

Newsline

A special print edition of NHPCO's membership quarterly | Fall 2020

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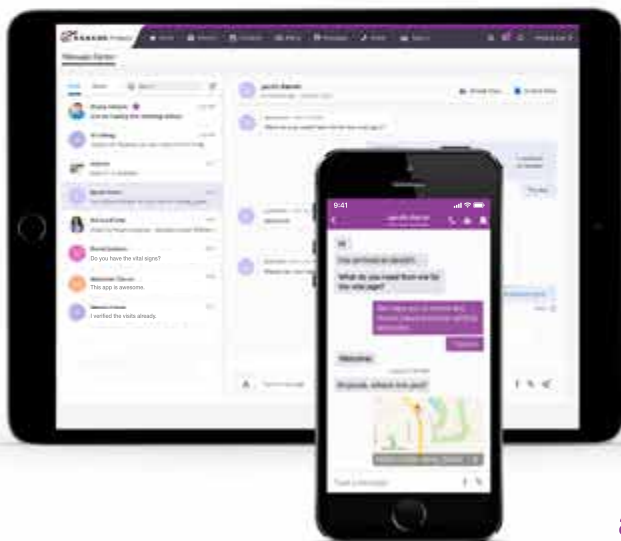
NHPCO

National Hospice and Palliative
Care Organization



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— BUILT BY HOSPICE EXPERTS, FOR HOSPICE PROFESSIONALS —



A custom-built enterprise hospice solution that empowers the delivery of quality patient care. Axxess Hospice is built from the ground up for an interdisciplinary care team.

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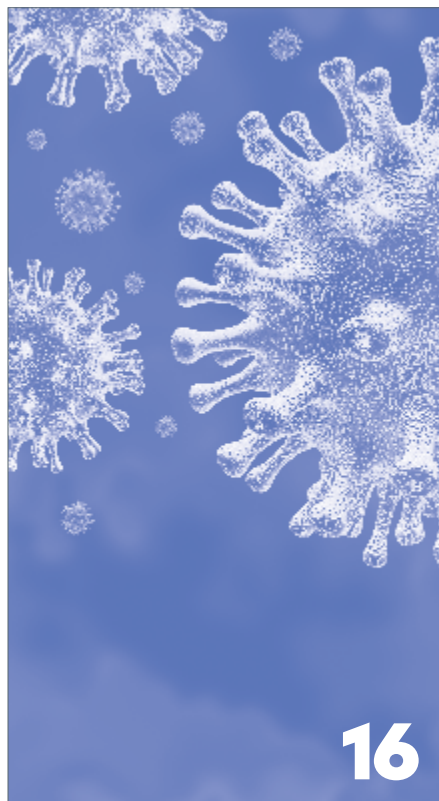
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OCTOBER 12 - 30

VIRTUAL INTERDISCIPLINARY CONFERENCE

NHPCO is offering this new, three-week, virtual event which will provide high-quality education, innovative topics, and networking completely online. This event will combine live keynotes and discussions with an in-depth library of on demand sessions released weekly. All content will be available until 12/31 so you have time to complete all the session on your own schedule.

- 7 Educational Tracks
- 60+ on demand sessions
- Discussion opportunities with faculty
- Virtually network with your peers
- One-on-one office hours for regulatory and palliative care
- 60-70 hours CE/CME for nurses and physicians
- Exhibit Hall
- Town Hall on COVID 19 Pandemic
- Happy Hours
- Live Podcasts
- Streaming Music Event
- And much more!

REGISTER AT WWW.NHPCO.ORG/VIDC20

Message from Edo

A Grieving Nation

The COVID-19 public health emergency continues to surge in regions across the country with some states seeing numbers climb, drop, and climb again. NHPCO has been committed to [offering resources](#) to members and non-members alike to help them distill the overwhelming amount of information that continues to come as we learn more about COVID-19.

But beyond the immediate toll of COVID-19, I am worried about latent grief and suffering. In addition to the regulatory and legislative updates, we have redoubled our efforts to recognize and provide resources to address the grief that the pandemic has caused across the nation. This includes our MyNHPCO Bereavement Professionals e-community offering support to our members.

According to an article from [Kaiser Health News](#), nine other people are affected by the death of a single individual from COVID-19. As we look at the statistics of those who have died, the reverberations will be felt far and wide. And I'm not sure this number includes the stress that has fallen on hospice and palliative care providers coping with this unprecedented situation.

As organizations with roots deep into the communities we serve, we should think how we can step up our efforts to address the significant bereavement needs we are seeing. There are many hospices that are already offering support groups to the community, have created online resources, and have been providing support to other health care professionals and first responders. Let us learn from one another and be sure we are caring for ourselves as we care for those in our communities. It will take more than a village to meet the overwhelming needs of our communities, and we will be right there with you every step of the way.

With admiration for the work you continue to do.



Edo Banach, JD,
President and CEO





OVERVIEW OF
**FY2021
HOSPICE
WAGE INDEX
FINAL RULE**

Important Implications For Providers

The [FY2021 Hospice Wage Index and Payment Rate Update Final Rule](#) was published in the Federal Register on August 4 (after being posted on the public inspection page on July 31). NHPCO issued a [Regulatory Alert](#) with analysis for members on August 3. Below, we offer some key provisions as well as an interview with NHPCO's Judi Lund Person on the changes to the Election Statement and the new Addendum that will be required on October 1, 2020.

Key elements of the final rule include:

- Rate increase of 2.4% for FY 2021, effective October 1, 2020. Note, that this is slightly lower than the rate increase of 2.6% in the proposed rule.
- Adjustments in CBSA designations, following the guidance published by OMB in 2018. This may result in higher or lower wage index values, based on the new designation.
- Counties with a decrease in the wage index values will have a maximum of 5% reduction for FY 2021 but will see the full reduction in FY 2022.
- There will be NO delay in the implementation of the changes to the election statement and addition of the election statement addendum. See the Q&A with Judi Lund Person beginning on page 10.

FY 2021 Medicare National Rates for FY2021

Table 1: FY 2021 Hospice Payment Rates WITH Quality Reporting

Code	Description	FY 2020 Payment Rates	SIA Budget Neutrality Factor	Wage Index Standardization Factor	FY 2021 Hospice Payment Update	FY 2021 Payment Rates
651	Routine Home Care (Days 1-60)	\$194.50	1.0002	1.0002	X 1.024	\$199.25
651	Routine Home Care (Days 61 +)	\$153.72	1.0001	1.0004	X 1.024	\$157.49
652	Continuous Home Care (Full rate = 24 hours of care)	\$1,395.63 (\$58.15/hourly rate)		1.0023	X 1.024	\$1,432.41 (\$59.68/hourly rate)
655	Inpatient Respite Care	\$450.10		1.0004	X 1.024	\$461.09
656	General Inpatient Care	\$1,021.25		0.9999	X 1.024	\$1,045.66

Source: Table 5 and 6, [FY 2021 Hospice Wage Index Final Rule](#), page 35 of Public Inspection copy of the final rule.

The market-basket update for hospices will be reduced by 2.0 percentage points for hospices who do not comply with the quality data submission requirements with respect to that fiscal year. For FY 2021, the payment update rates will be 2.4 percent minus the 2.0 percentage points, making the update 0.4 percent, as shown below.

Table 2: FY 2021 Hospice Payment Rates WITH NO Quality Reporting

Code	Description	FY 2020 Payment Rates	SIA Budget Neutrality Factor	Wage Index Standardization Factor	FY 2021 Hospice Payment Update of 2.0% minus 2 percentage points = +0.4%	FY 2021 Payment Rates
651	Routine Home Care (Days 1-60)	\$194.50	1.0002	1.0002	X 1.004	\$195.36
651	Routine Home Care (Days 61+)	\$153.72	1.0001	1.0004	X 1.004	\$154.42
652	Continuous Home Care (Full rate = 24 hours of care)	\$1,395.63 (\$58.15/hourly rate)		1.0023	X 1.004	\$1,404.44 (\$58.52/hourly rate)
655	Inpatient Respite Care	\$450.10		1.0004	X 1.004	\$452.08
656	General Inpatient Care	\$1,021.25		0.9999	X 1.004	\$1,025.23

Source: Table 7 and 8, [FY 2021 Hospice Wage Index Final Rule](#), page 36.

NHPCO State/County Rate Charts

NHPCO has prepared the [FY 2021 Hospice State/County Rate Charts](#) for your reference (members will find these charts on the Billing and Reimbursement - Medicare page of the website). The charts include the rates for all levels of care for every county in the country, based on the FY 2021 final rates and final wage index values published by CMS on July 31. NHPCO has also added a tab for "How to Use This Chart" for reference.



The charts include the rates for all levels of care for every county in the country, based on the FY 2021 final rates...

Service Intensity Add-on Budget Neutrality Adjustment Factor (SBNF)

The proposed rule recommended the elimination of the SBNF in this year's final rule because of very minor SBNF adjustments to meet budget neutrality goals. Commenters suggested that there could be an increased number of visits in the last 7 days of life, raising the use of SIA and impacting the SBNF. CMS announced that they will continue to analyze data on visits in the last 7 days of life and if, there continues to be minor SBNF adjustments, could proposed remove the SBNF in future rulemaking.

Cap Amount for FY 2021

For accounting years that end after September 30, 2016 and before October 1, 2025, the hospice cap is updated by the hospice payment

update percentage. The hospice cap amount for the FY 2021 cap year will be \$30,683.93, which is equal to the FY 2020 cap amount (\$29,964.78) updated by the FY 2021 hospice payment update percentage of 2.4 percent.

A commenter suggested that the cap amount is an area that CMS could explore under its program integrity authority, using available claims and quality data. This could target enforcement activities to hospices that regularly come close to or go over their aggregate cap amount. CMS responded: "We appreciate the commenter's suggestion to consider looking into the practices of hospices that regularly come close to or exceed their aggregate cap to target further program integrity efforts. We will continue to closely monitor this issue and address any identified concerns, if necessary."

For further details on the Election Statement and Addendum, see the following Q&A article with NHPCO's Judi Lund Person.



FOCUSING ON QUALITY CARE

The event seen in all 50 states in July 2020



The 2020 Virtual Conference was supported by an educational grant from Optum Hospice Pharmacy Services.

We thank them for their support.

VIRTUAL CONFERENCE

July 22-23, 2020



nhpco.org/vc2020

A top-down view of a desk with a wooden surface. In the upper left, a portion of a silver keyboard is visible, showing keys for 'J', 'K', 'M', 'N', 'command', 'alt', and 'option'. To the right, a silver stethoscope with a black tube lies on a white surface. In the lower left, a pair of black-rimmed glasses is partially visible. In the lower right, the spiral binding of a white notebook is seen. A purple rectangular box with a white border is centered on the desk, containing white text.

Q&A

**on Election
Statement and
Addendum**

Insight on this new regulation

The [FY 2021 Hospice Wage Index and Payment Update Final Rule](#) was published in the Federal Register on August 4, 2020 after posting as a public inspection document on July 31. NewsLine speaks with NHPCO's Vice President, Regulatory and Compliance Judi Lund Person, MPH, CHC, to discuss some of the more significant parts of the FY 2021 final rule.

NewsLine: What are some of the important things that providers will find in the FY 2021 final rule?



Judi Lund Person: It is an annual rule, so one of the first things we look for are the rates. In this rule, we have the rate increase of 2.4% for FY 2021. Then we have some other finance related issues this year, notably, changes to how counties are assigned their wage index. So some counties went from urban to rural. Others went from rural to urban and others were assigned new Core Based Statistical Areas known as CBSA.

NL: That CBSA change doesn't happen every year does it?

JLP: It is not something that happens often. So, I want to make sure that providers are aware and are watching to see what happened to any of the counties that they serve. Here at NHPCO, we have gotten a few questions about it already from providers who say, "my wage index went down significantly." It is important to see the counties that you serve, where they fall. There is an additional piece that providers need to be aware of, there is a 5% maximum drop limit in counties that have a drop in the FY 2021 wage index. If you are in that spot be prepared, in FY 2022 expect there to be a much more significant drop than 5%.

NL: That's important to know. Isn't there a resource that NHPCO offers members to help them with the state and county rates?

JLP: Right, there is. Every year we put together the State/County Rate Charts for our members. This resource is an Excel spreadsheet with a tab for every state. Every county in every state is listed with all the hospice rates for FYI 2021, which begin on October 1, 2020.

NL: In addition to the CBSA changes, we also have something significant regarding the Election Statement and Addendum. Can you give members a bit of background?

JLP: Yes. In last year's rule, CMS began talking about the feedback they were hearing from patients and their families, referral sources, and even from the MACs. They were starting to hear complaints that hospice didn't let patients and family caregivers know when certain things were not going to be covered. I will also say that NHPCO has seen an increase in the questions coming in from beneficiaries and their families about why didn't the hospice cover something. For example, "why couldn't the



NHPCO has seen an increase in the questions coming in from beneficiaries and their families about why didn't the hospice cover something.



Now, since the FY 2021 final rule was issued, we have a revised model Election Statement and a revised model Addendum...

hospice provide a walker with a seat? Why didn't my mom get oxygen?" There has been an uptick in those questions and complaints, which started the discussion at CMS about how to address the issues with transparency of coverage, resulting in the Election Statement and the addition of the Election Statement Addendum.

NL: *When did the provider community first hear about this?*

JLP: It first came out in their proposed rule for FY 2020. That would have been in April of 2019. So, it has been around a while. And in the final rule for last year, that would be FY2020, published in August of 2019, CMS finalized that there would be changes to the wording in the Election Statement. And there would be the addition of a hospice Election Statement Addendum.

NL: *What is the purpose of the Addendum?*

JLP: The design of the Election Statement Addendum is to provide information to the patient and their representative about items, services, or drugs that the hospice is not going to cover because the hospice has deemed that it is unrelated to the terminal illness.

NL: *CMS has issued examples of an Election Statement and of an Addendum to serve as a model. Could you talk about that?*

JLP: Certainly. The model Election Statement and the model Addendum were published with

the proposed rule back in April of this year. Lots of providers were waiting to see those models in order to design their own Election Statement or Addendum forms.

NL: *Providers can design their own?*

JLP: Yes, the information that was in last year's rule (FY 2020) has all the data elements that need to be on the form; and in April, CMS actually produced model forms and they asked for feedback. NHPCO gave very detailed feedback on both of the forms in our comments back to CMS on the FY 2021 proposed rule. Now, since the FY 2021 final rule was issued, we have a revised model Election Statement and a revised model Addendum for providers to use or to use as a jumping off point for their own forms.

NL: *NHPCO has created a resource to augment the CMS examples, correct?*

JLP: We do, we have created a couple of checklists on what the data elements are that must be included – and those come right out of [Subpart B](#) of the hospice regulations. We've got a checklist for the Addendum and a checklist for the Election Statement. And we are working on other resources, like a script for staff to use when they are discussing the addendum and how people should ask for it. And a process flow on how all of this will work in a hospice that is trying to implement.

NL: *Regarding the intention of the election statement, it seems that CMS wants beneficiaries to clearly understand the choice they are making. Is that the idea behind the adjustments?*

JLP: I think there are two things behind the adjustments. Yes, I think beneficiaries having clarity regarding their choice is absolutely one thing. CMS thinks, as do we all, that choosing hospice and waving your right to other Medicare benefits is a significant choice. No matter how long we've been in hospice, we should not take this decision lightly. The second thing is that CMS really wants to make sure – even in the election statement – that there will be some language around things that the hospice will not cover, like items, services, or drugs. That piece of the Election Statement is sort of our first opportunity in letting the patient know that they may have some financial responsibility.

NL: *The Addendum builds on that, correct?*

JLP: Yes. As CMS describes in the final rule, the Addendum is to inform the beneficiary (or representative) upon request, of any items, services, or drugs the hospice will not be providing because the hospice has determined them to be unrelated to the terminal illness and related conditions.

NL: *Does a hospice have to give every patient an Addendum?*

JLP: They do not. The Addendum is voluntary. You must talk about the Addendum with every patient, but you do not have to provide the Addendum unless it is requested.

NL: *Is there a timeframe for providing an Addendum, if requested?*

JLP: Yes, if it is requested on the day that the patient is admitted, then you have five days to pull all the information together. You are going to be including items and services that are not going to be provided. Significant on the list will likely be drugs that a patient is taking that the hospice is not going to cover, it could be maintenance medications, it could be the hospice is recommending

discontinuation of some drugs. All of those things will be part of the Addendum, and the hospice will need some time to pull that together, so they have five days. If the patient or their representative requests the Addendum after the day of admission, the time frame shortens to 72 hours.

NL: *Who can request the Addendum?*

JLP: The patient or their representative can request the Addendum, but it's also written in the rule that someone else, like another health care provider who wants or needs the information to make determinations about health care services to the patient, they may also request the Addendum – that is covered under HIPAA.

NL: *What happens if the patient dies within the five days?*

JLP: Then the Addendum is not required to be supplied because the request will essentially be null and void at that point.

NL: *Must updates be made to the Addendum?*

JLP: You must provide an updated Addendum anytime there has been a change. Whenever you are updating the plan of care, if you have a change to anything that the hospice is now not going to be covering, like a certain drug that is going to be discontinued, that means that the Addendum must be updated as well.

NL: *Can the Addendum be handled electronically?*

JLP: That's big news about this rule. In the proposed rule, it was hinted that it might be possible to do electronic signatures, which a lot of hospices have been asking about for so long. NHPCO requested further information and CMS provided additional guidance, saying that an electronic signature is allowed. The intent of the Addendum is that the patient and their representative would be able to get a paper copy. As long as you can provide a paper copy, then you can sign electronically. You can have that be a part of your medical record. I think this is a wonderful step in the right direction.

NL: *Must a provider provide an Addendum for non-Medicare patients?*

JLP: It is only required for Medicare patients, which is the vast majority of our patients. You could offer it to anyone who you are providing care to, but it is not required.

NL: *How is the Advanced Beneficiary Notice different?*

JLP: The ABN is issued to a beneficiary when you, as a hospice, are transferring potential financial liability to the beneficiary. So, for example, you would be saying that from this point on, the beneficiary is responsible for the payment for X, Y, or Z. Most often this would be because it is not considered medically reasonable or necessary. With the hospice Election Statement and Addendum, you are informing the beneficiary and representative of any items, services, or drugs that the hospice will not be providing because they are unrelated. So, it is a little bit of a splitting hairs, but I think that as we use this, we will get a clearer understanding of the difference between the two.

NL: *Most hospices, hopefully, have been preparing for this but are there recommendations for a hospice just getting started?*

JLP: We are talking to lots of providers at this point. So, the first thing would be: Have you talked to your electronic medical record vendor, or whoever is doing

your EMR services. Are they going to include the electronic Addendum and the electronic Election Statement? Are they ready to roll out their new requirements? What's the process that they are going to be using? When will that be? When will the final product be ready? If you have an EMR vendor, that would be the first set of questions to ask. For those with an EMR, I think providers might be starting before a final product arrives.

NL: *What about the organization's process?*

JLP: By now, you should have started a process of how this is going to work in your agency. Things to ask include: What kinds of things do we need to have in place? How can we make sure that we cover all the bases? And, importantly, who is in charge?

Helpful materials I think would be a checklist to make sure you have addressed the necessary pieces. Very high on the priority list will be how the policy and procedure within your organization will be established. Other questions that need to be answered include: How are staff going to be trained? Who is going to be talking about this to the patient and family and what are they going to say? How are your staff going to describe it so that it is not confusing and not unintelligible? Will you be able to answer questions about how it works? Then you also have to think about what's going to go in your admission packet – is this form automatically

included?

Small things could be huge. For example, do your nurses or admitting staff, whoever they are that go to patients wherever they are to get them admitted, do they have a supply of old forms in the trunk of their car? You have got to make sure that you are using all the correct, updated paper documents starting October 1, 2020.

NL: *I know that NHPCO's policy team worked hard as an advocate to seek further delay given the COVID-19 public health emergency. Can you talk about that?*

JLP: When the proposed FY 2021 rule came out in early April, we were in the middle of COVID-19 crisis. The NHPCO policy team addressed the issue of a further implementation delay. We gathered a lot of information from many, many providers and sent a lot of comments to CMS from providers who explained the hardships that they were experiencing. We spoke with CMS multiple times. We made sure that anyone we spoke to knew that we put patients and their families and the care of patients during COVID-19 pandemic as the top priority and that an administrative function like the Election Statement and Addendum should be delayed until we could catch our breath. This was all included in our comment letter. Given that there has already been a one-year implementation delay from the FY 2020 Final Rule, CMS felt it was necessary to put this in

place effective October 1, 2020.

NL: *Would you say that this underscores the importance CMS is placing upon transparency and patient and family understanding of what they can expect from hospice?*

JLP: Absolutely. And I think, for me at least, if we go back to the purpose of it in the first place, that we want our patients and families to know what to expect. We want them to be prepared if they're going to have to pay for something after the election of hospice. That's the underpinnings of this that I think is really important for us to remember.

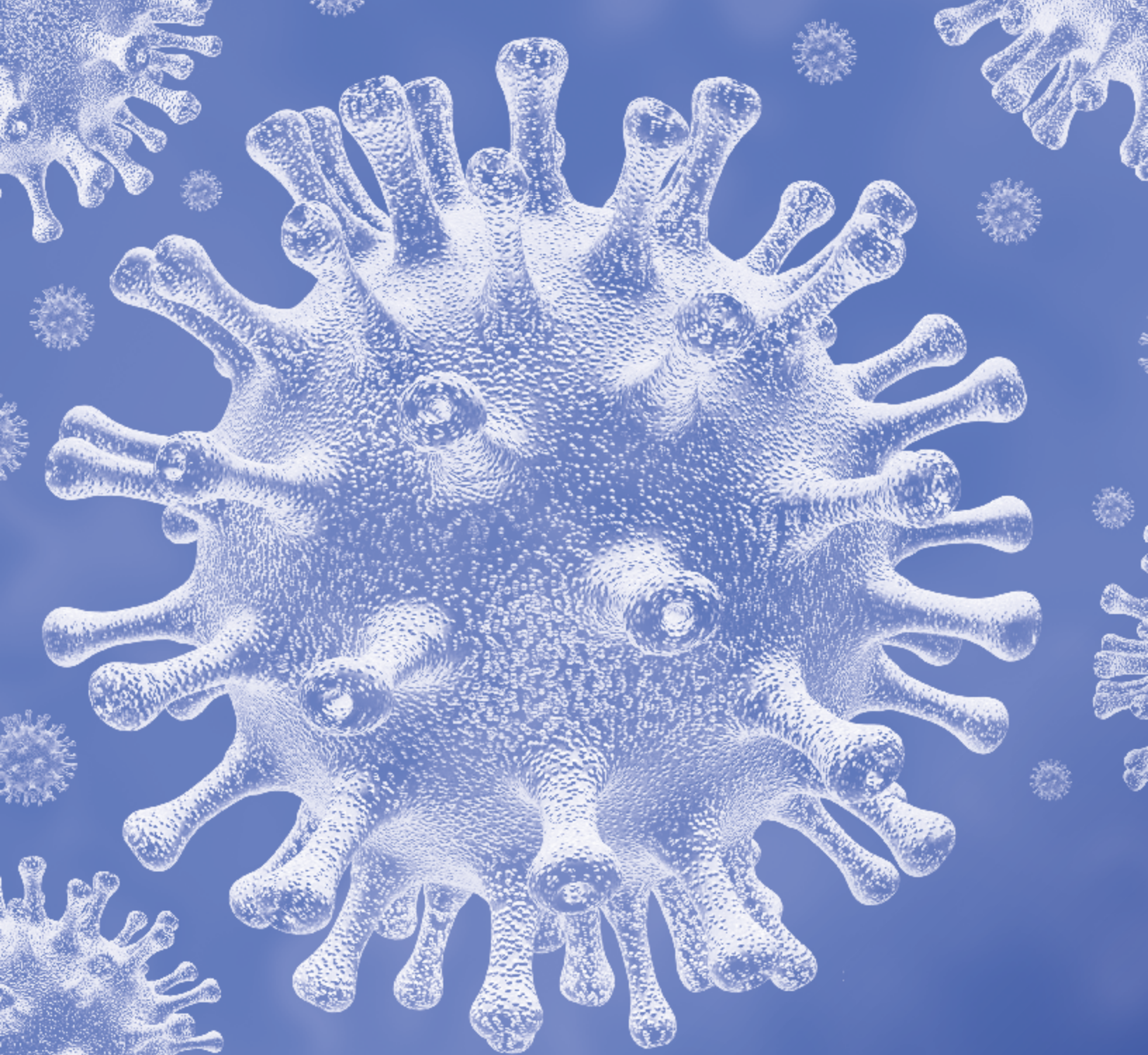
NL: *Any final words to share?*

JLP: Yes. All of us at NHPCO know that getting ready to implement the Election Statement changes and the Addendum during the middle of a public health emergency is very challenging. Our hope is that we will figure out ways to communicate these new requirements to patients and families so that it's understandable and that we work as hard as we can to make this a seamless implementation.

NL: *Members will find information about the FY 2021 Hospice Wage Index Final Rule on the NHPCO website in the [Reimbursement-Medicare page](#).*



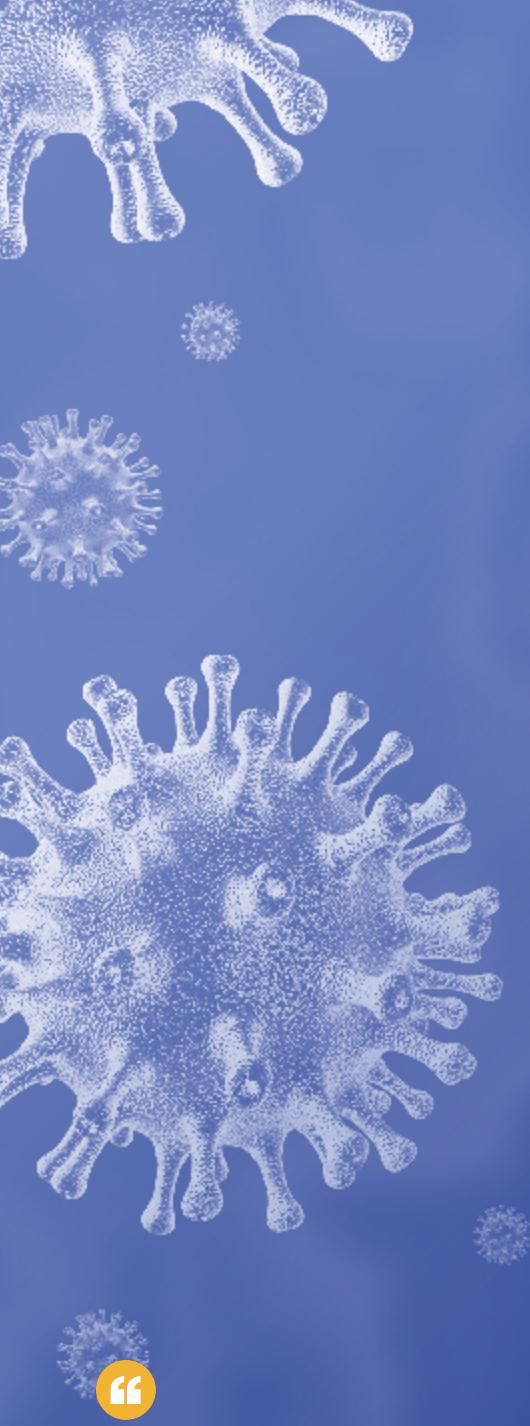
We want them to be prepared if they're going to have to pay for something after the election of hospice.



QUALITY CARE **IN THE TIME OF** **COVID-19**

Quality and safety are both paramount

By Jennifer Kennedy and Missy Ring



The COVID-19 pandemic is an unprecedented event for our modern health care system and is placing considerable strain on essential health care workers who are now working double time to provide safe quality care to their patients.

CMS provided relief shortly after the declaration of the Public Health Emergency (PHE) in the form of 1135 waivers to provide a regulatory burden respite which has been helpful as providers continue to struggle with patient access, staffing, Personal Protective Equipment (PPE), and fatigue issues from the ongoing crises. This PHE is challenging hospice and palliative care providers to figure out how to deliver care that is safe and viewed as a quality experience by patients and their families.

A hospice nurse enters the patient's home in full PPE (gown, gloves, mask, face shield) that she donned before coming inside. There is already that barrier between her and the patient and family, but it is necessary for their safety and hers. The nurse completes her visit taking care to only touch the patient when needed. She has a trusting relationship with this patient and family and usually uses touch and hugs to communicate comfort and reassurance but there can be no hugging today. She completes her visit and removes her PPE after she leave the patient's home, taking time to discard the PPE per her organization's policy.

Think about this visit. Will the patient's and family's perception of today's visit impact their perception of a quality hospice experience? By the contact limitations, how has this encounter added to feelings of isolation for both the nurse and the patient, and how might it complicate grief for the family down the road? These considerations may be new to many clinicians which adds stress to their already stressed capacity.

Specific COVID-19 infection prevention and control measures have caused necessary clinical practice changes to ensure patients, families, and staff are safe, but they also impact the care experience. So, the question is, "what does quality hospice and palliative care look like during a PHE"?

Patient/Family Experience

Patients and their family are feeling frightened, stressed, anxious, and possibly depressed during the PHE thus far, depending on the prevalence of COVID-19 in their community and the limitation of their autonomy. Individualizing care to meet patient/family needs and wishes during this PHE is an important factor in quality care perception. Continuous expectation assessment will guide the hospice team to tailor provision of service to meet patient/family comfort levels with the highest quality support possible. Perhaps this means providing care via telehealth visits, phone calls, or Zoom sessions to



These considerations may be new to many clinicians which adds stress to their already stressed capacity.

accommodate the patient's fear of virus transmission from the hospice team. Initiating additional contact with patients and their families via telehealth even if in-person visits are made could increase their perception of a quality experience.

The point is that quality of care is a patient/family perception and providers cannot assume their provision is meeting expectations unless they determine the expectations on a continuous basis. Hospices must figure out how to recognize and assess the quality of care experience in eyes of the patient and family.

Leveling Staff Expectations

During the time of this COVID-19 PHE, hospices must continue and improve focused efforts on individualizing patient care. Because circumstances differ across the country regarding the level of impact of COVID, hospices must extend individualization to how they as an agency are addressing and providing care. There is not a blanketed and standardized format for care provision.

Hospice leadership must utilize critical thinking in determining how to best meet the needs of patients in their communities while balancing meeting the needs of their staff. Hospice leadership must be mindful and intentional in providing guidance and education to staff. And they cannot hold staff accountable



Hospice leadership must be mindful and intentional in providing guidance and education to staff.

unless they provide the information, tools, and resources for staff to meet their responsibilities.

Staff need to be educated and prepared to enact the organization's emergency preparedness program for any event including a pandemic. The more educated the staff the more in control they feel about their responsibilities and their ability to deliver safe care. In the case of the

COVID-19 Resources from NHPCO

NHPCO has developed a library of resources to help hospice and palliative care providers navigate the constantly evolving regulatory changes for delivery of care in the time of COVID-19. NHPCO staff have worked with hospice experts in the field to develop content that is relevant and timely.

A partial list of new or updated downloadable resources available to all providers at www.nhpco.org/coronavirus include:

- [COVID-19 Illness Tracking Tool for Employees](#)
- [COVID-19 Bereavement Considerations](#)
- [Social Isolation: Impact on Health and Interventions](#)
- [Social Isolation and Palliative Medicine](#) – an article by Dan Hoefler
- [COVID-19 Resource for Telehealth RN Case Manager and Triage Visits](#), thanks to Sutter Health AIM Program
- [COVID-19 Patient-Family teaching sheets](#), compiled by NHPCO



COVID-19 PHE, staff need to be continuously updated/educated as the organization's emergency plan is updated. Staff also need to be educated about revised regulatory requirements during an emergency event and how clinical practice will be adjusted. For example, CMS is allowing telehealth visits for patient in the routine home level of care during the PHE. Staff need to be educated about the components and expectations of a telehealth visit for them to feel in control and educate the patient and family in turn about what to expect. They also need to understand how deliver quality care in this medium.

Communication is an important key to success. By taking these topics into consideration in creating an individualized approach for care in the agency, hospices increase staff understanding by communicating the plan and practices. This in turn can positively impact the patient and family perceptions regarding quality of care. Figuring out how to communicate compassion through virtual touch and hugs could be the above and beyond that drive positive quality outcomes in this difficult time.

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

Melissa "Missy" Ring, MSN, BA, RN, is NHPCO's director, regulatory and compliance.

Quality Matters Now and Moving Forward

Additional thoughts from Jennifer Kennedy



The 2020 Virtual Conference in July, presented in collaboration between NHPCO, AAHPM, and HPNA, focused on quality and provided hospice and palliative care providers with realistic and insightful information related to quality assessment and performance improvement (QAPI) in their organization during the COVID-19 pandemic and beyond. The message from every speaker was clear that quality

matters now as we navigate this public health emergency and into the post COVID-19 health care environment. The incentives to provide high quality care now and moving forward are more important than they have ever been.

The U.S. health care system is making its way towards a pay for performance reimbursement model where providers will need to meet quality of care outcomes to qualify for payment beyond baseline reimbursement. A provider's performance related to provision of care and service will be key in this type of system to achieve full reimbursement potential, high quality reporting scores, and good standing among health care partners and consumers. The connection of quality to payment will allow high performing providers to be paid for the quality of care they provide and will place them at the head of the class compared to average or low performing providers. This is a key incentive for organizations to embed quality into their strategic plans and culture to ensure its integration into everyday operations, staff activity, care provision, and community involvement.

There is an ever-bigger incentive for providers to commit to quality improvement in today's competitive health care environment; it is the right thing to do. Seriously ill individuals receiving palliative care require high quality service to help them achieve their goals for care and quality of life every day. The difference between high quality care and average care could mean unnecessary emergency room visits or hospitalizations which can impact an individual's disease trajectory and overall wellbeing.

In terms of end of life care, whether an individual receives hospice care for three months or three days, they deserve to receive quality care that addresses their needs and the needs of their family to ensure a supported dignified death. The time is now to focus on quality as it is and will be the guidepost for the future of health care.

Quality Connections

NHPCO Quality Connections: It's Coming

Get Ready for a New Program to Equip Providers with Tools and Knowledge to Excel

What does a quality hospice experience look like? That is a question that every hospice provider should ask as they strive for performance improvement. Just meeting compliance requirements such as the federal hospice regulations does not ensure a quality hospice experience for a patient and their family.

Consistently delivering quality care requires hospice providers to practice and perform above the regulatory requirements and truly customize their care and services to meet the needs and expectations of each patient and their family. A high-quality hospice provider is always asking, "what

can we do better?" to make this one-time experience the best it can be for a patient and their loved ones.

With hospice quality of care currently under the federal hospice and national media magnifying glass, providers need to ensure they provide the best quality care for every patient and family under their care.

NHPCO is committed to helping hospice providers with quality hospice care delivery care. Over the past two years, our team has been working on the development of a comprehensive quality focused program, Quality Connections, that will be up and running in 2021. NHPCO expects to share a preview of Quality Connections during the October [Virtual](#)



Education

Hospice Quality Certificate Program: Webinars, courses, and train-the-trainer materials



Application

Application for development of best practices



Measurement

National quality measurement tools and dashboards with benchmarking goals



Innovation

Next practices to elevate quality of care provided



Give them quality. That's the best kind of advertising.

– Milton Hershey



[Interdisciplinary Conference](#) – and then with the wider membership following the VIDC.

NHPCO's Quality Connections is a national program designed to engage hospice and palliative care providers in continuous quality improvement. QC consists of four components - education, measurement, application, and innovation. Participants must complete 4 activities per component per year to earn recognition. The ultimate goal is to connect hospice and palliative care programs to the resources they need to deliver high-quality, person-centered care and recognize their commitment to continuous quality improvement.

Hospice Quality Certificate Program

The first educational component of **Quality Connections** will launch with the inaugural offering of the two-day Hospice Quality Certificate Program. Originally slated to be part of the 2020 Leadership and Advocacy Conference, the COVID-19 public health emergency changed the original plans. The Hospice Quality Certificate Program will be offered virtually in November 2020, with exact dates soon to be announced.

The Hospice Quality Certificate Program curricula is designed to provide the education needed to thrive in today's complex health care landscape.

- **Day One:** Covers the basics of health care compliance, including a review of the federal hospice regulations, compliance as the foundation of a quality hospice program, and the connection between compliance and quality outcomes.
- **Day Two:** This is an intensive day focusing on the nuts and bolts of hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practice application to ensure high quality patient and family care.

Registration will open soon and there will be limited spaces available for those who want to begin their quality journey this November. Look for the latest information on the [Quality Connections](#) section of NHPCO's website or in weekly NewsBriefs.



NHPCO Releases Annual Facts and Figures Report

A SNAPSHOT OF HOSPICE CARE IN THE U.S.

Produced annually, NHPCO Facts and Figures, 2020 edition, provides an overview of hospice care delivery in the U.S. with specific information on hospice patient characteristics, location and level of care, Medicare hospice spending, hospice provider characteristics, and more.

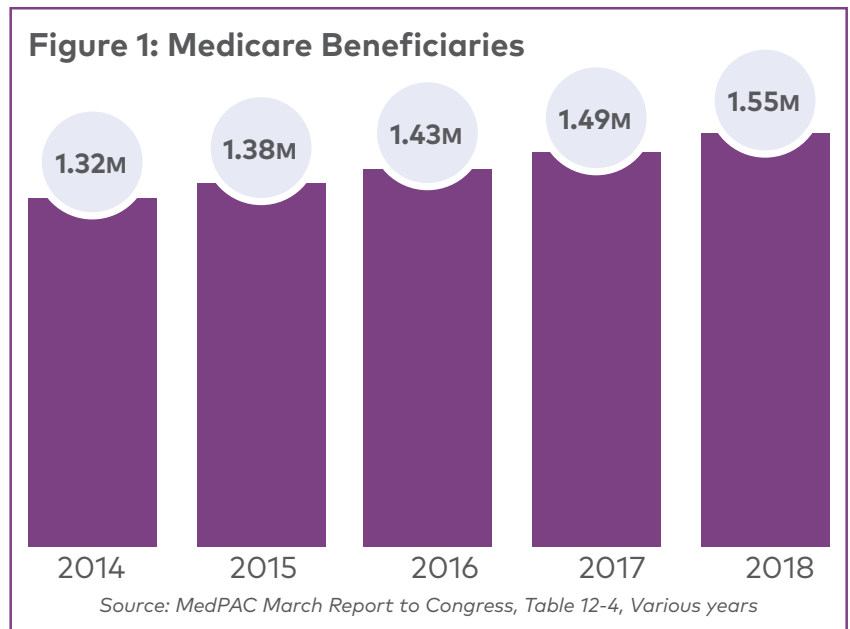
Who Receives Hospice Care

How many Medicare beneficiaries received hospice care in 2018?

1.55 million Medicare beneficiaries, a 4% increase from prior year, were enrolled in hospice care for one day or more in 2018*. This includes patients who:

- Died while enrolled in hospice
- Were enrolled in hospice in 2017 and continued to receive care in 2018
- Left hospice care alive during 2018 (live discharges)

*includes all states, Washington, D.C., U.S. territories, and Other.



Who Receives Hospice Care (continued)

What proportion of Medicare decedents were served by hospice in 2018?

Of all Medicare decedents in 2018, 50.7% received one day or more of hospice care and were enrolled in hospice at the time of death.

Figure 2: Medicare Decedents Receiving 1 or more Days of Hospice Care

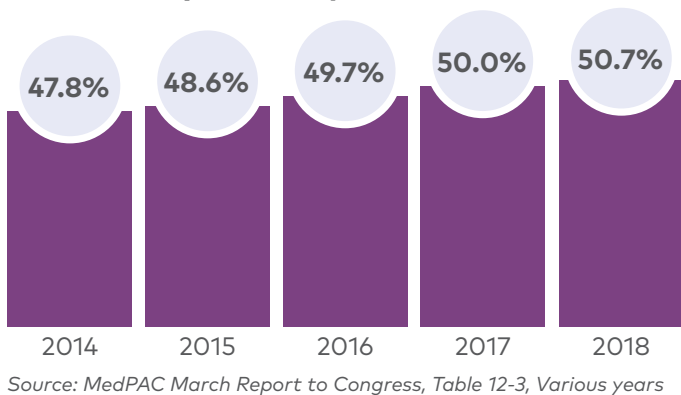
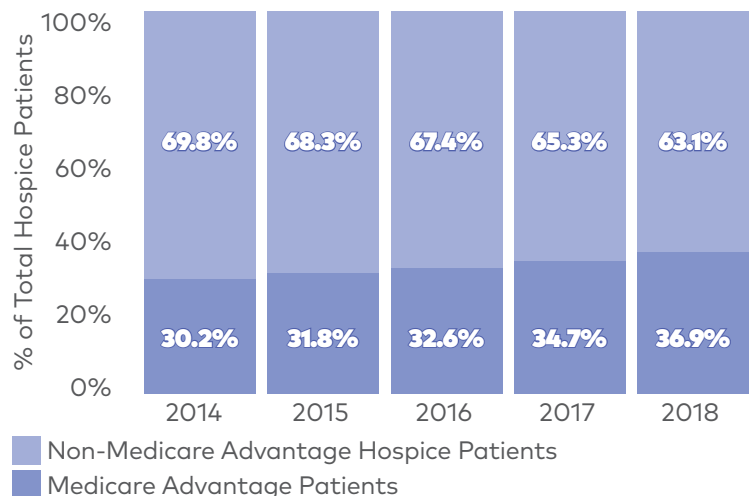


Figure 3: Growth of Medicare Advantage Hospice Patients

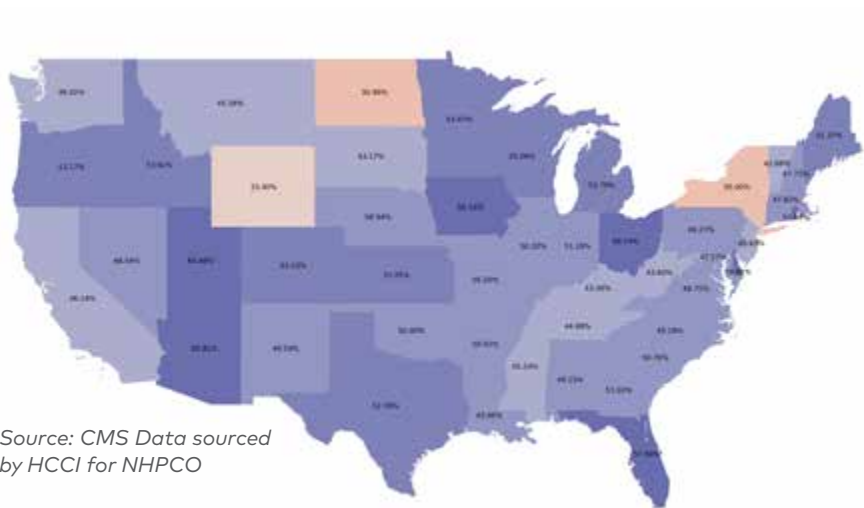


CMS Data sourced by HCII for NHP CO

Who Receives Hospice Care (continued)

As illustrated on this page, the proportion of Medicare decedents enrolled in hospice at the time of death varied from a low of 14.3% (other) to a high of 60.5% (UT). Vermont and Wyoming had the greatest % increase since 2014 at 22.26% and 22.13% respectively. Alaska was the lowest with -10.88%.

Figure 4: % of Medicare Decedents Served by Hospice by state (Aligns with Figure 5)



Source: CMS Data sourced by HCCI for NHPCO

Figure 5: Medicare Decedent Enrollment % for 2018

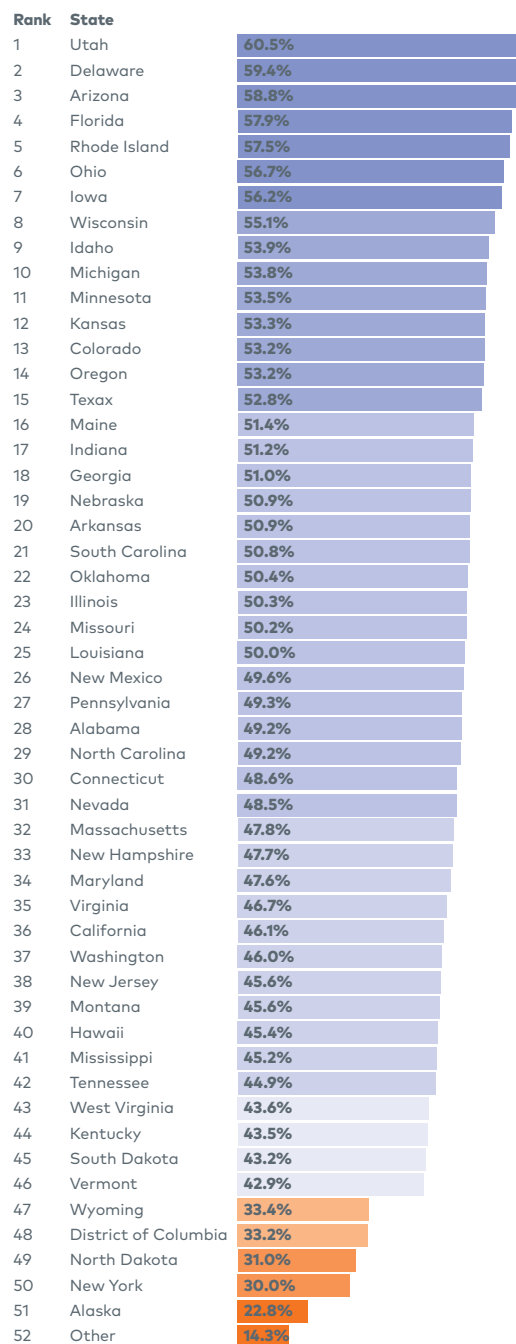
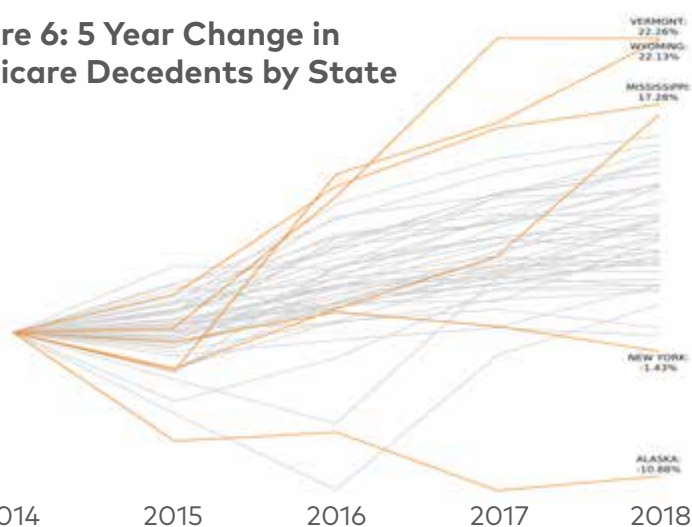


Figure 6: 5 Year Change in Medicare Decedents by State



Source: CMS Data sourced by HCCI for NHPCO

How Does Medicare Pay for Hospice? (continued)

Spending by Diagnosis

In 2018, patients with a principal diagnosis of dementia continued to lead Medicare hospice spending at 25.3%. Stroke, circulatory/heart, and respiratory related Medicare spending grew the most since 2014.

Table 6: % of Medicare Spending by Principal Diagnosis

CCS	2018
Dementia	25.3%
Circulatory/Heart	20.2%
Cancer	17.7%
Other	13.3%
Respiratory	10.9%
Stroke	11.5%
Chronic Kidney Disease	1.1%

Source: CMS Data sourced by HCCI for NHPCO

Spending by Level of Care

In 2018, the vast majority of Medicare spending for hospice care was for care at the routine home care level. This has grown 17.8% since 2014.

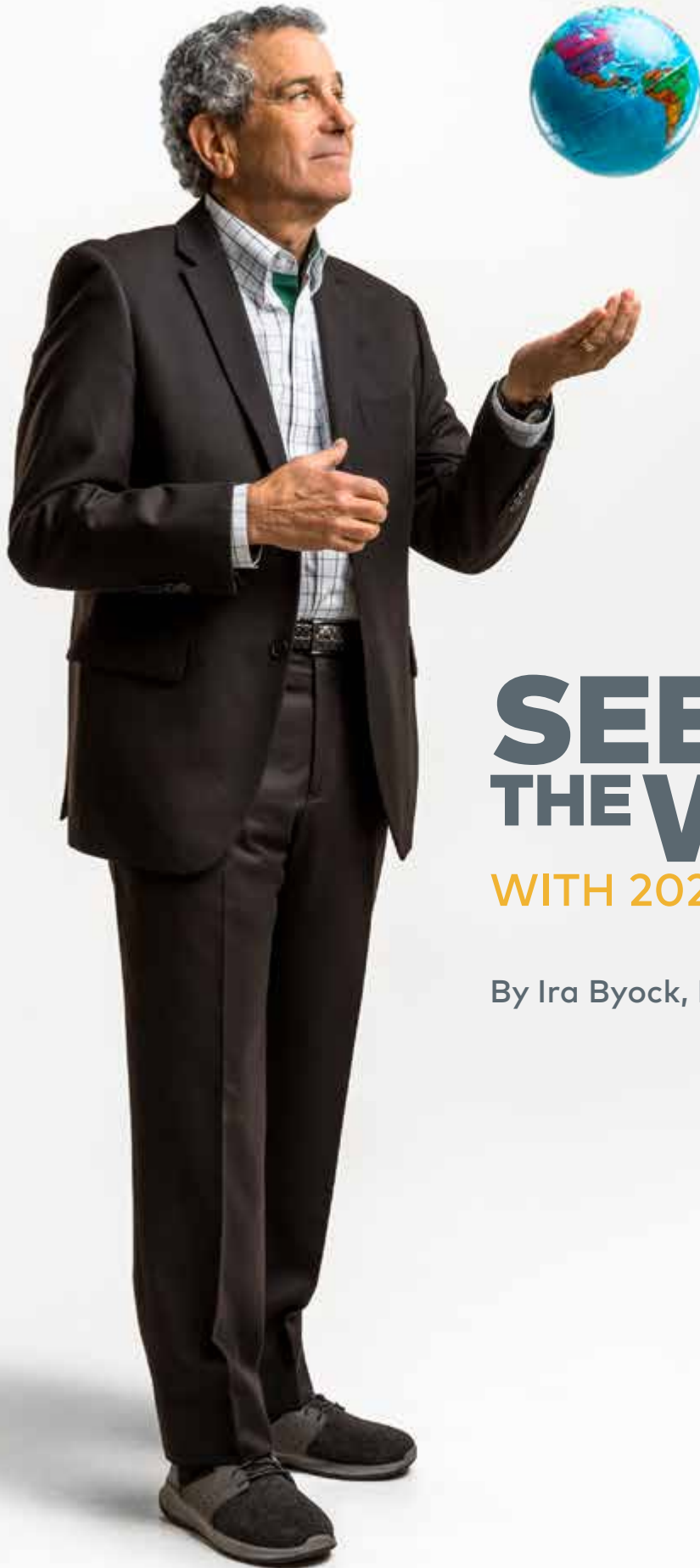
Table 7: Spending by Level of Care

Level of Care	2018
Routine Home Care	89.81%
General Inpatient Care	6.44%
Inpatient Respite Care	1.95%
Continuous Home Care	1.79%

Source: CMS Data sourced by HCCI for NHPCO

The data sources primarily used for this report are from the MedPAC March Report to Congress (various years), MedPAC Data Book, and various CMS claims related data sourced by the Health Care Cost Institute (HCCI) paid for by NHPCO.

Download the complete report, [NHPCO Facts and Figures, 2020 edition](#).



SEEING THE WORLD

WITH 2020 VISION

By Ira Byock, MD, FAAHPM

It's already getting difficult to recall how things looked before. The events of 2020 have dissolved collective illusions of longevity, racial equity, rational governance and economic stability.

Sudden deaths and rapidly progressive illnesses have always occurred, but they've been sporadic and, for most people, ignorable. That's changed. No matter how often we wash our hands, wear masks and maintain physical distancing from others, COVID-19 can find us. We can reduce our risk, but not to zero. Dramatically higher rates of infection and death from COVID-19 have revealed stark, long-standing health disparities suffered by Black and Latinx Americans, people who work or live in crowded conditions, those who live paycheck-to-paycheck, or depend on their employers for health insurance or have no insurance at all. Failures of basic responsibilities by federal and state officials have cost many thousands of lives. People across the political spectrum are appalled by the blatant malfeasance of elected officials.

Remember when "2020 vision" was something desirable?

This new clarity reveals essential truths about the nature of being human. Foremost is the fact that we matter to one another. And that, one way or the other, we will all lose one another. Either I will

die before you or you will die before me. No longer is death awareness confined to those of us who work in hospice and palliative care.

Hospice and palliative caregivers have always known that loving relationships are essential to human wellbeing and that separations cause suffering. Now, these primal facts are shown in endless variations in stories on our screens.

In the cold light of the present-day realities, the fundamental social question that confronts human beings is now before us in bold all-caps: **HOW THEN SHALL WE LIVE?**

Responding defines the creative work of community. At an elemental level, the answer is straightforward and frames the work ahead. Whatever else we choose to do and be, we must be kind and generous with one another. With those stipulations, professional and cultural communities can go about assigning tasks and accountabilities, developing policies and practices, and evolving behavioral norms and traditions. The results – the details of public policies, regulations, payment mechanisms, professional and business norms – will speak for us. Communal efforts grounded in fairness and generosity are needed our actions to state without shame, "This is how we live."

The pandemic's long-term impact on health care will be profound. The plight of our countrymen has persuaded many Americans that health care must be considered a human right, rather than a perk of employment or privilege of the well-to-do. Suddenly, universal access to health care and extending Medicare and Medicaid to uninsured Americans are not polarizing ideas. Increased federal oversight and financial support for research and public health measures are widely discussed as sound policies. Temporary waivers of regulatory restrictions in health care delivery will result in durable improvements that have been long in coming. Look for cross-state licensure for doctors, nurses and other clinicians to be



Whatever else we choose to do and be, we must be kind and generous with one another.

codified in federal and multi-state compacts. Seemingly overnight, telehealth was established as fully legitimate and, in some applications, an advantage over face-to-face care. Beyond health care's walls, Americans increasingly recognize that social determinants – racial equity, nonviolent neighborhoods, adequate housing, and safe working environments – are more important to people's health than is medical care.

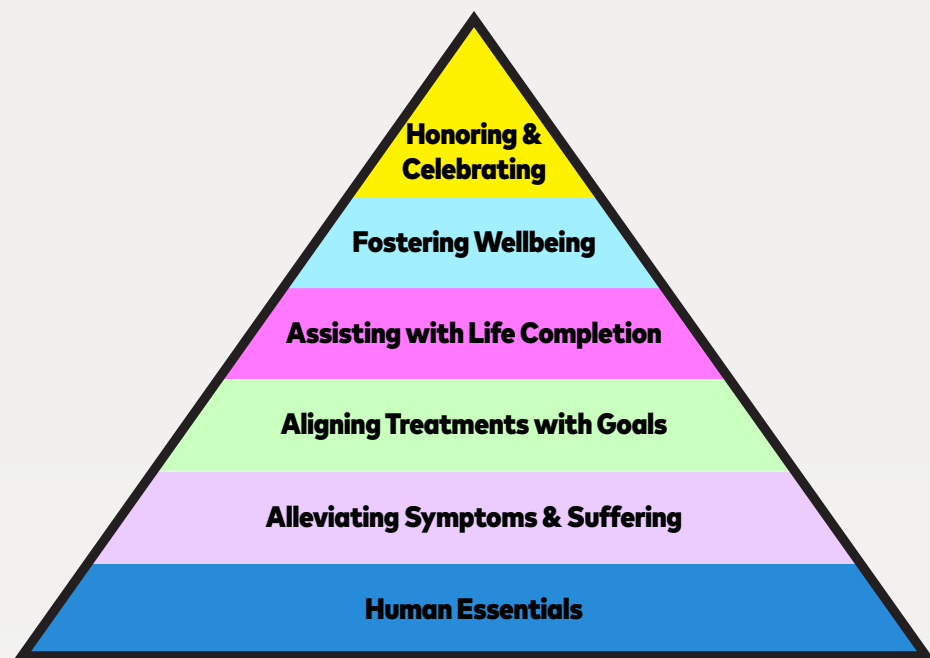
Health care workers have been elevated in public esteem. Hospice and palliative care providers have been recognized as essential workers and the services we provide are widely viewed as critical components in the care continuum. Nurses are now rightly seen as heroes. So, too, are nurse aides.

COVID-19 hasn't changed the fundamentals of human caring that we know so well. It has, however, highlighted a hierarchy of human needs and potential. The biological and social necessities of life form the base of a Maslowian pyramid: providing a clean, dry bed, something to eat and drink, and when needed, help with eating, drinking, and eliminating. These rudimentary responsibilities define a caring society. On this foundation, health care, particularly hospice and palliative care, adds therapeutic layers of interdisciplinary expertise.

People in our field begin, as we

always have, by showing up. We lean in to poignant and often tragic situations from which others tend to flee. We treat pain and alleviate the symptoms and suffering that often accompany illness and dying. With skillful questions and listening ears, we identify people's personal values and priorities. We invite patients and their families to share decision-making, ensuring that medical treatment plans are consistent with what people want.

Dying Well in the Era of COVID



During COVID-19, palliative care and hospice caregivers have utilized novel ways of transcending physical separations, enabling families to visit, say things to one another that might otherwise have been left unsaid. Nurses and others are holding the phones and video tablets that enable people to share precious moments, tell stories, offer and ask for forgiveness, and express gratitude and love for one another.

Despite the barriers to human contact that PPEs and pandemic visitation policies impose and the discomforts and dependencies of serious illness, people can be made to feel wanted, worthy and dignified in the way they are touched and the tone with which they are spoken.

People who feel at peace within themselves, right with those they love and within their communities, and right with their God, can feel loved and, sometimes, experience at least moments of joy.

Stories of caring in this pandemic will be told visually as much as in words. Anyone reading newspapers or watching the news has seen



People in our field begin, as they always have, by showing up.

iconic photos and video clips showing gowned nurses, respiratory therapists, aides and doctors turning intubated patients in careful synchrony, and caregivers wearing “Face Behind the Mask” posters on their hospital gowns as they introduce themselves to patients. In one photo a hospice nurse stands outside a building looking up to her patient on the second floor. She’s waving a paper heart she holds in her left hand while her right rests over her own heart. A chaplain prays with patients who are safely behind nursing home windows. A large church congregates in a vacant field, praying together safely from their respective cars. A daughter holds a “We love you, Mom” sign from outside the front door. People blow kisses across FaceTime screens. Screen shots show families gathered by Zoom: one in mid-sentence; another trying to smile while holding back tears; a couple cradling their infant before the camera; a teenager staring in wide-eyed silence; all honoring and celebrating a person they love who is ill and may not survive. Our field bears witness to the potential for well-being in dire predicaments.

Hospice and palliative caregivers in every corner of our country are, once again, teaching by example and adding to an experiential curriculum that was not wanted, but is, nevertheless, invaluable.

People in the United States have been harshly taught, once and for all, that American exceptionalism is just a phrase. We’ve been forcefully reminded that human beings are inextricably interconnected. What happens in China doesn’t stay in China. What happens in New York City, Los Angeles, Detroit, Minneapolis, Miami, Houston or Atlanta matters to us all. And what our leaders in Washington, DC and our state capitals do – or fail to do – affects us all in the most intimate of ways.

Through countless acts of skillful caring and kindness, people who comprise our field are acting clinically and locally and contributing culturally and globally. Because, after all, we are all in this together.

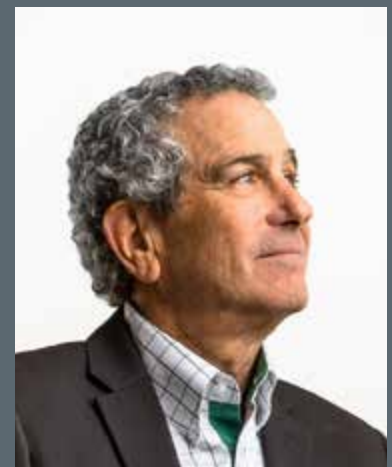
With 2020 vision, that much is now clear.

Ira Byock, MD, FAAHPM, is the Founder and Chief Medical Officer with The Institute for Human Caring.

Dr. Byock to be Opening Keynote

2020 Virtual Interdisciplinary Conference

Ira Byock, MD, FAAHPM, will deliver the opening keynote presentation at NHPCO’s [2020 Virtual Interdisciplinary Conference](#). Join us live on October 14, 2:00 p.m. ET for “Back to the Future - Fulfilling the Promise of Human Caring.” Registration for the VIDC is open now.



Hospice and palliative care employers need a **level of job performance** that is better than satisfactory.



The candidates at the NHPCO Career Center deliver consistent excellence – a standard which can only be met with continuous access to state-of-the-art skills and continuing education. By leveraging the power of a trusted association, you tap into a talent pool of candidates with the training and education needed for long-term success.

Don't miss this unique opportunity to be seen by an exclusive audience of the best and brightest in the hospice industry.

Attend the NHPCO Virtual Career Fair on October 28, 2020!

Registration will open the week of September 7

career.nhpco.org



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60-90 Day Benefit Calculator \$8.99

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



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



NATIONAL HOSPICE FOUNDATION *Gala*

A Virtual Gala Event



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National Hospice Foundation Virtual Gala Recap

NHF Raises Money to Develop Bereavement Tools for Pandemic-Related Loss



NHPCO President & CEO Edo Banach, with his wife Liz and son Henry, presenting during the live auction portion of the virtual gala.



NHPCO hospice ambassador and actress Torrey DeVitto, known for her role in "Chicago Med," shares a message of appreciation and support to the hospice community.



Musicians from the Hospice Music Project perform "Joy in a Teardrop," a song written during a workshop session during the 2018 Interdisciplinary Conference.

After the spring Leadership & Advocacy Conference was cancelled and the fall Interdisciplinary Conference was converted to a virtual offering, NHPCO's fundraising affiliate the [National Hospice Foundation](#) decided to continue the spirit of innovation and offer their annual gala in a virtual setting.

This was the first time the National Hospice Foundation Gala has had any virtual components. The team held a successful and well-attended event that raised money to support the creation of bereavement tools to enable hospices to support those who have experienced loss as a result of the COVID-19 pandemic.

The virtual gala program began with an invitational VIP reception held over Zoom, which provided an opportunity for sponsors, NHPCO's Philanthropy Council members, and NHPCO staff to meet and converse with each other.

Then, the evening continued with the main gala event, which was free for anyone to attend. The program included a message from hospice ambassador and actress Torrey DeVitto, a salute to the hospice and community-based palliative care community

through the Faces of Caring campaign, and a performance by hospice physician and musician John Mulder and GRAMMY Award winning musician Tricia Walker, co-creators of the [Hospice Music Project](#).

The virtual gala also included three special items for a live auction: a handmade quilt with the new NHPCO logo lotus, a virtual in-home concert with John Mulder and Tricia Walker, and a consultation with NHPCO's Senior Director of Regulatory and Quality, Jennifer Kennedy. The three auction items brought in \$3,325 in donations. Gala attendees also made gifts to the foundation totaling just over \$2,300.

In addition, 37 of the 38 gala sponsors who had committed to supporting an in-person event earlier in the year transferred their sponsorship to the virtual event. These generous organizations demonstrated a strong commitment to NHF's mission and work to support hospice and community-based palliative care providers during the public health crisis.

Recordings of the events and the full list of sponsors are available at nationalhospicefoundation.org/gala.

Highlighting the Value of Pediatric Hospice & Palliative Care

A new video from the My Hospice Campaign



In June of 2020, NHPCO released a new video for the My Hospice campaign called [My Support, My Hospice: Nathan's Story](#). The video features a family from Buffalo, New York. Two-year old Nathan Pitillo and his parents Greg and Becky are receiving care from Hospice and Palliative Care Buffalo and are supported through the program's Essential Care for Children. The video showcases the vital necessity for pediatric

hospice and palliative care services and the need to support this unique patient demographic.

Nathan was born with microcephaly, a congenital condition associated with abnormal brain development. He was also diagnosed with lissencephaly, a rare brain disorder. He began receiving hospice services through Hospice and Palliative Care Buffalo immediately following his birth. While under their care, Nathan's condition stabilized, and he was moved to palliative care. He and his family continue to receive nursing and social work visits and utilize the program's expressive therapy services including music and massage therapy.

In the video, viewers get a glimpse of the wide variety of care and services Nathan receives. Licensed Massage Therapist Jane Hunt sits with Nathan and massages his legs and arms stimulating his muscles and bringing him comfort. Music Therapist Gina Schuster tells a story about Nathan responding to a drum she brought to a music therapy session.

Nathan's parents are incredibly grateful to Hospice and Palliative Care Buffalo and believe that through the program's support, they were able to bring Nathan home and care for him.

"I think that a pediatric hospice program is incredibly important because without it, I honestly don't think that we would've been able to take Nathan home at two weeks of age and be comfortable enough and confident enough in ourselves to take care of him properly," says Becky Pitillo. "I think it

empowers you as a parent, you know the diagnosis, but having somebody there to walk you through everything gives you the strength to work through it and give him the best life that he can have."

NHPCO is committed to improving access to hospice and palliative care for children who are seriously ill. NHPCO's Pediatric Advisory Council includes members who are experts in pediatric hospice and palliative care. They provide strategic guidance to the organization about this specialized delivery of care and produce several resources including the Pediatric E-Journal, pediatric hospice and palliative care educational offerings, and the Pediatric Standards of Care for Hospice Programs. Learn more about [NHPCO's pediatric resources](#).



The video showcases the vital necessity for pediatric hospice and palliative care services...

Short Takes

Statewide and National Pediatric Hospice and Palliative Care Data Collection



State Pediatric Survey

NHPCO is calling on hospice and palliative care providers to help shape the future of pediatric hospice and palliative care. In collaboration with state pediatric palliative care coalitions and state hospice and palliative care organizations, NHPCO has been distributing surveys, state by state, to all providers to gather important data on the access and barriers to pediatric palliative care.



NHPCO is calling on hospice and palliative care providers to help shape the future of pediatric hospice and palliative care.

As the field of hospice and palliative medicine advances, we continue to recognize the importance of rigorously approaching the expansion of services in a way that strategically meets the needs of patients and families. This perspective is particularly relevant as we consider how to best provide care for the most vulnerable of complex and critically ill patients, including children. As pediatric health care providers and key stakeholders in hospice and palliative care continue to consider programming for children with life-limiting, life-threatening illness, they are often challenged in determining exactly where to start with addressing the needs.

NHPCO remains committed to improving end-of-life care and expanding access to hospice for all people dying in America and their loved ones, we are struck by the dearth of literature on pediatric palliative care needs assessment at a macro-scale, such as at a state, regional or national level. We feel strongly that making information available, such as the state and national pediatric needs reports, will benefit care providers, educators, policy-makers, and program developers nationally and in turn have direct down-stream effects on the care of our nation's most fragile children.

Surveys will continue to be distributed from June through October. One person should respond for each individual hospice/palliative care location and be knowledgeable of the pediatric offerings that the location provides (if any). If your organization is part of a larger health care provider with multiple locations, please make sure your answers reflect the offerings available at your hospice/palliative care location only. Whether you have a full pediatric program, can provide services for the occasional pediatric patient, or are not currently providing pediatric services, we want to hear from you!

For more information, please contact peditrics@nhpco.org.

We Honor Veterans Spotlight

Recognizing Veterans in Hospice Care During COVID-19



Despite restrictions on in-person events and changing rules and regulations regarding health care, We Honor Veterans partners have found creative ways to continue recognizing, honoring, and thanking the Veterans in their care and their community.

Halcyon Hospice of Valdosta in Georgia works with Veterans in two local assisted living facilities. The patients were still under quarantine because of COVID-19, but the hospice team still wanted to honor them. They mounted a flag to the window of each Veteran's room and gave them a rolled-up poem/thank you note on American flag letterhead, tied off with red, white and blue ribbon and a green plastic soldier figurine.

Remita Health of Tucson, Arizona has hosted Vet-to-Vet Cafes virtually with two different Veterans' groups. Everyone joined the conversation virtually from their homes. The Veterans were invited to sign-on with a cup of coffee and talk about whatever they wanted to discuss.

Infinity Hospice of Las Vegas, Nevada held a virtual pinning ceremony with one of their patients. Ten people joined in the patient's room and an additional 50 people, including Members of Congress, joined via Zoom.

Other partners have shared similar creative ventures, including educational presentations to the community over Zoom and Facebook, drive-through hurricane supply distribution, and Veteran volunteers writing letters and calling Veteran hospice patients. The We Honor Veterans team is proud to see how partners have stepped up to ensure Veterans are receiving the recognition and support they deserve during the pandemic.

Learn more about We Honor Veterans at www.WeHonorVeterans.org.



We Honor Veterans partners have found creative ways to continue recognizing, honoring, and thanking the Veterans in their care...

2020 Circle of Life Award Honorees

NHPCO honors its members who are top Circle of Life Award Honorees

NHPCO and National Hospice Foundation salute the 2020 honorees of the Circle of Life Award. Now in its 21st year, the award celebrates programs across the nation that have made great strides in palliative and end-of-life care. Two programs that are expanding the reach of palliative and hospice care have been honored:

- **Caring Circle, Spectrum Health Lakeland**, Saint Joseph, MI
- **Choices and Champions, Novant Health**, Winston-Salem, NC

Additionally, Citations of Honor were awarded to these organizations:

- **Four Seasons, The Care You Trust**, Flat Rock, NC
- **Weinstein Hospice & Palliative Center, Morristown Medical Center**, Morristown, NJ

"As health care continues to change, it's important for hospice and palliative care providers to adapt and grow to best serve patients and families. The Circle of Life Awards are great way to recognize the programs that can be role models for other providers," said Lori Bishop, NHPCO's Vice President of

Short Takes

Palliative and Advanced Care. "All of us at NHPCO and the National Hospice Foundation are especially proud that both Circle of Life Award honorees are NHPCO members."

The 2020 Circle of Life Awards are supported, in part, by a grant from the Cambia Health Foundation, based in Portland, Oregon. Major sponsors of the 2020 awards are the American Hospital Association, the Catholic Health Association, and the National Hospice and Palliative Care Organization and National Hospice Foundation.

For more information on the Circle of Life Award, visit aha.org/circleoflife.

New Courses on NHPCO's On-Demand Learning Portal

Offering 24/7 education to the field

Given the demands on our time, budget constraints, and the challenge of finding work-life balance, there has never been a greater need for on-demand, online professional education. NHPCO launched our upgraded On-Demand Education website earlier this year. Now, we are pleased to announce more than 20 new courses that have been added to the platform. Check out the [online catalog](#) to learn more about these and other available courses.

1. Back safety, Ergonomics and Work Related Musculoskeletal Disorders
2. Bloodborne Pathogens for Homecare
3. Boundaries: The Invisible Walls
4. Coping with Loss
5. Diabetes Update for Healthcare Teams
6. Domestic Abuse, Elder Abuse and Domestic Violence
7. Expanding Horizons: Long Term Care Partnerships
8. Hazardous Chemicals
9. Health Care Advance Directives
10. Hospice 101
11. Hospice 201
12. Hospice Quality and Quality Reporting
13. Infectious Waste and Decontamination
14. Management of Lower Extremity Ulcers
15. Management of Pressure Ulcers
16. Neuropathic Pain
17. Nociceptive Pain
18. Pain Management: Assessment of Pain
19. Patient Safety in Homecare
20. Pharmacology and Management of Pain
21. Suicide in the Elderly
22. Symptom Management of the Heart Failure Patient
23. Wound Care Basics



...there has never been a greater need for on-demand, online professional education.

New Podcast featuring Discussions with Edo Banach



NHPCO is excited to launch a new podcast series, [Leading Person-Centered Care, Conversations with Edo Banach](#). Launched last month, this free podcast departs from the existing NHPCO Podcast that was created to help with the technical, day to day aspects of hospice and palliative care.

The original NHPCO Podcast connects you with experts and leaders in hospice and palliative care with pertinent discussions focusing on regulatory, compliance, quality, and other timely topics. This new series is meant to address all the dimensions we are dealing with as human beings, not just as hospice and palliative professionals. During this time of constant Zoom meetings and phone calls, resiliency as leaders has never been more important. Hear from others how to lead during a time of such uncertainty and change and how COVID-19 will change our field long term.

Edo Banach will be talking with leaders and innovators from our field but also more broadly to help pull in insight from a broad spectrum. The first guest on the series' inaugural podcast is Jean Accius, senior vice president for AARP Thought Leadership and International Affairs.

Subscribe now to hear the valuable and practical takeaways that will help you lead in today's rapidly changing world. This free podcast, [Leading Person-Centered Care, Conversations with Edo Banach](#), can be found on iTunes, Stitcher, and Google Play. Or visit the [NHPCO podcast page](#) to listen to the new Conversations with Edo Banach or the original NHPCO Podcast.

MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT

A photograph of a lighthouse on a rocky shore at sunset. The lighthouse is illuminated from within, and its light beam is visible against the darkening sky. The water in the foreground is dark and calm, reflecting the light from the lighthouse. The sky is a mix of orange, red, and purple, indicating the time is either dawn or dusk. The overall mood is serene and contemplative.

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 Diversity Advisory Council Releases New Position Paper

Addresses COVID-19 and Supporting Black Communities at the End of Life



NHPCO's Diversity Advisory Council released a new Position Paper, [COVID-19 and Supporting Black Communities at the End of Life](#), in conjunction with the Diversity Advisory Council social media takeover on August 25. During the takeover, the council used NHPCO's social media platforms to share information about disparities that exist in hospice and palliative care and provide resources that can help improve access to care, including the new Position Paper.

The Position Paper reinforces NHPCO's commitment to addressing health care disparity by closing with the words of Representative John Lewis, "If you see something that is not right, not fair, not just, you have a moral obligation to do something about it."

Download Position Paper: [COVID-19 and Supporting Black Communities at the End of Life \(PDF\)](#).

COVID-19 deaths to date have impacted the lives of Black people and other diverse groups disproportionately, relative to the general population, nationally and internationally. NHPCO's Diversity Advisory Council prepared the Position Paper to help communities at all levels better understand the "why," with an emphasis on building trust with diverse populations relative to patient care and the pain, misery, grief, and sorrow caused by the pandemic.

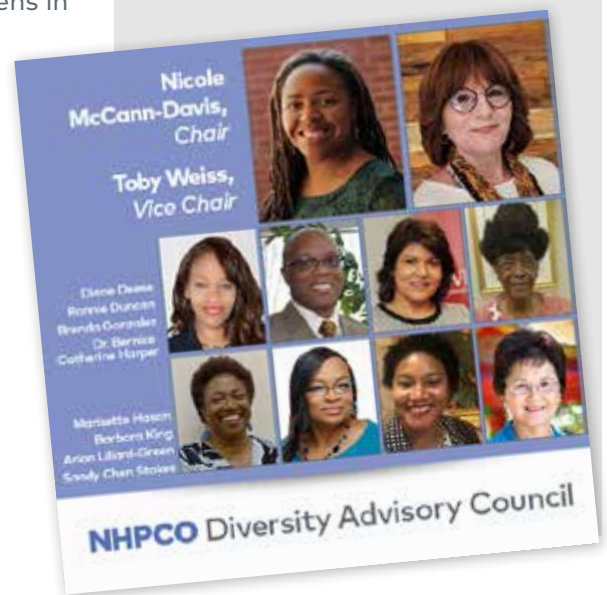
The topics covered in the Position Paper include building trust, the impact of mental distress on chronic disease in the Black community, health care segregation, and how COVID-19 has affected the grieving process of underserved communities.

"We don't live in a bubble or on an island in isolation. What happens in the rest of society is going to impact hospice and care at the end of life," said NHPCO President & CEO Edo Banach during a Facebook Live interview with Diversity Advisory Council Chair Nicole McCann-Davis.

"We're dealing with disparities that have been brought to the fore as COVID-19 has had a disparate impact on communities of color, and we've seen the unrest across this country really calling for change. We are all in on ways that we can work together to address systemic racism," Banach continued. "This includes ways that we can make hospice itself more accessible and more equitable."

Thank you, DAC

NHPCO's [Diversity Advisory Council](#) is made up of hospice and palliative care professionals, dedicated to providing information, guidance, and technical expertise to NHPCO & its members related to serving diverse populations with the goal of increasing access to person-centered, interdisciplinary care.



Axxess Hospice Drives Efficiency and Cuts Costs

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EXTRA TIME MEANS THEY CAN HELP YOU:



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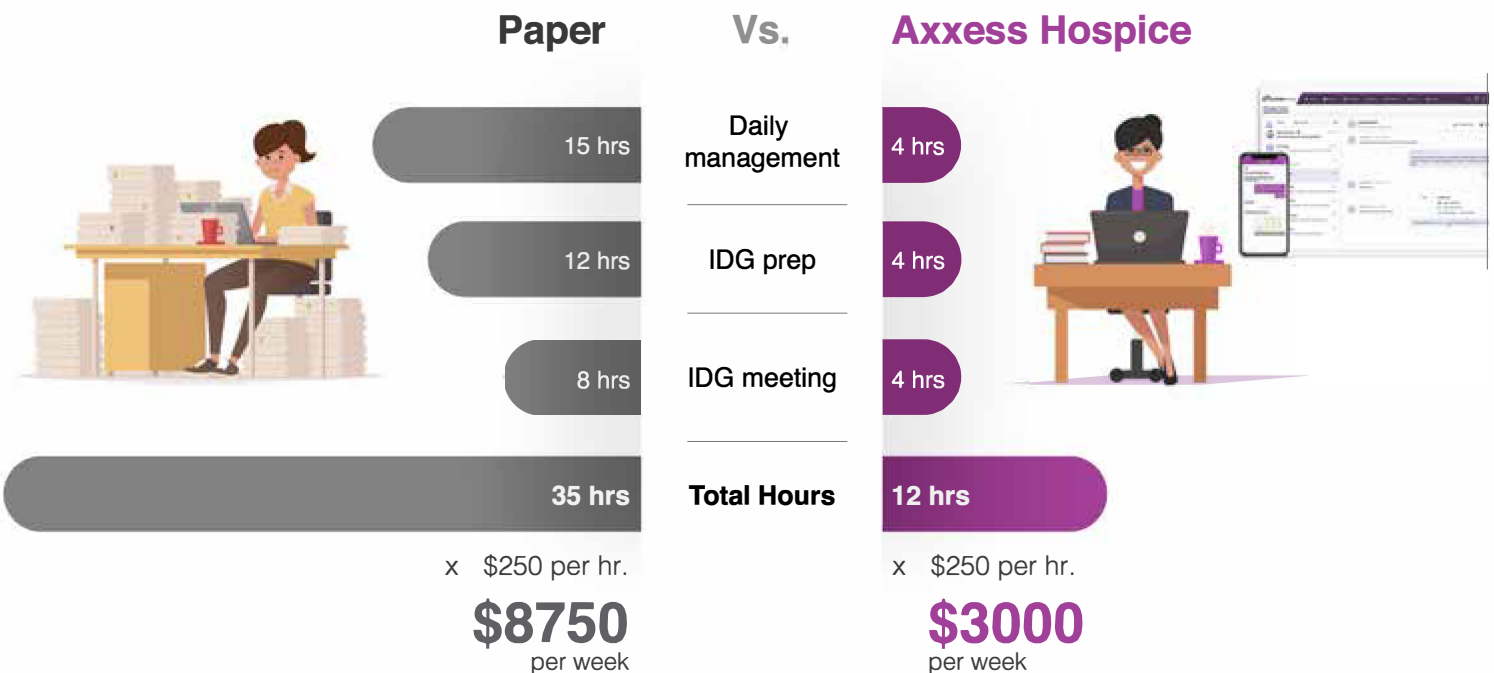
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- Nurse Case Manager - **-\$36**
- Spiritual Counselor - **-\$30**
- Social Worker - **-\$28**

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