

NEWSLINE

FY2020 Hospice Wage Index Rule:

What Providers Need to Know

INSIDE

Co-Creating Resilience

Re-envisioned Edge

Developing IDT Skills



NHPCO

Leading Person-Centered Care

SAVE THE DATE

2019 INTERDISCIPLINARY CONFERENCE

ORLANDO, FL

PRECONFERENCE - NOVEMBER 2-3, 2019

MAIN CONFERENCE - NOVEMBER 4-6, 2019

GAYLORD PALMS RESORT & CONVENTION CENTER - ORLANDO, FLORIDA

ABOUT

At IDC19 experience a unique blend of keynotes, concurrent sessions, preconference learning and networking opportunities all grounded in the philosophy of the interdisciplinary organization. You'll engage with colleagues from across the country as you learn about new approaches, successful models and innovations that will advance your professional practice and help strengthen your organization. See page 24 for more information on IDC19 content, faculty, and activities.

Registration Now Open!

nhpco.org/IDC2019



NHPCO

Leading Person-Centered Care

Contents

4 Message from Edo

In light of recent events and media coverage, Edo Banach reflects on the many ways that hospice providers serve the community and stresses the importance of working collaboratively.



6 FY2020 Hospice Wage Index

The Final Rule for FY2020 was released by CMS in July. In addition to reimbursement rates, there are additional details providers should be aware of that include a future Addendum.



18 Co-Creating Resilience

Rev. Dr. Carla Cheatham offers guidance to help those in the field understand how resilience supports safety, satisfaction, and sustainability.



28 NHPCO Edge Re-imagined

Providers need to be aware of the opportunities available through provision of community-based palliative care services and NHPCO's re-imagined Edge can support this work.



- 24 IDC19 in Orlando
- 32 The Compliance – Quality Connection
- 34 We Honor Veterans Update
- 36 Hospice Month Outreach
- 38 Pediatric Resources



Message from Edo

As I write this, communities in Dayton and El Paso are grieving. Emotions are still raw in Orlando, Las Vegas, and Newtown. At the current rate, another tragic mass shooting will have occurred by the time you read this.

The headlines tell us that the mass shooting epidemic is a public health crisis. They have me reflecting on the extraordinary daily homicide rates in D.C., Chicago, St. Louis and other urban areas across the country and the less known fact that every day about 60 people take their own life with a gun.

So, I ask, what is our role as the country tries to deal with unimaginable pain and loss? As hospice, we do what we have always done. We simply figure out how we can help. We provide trauma-informed care. Given the magnitude of the incidents, some providers must offer it to their whole communities. We let others debate constitutionality and legality of controversial issues while we step forward as responsible professionals to help others pick up the pieces. Our team members will modestly continue to minister to the public, help survivors deal with their loss, and support first responders as they heal while the press moves on to the next story.

Reporters are not reaching out to learn more about our work in caring for grieving communities in the wake of these mass shootings. Some recent stories in the press and social media have focused on hospice, but regrettably, not on the positive and unique role of hospices – such as bereavement services to the community. Individuals are instead writing about their negative experiences, including some respected journalists with visible platforms. These are not made up stories. These are rare but true examples of hospice falling short. Indeed, the attention received by the findings in the OIG reports released in July is greater than it has ever been. Now is the time for our field to up our collective game and make sure that hospices not only meet but exceed expectations. I call

this getting the basics right AND providing excellent care that exceeds what people expect. After all, we really have only one chance to get it right. Unless and until we do that, we will be faced with not only the threat of possible legislative and regulatory action but also of sustained negative press overshadowing the family care, bereavement programs, spiritual support, community involvement or anything that adds an important dimension to how we care for the whole person and community.

In the face of these threats, how do we get our voices heard and educate policymakers and the public today – when it would make a meaningful difference? A real problem that we face is the lack of basic understanding about the hospice program. One of the ways we are addressing this is through the [My Hospice Campaign](#) that was launched in 2017. If we are not regularly telling the positive stories of hospice, the public will only hear the negative. Frankly, I am getting a bit tired of defending poor care when I should be crowing about excellent care which so many provide every single day. Every hospice can help in this effort by joining our My Hospice community, by becoming or helping a My Hospice Ambassador program (see page 33), by sharing your story on our blog, or contributing your words as an op-ed or letter to the editor of your local media, registering with the legislative action center to respond to advocacy alerts, or considering a financial contribution to the My Hospice Campaign.

At a time when everybody is talking about how health care needs to be less medicalized and institutional and more holistic, they should look to hospice as the model of care to follow. People who are suddenly acknowledging the need for attachment, for healing, or for "social determinants", should be aware that hospice is already providing this person by person, family by family – and have been for up to 40 plus years. We are in homes helping real people as they lead complicated lives. And we have never shied away

from leaning into societal problems and determining how we can help.

We were there during the HIV crisis, after 9/11, after countless tornadoes, hurricanes and wildfires, after shootings and public tragedies. Our challenge is not in doing the work – we are pretty good at that, even as we must continue to improve. Our challenge is in helping the public understand – before they need us – that hospices and community-based palliative care programs play a unique role in so many communities.

I don't have all of the answers, but I have confidence that our collective community will continue to do our very best to provide the very best care possible – no matter what threats we may face in the future.



Edo Banach, JD,
President and CEO



FY2020

Hospice Wage Index

Final Rule

CMS releases rule on July 31

By Judi Lund Person and Jennifer Kennedy

The Centers for Medicare and Medicaid Services released the [FY2020 Hospice Wage Index Final Rule](#) that includes rebasing of and an increase in payment rates for Continuous Home Care (CHC), Inpatient Respite Care (IRC), and General Inpatient Care (GIP), a reduction in Routine Home Care (RHC) rates, changes to the hospice election statement, a new requirement for an election statement addendum detailing the items, services or drugs the hospice will not cover, and changes to the hospice quality reporting program. The following three sections outline key issues of importance for providers.

Hospice Payment Rates

The final rule announces a 2.6% increase in hospice rates. The increases are used solely to rebase the rates for Continuous Home Care (CHC), Inpatient Respite Care (IRC), and General Inpatient Care (GIP).

The Routine Home Care rates are reduced by -2.72% to accommodate the rebasing for the other three levels of care. The rates for RHC, at both the high (1-60 days) and low tier (61+ days), are a reduction of \$1.75 per day from the original FY2019 RHC high tier rate, and a reduction of \$0.49 from the original FY2019 RHC payment rates for the low tier rate.

Payment Rates with Quality Reporting October 1, 2019 - September 30, 2020

RHC Rates

Code	Description	FY2019 Original Payment Rates	FY2019 Rebased Payment Rates	SIA Budget Neutrality Factor	Wage Index Standardization Factor	FY2020 Hospice Payment Update	FY2020 Payment Rates
651	RHC 1-60 days	\$196.25	\$190.91	X 0.9924	X 1.0006	X 1.026	\$194.50
651	RHC 61+ days	\$154.21	\$150.02	X 0.9982	X 1.0005	X 1.026	\$153.72

Other Levels of Care Rates

Code	Description	FY2019 Original Payment Rates	FY2019 Rebased Payment Rates	Wage Index Standardization Factor	FY2020 Hospice Payment Update	FY2020 Payment Rates
652	Continuous Home Care Full rate = 24 hours of care	\$997.38	\$1,363.26	X 0.9978	X 1.026	\$1,395.63
652	Continuous Home Care and SIA Hourly rate	\$41.56	\$56.80	X 0.9978	X 1.026	\$58.15
655	Inpatient Respite Care	\$176.01	\$437.86	X 0.9978	X 1.026	\$450.10
656	General Inpatient Care	\$758.07	\$992.99	X 1.0019	X 1.026	\$1,021.25



The RHC rates are reduced by -2.72% to accommodate the rebasing for the other three levels of care.

Payment Rates with No Quality Reporting

October 1, 2019 – September 30, 2020

2% reduction in payment rates, with an increase of 0.6%

Description	FY2019 Original Payment Rates	FY2019 Rebased Payment Rates	SIA Budget Neutrality Factor	Wage Index Standardization Factor	FY2020 Payment Update of 2.6% minus 2% = +0.6%	FINAL FY2020 Payment Rates
RHC 1-60	\$192.39	\$190.91	X 0.9924	X 1.0006	X 1.006	\$190.71
RHC 61+	\$151.18	\$150.02	X 0.9982	X 1.0005	X 1.0006	\$150.72
Service Intensity Add-on	\$40.74	\$56.80		X 0.9978	X 1.0006	\$57.02
Continuous Care – 24 hours	\$977.78	\$1,363.26		X 0.9978	X 1.0006	\$1,368.42
Inpatient Respite	\$172.56	\$437.86		X 1.0019	X 1.0006	\$441.32
General Inpatient	\$743.18	\$992.99		X 1.0024	X 1.0006	\$1,001.35

Hospice Cap

For FY2020, the hospice cap will be \$29,964.78, which is equal to the FY 2019 cap amount (\$29,205.44) updated by the FY 2020 hospice payment update percentage of 2.6%.

Hospital Wage Index Year

CMS finalized the proposal to use the current fiscal year pre-reclassified hospital wage index as the basis for the hospice wage index. The use of the current year IPPS hospital wage index is in place as a wage index methodology for Medicare's skilled nursing facility (SNF), home health and inpatient hospital prospective payment system. The wage index values published by CMS reflect the elimination of the 1-year lag in wage index data.

Changes to the Hospice Election Statement

CMS finalized the proposal to amend the hospice election statement. NHPCO is pleased that CMS, in the final rule, allowed a one-year delay in the effective date – now effective October 1, 2020 (FY 2021). NHPCO advocated for the delay, citing both hospice preparation and necessary EMR software vendor adjustments. In addition to the current requirements for the hospice election statement, hospices will be required to include the following on the hospice election statement:

- Information about the holistic, comprehensive nature of the Medicare hospice benefit.
- A statement that, although it would be rare, there could be some necessary items, drugs, or services that will not be covered by the hospice because the

hospice has determined that these items, drugs, or services are to treat a condition that is unrelated to the terminal illness and related conditions.

- Information about beneficiary cost-sharing for hospice services.
- Notification of the beneficiary's (or representative's) right to request an election statement addendum (see companion article, page 13).

Services Unrelated to the Terminal Illness and Related Conditions

CMS reiterated their "long-standing position that services unrelated to the terminal illness and related conditions should be exceptional, unusual and rare given the comprehensive nature of the services covered under the Medicare hospice benefit as articulated upon the implementation of the benefit (48 FR 56008, 56010, December 16, 1983). To the extent that individuals receive services outside of the Medicare hospice benefit during a hospice election, Medicare coverage is determined by whether or not the services are for the treatment of a condition completely unrelated to the individual's terminal illness and related conditions (48 FR38146, 38148, August 22, 1983)."

CMS cited NHPCO's "Determining Relatedness to the Terminal Prognosis Process Flow" in the final rule as an example of



NHPCO advocated for the delay, citing both hospice preparation and necessary EMR software vendor adjustments.

a "national industry association engaged in activities with hospices to communicate a process for helping hospices make these relatedness determinations in the form of clinical decision-making process workflows." The latest version of this document [can be found here](#) (PDF).

While not mentioned in the final rule, a companion process flow on "[Determination of Hospice Medication Coverage](#)," (PDF) developed by the NHPCO Pharmacist Community in collaboration with the NHPCO Regulatory Committee may also be helpful.

Request for Information Regarding the Role of Hospice and Coordination of Care

CMS requested information on hospice and the relationships

with managed care, ACOs and new payment models. NHPCO solicited comments from members and included a robust set of comments answering this RFI. CMS did not share information in the final rule about this RFI, but states “as we continue to review the comments received, we believe that the information gathered under this RFI will help inform: (1) future CMS payment models; (2) the role of hospice with respect to ACOs; and (3) our general understanding of the traditional FFS hospice environment in relation to the increasing penetration of managed care through the MA program.”

Proposed Rule Comments

Members are reminded that in response to the proposed rule, [NHPCO responded with a comment letter](#) (PDF), developed with member feedback and robust discussion from the NHPCO Regulatory Committee and the NHPCO Quality and Standards Committee.



Watch for more tools and resources from NHPCO to help implement these new regulatory requirements. Any questions can be sent to regulatory@nhpco.org or quality@nhpco.org

Resources for the final rule include:

- 1. FY2020 Hospice Wage Index Final Rule State/County Charts** with Final Rates and calculator tool, available in [Reimbursement – Medicare](#) page of nhpco.org.
- 2. Free webinar** for NHPCO members on final rule, held on Tuesday, August 6, 2:00pm ET. A recording of the webinar and the webinar slides can be found on the [Reimbursement – Medicare](#) page.
- 3. Changes to [Hospice Regulations at 42 CFR 418](#)** (PDF).
- 4. Podcast on the FY2020 Hospice Wage Index final rule** in two parts – Part one on the rates, election statement and addendum was released Tuesday, August 6, check the [NHPCO Podcast](#) page. Part two focused on the changes in quality reporting, CAHPS and Hospice Compare and was released on August 20.

Quality Reporting Updates

The FY 2020 Hospice Wage Index Final Rule includes updates to the hospice quality reporting program (HQRP) that providers should be aware of.

Claims Based Measures

CMS plans to explore the development of other claims-based and outcome measures for the HQRP. They state that claims-based measures would be only one type of quality measure in the HQRP and they will take comments received by providers and other stakeholders into consideration as they continue to address the high priority areas of identifying gaps in care and reducing regulatory burden.

Update on Current Claims-Based Measure Development

CMS identified two “high priority” areas that will be addressed by claims-based measure development: potentially avoidable hospice care transitions and access to levels of hospice care.

- The potentially avoidable hospice care transitions concept was developed as a measure under consideration called “Transitions from Hospice Care, Followed by Death or Acute Care.” The goal of this measure

is to identify hospices that have notably higher rates of live discharges followed shortly by death or acute care utilization, when compared to their peers. CMS is considering stakeholder and MAP feedback and is looking at multiple ways to measure this construct, including separating out the components to reduce the measure's complexity.

- After further analyses, CMS determined that the access to levels of hospice care measure concept as currently specified could result in hospices providing higher levels of care when it is not required by the plan of care or expected by CMS.
- CMS appreciates the comments and the support for continuing to refine efforts to measure these two high priority concepts identified by the OIG in its 2018 report, entitled "Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity," and will take these comments under advisement as they continue exploring options for measuring these constructs.

Hospice Assessment Tool

- CMS's goal for a hospice assessment tool is to be more comprehensive than the HIS by capturing care needs in real-time and throughout the end of life, not just at admission and discharge. In addition, a comprehensive assessment tool will provide standardized data

as all Medicare-certified hospices will be collecting the same data in standardized manner. A new hospice assessment tool is intended to support quality measure development and care planning.

- CMS intends to offer training and other supports as the new tool is being prepared for implementation; the timeline and process for implementation of the final tested tool will be established through rulemaking.
- CMS continues the process of developing a new hospice assessment that meets the objectives of patient-centered care. This process includes additional information gathering, including review of feedback on the HEART tool, and stakeholder engagement to develop a draft instrument for alpha testing that will ultimately support a national beta test.
- After considering the comments received in response to the proposed rule and for the reasons discussed above, CMS will call the hospice assessment tool the Hospice Outcomes & Patient Evaluation (HOPE).

Update on the CMS System for Reporting Quality Measures and Standardized Patient Assessment Data and Associated Procedural Issue

- CMS will be migrating to the iQIES system as soon as FY 2020 and will provide further



CMS continues the process of developing a new hospice assessment that meets the objectives of patient-centered care.



information regarding the migration and any future system of record changes via sub-regulatory mechanisms to make this transition as smooth as possible.

CAHPS Survey

The CAHPS® Hospice Survey is a component of the CMS HQRP which is used to collect data on the experiences of hospice patients and the primary caregivers listed in their hospice records. CMS solicited comments in the proposed rule regarding suggested changes, additions or deletions to the instrument that would improve its value to hospices for quality improvement and consumers for selecting a hospice. Highlights of impact of stakeholder comments includes the following:

- Length and availability of survey: CMS is currently exploring ways to simplify and



CMS is examining the feasibility of using web-based data collection in conjunction with traditional survey methods.

shorten the survey and examining the feasibility of using web-based data collection in conjunction with traditional survey methods.

- Health literacy: CMS had a literacy-level review of the questionnaire and are reviewing what changes may be feasible to make.
- Sending the survey sooner to caregivers: CMS will think about sending the survey sooner as they consider potential changes to the survey.
- Hospice staff v. facility staff for patient residing in a facility: To help the respondent make these distinctions, CMS includes specific references to the hospice involved as part of the mail questionnaire and the telephone questionnaire script.
- Wording changes to the questionnaire, response scales and hospice provider logos: During survey development, extensive cognitive interviews were conducted with potential respondents to see if they could understand the response scales. CMS does not allow hospice logos to be placed on the questionnaire for mail surveys.
- CMS will take comments into consideration as they consider changes. Any potential changes will be proposed through future rulemaking.

Update to “Hospice Visits when Death is Imminent” Measure

- Measure #1 in the measure pair will be reported and publicly displayed in August 2019 on Hospice Compare.
- CMS is finalizing their proposal to continue collection of Measure #2 to complete additional testing and to make a determination about the public reporting of Measure 2 of the “Hospice Visits when Death is Imminent” measure pair.
- They expect to complete analysis by the end of FY 2020 and determine next steps for public reporting based on meeting established standards for reliability, validity, and reportability.
- CMS will continue to use a variety of sub-regulatory channels and regular HQRP communication strategies to provide ongoing updates of testing results and plans for modifying and reporting this measure.

Posting Information from Government Data Sources as Information for Public Reporting

- CMS stated that they will provide mock-ups of the data from government data sources for stakeholder feedback and show the relationship between

the data from other U.S. government websites and hospice related data. The goal is for the information to help consumers in comparing providers.

- CMS is finalizing the proposal to post information from other publicly available U.S. government sources to publicly report in the future and as soon as FY 2020 on Hospice Compare or another CMS website.

Reminder - CMS Announcements Via Sub-Regulatory

CMS finalized their proposal in the FY 2019 Hospice Wage Index final rule to announce any future intent to publicly report a quality measure on Hospice Compare or other CMS website, including timing, through sub-regulatory means. They stated that annual rulemaking cycle is not the only channel by which information can be communicated to the public in a transparent and collaborative manner. Hospice providers are encouraged to monitor NHPCO publications and the CMS [Hospice Quality Reporting Program](#) webpages for updates.

Q&A: New Requirement for Addendum to Patients

Goes into effect October 1, 2020

CMS is finalizing a requirement for hospices to include an addendum to patients, titled "Patient Notification of Hospice Non-Covered Items, Services, and Drugs."

Effective October 1, 2020 (FY 2021), hospices will be required to issue the addendum detailing non-covered items, services and drugs when the patient or representative requests it, either at admission or during the course of hospice care. The addendum has been implemented based on CMS reports from beneficiaries and families as well as the Medicare Ombudsman that patients and their representatives received information on items, services and drugs that would not be covered and had questions about why the items were not related. This new signed addendum will also serve as a new condition for payment.

Answers to the following questions are CMS language from the final rule. Please note, all references to "we" refer to CMS.

What will the addendum be used for?

A: CMS states that "the addendum is used to communicate items, services, and drugs that would not be on the initial (or subsequent) hospice plan of care to ensure coverage transparency [for patients and their representatives, as well as for non-hospice providers and suppliers.] The addendum would be used when the hospice has determined that certain items, services, or drugs would not be covered (that is, furnished and paid for by the hospice) because they are unrelated to the terminal illness and related conditions."

What is the effective date for the addendum?

A: We [CMS] will finalize an effective date of FY 2021 (October 1, 2020) for the election statement modifications and the addendum. This delayed effective date will allow sufficient time for us to develop a model election statement addendum to provide the industry as they move forward making the changes to their own election statements and as they develop an addendum to communicate those items, services, and drugs they will not be covering because they have determined them to be unrelated to the terminal illness and related conditions. This additional year will allow hospices to make any current process and software changes to incorporate the addendum into their workflow.

Is the addendum required for all beneficiaries?

A: CMS states that the addendum would be provided only upon request from a beneficiary or representative as we [CMS] believe this would best achieve coverage transparency without imposing undue burden on hospices. Likewise, because we believe that hospices should already have processes in place to make determinations of unrelatedness, additional payment should not be made for completion of the addendum.



...the addendum would be provided only upon request from a beneficiary or representative.

What if a hospice provides all items, services and drugs for hospice patients already?

A: For those providers who do furnish all items, services and drugs for hospice patients, this requirement would be met in that there would be no request for an addendum as the hospice would be furnishing all the patient's care needs.

What if the beneficiary or representative requests an addendum on admission?

A: If the beneficiary (or representative) requests the addendum at the time of the hospice election (that is, at the time of admission to hospice), hospices could include language on the addendum that those unrelated conditions, items, services, and drugs are those the hospice has identified as present on admission and that any changes to this list (due to new, changing, or inadvertently excluded conditions, items, services, and drugs) would be reflected in written updates to the addendum.

What is the timeframe if the addendum is requested at start of care?

A: If the beneficiary (or representative) requests an addendum at the time of hospice election, the hospice would have 5 days from the start of hospice

care to furnish this information in writing. If the beneficiary requests the election statement at the time of hospice election but dies within 5 days, the hospice would not be required to furnish the addendum as the requirement would be deemed as being met in this circumstance.

What is the timeframe if addendum is requested after the date of hospice election?

A: If the addendum is requested during the course of hospice care (that is, after the date of the hospice election), we are finalizing that the hospice would have 72 hours from the date of the request to provide the written addendum.

Should the hospice give information about the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to all patients on admission?

A: Yes, for hospice elections beginning on or after October 1, 2020, the hospice must provide information on the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), including the right to immediate advocacy and BFCC-QIO contact information.

What is the right to immediate advocacy mentioned in the list of required elements for the addendum?

A: The addendum must include language that immediate advocacy is available through the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) if the individual (or representative) disagrees with the hospice's determination.

How would a hospice update the addendum?

A: Hospices have the option to make updates to the addendum, if necessary, to include such conditions, items, services and drugs they determine to be unrelated throughout the course of a hospice election. We believe that the requirements proposed and these suggestions would mitigate hospices' concerns regarding any items, services, or drugs that may have been inadvertently excluded when completing the addendum. The IDG should be proactive in developing each patient's plan of care by planning ahead for anticipated patient changes and needs. Decisions should reflect patient/family preferences and should not solely be a response to a crisis.

Can we use the addendum to communicate items, services and drugs that are related but that the hospice is not paying for?

A: While some commenters stated that addendum should also address those items, services, and drugs that may be related, but that the hospice is not covering, for example a brand name drug as opposed to a hospice formulary drug, or if a patient requests to continue using a specific drug that the hospice determines is no longer providing medical benefit to the patient, we [CMS] do not think the addendum is the appropriate mechanism to communicate this information.

What is the requirement for a signature on the addendum?

A: The addendum would include a statement that signing the addendum (and any updates) is only an acknowledgement of receipt of the addendum and not necessarily the beneficiary's agreement with the hospice's determinations (84 FR 17595).

How would a hospice implement this new requirement?

A: CMS encourages hospices to "review their current admission processes to see how the addendum could assimilate into their procedures to help

ameliorate any issues upon implementation. We [CMS] believe that because hospices already should have processes in place to make determinations about those items, services, and drugs that they will not cover because they are unrelated to the terminal illness and related conditions, hospices will be able to adapt the addendum into their current processes."

Is there a specific format for the addendum?

A: We [CMS] did not propose a specific format in which to document such conversations and hospices can develop their own processes to incorporate into their workflow. We [CMS] believe that careful documentation that the addendum was discussed and whether or not it was requested would be an essential step a hospice could take to protect themselves from claims denials related to any absence of an addendum (or addendum update) in the medical record.

Will an addendum form be developed by CMS?

A: CMS suggests that "each individual hospice develop and incorporate the addendum into their current admissions process in a way that best meets the hospices' needs, as well as providing this information as quickly as possible considering the potential for beneficiary cost-sharing. Likewise, non-hospice providers should have

timely access to this information in order to promote continuity of care and communication amongst all patient providers and to ensure appropriate claims submission."

Will CMS provide additional guidance on unrelatedness?

A: We [CMS] remind commenters that since the implementation of the Medicare hospice benefit, it has been our position that virtually all of the care needed by terminally ill individuals should be provided by the hospice (48 FR 56010). As such, there should not be a voluminous list of unrelated items, services, and drugs given the comprehensive nature of hospice services under the Medicare hospice benefit and the requirement that the hospice provide care addressing the physical, medical, psychosocial, emotional, and spiritual needs of hospice patients and families facing terminal illness and bereavement.

Should we use the addendum to communicate with non-hospice providers or suppliers?

A: CMS reminds providers that "the ongoing sharing of information with other non-hospice healthcare providers and suppliers furnishing services unrelated to the terminal illness and related conditions is necessary to ensure coordination of services and to meet the patient, family, and caregiver

needs. [§ 418.56(e)(5)] The coordination requirements include that the hospice must develop and maintain a system of communication and integration amongst all providers furnishing care to the terminally ill patient. For non-hospice providers or suppliers billing Medicare for services received by hospice beneficiaries unrelated to their terminal illness and related conditions, this includes being able to provide documentation from the hospice listing the conditions (and thus items, drugs, and services) the hospice determined to be unrelated and documented as such on the hospice plan of care."

How does the new addendum requirement interface with Part D?

A: We [CMS] intend to work with hospices and Part D plans to develop a process in which the addendum potentially could be used at the point-of-service when hospice beneficiaries are filling drug prescriptions to ensure timely access to needed drugs. Complete documentation on the part of the hospice, coupled with timely notification of Part D sponsors, mitigates the risk for possible double payment by the Medicare program for drugs, and is anticipated to prevent Part D enrollees in hospice from having a hospice related medication billed by a pharmacy to their Part D plan, potentially subjecting the beneficiary to out-of-pocket expenses.

Why is the addendum a Condition of Payment?

A: While we understand stakeholder concerns about including an addendum statement as a condition for payment, we believe this is necessary to ensure that hospices are diligent in providing this information to Medicare hospice beneficiaries on request. We regard this addendum as an important mechanism of accountability for hospices to provide coverage information to beneficiaries electing the hospice benefit. We also believe that the various reports by the OIG (for example; OEI-02-16-00570, July, 2018, "Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio," 37 and A-06-10-00059, June 2012, "Medicare Could Be Paying Twice For Prescription Drugs For Beneficiaries In Hospice") highlight the issues with a patient's lack of knowledge of hospices' limitation on their coverage, and the possibility of hospices potentially not covering items, services, and drugs that should be hospices' responsibility. We reiterate that the election statement addendum, as a condition for payment, would achieve the goal of increasing comprehensive patient education, awareness, empowerment, and coverage transparency. We [CMS] continue to believe that as a condition for payment, this would ensure a more comprehensive and thoughtful approach by hospices

in communicating important coverage information to beneficiaries.

Will CMS collaborate with the Medicare Administrative Contractors (MACs) on guidelines for the condition for payment?

A: We [CMS] will collaborate with the MACs to establish clear guidelines on the use of the addendum as a condition for payment and we will propose any requirements in future rulemaking, as necessary. We do not want hospices to perceive that the purpose of this addendum is punitive against hospices, nor that it is a mechanism to deny claims; rather we want hospices to understand that the intent of this addendum is to keep patients at the forefront of their decision-making equipped with adequate information to make care choices as they approach the end of life.

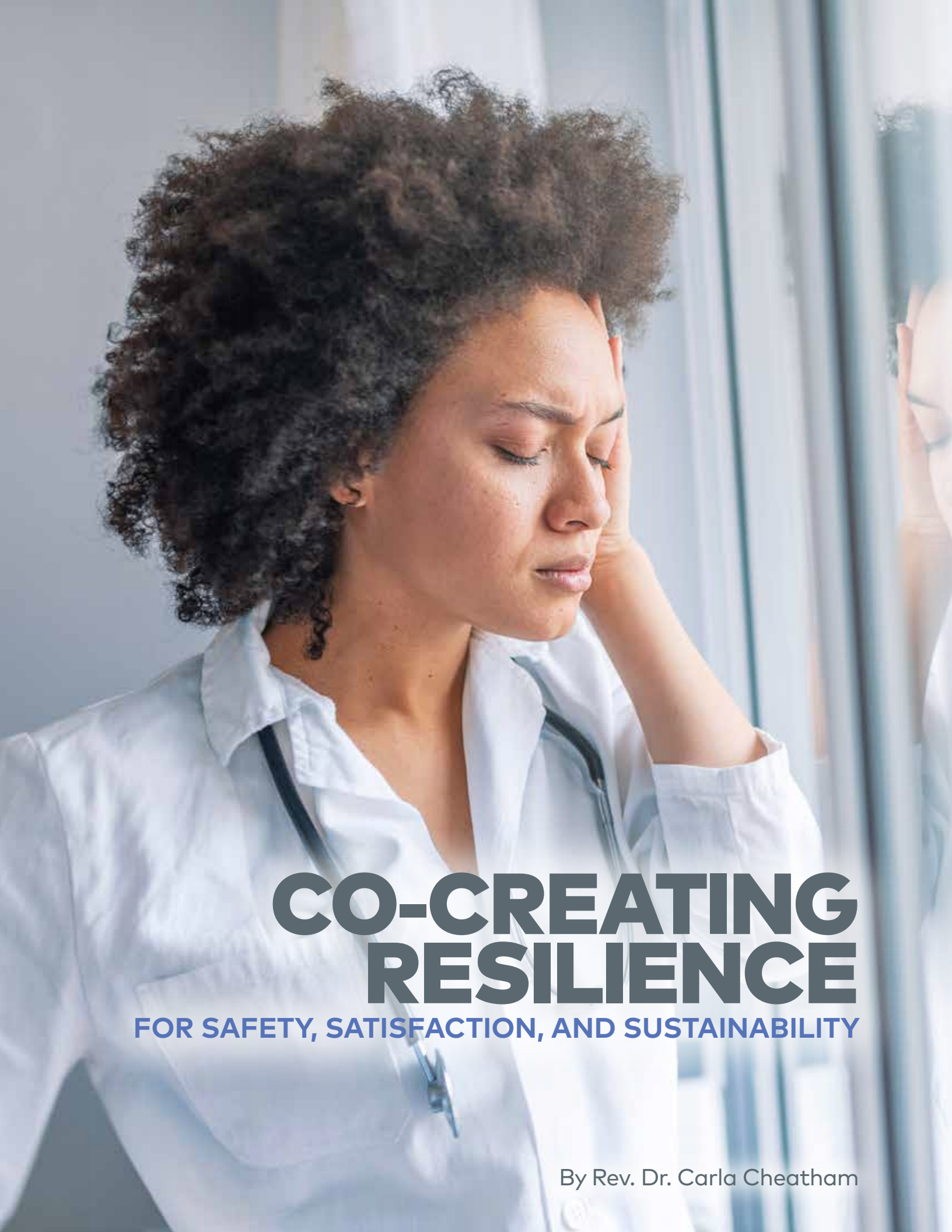
Changes to regulatory text are detailed in the final rule and are [available here for convenience](#) (PDF).

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

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

Required Components of the Addendum Form

1. Name of the hospice.
2. Beneficiary's name and hospice medical record identifier.
3. Identification of the beneficiary's terminal illness and related conditions.
4. A list of the beneficiary's current diagnoses/conditions present on hospice admission (or upon plan of care update, as applicable) and the associated items, services, and drugs, not covered by the hospice because they have been determined by the hospice to be unrelated to the terminal illness and related conditions.
5. A written clinical explanation, in language the beneficiary and his or her representative can understand, as to why the identified conditions, items, services, and drugs are considered unrelated to the terminal illness and related conditions and not needed for pain or symptom management. This clinical explanation would be accompanied by a general statement that the decision as to whether or not conditions, items, services, and drugs is related is made for each patient and that the beneficiary should share this clinical explanation with other health care providers from which they seek services unrelated to their terminal illness and related conditions.
6. References to any relevant clinical practice, policy, or coverage guidelines.
7. Information on the following domains:
 - a. Purpose of Addendum
 - b. Right to Immediate Advocacy
8. Name and signature of Medicare hospice beneficiary (or representative) and date signed, along with a statement that signing this addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily the beneficiary's agreement with the hospice's determinations.



CO-CREATING RESILIENCE

FOR SAFETY, SATISFACTION, AND SUSTAINABILITY

By Rev. Dr. Carla Cheatham

As a trainer and coach, I'm often contacted by leaders to speak to their teams about compassion fatigue. The first couple of times, I was greeted by staff who listened with crossed arms and raised eyebrows as I spoke.

"A healthy work-life balance sounds great," they said, "but when we try it, we get punished. Self-care?", they snorted. "That's a wonderful idea, but with a caseload/quota/points system of (insert obscenely high numbers here), when exactly are we supposed to do that?!"

They didn't have nearly as much compassion fatigue, a state of emotional depletion when we've given more care energy than we've taken in, as they did burnout from workplace issues that they were largely helpless to change.

Burnout, according to the literature, stems from perceptions of:

1. work overload
2. lack of control
3. lack of reward
4. lack of fairness
5. lack of community
6. values conflicts

(Maslach, C.; Schaufeli, W. B.; Leiter, M. P. (2001). "Job burnout". In S. T. Fiske, D. L. Schacter, & C. Zahn-Waxler. Annual Review of Psychology (52): 397-422.)

I went back to their leaders to explain I could teach their staff about boundaries and self-care, but if organizational and management factors did not

change, all that would happen would be that their staff would get healthy enough to break up with them.

Some staff cheered and jumped on the, "It's administration's fault" bandwagon. They were surprised when I stopped them to explain that organizations have a significant role in creating the conditions that contribute to workplace burnout, but we staff are no less off the hook for the roles we play in this complex dynamic.

I may fear that if I speak up, set boundaries to protect my work-life balance, or ask for what I need I will be fired, not able to pay my bills, and wind up under the bridge with my border collies. All the dominoes inside my head can fall that quickly to the most catastrophic outcome.

As my mentor constantly reminds me, however, not winding up under the bridge is a choice I'm making and having that choice negates victim status. I may not like my options but accepting responsibility for the choices I make and the situations I volunteer to remain in is what it means to be a healthy, mature, and resilient person who thrives through challenges rather than merely surviving or being taken out by them. The choice is far more mine than I may realize or want to accept.

It can be so tempting and seem much easier to make everyone

else responsible and to want them to act differently so we can feel okay. Yet, accepting that we are powerless to change people and circumstances but that we are not helpless to take action on our own behalf will build a much more resilient mindset in ourselves and our teams.

So, I now speak to leadership and staff about the role we each play in co-creating resilience in the workplace. Leaders can create workplace conditions that contribute to health or burnout in their organizations. Staff can contribute to our own and the organization's resilience by focusing on the things we can change rather than wearing ourselves out trying to control the things we can't.

One of the best reviews of resilience I've seen comes from the February 11, 2016 edition of *The New Yorker*, called "[How People Learn to Become Resilient](#)" by Maria Konnikova. Despite a growing body of research, we do not yet have one set model for resilience, yet there are factors that show up consistently in the literature, which I cover briefly below:

Perceptions and Meaning-Making

The stories we tell ourselves about a circumstance greatly impacts our experience of it. According to one of the most respected researchers of resilience, George Bonanno, as

quoted in The New Yorker article above,



Frame adversity as a challenge, and you become more flexible and able to deal with it, move on, learn from it, and grow. Focus on it, frame it as a threat, and a potentially traumatic event becomes an enduring problem; you become more inflexible, and more likely to be negatively affected.

(Bonanno, 2016 in *The New Yorker*)

Bonanno calls them PTEs, potentially traumatic events, because they are only traumatic if that is the story that we tell ourselves. This is not about being minimizing or denying reality. It's about not focusing so much on the seemingly negative of a situation that we create more stress than is necessary for ourselves and miss seeing our options and the potentially positive.

Yes, things may be challenging right now, and...we are smart and creative, we have people around us who care about us even on our worst days and will not let us fall, we can ask for what we need and for support, we can set boundaries, we can look for guidance to whatever belief system helps us make sense of and navigate the world, etc.

We can traumatize ourselves, and each other, by the stories we tell, or we can build greater resilience by facing challenges with the resources we have available and grow through those times.

Internalized vs. Externalized Locus of Control

Do we give away our power and invite learned helplessness in ourselves by externalizing locus of control and putting the responsibility for circumstances on everyone else? Or do we, as I described earlier, maintain our internalized locus of control, and create learned optimism within ourselves, by focusing on the things we can actually change?

As we communicate with our words and actions in our workplaces, it is helpful to ask ourselves which of these we are inviting. Learned helplessness may sound something like,

"No matter how hard you work, there will be no choice, no control, no reward, no protection, no support, no consistency. Concerns will be dismissed as whining. Boundaries and self-care will be punished. Colleagues will disappear with no warning or explanation. Scarcity and fear will be our culture. You will always be left guessing and wonder if you're next..."

Learned optimism can sound more like this,

"Things will change, and we won't be able to stop it, but we will work together to determine how we will respond and give you as much buy-in, control, and support as possible. Communication will be open. All voices will be welcome. We will never allow anyone to throw you under the bus. We have your backs. Whatever happens, we'll move through it together..."

Connection with Ourselves, Something Beyond Ourselves, and with Community

Building connections with others in the workplace so that we feel supported can help us navigate

challenging times more easily. Resilience can also come from feeling connected to something beyond ourselves, such as a deity or nature or even the greater good of humanity. Making time to build those sources of support, for ourselves and within our teams, can increase our capacity to thrive through challenging times.

Learning our team's languages of appreciation (or taking the [love language test](#) for free online) can help make sure our efforts to let them know we care land in a way that works for them. I help no one if I give a social worker whose score for gifts is a "0" a Starbucks gift card, but if his love language is words of affirmation, taking 5 minutes to jot a personal note of thanks can be priceless.

Helping our teams learn one another's personality styles and talking through how our differences can cause challenges if we are unaware of them can increase understanding, patience, and productivity while decreasing conflict. The Keirseay Temperament Sorter from the book, "Please Understand Me" (David Keirseay & Marilyn Bates, 1984) has just such a test that can be an inexpensive place to start.

It is also important to build our own connection with ourselves through self-reflection and mindfulness. Simple moments of being in the present moment and aware of what is going on in our own heads and bodies, rather than zooming through the day on

auto-pilot, has been demonstrated in the research to be an effective tool for preventing burnout and is a key component of resilience.

Saying a mantra or taking a few moments to breathe and drop our shoulders while washing our hands instead of singing the happy birthday song can be one such moment.

Imagining a waterfall washing over us as we walk through a doorway into a patient's room or into a meeting to remove the negative energy of the day thus far can allow us to walk into that patient's room clean and clear, more ready to be present with them. When we leave, we can do the same thing, washing the energy of that interaction off of us to prevent collecting grief after grief, stress after stress that we take home with us in the evening.

Little moments of being present with ourselves, and each other, can make all the difference in our sense of well-being, and does not have to involve huge, elaborate processes; just an intention to connect.

Self-Care

We know from the research that self-care is of the utmost importance for protecting ourselves from burnout. (Alkema, K., Linton, JM, & Davies, R. (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals" Journal of

Social Work in End-Of-Life & Palliative Care Volume 4 (2), pp101-119.)

As much as we all say it is a good idea, the truth is that we most often do not practice it as much as would be helpful. It's more than a good idea, but it is, I believe, our greatest clinical competence as providers. If I'm not maintaining my own resilience and practicing my own self-care, I will be of little use, and will be an awful role model, to those for whom I care.

As much as we may feel guilty for taking time for ourselves, or as much as others may want us to feel guilty, there is nothing selfish about it. Selfishness is when I do for me at the expense of you. Self-care is when I take care of me so I can bring my best self to you.



Resilience can also come from feeling connected to something beyond ourselves...



When we most need to practice gratitude can be when we feel the least grateful, so tricks and tips are always helpful.

This may help us be more willing to insist upon a healthy work-life balance. That means practicing what I call the Badge Ritual. Once you're through with work for the day, take off your badge and put it some place special and consistent. Make a commitment to yourself and your loved ones to put work down with it and to not pick it up again (or be checking emails, texts, voicemail, etc. if you're not on call) until your next shift begins. We either trust our other shifts/teammates/on-call teams or not. If we don't feel we can take time away, it's time to make a change.

Gratitude

We think of gratitude as a feeling, but it is not. It is a practice that requires intention and can lead to more positive emotional states, and even change our neurochemistry in a matter of moments, but it takes a bit of work on our part. When we most need to practice gratitude can be

when we feel the least grateful, so tricks and tips are always helpful.

I was taught years ago during such moments to go through every letter of the alphabet and name something that starts with that letter for which I am grateful. By the time I get to "warmth, yams, and zebras", I will have lowered my blood pressure, softened my attitude, and refocused my thinking to the positive elements that do exist in my life.

Trying this as a team, with folks popcornning out loud their answers as you go through the letters, can only take a couple of minutes but incite laughter, camaraderie, and greater calm amongst your group.

Yet another way that we build community in the workplace through gratitude is when we celebrate and acknowledge one another. As we go beyond the rote statements of "[And thank](#)

[you for all that you do,](#)" we can deepen our connections and feelings of being respected and valued as a team.

Remembering the things for which we feel grateful by practicing gratitude can build tremendous resilience in ourselves and our teams.

With a little bit of intentionality and not a lot of time or money, we can all work together to build resilience into our own practice and into our teams. In this way, we can protect ourselves from the burnout that is threatening our field and work together to do more than survive the challenges we now face in healthcare, but to actually thrive through them.

[Carla Cheatham](#), MA, MDiv, PhD, TRT, is a spiritual care coordinator in Austin, Texas. She is chair of the MyNHPCO Spiritual Caregiver Community and chairs the NHPCO Ethics Advisory Council.

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

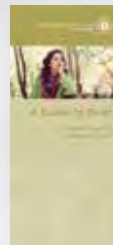
NHPCO Resources



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
Leading Person-Centered Care

2019 INTERDISCIPLINARY CONFERENCE

THE PREMIERE CONFERENCE FOR HOSPICE AND
PALLIATIVE CARE TEAMS AND INDIVIDUALS.



DEVELOPING THE SKILLS OF THE INTERDISCIPLINARY TEAM

JOIN US IN ORLANDO IN NOVEMBER

NHPCO's [2019 Interdisciplinary Conference](#) will offer attendees the opportunity to enhance their professional skills, explore topics relevant to many members of the IDT, and engage with colleagues at a conference focused on learning and collaboration.

Join NHPCO and colleagues from across the country on November 4 – 6 at the Gaylord Palms in Orlando for an event designed to strengthen your organization through the development of the interdisciplinary team. Consider adding one of the preconference events on November 2 and 3 to enhance your professional development experience.

DYNAMIC KEYNOTE LINE-UP

Our IDC 2019 keynote speakers will help attendees understand the role they can play in advocacy efforts, how to promote wellbeing in and out of the office, and release their creativity to enhance problem solving. Here are highlights from our keynote speaker presentations.

Legislation and Advocacy for the Hospice and Palliative Care Community



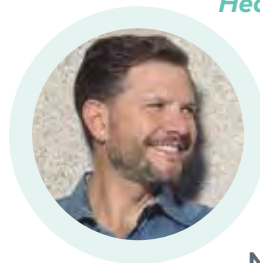
SENATOR JACKY ROSEN
United States Senator
from Nevada

Opening Keynote,
November 4, 2019

Relationships between the hospice and palliative care community and legislators on Capitol Hill must be ongoing to ensure that the people in need of our care and services are a priority. NHPCO is honored to

kick off the IDC with Senator Jacky Rosen a freshman senator from Nevada who has been a champion for our community since her years in the House of Representatives where she created the bipartisan Palliative Care Taskforce. Senator Rosen has first-hand experience with both hospice and palliative care as a family-caregiver deepening her understanding of our mission. Rosen will talk about the importance of hospice and palliative care and the need for bipartisan solutions to expand access to care for millions of Americans managing serious illness.

Healthier, Happier and More Productive



JONATHAN FLEECE
Speaker, Educator and Advisor
President and CEO of Tidewell
Hospice

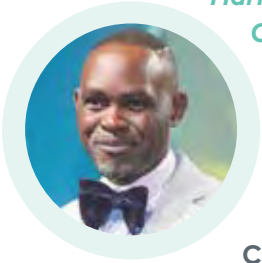
November 5, 2019

Far too many people are discontent, unhealthy and troubled because we are not fostering supportive workplaces, communities or relationships that create maximum engagement or wellbeing. Although we have entered The New Health Age, more work needs to be done to help people and organizations THINK and DELIVER better models for achieving good health. Jonathan Fleece created TO BE 4 HEALTH to transform businesses, communities, and individuals into healthier, happier, and more productive beings. In addition to his role as President and CEO of Tidewell Hospice, Jonathan is an engaging speaker, educator, attorney, and advisor.

NHPCO is proud to have Jonathan Fleece deliver the

keynote on November 5. Jonathan replaces the originally announced speaker, Frank Ostaseski, who is unable to join us at IDC19.

Harnessing Your Power to Create Change



DERRECK KAYONGO
 Founder, Global Soap Project;
 renowned human rights activist

**Closing Keynote,
 November 6, 2019**

From Ugandan refugee to successful entrepreneur who built a multi-million-dollar venture which takes innovative recycling practices that benefit global health programs, Kayongo will share his personal guiding principles, coined as S.E.L.F. – Service, Education, Leadership and Faith. He will share his account of life as a refugee and the turning point which lead him to a brilliant transformation as a social entrepreneur. Kayongo challenges participants to seek opportunities to improve, and most importantly, to maintain faith in yourself and your team to create an environment where everyone is empowered to thrive. This presentation will inspire a spirit of creative problem-solving while spurring you to invent your own self-made motto of success so you can create tangible change in the world.



EDUCATION SESSIONS

Focus on the needs and interests of hospice and palliative care professionals with the goal of strengthening the interdisciplinary organization through professional development. Expert faculty and timely topics will challenge you as you explore more than 50 diverse educational sessions most requested by professionals in the field. You can align your own educational experience to reflect your personal learning objectives. Education session tracks offered: Community-Based Palliative Care, Interdisciplinary Team Leadership, Medical Care, Pediatrics, Quality, Regulatory, and Supportive Care. For full faculty information, program descriptions and learning outcomes, visit nhpco.org/IDC2019.

PRECONFERENCE OFFERINGS

Kick off your 2019 Interdisciplinary Conference with a preconference offering. Dive deep into topics to improve your skills, organizational excellence, and the delivery of high-quality care. The IDC preconference includes 2-day and 1-day seminars: Hospice Compliance Certificate Program, Hospice Manager Development Program's Foundational Course, Community-Based Palliative Care: Beyond the Business Case, and Serious Illness Communications Skills. Half-day seminars include: Six Sigma Approach to Problem Solving, What Hospice/Palliative Care Professionals Need to Know about Cannabis, Prognosis and Medication Relatedness; GIP Care, and Collaborative Interdisciplinary Care for Pediatric Patients.

EXCITEMENT IN THE IDC EXPO HALL

"Winter Wonderland" is the theme within this year's IDC Expo Hall. Networking opportunities and events, special prizes, and more make this year's IDC Expo Hall an exciting place to meet colleagues, exhibitors, and other attendees in an atmosphere that is fun and exciting. The IDC Expo Hall is a showcase of new innovations, products, and services to help the members of the interdisciplinary team increase efficiency, quality, and productivity – take advantage of this conference highlight. View the [2019 IDC](#)

[Floorplan](#) to see what programs and organizations will be exhibiting this year (as of 08/13/19).

VOLUNTEERS ARE THE FOUNDATION OF HOSPICE AWARDS

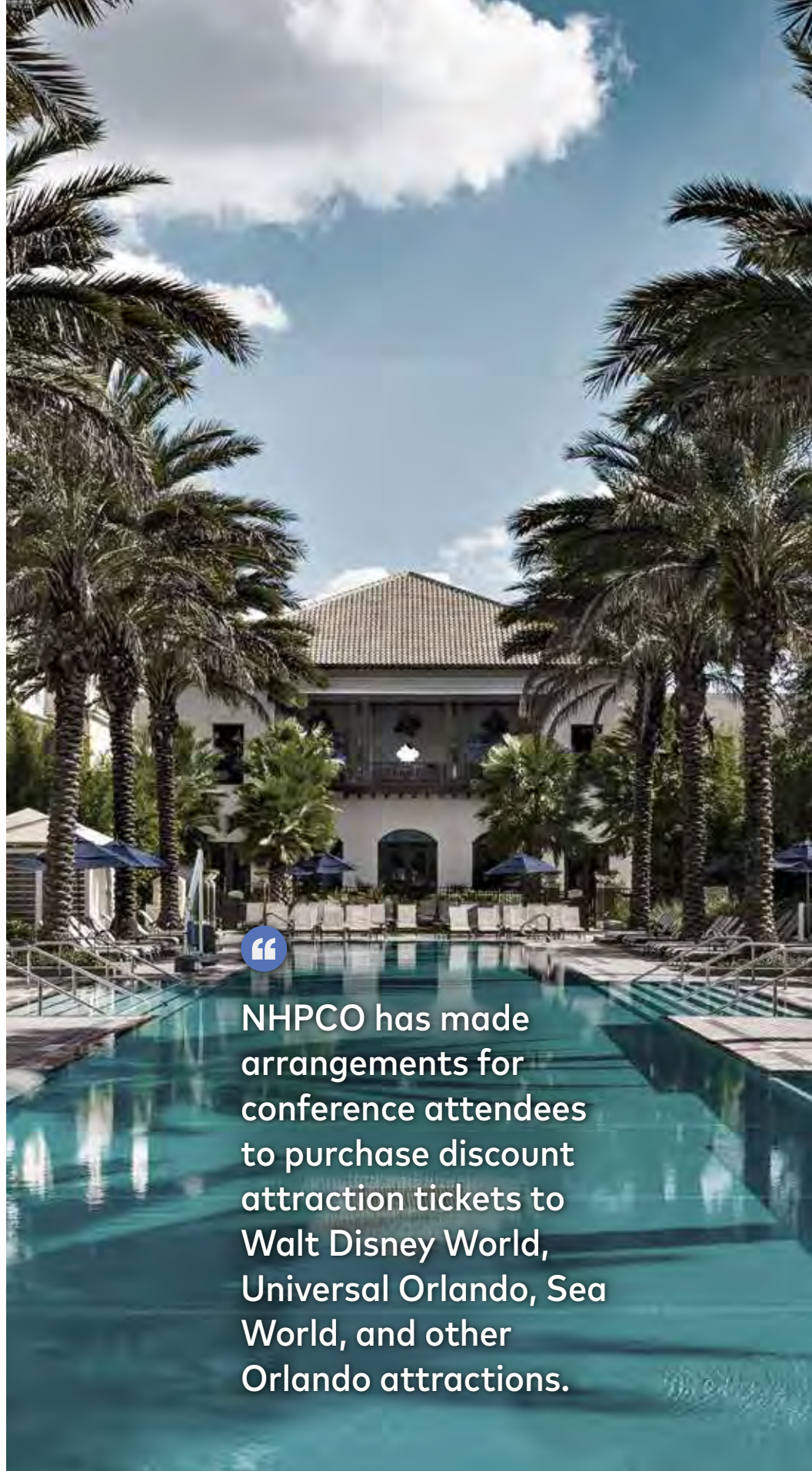
On Tuesday morning, NHPCO will present the 2019 Volunteers are the Foundation of Hospice Awards to four individuals who best reflect the universal concept of volunteerism in its truest sense – serving as an inspiration to others. Recognition of these distinguished volunteers is always a highlight of our Fall conference.

ACTIVITIES AND DISCOUNT PARK TICKETS

While NHPCO keeps conference attendees quite busy during the conference days, we will be in a city with an abundance of entertainment and recreational offerings. NHPCO has made arrangements for conference attendees to purchase discount attraction tickets to Walt Disney World, Universal Orlando, Sea World, and other Orlando attractions. Additionally, the Gaylord Palms Resort, our conference home, features a gaming arcade and tropical atriums for the entire family to enjoy. Learn more on our [conference website](#).

REGISTER ONLINE

Visit the NHPCO [IDC19 website](#) for more information and [online registration](#).



NHPCO has made arrangements for conference attendees to purchase discount attraction tickets to Walt Disney World, Universal Orlando, Sea World, and other Orlando attractions.

A high-angle photograph of three people sitting around a wooden table in a meeting. A man with glasses and a beard is leaning over the table, pointing at a document. A woman with red hair is looking down at the same document. Another person with dark hair is in the foreground, also looking at the documents. The table is covered with various papers, including forms and charts. A tablet is visible in the foreground. The background shows a modern office setting with a white chair and a plant.

**Hospice
Organizations
Must Adapt to
Changes in
Health Care.**

**NHPCO EDGE
CAN HELP.**

By Lori Bishop, MHA, BSN, RN

The seriously ill population and their families experience gaps in care and services. This is evident by the escalating use of the emergency room and hospitalization as a seriously ill individual's disease and symptoms progress.

At the same time, health care is evolving and moving from traditional fee-for-service to a value-based reimbursement model. Hospice will not be spared from this evolution. The sooner hospice organizations begin to participate in these types of arrangements, the better. The seriously ill and terminally ill patient population and their families need us to evolve to best meet their needs.

New Opportunities

NHPCO encourages hospices to consider the changing health care landscape as an opportunity to develop community-based palliative care services. The hospice model of care lends itself to best meet the needs of seriously ill individuals and their families; it's person- and family-centered, holistic, and interdisciplinary.

There are opportunities for established palliative and advanced care services to contract with health plans in your geography to care for the seriously ill population. These arrangements are typically reimbursed on a per beneficiary per month model, which is more conducive to the interdisciplinary

team. Some of these plans will include additional dollars based on quality outcomes. NHPCO encourages hospice organizations to engage in these contracts. It is a great way to develop relationships with plans before the hospice carve-in model.

Similar to contracting with a health plan, you can contract with an Accountable Care Organization within your geography to care for their seriously ill population. The ACO might not realize the opportunity and the value you can bring to their population health strategy.

Hospice organizations that provide palliative or advanced care services further upstream provide cost effective, supportive, high-quality care that improves the patient and family experience and ensures smooth transitions between these services for the seriously ill population. That is a tremendous value proposition for Medicare Advantage plans and ACOs.

Finally, hospice organizations with palliative and advanced care programs have the opportunity to participate in the new Primary Care First Serious Illness Model. NHPCO also encourages becoming a preferred partner with Primary Care First and Direct Contracting participants. Information about these models is available on the NHPCO website and includes links to information on the CMS website – visit the [Models and Demos](#) page of nhpco.org.

Change Has Challenges

One word of caution: the competencies and skills required to care for the seriously ill are different in many respects to those needed to care for the terminally ill. The physician and non-physician practitioners are valuable team members in managing disease burden and helping individuals make informed decisions about treatments and interventions that may impact the quality of life.

There are also challenges given the current limitations of reimbursement. Community-based palliative and advanced care services need to be built as a clinic practice model. That means different documentation needs, different billing and coding expertise, and different quality reporting.

Don't let those challenges overwhelm you. Through the



the competencies and skills required to care for the seriously ill are different in many respects to those needed to care for the terminally ill.



reimagined **NHPCO Edge**, we are building relationships with consultants and vendors that can help you survive and thrive in an environment where new models are increasingly important. Also watch for new chapters added to the [NHPCO Palliative Care Playbook](#) in October. Chapters will include marketing, business case, budgeting, staffing, and documentation.

NHPCO is dedicated to helping our members be successful in developing and sustaining palliative and advanced care services. Let's walk down this road together to build a smooth path for seriously ill individuals and their families.

Giving You the NHPCO Edge

To further support our members, we are excited to announce our reimagined [NHPCO Edge](#) – designed to give you the edge in your market. In addition to our current Speakers Bureau, we are signing agreements with a variety of consultants and vendors to provide you easy access to the tools and resources you need to be successful.

These consultants and vendors, our new Edge Associates, can help you build out and sustain the programs and services needed to meet the needs of seriously ill individuals and their families in your community. Edge Associates are also available to help organizations interested in applying for the new Primary

Care First Serious Illness Population model.

Our rigorous application and review process will ensure you access to top expertise with exclusive discounts provided for NHPCO members only!

Our newest Edge Associates include:



Khue Nguyen,
Founder &
Managing
Director,
Emprise Health.
Khue was
formerly the
COO of CTAC

Innovations where she led the development of the CTAC Advanced Care Model which was approved by the Physician-focused Payment Model Technical Advisory Committee (PTAC) for testing by the Center for Medicare and Medicaid Innovation (CMMI). Khue brings extensive experience and expertise in the design and implementation of population health management programs, spanning chronic disease management to serious, advanced illness care. Khue led system-wide implementation of the nationally acclaimed AIM® program at Sutter Health, funded by CMMI, spreading advanced illness care delivery services to 10 hospitals and 5 community physician networks within a year. Since then, Khue has scaled care model implementation work nationally where she directs the design and implementation of



The seriously ill and terminally ill patient population and their families need us to evolve to best meet their needs.

clinical programs for providers and payers through alternative payment models including Patient-centered Medical Home, Bundled Payments, Independence at Home, Oncology Care Model, and Medicare Shared Savings Program. She advises the country's leading health systems as well as regional providers including Medicaid-Medicare health plans, ACOs, hospitals, home health and hospices.



Acclivity Health Solutions provides the platform for connected care communities focused on patients with advanced illness. Using the Acclivity platform, healthcare providers can securely connect and collaborate with various disciplines in the care team to provide appropriate and timely services to their shared patient population while meeting the requirements of value-based care.

Here is a testimonial from one of Acclivity's hospice clients:

"Comfort and compassion are at the heart of all we do at Hope. Thanks to our partnership with Acclivity Health, we're able to quickly identify people with complex, life-limiting illnesses, and help them transition into care that's more closely aligned with their goals and values. By using

analytics and workflow management, we can connect with families in need, giving them more time to benefit from the right care at the right time. Hope's ability to use these innovative tools not only allows us to lower costs and streamline our processes; it ultimately results in an improved end-of-life experience for those in our care, giving them the best possible quality of life." – Samira, President and CEO, Hope Hospice

Built on a foundation of compassionate care, Acclivity Health Solutions delivers the technologies providers need today. For more information, please visit www.acclivityhealth.com.

Find Edge Online

NHPCO members will be able to connect with Khue Nguyen and Acclivity via the NHPCO Edge webpage on the NHPCO website (which is being developed as this issue of Newsline goes to press). Look for the [NHPCO Edge](#) page in the Resources section online.

More Edge Associates will be announced over the next several months. If you are a consultant or vendor interested in becoming an Edge Associate, watch for the Edge Associate page coming soon to the NHPCO website to apply.

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



"Comfort and compassion are at the heart of all we do at Hope. Thanks to our partnership with Acclivity Health, we're able to quickly identify people with complex, life-limiting illnesses, and help them transition into care that's more closely aligned with their goals and values. By using analytics and workflow management, we can connect with families in need, giving them more time to benefit from the right care at the right time. Hope's ability to use these innovative tools not only allows us to lower costs and streamline our processes; it ultimately results in an improved end-of-life experience for those in our care, giving them the best possible quality of life."

– **Samira Beckwith, President and CEO, Hope Hospice**

Short Takes



The Hospice Compliance – Quality Connection

Hospice providers are required to be compliant with federal Medicare hospice regulations and state hospice licensure regulations, but a hospice provider can be compliant with regulation and not provide satisfactory quality care to patients and families. Quality care provision happens when a hospice provider strives to perform above and beyond the requirements of regulation. Excellent quality patient and family care can only happen when a hospice provider intentionally develops a culture of compliance within the organization. This serves as the foundation for the establishment of quality standards and performance improvement. In an organization that is committed to following all regulations and providing excellent patient care, compliance and quality are linked. William A Foster said, "Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives". There is nowhere that this is more important than providing end of life care to individuals and their family as hospice providers only have one chance to get it right.

The Medicare Hospice Quality Reporting Program (HQRP) is the compliance-based part of hospice quality and is standardized for all hospice providers. The Hospice Item Set (HIS) and the hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) comprise the HQRP program and have links to Medicare hospice regulations. Quality assessment performance improvement (QAPI) is the parts of hospice quality where a hospice provider self-assesses their organizational performance in all areas to pinpoint areas for performance improvement. Together, both parts help the hospice to continuously improve the hospice experience for patients and their families through the provision of high-quality care.

NHPCO understands the connection between compliance and quality and the need for hospice providers to incorporate strong commitments to both within their organization. Just as we have developed programs and resources to support hospice compliance, we will be introducing new resources and programs in the near future to support hospice quality so that our members have all the tools they need to integrate the compliance – quality connection in their organization.



...a hospice provider can be compliant with regulation and not provide satisfactory quality care to patients and families.

My Hospice Ambassadors Program

NHPCO and its advocacy affiliate, the [Hospice Action Network](#) (HAN), are pleased to share information about the My Hospice Ambassadors Program. My Hospice Ambassadors are advocates selected by NHPCO to engage with federal lawmakers and enhance awareness of hospice and palliative care public policy issues.

My Hospice Ambassadors will establish and maintain significant and continuous relationships with Members of Congress, host roundtable events with federal lawmakers to advance hospice and palliative care legislation and develop a network of hospice and palliative care advocates.

"My Hospice Ambassadors are proven operators in the field and staunch hospice and palliative care supporters who have been chosen because of their ability to eloquently articulate the value of hospice and palliative care and their enthusiasm and commitment to providing quality care for patients and families at the end of life. NHPCO and HAN are honored to work with different interdisciplinary professionals, leaders, and supporters as they take on this new responsibility to advance person-centered care," said NHPCO CEO and President Edo Banach.

NHPCO also congratulates new Ambassadors who span the Interdisciplinary Team as hospice volunteers, nurses, and social

workers and others who are leaders and professionals in the hospice and palliative care community. The following new My Hospice Ambassadors have joined efforts to help reinforce the value of the Medicare hospice benefit among policy and healthcare decision makers and improve access to high quality, comprehensive and person-centered care:

- **Emily Baehr**, St. Barnabas Hospice in Pennsylvania;
- **Kelly Coons**, AseraCare Hospice in Pennsylvania;
- **Teddi Anderson Curry**, Sutter VNA in California;
- **Natalie McNeal**, Wellstar Community Hospice in Georgia;
- **Lisa Perry**, Bluegrass Care Navigators in Kentucky;
- **Patricia Ramsden**, Care Dimensions in Massachusetts;
- **Bri Santarsieri**, Infinity Hospice in Nevada;
- **Courtland Young**, Central Coast VNA in California.

My Hospice Ambassadors will undergo extensive advocacy training and education and will participate in a Fall Fly-In this September, where they will take to Capitol Hill to advocate for individuals and families experiencing the end of life. NHPCO and HAN look forward to working with these Ambassadors and will continue to expand the program in the coming months.



Special thanks to Paul Ledford (Florida Hospice and Palliative Care Association), Elleah Tooker (Center for Hospice Care in Indiana), Sandy Kuhlman (Hospice Services, Inc. and Palliative Care of Northwest Kansas), Honey Goodman and Kim Ouwehand (Treasure Valley Hospice in Idaho), and Carla Braveman (Hospice and Palliative Care Association of New York State) for their leadership and collaboration during the program's developmental process.

Learn more about the [My Hospice campaign](#).

Short Takes



We Honor Veterans: Things still to come in 2019

Fall always has that feel of new beginnings...the air is crisp, school supplies are aplenty, and the calm before the Interdisciplinary Conference storm of excitement fills the NHPCO halls. As the WHV team checks in on our 2019 goals and to-dos, we want to share a few remaining good things still to come.

As a result of our efforts to provide structured and research-based tools focused on the care of Vietnam-era Veterans, WHV will be holding three webinars that will feature VA subject matter experts on our main topics of focus – Moral Injury, PTSD, and Suicide Prevention. Aside from these, we are thrilled to have two Veteran-centric sessions as well as a roundtable on Hot Topics happening at IDC in Orlando. Please keep an eye out on the “Announcements” section on the [We Honor Veterans](#) website homepage for updates and registration info.

WHV has been dropping tidbits that change is afoot, and we are thrilled to say that a complete re-design of the website will soon begin. “What does this mean for partners?!” you ask...the driving factors throughout this process will be ease of use (not only for providers but for consumers as well), and most importantly ensuring quality. WHV has been the most successful program within NHPCO, and for good reason – the value that it brings to both organizations as well as the communities they serve and represent cannot be argued. However, we believe that there is an indisputable difference between a registered partner and an active one and there will now be qualifiers in place. The core of the program and its required activities will not change, however some of the steps in our review process will. Simply signing up with your contact information will no longer justify that your organization be listed on our directory as a partner, and there will be auditing measures put in place once the new website is launched in early 2020.

We realize that this change will bring a drop in our partner numbers, and we are perfectly at peace with this. It is more important for our team to say with confidence that those listed on our website are equipped to serve Veterans and their family members than to make a graph in a report look good. NHPCO is only as good as the quality of care that our members and partners deliver, and we must do our part to hold providers accountable. In order for us to lead the field in providing the best care possible to patients and their families, we must align with those who share the belief that we all need to do better and hold each other accountable each and every step of the way.



...we are thrilled to say that a complete re-design of the website will soon begin.

News From **We Honor Veterans**

Celebration of Life

Submitted by: Lauren Schopen, Volunteer Coordinator, Infinity Hospice

The staff at Infinity Hospice Care was touched recently by the power military appreciation can have on families. The organization had the privilege to honor a heavily-decorated World War II Navy



Infinity Hospice Care staff member presents Mr. Frost with a certificate of appreciation.

combat Veteran, McKinley Frost, who had quit high school in 1943 at the tender age of 17 to join the fight. Inspired by tales his older brothers

told of exotic ports, Mac, as he is commonly called by friends and family, had to beg his mother for her permission. Mac was assigned to a first-of-its-class Fleet Tanker called the USS Escambia; their dangerous mission was to refuel the fleet in the South Pacific during and after engagements. Mac faced many dangers and threats during his two years of service from 1943 to 1945. [Read more...](#)

Webinar: Moral Injury in Vietnam Veterans

As part of our ongoing efforts to provide tools to care for Vietnam-era Veterans, we will be hosting three webinars in August and September with VA subject matter experts. “Moral Injury” will be held on September 11 at 2:00 pm. The remaining two webinars, as well as a partner call, will be scheduled shortly so please check the homepage of the WHV website under “Announcements” for the latest info.

Honoring a Veteran Champion: In Memory of Etta Nappi

Submitted by: Donald Pendley, Director, Hospice & Palliative Care of Home Care & Hospice Association of New Jersey and Joseph Vitti, Supervisor, Veterans Program of Visiting Nurse Service of New York

The Home Care & Hospice Association of New Jersey and Visiting Nurse Service of New York note with sadness the passing of Congetta “Etta” Nappi, 64, former Veteran Liaison for Vitas Innovative Hospice and a major force in the growth of the Hospice Veteran Partnership of New Jersey, managed by the Home Care & Hospice Association of New Jersey.

Through the HVP, Etta mentored many hospices in the development of their Veteran service programs and led many HVP education programs. Her achievements were honored at the local, state and national levels. She was well-known throughout the Veteran service community statewide.



[Read more...](#)

Etta, pictured far right, attends the 2012 New York City Veterans Day Parade.

We Honor Veterans at IDC

Are you attending NHPCO’s Interdisciplinary Conference being held in Orlando, Florida from November 2-6, 2019? Still on the fence about registering? There will be opportunities for We Honor Veterans partner programs to receive Veteran-focused education as this year, there will be a session presented by VA staff on suicide prevention and a roundtable discussion on hot topics in the field and within your program. [Learn more...](#)



Short Takes



Through your direct outreach efforts, you shine a powerful light about what you are doing in your community and raising awareness...

National Hospice and Palliative Care Month

Outreach Materials for November...and all year long

My Hospice. A Program that Works. A Benefit that Matters.

The theme for November's National Hospice and Palliative Care Month 2019 will once again complement the My Hospice Campaign launched last year and gaining recognition among legislators and staff on Capitol Hill. We recognize that isn't the only audience for outreach but if they see the theme echoed in communities they serve, they are more likely to connect the dots between the strategic messaging we have been doing the past two years. Whether you're creating advertisements, newsletter pieces,

website graphics, or social media, we hope the [materials we've created for our members](#) will be useful to promote awareness in the community – during November or any time during the year.

Members are encouraged to use the theme and tagline in other aspects of their outreach. Doing so helps promote unified messaging in communities across the country.

Materials include four different ads, social media graphics and more. We encourage providers to be as creative as possible in using



Hospice is person-centered care.

these materials that are linked in the [Community Outreach Tools](#) section of the website.

The displays ads are available online as full-page and half-page horizontal high-resolution PDFs. Versions of the ads are available without reference to National Hospice and Palliative Care Month, so they can be used in November and thereafter.

Additional resources available online include: an introduction to outreach, document templates, an article collection of pieces that can be used throughout the year, PowerPoint presentations, and links to archives of past outreach materials.

Social Media Outreach Day – November 1

The first Friday in November has become our traditional day of coordinated social media action. So, on November 1, we want the hospice and palliative care community to flood social media with images that promote awareness building on the theme "My Hospice."

Social media posts on November 1 might feature photos, graphics, or short videos provided by hospice and palliative care organizations/professionals or individuals that capture hospice and/or palliative care at its best – the specific post we leave up to you! One suggestion is to take a selfie with the "My Hospice" hand-held banner - then add a message



Hospice and palliative care is person-centered care.

Hospice and palliative care is provided by a team of experts focused on a person's quality of life.

Hospice and palliative care is unique in that it offers an interdisciplinary team approach to treatment that includes expert medical care, comprehensive pain management and emotional and spiritual care. Caring for the whole person allows the team to address each patient's unique needs and challenges.

MyHospiceCampaign.org | #MyHospice

showing your hospice spirit. Download the PDF banner. Additionally, a collection of "evergreen" social media graphics is available from NHPKO.

Share Your Story on My Hospice

Visit the My Hospice Campaign website to read [some of the blogs](#) shared by our members. Then, [share your story with us](#) for consideration as a blog post or social media post.

Thank You

Through your direct outreach efforts, you shine a powerful light about what you are doing in your community and raising awareness about hospice, palliative care, and advance care planning – all of which are essential components of high-quality care for people coping with serious and life-limiting illness.

If you have questions about your outreach efforts, please contact NHPKO's Communications Team at communications@nhpco.org. Good luck!

Short Takes



NHPCO is pleased to offer a robust selection of pediatric focused educational sessions at the 2019 Interdisciplinary Conference.

Resources for Pediatric Care

Pediatric Integrative and Complimentary Therapies – Part Two

The newest edition of NHPCO's Pediatric E-journal is now available online. Free of charge, Issue #56 explores some of the many different types of integrative and complementary therapies that can contribute to the care provided to children, adolescents, and family members as part of the overall services offered by programs of pediatric palliative or hospice care. Download the [August 2019 Pediatric E-journal](#) and share with your colleagues.

NHPCO is pleased to offer a robust selection of pediatric focused educational sessions at the 2019 Interdisciplinary Conference (see page 25). Our pediatric offerings promise to be creative and strengthening professional development opportunities, emulating the current environment of pediatric hospice and palliative care. With NHPCO's Pediatric Advisory Council members on site, this conference gives a magnificent chance to talk about the most

recent advancements and latest developments within the field.

In addition to the [Pediatric education track](#) throughout IDC19 (November 4 – 6), we offer a half-day preconference session, Collaborative Interdisciplinary Care for [Pediatric Patients: Interactive Case Discussions](#), on Sunday, November 3, 1:30 - 4:30 p.m. This interactive workshop will walk through the many aspects of caring for pediatric patients: medical and clinical care, interdisciplinary collaboration, referral sources, utilizing state coalitions,



transitions of care and concurrent care. Through hands-on activities, attendees will have tangible pearls to take back to their team to improve their interdisciplinary team approach to patient care from perinatal to adolescent/young adult.

Additional education sessions include:

- How Do We Tell the Children?
- Cross Training Adult Teams to Care for Pediatrics
- Pediatric Medication Management "Perils" Quiz Show
- Providing Music Therapy to Infants at End of Life
- How To Create a Children's Peer Support Family Grief Center
- Hello and Goodbye: Perinatal Loss Doula Volunteers
- Hospice Staff Education in Pediatric Care: Build, Grow and Achieve

Ideally suited for pediatric professionals of all disciplines and levels, NHPCO's IDC19 gives a great chance to share views, exchange knowledge, and establish research collaborations & networking in the field of pediatric hospice and palliative care. [Learn more and register for IDC19.](#)

Programs Honored for Innovation in Palliative, End-of-life Care

Three programs that expand the reach of palliative and end-of-life care were honored with the 2019 Circle of Life Award®, along with one program that will be awarded a Citation of Honor. Honorees include member program, Hospice of the Western Reserve. The Circle of Life Award®, now in its 20th year, celebrates innovative organizations and programs across the nation that have made great strides in palliative and end-of-life care.

- **Western Reserve Navigator**, Hospice of the Western Reserve, Cleveland, Ohio
- **Palliative Care Services**, UCHHealth University of Colorado Hospital, Aurora, Colorado
- **University Health System Palliative Care Team**, San Antonio, Texas
- **A Citation of Honor** will be presented to the Medical University of South Carolina Palliative Care Program, Charleston, South Carolina

The awards were presented at a ceremony on July 26, 2019, in San Diego at the annual conference of the American Hospital Association.

"The work of this year's honorees represents the most innovative and creative thinking in end-of-life care," said AHA President and CEO Rick Pollack. "Through the use of technology, integrated systems of care and community support, these programs have raised the bar for meeting the needs of patients and their families."

The 2019 awards are supported, in part, by grants from the California Health Care Foundation, based in Oakland, Calif., and the Cambia Health Foundation, based in Portland, Ore. Major sponsors of the 2019 awards are the American Hospital Association, the Catholic Health Association and the National Hospice and Palliative Care Organization and National Hospice Foundation.



Hospice of the Western Reserve with the Circle of Life Award, pictured with the award sponsors at the ceremony in San Diego.

The 2020 application process is now open. For more information visit www.aha.org/circleoflife.

Short Takes



Do You Want to Become More Involved with NHPCO?

Consider Applying to Serve on an NHPCO Committee or Advisory Council...

As a leader in the hospice and palliative care field, being a member of NHPCO's Committees and Advisory Councils provide you with an important opportunity to shape our industry. Committee and advisory council members work on the development of guidelines, craft educational offerings, provide leadership with quality and standards, provide guidance on policy and regulatory issues, and help with fundraising opportunities and developing corporate partnerships.

Visit [Committee and Advisory Councils](#) page in the About Us section of the website to learn about each of our committees and councils and what is expected.

The call for committee and advisory council application submission opened on Sunday, September 1 and the deadline for applications is **Monday, September 30, 2019**. Applications must be submitted online.



...NHPCO's Committees and Advisory Councils provide you with an important opportunity to shape our industry.

NHPCO's Online Career Center

NHPCO's online [Career Center](#) is designed to help provider-members post jobs and recruit for professionals to join their organizations and for individual staff to locate job opportunities all around the country.

The online center is linked with the larger National Healthcare Career Network (NHCN), a healthcare association job board that posts open positions with over 75 healthcare organizations. Through this partnership, NHPCO members gain access to a greater pool of prospective applicants while individual job seekers have more job postings from which to choose.



[Special rates are currently available](#) through October 30, 2019 for employers who take advantage of the Career Center. Some of the benefits to employers include:

- User-friendly Search Capabilities: Conduct searches of posted resumes, based on job-specific qualifications.
- Resume Agent: Create an online resume agent to email qualified candidates directly.
- NHPCO Discounted Rates: Choose from a range of cost-efficient packages, with special discounted rates for members of NHPCO.
- Opportunities to Spotlight Your Organization: Purchase banner ads or an Employer Profile page, or highlight your online listing for added exposure.

SPECIAL OFFER

SUMMER PROMO
30-day Buy 1 Get 1 Half Off!

BUY NOW

- 2 job postings
- Resume search access
- 30 days online per job
- Use within 1 year

In Memoriam: Kathy Brandt

Kathy Brandt, a respected leader in hospice and palliative care, died peacefully at her home in Charlottesville, Virginia on August 4 from ovarian cancer. Since mid-February, Kathy, her wife, Kim Acquaviva, and their son, Greyson Acquaviva, have shared the family's journey in an [online blog](#), on Facebook and Twitter. When she was diagnosed with a terminal illness, Kathy determined to share her journey via posting, speaking, and sharing photos online.

Kathy was a writer and editor for the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care, 4th edition, released in 2018 and NHPCO's Palliative Care Playbook released in 2019. Kathy spent more than 30 years working on behalf of hospice, palliative care, and advance care planning, and was helpful to many organizations as the principal and founder of the consulting firm, kb group.

A memorial service will be held in Washington, DC, on October 26, 2019.



Kim, Greyson and Kathy during happy times spent in Maine.

CareNotes

A Work of Saint Meinrad Archabbey

A wealth of emotional, recovery, health, grief and eldercare support and information all in a compact, 8-page, 5" x 7" booklet.

FREE SHIPPING
ON ORDERS OVER \$70



Provide an outstanding resource of support

- Healthcare
- End-of-Life
- Grief and Loss
- Spirit Care
- Personal Care

CLICK HERE to receive a FREE SAMPLE SET of CareNotes!

Place your order today!

www.carenotes.com | 800.325.2511
200 Hill Drive, St. Meinrad, IN 47577 | info@carenotes.com

UW-Madison Grief Support Specialist Certificate

Complete online or in-person

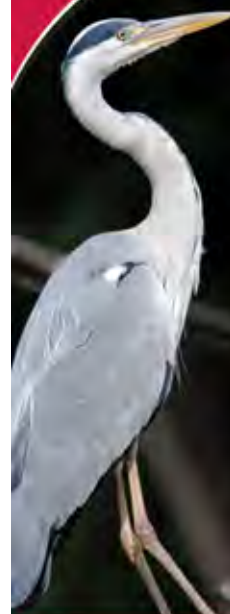
A one-of-a-kind, uniquely designed, practical educational program taught by renowned experts.

- Discover different types of loss and griever
- Explore your own grief history
- Gain practical tools and techniques for working with adults, children, and diverse populations

35 CE (Continuing Education) hours

Online program begins Sept. 20; early-bird registration ends Aug. 20.

In-person program begins Oct. 24; early-bird registration ends Sept. 24



Register Now >>



LIVE WELL



tour



DIE WELL

Learn more at www.deathbydesign.com.



FOR PROVIDERS.
BY PROVIDERS.

ACHC DISTINCTION IN PALLIATIVE CARE



Developed by a committee
of industry leaders



Standards based on the National
Consensus Project's Guidelines for
Quality Palliative Care



Comprehensive on-site evaluation
to ensure quality patient care

ACCREDITATION COMMISSION *for* HEALTH CARE

Learn more at → info.achc.org/Newsline

MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT

PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

www.nationalhospicefoundation.org/lighthouseofhopefund

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





NHPCO

National Hospice and Palliative
Care Organization

1731 King Street, Suite 100
Alexandria, VA 22314
703/837-1500
www.nhpc.org

Vice President, Strategic Communications Jon Radulovic
Advertising Inquiries Communications Team, 703/837-3143
Membership Inquiries Solutions Center, 800/646-6460

Past issues of NewsLine are posted online: www.nhpc.org/newsline.

Copyright © 2019, NHPCO and its licensors. All rights reserved. NHPCO does not endorse the products and services advertised in this publication.

Affiliates:



NHF

National Hospice
Foundation



HAN

Hospice Action
Network