

NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization | **Spring 2019**

Innovation and Hospice

It's an ongoing
journey for providers.

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National Hospice and Palliative Care
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HOSPICE & PALLIATIVE CARE

LEADERSHIP & ADVOCACY CONFERENCE

.....

2019

MARRIOTT WARDMAN PARK HOTEL | WASHINGTON, DC

PRECONFERENCE **APRIL 13-14, 2019**

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

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What Matters...



Spring is a time for renewal, for growth, and for change. I am often reminded of this when I see the first daffodils shoot up in March or April. I live in the country and call myself a “gentleman farmer.” I enjoy planting seeds and seeing them grow. But there’s something special about a perennial that comes back each year with simple nurturing and a little love.

As loyal NHPCO blog readers know, I can take [Moana](#) or [Physics](#) and apply it to Hospice. But this time, my analogy is not

a stretch! You see, perennials adapt and live from one year to the next through a form of vegetative reproduction (which sounds racier than it is) rather than seeding. Perennials bounce back when the conditions are again suitable—and they do it because they have adapted to the environment.

So it is with hospice. We planted the seeds long ago and have evolved and adapted to changing needs of our country ever since. HIV and AIDS, dementia, disasters, opioids...we have seen and done it all. And now, while everybody else is planting the seeds of person-centered, interdisciplinary, coordinated/managed/integrated care, our community’s already there— ready to show folks how it is done. We don’t survive because we stay still, but because we have continually adapted to change. So let’s keep moving.

As you will see at this year’s Leadership and Advocacy Conference, we are leading person-centered care. We have been managing care for over 40 years. We do provide person-centered, interdisciplinary care, and we are experts. We welcome the annuals to our garden. Heaven knows, there is so much need for this kind of care – and so many people who might benefit from the skills we have mastered. As a field, we will continue to evolve, but the bedrock will always be the perennial hospice and palliative care providers that have been doing this and coming back for over 40 years.

Happy Spring. See you at this year’s conference.

Edo Banach, JD, President and CEO





INNOVATION AND HOSPICE

An Ongoing Journey

By Zinnia Ng Harrison, MHS

“The Center for Medicare and Medicaid Innovation’s announcement to include hospice in Medicare Advantage by using the flexibilities of the Value-Based Insurance Design (VBID) model offers a promising opportunity for plans and providers to collaborate to design a meaningful hospice carve-in model. However, the lack of details from CMMI raises concerns because crucial policy issues may not be thoroughly addressed through stakeholder engagement in 2019.”

Over the past 10 years, I’ve heard many say that “health care is changing at a rapid pace.” No one is immune from experiencing the impact of this change regardless of their role in the C-Suite, as a clinician, or the unsung heroes contributing to the care team. The dynamic pressure to contain rising health care costs, improve quality of care, advances in technology, and new evidence-based care all apply pressure from a variety of perspectives. Some early adopters in private health insurance and community-based care took steps to transform health care through investing in technology and applying leadership tools at all levels, as examples.

In the [Winter NewsLine 2018](#), I summarized several key policy actions in 2018 that support the shift of policy direction from a medical model of siloed care to addressing person-centered care in the community through covering supports and services. I have been tracking the marked increase in policy makers’ interest in allowing Medicare Advantage Organizations (MAOs) to include the hospice benefit in their plans since MedPAC recommended this in 2014.

On October 18, 2018, NHPCO took the important step of convening MAO and hospice leaders to identify mutual concerns and exchange ideas for opportunities. While we were planning our second convening to dive into the technical issues that were raised in our first convening, the CMS Center for Medicare and Medicaid Innovation (CMMI) made a significant announcement.

On January 18, 2019, [CMMI announced](#) that they would be taking the first step in testing whether including the hospice benefit in Medicare Advantage plans would “increase access [to] hospice services and facilitate better care coordination between patients’ hospice providers and other clinicians.” In coordination with the public announcement, CMMI officials hosted a conference call for stakeholders to briefly review the points included in the press release. NHPCO President and CEO Edo Banach and his leadership team participated.

To ensure members were informed, NHPCO put out a [Regulatory Alert](#) which provided important details about the CMMI announcement of the CY 2020

No one is immune from experiencing the impact of this change regardless of their role in the C-Suite, as a clinician, or the unsung heroes contributing to the care team.

and CY 2021 [Value Based Insurance Design](#) (VBID) model.

CMMI has yet to articulate the parameters of the model. According to CMMI, they plan to share information in the coming months and hold stakeholder meetings to inform the development of the CY 2021 VBID model to include hospice. Although there appears to be direct action to include hospice as part of Medicare Advantage (MA), the model is expected to be limited. CMMI has not provided any details for the CY 2021 model to include hospice providers, and the voluntary model does not guarantee widespread eagerness for MAOs to submit applications for CY 2021.

Media outlets reported the news from CMMI, and NHPCO responded by reinforcing the concerns of the provider community. In an interview with Home Health Care News, Edo Banach said, “Our main focus is: How do we make sure that consumers, patient and families are assured of their access to hospice care in a transition to hospice that is at least as good as what they have now — and ideally better. Going forward, we’re going to be watching to make sure this is a plus and not something that detracts from care.”

As an active member of the CMS

stakeholder community, NHPCO is engaged directly with CMS to ensure our members’ perspectives are represented as we all continue to advocate to protect patients and families.

You may be asking what this news mean for your hospice? Well, given the lack of details, providers may begin to think about opportunities to build or deepen relationships with MA plans serving your area. Now is a good time to engage in discussions with MA plans, if you have not already done so. It’s also wise to think about opportunities to expand your community-based palliative care program as there may be contracting options for palliative care as well as being a contracted hospice provider.

On February 27, 2019, NHPCO held a Virtual Town Hall to discuss the VBID model and how to identify Medicare Advantage Organizations (MAOs) by state and county. You can access this recording and other relevant references by logging into the NHPCO website’s [Hospice and Medicare Advantage page for members](#).

In addition to familiarizing yourself with the MA plans serving your community, it’s essential that you are familiar with your organization’s own palliative care and hospice data. This includes diagnosis mix,

length of stay, cost, discipline mix, ability to provide increased services for patients in the last week of life, hospice quality reporting scores, CAHPS hospice scores and Hospice Compare.

While much remains to be seen, and the devil is certainly in the details, NHPCO is committed to ensuring that a VBID model’s interventions improve patient and family access to the highest quality care possible at the end of life.

NHPCO is offering the opportunity for providers to learn more about a range of key health care policy issues including MA coverage of hospice that will impact hospice providers this year at a Town Hall that will be hosted on Sunday, April 14 as part of the [2019 Leadership and Advocacy Conference](#).

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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.

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WASHINGTON, DC IS THE PLACE TO BE IN APRIL 2019

PRECONFERENCE
APRIL 13-14, 2019

MAIN CONFERENCE
APRIL 15-17, 2019

Bringing the Field Together with a Focus on Leadership and Advocacy Conference

Activity for the 2019 Leadership and Advocacy Conference is in full gear as staff prepare for one of the most important events for the field.

Formerly known as the MLC, the 2019 LAC will be hosted in Washington, DC on April 15 – 17, with preconference offerings on April 13 and 14. Our conference hotel will be new for us in 2019, the Marriott Wardman Park located in Northwest DC near the historic Adams Morgan and Kalorama neighborhoods – and only a few blocks from the National Zoo.

Leaders and managers in the field understand the importance of developing professional skills, hearing insights from experts in the field, and networking among peers at this national conference. NHPCO's 2019 LAC will provide such opportunities in abundance. The LAC will also reach beyond the development of one's own skills and last beyond the conference itself by featuring sessions that focus on strengthening the entire organization and nurturing other team members in workplaces at home.

Conference offerings are developed by a cross-section of NHPCO members, representatives from the board and committees, staff, and relevant content experts. They work together to ensure the conference experience is of value right now, focusing on issues that leaders and managers are facing today and preparing for in the future.

Additionally, the advocacy focus of LAC will help professionals stay up to date on critical issues relevant to their communities. Participants will develop an understanding of the value of grassroots advocacy and find tools to use at home. And for those who are interested, the LAC affords attendees the opportunity to meet with Congressional staff members on Capitol Hill in a strategically designed day created to amplify the voice of hospice throughout the halls of Congress – all included in the conference registration.

MEET TWO OF THE PLENARY SPEAKERS



Kai Kight, Classical Violinist
Turned Innovator, Composer &
Entrepreneur

Composing Your World, Opening
Plenary Presentation

How does composing new music relate to hospice and palliative care? Consider this: why do some providers choose to stay “in the hospice box” while others create new opportunities for collaboration and service to their communities?

LAC is designed to stimulate and encourage the field to embrace new ways of thinking, leading, and empowering others. There's a strong focus on innovation and tapping into one's creative potential to meet today's challenges and tomorrow's opportunities.



Edo Banach, JD
President and CEO

Kai will challenge us to innovate; to create new things rather than be complacent and conform to things as they are. Kai uses music as a metaphor to inspire individuals and organizations around the world to compose paths of imagination and fulfillment.



Laura Adams,
Healthcare Innovator
and Transformer

***Patient & Family-
Focused Improvement:
The Art and Science,***
Tuesday Plenary
Presentation

Health care professionals are challenged to chart a path forward that focuses on optimization of health rather than just treatment of disease. The best results are coming from activated communities where information flows from many sources and where there is genuine engagement in the lives of patients. Patient-driven design and delivery is becoming the essential business strategy in healthcare organizations of all sizes and types. Discover how this seismic shift in health care will influence and impact the provision of hospice and palliative care and how to improve the quality of care for all patients/families, regardless of the outcome.

CONCURRENT SESSION FOCUS AREAS

There are more than 75 [concurrent sessions](#) offered at this year's LAC. Attendees may select any of the



concurrent sessions and tailor the learning experience to specific professional goals. The sessions for the 2019 LAC are organized by the following tracks:

- Leadership
- Regulatory/Quality
- Palliative Care
- Clinical/Operations Management
- Engagement/Marketing
- Finance
- Fund Development
- Staff Development/Excellence
- Partnerships
- Advocacy

NATIONAL HOSPICE GALA 2019

The [2019 National Hospice Gala](#) will take place on Tuesday, April 16 in conjunction with the LAC. The event attracts hospice and palliative care leaders from across the nation and around the world. This year, the National Hospice Foundation is raising support for our Veteran-focused services. This includes resources for hospices and caregivers to ensure that patients who are military Veterans receive care that focuses on respectful inquiry, compassionate listening, and grateful acknowledgment for their service. There will be a lot to celebrate at this formal affair with dinner, auction, entertainment, and dancing. Participating in this event is a great opportunity to show your leadership and support in the hospice and palliative care community.



PRECONFERENCE OFFERINGS

Kick off your LAC experience with a preconference offering. Dive deep into topics to develop your professional skills or improve organizational excellence. Topics include: Community-Based Palliative Care, Hospice Compliance Certificate Program, the Hospice Manager Development Program's Foundational Course, Strategic Growth from All Perspectives, Hospice Accounting and Revenue Cycle Management, CMS Demonstrations, Right-sizing your Drug Budget, and other timely topics. Learn more about these [preconference offerings](#) on April 13 and 14.

CONTINUING EDUCATION

The 2019 Leadership and Advocacy Conference provides continuing

CHERRY BLOSSOM FESTIVAL PARADE

For those in Washington on Saturday, April 13, you'll be able to watch the National Cherry Blossom Festival Parade. The parade caps off a month of Cherry Blossom activity in DC. Watch the parade free of charge along Constitution Avenue between 9th and 15th Streets, NW. Tickets for grandstand seating may be purchased from the [festival website](#).

I'm looking forward to the Town Hall meeting and the partnership track of concurrent sessions that are part of the conference.

Throughout the LAC there is a wonderful sharing of expertise and collaboration from attendees, hospice leaders, federal policy makers, faculty, and exhibitors making this event unique in the field.



Zinnia Harrison, MHS
VP, Innovation & Inclusion

education credit for compliance officers, counselors, finance professionals, nurses, physicians, and social workers. CE/CME credit is not available for the Town Hall or congressional meetings. More information on [CE/CME is available online](#).

EXHIBIT HALL

The Exhibit Hall at the LAC will give attendees a valuable opportunity to meet leading vendors and service providers from the field as well as organizations and associations interested in the work of hospice and palliative care professionals. Enjoy refreshments, learn about the latest products and services, and take advantage of networking time with colleagues.

REGISTRATION

Visit the [LAC homepage](#) for more information and to find links to registration. Register online and save; online registration is available through March 29. Onsite registration will be available at the conference registration desk.

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“I am really excited that our Palliative Care Council members are participating in two sessions in the palliative care track at LAC. One will be a panel of providers talking about program sustainability while the other will be a panel of providers and software experts discussing how to get the most out of your documentation software.”

**Lori Bishop , MHA, BSN, RN, CHPN
VP, Palliative & Advanced Care**



“One of the main highlights of LAC is the annual Gala. I always look forward to seeing everyone dressed in their finest and taking a break from meetings and learning sessions and focusing on just having fun! It’s such a great way to celebrate our community.”

**John Mastrojohn III, RN, MSN, MBA
Chief Operating Officer**

MARK YOUR CALENDARS

**Virtual Conference:
Overcoming the
Challenges of
Community-Based
Palliative Care,
live via the Internet.
July 17–18, 2019**

Once again, NHPCO’s Virtual Conference is presented in collaboration with the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association.

**Interdisciplinary
Conference 2019
Orlando, Florida**

**Preconference Offerings:
November 2–3, 2019**

**Main Conference:
November 4–6, 2019**



IN CONJUNCTION WITH NHPCO'S LEADERSHIP AND ADVOCACY CONFERENCE

2019 NATIONAL HOSPICE

Gala

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6:30PM – 11:00PM

MARRIOTT WARDMAN PARK - WASHINGTON, DC

National Hospice and Palliative Care
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NHPCO LEGISLATIVE PRIORITIES

FOR THE 116TH CONGRESS

Advocacy Day is a Time to Carry the Voice of our Community to Capitol Hill

NHPCO represents nearly 4,000 hospice programs that care for the majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in the U.S. and their loved ones.

The Hospice Action Network, an NHPCO affiliate and national hospice advocacy organization, is dedicated to preserving and expanding access to hospice care in

America. With a mission to advocate, with one voice, for policies that ensure the best care for patients and families facing the end of life.

NHPCO and HAN work collaboratively to ensure compassionate, high-quality care for all Americans facing a life-limiting illness by:

- Expanding an ongoing and influential presence on Capitol Hill.
- Mobilizing a growing network of Hospice Advocates throughout the nation.
- Empowering, through new and innovative techniques, an interactive community connecting the public with hospice advocacy.

Changes to the Medicare Hospice Benefit should remove burdensome regulations that compromise patient care while implementing common-sense reforms that promote value and quality, patient choice and access, and provider accountability.

The value-based model of person-centered care pioneered by hospice and expanded by palliative care should be adopted throughout the care continuum.

Structural Reform of the Medicare Hospice Benefit

NHPCO supports reforms that improve access and care for patients and families, including allowing hospice patients to access concurrent curative care, improving upstream access to palliative care, reforming the six-month prognosis barrier, and reducing regulatory hurdles that unnecessarily limit access to hospice services at the end of life.

Coverage for Community-Based Palliative Care Services

A statutory standard definition of community-based palliative care would allow hospice programs to provide the right care at the right time by ensuring reimbursement for palliative care services.

Expanded Access to Hospice Services

Education and training programs can stem provider shortage issues by encouraging more individuals to pursue a profession in the hospice and palliative care fields.. NHPCO also supports removing barriers that limit hospice and palliative care access in both rural and urban communities.

Reduction of Regulatory Burden While Protecting Program Integrity

Current regulatory requirements produce unintentional clerical errors that can get inappropriately flagged as fraudulent activity; this misdirects resources away from patient care and from the oversight of willful bad actors. NHPCO supports regulations that promote accountability and safety and is eager to work with lawmakers to develop policies and enforcement mechanisms that promote program integrity.

Supported Legislation:

- The Palliative Care and Hospice Education and Training Act
- The Rural Access to Hospice Act
- The Patient Choice and Quality Act

Spending time with leaders and managers within our field who have taken time away from the office and busy lives at home to come together to enthusiastically engage and discuss emergent issues and advocate on behalf of quality care is one of the things that makes the advocacy component of LAC so valuable.



Hannah Yang Moore, MPH
Chief Advocacy Officer

Advocacy at LAC

Joining your professional colleagues and advocates for the Leadership and Advocacy Conference, April 15 – 17, is one important way you can play a part in our strategic efforts on Capitol Hill.

Can't attend the whole conference, but want to visit the offices of your members of Congress? NHPCO is happy to offer the Advocacy Pass, which will provide entry to Advocacy Pass Sessions on LAC Days 2 and 3 that focus on policy and advocacy training. The Advocacy Pass gives you access to:

Tuesday, April 16

- Advocacy Training Sessions from 2:00 pm to 6:00 pm. These are mandatory for Advocacy Pass Holders.

Wednesday, April 17

- Breakfast and morning preparatory sessions from 7:30 a.m. to 9:30 a.m.
- Meetings with your members of Congress scheduled between 10:00 a.m. and 5:00 p.m.
- Celebratory Congressional Reception on Capitol Hill from 5:00 p.m. to 7:00 p.m.

Once participants are registered, they will need to complete a Meetings Registration Form which provides necessary information to set up your congressional meetings. Advocacy Pass holders are required to attend their congressional meetings.

The Advocacy Pass costs \$125 for NHPCO members and \$175 for non-members. Look for the Advocacy Pass option on the NHPCO [LAC registration page](#); then, use the link in your confirmation email to complete your Meetings Registration Form.

Advocacy is an essential activity for all those working in the field.

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“What’s so important about the advocacy portion of LAC is that we will be teaching participants the skills they can use in the future, skills they can use in their communities. In recent years, we’ve learned grassroots efforts put into action at home have been a significant part of many of the successes our community has accomplished.”

“This year in DC, we are planting the seeds for grassroots advocacy efforts that will pay off in the future.

Given the congressional calendar, most elected officials will be in their home districts during LAC but their DC offices are still open so most meetings on April 17 are with legislative staff – the people who keep the wheels of Congress turning. Given that 111 members are serving their first term, the opportunity to start building relationships with key staff members is crucial. It is the staff that focuses their bosses attention on important issues, these meetings are no less important or impactful.”

–Edo Banach, JD

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Media Highlights

Date	Outlet	Headline	Reach
Nov. 26, 2018	Tri-City Herald	Measure could ease critical hospice-worker shortage	91,612
Nov. 26, 2018	Toledo Blade	To the editor: Pass rural hospice law	171,942
Nov. 25, 2018	Woodbury Bulletin	Letter: Congress, don't forget rural patients	3,288
Nov. 21, 2018	Hometown Source	LETTER: Please pass Rural Access to Hospice Act	60,209
Nov. 16, 2018	The Hill	Hospice month celebrates success of nation's first coordinated care model	1,406,913
Nov. 13, 2018	Record Net (CA)	Legislation to provide quality hospice care for all	44,261
Nov. 8, 2018	The Buffalo News	Another Voice: Volunteering for hospice is a true labor of love	323,983
Nov. 7, 2018	Daily Herald	Take time to consider end-of-life care	388,340
Nov. 1, 2018	Multiple Outlets	Hospice Month Radio Tour	11,364,915
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

Who Is Listening

- SENATOR SHELLEY MOORE CAPITO
- SENATOR CLAIRE MCCASKILL
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- CONGRESSMAN VERN BUCHANAN

NHPCO Board of Directors

A Message from NHPCO's Board Chair

On behalf of the entire board, I want to thank all of our members for their support of NHPCO. Through your involvement, such as committee and council service, activity in our professional communities, participation in education offerings, and vital membership dues support, you are strengthening the entire hospice and palliative care community.

Most importantly, however, is my appreciation for the high-quality care that you provide to people living with a life-limiting illness and their families – every single day in communities across the U.S. Even though our accomplishments have been many over the past 40+ years, we cannot slowdown in our effort and diligence to ensure people receive what they need and want while living until they die. It is up to us to continue this vital work so that today and the generations following us get our best. Through your dedication and support, NHPCO members can be assured that the work of our community is exemplary.

I am honored to be serving with such distinguished colleagues and I thank you for this opportunity to work and serve on your behalf.

Gregory Wood
NHPCO Board Chair



2019 Board of Directors

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NHPCO

...we cannot slowdown in
our effort and diligence to
ensure people receive
what they need and want
while living until they die.



Q&A with the New President of the Hospice Medical Director Certification Board

Following the organization's Fall 2018 Board of Directors meeting, Brian Murphy, MD MBA FAAHPM HMDC, a hospice physician at Orange Regional Medical Center in New York, took over as HMDCB's president. His two-year term will see the organization's first certificants navigate its Continuing Certification Program, launched earlier in 2018. Upon assuming the role, Murphy answered several questions about his excitement, the organization, the value of certification for hospice leaders, and the new Continuing Certification Program.

Q: As you take over as president of the Hospice Medical Director Certification Board (HMDCB), what are your hopes for the organization as it moves into its sixth year of offering certification to hospice physicians?

To continue to raise awareness about the certification by sharing the message to more and more hospice physicians. I also would like to allow opportunities for hospice CEOs to discover why certification means the hospice employs a true leader, someone with the skills and knowledge to elevate patient care, to avoid documentation traps, to ensure regulatory compliance, to excel.

Q: Being that the organization has certified nearly 950 hospice physicians in its first five years of existence, what has made it so popular to physicians and their hospices' leaders in such a short time?

Hospice physicians are a certain breed, taking extra pride in their work and in their field. Our work isn't easy, it takes extra time, extra knowledge. Verifying that effort and knowledge and establishing it through this credential is then seen not only as worthwhile but essential.

Since its inception, the independent, nonprofit, Hospice Medical Director Certification Board has worked to meet its mission of “helping to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians.” That work has allowed nearly 950 hospice physicians and medical directors, spanning all 50 states, to become certified in the first five years since its creation.

Q: There has been some confusion in the field about whether this certification is strictly for those in the Hospice Medical Director role or not. Can you help clarify who is HMDCB certification is intended for?

The certification is actually intended for any and all hospice physicians, inclusive of full-time and part-time, who meet the eligibility requirements (next page*). If you're a physician seeing hospice patients, this certification is for you.

Q: In your discussions with hospice CEOs, what have been their responses about why they have encouraged their physicians to become HMDCB-certified?

Universally positive. “My physicians must do this!” The CEOs know they have great hospice physicians. They want to be able to brag about them. They want their hospice to stand apart from the rest.

Q: How does having a physician with the HMDC credential positively impact a hospice?

With physicians who have a verifiable knowledge base, a hospice is then stronger. The HMDC physician has learned to avoid regulatory and documentation pitfalls, and they have leadership skills, which strengthen not just their care, but that of the whole IDT. Having someone who has shown they have a certified knowledge base can be a differentiator for your hospice.

Q: As a follow up, how does having a physician with the HMDC credential help the CEO or administrator specifically in their role?

The knowledgeable HMDC physician keeps the documentation aligned with regulatory issues, decreasing audit risk. And with skillful patient review, they can bring in those patients with less clear diagnoses and prognoses with minimal risk, helping to grow census — and similarly help to maintain census by keeping patients with longer length of stays on service with

Having someone who has shown they have a certified knowledge base can be a differentiator for your hospice.

justifiable rationale and documentation. Finally, an HMDC physician can help get through an audit with wins for the hospice.

Q: How can a physician's preparation and completion of the HMDCB certification exam impact operations at any given hospice?

For the better!! How? By enhancing patient care, staying up to date on medication and pharmacologic knowledge, and improving documentation with up to date regulatory expertise. Also, the preparation and completion of the examination strengthens communication skills not only with patients and families but also with the IDT, as well as referring physician colleagues, and administrative hospice leadership.

Q: There are some hospices who have chosen to both support and pay for their physicians to participate in the certification program. Why is this important for hospice CEOs to do?

A hospice who supports their physicians will have a physician who supports their hospice. This allows a CEO to say, "I support you, I want you to be and I'll help you to be a strong expert physician. I care." A hospice employing HMDC physicians will recruit stronger physicians.

Q: How do physicians with the HMDC credential help differentiate a hospice from competitors in the ever-increasing competitive landscape?

The HMDC credential demonstrates to consumers, patients, and families that this hospice wants and demands their physicians to be the best. The credential is a symbol of dedication to the hospice field and quality to the care the physician provides.

Q: How is HMDCB ensuring that there is ongoing learning and development of its certificants?

After proving their knowledge with the initial exam, the certificant establishes continuing education in hospice as a part of their work and job. We test every 6 years for a reason, because things change in hospice quickly. We require CME during those 6 years to ensure the learning continues. We offer self-evaluation too, so a physician can learn where to focus their education. There are numerous opportunities for certificants to continue developing and learning through the Continuing Certification Program.

Printer-Friendly PDF

*The eligibility requirements mentioned earlier include holding a current license to practice medicine in the US or Canada, adhering to HMDCB's Professional Code of Conduct, and demonstrating a minimum of 400 hours of broad-based hospice activities during the previous five years. We also have three different pathways to choose from for eligibility which adhere to a wide range of practicing hospice physicians.

More hospices are making the determination that having certified hospice physicians is important enough to require it. If you are interested in learning more about how having a certified hospice physician can positively impact your hospice, please visit [HMDCB.org/CEOs](https://hmdcb.org/CEOs). Please note that the HMDCB application cycle will open January 8 and close on April 22, 2019. Physicians interested in applying can do so at [HMDCB.org/Apply](https://hmdcb.org/Apply)



2019 WEBINAR SERIES



Don't forget to plan for the **2019 NHPCO Webinar Series** as you finalize your budget and education calendar.

Addressing the most timely topics in the field today, don't miss this opportunity for additional savings on one of the best ways to bring high quality education to your team. CE/CME credit is available. **Buy a webinar package now and save over!**

Visit our website for more information on package deals. www.nhpco.org/webinars

JANUARY 10	Bereavement Care Following Opioid-Related Deaths
JANUARY 29	Creating a Thriving IDT Culture
FEBRUARY 14	Improving Access for Diverse/Marginalized Populations
FEBRUARY 26	Building a Culture of Accountability
MARCH 14	Aligning Business and Clinical Practices
MARCH 26	End-Stage Alzheimer's/Dementia Management
APRIL 11	Life Review and Closure
APRIL 23	Challenges in Establishing and Maintaining Professional Boundaries
MAY 9	Using Data to Inform and Improve
MAY 28	Visits at the End of Life
JUNE 13	Orientation and Onboarding
JUNE 25	Clinical Assessment and Documentation

JULY 11	Caregivers: A Key Focus of Care
JULY 23	Improving IDT Practice through Patient/Family Inclusion
AUGUST 8	The Palliative Care Value Equation for ACOs and MCOs
AUGUST 27	Quality and Regulatory Hot Topics
SEPTEMBER 12	Revenue Cycle Management
SEPTEMBER 24	Integrative Therapies
OCTOBER 10	Providing Culturally Sensitive Care
OCTOBER 22	Staff Competencies
NOVEMBER 14	Target Populations for Growth and Expansion
NOVEMBER 21	Comprehensive Assessment and Plan of Care
DECEMBER 12	Personnel, Performance and Productivity
DECEMBER 19	Advanced Pain Management

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



Palliative Care or Hospice

The right service at the right time for seriously ill individuals

Download this [resource in PDF](#) to share with referral sources in your community.

QUESTION	PALLIATIVE CARE	HOSPICE
What is the focus?	<p>Palliative care is not hospice care: it does not replace the patient's primary treatment; palliative care works together with the primary treatment being received. It focuses on the pain, symptoms and stress of serious illness most often as an adjunct to curative care modalities.</p> <p>It is not time limited, allowing individuals who are 'upstream' of a 6-month or less terminal prognosis to receive services aligned with palliative care principles. Additionally, individuals who qualify for hospice service, and who are not emotionally ready to elect hospice care could benefit from these services.</p>	<p>Hospice care focuses on the pain, symptoms, and stress of serious illness during the terminal phase. The terminal phase is defined by Medicare as an individual with a life expectancy of 6-months or less if the disease runs its natural course.</p> <p>This care is provided by an interdisciplinary team who provides care encompassing the individual patient and their family's holistic needs.</p>
Who can receive this type of care?	Any individual with a serious illness, regardless of life expectancy or prognosis.	<p>Any individual with a serious illness measured in months not years.</p> <p>Hospice enrollment requires the individual has a terminal prognosis.</p>
Can my patient continue to receive curative treatments?	<p>Yes, individuals receiving palliative care are often still pursuing curative treatment modalities.</p> <p>Palliative care is not limited to the hospice benefit. However, there may be limitations based on their insurance provider.</p>	<p>The goal of hospice is to provide comfort through pain and symptom management, psychosocial and spiritual support because curative treatment modalities are no longer beneficial.</p> <p>Hospice should be considered at the point when the burden of any given curative treatment modalities outweighs the benefit coupled with prognosis. Other factors to consider and discuss, based on individual patient situations, are treatment modalities that no longer provide benefit due to a loss of efficacy.</p>
What services are provided?	Pain and symptom management, in-person and telephonic visits, help navigating treatment options, advance care planning and referrals to community resources.	<p>Pain and symptom management, 24-hour on-call service, in-person visits, medical equipment, related medications, inpatient care, continuous care in the home, respite care, volunteer services, spiritual care, bereavement and counseling services.</p> <p>There are four levels of care that can be provided to patients per CMS regulations (routine, inpatient, continuous, and respite care).</p>
Where are services provided?	<p>Palliative care may be provided in any care setting.</p> <ul style="list-style-type: none"> ■ Home ■ Hospice facility ■ Skilled Nursing Facility ■ Long-term Care Facility ■ Long Term Acute Care Facility ■ Assisted Living Facility ■ Hospital ■ Group Home ■ Clinics 	<p>Hospice care can be provided in most care settings.</p> <ul style="list-style-type: none"> ■ Home ■ Hospice facility ■ Skilled Nursing Facility ■ Long-term Care Facility ■ Assisted Living Facility ■ Hospital (inpatient levels of care only) ■ Group Home

Who provides these services?	<p>Palliative care may be provided by an interdisciplinary team. However, most palliative services are provided by a physician, nurse practitioner or nurse with consultative support from social worker and chaplaincy services.</p> <p>These services are performed in collaboration with the primary care physician and specialists through consultative services or co-management of the patient's disease process.</p>	<p>Hospice care is provided by an interdisciplinary team that is led by a physician and includes nurses, social workers, chaplains, volunteers, hospice aides, therapy disciplines and others.</p> <p>These services are performed in collaboration with the attending physician.</p>
What types of health care organizations may provide these services?	<p>Palliative care is not dependent on care setting or type of medical practice. Services are performed in collaboration with the patient's primary care physician, other specialists, and health care settings they may be receiving services from.</p> <ul style="list-style-type: none"> ■ Palliative Care Practices ■ Licensed Home Health Agencies ■ Licensed Hospice Agencies ■ Nursing Facilities ■ Healthcare Clinics ■ Hospitals 	<p>Hospice organizations</p> <ul style="list-style-type: none"> ■ State licensed and/or Medicare-certified Hospice providers ■ Non-Medicare certified Hospice providers ■ Veteran Affairs Hospice
How long can an individual receive services?	<p>Palliative care is not time-limited. How long an individual can receive care will depend upon their care needs, and the coverage they have through Medicare, Medicaid, or private insurance.</p> <p>Most individuals receive palliative care on an intermittent basis that increased over time as their disease progresses.</p>	<p>As long as the individual patient meets Medicare, Medicaid, or their private insurer's criteria for hospice care. Again, this is measured in months, not years.</p>
PAYMENT		
Does Medicare pay?	<p>Palliative care is covered through Medicare Part B. Some treatments and medications may not be covered.</p> <p>May be subject to a co-pay according to the plan.</p>	<p>The Medicare Hospice Benefit pays all related costs associated with the care that is related to the terminal prognosis as directed by CMS.</p> <p>There may be some medications, services, and/or equipment that are not included in the Medicare Hospice Benefit.</p>
Does Medicaid pay?	<p>Palliative care is covered through Medicaid. Some treatments and medications may not be covered.</p> <p>May be subject to a co-pay according to the plan.</p>	<p>In most states Medicaid pays all related costs associated with the care related to the terminal prognosis as directed by CMS.</p> <p>There may be some medications, services and/or equipment that are not included in the Medicaid Hospice Benefit.</p>
Does private insurance pay?	<p>Most private insurers include palliative care as a covered service. Each payer is different, and their palliative services will be outlined through the insurer's member benefits.</p> <p>Some treatments and medications may not be covered. May be subject to a co-pay according to the plan.</p>	<p>Most private insurers have a hospice benefit that pays all related costs associated with the care related to the terminal prognosis.</p> <p>There may be some medications, services and/or equipment that are not included in the individual's policy.</p> <p>May be subject to a co-pay according to the plan.</p>
When should I refer?	<p>Patients with advanced chronic illness that have received maximum medical therapy and are at risk of using the hospital for decompensation.</p>	<p>If you would not be surprised if this patient died within the next 12 months, they are likely appropriate for hospice. Patients that have received maximum therapy and focus has shifted to symptom management and comfort care.</p>

Please meet the members of the Palliative Care Council:

Balu Natarajan, Chair

Seasons HealthCare
Management, Inc.

John Massone

TRU Community Care

Jennifer Moore Ballentine

CSU Institute for
Palliative Care

DeSha McLeod

Community Hospice

Kathy Brandt

The KB Group

Kurt P. Merkelz

Compassus

Marisette B. Hasan

The Carolinas Center for Hospice
and End of Life Care

Robert Parker

Intrepid USA

Betsy Hawley

Pediatric Palliative
Care Coalition

Paula Sanders

Georgia Hospice &
Palliative Care Organization

Marianne Holler

Visiting Nurse Association
Health Group

Amy Scheu

Advocate Hospice

Brian Jones

SHARE Foundation

Tanya Lugliani Stewart

United Healthcare Retiree
Solutions

Lawrence Kay

Empath Health | Suncoast
Hospice

Lisa VanderWel

Spectrum Health Hospice and
Palliative Care

Kathleen Kerr

Kerr Healthcare Analytics

Medford Mashburn

Mercy Youngstown Palliative
Medicine

Hospice of the Valley

Staff Liaison:

Lori Bishop

Learn more about NHPCO's palliative care resources at nhpco.org/palliativecare.



New Digital Resources



NHPCO'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

NHPCO Releases Updated Pediatric Standards

Designed as Addendum to Standards of Practice for Hospice Programs

A new edition of the [*Standards of Practice for Pediatric Palliative Care*](#) is now available as a free download for NHPCO members. Written to complement NHPCO's *Standards of Practice for Hospice Programs*, the pediatric standards also are organized around ten component areas.

The new Pediatric Standards are intended as a guide for both hospice and palliative care organizations providing care to infants, children, adolescents, and their families, regardless of whether care is delivered in the home, hospital, a long-term care setting or a respite facility.

The resource defines programmatic elements and standards which, if uniformly implemented, would ensure that programs for children with life-threatening conditions and their families provide the best care available.

"This work will help raise the bar on pediatric care by helping improve knowledge, skills and support for care providers" said Edo Banach, NHPCO president and CEO. "Providing pediatric hospice and palliative care is not the same as caring for adults and the Pediatric Standards are designed to enhance the skill set of professionals in the field."

The Pediatric Standards were originally developed by NHPCO's [*Children's Project on Palliative/Hospice Services*](#) and have been updated by ChiPPS members as well as the NHPCO Pediatric Advisory Council. ChiPPS and the Pediatric Advisory Council are working collaboratively with NHPCO to enhance the science and practice of pediatric hospice and palliative care, and to increase the availability of state-of-the-art services to families.



NHPCO members may download the Pediatric Standards from NHPCO.org free of charge.

Non-members may purchase the *Standards of Practice for Pediatric Palliative Care* as a downloadable PDF from the NHPCO Marketplace at 1-800-646-6460.

Additionally, [*NHPCO's Standards of Practice for Hospice Programs*](#) is also available as a free download to NHPCO members and may be purchased by non-members in PDF, also from the NHPCO Marketplace.

For providers interested in guidelines for palliative care, the [*Clinical Practice Guidelines for Quality Palliative Care, 4th edition*](#), is available online.

**Please meet the members of the
ChiPPS Leadership Advisory Council:**

Learn more at nhpco.org/pediatric.

Holly Davis, Co-Chair

St. Francis Healthcare System
of Hawaii

Marilyn Fisher, Co-Chair

Journey's Pediatric Albany
Medical Center

Stephanie Allen

Akron Children's Hospital
Palliative Care

Laurie Barbaro

Edmarc Hospice for Children

Sheryl Bloomer

Cincinnati Children's
Hospital StarShine Hospice
and Palliative Care

Joan "Jody" Chrastek

Fairview Home Care and Hospice

Kathy Davis

University of Kansas Medical Center

Ann Fitzsimons

Here4U, Inc.

Lily Gillmor

Transitions LifeCare

Sasha Griffith

Memorial Hermann Hospice

Betsy Hawley

Pediatric Palliative Care Coalition

Jennifer Holler

Covenant Hospice

Melissa Hunt

Optum Hospice Pharmacy
Services, LLC

Jennifer Mangers

JourneyCare

Diane Parker

Palladium Hospice and
Palliative Care

Elizabeth Rocha

Hospice of Michigan

Shayna Stiles

Providence TrinityCare Hospice

Jessica Sturgeon

Treasure Health

Christy Torkildson

Sundance Handler

Tracy Wodatch

Connecticut Association for
Healthcare at Home

Yelena Zatulovsky

Seasons Hospice & Palliative Care

Staff Liaisons:

Lori Bishop

Hope Fost

**This work will help raise
the bar on pediatric
care by helping improve
knowledge, skills
and support for care
providers...**



A Message from the Council Chair

— DIVERSITY ADVISORY COUNCIL —

NHPCO's [Diversity Advisory Council](#) provides information, guidance and expertise to NHPCO and its members related to serving diverse populations. The Diversity Advisory Council develops resources and tools related to serving diverse populations, develops educational resources, and discuss social determinants of health that may influence access to palliative care or hospice.

In the coming year the DAC will make advances by helping hospice and palliative care organizations deal with the changing demographics in this country. The DAC supports the mission of NHPCO and my own personal mission to bring the best care for persons experiencing serious illness at the right time and place. So many people, due to false conceptions and fear, see hospice and palliative care as giving up. However, choosing person-centered care is about living and collaborating with a care team that is there to help when it seems to be the darkest time. In recognition of a pioneer of the Diversity Advisory Council member and past Chair, Dr. Bernice Harper helped me to understand that the people and the companies that provide health care need to actively promote cultural sensitivity and inclusiveness in their day to day operations. Leadership should set that example so that their clients/public may see it. Dr. Harper's vision continues to drive our work and lives in each of us. I intend to see that vision through.

Sincerely,

Geoffrey Coleman

Geoffrey Coleman
Diversity Advisory Council Chair

Please meet the members of the Diversity Advisory Council:

Geoffrey Coleman, Chair

Montgomery Hospice

Diane Deese

VITAS Healthcare

Ronnie Duncan

Agape Hospice

Brenda Gonzales

Agrace Hospice and Palliative Care

Cathy Gurson

The Medical Team Hospice

Bernice Catherine Harper

Clinician, Educator and Researcher

Brandon Jones

Hospice of Charles County

Barbara King

Center for Hospice Care

Nora Luna

Nathan Adelson Hospice

Nicole McCann-Davis

Seasons Hospice & Palliative Care

Sandy Chen Stokes

Chinese American Coalition for
Compassionate Care

Toby Weiss

MJHS Hospice &
Palliative Care Program

NHPCO Staff Liaison:

Zinnia Harrison



NEED CRITICAL COMPETITIVE DATA?

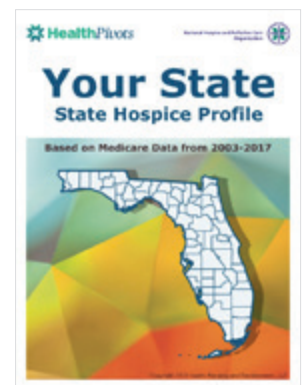
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2003-2017, providing critical information to learn more about the competitive environment of your state.

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** county page.



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.

End-of-Life Doula Advisory Council

Looking forward to hearing from Providers

The end-of-life doula movement is growing fast and has received a lot of attention in the media over recent years. The end-of-life doula role is an adjunct to hospice and other end-of-life services, one that offers much needed companionship and practical support.

The NHPCO created the End-of-life Doula Advisory Council in early 2018 to provide information about how this new role could benefit member hospice and palliative care organizations. Three members of the Council attended the Interdisciplinary Conference in New Orleans in November 2018. “The excitement in the room was palpable,” states Merilynne Rush, one of the speakers. “The presentation was well attended and positively received, and many good questions arose. Now, as a Council, we will attempt to answer them!”

The EOLD Advisory Council’s mission is to provide education to NHPCO members and affiliates about what end-of-life doulas are, what they do, and how to utilize them. To be of service to the NHPCO membership, the Council

would like to continue the conversation that was started in New Orleans. Please send your further thoughts and questions to EOLDoula@nhpc.org.

What is an EOLD? Taken from the Council’s first one-page paper, “What are End-of-Life Doulas,” an EOLD is someone who is a non-medical companion to the dying and their family. Doulas do not take the place of hospice personnel; rather, they complement services that a dying person and their family are receiving. The main benefit of an end-of-life doula is they can spend additional time to support the care team and caregivers, unless the agency has their own end-of-life doula program. Because the doulas are specifically trained about end of life, they can reinforce hospice teachings and provide spiritual, emotional, and practical care and support through companioning. They provide a wide range of holistic services from as early as initial diagnosis through bereavement. (The [Council’s first paper](#) can be found on the NHPCO website).

The Council is currently working on a paper describing possible next steps in exploring the EOLD

approach for clinicians and organizations. We are also in the final stages of developing a survey for families who have utilized EOLDs in their care, to assess the benefits to both the family and the hospice team.

It is important to note that EOLDs are not regulated by any state or federal agency at this time. There are myriad training programs which offer their own in-house certificate. Although one will find other titles for this role, i.e. soul midwife, death doula, or transition guide, the title ‘End-of-Life Doula’ has gained traction within medical institutions, such as Baylor University Medical Hospital, Valley Hospice, Ascend Hospice and many other programs across the country that are utilizing EOLDs.

Due to the relative newness of this movement the usual developmental issues exist, such as consistent definition or credential and standards of practice. It is the Council’s aim to continue promoting awareness and understanding of the EOLD role, and to inform practitioners and the public alike about the benefits of EOLD care. To that end, we will continue to write our one-page documents addressing

the issues that NHPCO members bring to our attention, and we will make recommendations for further research projects.

We share a common experience in this field through experiencing the tremendous emotional and physical strain on us and the care team – whether we are serving in a professional or personal capacity. Usually it is the small things like having time to eat a meal or take a shower that brings us much needed respite. It can also be bigger needs like sleep deprivation and a break after hours of bedside vigils. Those who follow the doula model of care honor the dying individual and their family members and do not usurp the role of any caregiver or professional, including hospice volunteers. Rather, EOLDs add an extra layer of emotional, practical, spiritual, and non-medical physical support during this very challenging time. We on the NHPCO EOLD Advisory Council take our job seriously and are honored to be of service to you. We are thrilled to respond to your questions about how EOLDs can help you. We want you to know of the good work EOLDs do.

**The EOL Doula Council
looks forward to
hearing from you!**

Please meet the members of the EOL Doula Advisory Council:

Deanna Cochran, *Chair*

Quality of Life Care

Henry Fersko-Weiss, *Vice Chair*

International End of Life Doula
Association

Alua Arthur

Tranquil Care Hospice

Patty Burgess Brecht

Teaching Transitions – Doing Death
Differently

Tarron Estes

Conscious Dying Institute

Michael Fratkin

Resoulution Care Network

Christy Marek

Lakeville, MN

Roberta MacDonald

VNA Chittenden Grand Isle

Marina McGough

Ascend Hospice

Aarely Meza-Velarde

Hope Springs Hospice

Suzanne O'Brien

International DoulaGivers Institute

Merilynne Rush

Lifespan Doula Association

Arlene Stepputat

Santa Barbara, CA

NHPCO Staff Liaisons:

Beth Fells

Zinnia Harrison

**It is the Council's aim
to continue promoting
awareness and
understanding of the
EOLD role...**

NHPCO Strategic Partner, Audacious Inquiry, Delivers Outstanding Patient Care Coordination to Gilchrest Hospice Care

Audacious Inquiry (Ai), a health information technology and policy company working to improve interoperability for connected healthcare, is pleased to be an [official partner of NHPCO](#). Through this partnership, Ai offers their alerting solution, the [Encounter Notification Service](#) (ENS), to help hospice and palliative care organizations better coordinate care for their patients. ENS works by providing care teams with real-time alerts when their patients have encounters with hospitals or other healthcare facilities. These alerts help care teams to better coordinate care, help to reduce unnecessary/unwanted hospital admissions and readmissions, and ultimately lower healthcare costs. Receiving these alerts in real time is vital for hospice and palliative care organizations, because when care teams are notified of their patients' medical encounters in a timely manner, they are better equipped to make sure they receive care according to their intended care plan and avoid unwanted treatment and/or hospitalization.

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 Edo Banach, NHPCO president and chief executive officer. "This increased connectivity supports population health management initiatives by improving communication and care coordination, ensuring high quality care for patients with serious illness."

Gilchrist Hospice Care, a nonprofit leader in serious illness and end-of-life care in Maryland, currently uses ENS to help provide high-quality care to their hospice and geriatric patients. Gilchrist's Chief Medical Officer, Dr. W. Anthony Riley, said, "When hospice patients are taken to the emergency department, communicating their care plan is vital to ensure the care they receive aligns with their wishes. With ENS, Gilchrist's

hospice nurses are alerted to patient admissions in real time, allowing them to respond immediately to ensure the patient receives the care they want in the manner and setting they choose." Read more about how [Gilchrist is using ENS](#) to help deliver outstanding patient care.

"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 Edo Banach, NHPCO president and chief executive officer. "This increased connectivity supports population health management initiatives by improving communication and care coordination, ensuring high quality care for patients with serious illness."

Ai is excited to partner with NHPCO and offer ENS to improve care for hospice and palliative care patients across the country. To learn more about ENS and how it can help your hospice/palliative care organization, please visit www.ainq.com/nhpc.



NHPCO and Ancestry Bring We Remember Website to Members



NHPCO is pleased to offer We Remember to our members as a member benefit. It's a free website from Ancestry where family and friends share memories of loved ones. It's a great way to bring families together and capture memories that might otherwise be lost.

We Remember is designed to quickly and easily capture everyone's memories. Tell a short story. Write a longer memory and attach photos. Upload individual pictures. Or just reminisce with others through comments on their memories. Pages about living people are private to the family and those who they share it with.

Through We Remember, the patients and families you serve can celebrate a loved one by bringing together family, friends, coworkers, and schoolmates. They will love having a dedicated place to collect memories that paint a rich picture of the patient's life. Best of all, it's completely free. There's no cost to create a page or contribute to one. In addition, members have the option to brand email invitations and to add their logo to the website and to each page created for additional brand awareness.

Interested in bringing We Remember to your hospice? Start a free page today and see how easy it is to give something valuable to the families you serve, and raise awareness for your organization at the same time.

Visit www.WeRemember.com/NHPCO for more information, to view a quick introductory video, and/or visit an example page.

The Palliative Care Playbook is Coming

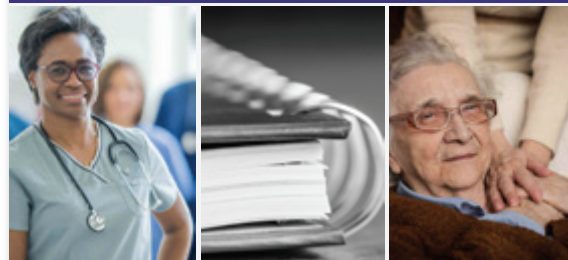
For those who might not have heard, NHPCO has been developing a Palliative Care Playbook for hospice programs. The Playbook will be a comprehensive resource that will include business case examples, job descriptions, budgets, documentation templates, metrics, competencies, and much more.

Providers have been sharing tools and information about their community-based palliative care programs, separate from hospice services, to help others learn about what has worked in the field.

Look for news about the first version of the Palliative Care Playbook that we plan to release during the 2019 Leadership and Advocacy Conference.

**Start a free page today
and see how easy it is to
give something valuable
to the families you serve...**

PALLIATIVE CARE PLAYBOOK
PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES



National Hospice and Palliative Care
Organization



Cambia Health Foundation Announces 12 New Sojourns® Scholars

Earlier in January, the Cambia Health Foundation announced the selection of [12 new emerging palliative care leaders](#) for its Sojourns Scholar Leadership Program. In its fifth year, this program identifies, cultivates and advances the next generation of palliative care leaders.

NHPCO President and CEO Edo Banach is a member of the Sojourns Scholars advisory board. Remarked Banach, “The latest cohort was chosen from a highly competitive pool of candidates that included all members of the interdisciplinary team. What I hope to see in the future would be more skilled professionals working within the hospice community submit letters of intent for this program.”

The program seeks to include physicians, nurses, social workers, physician assistants, chaplains, psychologists, pharmacists and other emerging health system leaders by investing in their professional development. Each Sojourns Scholar receives a two-year, \$180,000 grant (\$90,000/year over a two-year period) to conduct an

innovative and impactful project in the field of palliative care and execute a leadership development plan designed to support growth as a national leader in the field. Scholars also join a collaborative learning community where they receive one-to-one mentoring from an established palliative care leader and targeted training on key leadership skills.

The Cambia Health Foundation launched the Sojourns Scholar Leadership Program in 2014 with the goal of advancing capacity, leadership and innovation in the field of palliative care. The Foundation’s purposeful investment in palliative care leadership supports a larger vision of a transformed health care system that is more compassionate and person-focused.

Letters of intent for the [Sojourns Scholar Leadership Program](#) are generally due each year in February. Professionals who may be interested are encouraged to learn more about the program well before next year’s deadline.



NHPCO QAPI Toolkit: Valuable Resource for Members

Understanding the needs of providers, NHPCO developed the [QAPI Toolkit](#) to furnish hospice providers with information and resources to support the implementation and maintenance of their quality improvement program and activities.

The current Conditions of Participation include robust regulatory requirements for quality assessment and performance and hospice providers received survey deficiencies in 2018 for not meeting all requirements. The Toolkit provides a framework for QAPI with review of § 418.58 of the Medicare Hospice Conditions of Participation: Quality Assessment and Performance Improvement and explores the detailed requirements of the CoP.

In addition, the QAPI Toolkit identifies NHPCO’s core quality components in the [Standards of Practice for Hospice Programs](#) (2018) and 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.

Top 10 Chats of 2018

One of the most popular benefits of NHP CO membership for our providers is access to free chats hosted by our National Council of Hospice and Palliative Professionals – the professional discipline sections of our organization. Some sections host the chats monthly, some quarterly, but regardless of schedule, all members are welcome to register and participate.

Here are the top ten chats from last year:

1. ***Live Discharges from Hospice***, hosted by the Clinical and Operations Management Section, 10/31/18.
2. ***Improving CAHPS Scores for Caregiver Training and Getting Help with Symptoms – stories from the field***, hosted by the Quality Assessment/Performance Improvement Section, 09/27/18.
3. ***Chaplain Documentation: Recording Spiritual Care in a Clinical World***, hosted by the Spiritual Caregiver Section, 11/01/18.
4. ***Review of COP's, Care Planning & Visit Frequencies***, hosted by the Volunteer/Volunteer Management Section, 01/11/18.
5. ***Educating CNAs on Fall Prevention – not now: THIS IS NOW***, hosted by the Education/Research/Academics Section, 10/16/18.
6. ***Generational Perspectives of Grief: Builders, Boomers, Gen X and Millennials***, hosted by the Spiritual Caregiver Section, 10/04/18.
7. ***Why ongoing training and In-services help your 5% match***, hosted by the Volunteer/Volunteer Management Section, 09/13/18.
8. ***Volunteer Training: The What, How, and Wow Factors***, hosted by the Volunteer/Volunteer Management Section, 04/12/18.
9. ***"I'm done!" Moral Distress Amongst Clinical Staff***, hosted by the Social Work Section, 10/24/18.
10. ***Supporting Grieving Volunteers***, hosted by the Volunteer/Volunteer Management Section, 03/08/18.
11. ***Hospice Bereavement and Brain Spotting***, hosted by the Bereavement Professional Section, 12/05/18.

Log-in and visit our members-only professional networking website, [MyNHP CO.org](https://www.mynhpco.org) to find each professional section's online community – the recorded chats are saved in each section's library. While you're in the My.NHP CO site, take time to explore, network and investigate available materials that have been added to the section library by our members.

Visit our members-only professional networking website, [MyNHP CO.org](https://www.mynhpco.org) to find each professional section's online community...

National Volunteer Week, April 7 – 13



Celebrating Volunteers!

Every spring, NHPCO develops outreach materials to help members honor the

volunteers in their programs during National Volunteer Week, April 7 – 13, 2019. Shown here are some of the materials available in this collection that include social media graphics and display ads. They feature the theme “Celebrating Volunteers!” which echoes the national theme “Celebrate People” promoted by the Points of Light Foundation.

Members can add their logo to these ads, or use the images, or copy in other promotional materials being prepared to honor their volunteers. Download these resources from the [Outreach Tools page](#) of the NHPCO website.



National Healthcare Decisions Day: April 16

National Healthcare Decisions Day exists to inspire, educate and empower the public and providers about the importance of advance care planning. Celebrated annually on April 16, NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

NHDD, an initiative of The Conversation Project, exists as a 50-state annual initiative to provide clear, concise, and consistent information on healthcare decision-making to both the public and providers/facilities. Learn more at www.NHDD.org.



**NATIONAL HEALTHCARE
DECISIONS DAY**
★ *your decisions matter* ★



Hospice is about family and community...

And volunteers are the heart of hospice.
There's a place for you on the hospice team.

NATIONAL VOLUNTEER WEEK

April 7 - 13, 2019



Celebrating Volunteers!

Support hospice outreach, visit www.MyHospiceCampaign.org.

Hospices Included on *Modern Healthcare* Best Places to Work

Earlier in 2018, *Modern Healthcare* released its list of the 100 Best Places to Work in Healthcare. Six of the eight hospices included on the list are valued NHPCO members. We extend our warm congratulations to those honorees as well as the other organizations listed.

- **Hospice of the Northwest, at the #1 spot.**
- **Encompass Health Home Health & Hospice**
- **Heart 'n Home Hospice and Palliative Care**
- **Nathan Adelson Hospice**
- **Hospice Care of South Carolina**
- **Joliet Area Community Hospice**
- **Bluegrass Care Navigators**
- **Care Dimensions**

Each year, this program singles out and recognizes outstanding employers in the healthcare industry on a national level. Being named a best place to work can not only enhance recruiting efforts, but it can also increase employee retention, improve your brand awareness and reputation in the industry. Winning companies are also published in a special supplement and profiled in an issue of *Modern Healthcare*. The Best Places to Work in Healthcare is sponsored by the Studer Group.

Vice President of Business Development at Care Synergy



John M. McElligott, a veteran hospice and home health administrator and sales executive, has been appointed vice president of business development for Care Synergy. McElligott will be responsible for developing, directing and managing the corporate sales structure, sales process and

sales training for Care Synergy and its affiliate members. Care Synergy's four affiliate organizations—The Denver Hospice, Halcyon Hospice, Pathways and Pikes Peak Hospice & Palliative Care—work together to share best practices and serve Coloradans along the Front Range.

Halcyon Hospice and Palliative Care Names New President



Joseph W. Brooks has been named President of Halcyon Hospice and Palliative Care, an affiliate member of the Care Synergy Network that provides patient-centered care along Colorado's Front Range. In leading the growing provider of advanced illness and end-of-life

care, Brooks is responsible for all day-to-day operations and clinical services as well as mission fulfillment, philanthropic and fundraising initiatives, staff and volunteer development.

Nathan Adelson Hospice Names Chief Nursing Officer



April Stewart, RN, CHPN, has been promoted to Chief Nursing Officer for Nathan Adelson Hospice in Las Vegas, NV. Stewart will be responsible for providing leadership, direction and administration of nursing operations to ensure compliance with the organization's strategic

plans and objectives, in order to maintain high-quality, cost-effective hospice and palliative services. Prior to this promotion, Stewart was Director of Palliative Care and played a major role in the expansion of Nathan Adelson's home-based palliative care program.

HPCG Welcomes New Director of Beacon Place




LaSandra Keen, RN, has joined Hospice and Palliative Care of Greensboro as its director of inpatient services. Keen oversees Beacon Place, HPCG's inpatient hospice home in Greensboro, NC. "I had the great opportunity to work as a nurse under the direction of one of the brightest minds in

the hospice movement, Pat Gibbons, who was the first director of Beacon Place," said Keen. "Under her leadership, I learned how to connect the clinical aspect of nursing with the heart of hospice care."



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News From **We Honor Veterans**

A Quilt of Kindness



Judi Cureton

Judi Cureton of Amedisys Hospice in Morristown, Tennessee, lives each day by giving back to the Veterans she encounters, and it has always been a special passion of hers. Why? “It is the least we can do for them – we owe them. I love my job,” she stated.

Judi’s passion for helping Veterans and giving back to her community made her think outside the box when reaching out to local agencies to help Veterans. She wanted to help Veterans in any way she could, which led her to Kathleen VanOrsdel, a USAF Vietnam era Veteran, hospice volunteer and leader of the local Quilts of Valor group. [Read more...](#)

What’s to Come in 2019

Thank you to all our partners who participated in our annual partner survey. We want to know how we’re doing and most importantly that we are providing the resources and support to best help you serve your Veteran patients and their families.

[Read more about what’s to come in 2019...](#)

Find us on Twitter!



@WeHonorVeterans

A Veteran’s Dream Takes Flight

A General and a gentleman is how anyone would describe Mr. Dave Woellner. A life many cannot imagine. However, through life’s many obstacles and hardships he always demonstrated kindness. During World War II he was a Brigadier General, where he spent two years at a German POW camp. He continued to serve in both the Korean and Vietnam conflicts - a true example of someone from the greatest generation.

Summit Hospice, a We Honor Veteran Level 4 partner, made his dream come true by giving him a chance to fly the plane he trained on. Ena Barrise, manager of volunteer services, helped coordinate this opportunity for Dave. Helping Veterans at the end of life gleams through Ena’s dedication to make his dream and any other Veteran’s dream come true.



Mr. Dave Woellner

[Read more...](#)

Hospice and Palliative Care Leadership & Advocacy Conference

It’s not too late to register for NHPCO’s Leadership and Advocacy Conference. Drs. Scott Shreve and Tom Edes from the VA will be co-presenting a session on Vietnam-Era Veterans. Also, consider attending the National Hospice Gala! The live appeal at the gala will be in support of NHPCO’s Veteran Services. [Read more...](#)

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FOR PROVIDERS.
BY PROVIDERS.

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Developed by a committee
of industry leaders



Standards based on the National
Consensus Project's Guidelines for
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Foundation

LIGHTHOUSE OF HOPE FUND

PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

www.nationalhospicefoundation.org/lighthouseofhopefund

The Lighthouse of Hope Fund is available to patients

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

Selection Criteria

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

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



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Organization



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