

Newsline

NHPCO's membership quarterly | Winter 2020

Palliative Care Needs Survey

2020 Report Shows Growth in the Field

INSIDE

Quality Connections is Coming

New Resources on Inclusion and Deprescribing

Meet the LAC 21 Keynotes

2021 Webinar Series



NHPCO

National Hospice and Palliative Care Organization

2021 LEADERSHIP & ADVOCACY CONFERENCE

March 22-26, 2021

KEYNOTES



Don Berwick, MD
Former Administrator,
Centers for Medicare
and Medicaid Services
Founding CEO
Institute for Healthcare
Improvement



Godfrey Nazareth, MS
President & CEO
X-Biomedical, Inc.



Phil Gwoke
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BridgeWorks

REGISTER NOW

Designed for CEOs and their leadership teams, this conference will explore leading through a pandemic, the implications of the 2020 elections, innovative staff resources, and much more.

Can hospice and palliative care organizations harness the resilience, and innovation that have been unleashed by the COVID-19 crisis and emerge from the pandemic strengthened? Will restructuring and reorganization intentionally prioritize quality, equity, and inclusion? LAC2021 offered virtually, will unite leaders in the field and explore these urgent questions.

Registration now open
nhpco.org/2021LAC



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NHPCO is an effective advocate and resource for hospice and palliative care providers

COVID-19 SUPPORT

CARES Act

- **Face-to-Face.** Statutory change to allow use of telehealth technology for face-to-face visits.
- **Sequestration Relief.** These provisions eliminated the 2% reduction in Medicare reimbursement that has been in place since 2014.
- **Emergency Support Funding.** Ensured hospices were included in the CARES Act with hospice awarded \$1 billion in grants based on their 2019 Medicare reimbursements.

1135 Waivers

NHPCO advocated for **increased flexibility through 1135 waivers**, including six separate 1135 blanket waivers approved by CMS.

Virtual Visits

NHPCO advocated for clarifications and flexibilities for hospice providers in delivering **routine home care through the use of telecommunications**.

Testing

NHPCO continues to advocate for hospices to be given **testing equipment, supplies and financial resources**.

Provider Relief Funding

NHPCO advocated for flexibility in how providers can apply PRF money toward lost revenues attributable to coronavirus. **HHS amended their PRF reporting requirements to increase this flexibility**.

PPE Support

Through the National Hospice Foundation, NHPCO **provided grants** to hospice providers to purchase critical PPE through the Workforce Emergency Support Fund.

VALUABLE RESOURCES

NHPCO is continually creating new resources and content to address the most relevant and timely issues providers are facing. Resources include:

- Election Statement & Addendum Toolbox
- Access & Inclusion Toolkit

- Hospice Facts & Figures
- COVID-19 Ethical Framework Toolkit
- Deprescribing Toolkit
- Hospice & Palliative Care Month Ad Slicks
- Guidance for Infection Control and Prevention in Nursing Homes and Hospice

EDUCATION THAT WORKS

- NHPCO organized and hosted several **webinars focused on COVID-19 topics** to help providers navigate the COVID-19 pandemic.
- Annual summer **Virtual Conference focused on providing quality care**, and presenters incorporated the latest COVID-19 information.
- This year's **Interdisciplinary Conference went virtual using a new format**, offering live sessions over 3 weeks and 50+ hours of CE/CME with on-demand sessions available through December 31.
- **Reduced pricing** for NHPCO's 2020 webinar series.
- Launched the **re-envisioned E-Online**, our on-demand 24/7 education portal.
- Hosted over **65 MyNHPCO Professional Chats** to serve the full range of disciplines providing and supporting hospice and palliative care.

COMING IN 2021

- **Quality Connections**, a new national program designed to support hospice and palliative care providers in delivery of high-quality, person centered care.
- **Access & Inclusion** resources.
- Continued **COVID-19 support**.
- Signature training programs like the **Hospice Compliance Certificate and Hospice Quality Certificate Program** offered via E-Online.



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Message from Edo

Thoughts on the Season...

As I think about this holiday season and the New Year soon to begin, I reflect not only upon the ways in which this year's holiday will be different: smaller gatherings, lack of travel, increased safety precautions, etc., but also ways that I am so fortunate and thankful. I have my health, a job that is important and relevant, a supportive board, engaged members, dedicated staff, and a loving family. Thanksgiving has passed and it seems that our nation's celebrations of Hanukkah, Christmas, and Kwanzaa will be colored with greater awareness of the world around us.

This season is overshadowed by a public health emergency that we would never have imagined this time last year. You and your teams are providing care under the most challenging of circumstances. Health care providers are stretched to the breaking point and while advances on a vaccine are moving quickly, things will not improve overnight.

Far too many Americans will not be together this season and many will be grieving an empty seat at their holiday table. For many of the patients and families that you are caring for, this holiday will be marked with grief and loss not necessarily brought about by COVID-19 but certainly complicated by it. You understand this and address this pain in so many different ways – and your skill is something that our entire country should be thankful for.

I also want to thank those providers who have already renewed for 2021, and to those of you reviewing your provider renewal for the year ahead, please make your membership with NHPCO a priority if you can. In fact, on the previous page, you'll see some of our representative accomplishments from this year. We have much that we can accomplish together. You are valued and are an essential part of this organization and the broad national provider community.

For all that you are doing, let me pass along gratitude from all of us at NHPCO. And from my family to yours, have a peaceful holiday season and a hopeful New Year!



Edo Banach, JD,
President and CEO





**20
20**

NHPCO PALLIATIVE CARE NEEDS SURVEY

Growth seen in past two years

By Lori Bishop

Palliative care services have grown rapidly in the hospital setting. As the seriously ill population grows exponentially, so does the need for community-based palliative care services. Hospice providers are ideally positioned to meet this need, and many are already engaged in providing palliative care services.

While the focus of care is markedly different, the model of palliative care mirrors the hospice model: holistic care provided to the patient and family by an interdisciplinary team supporting symptom and medication management, goals of care discussions, advance care planning, and care coordination.

NHPCO distributed the 2020 Palliative Care Needs Survey to our members beginning in June. The deadline was extended numerous times due to the ongoing COVID-19 pandemic. Access to participate was opened beyond the NHPCO membership. The final deadline to complete the survey was September 30, 2020. Out of the respondents:

- **69 percent are providing palliative care services** (was 53 percent in 2018).
- **24 percent are considering or in the process of developing these services** (was 35 percent in 2018).
- **Respondents represent palliative care services in 47 states.**

[NHPCO's 2020 Palliative Care Needs Survey Report](#) summarizes the results for all who answered the question "Do you provide formal palliative care services...". The results include the services these programs are providing, the challenges they are experiencing, and the opportunities for NHPCO to support development and sustainability of palliative care services provided by hospice agencies.

Most respondents providing palliative care services have mature community-based palliative care programs and **over 89,609 seriously ill individuals were served in 2019 (compared to 85,153 in 2017).**

While the primary location of services provided is community-based (home, assisted living facility, and long-term care), most of these organizations are

providing care in multiple settings, including the hospital and clinic. **Over 72 percent of these respondents have served palliative care patients for three or more years.**

New this year, NHPCO asked about the provision of telehealth services. **Over 90 percent of respondents are providing telehealth services**, and settings where telehealth is offered mirror the settings where palliative care services are provided.

NPC Guidelines

The [NCP Clinical Practice Guidelines for Quality Palliative Care \(Fourth Edition\)](#), provide structure to ensure quality palliative care services. Accrediting organizations utilize the NCP Guidelines as their foundation for palliative care accreditation. The *2020 Palliative Care Needs Survey* offers an opportunity to expand awareness and educate on the value of the NCP Guidelines. While most providers are utilizing the NCP Guidelines, 19 percent are unsure, not familiar, or not following them at all (this is an improvement from 32 percent in the 2018 survey the survey).

Members of the IDT

Palliative care programs leverage an interdisciplinary team to provide services with the bulk of team members directly employed by the organization. Most programs have three or more disciplines on their palliative care team. The most common core team members are physician, nurse practitioner, and social worker, followed by registered nurses and chaplains.

The percentage of staff certified has increased in all core discipline categories except for physicians. Physicians still have the highest percent of palliative care certification (64.5%), while 45 percent of nurse practitioners and 42.5 percent of registered nurses are certified. Other certified disciplines include social workers (39.6%), chaplains (11%), and aides (12%). (See the complete report for an average caseload per discipline.)

A variety of palliative care services are provided by these programs. The highest identified services are:

- symptom management (175)
- patient/family education (174)
- goals of care discussions (173)
- advance care planning (172)
- comprehensive assessment (170)
- care coordination (164)
- POST/POLST completion (150)
- medication management (149)

Other notable services provided by some include spiritual care (108), individual counseling (89) and family counseling (89).

Reimbursement and EMR

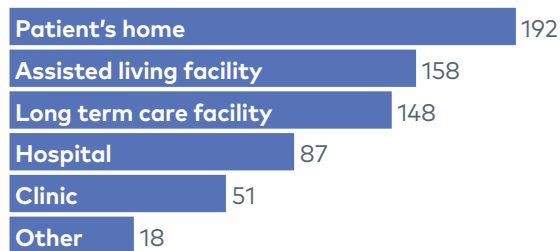
Reimbursement is essential to the sustainability of palliative care services. Medicare B fee-for-service billing is the most common reimbursement source (136). However, most programs utilize two or more types of reimbursement. Additional reimbursement categories include contracts with payers (81), private pay (49), hospital or other partnership model (27), philanthropy (26), subsidy by parent corporation (22), grants (22), Medicare home health (21), and arrangements with an Accountable Care Organization or Medicare Shared Savings Plan (15).

Use of an electronic medical record can improve communication to health care partners and simplifies data collection for quality reporting and billing. Over 85 percent of respondents utilize an electronic medical record (decreased from 90 percent in 2018).

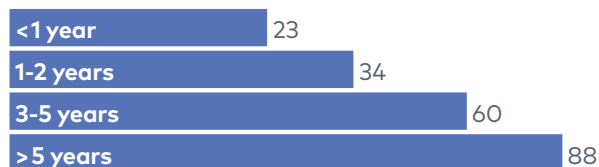


...over 89,609 seriously ill individuals were served in 2019 (compared to 85,153 in 2017).

In what settings do you provide palliative care?



How many years have you been serving patients in your palliative care program?



One of the challenges for community-based organizations are the variety of electronic medical record vendors (38) and the lack of government incentives to mandate interoperability in the community-based care setting. Some participants use more than one EMR solution. The top five vendors identified are NetSmart (26), Epic (20), HomeCareHomeBase (13), Cerner (11), and MatrixCare/Brightree (9).

Data Collection

Leveraging data to manage the patient population and demonstrate program outcomes is essential as reimbursement shifts from traditional fee-for-service to value-based. Approximately **77 percent of respondents collect data for metrics**. However, 34 percent do not participate in any public reporting or

data sharing (a decrease from 57 percent in 2018). Of those that do, 31 percent participate in the CAPC Data Registry; 9.5 percent participate in the new Palliative Care Quality Collaborative; 8 percent participate in the Palliative Care Quality Network (PCQN); and 2 percent participates in the Global Health Partners QDACT. Types of metrics tracked include operational (117), utilization (83), patient experience/satisfaction (83), clinical (73), process (73) and financial metrics (64).

State Advocacy Activity

State palliative care legislative activity is important to increase awareness, access, and reimbursement. As leaders in the provision of community-based palliative care services, hospice agencies should engage in these activities. Most programs (108) are active in their state association; however, a large number (105) do not participate in state palliative care activities. Of those that do participate in state activities: 53 are active in their state palliative care coalition; 42 participate in Medicaid policy/reimbursement activity; and 27 are active in regulation/licensure revision. Note: The largest number of respondents was from the state of California (49) where SB 1004 required a palliative care benefit for all MediCal beneficiaries by January of 2018 and SB 294 allows hospices to participate in the provision of palliative services to MediCal beneficiaries. (The number of 2018 survey participants from CA was 26).

Greatest Challenges

The greatest challenge and barrier identified by respondents is referral management: referring providers not understanding of palliative care (147), a lack of patients/families understanding of palliative care (129) and obtaining appropriate and adequate volume of referrals (114).

Revenue management is the second greatest challenge: contracting with payers (139), Medicare B billing and coding (137), and collaborating/contracting with ACOs and MSSPs (103).

Staff management was identified as the third greatest challenge: recruitment and retention (68), productivity (67), and training and certification (52).

Organization buy-in ranked 4th: buy-in from field staff in other programs (64), buy-in from other providers in the organization (61), and buy-in from the C-suite (19).

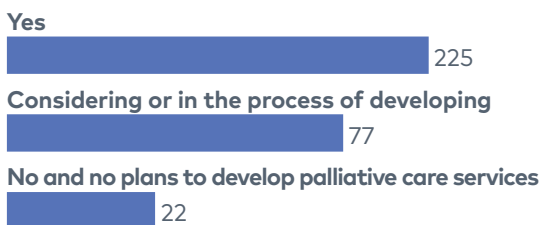
Other challenges identified were measurement/metrics to demonstrate value (93) and documentation (53).

NHPCO Support

Participants were asked how NHPCO can assist them in development and sustainability of palliative care services. The top area for assistance was: Engaging and contracting with payers (159); followed by data collection, analysis, metrics, and benchmarking (142).

Other top areas of need include sample documents (139); advocacy at the Federal level (132) and the state level (130); referring provider outreach and marketing (130); staff training and competencies

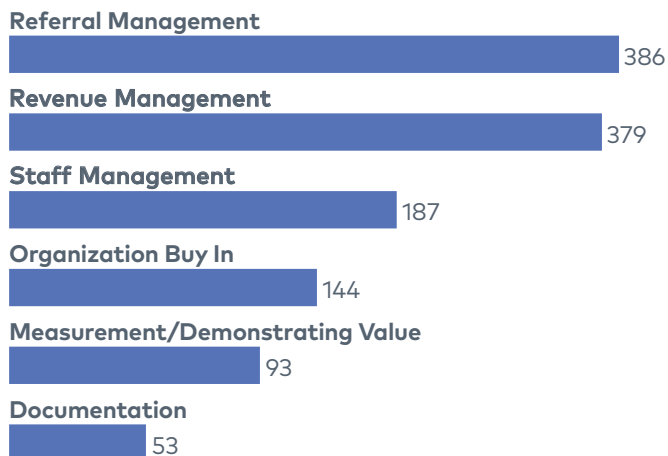
Do you provide formal palliative care services separate and distinct from hospice services?



Percent of Respondents Providing Palliative Care Services



What are your greatest challenges or barriers in providing palliative care services?



(127); patient education resources (127); and metrics and measurement resources (126).

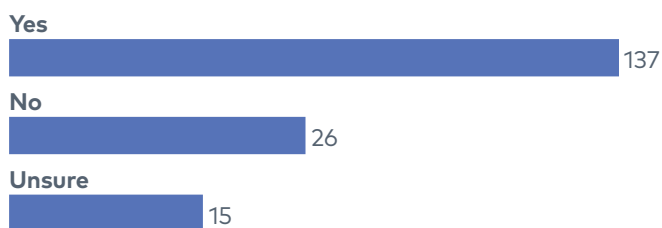
The overwhelming preference for education assistance is through webinars (198), followed by conferences (95), telephone consultation (40), and site visits (19).

A question was included about current NHPCO resources that participants found helpful. CMS information on palliative care topped the list (114), closely followed by the [NHPCO Palliative Care Playbook](#) (107), followed by the palliative care [webinar series](#) (97), and palliative [care education and links](#) (89). It should be noted that the *Palliative Care Playbook* was created based on the results from the [2018 Palliative Care Needs Survey](#).

Behavioral Health

The survey included an additional set of questions on behavioral health and palliative care. A subset of respondents (40) participated in these questions. When asked about existing behavioral health resources, social workers were identified as the top resource (39), followed by pastoral services (31) and links to community and social services (19). Most prefer providing structural and clinical behavioral

Do you collect data for measurement and reporting?



77% collect data for measurement and reporting

health features within their palliative care team (25); second was available when necessary (22); access to psychiatrist and psychologist tied for third (20).

Funding opportunities (33) to pay for integrated behavioral was identified as most helpful; providing staff training curriculum (31); and logistical help (19).

The top behavioral health categories supported by palliative care programs currently are anxiety, cognitive impairment, depression, existential/spiritual issues, and grief/bereavement.

NHPCO Commitment

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

Download [NHPCO's 2020 Palliative Care Needs Survey Report](#).

Learn more about NHPCOs resources on palliative care at nhpco.org/palliativecare.

Lori Bishop, MHA, BSN, RN, is NHPCO's vice president of palliative and advanced care.



NEED CRITICAL COMPETITIVE DATA?

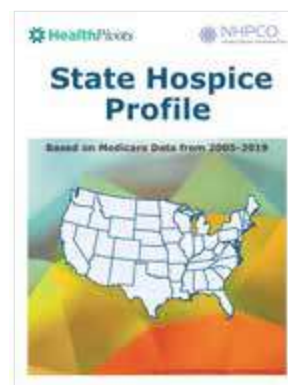
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2005-2019, providing critical information to learn more about the competitive environment of your state.

Produced by HealthPivots and available exclusively through NHPCO Marketplace, each year's **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 2005, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at <http://healthpivots.com/wp-content/uploads/2020/11/palm-beach-county-sample-atlas-2019-page.pdf>



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.



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Coming in January 2021

QUALITY CONNECTIONS:

A Value Add to NHPCO Membership

By Jennifer Kennedy

Every patient that chooses hospice care deserves an experience infused with quality. It is a hospice provider's responsibility to furnish each of their patients and families with individualized education and care to meet their needs, expectations, and goals for care above the baseline of federal and state regulations. This is the foundation for quality hospice care provision that facilitates a good patient death and support for family members left behind.

The hospice community has seen increasing focus on hospice quality of care from the federal government in the past year. The Medicare Payment Advisory Commission (MedPAC) expressed concern about hospice quality of care issues in their March 2019 report to Congress. The Office of the Inspector General (OIG) also expressed concern about the quality of hospice care in a report titled *Hospice Deficiencies Pose Risks to Medicare Beneficiaries* posted in July 2019.

NHPCO has responded to federal entities to offer guidance and

assistance related to compliance and quality issues as well as express our commitment to improving the quality of care and the experience of care for seriously ill individuals and their families. It is time to launch a national initiative to help hospice and palliative care providers focus on quality improvement.

Quality Connections

The [NHPCO Quality Connections](#) (QC) program is a national web-based program designed to support hospice and community-based palliative care providers in the delivery of high-quality, person-centered interdisciplinary care. There are four pillars in the program with specific activities in each one.



Education – Continuous quality assessment and performance improvement is a requirement of the hospice Medicare benefit Conditions of Participation. Understanding these concepts and how to apply them within the provision of hospice care requires continuous shared learning. The Education pillar of Quality Connections moves participants

from novice to experts in QAPI.



Application – The application pillar activities are the practical application of QAPI. Participants use the application pillar tools to implement plans and processes to improve care and quality outcomes.



Measurement – The measurement pillar activities support comprehensive data collection, analysis, and reporting. The Measures of Excellence data report includes benchmarking with peers to identify areas of opportunity for improvement and the ability to monitor these areas ongoing to evaluate effectiveness of performance improvement plans. Quarterly reports can be shared with your Board of Directors as part of your QAPI program.



Innovation – The innovation pillar includes activities to encourage participants to share knowledge, expertise, and



NHPCO provides national recognition to organization participants who are engaged in the program...

best practices. Participating in the innovation pillar contributes to shared learning to promote and sustain continuous quality assurance and performance improvement.

How Will the Program Work?

Quality Connections is free to all NHPCO provider members, regardless of size, and provides education, tools, resources, and guidance to support an organization's efforts in achieving and sustaining continuous quality improvement.

An organization participant will complete a quality assessment performance improvement (QAPI) self-assessment upon entrance to the program which will help them determine whether they fit into a novice, intermediate, or advance category. They will receive an individualized report based on that

NHPCO's Quality Connections

A program designed to engage hospice and palliative care providers in continuous quality improvement consisting of four components: Education, Application, Measurement, and Innovation.

Learn how to start earning your quality rings at www.nhpc.org/quality

Education Application Measurement Innovation

NHPCO
Leading Hospice-Centered Care

category related to suggested activities for completion in the programs four pillars.

The participant will be required to achieve milestones annually within each program pillar to be successful. NHPCO provides national recognition to organization participants who are engaged in the program and demonstrate a commitment to continuous quality improvement.

Tools and Resource in the Program

The NHPCO National Data Set will be retired in the next two years and replaced with our Measures of Excellence data set which will serve as a data repository for annual and quarterly data collection including patient safety data, staffing data, and organizational data.

Quality Connections offers a rolling 12-month quarterly report that includes benchmarking and trending, and the ability to slice data by geography, size, etc. Our

partnership with a Patient Safety Organization (PSO) will ensure that all data is secure and protected.

Additional innovative resources include:

QI tool – access to a task-oriented web application which helps users identify a problem or deficiency in their organization and walks them through the fundamentals of quality improvement to address the problem.

Project ECHO – access to an innovative platform used to provide education and case study review with recommendations from national subject matter experts.

The NHPCO QC ECHO will have two tracks: clinical excellence and operational excellence. ECHO sessions will be offered at a minimum of quarterly. NHPCO members are encouraged to offer practical case study topics; email quality@nhpc.org with suggestions.

Value of Participation in QC

The program is a value add to your NHPCO membership and your organization as there is no additional cost to participate in QC. NHPCO also provides national recognition to organization participants who are engaged in the program and demonstrate a commitment to continuous quality improvement.

As organizations look to diversify their partnerships, QC provides a competitive advantage with insurance plans and other potential partners. QC additionally includes access to tools and resources that a provider would incur a cost for access. Finally, the program provides access to quarterly and annual data reports that can be utilized for staff and board reporting.

When will QC be Available to NHPCO Members?

The QC program will be open to participants in January 2021. We will provide information in various



...QC offers a rolling 12-month quarterly report that includes benchmarking and trending...

format leading up to the launch date so please watch our communication. We are very excited to bring this program to our membership to help drive quality improvement in all areas of hospice and palliative care operations. Let NHPCO be your connection to achieving service excellence for your patients and families.

Learn more about NHPCO's [Quality Connections](#).

Jennifer Kennedy, EdD, MA, BSN, RN, CHC, is NHPCO's senior director, regulatory and quality. Learn more about Jennifer in the article on page 16 of this NewsLine.



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ST. CHRISTOPHER'S HOSPICE: YEAR OF THE NURSE

**NHPCO's Jennifer Kennedy Honored
as a Pioneering Nurse**

By Jon Radulovic



**NHPCO congratulates Jennifer on
this significant honor as a Pioneering
Nurse of 2020 and thanks her for her
commitment, passion, and service.**

To mark both the International Year of the Nurse and Midwife and Florence Nightingale's 200th birthday, St. Christopher's Hospice in London has been celebrating palliative nursing throughout 2020. As they share on their website, "Nursing in palliative and end of life care has a rich history and remains a central element of its delivery. We want to shine a light on its contribution past and present... and consider its future shape so that it remains pertinent, visible and impactful."

A year of celebratory events had been planned for 2020 but like the rest of the world, COVID-19 changed these plans and the team at St. Christopher's created a virtual resource offering webinars and a growing article collection, available for all to enjoy at www.stchristophers.org.uk/yearofthenurse/.



St. Christopher's Hospice is based in south London, England, and was established in 1967 by Dame Cicely Saunders, whose work is considered the basis of modern hospice philosophy.

Honoring 2020 Pioneering Nurses

Another priority among the leadership at St. Christopher's during this important year honoring the nurse was to identify and celebrate the key characteristics in the work of Florence Nightingale and Dame Cicely Saunders. Characteristics that are found in contemporary pioneering nurses working in hospice and palliative care.

The charge was to honor nurses making a profound difference to people's lives anywhere in the world, nurses motivated by creativity and compassion,

pushing for change in nursing today, leading the way, and provoking change for the better.

A call went out across the international community seeking nominations of nursing professionals who reflect eight characteristics inspired by the life and work of Florence Nightingale and of Dame Cicely Saunders.

Eight Characteristics of a Pioneering Nurse in 2020

- A person driven by the spirit of compassion
- A campaigner for change
- A super connector
- A public health champion
- An innate visionary leader
- A protagonist for excellence in care
- A creative and critical thinker
- An ambassador for the nursing profession

From the many nominations that came from across the globe, St. Christopher's Hospice has selected 30 nurses from 17 countries covering a wide range of special focus areas. They span practice, education, research, and policy.

NHPCO is proud to share that Jennifer Kennedy, EdD, MA, BSN, RN, CHC, Senior Director, Quality and Regulatory, has been honored as one of the 2020 Pioneering Nurses. [See St. Christopher's tribute to Jennifer online.](#)

Read some of the latest articles from St. Christopher's celebrating the [International Year of the Nurse](#):

- [Reflections from the Front Line](#)
- [The shift in focus created by Covid-19](#)
- [Is dementia homeless?](#)
- ['The Nurse I Will Never Forget'](#)

These are some of the accomplishments that St. Christopher's notes in honoring Jennifer as a Pioneering Nurse.

Jennifer Kennedy has dedicated her nursing career to hospice for the last 20 years. Her first contact in hospice was in 1989 at Children's Hospice in Washington D.C working with pediatric patients at the end of life. Now, as Senior Director of Quality and Regulatory at NHPCO, she guides hospice providers' patient care in the U.S. on a daily basis through her engagement with the membership and the provider community.

She serves as a highly regarded faculty for many NHPCO professional development offerings including conferences, webinars, and podcasts. She is well recognized as a speaker at national and state conferences. Jennifer also serves as adjunct faculty for the University of Indianapolis, Graduate Health Care Management, Interprofessional Health & Aging Studies College of Health Sciences.

Jennifer proudly serves as a representative for hospice on two National Quality Forum committees, the National Coalition for Hospice and Palliative Care, and The Joint Commission Home Care Accreditation Advisory Council. She interacts with federal government officials to represent and advocate for hospice providers in the U.S. and serves

as a volunteer for HOSA, an organization supporting future healthcare professionals.

In response to the COVID-19 pandemic, she serves as the lead for the NHPCO COVID-19 team and has spearheaded creation of many free resources for hospice and palliative care providers and the public. As the NHPCO lead for emergency preparedness, she interfaces with federal government entities on behalf of hospice and palliative care providers in the U.S. Jennifer volunteers for her county based Medical Reserve Corps and presents community-based education related to serious illness and end of life, most recently at John Hopkins University.

In her work on the development and implementation of NHPCO's Quality Connections, a national hospice and palliative care quality of care program, her influence and commitment to quality has a national impact. She leads the ongoing development of Standards of Practice for Hospice Care and creates quality of care resources and educational offerings for the provider community. Two of NHPCO's most popular resources sold in Marketplace were created by Jennifer, Hospice Discharge, Revocation, and Change of Hospice and Certification & Recertification of Hospice Terminal Illness.

Jennifer has dedicated 34 years of her life to nursing, 20 of them to hospice and palliative care. NHPCO congratulates Jennifer on this significant honor as a Pioneering Nurse of 2020 and thanks her for her commitment, passion, and service.

Jon Radulovic, MA, has been a member of the NHPCO Communications Team since 2003.

In the months ahead, St. Christopher's will be introducing these honorees, and in the process share the experience, knowledge, and wisdom of these contemporary pioneering nurses. Additionally, as part of this program, St. Christopher's is developing a contemporary model of palliative nursing. A model that will consider the historical and new characteristics that shape the role and model of palliative nursing for the future, so that nurses can:

- Reclaim a center stage position,
- Articulate all that they offer,
- Hone their skills and processes,
- Request the help they need to achieve greatest impact,
- Be proud of their role and profession and develop it accordingly.

WEATHERBEE RESOURCES & PRODUCTS FOR YOUR HOSPICE TEAM



Hospice Policies & Procedures

This is an electronic, downloadable product. Each volume includes operational and regulatory policies and procedures consistent with the Medicare Conditions of Participation (CoPs).
Administration \$495/ \$550 (non member rate) • Human Resources \$395/ \$450 (non member rate)
• Patient Care \$595 • All 3 vols \$1,100/\$1500 (non member rate)



60-90 Day Benefit Calculator \$8.99

Easy to use 60- and 90-day benefit calculator, two-sided sheet. This durable product makes calculating benefit periods easy and fast, and most importantly, accurate. Leap Year Supplement sent separately at no charge / available as link on the Weatherbee Resources website.



LCD Guidelines Pocket Pal \$55

This durable pocket pal product is based on LCD guidelines from CGS, NGS, or PGBA. Includes assessment tools. 10 Pocket Pals are included in each order.

To view other Weatherbee products or place an order, please visit www.nhpco.org/marketplace or call NHPCO's Solutions Center at **800-646-6460**



MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT

PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

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

www.nationalhospicefoundation.org/lighthouseofhopefund





NHPCO is proud and thankful to have worked closely with the Department of Veterans Affairs for over a decade. The support of the VA has fostered the growth and success of the We Honor Veterans program, which in turn has provided countless Veterans facing a serious illness with the care and resources they deserve. We look forward to many more years of this successful partnership.

-Edo Banach, JD, President & CEO of the National Hospice and Palliative Care Organization



We Honor Veterans Celebrates 10 Years

By Katherine Kemp and Emily Marge

September 12, 2020 marked ten years since the [We Honor Veterans](#) program was launched at NHPCO's Interdisciplinary Conference in Atlanta, GA. To the hospice staff, colleagues within the VA, volunteers, and Veteran centric organizations that make this program possible – we thank you for stepping up and continuing to put the wants and needs of Veterans first. It has been an honor and a privilege to call you our partners and there is so much more to come.

Katherine Kemp is NHPCO's Director of Veterans Services
Emily Marge is NHPCO's Veterans Services Associate

THE GROWTH OF THE PROGRAM

5,115
Hospice Partners



1,438
Community-based
Health Care Partners



121 State-wide and
Community-based Hospice-
Veteran Partnerships





WHV TIMELINE

September 12, 2010

We Honor Veterans Program Launched

July 7, 2015

WHV recognized by ASAE with a 2015 Power of A Summit Award

October 22, 2015

WHV featured in Congressional briefing

December 20, 2018

WHV launches Level 5 program

April 2019

WHV participates in Vietnam Veterans Initiative

April 2020

WHV launches new website and logo

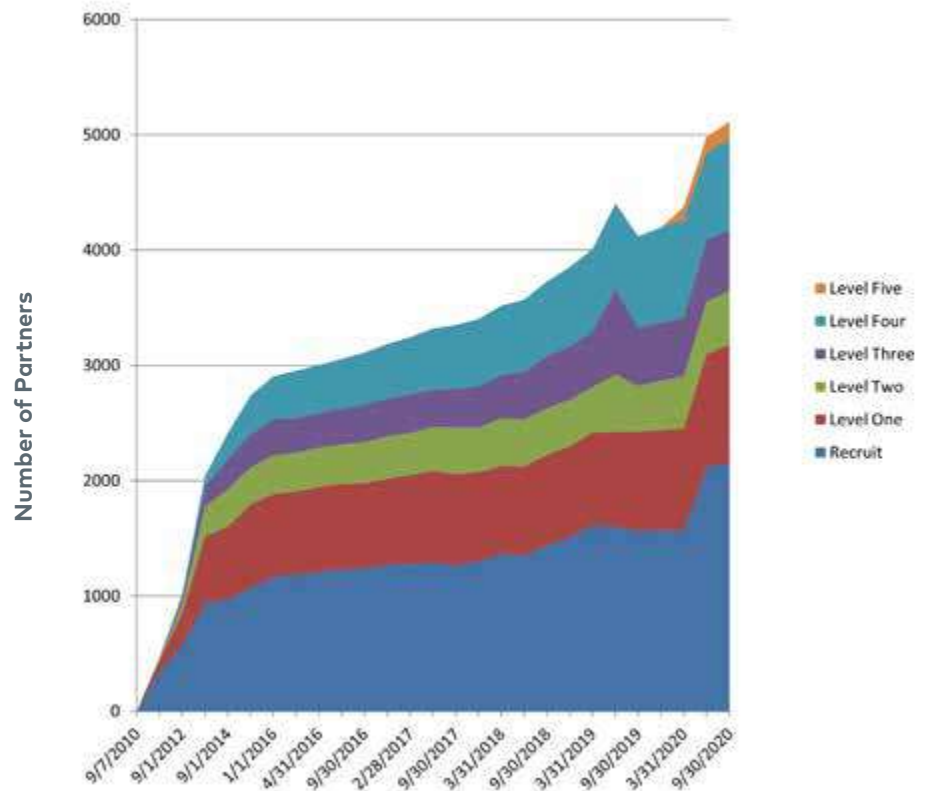
July 2020

WHV and VA partner to provide grants for trauma-informed care

September 2020

WHV celebrates 10 years

WE HONOR VETERANS - HOSPICE PARTNERS





Evaluation of the Medicare Care Choices Model

ANNUAL REPORT 3

Contract # HHSM-500-2014-000261/T0005

OCTOBER 2020

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MEDICARE CARE CHOICES MODEL

Findings from the 3rd Annual Report Released by CMS

The Centers for Medicare & Medicaid Services released the third annual report on the Medicare Care Choices Model. Initial impact findings indicate that MCCM led to substantial reductions in total Medicare spending for deceased MCCM enrollees during the first 3 years of the model. Total Medicare expenditures decreased by 25%, generating \$26 million in gross savings and \$21.5 million in net savings, largely by reducing inpatient care through increased use of the hospice benefit. Most caregivers reported positive experiences in the model and caregivers of enrollees who did not transition to hospice reported lower satisfaction rates. Below, NHPCO shares additional information from CMS.

What is the MCCM

Through the Medicare Care Choices Model, the Centers for Medicare & Medicaid Services is testing a new option for Medicare beneficiaries to receive supported care services from selected hospice providers, while continuing to receive services provided by other Medicare providers, including care for their terminal condition. CMS will evaluate whether providing these supportive services can improve the quality of life and care received by Medicare beneficiaries, increase patient satisfaction, and reduce Medicare expenditures. Under current payment rules, Medicare and dually eligible beneficiaries are required to forgo Medicare payment for care related to their terminal condition in order to receive services under the Medicare or Medicaid hospice benefit.

The model is designed to:

- Increase access to supportive care services provided by hospice;
- Improve quality of life and patient/family satisfaction;
- Inform new payment systems for the Medicare and Medicaid programs.



(To view an interactive map of this model, visit the [Where Innovation is Happening page](#).)

MCCM Background and Model Details

As providers well know, currently, Medicare beneficiaries are required to forgo Medicare payment for care related to their terminal condition in order to

receive access to hospice services. Through MCCM, CMS is studying whether access to such services will result in improved quality of care, and improved patient and family satisfaction, and whether there are any effects on use of health services and the Medicare or Medicaid Hospice Benefit.

The target population for the Medicare Care Choices Model is Medicare beneficiaries and Medicaid beneficiaries with Medicare coverage ('dually eligible beneficiaries'), who are eligible for either the Medicare or Medicaid hospice benefit. Also, to be eligible, beneficiaries must not have elected the Medicare (or Medicaid) hospice benefit within the last 30 days prior to enrolling in the model. Other Model requirements include living in a traditional home (no institutional care); having Medicare Parts A and B for the 12 months prior to enrolling in the model (no Medicare managed care plan during that 12 months); having a diagnosis of one of the following terminal illnesses – advanced cancer, chronic obstructive pulmonary disease, congestive heart failure, or human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); and living in the service area of a hospice selected to participate in the model.

Under the model, participating hospices provide services that are currently available under the Medicare hospice benefit for routine home care and respite levels of care, but cannot be separately billed under Medicare Parts A, B, and D. Model services are available around the clock, 365 calendar days per year. CMS pays a per-beneficiary per-month (PBPM) fee ranging from \$200 to \$400 to participating hospices when delivering these services under the model.

Due to robust interest, CMS originally expanded the model participation from an anticipated 30 Medicare-certified hospices to over 140 Medicare-certified hospices and extended the duration of the model from 3 to 5 years.

Third Annual MCCM Report

CMS reports that 85 MCCM hospices (60%) of the original 141 participants remained in the model as of September 30, 2019.

4,988 beneficiaries enrolled in MCCM out of over 18,000 beneficiaries referred; 3,603 of these enrollees died as of September 30, 2019.

MCCM enrollment remained concentrated in a small number of hospices: 9 hospices enrolled 54% of all MCCM beneficiaries. Top enrolling MCCM hospices were more likely to be located in urban areas and to enroll somewhat fewer minorities, but other characteristics, including size, were not significantly different across MCCM hospices.

Key Findings

- MCCM led to a 25 percent decrease in total Medicare expenditures, which generated \$21.5 million in net savings between January 1, 2016 and September 30, 2019, largely by reducing inpatient care through increased use of MHB by the 3,603 Medicare beneficiaries who enrolled in the model and died during this period.
- Beneficiaries in MCCM were 20 percent more likely to enroll in the Medicare hospice benefit and elected MHB one week earlier, on average, than the comparison group (two weeks earlier when including beneficiaries who enrolled in MCCM more than a year prior to death).
- MCCM hospices provided high-quality care to most enrollees, and most caregivers were highly satisfied with the care received through the model and transitions to MHB. At the same time, the documentation of comprehensive assessments and advance care planning discussions varied widely across hospices.

NHPCO Response

The findings from the report are promising and reinforce the call for a Community-Based Palliative Care demonstration model. In an interview with [Hospice News](#) (11/03/2020), Annie Acs, NHPCO director of policy and innovation said, "The Medicare Care Choices Model is on track to be the sixth [Center for Medicare & Medicaid Innovation (CMMI)]

model to show statistically significant savings. The results show that concurrent care, and even an expansion of some of the requirements within MCCM, could make a meaningful difference in both the quality and the cost of end-of-life care."

"NHPCO and the [Hospice Action Network] would really like to launch a second-generation Medicare Care Choices model. We feel that CMS could take the positive results that they have seen within this model and expand it to test community-based palliative care," Acs said. "We would like to increase the number of diagnoses that would be included in those eligibility requirements. The big one is removing the six-month prognosis requirement. The evaluation findings did suggest that individuals with serious illness and their caregivers would benefit from supportive care earlier in the disease trajectory," Acs noted.

Download these Reports from the CMS Innovation Website

- **Two Pager:** [At-A-Glance Report](#) (PDF)
- **Medicare Care Choices Model -** [Third Annual Report](#) (PDF)
- **Medicare Care Choices Model -** [Third Annual Report Technical Appendices](#) (PDF)
- **Medicare Care Choices Model -** [Third Annual Perspective Report](#) (PDF)



THANK YOU TO OUR IDC SUPPORTERS

NHPCO extends its appreciation to the organizations that provided support to the 2020 Virtual Interdisciplinary Conference.

GOLD LEVEL



PEWTER LEVEL



Short Takes



...build a framework and sustainable yet flexible model for inclusion and access...

Diversity Advisory Council Releases Inclusion and Access Toolkit



NHPCO's Diversity Advisory Council released a new resource, [Inclusion and Access Toolkit](#). This toolkit – available free-of-charge to anyone online – is designed to provide information on basic strategies to promote access to care for communities underserved by hospice and community-based palliative care and provide resources to help promote a culture of inclusion, both for staff as well as patients and families.

The framework of the toolkit is centered around eight topic areas:

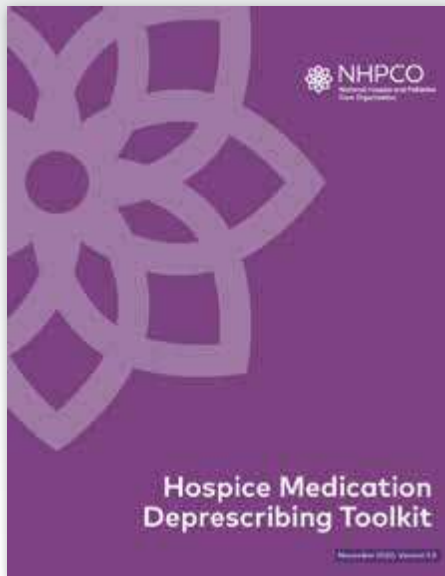
the business case for inclusion, vision and values, community presence, marketing and public relations, board development, administration, quality assessment and performance improvement, workforce development, and patient and family care services.

"Inclusion and access are important for hospice and palliative care providers, both to enhance the organization's interdisciplinary team and ensure that team is reaching their community and providing the appropriate care to patients and families. This toolkit will guide hospice and palliative care teams in their efforts to hold diversity and inclusion as an imperative and best business practice," said NHPCO President & CEO Edo Banach.

This toolkit is aimed at supporting all providers in their efforts to build a framework and sustainable yet flexible model for inclusion and access in their organization. Visit the NHPCO website to download the [Inclusion and Access Toolkit](#) (PDF).



NHPCO Releases Deprescribing Toolkit for Hospice Providers



The myNHPCO Pharmacist Community, in collaboration with the myNHPCO Physician/Advanced Practice Provider Community and numerous hospice professionals, is proud to announce the release of the **NHPCO Hospice Medication Deprescribing Toolkit** for members (log-in to access the Regulatory > [Drugs & Medications](#) page and download the toolkit).

“The deprescribing toolkit is a great companion and was the logical next iteration to the medication relatedness algorithm released

previously. The release of this toolkit comes at a time where the topic of deprescribing is at the center of many patient and family conversations, as well as, hospice agencies focusing on high quality care,” said Jason Kimbrel, PharmD, BCPS, MyNHPCO Pharmacy Community Leader and Vice President of Optum Hospice Services. “I’m proud of the collaboration from across many facets of the hospice community that came together to produce such a high-quality resource.”

The toolkit represents hundreds of hours of thoughtful and detailed work to support patient care by providing hospice organizations with the best and most up-to-date guidance possible. This collection of independent deprescribing guidance documents specific to particular classes of medications can assist hospice agencies when evaluating if medications could be continued or deprescribed.

“The collaborative development of the deprescribing toolkit gives us a valuable tool in the important work of assessing and managing medications for our patients. In addressing the issues of ongoing clinical appropriateness, pill burden, and polypharmacy, it allows the hospice clinician, in utilizing a shared decision-making process, to optimize patient comfort while maintaining high quality care,” said Bernice Burkarth, FAAHPM, HMDC, MD, MyNHPCO Physician/Advanced Practice Provider Community Leader and Chief Medical Officer at Merrimack Valley Hospice.

Thank you to the many contributors to this valuable resource for members. Visit the NHPCO website to download the [Hospice Medication Deprescribing Toolkit](#).



The toolkit represents hundreds of hours of thoughtful and detailed work to support patient care...



Short Takes

NHPCO Volunteers are the Foundation of Hospice Awards

Celebrating Outstanding Volunteers



NHPCO presents the Volunteers are the Foundation of Hospice Awards annually as part of the Interdisciplinary Conference. This year's IDC was held virtually with content rolling out over a three-week period (October 12 – 30) and the Volunteer Awards were presented as part of the live keynotes on Wednesdays throughout the conference.

Created and administered by the MyNHPCO Volunteer Manager Community, the Volunteers are the Foundation of Hospice Awards recognize

hospice volunteers who best reflect the universal concept of volunteerism in its truest sense—serving as an inspiration to others. The honorees have made significant contributions to hospice programs in the areas of care delivery, organizational support, and teamwork.

This included the inaugural presentation of the We Honor Veterans Volunteer Service Award that was created to honor a Veteran active in the volunteer program of a We Honor Veterans partner organization.

"Throughout the course of this conference, we will celebrate volunteers who demonstrate remarkable service, compassion, and commitment. Their gift of caring has a profound impact on patients, families, and the communities they serve, and we cannot say thank you enough for the support they provide," said Edo Banach, NHPCO president and CEO.

The 2020 recipients of the Volunteers are the Foundation of Hospice Awards:

Patient and Family Service Award:



Ginger Wheeler
Big Bend Hospice
Tallahassee, Florida

Specialized Volunteer Service Award:



Cynthia Shannon "Z" Zeisloft
Columbus Hospice of Georgia & Alabama
Columbus, Georgia

We Honor Veterans Volunteer Service Award:



John Stern
Angela Hospice
Livonia, Michigan

Organizational Support Award:



Rachel Carver
Hospice of Redmond
Redmond, Oregon

Young Leader Award:



Colleen Martin
Empath Health /
Suncoast Hospice
Clearwater, Florida

Learn more about the accomplishments of these outstanding volunteers by [watching the award presentation videos online](#).

Hospice Action Network Presents My Hospice Ambassador Awards

The Hospice Action Network, the advocacy affiliate of the National Hospice and Palliative Care Organization, is pleased to announce the recipients of this year's My Hospice Ambassador Awards. My Hospice Ambassadors are advocates selected by NHPCO for their commitment and willingness to engage with federal lawmakers with the goal of enhancing awareness of hospice and palliative care public policy issues. The awards reflect the extra level of dedication these Ambassadors have demonstrated to advancing person-centered legislation.

The award recipients:



Ambassador of the Year 2019

Sandy Kuhlman

Hospice Services of Northwest Kansas
Phillipsburg, KS



Ambassador of the Year 2020

Nikkie Ellis

Infinity Hospice Care
Las Vegas, NV



Needle-Mover Award

Cortland Young

Central Coast VNA and Hospice
Monterey, CA

"Over the past two years, our Ambassadors have been instrumental to NHPCO and the HAN team's efforts in advancing hospice and palliative care policies," said Edo Banach. "Because of their leadership, we have garnered new cosponsors on bills like the Rural Access to Hospice Act and the Palliative Care and Hospice Education and Training Act, developed new congressional champions, and forged important relationships with Hill staff."

Learn more about how hospice benefits patients and families at [MyHospiceCampaign.org](https://www.MyHospiceCampaign.org).



...our Ambassadors have been instrumental to NHPCO and the HAN team's efforts in advancing hospice and palliative care...

Short Takes

NHPCO Innovation Consortium

NHPCO is launching an Innovation Consortium for select members. This benefit will offer access to a wide variety of consultants, business partners, products and solutions that can help providers build out and sustain the programs and services needed to meet the needs of seriously ill individuals and their families.

The Innovation Consortium will provide the tools and resources required for providers interested in participating in a CMMI model or another type of value-based arrangement.

Services will include:

- Monthly office hours with national SMEs
- Tools and resources
- Connection to trusted partners
- Shared learnings
- Revamped resource page on NHPCO.org

Look for more information from NHPCO in early 2021.



The Innovation Consortium will provide the tools and resources required for providers interested in participating in a CMMI model.

NHPCO's Leadership and Advocacy Conference Coming March 2021

Can hospice and palliative care organizations harness the resilience, creativity, and innovation that have been unleashed by the COVID-19 crisis and emerge from it strengthened? Will the inevitable restructuring and reorganization intentionally prioritize quality, equity, and inclusion? The LAC to be held in March 2021 will explore these urgent questions and more.

By sharing best practices and exploring new care models, hospice and palliative care leaders

2021 LEADERSHIP & ADVOCACY CONFERENCE
March 22-26, 2021

KEYNOTES

- Don Berwick, MD**
Boston University
Center for Healthcare
and Medical Research
Promoting Quality
Institute for Healthcare
Improvement
- Quincy Hoagwood, MD**
President & CEO
HospiceCare.com
- Bill Quain**
CEO, The
PalliativeCare.com

REGISTER NOW

Designed for CEOs and their leadership teams, this conference will explore leading through a pandemic, the implications of the 2020 elections, innovative staff resources, and much more.

Can hospice and palliative care organizations harness the resilience, and innovation that have been unleashed by the COVID-19 crisis and emerge from the pandemic strengthened? Will restructuring and reorganization intentionally prioritize quality, equity, and inclusion? LAC2021 offered virtually, will unite leaders in the field and explore these urgent questions.

Registration now open
nhpco.org/2021LAC

NHPCO
Leading Person-Centered Care

will work together to build our future. With sessions that focus on strengthening your organization and nurturing other members of your team, LAC's impact will last far beyond the end of the conference. Joining us for the 2021 LAC is an investment in yourself and your organization.

Plans are well underway for the 2021 LAC. Given the on-going public health emergency, NHPCO will host the conference in a virtual format. The health and safety of our attendees, exhibitors, faculty, and staff is our ultimate concern and we commit to making a safe and responsible decision.

Meet the Keynotes

As LAC plans come together, NHPCO is proud to introduce the keynote speakers.



Don Berwick, MD, MPP, is a leading advocate for high-quality health care and is one of the top thinkers in health care today. He sees tremendous unrealized potential in American medicine. Despite our outstanding knowledge base, expert practitioners, and world-class equipment, our health care system can do better in providing safe, high-quality care at reasonable costs. Dr. Berwick will address the sources of excellence, and of defect, in health care and hospice settings today, explain which approaches are not effective, and provide real insight on where improvement can be attained.



Godfrey Nazareth, MS, is an entrepreneur, biomedical engineer, and research scientist. In this moving presentation he will share some of his attitudes, experiences, and lessons as an ALS patient. Godfrey has extensive experience in

biomedical product development; pharmaceutical

formulation and novel sterilization technologies; and design, development, and commercialization of a wide variety of medical devices and combination products.



Phil Gwoke is a passionate generational expert, skilled in developing strategies to improve inter-generational communication and collaboration. Phil is a firm believer that with the proper motivation, training and support system, members of any generation can become capable of remarkable accomplishments. He will bring his unique humor, experiences, research, and generational expertise to the LAC. During the 2020 Interdisciplinary Conference, Phil led a panel discussion on diversity and inclusion. As part of LAC, he will lead a panel on the next generation of hospice leadership and talk with leaders in the field on the importance of succession planning and focusing on the future of hospice and palliative care.

Registration for the Leadership and Advocacy Conference will be available online at www.nhpc.org/2021lac.



Joining us for the 2021 LAC is an investment in yourself and your organization.

Short Takes

2021 Webinar Series Order Your Package Now

NHPCO webinars bring you and your staff professional development and education from nationally recognized speakers presenting on the most relevant topics for the field. Invest in your staff and purchase a package today and have your education calendar set for the whole year. NHPCO webinars are a cost-effective way to maximize learning within your organization.



...have your educational calendar set for the whole year.

2021 Topic Tracks

- Community-Based Palliative Care
- Clinical
- Interdisciplinary Team
- Quality
- Regulatory and Compliance
- Supportive Care.

Two webinars are offered each month and the topics are developed with input from providers and our subject matter experts. Titles are currently available for the first half of the year and remaining will be determined based on needs from the field at that time. Being responsive to provider needs and the realities of the current environment is always the goal of our webinars. CE/CME credit is available and may vary depending on webinar topic.

The [calendar of 2021 webinars](#) is available online.

All webinars are live from 2:00 to 3:00 p.m., ET or enjoy the recording when it works best for your schedule.



Build Your Library

Add to your organization's or your individual professional library, a recording of each webinar is included with your webinar purchase giving you or your staff the opportunity to listen to the valuable presentations after the original webinar (please note, CE/CME is only available for participation in the live webinar broadcast and not for those who listen to the recording).

Webinar Pricing and Packages

Included with each webinar purchase is two logins for each webinar and the MP4 recording.

24-Webinar Package: \$999 for members; non-member price is \$4,499.

Single Track Package (4 webinars): \$175 for members; non-member price is \$750.

Single Webinars: \$49 for members; non-member price is \$199.

Order a 2021 Package Today

For webinar details or to register, visit the [webinar section](#) of the NHPCO website.

NHF Workforce Emergency Support Fund Makes an Impact

As the COVID-19 pandemic spread across the nation, NHPCO saw the dire need for personal protective equipment (PPE) for health care providers. Many hospice and palliative care providers could not keep up with the increased price and demand for PPE, and therefore could not safely provide care to patients and families. The National Hospice Foundation, with the support of generous donors and a grant from the Cambia Health Foundation, stepped in to help. Between May and October of 2020, NHF utilized the NHF [Workforce Emergency Support Fund](#) to address some of this unmet need.

We share some comments from organizations that received a grant for PPE from NHF.

“ Any PPE provided is such a gift to our organization. We continue to see COVID-19 patients in the home or facilities and all of our staff are making home visits. With our governor's mandate about par levels, it has been difficult finding adequate PPE to keep our staff and patients safe, while maintaining those levels. Thank you so much for helping keep staff and patients safe as this national crisis continues.”



– Dixie Randall, Director of Hospice, Chaplaincy Health Care, Richland, WA

“ In the 42 years since Care Dimensions was founded, COVID-19 has been one of the greatest challenges our organization has faced. We continue to admit and care for patients while responding to our duty to limit exposure to them, their families, and our staff. While access to PPE is vital for all healthcare workers, for the hospice provider community it is an enhanced issue with so much of our care being provided in a patient's home. We are truly grateful for the support received from the wider community, allowing us the ability to invest in these important resources.”



– Donna Deveau, Vice President, Philanthropy, Care Dimensions, Danvers, MA

Short Takes



“ We are so grateful to receive this grant. It is always our goal is to bring the best hospice care to our patients and protect our employees from this pandemic of COVID-19.”

– Sra. Catherine Irizarry González, BSN, RN, CQI, Directora de Calidad y Cumplimiento Corporativo, Hospicio La Guadalupe, Inc., Ponce, Puerto Rico

“ Patient and staff safety is our top priority as we provide essential healthcare during the pandemic.

“ Patient and staff safety is our top priority as we provide essential healthcare during the pandemic. The support from the National Hospice Foundation to secure personal protective equipment allowed the Helios Care team to continue to provide the exceptional care our rural patients rely on.”

– Dan Ayres, President & CEO, Helios Care, Oneonta, NY

“ Our hospice clinicians have been on the front lines since the onset of the pandemic and we thank you for helping to keep them safe in providing this very essential and important work!”

– Susan Houseman, RN, BSN, NHA, President & CEO, Harbor Hospice, Muskegon, MI



The CARES Act (signed by the President on March 27, 2020) allows taxpayers that do not itemize to deduct up to \$300 in cash contributions made to organizations, like National Hospice Foundation. For others, the maximum limit of 60% of adjusted gross income has been lifted and any individual contributions exceeding the 100% limitation may be carried over for the next five tax years. Your dollar can stretch further in supporting the National Hospice Foundation in 2020.

To ensure that the NHF Workforce Emergency Support Fund is able to continue helping providers with essential needs like PPE, please consider making a donation online at the [NHF website](#), be sure to designate the Workforce Emergency Support Fund when making your gift. Thank you.

Invest in your staff now!

According to LinkedIn's most recent Workforce Learning Report, 93% of employees would stay at an organization longer if it invested in their careers. Purchase a webinar package now and support your hard-working staff throughout 2021.

2021 WEBINAR TRACKS:

- Supportive Care
- Interdisciplinary Team
- Community-Based Palliative Care
- Regulatory & Compliance
- Quality
- Clinical

JANUARY 14	Endurance and Self-Compassion in a COVID World	APRIL 22	FY2022 Proposed Hospice Rule: What's in It and Why You Should Care
JANUARY 28	Innovations in Palliative and End-of-Life Care: Showcasing a 2020 Circle of Life Award Winner	MAY 13	Setting Healthy Boundaries with Patients and Colleagues
FEBRUARY 11	Staffing Issues and Challenges During a Public Health Crisis	MAY 27	Medicare Care Choices Model (MCCM): Lessons Learned
FEBRUARY 25	The Election Statement Addendum and Relatedness: Where are We Now?	JUNE 10	Risk Situations in the Home
MARCH 11	Customer Service Recovery Strategies	JUNE 24	Caring for Patients with End-Stage ALS
MARCH 25	Demystifying Telehealth for Hospice and Palliative Care Organizations		
APRIL 8	Managing Grief in the Workplace		

Titles have been determined for the first six months of 2021, and the tracks are set for the entire year. NHPCO webinars offer CE/CME credits for Nurses, Physicians and Non-physician Healthcare Professionals.

For more information, visit nhpco.org/webinars.



NHPCO

National Hospice and Palliative
Care Organization

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