

Newsline

NHPCO's Membership Quarterly | Summer 2021

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Global Partners in Care



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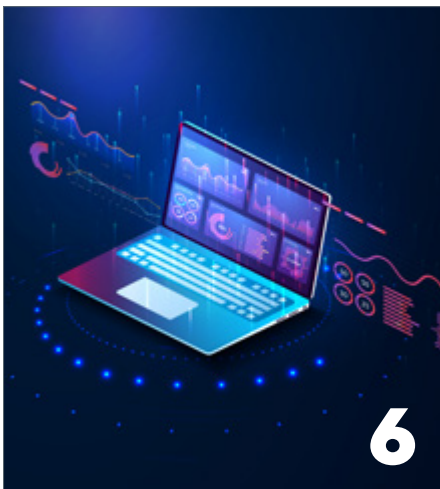
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July 29, 2021



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Message from Edo

Here in Central Maryland, the Cicadas are chirping and we are getting back out and engaged in person with our neighbors and the community. But as we move forward, we are reminded that although we all long to get “back to normal,” there are some lasting effects—some good, some bad—of the COVID-19 pandemic that we have all just lived through. In fact, in this issue of NewsLine we have an article by Stacy Groff that shares tips for re-engaging hospice volunteers (see page 14). There will also be valuable lessons learned, for example, on the use of telehealth and technology in health care delivery in the U.S. And you may be interested in learning more about the COVID Grief Support Project that has been launched by our EOL Doula Advisory Council; learn more on page 40.

Transformation in Healthcare is the focus of the upcoming [2021 Virtual Conference](#) that NHPCO hosts in collaboration with AAHPM and HPNA, appropriately fitting after the past year. We have made some changes to this annual event, and it will all take place on one day, July 29. Registration is open and I hope you will consider being a part of this program that is timely and relevant for all of us. And thinking about upcoming conference, it looks like we will indeed be meeting in-person in Memphis for the [2021 Interdisciplinary Conference](#), September 20 – 22. More information will be available very soon – and I should add we do anticipate a virtual component of IDC21.

I also want to point out the article on developing leaders (see page 10). This discussion among providers within the field also reflects things we should be thinking about as we look to the future. In fact, we are taking this opportunity to release a new resource for

members, The Succession Planning Toolkit, created by members of our [Next Generation Leadership Council](#). Whether a change in leadership is something for which your organization is preparing or if it seems far off, please download and take a look at this resource. Thanks to our members who worked to make this new resource available.

We are in the middle of the year but the NHPCO Board of Directors has already begun work on strategic planning that will pick up from where our current [Strategic Priorities](#) have brought us. The dedication of the board is something that we as an organization can be proud of. If you have ever considered serving on our Board of Directors, the nomination period for board members who will begin service in January 2022 is now open. Please visit the [Governance section](#) of the website to learn more and download a nomination packet. The nomination period is open from July 1 to July 31, 2021. I hope those who have been active in NHPCO and are interested in serving the field will give this some thought.

For all of you who have renewed your membership for 2021, thank you! All of us at NHPCO are encouraged by the very positive renewal numbers that reflect the value of your membership.

Regards,



Edo Banach, JD,
President and CEO



Measures *of* Excellence

Data Collection



A New and Valuable Tool for Providers – that’s a Benefit of Membership!

The [Measures of Excellence](#) (MOE) is a sophisticated, quarterly data collection tool and dashboard that was launched this year by NHPCO. The first quarter data submission wrapped up in early May and participating organizations should quickly learn the value of this new benchmarking tool.

The MOE tracks operational and clinical data which can be used to inform high quality care. The quarterly MOE Dashboard allows organizations to compare themselves to other organizations for benchmarking. Participants will be able to identify performance improvement opportunities and track their performance improvement efforts through the quarterly dashboard. This comprehensive data collection and benchmarking report is an exclusive NHPCO member benefit.

For NHPCO provider members that are Quality Connections participants, MOE collection and dashboard are important components of the [Quality Connections](#) program. However, providers not yet enrolled in QC can access the MOE data collection using the DART system.

MOE replaces and surpasses the National Data Set which was an annual data collection tool and report that many NHPCO provider members completed every year. Yet, as participation in the NDS began to decline, NHPCO worked to create a more powerful data collection tool that provides more useful information to those completing the quarterly data submission.

Benefits of Participation

The Measures of Excellence (MOE) represents a comprehensive compilation of often hard to find and timely data points on hospice clinical and operations data. This is instrumental in providing industry

insights, supporting advocacy efforts, and providing useful benchmarking data to hospice providers that aids in developing a quality driven organizational culture, refining strategic goals, setting operational targets and staffing levels, and improving quality of care delivery. This data includes information on:

- Who provides care
- Who receives care
- Where care is provided
- The range and quality of hospice services
- Staffing levels
- Demographic, cost, and payer data
- Utilization of emergency room and hospital
- Clinical safety data (infections, medication errors, falls)

The MOE offers quarterly data submission and a real-time quarterly dashboard allowing participants to:

- Compare their data with other organizations
- Filter comparison by ownership type, tax status, size, geography, and state
- Set benchmarks
- Identify performance improvement opportunities
- Track and trend data for performance improvement projects
- Demonstrate value to internal and external stakeholders



This comprehensive data collection and benchmarking report is an exclusive NHPCO member benefit.

Data Protection

According to AHRQ (2018), "Patient Safety Organizations (PSOs) conduct activities to improve the safety and quality of patient care. PSOs create a legally secure environment (conferring privilege and confidentiality) where clinicians and health care organizations can voluntarily report, aggregate, and analyze data, with the goal of reducing the risks and hazards associated with patient care."

NHPCO has contracted with a Patient Safety Organization, the Center for Patient Safety (CPS), to support and monitor the data collection, storage, and reporting of our members' clinical safety data. You can participate with confidence that your aggregate data remains anonymous and is protected from any misuse. The CPS PSO also offers educational opportunities and supports our members, efforts to prevent future adverse events.

Data Collection

Organizations should download the MOE pdf and/or the MOE csv spreadsheet to review the data collection required to participate in the MOE data submission and dashboard.

Meet internally with your team to determine internal roles and responsibilities to integrate data collection into your workflows.

- Identify the primary individual responsible for data submission (e.g., QC Administrator). This individual should oversee the organization's efforts to collect data required for quarterly MOE data submission.
- Determine your process for data collection: Assign data collection roles and responsibilities to applicable staff; Determine frequency of collection: monthly or quarterly; and Determine collection method.
- You can update data as many times as needed prior to the quarterly submission deadline.
- You will not be able to submit data for a quarter once the deadline for data submission has passed. Failure to submit data for a quarter will result in gaps in your individual report and cause inaccuracies in the comparison data.

The person in the organization responsible for MOE data submission must have access to the organization's DART ID. The DART ID is the NHPCO identification number assigned to your hospice. It is the same ID you used to enter the DART system for other data collection tools.

More Information

Visit www.nhpc.org/moe/ where you will find a recorded video presentation on MOE, the MOE collection tools, deadlines for data submission, and more.

For step-by-step details on the Measures of Excellence process, download the [Quality Connections Measures of Excellence Guidelines](#).

Note of Appreciation

NHPCO extends its appreciation to WellSky for its commitment to help their clients with Measures of Excellence data collection.

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If your organization has not made the commitment to ongoing quality improvement by registering for Quality Connections, do it today at nhpc.org/qualityconnections.

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Although you may see lots more resumes on the monster-sized job boards, chances are, only a small percentage of those will have the qualifications of NHPCO members. The NHPCO Career Center gives you a better way to find exactly what you are looking for. **Why look any further?**

www.careers.nhpc.org



NHPCO
Leading Person-Centered Care

A photograph of a man with dark hair, wearing a light blue button-down shirt, smiling warmly at a woman whose back is to the camera. She is wearing a light grey sweater. The man is holding a white document with some faint sketches or diagrams on it. The background is a bright, out-of-focus office or meeting space.

The Business Case for Investing in the Next Generation

How mentoring, leadership development, and succession planning can position your organization for future success

By Emily Van Etten, MPA

During the 2021 Leadership & Advocacy Conference, NHPCO hosted a live roundtable discussion focused on next generation leadership. This discussion, along with the work of NHPCO's [Next Generation Leadership Council](#), offers insights into the importance of investing in the next generation of hospice and palliative care leaders.

Much of the hospice and palliative care field chooses this vocation because they believe in the work and want to see the model of person-centered care preserved for years to come. One of the keys to keeping hospice and palliative care successful and helping it grow and innovate is making sure that leadership is ready to keep moving everything forward.

Health care can be disrupted; the COVID-19 pandemic was a prime example of that. The way the health care field adapted to the pandemic will likely be the impetus for future change, especially in home-based care. The hospice and palliative care field needs to ensure it is always well prepared to keep pushing forward and moving forward – not just for the next few years, but for generations to come. Patients and families that deserve that.

Passion for the future spurred the creation of NHPCO's Next Generation Leadership Council. The Next Generation Leadership Council provides the opportunity for young leaders to have an impact on their national organization to help shape the hospice and palliative care field.



The Importance of Next Generation Leaders in Hospice and Palliative Care

As many early hospices began as family-run organizations, the importance of bringing in the next generation into the workforce often began at home. Darren Bertram, Chief Executive Officer of Infinity Hospice Care, was brought into hospice through his mother and considers himself part of a next generation of leaders.

Mary Bertram, President and founder of Infinity Hospice Care, started her organization with the idea of her sons coming to work for her. Mary considered

it a measure of success in how well a leader can duplicate themselves in another person who can later take their place.

Carla Davis, CEO of Heart of Hospice, echoed the sentiment of the importance of people – including next generation leaders – as one of the greatest assets of an organization. She considers building them up a smart move from a business standpoint because the organization will have people that can achieve the results they need.

"From my perspective, it makes sense to get people who have fresh ideas, who have energy, who haven't done it that way, who think about this work from a different perspective, who have a diversity of thought. That makes us a stronger organization," Davis said.

Among diversity of thought, experience, and perspective there can be a shared mission. Many of those who choose the vocation of hospice and palliative care do so with a passion for caring for those with a serious or life-limiting illness. That common vision draws strength between the generations working within an organization.

"I think it's intergenerational that people are going to be drawn to help people no matter what. So in that regard, I'm super hopeful," said Brent Korte, Chief Home Care Officer of Evergreen Health Home Care Services, when reflecting on the next generation of leaders in the field.

Hesitation to Fully Invest in the Next Generation

Providing next generational leaders support and opportunities for growth can make a strong impact in an organization's success, especially from a

long-term perspective. Yet not all leaders choose to take this approach. A variety of factors can influence a leader's decision to stick to the status quo and avoid bringing in a new class of leaders.

One factor can be more personal in nature. "Baby Boomers may have some challenge in not understanding the value of letting go of control," Korte said. "Yesterday's approach to health care is not tomorrow's approach to health care. You win with new ideas; you win with diverse ideas."

Another factor that could lead to hesitation in investing in the next generation is a leader's perspective of value. When considering new candidates to bring into an organization, or candidates to move up in their career path, many put a higher weight on experience than potential. This often stems from a performance-based view of

success rather than a future-thinking view. While those with less experience may learn some hard lessons, dealing with those consequences is an opportunity for the individual and the organization to grow.

Additionally, there may be concern from current leadership of investing too much time, energy, or finances into the next generation because they may leave the organization. However, those who currently invest in their future leaders encourage others not to let that possibility hinder them.

"Our mother always told people, 'You know you're not going to be here forever, but I hope that this is the job you learn the most at of any other job you have. I hope this is a job where you're really learning.' So, I always think of it as a badge of honor when someone comes to me and says, 'Guess what I got this awesome job offer to do something I love,'" Bertram said.

How to Make it Work

There are countless opportunities for organizations to begin, or improve, investing in the next generation of leaders in hospice and palliative care, anywhere from simple to grand in scale.

Bertram talks to his team about their goals, aspirations, and dream jobs. He provides an opportunity for people to share what they want to learn and where they want to go. Some people will want to continue to learn, grow, and move up into leadership positions. Others may not. Having those conversations can help current leaders direct where they want to invest their time and energy into developing the skills of future leaders. Yet this must be a two-way street.

"You have to be making known that you want people to invest in your future. You have to say 'I want to do X, Y, and Z' and go to your bosses and see who's willing to commit," Bertram says of next generation leaders. "It's sort of on the manager, the senior people, to invest in the people below – but it is a little bit on the people below to be able to express that."

This can also mean involving people in your organization in different tasks and not limiting future leaders to the lane of their role. There is value in providing the infrastructure for that support within the organization, such as robust training programs and leadership development opportunities. Davis utilizes a mentor structure, which allows for peer support beyond supervisors. These can be utilized both for current employees and interns.



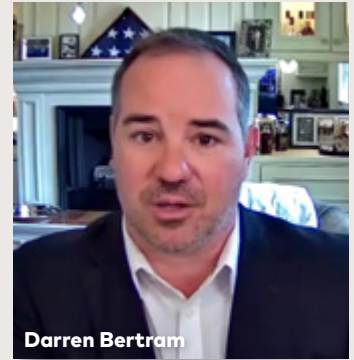
Yesterday's approach to health care is not tomorrow's approach to health care.

"It helps us take a risk on people who haven't necessarily had as much experience because we know that we have someone who can help," Davis said. "For almost every single job – whether it's nursing or finance or anything – we try to get as many interns in as possible. That exposes them, but we end up probably hiring 50% of them for full-time roles after they graduate. And I think that also starts our pipeline again."

There are also opportunities for current leaders to utilize innovation as a path for intersection between generations.

"The low hanging fruit is telehealth," Korte said. "The concept of technology, the concept of social media being such a big part of the future of health care. Social media, whether it's the future of health care or not, it's certainly the future in the present of how we communicate."

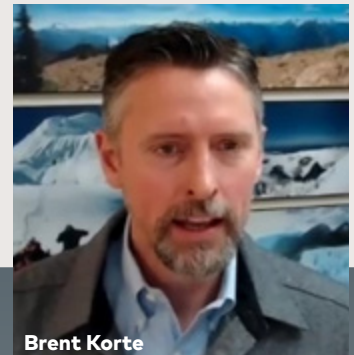
If an organization is not currently investing in the next generation of leaders in hospice and palliative care, there's no better time to start. The time and energy spent on this endeavor is sure to be reflected in an organization's strength for years to come.




Darren Bertram



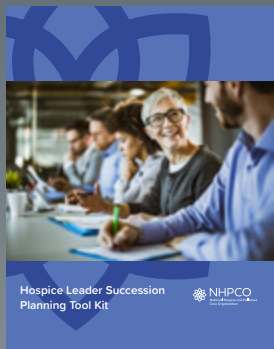
Carla Davis



Brent Korte

 ...utilize innovation as a path for intersection between generations.

Succession Planning



With the rapidly evolving environment of hospice and palliative care, it may be beneficial to grow the future leaders from within an organization. One step to begin this process can be succession planning – the process of identifying existing staff and fostering their skill sets to replace leadership positions as they open for opportunity. A combination of succession planning and fostering high performing staff is key to retention and organizational sustainability.

To assist NHPCO members, the Next Generation Leadership Council developed the Hospice Leader Succession Planning Toolkit. The purpose of this toolkit is to furnish hospice leaders with the framework to begin and support their own succession planning. It can help in a variety of circumstances, including strategizing for a planned retirement or departure, addressing sudden departures of leaders, and promoting ongoing leadership development for talent within an organization.

[Download the Hospice Leader Succession Planning Toolkit \(PDF\).](#)



RE-INTRODUCING VOLUNTEERS

AS WE EMERGE FROM THE PANDEMIC



By Stacy Groff

MyNHPCO Volunteer Management Section Leader
Vice Chair of the MyNHPCO Executive Committee

For most hospices, volunteer programs have been almost entirely shut down for over a year now. While the CMS Waivers are still in place, it is a good time to start strategically planning to reintegrate volunteers into your programs as this can be a very involved procedure.

A good first step is to reach out to the volunteer base and see who is interested in volunteering again. Based on feedback on the My.NHPCO Volunteer Management community list serve, many agencies are seeing volunteer force reductions from 15-40%. What you initially offer to patients and families may need to be very deliberate and based on what is now available in your volunteer pool. Our agency sent out a survey to volunteers asking them what they needed to feel comfortable returning, and which jobs they would be willing to do. Some chose to not return, some chose to do entirely different jobs from pre-pandemic activity. This helped us plan for what might be most successful to open up.

Second, consider what training/retraining they might need. Most volunteers have essentially had a year off. At a minimum, you might consider a modified infection control review that addresses any new PPE they might be using now that they did not (regularly) before. Reviewing job descriptions is recommended as well; our agency chose to develop a pandemic job description addendum that explained new expectations. These included things like calling off if they had any symptoms, understanding where to find risk factors for COVID

19, explaining the PPE requirements, and other related items. This sets the stage for what will be expected when they return to active volunteering.

Another consideration is to think about how things may have changed in facilities. Even if a volunteer visited a particular nursing home or assisted living prior to the pandemic, procedures may have changed. We instituted a policy that a staff member on the team (nurse, SW, CNA, chaplain, etc) meets the volunteer for their first visit just to go over logistics and procedures and handle any questions. This builds confidence and a sense of team for the volunteer as well.

Evaluating your hospice's needs for volunteers as well as the priority needs of the patients and families will also help guide a reopening plan. While every organization is different, we found that having volunteers screen visitors at the front door to the IPUs was extremely helpful and low risk. It also started to build confidence in our teams that volunteers were ready and willing to help.

Another item to consider in terms of processes is to make sure that volunteers know when it is (or is not) appropriate to make a visit. Our volunteers make a prescreening call prior to an in person visit asking very similar questions to the ones our clinical teams ask. If any answer is yes (someone in the home exposed, with active COVID, or symptomatic), they indicate that the visit was not made due to prescreening. Similarly, volunteers need to self screen before visits or any duties and not come in if they have any symptoms or exposure risk.



Evaluating your hospice's needs for volunteers as well as the priority needs of the patients and families will also help guide a reopening plan.

We have also found that there is an increase in those interested in volunteering now. After a year of isolation for some, they are eager to get out and give back. Start planning volunteer orientations to "restock" your volunteer pool. We have found orientations on Zoom to be very successful and still interactive when numbers are kept under 25 participants.

In summary, following some or all of these guidelines will make sure that your volunteer pool is ready to go and that your organization's expectations are in line with the resources available.

1. Survey them to see if they are willing to return and what they are willing to do
2. Identify training needs
3. Create processes to instill confidence in the volunteers such as joint visits
4. Identify safe, low risk ways to return and gradually open up
5. Begin to plan for onboarding of new volunteers

These steps will help to make sure you are ready when the CMS waivers expire and the 5% requirement is back in play.



After a year of isolation for some, they are eager to get out and give back.

Stacy Groff is the Vice President of Specialized Services (Veterans Program, Volunteer Program, and Complementary Therapies) at Tidewell Hospice. She holds a Bachelors Degree in Music Therapy from Temple University and a Masters Degree in Nonprofit Management from University of Central Florida. She also serves as the MyNHPCO Volunteer Management Section Leader, Vice Chair of the MyNHPCO Executive Committee, and chairs the MyNHPCO Awards Committee.





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New Consumer Research Reveals Hospice Communication Strategies Lag Consumer Expectations

8 Out of 10 Family Caregivers

Would Choose One Hospice Provider Over Another Based on the Ability to Communicate Effectively in Real-Time

For the past decade, hospice providers have been investing heavily in modernizing their clinical systems, care pathways and staff technologies. However, new research reveals that most hospice providers are falling short when it comes to what really matters to those who make the ultimate decision on choice of provider and serve up hospice satisfaction scores – the hospice consumer.

Citus Health and Porter Research recently conducted the groundbreaking research study of 300 family caregivers who had a loved one under hospice care within the past 12 months regarding their experiences with hospice provider communication. The results indicate that most hospice providers are using outdated communication mechanisms, such as phone and insecure text messages, to connect with family caregivers outside of the in-person visit. Hospice provider communication choices are directly impacting the Consumer Assessment of Healthcare Providers and Systems (CAHPS) hospice survey results and heavily influencing choice of hospice provider.

Respondents overwhelmingly demand more real-time communication and are willing to choose a hospice provider that can deliver by using more advanced technology platforms.

This report demonstrates the influence that a hospice provider's method of communication can have on family caregiver satisfaction and lays out a roadmap for hospice providers that want to improve the family caregiver experience.

The good news is that solving for these challenges is completely in a hospice provider's control. Implementing a virtual patient care strategy that utilizes technology to specifically address the most important communication needs will have a dramatic positive impact on quality of care, family caregiver satisfaction and CAHPS survey results.

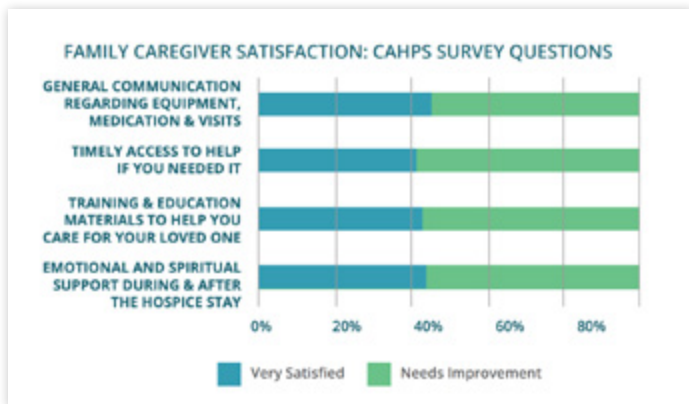
Family Caregivers are Not Very Satisfied with Hospice Communication

On average only 43% of family caregivers claimed to be "very satisfied" with their hospice providers on the four CAHPS survey questions most impacted by communication: (1) communication with family, (2) training family to care for patient, (3) getting timely help, and (4) emotional and spiritual support, with only a slight variance in response for each question. The majority - 57% - indicated that providers have room for improvement (responses that included "somewhat satisfied" to "very unsatisfied"). The biggest need for improvement is delivering timely access to help, which should be a red flag for hospice providers



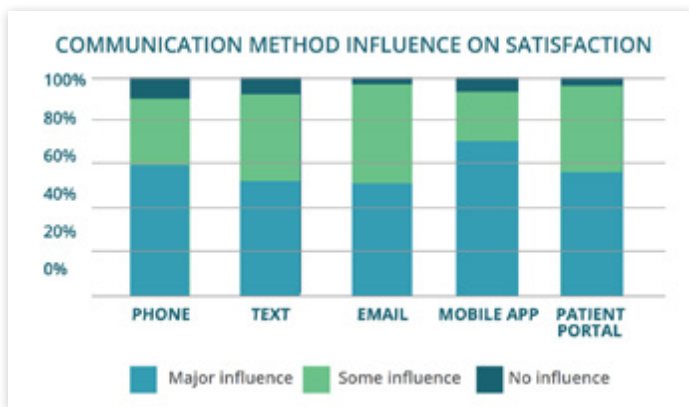
The biggest need for improvement is delivering timely access to help, which should be a red flag for hospice providers...

that want to avoid unnecessary ER visits and hospitalizations.



Method of Communication Has a Major Influence on Family Caregiver Satisfaction

Across all methods of communication, over 90% of family caregivers indicated that the method of communication influenced their overall satisfaction scores. If family caregivers are not receiving immediate responses, are forced to play phone tag and send several communications to make their loved one comfortable during one of the most stressful times in life, they will respond with low satisfaction scores.



Conversely, family caregivers that receive timely communication in their preferred mode give higher hospice satisfaction scores. The research found that in general family caregivers that reported being "very satisfied" on the CAHPS survey questions said the method of communication had a major influence on their satisfaction.

The dominant three communications methods came up short in their ability to enable hospice clinical teams to immediately respond to urgent family caregiver needs.

Outdated Communication Methods Holding Hospice Providers Back

Since method of communication is tied to suboptimal family caregiver satisfaction, we need to understand the most common methods used outside of the in-person visit. It should not be surprising that phone, text and email were used 80% of the time by hospice providers.

While this may be expected, it highlights that hospices are falling behind the rest of the world when it comes to implementing customer-centric communications strategies. And, contrary to traditional views, these outdated communication methods are not always able to facilitate immediate responses.



There are several inherent challenges with these communication modalities. Phone, while great when you can reach someone on the first try, often results in missed calls, voicemails and many times requires several calls to accomplish one task because of its linear, one-to-one nature.

One family caregiver relayed a story about asking the visiting nurse to help him acquire a hospital bed for his father. To make that happen, it took seven back-and-forth phone calls over two days between the nurse, the case manager, the DME company and the caregiver to finally coordinate a delivery time for the bed. Not only is this inefficient, but it can cause unnecessary grief for the family caregiver and delays care.

Text messaging, while it may be more “instant” if the right person is reached at the right time, is often not secure, leaving the provider at risk for HIPAA violations. In addition, if the text goes unnoticed because the recipient is not looking at the work phone, it will not be escalated to another team member and therefore can be missed.

Email, also not secure, is the least “instant” communication method and given the sheer amount of email sent and received during the day can be easily missed.

There are better options available such as secure, real-time group messaging solutions that include the care team, family caregiver and external partners, but the incentive to upgrade to this communication technology has not been sufficient, until now.

Real-Time Communication Translates to More Patients and Grateful Families

In an age where technology satisfies consumers’ need for instant communication, family caregivers expect the same from their hospice providers.

Eight out of 10 family caregivers indicated that they would (1) choose a hospice and (2) give a hospice better survey scores if they employed more advanced communication technologies that resulted in real-time, two-way communication.



Optimizing Family Caregiver Satisfaction Starts Here

To better serve patients and families, hospices must make family caregivers a high priority. The first step is to invest in technology that breaks down

communication barriers to facilitate real-time communication with family caregivers in the mode they prefer. Unfortunately, according to the Citus Health / Home Health Care News Family Engagement Report, today only 26% of providers are satisfied with their current technology investment.

The most likely reason for dissatisfaction is that providers invested in technology, such as electronic medical record (EMR) systems, that are focused on communication with clinical staff and office staff but have neglected their most important audience – family caregivers. As a result, their technology investment is not improving the family caregiver experience.

If providers are not satisfied and family caregivers are not satisfied, the time to change is now.

Hospice providers must adopt the right virtual care technology and process to meet the most important family caregiver needs. The top five reported needs provide the roadmap for successfully optimizing family caregiver satisfaction.

Roadmap for Success: Family Caregiver Communication



Immediately Receiving a Response to an Emergency or Urgent Question.

While phone or text are typically used in an emergency, this research shows that family caregivers do not always receive an immediate response. A timely response can obviously make the difference between a family caregiver allowing the hospice agency to solve a problem instead of calling 911. Advanced solutions that are device-agnostic and employ auto-escalation technology to ensure that the appropriate person receives and can immediately respond to an emergency, decrease the likelihood of an unnecessary ER visit or hospitalization and resulting revocation of the hospice benefit.



Speaking with or Video Chatting Directly with the Hospice Medical Director.

Medical Directors have a ton of responsibility yet very little time; however, family caregivers want more from the relationship. Technology that enables a video "face to face" interaction, rather than text or phone, results in more personal relationship and assurance that the MD is available for the patient. Video visits enable the MD to "meet" with more patients and family caregivers, even on the fly. While the future of reimbursement for this service is unclear as of the writing of this report, the impact on quality of care and family caregiver satisfaction is crystal clear.



Conducting a Group Chat with the Hospice Nurse and the Entire Family.

Communicating with geographically dispersed families is a challenge for hospice clinical staff. Typically, the family caregiver shoulders the responsibility for relaying important information to the concerned family including siblings or children who may have a different perspective. Inevitably this means the family caregiver is playing traffic cop between the care team and other family members. Advanced solutions that enable nurses to address the entire family at once in secure

message groups facilitate a clear and efficient communication flow, reduce confusion and back-and-forth. The result is less stress on the family caregiver and more time a nurse can spend caring for patients.



Coordinating Medication and Equipment Needs.

The example of DME equipment coordination explained earlier in this report applies to any situation where third parties must be coordinated. If it takes two phone calls to coordinate medication or equipment, that may be two calls too many, since communication delays during end-of-life care cause friction and pain. Today's more sophisticated solutions can instantly connect clinical teams, physicians, DME suppliers, pharmacies and others to quickly coordinate the order, delivery, and pick-up of these essentials via secure, instant message. The result is less work for the family caregiver and clinical staff and more expedient care for the patient.



Knowing About Schedule Changes such as Nurse or Aide Visits.

Family caregivers understand that emergencies happen, and schedules change frequently, but they still need to be in the loop. Solutions that can efficiently alert family caregivers and other care partners to a change in

schedule allow these stakeholders to plan their day accordingly and avoid long waits for a nurse or aide. Instead of calling or texting individuals, one quick, group message can alert all critical stakeholders.

Real-Time Communication Technology is Now a “Must Have”

A patchwork of technologies such as video chat and secure messaging were hastily adopted by many hospice providers in 2020 to overcome lack of in-person visits. In a July 2020 Home Health Care News / Citus Health survey, we saw that 74% of hospice providers viewed technology as a way to improve patient and family caregiver satisfaction.

Now, with a deeper understanding of family caregiver needs, hospice providers can confidently invest in new technologies that enable real-time communication with these critical stakeholders in the mode they prefer. Hospices that implement these virtual patient care technologies will have a competitive advantage in the market as they become the “preferred” choice for families and receive higher CAHPS survey scores. Referral sources will recognize the higher CAHPS survey results and have the assurance that the hospice provider is investing in patient and family caregiver satisfaction.

Finally, the right investment in family caregiver engagement can increase productivity and allow more time for clinical staff to care for patients. With staffing shortages and increasing clinical staff burnout, a streamlining of communication with advanced technology that makes nurses’ lives easier would be a welcome change and may even lead to happier staff and lower turnover.



The right investment in family caregiver engagement can increase productivity and allow more time for clinical staff to care for patients.

About Citus Health

Citus Health offers the only completely integrated virtual patient care platform solution that removes barriers to communication to immediately improve your patient and family caregiver experience. With built-in HIPAA-compliant, secure features like auto-translated multilingual instant messaging, real-time video visits, customizable forms and surveys, and an education center, the Citus Health solution enables real-time communication between your clinical staff, care partners and family caregivers.

To learn how Citus Health can help your organization improve the family caregiver experience and CAHPS survey results while easing the workload on your clinical staff, visit www.citushealth.com/hospice. Or contact Citus Health at 800-863-9130.

About Porter Research

Porter Research works with healthcare and IT companies to develop and execute market research programs and create strategies using market intelligence uncovered. With 30 years of experience, we have worked with more than 300 IT companies, and complete thousands of interviews each year. This means we know your industry, we know how you need to use the data, and we execute the right research program to uncover what you can't find on your own. For more information visit www.porterresearch.com.



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

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

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

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2005, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at <http://healthpivots.com/wp-content/uploads/2019/10/palm-beach-county-sample-atlas-2018-page.pdf>



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

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The NHF virtual FUNdraiser supported diversity, access, and inclusion initiatives
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बोम्बेवाला जुता चप्पल रि

GLOBAL PARTNERS IN CARE

ENHANCING ACCESS TO PALLIATIVE CARE

[Global Partners in Care](#) (GPIC) supports access to compassionate care by establishing collaborative partnerships, supporting research and education, and raising awareness of the global need for access to essential hospice and palliative care services. Along with our partners and collaborators, we envision a world where individuals and families facing serious illness, death and grief have access to essential services that afford comfort and dignity – which are human rights. While our primary footprint is in the US and Sub-Saharan Africa, our collaborations and support span the globe. We are committed to working collaboratively with not only our partnership organizations, but also national associations and international organizations such as the African Palliative Care Association, the American Association of Hospice and Palliative Medicine, the International Association for Hospice & Palliative Care and the Worldwide Hospice and Palliative Care Alliance, to list a few.

From our founding in 1999 as Foundation for Hospices in Sub-Saharan Africa (FHSSA), our Partnership Program has been guided by the belief that individuals and organizations can make a substantial and meaningful impact to enhance hospice and palliative care where the need is great and resources few. Each of our 37 partnerships is unique and we support these organizations in developing, deepening and sustaining meaningful relationships through individual and group consultations with GPIC staff, a library of resources and mentorship and guidance as needed. GPIC maintains direct relationships with relevant regional and national entities that support the work of partners such as the African Palliative Care Association (APCA) and national palliative care associations.

Key activities between partners include shared projects, expanding training and educational opportunities as well as learning from each other through exchange visits. Over the past two decades, GPIC and its



Nkhoma Hospital, located in central Malawi, is partnered with Hospice of the North Coast in California. Nkhoma provides holistic palliative care to patients – adults and children – throughout the region.



...our collaborations
and support span
the globe

partners have touched the lives of millions of individuals and families affected by AIDS, cancer and other serious illnesses. Since 2004, GPIC and US partners have sent more than \$6.5 million (USD) to support the vital palliative care work of our partners on the ground.

Driving all of our efforts is an unswerving commitment to extending compassion and reducing suffering among those in need. As FHSSA our tagline was "compassion has no borders," and through our work with hundreds of hospice and palliative care providers and supporters worldwide, we have found how true this statement is.

Nowhere was this more evident than during the previous year. While there are many aspects of 2020 that we would all prefer not to dwell on, there certainly were successes to celebrate, challenges met and a plethora of lessons learned. Of course, the most significant challenge arose early in the year. The global COVID-19 pandemic upended our plans as we pivoted to find new ways to support our partners and their work. With the help of donors, US partners and supporters, Global Partners in Care was able to support our African partners' urgent need for PPE. Our more than \$50,000 in funding was also used to help provide nutritional support for patients and their



Before a national lockdown in Uganda, the Rays of Hope Hospice Jinja (RHHJ) team mobilized to ensure patient care continuity with small stockpiles of medicines, food and other basic needs. A grant from GPIC helped RHHJ protect staff, volunteers and patients with personal protective equipment (PPE).

families and to purchase cellular data/airtime to allow staff to work remotely. Thanks to a gift from a generous donor, we were able to offer \$10,000 in matching funds. We used this grant to match individual donations up to \$500 which helped ensure funding support to the greatest number of partners.

Our partners responded to the challenges of the pandemic with innovation and dedication. In Uganda for example, Rays of Hope Hospice Jinja (RHHJ) clinical officers, nurses, drivers and social workers went out before a country-wide lockdown to cover each of the 21 patient routes, leaving before dawn. Teams provided medicines and nutritional support packages to ensure that patients would have

at least one nutritious meal a day. In Zimbabwe, Seke Rural Home Based Care used funds from their partner, Arkansas Hospice (which were matched by GPIC), to provide food and supplies like taped water buckets for hand washing with running water, face masks, latex gloves, thermometers and sanitizers to the families, along with their food hampers. One of the patients assisted was Diana, an 89-year-old widow living with dementia, among other illnesses. Diana's daughter, and breadwinner of their family, Sophia, was unable to make a living due to COVID-19 lockdowns across the region.

The pandemic also highlighted the vital role advocacy plays in making sure palliative care services are available for those

with life-limiting conditions. With support from its US partner, Indiana-based Center for Hospice Care, the Palliative Care Association of Uganda worked with its member organizations and the Uganda Ministry of Health to ensure that palliative care was integrated into essential health services country-wide during the pandemic.

Collaborative efforts like this – and the many others that took place locally, nationally and internationally – illustrate the determination of the palliative care community to serve those in their care with compassion and dedication, regardless of the challenges they face.

The impact of compassion and dedication can be felt closer to home as well for GPIC's US partners. Hospice of the North Coast (HNC) in California has been partnered with Malawi's Nkhoma Hospital's palliative care unit since 2015. HNC Executive Director Sharon Lutz recently said about their partnership, "Sharing the stories about people impacted through our international relationship encourages people to become champions. We have three new employees who were so excited to learn about our global partnership that they joined our partnership committee after only one week of employment."

The HNC/Nkhoma partnership has given HNC a tool to help with employee engagement and

morale as well. Lutz noted that the new employees "had been in hospice and never heard about it in any other organization. They were so excited! One has already become a delegate on the international association, so I think it does enhance morale. It enhances a way to be engaged in our organization."

In addition, the impact of the partnership has spread to those HNC cares for as well. "We had a family with a loved one who passed, and they gave us a donation of \$2,500 designated for PPE for our global partner. That has never happened to us before, and it says volumes to us," Lutz said.

Whether in Sub-Saharan Africa or the US, palliative care providers are often the unsung heroes of healthcare, in part because palliative care is a small field. During a pandemic, palliative care is not only an essential service; it also provides an additional layer of support for patients and families as they navigate the challenges their serious illnesses present and the restrictions imposed during the pandemic.

These are some of the reasons why we created the "Palliative Care Heroes" campaign. The campaign, with the tagline "Superhero Attitude, Superhuman Effort," recognizes and celebrates the contributions that palliative care workers make to improve the

quality of living (and dying), particularly through their tremendous, tireless work during the COVID-19 pandemic. The goal of this campaign is to simply say, 'thank you' to the estimated 400,000 healthcare workers and 1.2 million volunteers delivering palliative care globally.

We invite US hospice organizations to join us in



**A GPIC partnership
can boost staff morale
and community
engagement as well
as making an
affirmative impact
across the globe.**

celebrating palliative care heroes across the globe. Thank a palliative care worker (whether colleague, friend, provider, family member, etc.) to acknowledge the superhuman work they do. Help us spread the word by using #GlobalPallCareHero and tag GPIC on any – or all – of the following:

- Sharing photos and videos of these heroes
- Drawing a picture
- Writing a message – one sentence or one page!
- Sharing our social media posts

We also have a number of international palliative care providers in low-resource settings who have applied for mutually beneficial, multi-faceted partnerships with a US organization. For many organizations – and perhaps yours is one of them – a GPIC partnership can boost staff morale and community engagement as well as making an

affirmative impact across the globe. As Sharon Lutz noted, "We continually advocate that there are no borders in palliative and hospice care ... it's humanity. It reaches across any border. That we're able to be a part of that is amazing."

To learn more about Global Partners in Care please visit www.globalpartnersincare.org. For information about becoming a GPIC partner, contact Cyndy Searfoss, partnership director, at searfossc@globalpartnersincare.org or 574.277.4203.

The Global Partners in Care "Global Palliative Care Heroes" campaign recognizes and celebrates the contributions that palliative care workers make to improve the quality of living (and dying), particularly their tremendous, tireless work during the COVID-19 pandemic. The campaign will run through World Hospice and Palliative Care Day, October 9th. This is an example of our social media campaign featuring the Bumbuli Hospital Palliative Care Unit (Tanzania) who is the long-time partner of TRU Community Care (Colorado).

Palliative Care HEROES

"My family and I are grateful to Palliative Care services - upon my diagnosis, they promised to help and support me medically, spiritually and with counseling so that I can recover and continue with my daily activities. Indeed I say thanks to Bumbuli Palliative Unit for their enormous support.

- Paula

Bumbuli Lutheran Hospital Palliative Care Unit patient








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Short Takes

Providers Successfully Earning Quality Connections Rings

Thirty-three hospice providers progress through NHPCO's quality improvement program



Education



Application



Measurement



Innovation



THANK YOU

NHPCO thanks the Quality Connections Gold Level Sponsors: **Curitec and Optum Hospice Pharmacy Services**, and Silver Level Sponsor **ADVault, Inc.** for their support to advance continuous quality improvement.

NHPCO is proud to share the organizations that have earned rings in the first quarter of the innovative [Quality Connections](#) (QC) program. QC is structured around four fundamental pillars which are represented by four QC rings: Education, Application, Measurement, and Innovation.

As of April 15, 2021, the following organizations have earned rings.

Earning both their [Education Ring](#) and [Application Ring](#):

- Calvert Hospice, Inc.
- Heart's Way Hospice
- Hospice of the Chesapeake
- Hospice of West Tennessee
- UnityPoint at Home
- VITAS Healthcare Corporation (Miami, FL)
- VNA Hospice and Palliative Care of Southern California
- HealthPartners Hospice & Palliative Care
- Hospice & Palliative Care Buffalo, Inc.
- Hospice of Huntington
- Hospice of Jackson County, Inc.
- Hospice of Limestone County
- Hospice of the Panhandle
- Inspire Hospice, LLC
- Karen Ann Quinlan Hospice
- Lakeside Hospice, Inc.
- Partners in Home Care-Hospice
- Sangre De Cristo Community Care
- Seasons Hospice
- Tidewell Hospice, Inc.
- Topkare Hospice, Inc.
- Trellis Supportive Care
- UVMHN Home Health & Hospice
- Village Hospice
- Visiting Nurse Association of NWI
- VITAS Healthcare (Tinley Park, IL)

Earning their Education Ring:

- Avow Hospice
- BSA Hospice of the Southwest
- Care Synergy
- CentraCare Health Home Care & Hospice
- Community Hospice Care
- Freedom Hospice
- Good Shepherd Hospice

Each Ring has specific activities incorporating practical resources to progressively track and improve both clinical and organizational quality. Activities such as quarterly data reporting and benchmarking, NHPCO's E-Online courses, peer case studies, and engagement will be part of an organization's quality journey. Additionally, participants will find activities that are focused on promoting diversity, access and inclusion within their organizations and with the communities they serve.

NHPCO's Project ECHO Gains Momentum

NHPCO completed a mock session of Project ECHO in December 2020 to rave reviews and the popularity of this case-based learning style continues to gain momentum. We began presenting monthly ECHO sessions in March 2021 and our April session counted 232 participants plugging in to engage in a presentation of a short length of patient stay case.

Project ECHO's (Extension for Community Healthcare Outcomes) innovative program was developed at the University of New Mexico Health Sciences Center and is designed to create virtual communities of learners by gathering healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning, fostering an "all learn, all teach" approach and

democratization of knowledge. Participants engage in the bi-directional virtual knowledge network by sharing clinical challenges and learning from experts and peers.

NHPCO's Project ECHO is an integral part of our Quality Connections Program and is focused on helping providers recognize opportunities for clinical or operational quality improvement in hospice or palliative care. Case-based learning presentation and review by peers and subject matter experts creates an environment for learning exchange, performance improvement possibilities, and identification of best practices.

You can be part of Project ECHO by submitting a case for

presentation and/or participating in monthly live ECHO sessions. Case studies are presented using the Institute for Healthcare Improvement's SBAR (situation, background, assessment, recommendation) format. The SBAR is a powerful tool that can be used to improve the effectiveness of communication between individuals.

So, what are you waiting for? Be part of the ECHO wave at NHPCO today. Learn more about NHPCO's Project ECHO and view 2021 sessions at nhpco.org/projectecho.



Participants engage in the bidirectional virtual knowledge network by sharing clinical challenges and learning from experts and peers.

Short Takes



Creating a medical group practice is also the fastest way to build a palliative care program and secure reimbursement through Medicare B billing.

NHPCO Surveys Membership on Medical Group Practice

Majority of Respondents Interested in Supporting NHPCO Efforts to Create New Resources

Health care organizations that have a medical group practice are at an advantage when it comes to participating in new care models. Creating a medical group practice is also the fastest way to build a palliative care program and secure reimbursement through Medicare B billing.

Nearly 20 percent of NHPCO's provider members responded. This reflects the feedback of 230 hospices from among the organization's 1,200 provider members.

Among the survey findings:

- 27 percent of respondents reported that they have a medical practice group as part of their services.
- 26 percent of respondents indicated an interest in developing this service.
- Approximately 50 percent of the members with an existing medical group reside within a geographic location that is eligible to participate in the Primary Care First model.
- 66 percent of respondents provide palliative care services; however, currently only 9 percent offer primary care services.
- 38 percent of respondents provide certified home health care.
- 25 percent provide other services such as assisted living, long term care, private duty care, home infusion, PACE, and pediatric concurrent care.

An overwhelming majority of respondents are interested in participating in focus groups to assist NHPCO in building out resources to help others build and sustain medical practice groups.

"One of the things we are helping hospice providers understand is the range of opportunities that exist among the various models being offered or developed by the Center for Medicare and Medicaid Innovation," said NHPCO Vice President for Palliative and Advanced Care Lori Bishop. "The skills of the Interdisciplinary Team and the expertise that hospice professionals have in care management can be of great value to organizations that are part of Direct Contracting or Primary Care First models."

NHPCO members will find additional information on some of these models on the [Models and Demos page](#) of the NHPCO website.

NHPCO Innovation Consortium Updates

NHPCO launched an Innovation Consortium for select members in January 2021. This benefit offers access to a wide variety of consultants, business partners, products and solutions that can help providers build out and sustain the programs and services needed to meet the needs of seriously ill individuals and their families.

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

IC Services Include:

- Monthly office hours with national SMEs
- Tools and resources for participating in CMMI Models
- Connection to trusted partners
- Shared learnings

Background for Staff and Partners Involved with the IC:

Lori Bishop, Vice President of Palliative and Advanced Care is leading NHPCO's palliative care and quality initiatives to expand access to high quality care for seriously ill individuals and their families. Lori has an extensive clinical and administrative background in palliative care and hospice. She is also the staff liaison for the NHPCO Palliative Care Council, back-up liaison for the Ethics Advisory Council and Pediatric Advisory Council.

Annie Acs, Director of Health Policy and Innovation is leading NHPCO's important innovation and inclusion efforts to expand access to high quality hospice and palliative care for a broad cross-section of patients and families experiencing serious illness. Annie is focused on CMMI model design, MedPAC payment policy, and legislative and regulatory activities. She is also a Staff Liaison to the NHPCO Diversity Advisory Council.

Dave Ault, Counsel at Faegre Drinker where he draws from his background in leadership positions with the U.S. Department of Health and Human Services to advise hospital systems, provider groups, accountable care organizations, managed care companies and other entities on the policy, regulatory, compliance and litigation aspects of health insurance, with a particular focus on value-based care and risk-based arrangements.

Jeremy Powell, CEO and Founder of Acclivity Health Solutions, is a veteran executive with over 20 years in Health care. Serving first at the bedside in physical therapy and then leveraging his clinical acumen to broaden the potential for technology advancements to drive significant outcomes, Jeremy has delivered solutions to commercial and government providers, patients and families across North America and Europe. He has focused on reimbursement evolution across primary care, oncology care, acute and post-acute care delivery systems.

Interested in Joining? NHPCO is currently accepting applications for Cohort 2 of the Innovation Consortium. Please reach out to innovation@nhpco.org for more information.



"The innovation consortium has been instrumental in the strategic decision-making process for our hospice division, but also for how our organization thinks about our senior living and home health service delivery, and our expansion into new and innovative reimbursement models."

– Andy M. Siegel, MHA
Chief Business Development Officer,
Goodwin House Incorporated

Short Takes

NHPCO Launches New Community-Base Palliative Care Certificate Program Available On-Demand

Community-Based Palliative Care Certificate Program: Beyond the Business Case – Operating, Organizing & Sustaining Your Program is the latest addition to the National Hospice and Palliative Care Organization's collection of online, on-demand certificate programs.

This new program focuses on operationalizing and sustaining a community-based palliative care program. Participants will learn about delivery model evolution as well as the use of metrics to demonstrate program value. Additionally, participants will learn the importance of identifying and grooming future leaders, explore how key partnerships are essential to sustainability, and benefit from a deep dive into reimbursement, compliance considerations, and payer/provider relationships. Tools and resources will be provided to enable participants to implement an action plan. The program offers 11 CE/CME hours.

"Whether you are just beginning or have a mature palliative care offering, this certificate program offers a wealth of practical knowledge," said NHPCO President and CEO Edo Banach. "And I'm pleased that experts from mature programs will share their wisdom as part of this on-demand course."

The seven modules of the **CBPC Certificate Program** cover:

- Introduction and Overview
- Eligibility
- Services
- Accountability: Metrics and Measurement
- Lessons from the Field
- Payment: Medicare Fee-for-Service
- Value-based Payment

"NHPCO originally offered this as a two-day, in-person training held as part of our annual conferences," said Lori Bishop, NHPCO's Vice President of Palliative and Advanced Care. "Even before the pandemic hit, we began exploring ways we could make this valuable program more accessible to a wider range of people – as one of our newest signature programs, I think we've got it."



Whether you are just beginning or have a mature palliative care offering, this certificate program offers a wealth of practical knowledge

Two other NHPCO signature programs are available as on-demand offerings:

[Hospice Compliance Certificate Program](#) – covers the basics of health care compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, anonymous reporting, and more. The online, on-demand version of the course offers 15.5 CE/CME hours of content that is hospice-specific and applicable to the real world. The in-person HCCP programs were sell-out events at previous NHPCO conferences.

[Hospice Quality Certificate Program](#) – launched in January 2021, this signature program addresses the connection between compliance and quality outcomes. Topics include the nuts and bolts of hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices to apply to your hospice program. This course offers 14 CE/CME hours of content. For hospice programs that are participating in NHPCO's Quality Connections, HQCP will count toward earning the education ring.

Not to be confused with professional certification, the signature programs offer a certificate of completion which demonstrates a professional's commitment to learning and staying up-to-date on the latest issues relevant to compliance, quality, and community-based palliative care.

These professional development programs are available through the [Education section of the NHPCO website](#) and are designed to provide the education needed to thrive in today's complex health care landscape. More details are available online.

House of Representatives Passes Legislation Extending Medicare Sequestration Relief

Bill extends the two percent Medicare sequestration moratorium until December 31, 2021

The U.S. House of Representatives passed [H.R. 1868](#) on April 13, 2021, a bill to extend the two percent Medicare sequestration moratorium until December 31, 2021. The Senate passed this bill on March 25, 2021, and President Biden signed this legislation into law on April 14, 2021.

NHPCO advocated for suspension of the Medicare sequestration in light of COVID-19. This policy has supported hospices across the nation that are experiencing lost revenues and extraordinary expenses related to the COVID-19 pandemic. On March 2, NHPCO joined five other medical associations in [a letter](#)

encouraging Congress to extend the Medicare sequestration moratorium.

"In the midst of the pandemic, hospice providers have stepped up to address needs in their communities – from those with serious illnesses to those needing bereavement support and even vaccinations," said NHPCO President and CEO Edo Banach. "We are thankful to Congress for passing this important legislation that will ensure hospices can continue to provide uninterrupted, high quality care to patients and families."

NHPCO provider members can learn more about this legislation in the [March 25, 2021 policy alert](#).



Hospice Action Network Welcomes New My Hospice Ambassadors

The [Hospice Action Network](#) (HAN), an affiliate of NHPCO, is pleased to announce the appointments of its new class of My Hospice Ambassadors. My Hospice Ambassadors are advocates selected by HAN to enhance awareness of hospice and palliative care among lawmakers and advance NHPCO's legislative agenda.

My Hospice Ambassadors establish and maintain significant and continuous relationships with members of Congress and help mobilize hospice and palliative care advocates. Their efforts will help lawmakers and the public understand the value of the Medicare hospice benefit.

“ My Hospice Ambassadors are advocates selected by HAN to enhance awareness of hospice and palliative care

NHPCO welcomes the newest My Hospice Ambassadors:

- **Amber Hawes**, Senior Administrator, ProMedica Senior Care (Virginia)
- **Dr. Bruce Smith**, Hospice Medical Director, Providence Hospice of Seattle
- **Cheri Holdridge**, Spiritual Caregiver, Hospice of Northwest Ohio
- **Dave Carper**, Chaplain Team Lead, Bluegrass Care Navigators (Kentucky)
- **Demetress Harrell**, Chief Executive Officer, Hospice in the Pines (Texas)
- **Emma Ward**, Director of Business Operations, Seasons Hospice & Palliative Care of Oregon
- **Dr. John Turski**, Medical Director, Wythe Hospice of Southwest Virginia
- **Kilty Brown**, Executive Director, Central Wyoming Hospice and Transitions
- **Kristina Sanderson**, Community Engagement Leader, Caring Circle/Spectrum Health Lakeland (Michigan)

- **Majesca Wong**, Music Therapist and Best Practice Specialist, Seasons Hospice & Palliative Care of Houston
- **Dr. Maya Garala**, Hospice Team Physician, Visiting Nurse Services of New York
- **Stephanie Hopper**, Director of Clinical Services, Hospice of Hope
- **Dr. Tartania Brown**, Senior Hospice and Palliative Care Physician, MJHS Hospice (New York)
- **Tim Ingram**, Senior Vice President, Axxess (Texas)
- **Trysten Garcia**, Marketing & PR Specialist, Sangre de Cristo Community Care (Colorado)

HAN thanks board members from Axxess, Bluegrass Care Navigators, MJHS Hospice & Palliative Care Program, Sangre de Cristo Community Care, and Seasons Hospice and Palliative Care for nominating members of their interdisciplinary teams. Learn more about the My Hospice Ambassadors program on the [HAN website](#).

2021 Virtual Conference: Focusing on Transformation

Every summer, NHPCO, AAHPM and HPNA work together to host the Virtual Conference. New for 2021, this year's program will be presented on one day, July 29, from 1:00 p.m. – 5:30 p.m. ET. Given the profound and historic impact of the global health pandemic, the 2021 Virtual Conference is focusing on transformation.

Our World is Reshaping Before our Eyes

How do we rework the system? How do we measure success? What innovations will remain? How do we bridge the divide between administration and clinical? How do we address workforce issues? How do we improve the patient and family experience? How do we continue to connect to purpose?

Exploring Multiple Perspectives

Content will include both clinical and programmatic perspectives creating an opportunity for the interdisciplinary team to explore each unique viewpoint and how they intersect.

The opening keynote will be presented by Daniela Lamas, MD, of Brigham and Women's Hospital in Boston. Other speakers include: Tammie Quest, MD, of Robert W. Woodruff Health Sciences Center of Emory University; Ab Brody, PhD, RN, FAAN, of Hartford Institute for Geriatric Nursing; Dana Lustbader, MD, FAAHPM, of ProHEALTH, an OPTUM Company; Amy Rose, RS, MSN, CHPN, of Sangre de Cristo Community Care; and Jim Woodard of TRU Community Care.

Also new for 2021, Discussion Sessions after key presentations that will allow participants to connect with colleagues from across the country to explore common challenges and share best practices. VC21 content will be available on-demand through September 30, 2021 adding to the convenience of this program.

Register online at www.nhpco.org/vc2021/.

FY 2022 Hospice Wage Index Proposed Rule

On Thursday, April 8, 2021 the FY 2022 Hospice Wage Index and Payment Update proposed rule went on display on the Federal Register website for public inspection. NHPCO's Policy Team published an initial alert on April 8. The following day, a more comprehensive Regulatory Alert (04/09/21) with detailed analysis was released and can be found on the [Regulatory Medicare Reimbursement](#) page of the NHPCO website for members.

- The proposed rate increase for FY 2022 is **2.3%**.
- The proposed hospice cap amount for FY 2022 is **\$31,389.66**.

Additionally, NHPCO prepared the **FY 2022 Proposed Wage Index State/County Rate Chart**, also found on

the [Regulatory Medicare Reimbursement](#) page of the website for members. Please note: This Excel document is based on the proposed rule and cannot be finalized until the Final Rule is published this summer.

NHPCO The proposals for fiscal year 2022 include the following:

- Proposed rate increase of 2.3%. Rates for each level of care are available below.
- Changing the regulation text to clarify several issues related to the furnishing of the hospice election statement addendum and obtaining patient/representative signatures.
- Making permanent certain temporary waivers to the Conditions of Participation related to hospice aides.

Short Takes



...a more comprehensive Regulatory Alert (04/09/21) with detailed analysis was released...

- Inclusion of a new claims-based Hospice Care Index (HCI) measure as part of the Hospice Quality Reporting Program (HQRP).
- Removal of the seven Hospice Item Set (HIS) measures from public reporting.
- Updates on the HOPE tool and future quality measures.
- Addition of a CAHPS Hospice Survey star rating.
- A Solicitation of Comments to assist in transformation of CMS' quality measurement enterprise to be fully digital.
- A RFI on closing the health equity gap in post-acute care quality reporting programs.
- A Solicitation of Public Comment on whether activities related to measures adopted as the result of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act should be expanded for potential utilization under the HQRP (like aspects of SPADES).

Comments were due to CMS no later than June 7, 2021. NHPCO members will be able to find the NHPCO comment letter submitted to CMS on the [Regulatory Alerts and Updates page](#) of the website.

COVID Grief Support Project

NHPCO's End-of-Life Doula Advisory Council

End-of-life doulas listen and provide support. Taking advantage of their availability and skills, NHPCO's EOL Doula Advisory Council created the [COVID Grief Support Program](#) to help anyone who has been affected with a loss during the COVID-19 pandemic. In this program, trained and vetted volunteer doulas engage in free, confidential and private one-on-one hour-long calls for four weeks with those seeking this service.

Losing a loved one, a job, or suffering long-term effects due to COVID is a uniquely difficult experience. If you or someone you know is grieving due to loss resulting from the pandemic and could benefit from talking with a compassionate end-of-life doula, please visit www.nhpc.org/doula-grief-support for more information or to fill out the online form to register for the program.

Following a successful pilot project, the EOLD Council is making a special effort to reach out to populations disproportionately affected by the impact of the COVID-19 pandemic. Please share this information with all those in your healthcare organization.

Interested in learning more about the role of an EOL Doula, visit the [Doula Advisory Council](#) webpage and if you have questions, reach out to EOLDoula@nhpc.org.



Circle of Life Awards



The 2022 Circle of Life Awards application period is open. The Circle of Life Awards recognize innovation in palliative and end-of-life care. All organizations or groups in the U.S. that provide care for patients with serious or life-limiting illness are eligible for the award. Up to three Circle of Life Awards will be presented annually; the awards committee also may present Citations of Honor to other noteworthy programs.

As a sponsor of the Circle of Life Awards, NHPCO encourages hospice providers with outstanding programs to consider submitting an application. Applicants can view information about readiness and previous honorees at www.aha.org/circleoflife.

Visit the [Circle of Life application web page](#) to submit your organization's innovative program. Applications are due on Monday, August 16, 2021.



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Short Takes

Thanks to our 2021 Diamond Level Strategic Partners

NHPCO is proud to recognize our 2021 Diamond Level Strategic Partners, Curitec and Optum Hospice Pharmacy Services. Through this partnership, these organizations play a valuable role in support of NHPCO's efforts to lead person- and family-centered care in the U.S.

Additionally, to demonstrate both organization's commitment to continuous quality improvement in the hospice and palliative care provider community, they have both stepped up as a Gold Level Sponsor of NHPCO's Quality Connections program.



Curitec: Maria Percival, Curitec CEO stated, "We are excited to be a

strategic partner of NHPCO and are looking forward to the opportunity to work alongside this wonderful organization and its members, to provide valuable insight on how our hospice communities can utilize our Medicare Part B services to provide advanced wound care supplies to treat and heal wounds on hospice patients who qualify for this service, as part of their benefits."

Curitec's mission is to help enhance the quality of care through the use of consistent and high-quality wound care products, innovative technology, and robust educational resources to support long-term care and hospice communities. Curitec provides service in all 50 states and is committed to providing its customers with robust educational resources designed to deliver an enhanced high-quality experience to both patients and health care professionals.



Optum Hospice Pharmacy Services:

"We're excited to expand our role in

supporting NHPCO and its ongoing commitment to the hospice and palliative care community," said Jason Kimbrel, PharmD, BCPS, Vice President, Optum Hospice Pharmacy Services. "The importance of the Quality Connections program aligns with Optum's initiatives to support organizations that showcase high-quality, person centered care which leads to overall service excellence within the industry."

For over 25 years Optum Hospice Pharmacy Services has been empowering hospice care through a flexible, forward-thinking approach by providing industry leading expertise in helping providers control costs, improve technology, and deliver exceptional service so they can put their energy where it matters most — with their patients.

NHPCO President and CEO Edo Banach stated, "I am grateful for Curitec and Optum Hospice Pharmacy Services support and commitment to NHPCO and our membership. Ultimately, support of our mission and the membership is all about ensuring the highest standard of care for patients and families, and excellence among the provider community."

Learn more about all of NHPCO's strategic partners at our [Partner's Hub](#) web page.



Through this partnership, these organizations play a valuable role in support of NHPCO's efforts to lead person- and family-centered care in the U.S.

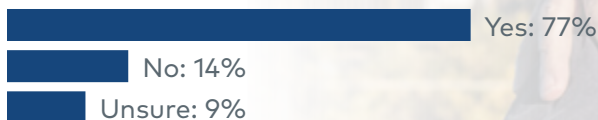
We Honor Veterans Annual Survey Feedback

Each year, the We Honor Veterans team conducts an annual survey to gauge where partners are at and plan for the upcoming year's resources and activities. Following the completion of the Trauma-Informed Care pilot initiative and their updated work in partnership with the Department of Veterans Affairs shifting away from solely program-focused, this year's WHV annual survey aimed to capture three things: 1) use of screening for PTSD, Moral Injury, and suicidal ideation, 2) the effectiveness of current connections to access VA TeleMental Health Providers, and 3) training specific to PTSD, Moral Injury, and suicidal ideation. A few key takeaways include:

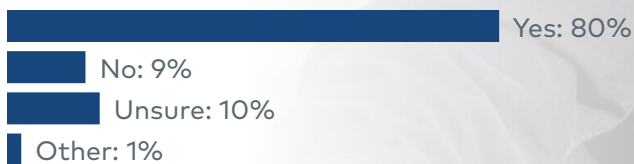
- Partners continue to utilize the Military History Checklist during intake screenings, verifying, "Is Veterans status obtained?"



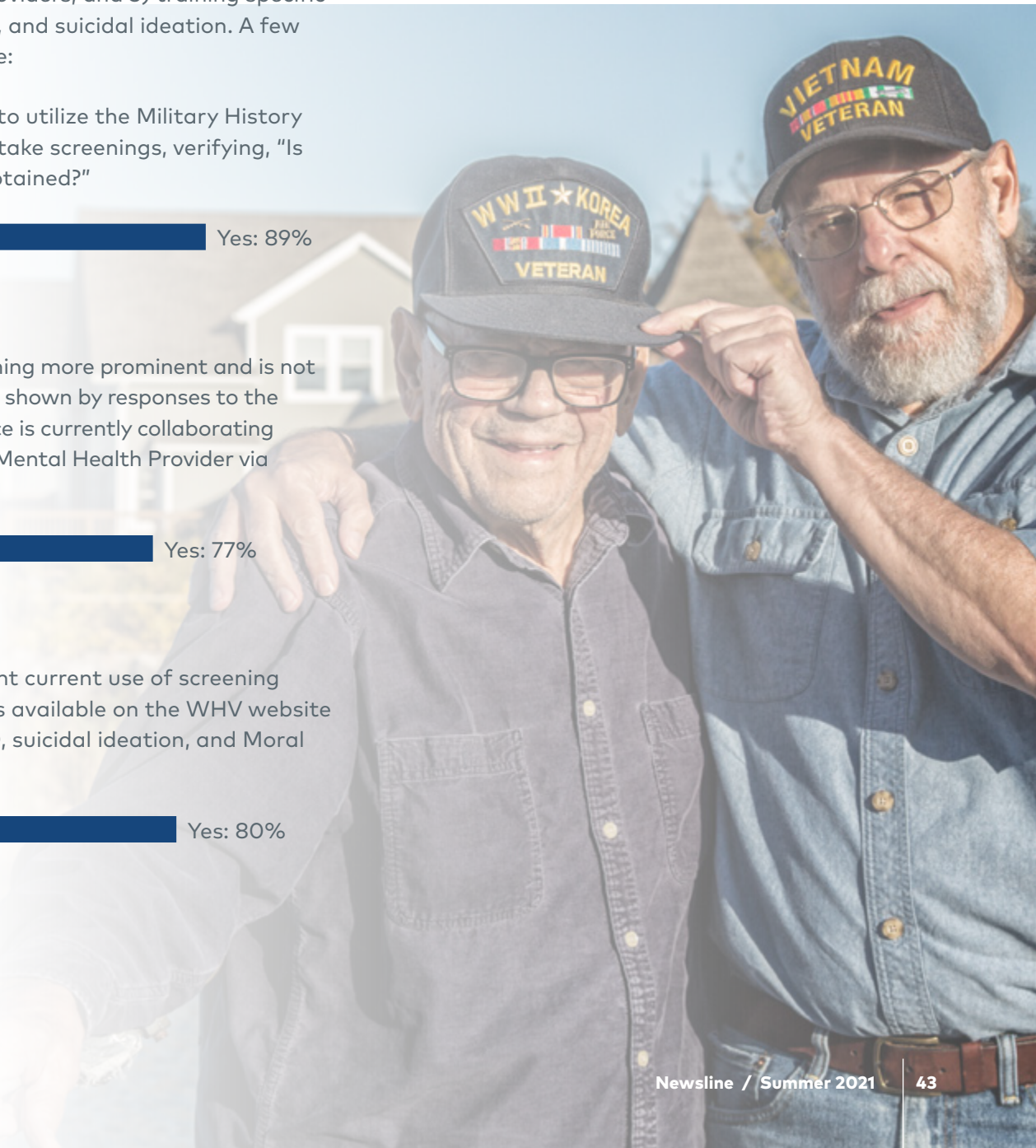
- Telehealth is becoming more prominent and is not going anywhere, as shown by responses to the prompt, "My hospice is currently collaborating virtually with a VA Mental Health Provider via Telehealth."



- There is a consistent current use of screening tools and protocols available on the WHV website to screen for PTSD, suicidal ideation, and Moral Injury.



Other information gathered included gaps in resources, access to and ease of assistance within VA, barriers to telehealth, WHV customer service, and open commentary to gauge what the team should be rethinking over the next year and any feedback for VA staff. Another post-survey will be conducted at the end of the year to see the effectiveness of the initiative. The WHV team thanks everyone who participated; the report in full can be found on the WHV Trauma-Informed Care [resource page](#).





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