to assure that as health care evolves, we are informing — indeed, leading — that evolution.

Edo Banach, JD,  
President and CEO



# New Branding: Focused Direction

NHPCO. Leading Person-centered Care.



NHPCO

Leading Person-centered Care



Leading person-centered care. This is not an entirely new concept. It builds on our organization's successful 40-year history. It reflects the legacy of those who came before us and many with whom we are still working today.

Over the past two years, NHPCO has been developing new branding to reflect the work of our organization, the professional community that we serve, and the person- and family-centered care that is at the heart of hospice and palliative care.

At the Leadership and Advocacy Conference in Washington, DC, on April 15, NHPCO President and CEO Edo Banach unveiled the organization's new branding and shared some of the key messaging.

"The fresh design is really an evolution of NHPCO," said Banach. "Our new branding was designed to more accurately reflect who we are as NHPCO, what we are doing, and why it matters."

## Trailblazing a Person-Centered Healthcare Model

As the leading organization representing hospice and palliative care providers, NHPCO works to expand access to a proven person-centered model for healthcare – one that provides patients and their loved ones with comfort, peace, and dignity during life's most intimate and vulnerable experiences.

## How We Serve and Lead

NHPCO gives ongoing inspiration, practical guidance, and legislative representation to hospice and palliative care providers so they can enrich experiences for patients and ease caregiving responsibilities and emotional stress for families. By providing its members with the essential tools they need to stay current with leading practices, understand policy changes, and improve their quality of care, NHPCO addresses the challenges that providers navigate on a daily basis and offers a wealth of expert knowledge and step-by-step solutions to fill the gaps.



## We serve the field with a purposeful agenda and unified voice to advance an integrated, person-centered model.

Thousands of healthcare professionals and volunteers in the NHPCO community choose to dedicate themselves to caring for people with serious and life-limiting illnesses because they are skilled in offering compassion and support, are called to serve the whole person, and believe in care without barriers. NHPCO champions these shared values and advances the mission-driven,

person-centered and community-oriented model that its members use.

## Our Position: Who We Are

We continue being the nation's largest membership organization for providers and professionals who care for people affected by serious and life-limiting illness.

With a broad community of members, we serve the field with a purposeful agenda and unified voice to advance an integrated, person-centered healthcare model.

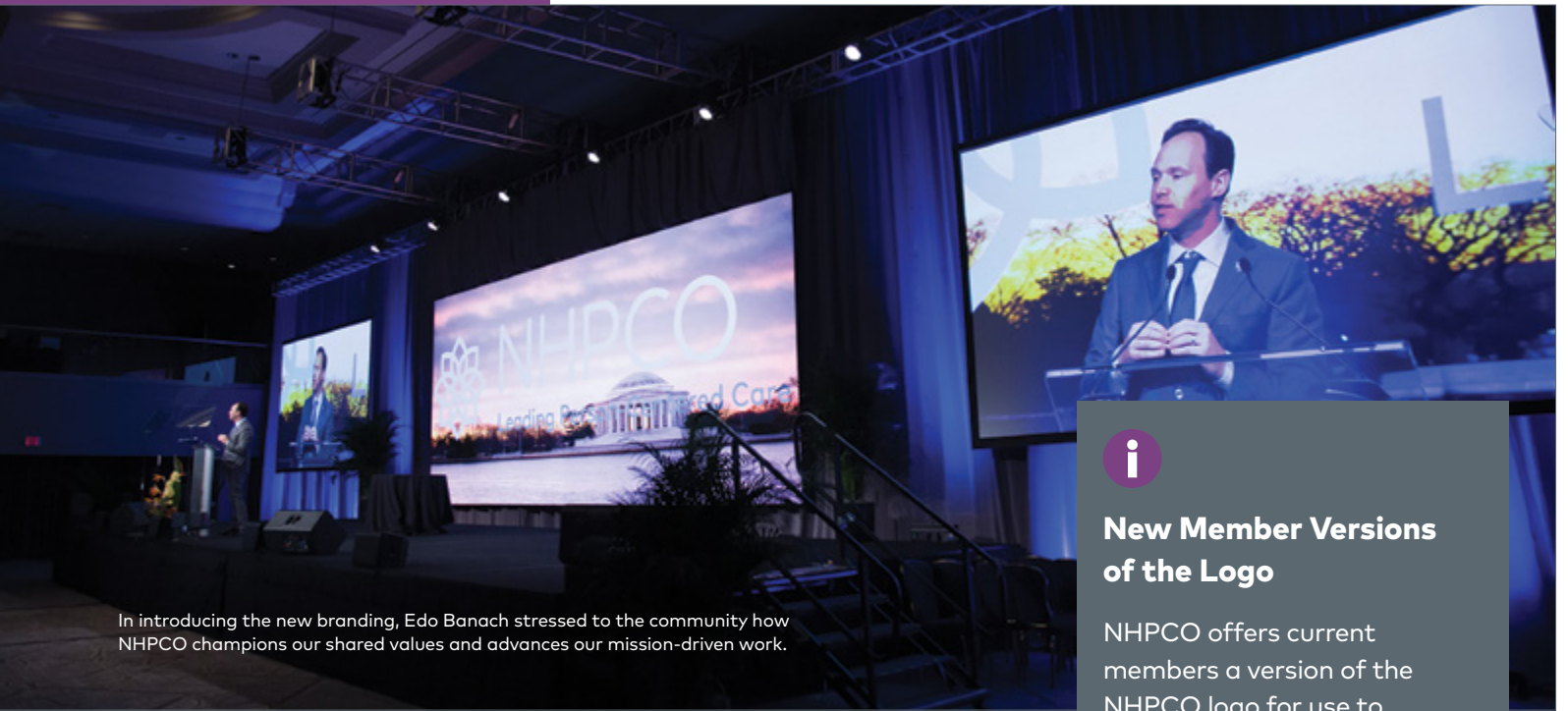
## Our Purpose: What We Do

NHPCO gives ongoing inspiration, practical guidance, and legislative and regulatory representation to hospice and palliative care providers to enrich experiences for people and ease caregiving responsibilities for families.

## Our Promise: Why It Matters

NHPCO is an essential resource for hospice and palliative care providers; and works to expand access to a proven, person- and family-centered model for healthcare. NHPCO champions our shared values and advances our mission-driven work.

By continually demonstrating how our integrated philosophy of care works, and improving on its efficacy, NHPCO is positioning the field of hospice and palliative care to serve as a beacon for



In introducing the new branding, Edo Banach stressed to the community how NHPCO champions our shared values and advances our mission-driven work.



## Our journey as a professional field has always been marked by challenges as well as opportunities...

other areas of medicine, healthcare, and caregiving.

In his opening plenary remarks at LAC, Edo Banach reflected on the history of our community and the future ahead of us, "Our journey as a professional field has always been marked by challenges as well as opportunities but we have always had the wishes of the people we care for at the heart of

hospice – and that continues as we provide palliative care and address the needs of those with serious illness. We need to focus on the interdisciplinary model that we created – and expand what we do."

"We must honor our legacy and continue to evolve, and to innovate, and to collaborate. And we must not compromise on our philosophy of care," he added.

As NHPCO moves forward, embracing the philosophy behind the new branding, the organization is emphasizing to providers in the field that NHPCO is becoming more involved, more engaged, more visible... NHPCO is a trusted resource and part of our community's collective voice in the healthcare arena.



### New Member Versions of the Logo

NHPCO offers current members a version of the NHPCO logo for use to promote their membership within the organization. In print, on websites, or in presentations, active members are allowed to use this logo available on [nhpco.org](http://nhpco.org).



Banach wrapped up his LAC opening plenary address by saying, "As I look toward our future, I am thankful for many things: strong board leadership; dedicated staff members; providers who are actively engaged with the work we are doing together; and the knowledge that we will survive the current pressures and continue on our path of innovation."



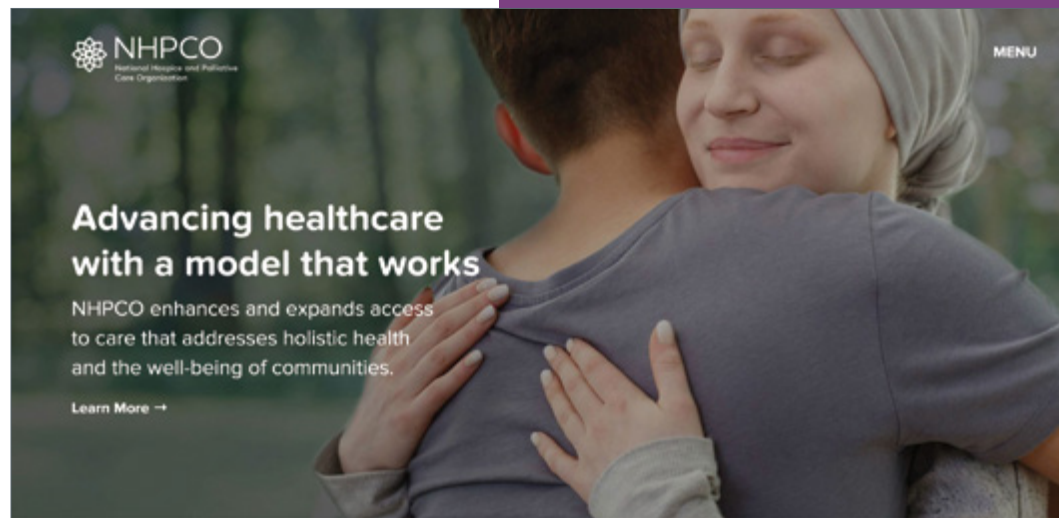
# A New Brand, A New Website

*Coming in late June!*

NHPCO is proud to announce the launch of our new website which coincides with our rebrand and dedication to increasing access to hospice and palliative care, promoting quality, and expanding our role as the leader in person- and family-centered care.

Coming online in late June, our new website provides a clear message of who we are, what we stand for and where our value lies when developing tools, resources and education for hospice and palliative care providers. The website boasts a clean design and intuitive and consistent site-wide navigation with improved menu functionality that directs you to the information most relevant to you. It is also fully responsive with mobile devices, making it easy to navigate on a wide range of web browsers and portable devices.

We used feedback from members and engaged an external firm to assist in making our vast library

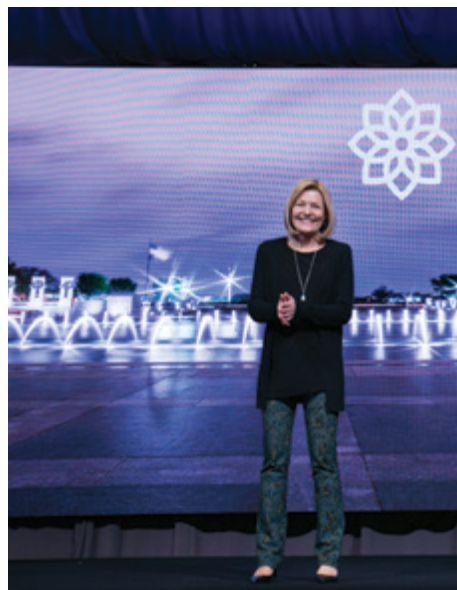
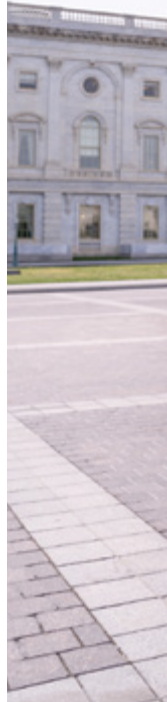


As the leading organization representing integrated, person-centered healthcare, NHPCO gives ongoing inspiration, practical guidance, and legislative representation to **hospice and palliative care providers** so they can enrich experiences for patients and

of content easy to find and easy to use. Components of the website and branding will continue to evolve over the next few months so please stay tuned and let us know what you think!

Check out the new website in late June at the same URL: [www.nhpc.org](http://www.nhpc.org).







# Leaders and Advocates in Action!

## 2019 Leadership and Advocacy Conference

NHPCO President and CEO Edo Banach, along with staff and the board, welcomed nearly 1,500 hospice and palliative care professionals, advocates, and supporters to Washington, DC, for the 2019 Leadership and Advocacy Conference (April 15 – 17).

Two days of preconference offerings began on April 13 and included: The two-day Hospice Compliance Certificate Program, the Hospice Manager Development Program, our innovative Community-Based Palliative Care precon, and seminars about strategic growth, hospice accounting and revenue cycle management, CMS demonstrations, and timely leadership topics.

Banach delivered his keynote message on Monday and stressing the importance of innovation while protecting the heart of hospice that is such a palpable part of the philosophy of

care. Keynotes on Monday and Tuesday were delivered by Kai Kight, a classical violinist turned innovator, composer and entrepreneur, and noted healthcare innovator and transformer Laura Adams.

Among the many networking opportunities, the LAC Expo Hall featuring more than 140 exhibitors, attendees had more than 75 concurrent sessions from ten session tracks to choose from. Conference offerings are developed with a cross-section of NHPCO members, staff, representatives from the board and committees, and relevant content experts all working together to ensure the conference experience is of value for issues that leaders and managers are facing today and preparing for in the future.

A highlight of the week was the National Hospice Foundation's Annual Gala hosted on Tuesday



evening that raised support for NHPCO's Veteran services programs and initiatives. The Gala included a pinning ceremony to recognize and celebrate the Veterans and military personnel attending the event.

At the Tuesday morning plenary, Chief Operating Officer John Mastrojohn was awarded the Galen Miller Leadership Award for his many contributions to NHPCO, its affiliates, and the broader hospice and palliative care community as he prepared to depart the organization and begin a new chapter in his professional journey.

### More Than 300 Hospice Advocates Converge on Capitol Hill

The focus on Wednesday was primarily on advocacy. This is the second year that our strategic advocacy event on Capitol Hill was integrated into the annual leadership conference.

Conference participants had the opportunity to take advocacy-themed concurrent sessions along with the robust offerings that made up the LAC. Hospice Action Network staff were also on hand throughout the LAC to meet with attendees and help explain current issues and ways to get involved.

Wednesday began with a plenary session featuring Lance Robertson, Assistant Secretary for Aging at the U.S. Department

of Health and Human Services. Following Assistant Secretary Robertson, Senator Ben Cardin (MD) reinforced the importance of grassroots advocacy and shared best wishes with our hospice advocates as they prepared to head to Capitol Hill.

Advocates met with 350 House and Senate offices to educate legislators and staff about issues impacting the hospice and palliative care community. A key message focused on the value of the Medicare hospice benefit.

In addition to promoting NHPCO's legislative priorities for 2019, advocates provided information about legislation



Advocates met with 350 House and Senate offices to educate legislators and staff...



### What Is My Hospice?

**My Hospice** is a campaign to reinforce the value of the Medicare hospice benefit among policy and healthcare decision makers to foster a policy environment that will support patient access to high quality, comprehensive hospice and palliative care.

**My Hospice** allows all members of our community to share their unique **My Hospice** story to emphasize these three primary My Hospice beliefs:

1. Hospice is a program that works and a benefit that matters for Medicare beneficiaries and their families.
2. Changes to the Medicare Hospice Benefit should remove burdensome regulations that compromise patient care while implementing common-sense reforms that promote access, accountability and patient choice.
3. The value-based model of person-centered care pioneered by hospice should be adopted and expanded throughout the care continuum.

### My Hospice Involvement

**My Hospice** community members and advocates have shared their stories through videos, blog posts, social media, earned media, grassroots, and Hill meetings. These unique experiences help educate lawmakers about the importance of the Medicare Hospice Benefit. You can see these stories at [MyHospiceCampaign.org](http://MyHospiceCampaign.org).



**15,729,238**

Impressions of the #MyHospice hashtag



**\$941,770.73**

Equivalent Advertising Value of Earned Media



**687,557**

My Hospice video views

### Who Is Listening

**SENATOR SHELLEY MOORE CAPITO**

**SENATOR JACKY ROSEN**

**SENATOR CLAIRE MCCASKILL**

**SENATOR DEBBIE STABENOW**

**REP. DEBBIE DINGELL**

**REP. TIM WALBERG**

**REP. RICHARD HUDSON**

**REP. TOM REED**

**REP. DANIEL WEBSTER**

**REP. GENE GREEN**

**REP. ELIOT ENGEL**

**REP. BRIAN MAST**

**REP. LYNN JENKINS**

**REP. ROGER MARSHALL**

**REP. EARL BLUMENAUER**

**REP. VERN BUCHANAN**

**REP. DUTCH RUPPERSBERGER**

**REP. MARKWAYNE MULLIN**

**REP. PAUL TONKO**

**REP. ROGER MARSHALL**



My Hospice: Mr. Terry's Story



My Care. My Support. My Hospice.



My Hospice. My Time.



My Hospice: Rudy's Story



My Choice. My Home. My Hospice.



My Faith. My Support. My Hospice.



## Hospice Action Network is requesting that all hospice supporters complete the Rural Access Action Alert.

supported by NHPCO including: The Rural Access to Hospice Act (S. 1190), and the Palliative Care and Hospice Education and Training Act (PCHETA) (H.R. 647).

NHPCO's ongoing advocacy campaign – [My Hospice](#) – was a common theme throughout the entire conference and especially during the meetings on Capitol Hill.

My Hospice, entering its second year, was designed to reinforce the value of the Medicare hospice benefit.

Hospice and palliative care providers have embraced the campaign and use it to highlight how critically important hospice and palliative care are to Americans across the country.

To learn more about the My Hospice campaign and engage with grassroots advocacy efforts, please visit [MyHospiceCampaign.org](#).

### Call to Action: Support Rural Access to Hospice Act

In the weeks following the Advocacy event in DC, the Rural Access to Hospice Act was reintroduced in the US House of Representatives by Congressman Ron Kind (D-WI) and Congresswoman Jackie Walorski (R-IN). It had already been reintroduced in the Senate in April by Senators Jeanne Shaheen (D-NH) and Shelley Moore Capito (R-WV).

Now that it is fully reintroduced in both chambers, it is imperative that Members of Congress hear from constituents. The Hospice Action Network is requesting that all hospice supporters complete the [Rural Access Action Alert](#), and then share it with other colleagues and networks who feel passionately about this issue.

NHPCO and Hospice Action Network have reason to believe that a rural health package is being discussed in Congress, and we need to show that the Rural Access to Hospice Act has wide bipartisan grassroots support to bolster our argument to include this bill in the package.

Visit the [HAN website](#) to contact Congress today!



Maryland's Senator Ben Cardin speaking at the 2019 Leadership and Advocacy Conference.



## NEED CRITICAL COMPETITIVE DATA?

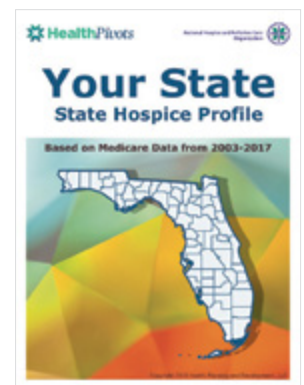
**LOOK NO FURTHER...** The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2003-2017, providing critical information to learn more about the competitive environment of your state.

Produced by HealthPivots and available exclusively through NHPCO Marketplace, each 2017 **State Hospice Profile™** provides vital county level information on each of the leading providers. Full-colored charts and graphs provide analysis information of the last fifteen years of Medicare claims data.

Examples of the valuable information included in the **State Hospice Profile™**

- Estimated Medicare Cap usage
- Major hospice providers in the county
- Comparative hospice penetration data/market share trends
- Average Length of Stay
- Distribution of hospice census

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2003, as well as county level National and State penetration maps. View an example of a **State Hospice Profile online**.



**State Hospice Profiles™** are individually priced based upon the number of counties in each state. Please call 1-800-646-6460 for pricing details and to order. Profiles are available for all 50 States, the District of Columbia, and Puerto Rico.





# NEW SERIOUS ILLNESS MODELS FROM CMS

## Providers Should Understand the Opportunities

By Judi Lund Person and Lori Bishop

On Monday, April 22, Health and Human Services Secretary Alex Azar and CMS Administrator Seema Verma announced the CMS Primary Cares initiative at a meeting attended by NHPCO leadership and other stakeholders in the field.

The initiative is under the direction of the CMS Innovation Center. The purpose of the CMMI is to test innovative payment and service delivery models to reduce program expenditures... while preserving or enhancing the quality of care furnished to individuals under such titles.

There are three scenarios for success under the statute guiding CMMI's work:

1. Quality improves; cost neutral.
2. Quality neutral; cost reduced.
3. Quality improves; cost reduced (best case).

If a model meets one of these

three criteria and other statutory prerequisites, the status allows the Secretary to expand the duration and scope of a model through rulemaking. The Medicare hospice benefit is an example of a model that was expanded and eventually made a full comprehensive benefit.

The Primary Cares initiative includes two sets of new payment models: **Primary Care First**, and **Direct Contracting**.

### PRIMARY CARE FIRST

[Primary Care First \(PCF\)](#) will be comprised of three new payment models that CMS says are "intended to transform primary care to deliver better value for patients throughout the healthcare system." The models include a PCF High Need Population Payment Model Option for those serving the seriously ill population.

In PCF, CMS will rely on a focused



The purpose of the CMMI is to test innovative payment and service delivery models...



set of clinical quality and patient and caregiver engagement measures to assess quality and innovation in care delivery.

### Primary Care First Regions

Building on the Comprehensive Primary Care Plus (CPC+) model, PCF will be offered in 18 states (current CPC+ regions) and eight new regions\*.

### Primary Care First Model Options will be offered in 26 regions for a 2020 start date:

- Alaska (statewide)\*
- Arkansas (statewide)
- California (statewide)\*
- Colorado (statewide)
- Delaware (statewide)\*
- Florida (statewide)\*
- Greater Buffalo region (NY)
- Greater Kansas City region (KS and MO)
- Greater Philadelphia region (PA)
- Hawaii (statewide)
- Louisiana (statewide)
- Maine (statewide)\*
- Massachusetts (statewide)\*
- Michigan (statewide)
- Montana (statewide)
- Nebraska (statewide)
- New Hampshire (statewide)\*
- New Jersey (statewide)
- North Dakota (statewide)
- North Hudson-Capital region (NY)
- Ohio and Northern Kentucky region (statewide in OH, partial state in KY)
- Oklahoma (statewide)
- Oregon (statewide)
- Rhode Island (statewide)
- Tennessee (statewide)
- Virginia (statewide)\*

The CMS Innovation Center has created an online map showing locations where CPC+ is being tested. Visit the [map on the CMS website](#) to search in your area.

### PCF Model Options

There are three options to accommodate providers that specialize in care for different populations:

NP, PA) certified in internal medicine, general medicine, geriatric medicine, family medicine, and hospice and palliative medicine. Practitioners must be in good standing with CMS and have a minimum of 125 attributed Medicare beneficiaries. The primary care services (not yet defined) must account for 70-80% of the collective billing and demonstrate prior experience with innovation in

Option 1: PCF Payment Model	Option 2: PCF High Needs Populations Payment Model	Option 3: Participation in both options 1 and 2
<ul style="list-style-type: none"> <li>▪ Focused on advanced primary care practices ready to assume financial risk in exchange for reduced administrative burden and performance -based payments.</li> <li>▪ Introduces new higher payment for practices caring for complex, chronically ill patients.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promotes care for high need, seriously ill population (SIP) beneficiaries who lack a primary care practitioner and/or effective care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allows practices to participate in both PCF Payment Model and the PCF High Need Population Payment Model.</li> </ul>

### Eligibility

**Option 1:** The **Primary Care First (PCF) Payment Model** is designed for primary care practices with advanced primary care capabilities that are prepared to accept increased financial risk in exchange for flexibility and potential rewards based on practice performance.

The practice must include primary care practitioners (MD, DO, CNS,

care delivery and value-based payment arrangements. The practice must also use the 2015 Certified Electronic Health Record Technology (CEHRT) and must meet a minimum a set of advanced primary care delivery capabilities including 24/7 access to a practitioner or nurse call line.

CMS will attribute Seriously Ill Population (SIP) patients lacking a primary care practitioner or

care coordination to Primary Care First practices that specifically opt to participate in this payment model option.

#### Option 2:

Under the **PCF High Needs Populations Payment Model**, the practice must include practitioners serving seriously ill populations (not yet defined) (MD, DO, CNS, NP, PA) certified in internal medicine, general medicine, geriatric medicine, family medicine, and hospice and palliative medicine. Practitioners must be in good standing with CMS and must be able to demonstrate the capability to manage complex patients by using an interdisciplinary team and phased-care approach and providing comprehensive person-centered care.



**DC models focus on complex chronic, seriously ill, and dually eligible beneficiaries.**

Practices may limit their participation in Primary Care First to exclusively caring for SIP patients, but in order to do so, such practices must demonstrate in their applications that they have a network of relationships



with other care organizations in the community to ensure that beneficiaries can access the care best suited to their longer-term needs. Allowances to some of the eligibility requirements for the Primary Care First general payment model option (such as with respect to historical beneficiary attribution) will be made to facilitate participation in the SIP payment model option.

The practice must also demonstrate ability to engage with patient and caregivers and also must provide 24/7 access to a practitioner or nurse call line. The practice must also use the 2015 Certified Electronic Health Record Technology (CEHRT).

#### Payment

Payment for SIP patients differs from that established under the general payment option for Primary Care First.

More details on the payment structure can be found in the FAQ document on PCF available on the [“Models and Demos”](#) page of the NHPCO’s website.

#### DIRECT CONTRACTING

The [Direct Contracting \(DC\)](#) models are part of the CMS strategy to use the redesign of primary care to drive broader delivery system reform to improve health and reduce cost. The DC models provide a variety of risk sharing options, flexible beneficiary alignment options, benefit enhancements, and payment waivers. The DC models allow new organizations to participate. The DC models focus on complex chronic, seriously ill, and dually eligible beneficiaries.



### How Can Palliative Care and Hospice Programs Participate?

Unlike the PCF models, there are no limitations on the geographic locations that can participate in the DC model options.

Palliative care and hospice programs should contract with Direct Care Entities (DCEs). DCEs will need to secure Preferred Providers for care provision to their attributed beneficiaries. It is important for palliative care and hospice programs to understand these models, including goals, risks, quality, and payment. Before entering into a contract with a DCE, understand your program cost and your performance data. Some considerations in developing your relationship with a DCE: transparency (share and communicate openly); define the eligible population to encourage appropriate referrals; clarify the

services you will provide; determine payment; agree on key metrics (who, what, when, where, how); schedule recurrent meetings to monitor, modify, and address any issues and concerns.

### Payment Model Options

The Direct Contracting payment model options are expected to be Advanced APMs in 2021. All options feature enhancements aimed at encouraging organizations focused on care for those with complex chronic conditions to participate.

Three options are available with varied level of risks and rewards:

According to CMS, these "payment model options are anticipated to appeal to a broad range of physician practices and other organizations because they

are expected to reduce burden, support a focus on beneficiaries with complex, chronic conditions, and encourage participation from organizations that have not typically participated in Medicare FFS or CMS Innovation Center models."

CMS will continue to pay claims for services made outside the DCE (non-associated providers). Organizations will have added flexibility to reduce the FFS payments not covered under the capitation arrangements. DCE and providers must agree in writing to the percentage of reduction.

Professional PBP	Global PBP	Geographic PBP (proposed)
<ul style="list-style-type: none"> <li>ACO structure with Participants and Preferred Providers defined at the TIN/ NPI level.</li> <li>50% shared savings/shared losses with CMS.</li> <li>Primary Care Capitation equal to 7% of total cost of care for enhanced primary care services.</li> </ul>	<ul style="list-style-type: none"> <li>ACO structure with Participants and Preferred providers defined at the TIN/ NPI level.</li> <li>100% risk.</li> <li>Choice between Total Care Capitation or Primary Care Capitation.</li> </ul>	<ul style="list-style-type: none"> <li>Would be open to entities interested in taking on regional risk and entering into arrangements with clinicians in the region.</li> <li>100% risk.</li> <li>Would offer a choice between Full Financial Risk with FFS claims reconciliation and Total Care Capitation.</li> </ul>
<b>&lt;&lt;&lt;&lt; Lowest Risk</b>		<b>Highest Risk &gt;&gt;&gt;&gt;</b>

## Direct Contracting Entities

- Generally, must have a minimum of 5,000 aligned Medicare FFS beneficiaries.
- “On ramp” for organizations new to Medicare FFS.
- Added flexibility for organizations serving dually eligible, chronically ill populations.

## High Need Populations

DCEs focused on complex chronic and seriously ill populations will have some innovative approaches yet to be determined. Dually eligible beneficiaries will have access to a Program for All-inclusive Care of the Elderly (PACE) – like clinical approach with focus on an interdisciplinary team and minimum threshold allowances. There is also opportunity for collaboration with Medicaid Managed Care Organizations which will take accountability for Medicare costs and quality in addition to Medicaid spending under existing arrangements.

## Model Differences

Differences Between Primary Care First Models and Direct Contracting Models

- The PCF models are at the primary care provider group level with a minimum of 125 attributed beneficiaries per practice group in the PCF base

model (not applicable to the High Needs Population/ Seriously Ill Population option). The DC models are at a population level, built off the Next Generation Accountable Care Organization (NGACO) model, with a minimum of 5,000 attributed beneficiaries for the Professional PBP and Global PBP. The Geographic PBP is yet to be determined but suggested attribution is around 75,000 Medicare beneficiaries.

- Another big difference is the level of risk. The PCF models receive a per beneficiary per month rate and a flat rate for in-person encounters. They have additional ability to receive monetary rewards for achieving quality targets. The PCF risk is a 10% reduction if they fall at or below the target. In the DC PBPs the shared risk is greater. The Professional PBP is a 50% Savings/Losses risk arrangement. The Global PBP is a 100% Savings/Losses risk arrangement. The proposed Geographic PBP is a 100% Savings/Losses risk arrangement.
- The PCF models are responsible for Medicare B only. Payments are adjusted to account for beneficiaries seeking services outside the practice. Depending on the payment option chosen, DCEs will be at risk for either a portion or all of the total cost of care for Medicare Parts A and B services for aligned beneficiaries.



**Before entering into a contract with a DCE, understand your program cost and your performance data.**





### NHPCO Comment

"NHPCO has long advocated that any serious illness alternative payment model (APM) must balance population health and value-based care goals with the imperative to respond to patients' unique care needs," said NHPCO President and CEO Edo Banach, JD. "Key to the success of any model will be protecting and expanding access to high-quality palliative care and hospice services, and we will continue to advocate for integration of access to hospice care as a quality metric in the evaluation of the new Primary Care First and Director Contracting Models."

As information is made available by NHPCO, please visit the ["Models and Demos"](#) page of the NHPCO website.



**Judi Lund Person, MPH,**  
NHPCO's Vice President,  
Regulatory and Compliance.



**Lori Bishop, MHA, BSN, RN,**  
NHPCO's Vice President,  
Palliative and Advanced Care.



## Don't Forget about Hospice & MA

Providers should also remember that In January 2019, CMS announced a demonstration involving updates to the existing model of Medicare Advantage. Included in this demonstration is the option for MA plans to offer the Medicare hospice benefit under a Values Based Insurance Delivery (VBID) model beginning in 2020. Currently, the voluntary VBID model is being utilized by 13 plans in 10 states.

Hospice providers should be aware of opportunities to build or deepen relationships with MA plans serving their area. There may be contracting options for palliative care as well as being a contracted hospice provider. Providers are advised to start discussions now with MA plan if they have not yet done so.

Before NHPCO can offer a position either way on the MA

carve-in, we need more information from CMS and need to discuss how the demo would work. NHPCO is partnering with Better Medicare Alliance, to engage in a mutual collaboration addressing the challenges and opportunities associated with possible policy changes. Materials from previous presentations are available on the ["Models and Demos"](#) page online.

## New Digital Resources



### **NHPKO'S 2017 NATIONAL STAR REPORT (PDF ONLY)**

**RELEASED IN 2018**, the annual National STAR Report summarizes results of all hospices that utilized the Survey of Team Attitudes and Relationships within the year. STAR is the only job satisfaction survey designed specifically for the hospice field. If your hospice administered STAR, you can use the National STAR Report to compare your hospice's results to all STAR participants in 2017. Utilize STAR and its national level report as part of your hospice's comprehensive QAPI program today!

**Member Price: \$125.00 | Non-Member Price: \$175.00**



### **QAPI TOOLKIT**

**RELEASED IN 2018**, this resource assists hospice providers with implementation and maintenance of their quality improvement program and activities.

The Toolkit provides a framework for QAPI with review of §418.58 of the Medicare Hospice Conditions of Participation (CoPs): Quality Assessment and Performance Improvement. It will also explore the detailed requirements of the CoP and lists the definition of 'quality' in hospice. In addition, the Toolkit will identify NHPCO's core quality components in the Hospice Standards of Practice. The toolkit also provides a review of the components of a quality program and tools and resources to support the development, implementation, and maintenance of a comprehensive and high functioning QAPI program.

**Member Price: FREE | Non-Member Price: \$199.00**



### **STANDARDS OF PRACTICE FOR PEDIATRIC PALLIATIVE CARE**

This **NEWLY RELEASED** item in 2018 is an appendix to the NHPCO Standards. This item is a guide for palliative and/or hospice programs providing care to patients in the perinatal period, infancy, childhood, adolescence and young adulthood; regardless of whether care is delivered in the home, hospital, long-term care or a respite facility ("children" refers to patients in the perinatal period, infancy, childhood, adolescence, and young adulthood (young adulthood encompasses individuals over 18 years). It may also serve as a guide to pediatric programs developed within a hospice, home health, hospital or state agency.

**Member Price: FREE | Non-Member Price: \$29.95**

## NHPCO Resources



### **HOSPICE VOLUNTEER PROGRAM RESOURCE MANUAL**

Updated in 2015 to reflect current regulatory requirements and best practices. This 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**



### **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**

A close-up portrait of actress Torrey DeVitto with long, dark, wavy hair, looking slightly to the left. The background is a solid grey-blue color. A blue diagonal shape is overlaid on the bottom right corner, containing the main title and author information.

# THERE'S MORE TO DEATH THAN DRAMA

**By Torrey DeVitto**, Actress, NHPCO Hospice  
Ambassador and Hospice Volunteer



Death and dying can be emotionally fraught, traumatic, and regularly occurs in fast-paced clinical settings, like hospital emergency rooms. In the Hollywood version that most of us have seen on TV, death is a dramatic, high-energy, race against time and fate. Emergency room physicians, like the one I portray [on NBC's *Chicago Med*], juggle the emotional and physical twists and turns that accompany serious illnesses and injuries that have befallen our fictional patients.

But death, dying, and the end-of-life journey, in truth, are often so much more. Like birth, being with someone when they are dying is walking with them into the next phase of life. Thinking of death as a process of life makes it that much less scary. Death can be beautiful, peaceful, and spiritual. It can be without pain and procedures. It can be a process of living each day normally – surrounded by friends, family, pets and beloved pastimes – savoring the elements that make up the human experience.

When I started volunteering with hospice at just 24 years old, many of my friends and family questioned what I was doing- what would I have in common with older people? Wouldn't the experience be sad and depressing? To the contrary. I've found connecting and sharing with hospice patients to be inspiring.

I've had the privilege of hearing honest and vulnerable stories as I sat with someone at their bedside. As individuals at the end of life face this transition, they like to share stories and give advice. I've come to realize too the stories they share are always about the people they'd loved and the places they've gone – never about professional accomplishments. I've also come to recognize the gift of listening is the best thing I can offer – and it has given me so much more in return.

Volunteers are crucial to hospice organizations. Nationwide, more than 300,000 people give their time and talents so that no one has to die alone. Volunteers serve as important support, so patients and families can stay connected to their "normal" lives and the things they love most. Hospice volunteers provide companionship, conversation, and help patients remain active in their daily activities – like church or social clubs. Volunteers also help provide a break for family caregivers so that they can rest from the demands of their loved one's illness.

Although I've found one-on-one interactions to be the most fulfilling, not all hospice volunteers provide direct patient care. Local hospice organizations are always in need of dedicated and compassionate individuals who are willing to help with administrative support or assist by preparing meals, assisting with household chores, and running errands.

For more than 30 years, hospice care has provided Americans with options for their end-of-life care. It offers a holistic approach that treats the entire patient – not just his or her illness. It supports both the patient and the family – physically, spiritually, and emotionally – at a time when resources are depleted, and stress runs high.

Hospice can't eliminate fear, uncertainty and drama from one of life's most difficult circumstances- but with the ongoing support of dedicated volunteers – it can provide a happy, fulfilling denouement better than any Hollywood ending.

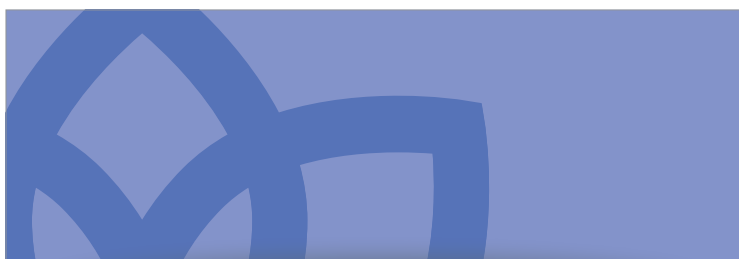


**Torrey DeVitto**, is currently starring in the television drama, *Chicago Med*, on NBC. She has been NHPCO's first official Hospice Ambassador since 2007. In 2013 she was awarded the Buchwald Spirit Award for her efforts to raise awareness of hospice and the important role of volunteering.

# Palliative Care Spotlight

## New *Palliative Care Playbook* Designed to Support Hospices in the Provision of Community-Based Palliative Care

NHPCO encourages all hospices to evaluate the feasibility of offering palliative care services in their community.



NHPCO proudly shares news about one of its newest resources for members, the [\*Palliative Care Playbook for Hospices\*](#). The Playbook has been created to help hospices who are offering or working to create community-based palliative care programs.

The *Palliative Care Playbook for Hospices* provides step-by-step instructions developed by hospice experts, to guide hospices in the development, implementation, and sustainability of a community-based palliative care program.

The *Palliative Care Playbook for Hospices* content includes:

- Needs assessment process
- Business case development
- Legal and regulatory considerations
- Quality and data
- Staffing
- Budgets
- Documentation
- Reimbursement

NHPCO Palliative Care Playbook for Hospices



NHPCO.ORG

An additional resource for providers interested in community-based palliative care is the upcoming 2019 Virtual Conference, [\*Overcoming the Challenges of Community-based Palliative Care\*](#), on July 17 – 18. Hosted by NHPCO in collaboration with AAHPM and HPNA, online registration for the Virtual Conference is now open.

"The ability to provide care to more people, earlier, is becoming more important, and NHPCO is working to help our members prepare and succeed in this new healthcare landscape. The new Palliative Care Playbook for Hospices is an example of one such resource," said NHPCO President and CEO Edo Banach at the LAC opening plenary. "Our patients and families need hospices to think outside of the box. We're seeing expanding demos and models coming out of the CMS Innovation Center with the goal of transforming person-centered care delivery in the U.S."

Additional attention in the field has focused on the forthcoming Value Based Insurance Design (VIBD) demonstration and discussions of

hospice and Medicare Advantage. The Medicare Care Choices Model (MCCM) is well underway and many providers are already contracting with ACOs and other providers in their communities.

Additional chapters of the Playbook will be released in the future as they are developed.

"We are fortunate to have established programs in the field share some of their practical tools and resources for the Playbook," said NHPCO Vice President of Palliative and Advanced Care, Lori Bishop, MHA, BSN, RN. "In addition, members of our Palliative Care Council provide insight and generously gave of their expertise in the creation of the first several chapters of the Playbook."

To support the creation and inform content development of the Playbook, NHPCO conducted a palliative care needs survey of its membership in 2018. ([Palliative Care Needs Survey Report](#) is available for download on the NHPCO website.) Survey findings indicate that 88 percent of survey participants are involved in community-based palliative care; with 53 percent already providing palliative care services and 35

percent in the process of developing a palliative care program.

Currently, the *Palliative Care Playbook for Hospices* is available exclusively to NHPCO members who may [download the Playbook in PDF](#), free-of-charge.

Non-members will soon be able to purchase an edition of the Playbook through the NHPCO Marketplace (look for that in fall of 2019).



**We are fortunate to have established programs in the field share some of their practical tools and resources for the Playbook.**



# Pediatric Spotlight



This important pediatric work will continue under the Pediatric Advisory Council...

## New Look, New Name – Same Dedication to Pediatric Care

As NHPCO rolls out its new branding, providers will begin to see some changes throughout the organization. What has been known as the Children's Project on Palliative/Hospice Services (ChiPPS), will now be known as NHPCO's Pediatric Advisory Council. The ChiPPS E-Journal will now be the Pediatric E-Journal and the look of the publication reflects NHPCO's new branding.

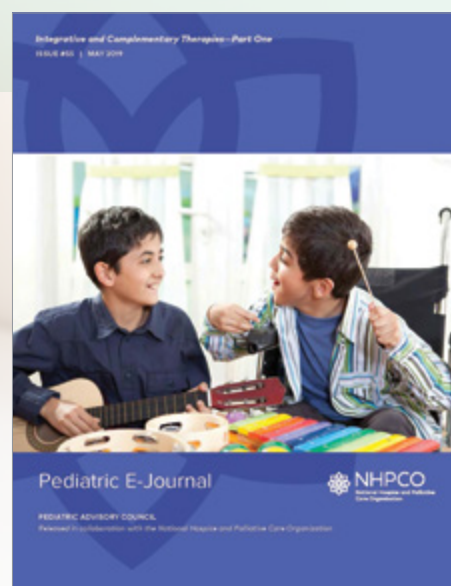
We salute the legacy of ChiPPS and the many contributions made in support of pediatric palliative and hospice care from the many members who have been a part of ChiPPS over the years. This important pediatric work will continue under the Pediatric Advisory Council and the E-Journal Workgroup looks forward to contributing to the field through the availability of the free Pediatric E-Journal.

The latest edition of [NHPCO's Pediatric E-Journal](#) (issue #55) is the first of a special, two-part series exploring some of the many different types of integrative and complementary therapies that can contribute to the care provided to children, adolescents, and family members as part of the overall services offered by programs of pediatric palliative or hospice care.

### A few highlights from the latest issue:

- Medical Marijuana in Pediatric Palliative Care
- Concealed Voices: Music Therapy for Pediatric Patients in Hospice Care
- Essential Oils: Scarlet's Story
- Pediatric Massage Therapy

Read these and other great articles now, visit [www.nhpc.org/pediatric](http://www.nhpc.org/pediatric) to find the latest edition as well as the archive of back issues of the Pediatric E-Journal.



# SAVE THE DATE

## 2019 INTERDISCIPLINARY CONFERENCE

ORLANDO, FL

PRECONFERENCE - NOVEMBER 2-3, 2019

MAIN CONFERENCE - NOVEMBER 4-6, 2019

GAYLORD PALMS RESORT & CONVENTION CENTER - ORLANDO, FLORIDA

## ABOUT

At IDC19 experience a unique blend of keynotes, concurrent sessions, preconference learning and networking opportunities all grounded in the philosophy of the interdisciplinary organization. You'll engage with colleagues from across the country as you learn about new approaches, successful models and innovations that will advance your professional practice and help strengthen your organization.

**Registration Opening Soon!**

[nhpco.org/IDC2019](http://nhpco.org/IDC2019)

# EOL Doula Spotlight



## End of Life Doula Council to Research the Benefits of Doula Care

Research into the impact of End of Life Doulas (EOLDs) on the dying and their families is underway in several places around the world. No results have been published yet. In the meantime, we have anecdotal evidence from hospice programs that use EOLDs, which shows that patient and family experiences have been universally quite positive.

To further understand the role and benefits of EOLDs, the NHPCO's End of Life Doula Council has decided to conduct its own informal survey. This survey will provide some preliminary information on the utilization and benefits of EOLD services in the United States. It will go to families that have used EOLDs in the past as well as families currently using them.

The survey will include both quantitative measures and narrative information. The council decided that a survey consisting of scaled data, short answers, and narrative questions will allow for the widest variety of responses. This will help the Council understand why families choose doulas, and to establish how well the outcomes of doula care match the reasons families made that decision. It will also provide hospices, palliative care programs, and the general public invaluable data on the benefits of EOLD care.

Narrative questions in the survey will give respondents an opportunity to express in their own words the ways doulas were (or are) most helpful to them. These questions will also identify areas of service that can be improved as the doula role evolves in the future.

Results from the study will provide a starting point for the Council to make recommendations on how hospices can partner with community EOLDs or integrate doula services into existing programs. The data may also help the Council develop new research into how doulas can most effectively serve alongside family caregivers and hospice clinicians.

The survey will be available as of June 14, 2019 and will be open for a period of eight weeks.

TAKE THE SURVEY ONLINE.

[www.surveymonkey.com/r/DXQFBVW](http://www.surveymonkey.com/r/DXQFBVW).

The Council will alert hospices that have an internal doula program or who have utilized EOLDs from the community about the existence of the survey and the need for as many responses as possible. The survey

will also be available through social media channels, email, or can be sent on paper to families, who will return it directly to the Council. The Council will contact EOLD trainers and educators as well, to have them circulate the survey to families who they know have used a doula. Through these various approaches, the Council will gather information from families served by doulas from a wide spectrum of programs.

The goal is to receive up to 100 completed questionnaires. Each survey response will remain anonymous. Participation is voluntary, and respondents will give consent for the results to be published in the aggregate,

knowing no personal information will be released.

If you are aware of any individuals or families who have utilized EOLD services, please share the link given above in this article or contact [communications@nhpco.org](mailto:communications@nhpco.org) to request a paper copy of the survey that you can share. Families can then complete the paper survey and return it to the same NHPCO email address. We look forward to what we learn through these questionnaires, and to conducting more research in the future guided by these first findings. The Council will share the results of the survey with the NHPCO membership later this fall.



**This survey will provide some preliminary information on the utilization and benefits of EOLD services in the United States.**

# OVERCOMING THE CHALLENGES OF COMMUNITY-BASED PALLIATIVE CARE

**VIRTUAL CONFERENCE**  
JULY 17-18, 2019

[nhpco.org/2019-virtual-conference](http://nhpco.org/2019-virtual-conference)

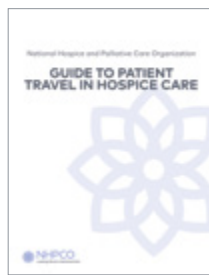


# Short Takes

## NHPCO Releases New Member Resources

In addition to the new *Palliative Care Playbook for Hospices* (see page 26), NHPCO continues to offer its members a range of tools and resources that help address regulatory and quality issues of importance to the field. Here are three new items that members may download free-of-charge from the NHPCO website.

### Medicare Hospice Benefit Guide to Patient Travel



Updated from its original publication, NHPCO's [Medicare Hospice Benefit Guide to Patient Travel](#) is intended to help hospices support short-term travel plans for patients receiving care under the Medicare Hospice Benefit by contracting with another Medicare certified hospice at the patient's travel destination. The Guide offers information and suggestions for organizing, coordinating,

documenting, and communicating with another Medicare-certified hospice provider related to patient travel.

### Management of Imminent Death in Hospice Care



This resource helps identify opportunities for quality assessment and performance improvement for patients and their families in the last days of life when the patient is receiving care at the routine home care (RHC) level of care. [Management of Imminent Death in Hospice Care](#) also includes information and tools related to managing imminent death of patients receiving hospice care in their last

seven days of life, whether they are admitted to a hospice program close to death or transition to imminent death during a longer length of stay.

### HQRP FAQ Index Tool



NHPCO understands the need for resources that assist hospice providers in quickly accessing answers regarding Hospice Quality Reporting Program (HQRP) requirements. The new [HQRP FAQ Index Tool](#) is a user-friendly searchable tool that compiles the quarterly posted HQRP frequently asked

questions and answers from CMS. Exclusively for NHPCO members, this tool will be updated with every quarterly FAQ from CMS.



NHPCO continues to offer its members a range of tools and resources that help address regulatory and quality issues...



# Joy in a Teardrop Launches New Music Project Inspired by Hospice and Palliative Care

## Proceeds from Joy in a Teardrop will Support National Hospice Foundation

NHPCO is proud to be working on an exciting project using music to express the essence of compassion and caring as experienced by hospice and palliative care professionals, **Joy in a Teardrop: The Hospice Music Project.**

This project was initiated with the creation of the song, Joy in a Teardrop, which was written as part of a songwriting workshop at NHPCO's Interdisciplinary Conference in November 2018 in New Orleans. Led by GRAMMY award winning songwriter Tricia Walker and John Mulder, hospice professionals shared reflections of their work and put words to the many emotions experienced in caring for those at life's end. Walker and Mulder shaped those words and added music to bring Joy in a Teardrop to life.

**Joy in a Teardrop** was subsequently recorded by Walker and Mulder, and is available for purchase from Amazon, iTunes and Spotify music services as well as in CD single from the NHPCO Marketplace. All proceeds from sale of the song will go to support the work of the [National Hospice Foundation](#), NHPCO's philanthropic affiliate.

Following the recording of the song, NHPCO staff added photographs that have been shared by member

hospices to create a video version of [Joy in a Teardrop](#) that is available on YouTube.

"It is a wonderful statement of the beauty and poignancy of the work that we all do in caring for people at the end of life," said co-creator John Mulder, MD, who is a hospice and palliative medicine specialist as well as a musician.

Spurred on by the hospice community's positive response to Joy in a Teardrop, NHPCO is launching a new program, **Joy in a Teardrop: The Hospice Music Project**, which will result in a full album of songs that reflect the experience of hospice professionals in the work that they do – the joys, sorrows, difficult and challenging times, and even the lighthearted and humorous moments that are a part of everyday end-of-life experiences.

**Joy in a Teardrop: The Hospice Music Project**, will be led by Tricia Walker and John Mulder, they will be assisted by other highly decorated songwriters, including Beth Nielsen Chapman and Marcus Hummon. These writers will take the thoughts and ideas provided by hospice and palliative care professionals and craft

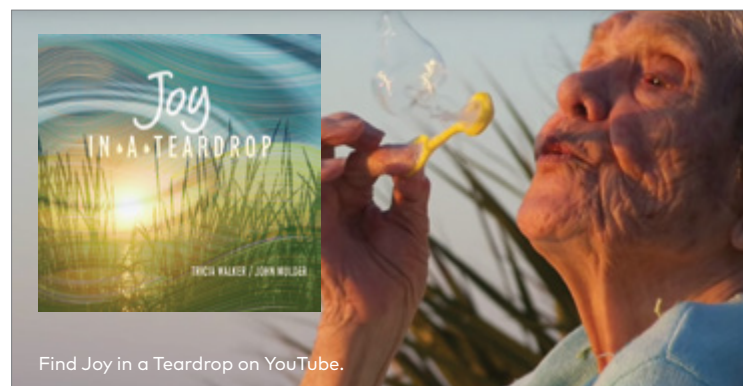
original songs, just as Walker and Mulder did with the original song.

## Call to Get Involved

NHPCO invites members of the hospice and palliative care community to share ideas with the project's creative team – perhaps just a word or phrase, maybe a concept or thought, or even a meaningful story or vignette. It may be your experience, the experience of a patient or family, or something that was shared by a coworker. They can be incomplete and scattered thoughts – we'd just like your reflections on this work that we all cherish.

You can submit your ideas at [music@nhpco.org](mailto:music@nhpco.org). If you have any questions about the project, you can also submit those to the same address, and we'll respond to you.

"We feel that this project will be one more effective way of communicating the sacredness of our work and establishing a testament of our wonderful legacy," added Mulder.



# Short Takes

## 2019 Virtual Conference, *Overcoming the Challenges of Community-Based Palliative Care*

For the fifth consecutive year, NHPCO is partnering with the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association to host its annual Virtual Conference. Offered on July 17 – 18, 2019, the Virtual Conference will address key clinical practice and program development challenges, providing practical solutions to ensure the delivery of exceptional quality care and the success of community-based palliative care.

### Keynote speakers include:

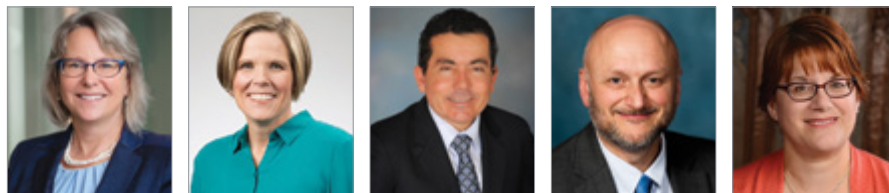
**Lori Bishop, MHA, BSN, RN**

**Elizabeth Fowler, MPH**

**Dan Hoefler, MD**

**Joe Rotella, MD, HMDC, FAAHPM**

**Ruth Thomson, DO, MBA, HMDC, FACOI, FAAHPM**



Provided live via the internet, *Overcoming the Challenges of Community-Based Palliative Care* will feature:

- Live-streaming keynote speakers
- Webinar-based concurrent sessions
- Video library
- Unique opportunities for interaction
- CE/CME credit for nurses and physicians (during the live event only)
- Unlimited on-demand access for three months after the live event

The value of the Virtual Conference is that it brings all the benefits of an onsite conference directly to your work place, training site, or even home via the Internet and provides access to the conference's recorded content for three months after the live event. The program is suited for an entire organization, a team, or even an individual professional.

**Registration is open!**



The value of the Virtual Conference is that it brings all the benefits of an onsite conference directly to your work place...

# MSDS Member Program

## Did you know that NHPCO members have access to a range of discounts.

NHPCO has partnered with, MSDSONline®, to provide our provider members with an online library of safety data sheets, or SDSs (formerly known as material safety data sheets, or MSDSs). MSDS online has millions of safety sheets that contain the information that providers need to keep their organizations safe from dangerous chemicals or other hazardous substances.

## The benefits to this online program include:

- OSHA-compliant electronic MSDS management.
- 75% more efficient than paper-based systems.
- Around-the-clock access to the online MSDS database.
- Easy, right-to-know access for all staff & departments.
- Built-in regulatory reports.
- Extensive incident case management and record keeping tools.

If you are a current NHPCO provider member and are interested in MSDSONline, contact the NHPCO Solutions Center at 1-800-646-6460 and they can help you with details.

# U.S. Hospice National Data Survey – Submit Data Now

The National Data Survey (NDS) represents a comprehensive compilation of often hard to find, and timely data points on hospice operations. The NDS is instrumental in providing industry insights, supporting advocacy efforts, and providing useful benchmarking data to Hospice providers that aids in refining strategic goals, setting operational targets and staffing levels, and improving care delivery. The NDS provides information on:

- Who provides care;
- Who receives care;
- Where care is provided;
- The range and quality of hospice services;
- Staffing Levels;
- And other important demographic, cost, and payer data

Administered by NHPCO, the NDS opened its data collection period for 2018 data on May 27, 2019 for eight weeks. The NDS submission period will close on July 26, 2019.

For providers who may be familiar with previous versions of the NDS, the survey has been streamlined from prior years based on feedback from participants. It is easier to access and submit data.

Participation is encouraged for all U.S. Hospice and Palliative Care providers regardless of NHPCO Membership. All participating providers will receive a copy of this year's report which is instrumental for benchmarking and strategic goals planning.

Please go to the [NHPCO NDS Website](#) to learn more and to

download a copy of the survey to use as a preparation worksheet for your online data submission. If you have any questions, please email [nds@nhpco.org](mailto:nds@nhpco.org).



# News From **We Honor Veterans**

## Welcome Home Vietnam Veterans Day 2019



*Hospice of Alliance, Inc of Pleasant Prairie, WI recognized over 60 Vietnam Veterans on March 29 at two services thanking them, welcoming them home and giving them a pin signifying their service. The POWs from that era were also recognized.*

In 2017, the Vietnam War Veterans Recognition Act established the National Vietnam War Veterans Day to be celebrated each year on March 29. Many of our We Honor Veterans partners from all levels participated in or hosted Welcome Home Vietnam Veterans Day events. A Welcome Home event is not only important for hospice patients, it is important for the community, as well. Events ranged from 30 to 900 people in attendance.

Many Veterans of the Vietnam era were not treated with respect upon their return home. They've shared stories of removing their uniform and changing back into civilian clothes upon their arrival in the states. Our We Honor Veteran partners throughout the country have made this day special for the Vietnam Veterans in their care and in the community. Thank you to all of our partners who hosted Welcome Home events and submitted stories. We cannot wait to see more Welcome Home events throughout the year!

To read the full WHV Newsletter, and see past issues, please visit [WeHonorVeterans.org](http://WeHonorVeterans.org).

**Find us on Twitter!**



@WeHonorVeterans

## Funds Raised for Veteran Services at NHF Gala

The National Hospice Foundation Gala was held Tuesday, April 16 at the Washington Marriott Wardman Park in Washington, D.C. in conjunction with NHPCO's Leadership and Advocacy Conference. Over 450 guests gathered for a night of celebration that included a fundraising live appeal for NHPCO's Veteran Services.



*NHPCO President and CEO Edo Banach pins a Veteran and gala guest.*

Nearly \$50,000 was raised to support the work that NHPCO is doing to help improve the care that Veterans receive at the end of life. We Honor Veterans was featured prominently as a successful example of these efforts.

## VITAS Honors Veterans at Cape Canaveral National Cemetery

**Submitted by: Crystal Decker, Public Relations Specialist, VITAS Healthcare**

The Cape Canaveral National Cemetery hosted a late March "Sea to Shining Sea" event that honored Veterans who served during the Vietnam War



*Fred Robinson, VITAS admissions liaison and former Marine, is pictured with representatives from the Vietnam Unforgettable Memories Foundation.*

period and also promoted healing for Veterans, their families and grateful South Vietnamese refugees.



**WE HONOR VETERANS**

MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT

# PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

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

## The Lighthouse of Hope Fund is available to patients

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

## Selection Criteria

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



## Acquisition Services




Home Health | Hospice | M&A | Sourcing | Advisory



Acquisition Services has the experience and track record to help you receive the best valuation for what you have worked so hard to build.

Call 469.693.6646 or email to: [bsarna@hospiceacquisitions.com](mailto:bsarna@hospiceacquisitions.com) for a confidential discussion.

 Hospice Acquisition Services, LLC  
PO Box 2303  
Allen, TX 75013-2303  
[www.hospiceacquisitions.com](http://www.hospiceacquisitions.com)

## CaroMont Health

### Hospice | Palliative Care Opportunity Charlotte Metro Area

Outstanding opportunity for B/C Physician to join a well established and growing Hospice and Palliative Care Program in Gastonia, North Carolina, located less than 30 minutes from Charlotte. This position will cross over for both inpatient and outpatient Palliative settings, as well as with Hospice. The program is currently serving the Gaston County community with a 19-bed off site Hospice inpatient facility and Nurse Practitioners are providing Palliative Care.

Services in patient homes and to local long-term care facilities. CaroMont Health is an independent not for profit healthcare system with multiple affiliates, including a 435 bed hospital, a large primary care and specialty physician network and an accredited Cancer Center committed to improving the health status of the community.

If interested in being considered for this opportunity, please [apply online](#).



# NHPCO

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## NHF

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## HAN

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