

Newsline

NHPCO's Membership Quarterly | Winter 2021

What Facts & Figures Tells Us About Access

What we can learn from NHPCO's
Annual Facts and Figures Report

INSIDE

Professional Development
Opportunities in 2022

Quality Connections Update

Photography and Peds

Empathy's Bereavement App



NHPCO

Leading Person-Centered Care



2022 LEADERSHIP & ADVOCACY CONFERENCE

Save the Date

Preconference March 5-6

Main Conference March 7-9

On-demand Content March 7-May 31

LAC22 will be the premier professional event in 2022 for leaders and aspiring leaders working to advance hospice and palliative care.

Focus Areas:

- Managing the Health Care of Individuals Living with Serious Illness
- Transforming the Health Care Delivery System
 - Navigating a Post-Pandemic World
- Building Interdisciplinary Team Leadership

Gaylord National Resort & Convention Center
National Harbor, MD

REGISTRATION OPENS DECEMBER 2021



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NEED CRITICAL COMPETITIVE DATA?

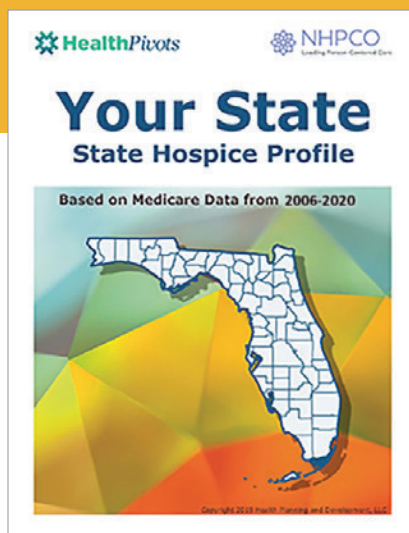
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2006-2020, providing critical information to learn more about the competitive environment of your state.

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

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

- Hospice penetration rate by county
- Market share of leading hospices by county
- Hospitals serving each county
- % of hospitals' EOL patients discharged directly to hospice
- Market share and ALOS of leading hospice providers
 - % hospice days by level of care
 - Distribution of hospice census by setting

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 2006, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at 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.

Message from Edo

As we near the end of 2021, and I near my fifth year at CEO of NHPCO, I continue to be astounded at your ability to lean into caring. While our entire world has dealt with having to adapt to constant sickness and grief, you—who do this for a living—have shown the world how to do it with grace and resilience. Since our early days as a grassroots movement, changing the paradigm of care for people facing serious and life-limiting illness, we have successfully evolved.

And yet we have been challenged ourselves. Throughout 2021 we have dealt with the effects of the COVID-19 pandemic that have included workforce shortages, staff burnout, compliance questions, supply chain challenges, and a national grief shared by all Americans. We have also been faced with the need to assure that our care and care teams are delivered in an equitable and inclusive manner. However, we have met these trials and remain undaunted in our mission to deliver person- and family-centered, interdisciplinary care. While challenges will continue, I know that the year ahead will be one of hope and innovation for us all. In fact, 2022 marks the 40th anniversary of the legislation that created the Medicare hospice benefit – that’s something to celebrate. However, what’s far more exciting is the opportunity to innovate and evolve as we set the direction for the next 40 years.

Over the past year, we have seen a score of successful advocacy efforts that brought additional provider relief funding and engagement with the Administration and Capitol Hill. We launched the innovative Quality Connections program and enhanced our data collection tools that include the new Measures of Excellent and the upgraded Evaluation of Grief Support Services. We have also updated and enhanced our [caringinfo.org](https://www.caringinfo.org) site, which provides timely consumer information about advance directives, palliative care, and hospice. These are just a few of the representative

accomplishments of NHPCO. It must be noted, that your involvement and support is integral to all that we are able to accomplish, and for that I am grateful.

Best wishes for a happy, healthy, and safe holiday season. All of us at NHPCO look forward to working with you in the year ahead.



Edo Banach, JD,
President and CEO



NHPCO's

New Facts and Figures Report Shows Changes in Hospice Patient Diagnoses

Data Show Growing Number of People Choosing Hospice and Decreasing Number of Cancer Diagnoses

The 2021 edition of [NHPCO Facts and Figures \(PDF\)](#) was released in October, days before the start of National Hospice and Palliative Care Month. The annual report 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.

"In the nearly forty years that the Medicare hospice benefit has been in place, we've seen a significant shift in the primary diagnoses, how communities access care, length of service, and how hospice is made available," said NHPCO President and CEO Edo Banach. "Next year we mark the 40th anniversary of the passage of the Medicare hospice benefit legislation, and we must be actively planning for the next 40 years. The latest NHPCO Facts and Figures report is a resource for policymakers and healthcare leaders nationwide who are mapping the future of patient-centered, interdisciplinary care to help patients live life to its fullest right up to the end."

Key points from the report include the following:

Growth in Hospice Utilization

1.61 million Medicare beneficiaries received hospice care in 2019, an increase of 3.9 percent from the previous year. Utilization of the hospice benefit remains slightly higher among individuals enrolled in Medicare Advantage (MA) plans than among traditional Medicare users, while the trendline for hospice usage continues to increase in both groups. MA enrollees who utilized the hospice





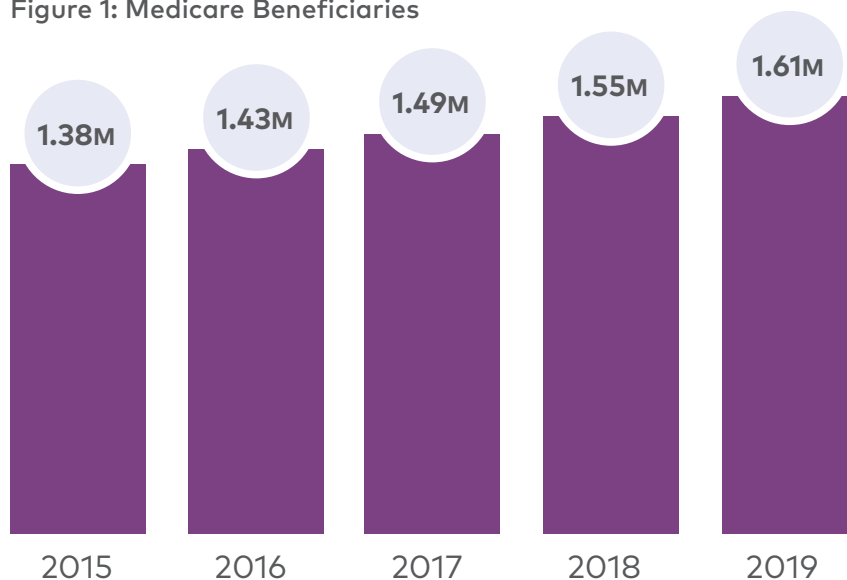
The latest NHPCO Facts and Figures report is a resource for policymakers and healthcare leaders nationwide who are mapping the future of patient-centered, interdisciplinary care to help patients live life to its fullest right up to the end.



As recently as 2007, cancer continued to be the leading principal diagnosis of those receiving care. However, that has shifted dramatically over the last decade.

benefit rose from 51.1 percent in 2015 to 53.2 percent in 2019. During the same period, traditional Medicare beneficiaries utilizing the hospice benefit rose from 47.6 percent of Medicare decedents in 2015 to 50.7 percent in 2019.

Figure 1: Medicare Beneficiaries

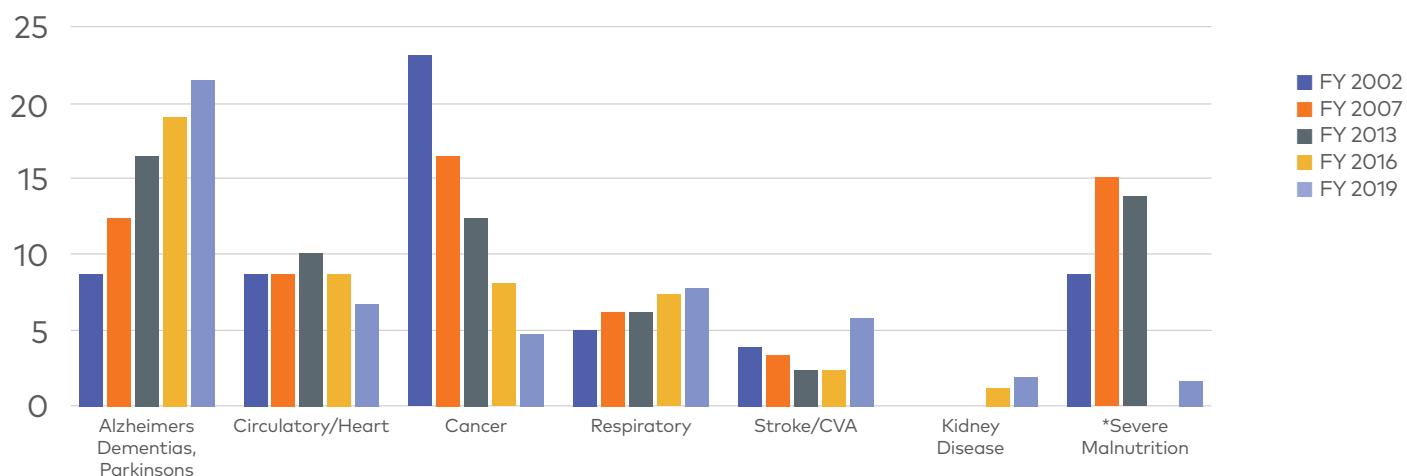


*Includes all states, Washington, D.C., U.S. territories, and other
Source: MedPAC March Report to Congress, Table 11-3, Various years

Changing Primary Diagnoses

In 2019 we saw continued growth in the number of Medicare hospice patients with non-cancer diagnoses, including a principal diagnosis of Alzheimer's, dementia, or Parkinson's, which represented more than four times the number of patients who had cancer. For several decades, hospices primarily served people with cancer diagnoses. As recently as 2007, cancer continued to be the leading principal diagnosis of those receiving care. However, that has shifted dramatically over the last decade.

Figure 8: Percentage of Medicare Decedents Using Hospice by Top 15 Principal Diagnoses



* In 2002, 2007 and 2013, severe malnutrition includes debility unspecified and adult failure to thrive. Those diagnoses were disallowed and no longer used in later years.

Source: CMS-1675-P, FY 2018 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements and CMS-1754-P Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements

Reaching Diverse Communities

In 2019, almost 54 percent of white Medicare beneficiary decedents used hospice care (53.8 percent). Nearly 43 percent (42.7) of Hispanic Medicare beneficiary decedents and almost 41 percent (40.8) of Black Medicare beneficiary decedents enrolled in hospice in 2019. For the hospice community, which is committed to equity and access, these figures show significant progress over the last two decades as well as a need for continued improvement.

Figure 7: % of Medicare decedents by race who used hospice

White	53.8%	100%
Hispanic	42.7%	100%
Black	40.8%	100%
Asian American	39.8%	100%
American Indian/Alaska Native	38.5%	100%

■ Hospice utilization by race ■ Medicare decedents by race

Source: MedPAC March 2021 Report to Congress, Table 11-2

Note: In previous years, the NHPCO Facts and Figures has presented data on the share of Medicare beneficiaries who used hospice by race. In an effort to focus on equity, we are now presenting data from the 2019 MedPAC March report to Congress, Table 11-2, focused on the percentage of Medicare decedents by race who used hospice.

Last year we used the 2018 PUF data from CMS to report on race and ethnicity. It was not a clear representation for what the data shows is actually happening, which the MedPAC data more accurately reflects. The data this year is much more representative of Medicare decedents by race, and the calculation of utilization is within the Medicare decedents who died, by race.

There have been some questions about the difference between the data share in the 2020 edition of the report and this new edition. A MedPAC staff member shared an explanation of the differences between the data used last year (CMS PUF data) and data used this year (MedPAC numbers), "Regarding, the CMS data, I believe that data is tabulated differently. I think that CMS is looking at the group of beneficiaries that used hospice and calculating the share of the group that is white, Black, Hispanic, etc. So, the eight percent of hospice users being Black reflects that Blacks are roughly that share of the overall U.S. population (12.1 percent of U.S. population)."

Late Hospice Access

Hospice professionals continue to be concerned about the number of people accessing hospice care late in the course of an illness. The NHPCO report



indicates that 10 percent of Medicare decedents received hospice care for two days or less in 2019. Twenty-five percent of beneficiaries received care for five days or less, and 50 percent received care for 18 days or less. These very short stays in hospice are considered too short a period for patients to fully benefit from the unique person-centered, interdisciplinary care provided by hospice.

Additional Data Points

51.6 percent of all Medicare decedents were enrolled in hospice at the time of death in 2019.

The average Lifelong Length of Stay (LLOS) for Medicare patients enrolled in hospice in 2019 was 92.6 days. The Median Length of Service (MLOS) was 18 days, which has changed little in the last fifteen years.

- Routine Home Care accounted for 98.3 percent of days of care provided. This includes care provided in the patient's own home, an assisted living facility, nursing home, or other congregate living facility.

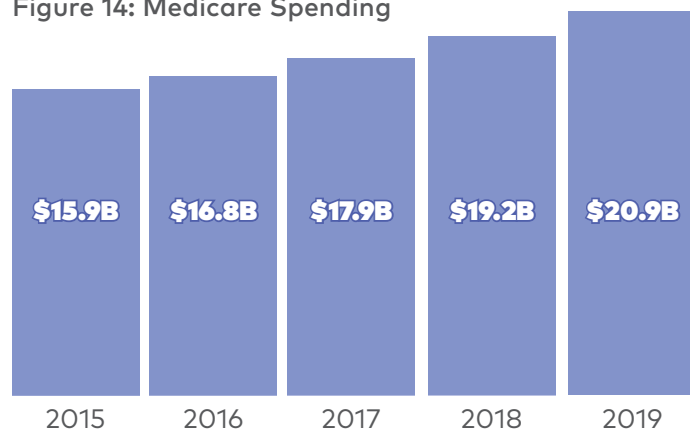
Table 4: Percent of Days by Spending

Level of Care (LOC)	2019
Routine Home Care (RHC)	93.8%
General Inpatient Care (GIP)	4.9%
Inpatient Respite Care (IRC)	0.3%
Continuous Home Care (CHC)	0.9%

Source: FY 22 Hospice Wage Index, Proposed Rule, Table 5

- Medicare spending on hospice care.

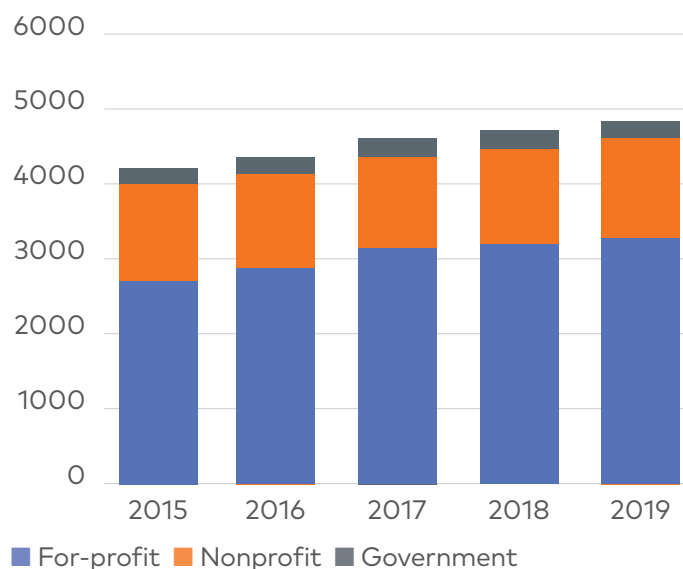
Figure 14: Medicare Spending



Source: MedPAC March 2021 Report to Congress, Table 11-3 and MedPAC March 2018 Report to Congress, Table 12-4.

- Over the course of 2019, there were 4,840 Medicare certified hospices in operation based on claims data. This represents an increase of 18.3 percent since 2014.

Figure 16: Providers by Type



Source: MedPAC March Report to Congress, Various Years

“This annual report provides a valuable snapshot of hospice access and care provision, but we never forget that behind the data points are people,” added Banach. “That’s why the hospices across the country work tirelessly to provide person- and family-centered, interdisciplinary care to help them during a time of great need.”

Download the new report,
[NHPCO Facts and Figures \(PDF\)](#).



When it comes to finding qualified professionals in Hospice and Palliative Care, where better to look than the association that represents them?"



FOCUSED, QUALIFIED TALENT POOL

At the NHPCO Career Center, you'll discover an online resource for recruiting qualified Hospice and Palliative Care professionals that you won't find anywhere else.

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?



NHPCO PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN 2022



Unlock your potential with NHPCO

You understand the needs of your community and have the experience to provide high-quality interdisciplinary care. You also know that ongoing professional development is not a luxury but a necessity to ensure you and your team have the skills needed to perform at peak performance during these challenging times.

NHPCO is meeting that need with [educational options](#) from experienced faculty in a number of formats that suit your preferred learning style. You will find the educational offerings designed to provide the skills needed to thrive in today's complex health care landscape.

The Impact of Learning

Key findings from the LinkedIn Workplace Learning Report 2021

76%

of Gen Z learners believe learning is the key to a successful career.

84%

of managers agree that learning can help close skills gaps on their teams.

70%

of managers agreed that their direct reports who spend more time learning have higher employee satisfaction scores.

In early 2020, 57% of learning and development professionals expected to spend more on online learning.

TODAY, 79%

expect to spend more on online learning.



Webinar Series

Invest in your staff with a [webinar package](#) for 2022 and have your education calendar set for the entire year. All NHPCO webinar packages allow for multiple logins giving your team easy access, and recordings of each webinar are included.

New this year is our Innovation track of webinars that join these focus areas: Clinical, Community-Based Palliative Care, Interdisciplinary Team & Supportive Care, Quality, and Regulatory & Compliance. Register for the complete webinar calendar, a specific track, or an individual program.

Offered twice a month, scheduled webinar topics include:

- Core Screening Tools
- Palliative Care Reimbursement
- Quality Innovation
- Deprescribing
- Telehealth
- Barriers to Care for Underserved Populations

Webinar pricing for members remains the same as last year making packages economical:

- 24 webinar package is still only \$999
- One focus area track is \$175
- Individual webinars are \$49

Signature Programs

NHPCO's Signature Programs – those that offer a certificate of completion – are offered as online, on-demand courses. These programs are among the most popular and highly requested by professionals in the field. NHPCO's signature programs provide robust learning experiences led by a varied slate of expert content leaders.

Hospice Compliance Certificate Program – covers the basics of health care compliance, including compliance program development, risk assessment, 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 almost always sell out at NHPCO conferences.



**In 2021: 200+ professionals
have taken NHPCO's signature
certificate courses online.**

Hospice Quality Certificate Program

– this signature program addresses the connection between compliance and quality outcomes. Topics include quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices for your program. This course offers 14 CE/CME hours of content. HQCP counts toward earning the education ring in NHPCO's Quality Connections program.

Community-Based Palliative Care Certificate Program

– focuses on operationalizing and sustaining a community-based palliative care program. Learn about delivery model evolution, the use of metrics to demonstrate program value, reimbursement, compliance considerations, and payer/provider relationships. Participants will be equipped to implement an action plan. The program offers 11 CE/CME hours.

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.

Signature Programs are available to members at only \$499. nhpco.org/education

Hospice Manager Development Program

The [MDP offers training specifically for hospice managers](#), created by hospice professionals. It is designed to help managers develop the skills they need to meet the challenges and

changes they face managing programs, systems, and people.

The Hospice MPD Foundational Course provides a baseline for subsequent MDP modules that are available in NHPCO's online learning portal as well as through instructor-led, online modules that usually run over a four-week period with courses beginning throughout the calendar year. Participants are encouraged to work their way through Level I and Level II; however, modules can be taken in any order that will serve the participant.

The foundational course will be offered as a preconference seminar at LAC22, and in January, May, and September of 2022 it will be available as an online Signature Program.

Popular online modules include:

- Ethics for Hospice Managers
- Managing the Changing Organization
- Managing Conflict in the Workplace
- Emotional Intelligence

Instructor-led online modules for members are only \$125 while MDP modules available 24/7 via the NHPCO online learning portal begin at only \$70.



In 2021: 100+ people have taken the live MDP Instructor-led modules.

2022 Leadership and Advocacy Conference

NHPCO's [Leadership and Advocacy Conference](#), March 7 – 9, will be the year's premier professional event for leaders and aspiring leaders, featuring peer-to-peer educational sessions, dynamic keynotes, networking, exhibit hall, and more, hosted at the Gaylord National Harbor Resort & Convention Center.

Providers are looking forward to being together again and this year's LAC will provide program leaders and emerging leaders with an in-depth focus on:

- Managing the Health Care of Individuals Living with Serious Illness
- Transforming the Health Care Delivery System
- Navigating a Post-Pandemic World
- Building Interdisciplinary Team Leadership

Interest in our first onsite event since 2019 is growing and a registration limit may be set to allow for social distancing. Member registration for the full onsite conference begins at \$1,000.

2022 Webinar Series

Packages now available
–recordings included!



2022 Webinar Schedule

❑ January 13	Interdisciplinary Team & Supportive Care Topic	❑ July 14	Interdisciplinary Team & Supportive Care Topic
❑ January 27	Community-Based Palliative Care Topic	❑ July 28	Community-Based Palliative Care Topic
❑ February 10	Innovation Topic	❑ August 11	Innovation Topic
❑ February 24	Regulatory & Compliance Topic	❑ August 25	Regulatory & Compliance Topic
❑ March 17	Quality Topic	❑ September 8	Quality Topic
❑ March 31	Clinical Topic	❑ September 22	Clinical Topic
❑ April 14	Interdisciplinary Team & Supportive Care Topic	❑ October 13	Interdisciplinary Team & Supportive Care Topic
❑ April 28	Community-Based Palliative Care Topic	❑ October 27	Community-Based Palliative Care Topic
❑ May 12	Innovation Topic	❑ November 3	Innovation Topic
❑ May 26	Regulatory & Compliance Topic	❑ November 17	Regulatory & Compliance Topic
❑ June 9	Quality Topic	❑ December 1	Quality Topic
❑ June 23	Clinical Topic	❑ December 15	Clinical Topic

nhpco.org/webinar >



NHPCO

Leading Person-Centered Care



LAC22 will be NHPCO's first in-person conference since 2019 and excitement among the professional community is growing.



LAC22 Preconference Seminars

Offered on March 5 and 6 in conjunction with LAC22, NHPCO will offer its popular certificate programs and the MDP Foundational Course, which have not been available in-person since before the pandemic.

- *Advanced Community-Based Palliative Care Workshop*
- *Hospice Compliance Certificate Program*
- *Hospice Quality Certificate Program*
- *Hospice Manager Development Program Foundational Course*

Due to safety measures, registration for the preconference seminars is currently set at 50 people with member pricing as follows (classroom sizes may adjust before March):

- 1-Day preconference seminars are \$400
- 1.5-Day preconference seminars are \$600
- 2-Day preconference seminars are \$750

nhpco.org/LAC2022

2022 Virtual Event

NHPCO is preparing a virtual conference offering in the fall of 2022 that will be geared towards the Interdisciplinary Team. The Professional Education Committee and Conference Planning Committee are working with NHPCO staff to develop a focus reflecting the needs of the interdisciplinary organization.

NHPCO will build upon the expertise developed through the three major conferences hosted virtually over the past two years and the summer Virtual Conference hosted annually

for more than eight years. Expect to find live activities to include nationally recognized keynotes, networking opportunities, as well as on-demand features that our conference participants have grown to love over. Additional details will be available early in 2022.

nhpco.org/conferences

NHPCO's Online Learning

Affordable and convenient learning is available anytime, anywhere through NHPCO's online learning portal. Courses on a variety of topics including the latest in clinical, regulatory, palliative care, and more all available 24/7.

NHPCO also features a series of live, instructor-led courses throughout the year that are part of the Hospice MDP. Additionally, various course bundle options are now available in a variety of topics at a discounted rate of three courses for the price of four.

Popular courses for 2021 include:

- Hospice 101
- A Picture is Worth a Thousand Words: Using Communication to Enhance Care Transitions
- Hospice Comprehensive Assessment and Plan of Care

Member pricing for NHPCO online courses begins at only \$50 and includes CE/CME at no additional cost.

nhpco.org/online-learning

NHPCO's 2021 VIRTUAL INTERDISCIPLINARY CONFERENCE

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



NHPCO THANKS THE SPONSORS OF THE 2021 VIRTUAL INTERDISCIPLINARY CONFERENCE!

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NHPCO

Leading Person-Centered Care



NHPCO Delivers for Hospice and Palliative Care

NHPCO is an Effective Advocate and Resource for Hospice and Palliative Care Providers

Throughout 2021, the provider community has faced a myriad of challenges that include workforce shortages, staff burnout, compliance questions, supply chain challenges, and a national grief shared by all Americans. However, providers have met these trials and remain undaunted in the mission to deliver person- and family-centered, interdisciplinary care. Despite a year with a myriad of stressors, NHPCO has been dedicated to serving the hospice and palliative care community. What follows are some key accomplishments from 2021.

Your Voice in Washington

- On Capitol Hill and with the Administration: In 2021 NHPCO ensured the federal government heard the concerns of hospice and palliative care providers.

Keeping Track of Rules

- Hospice Wage Index and Quality Reporting Rule: Through NHPCO's advocacy – CMS clarified issues regarding the use of the election statement addendum, making it easier for hospices to comply with the regulation. In addition, the rule made permanent temporary waivers related to aides.
- CY 2022 Physician Fee Schedule proposed rule: Contains the implementing regulations allowing physicians with Federally Qualified Health Centers and Rural Health Clinics to follow their patients when they elect hospice. This is the final step in NHPCO's long effort to eliminate this barrier to hospice.
- CY 2022 ESRD proposed rule: The Kidney Care Choices program in this rule provides for concurrent hospice care for Medicare beneficiaries receiving dialysis. This is the culmination of many years of NHPCO's advocacy.
- CY 2022 Home Health Proposed Rule: NHPCO advocated for increased surveyor competency and more consistency in the survey process across states as well as between state agencies and accrediting organizations. As part of this effort NHPCO provided comprehensive recommendations for modifying the online surveyor training modules.

On suspension of payments, NHPCO is seeking regulatory consistency, such that the remedy is limited to "all new admissions" and only for deficiencies posing immediate jeopardy.

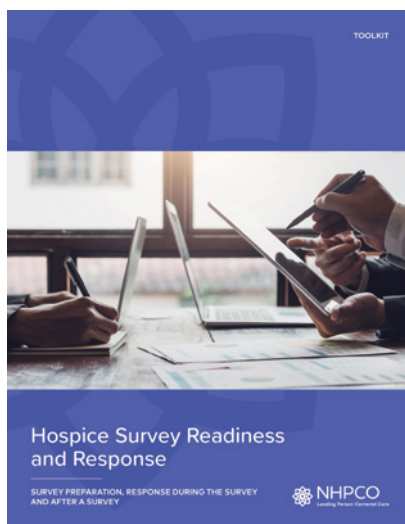
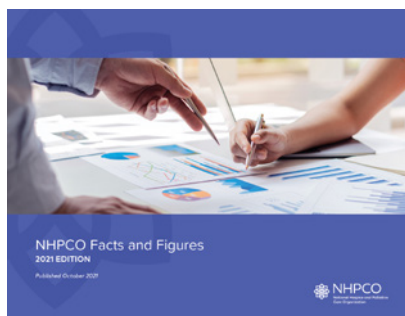
Long, Long, Too Long COVID

While the pandemic has dragged on, NHPCO continued to make sure federal decision makers understood the unique needs of hospice and palliative care providers. For example, through NHPCO advocacy HHS changed PRF reporting requirements to allow lost fundraising revenue and lost thrift store revenue to be counted as lost revenue.

- On the Hill, NHPCO advocates lobbied to ensure telehealth flexibilities given to hospice providers were included in relevant telehealth legislation including the CONNECT for Health Act and Telehealth Modernization Act.
- In addition, NHPCO worked to keep the Provider Relief Fund from being used as a pay-for for the Bipartisan Infrastructure Framework and advocated for a 4th round disbursement of the Provider Relief Fund.
- NHPCO also successfully lobbied to extend the moratorium on the Medicare Sequester.
- Secured bipartisan introduction in the Senate of the Expanding Access to Palliative Care Act to implement a Community-Based Palliative Care Demonstration at CMMI.



...NHPCO continued to make sure federal decision makers understood the unique needs of hospice and palliative care providers.



New and Updates Resources

- Facts and Figures on Hospice Care In America – the new edition includes PowerPoint slides you can incorporate into presentations.
- Quality Connections since launching in January, nearly 250 members took advantage of its comprehensive suite of tools.
- Survey of Team Attitudes and Relationships (STAR) received major upgrades this year, including enhanced dashboards make it easier to focus on staff satisfaction.
- Palliative Care Screening Tools Hot off the presses – screening tools to help determine appropriateness for palliative care services.
- Grab and Go Palliative Care Toolkits answer your questions on staffing, budgets, contracting, quality, documentation, and more.
- Measures of Excellence a new data collection tool to track operational and clinical data, with updated dashboards.
- New and Updated DEI Resources including the Inclusion and Access Toolkit (in English and Spanish), Black and African-American Outreach Guide, and the LGBTQ+ Resource Guide.
- Hospice Leader Succession Planning Tool Kit

Putting Zoom to Work

Thousands of hospice professionals found their community on Zoom.

- 68 MyNHPCO Chats averaging 67 participants each
- 9 Project ECHO programs averaging 195 participants each
- Plus, Palliative Care Office Hours on the second Friday of each month
- Over 150 member advocates joined in on NHPCO's Virtual Hill Day, meeting with over 200 congressional offices, including more than 20 member-level meetings.

Enhanced Online Education

NHPCO's highly rated certificate programs are offered online, no airfare required. The Hospice Compliance Certificate Program, the Hospice Quality Certificate Program, and the Community-based Palliative Care Certificate Program can now be completed online. (Don't worry if you want an in-person class, it is part of our 2022 plan.)

Coming in 2022

Updated Hospice Manager Development Program's Foundational Course will be offered online, previously the program was only available in-person.

The Leadership and Advocacy Conference (together again) March 5-9, at the Gaylord National Resort & Convention Center, National Harbor, Maryland.



NHP CO SIGNATURE CERTIFICATE PROGRAMS ONLINE, TO FIT YOUR SCHEDULE!

You can now register for three popular certificate courses including our newest course on **Community-Based Palliative Care**. Available on-demand, you get to set the schedule and timing. Learn more at nhpco.org/education.

REGISTRATION IS OPEN NOW.

Take advantage of our
sought-after training
programs today!

NEW! Community-Based Palliative Care Certificate Program

This new program focuses on operationalizing and sustaining a community-based palliative care program. Learn about delivery model evolution, use of metrics to demonstrate program value, grooming future leaders, key partnerships for sustainability, and a deep dive into reimbursement, compliance considerations, and payer/provider relationships.

Hospice Compliance Certificate Program

Covering the foundation of healthcare compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, review of the federal hospice regs, internal audits and audit scrutiny, and more.

Hospice Quality Certificate Program

Beginning with a review of compliance as a foundation, this course includes hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices for your hospice.





Improving Quality One Ring at a Time

NHPCO's Quality Connections (QC) program has been running since January 2021 and its increasing momentum has excited us and reinforced the reason, we developed it.

Quality Connections is a national program designed to support hospice and palliative care provider delivery of high-quality, person-centered care. The program goals are to enhance the knowledge base, skills, and competency of hospice and palliative care staff through education, tools, resources, and opportunities for engagement and interaction among hospice and palliative care quality professionals.

QC participants are required to achieve milestones within defined timeframes by completing activities in the program's four pillars: Education, application, measurement, and innovation. When they meet the completion threshold for each pillar, they earn that pillar's ring, similar to closing activity rings in the Apple Watch app.

The activities in each quality pillar in QC are designed to help participants achieve higher standards in organizational operations, quality of patient care, and service excellence. Therefore, everything they accomplish in the program moves quality forward. Our participants are actively engaged in completing their pillar rings throughout a calendar year. We structured the program this way because quality improvement is a journey and achieving higher performance levels is not an instant process. This format also reinforces the principle that incremental progress in achieving quality goals should be celebrated as a win.

NHPCO was excited when Calvert Hospice in southern Maryland was the first to earn all four pillar rings this summer. Their organization was engaged in the program from the launch and embraced their commitment to performance improvement through the continuous quality improvement process. Sarah Simmons from Calvert Hospice shared that, "Much of what we found so valuable about the QC program is that it's not just work for work's sake – the elements in each ring are relevant to the work that we do each day and gave us opportunities to both improve existing quality activities as well as embrace new ones".



NHPCO COO Ben Marcantonio (R) presents a Quality Connections plaque to Calvert Hospice Executive Director Sarah Simmons and Board President Greg Kernan.

102 Programs Have Earned Achievement Rings

All of our 244 QC participants have been diligently working towards earning their pillar rings this year. At the end of third quarter of the inaugural year of QC, 102 hospices have earned achievement rings. One hundred participants have earned their education ring, 43 have earned their application ring, three have earned their measurement ring, and six have earned their innovation ring. [Read the NHPCO press release.](#)

NHPCO celebrates the "Ring Achievements" quarterly by displaying their achievement on an NHPCO webpage that is accessible publicly. We want them to promote themselves as QC participants and to direct partners, payers, etc. to our QC Achievement webpage to display their accomplishments in the program.

"By earning rings that are part of the Quality Connections program, participating hospice programs are showing that quality matters to those they serve and to the payers and other providers that they work with," said NHPCO President and CEO Edo Banach.

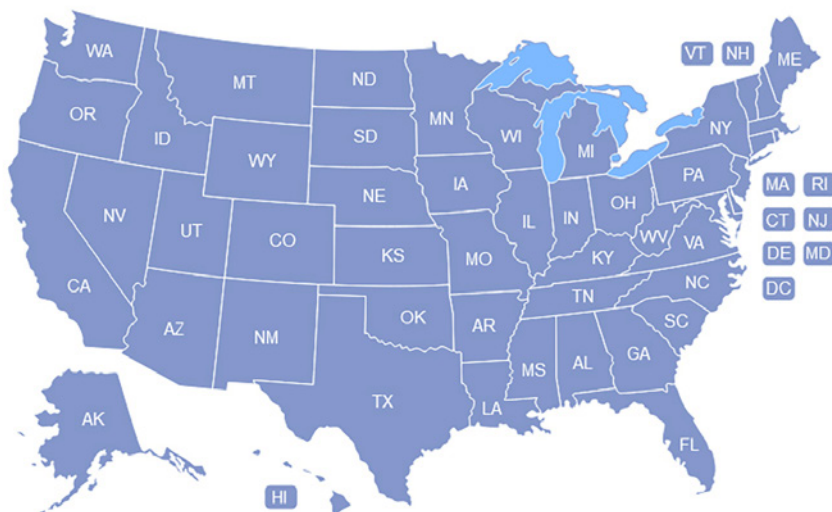
Because the program runs the length of a calendar year, some activities cannot be completed until the end of the year and a pillar ring will not be closed until that time. Not all participants

will close all pillar rings in this timeframe and that is fine. In fact, our innovation pillar activities are designed to require a participant to plan and push for higher performance achievement.

NHPCO is pleased with the QC program implementation this year and we are actively planning program enhancements for 2022. NHPCO remains committed to assisting hospice and palliative care providers in continuous quality and performance improvement activity that supports safe, effective, and timely care outcomes for patients and families. Providers who actively engage in quality improvement raise the bar for performance which leads to service excellence. NHPCO built Quality Connections to help providers accomplish that goal.



By earning rings that are part of the Quality Connections program, participating hospice programs are showing that quality matters to those they serve...



Quality Connections Map of Achievement



NHPCO QUALITY CONNECTIONS PROGRAM.

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

[nhpco.org/qualityconnections.](http://nhpco.org/qualityconnections)

Education



Application



Measurement



Innovation



NHPCO
Quality Connections



Capturing Glimmers of Light Through *Photography*

By Karen Henrich and Mason Henrich

As photographers, we capture images of children through our camera lenses. When you look at the photos, you see children through our eyes. You see freckles, bruises, giggles, and tears, but through the eyes of the children themselves, we see what is truly important. To see the world through the eyes of a child is to see a world filled with joy, excitement, love, purity, peace, curiosity, and, most importantly, wonder, no matter if they are healthy or potentially life-limited.

Fifteen years ago, the non-profit Moment by Moment was established so that, through our lenses, we can capture the determination illuminated by children that have a potential life-limiting or chronically life-impacting disease or disorder. With a cadre of professional photographers in California, we have captured precious images of thousands of children and their families in both the children's hospital and pediatric hospice settings, always at no charge to the family. Through these poignant images, it is evident that the spirit of a child does not hide in their illness. Instead, they radiate hope, courage, and an unbreakable connection with their families. We capture those glimmers of light that will provide indelible memories to share with others.

"Why take portraits for a family during such a difficult time when their child is ill?" This is a pervasive question that inevitably arises when we explain our mission statement to someone. The simple answer: more than ever, families in these situations want to document and celebrate what they have this day, this moment. Perhaps it is more than that, though. Usually, we think of photography as an opportunity to capture a memorable moment in time without giving thought to its potential healing power or therapeutic dimension. However, just as

photographs immortalize a moment, they also express and evoke a sentiment unique to each individual who views them. Therefore, capturing a moment of beauty allows the viewer to pause for a few seconds, feel life run through the image, feel connected, and remember that in living life, we are only secured this moment.

When viewed in this light, we can begin to comprehend the enormous healing power of photographs. In fact, Photo Therapy techniques are therapy practices that use people's personal images taken by others (and the feelings and memories those photos evoke) as catalysts to deepen insight and enhance communication during sessions in ways not possible using words alone. In the setting of our unique mission, we witness the capacity of photographs to act as expressions of love, objects of hope, and tools in the process of grief.

It is our blessing to work with these families, and for each one, through images, we paint a visual story. Some stories continue on year to year, while other stories cut short by the ravages of cruel diseases are still so vibrantly portrayed.



Our vision is for all patients to have a standardized form that is recognizable, portable and consistent across state lines and the continuum of care.



Abby: For Abby, her Cheshire grin illuminated the room when, after she snuck a second lollypop, she ran to her mom, wrapped her arms around her mother's neck, and offered her a lick. These images told the story of her playful personality and the adoration she had for her mother.

Caitlyn: For Caitlyn, in her prom dress, it was the first time she had ever worn a formal dress, and she sparkled in it as much as the beads on the dress sparkled when the sun hit them. These images provided a vision for her parents of her dressed fancy as she would be on the wedding day that sorrowfully she would not ever be able to experience.

Arturo: For Arturo, standing on his tippy toes to achieve his dad's height, looking dapper in his classic three-piece suit. One could already see the striking stature of determination he would have exhibited as a grown man.

Natalie: Natalie was turning eight years old the weekend that we met her family in Napa to capture her images. Exuberantly, this little girl popped out of her car and rhythmically skipped towards us, her smile sure to ignite the mustard growing in the nearby field where we planned to shoot. The mustard bloom cast a flax-colored hue in the setting sun.

"Natalie's hair was about that color," her mother expressed as she reflected upon the little girl now shepherding her toddling brother from the car and towards us. Her eyes were reflective of a mixture of sorrow and reminiscence, and her head was shaven in glorious solidarity with her daughter. "The whole family chose to shave their heads when Natalie began to lose her hair," she explained.

At this point, Natalie and Owen had gotten close enough to hear our conversation.

"We even shaved our dog's hair off," Natalie shared with an engaging grin.

Following Natalie's lead, off to the field we skipped. Through the camera, we caught a spirited little girl who would not let leukemia dull her curiosity. Natalie, Owen, and we played hide and seek in the vines and chased a few feral cats (although we believe it would have been easier to catch the cats than those two!). All the while, the wind teased the air, gently blowing my unbanded hair.



Observing the fussing with my hair, Natalie said, "you should shave your head, and your hair won't be in your eyes anymore." We were struck by the simplicity and the classic logic of her statement.

"That is true, and hey Natalie, where is your dog?" we asked. We knew a golden retriever would not be able to resist a car ride and a chance to lead the energetic run with his boy and girl.

"Well," she began, again very matter of factly, "do you remember when I told you that we shaved Charlie too? He looks way too ugly to be in our pictures. He looks like a huge rat, and I don't want him to ruin our pretty pictures."

"Oh, we can understand," I replied through a giggle. It was endearing that Natalie focused on what is truly beautiful, a family that together was doing all that they could to establish normalcy for her, a little girl going through a tough battle with grace and dignity.

Capturing Precious Moments

As photographers, we reflect on how blessed we are after each shoot that today we do not have to comfort a child fighting illness. Today, we do not have to meet with a

team of specialists who, no matter how much training they have, still cannot tell us for certain that our child will be "fine." Today, we do not have to spend the day with our child in the confines of hospital walls, not able to play with them in the park breathing in the cool, crisp air of early fall. Today, we are grateful that we can afford time for the luxuries of a workout and coffee with a friend without feeling that we should instead be at our child's bedside in the confines of our home. Today, just for this moment, we are grateful to be on the outside, as photographers, capturing these precious moments of a family that will translate into irreplaceable memories of a child who will make an indelible mark on this world, no matter how long he or she is in it.

Karen Henrick is the founder of the non-profit organization Moment by Moment. **Mason Henrick** is a photographer for Moment by Moment.



This article originally appeared in the NHPCO Pediatric E-Journal released November 2021. Find this issue and past issues of the e-journal available free-of-charge at nhpco.org/pediatrics.



empathy.

Bringing Technology to Enhance Care for Bereaved Families



When a hospice patient dies, the family's daily responsibility of caregiving may come to an end, but many of their greatest struggles may be just beginning. Between funeral planning, dealing with accounts and benefits, handling the estate, and much more, the bereaved can find themselves quickly overwhelmed, especially while also coping with their grief.

Hospice agencies' solution to this state of affairs is bereavement care, which agencies around the country provide to the primary bereaved family member of each patient for over a year after the patient's death. Medicare has enshrined this critical support in its Conditions of Participation, which require 13 months of bereavement care in order for a hospice agency to be reimbursed.

Bereavement coordinators provide much-needed assistance to families during this difficult time of transition, giving them guidance and assistance to issues both emotional and practical. The support they can give is necessarily limited, however. Bereavement coordinators would ideally love to provide round-the-clock support that is customized to each family's unique situation, but even if budgets and staff hours were not a limiting factor, nobody can be everywhere at once.

Luckily, thanks to today's ever-advancing technology, 24-hour, personalized support for the bereaved is no longer just a dream. Tech innovations have greatly expanded our ability to meet families' needs, no matter where they are in their journey through loss.

Innovating in the end-of-life space

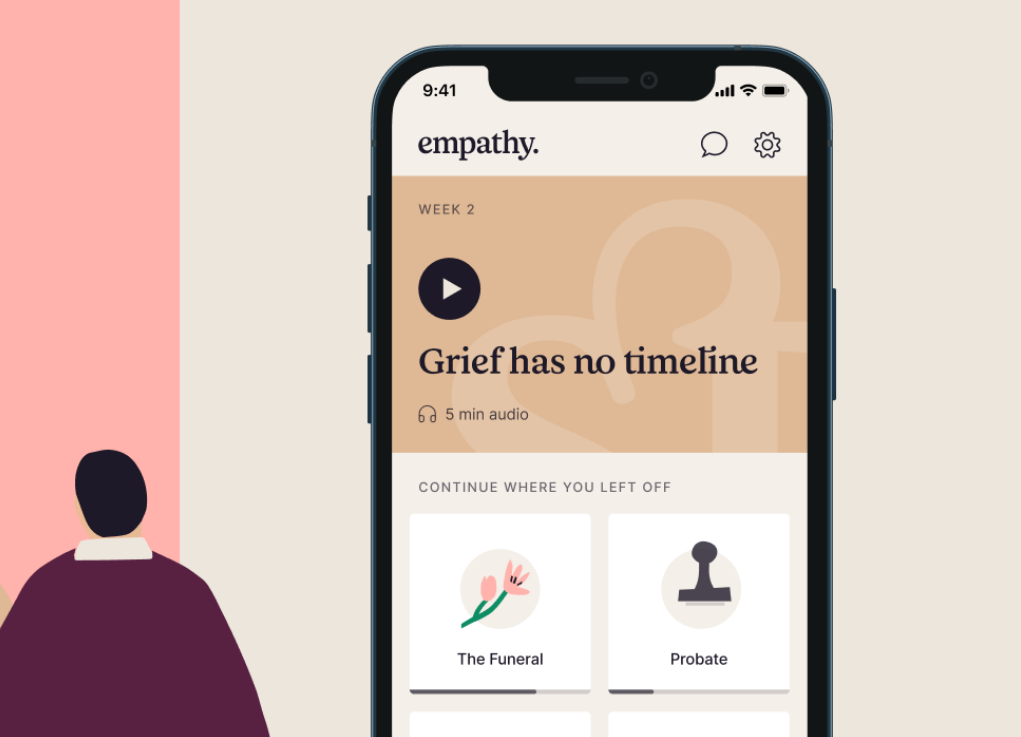
Today's technological innovations are unmatched when it comes to providing on-demand solutions to complex

problems. And while few challenges are quite as acute—or as individual—as those faced by bereaved families, several companies have been successfully applying advancements from other fields to these issues, bringing customized support to every family experiencing loss in the way that they specifically need.

Among these is [Empathy](#), a company that has been working collaboratively with organizations across industries that deal with bereaved families, in order to expand the care these families receive in any way possible. Empathy's primary product is a mobile application that was built to empower bereaved families through a mix of technology and human support that streamlines end-of-life bureaucracy, minimizes tedious tasks, and automates processes involved in the administration of an estate, while guiding them through issues both emotional and interpersonal.

Because families experiencing the loss of a loved one are often confused about what they need to do and afraid that important tasks will slip through the cracks, the Empathy app provides them with a personalized list of steps they need to take, along with all the information and tools they need to complete each one. Thus, families gain control over their situation, and peace of mind knowing they are on top of each responsibility.

The app also has emotional guidance resources for those who need help processing what they are going through, incorporating expert input from renowned leaders in the field of grief. Finally, human support is available to provide users both emotional and practical assistance, creating a hybrid experience to help families navigate every challenge of these difficult weeks and months.



Partnering to bring support to every bereaved family

It is not difficult to see how Empathy can be a great asset to a hospice agency, complementing the work of bereavement coordinators and being there for the family whenever and however those coordinators cannot. Partnering with Empathy makes it easy for hospices to expand the support they provide to families after their patients have died, giving them the resources they need to feel empowered and on top of the challenges of bereavement.

Empathy's first hospice partner, Compassus, has done exactly that, offering Empathy as a complimentary benefit to the family of every Compassus patient after they pass away. Compassus has thus raised the bar for bereavement support, providing a new source of both logistical and emotional aid to the family as they navigate the aftermath of loss.

In the words of Compassus CEO Jim Deal, "We cherish the trust our patients and their families place in us to support their well-being throughout the end-of-life journey. The set of Empathy services helps Compassus expand our commitment to provide a new standard of bereavement services, bringing even more emotional and logistical support to the patients and families we serve."

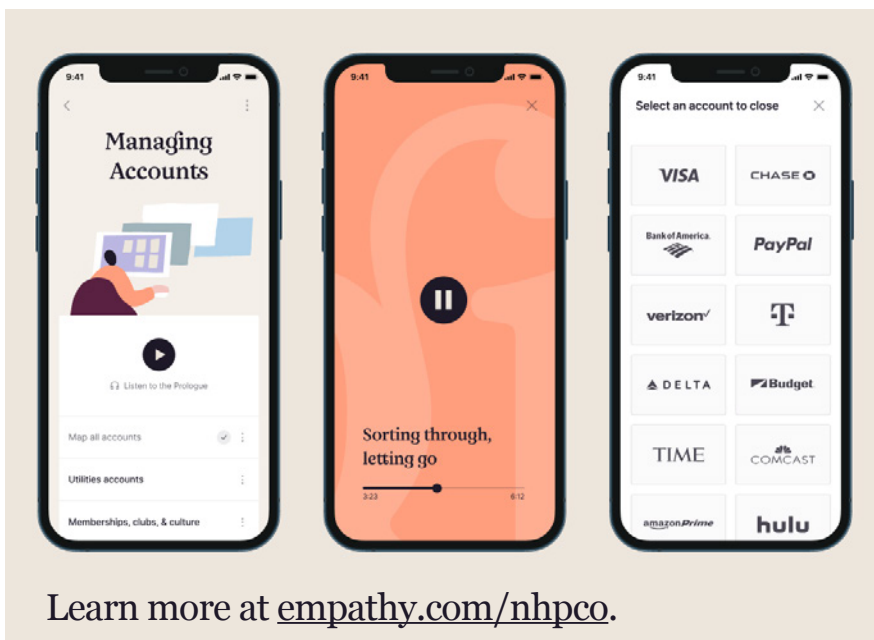
Together, we can change the world of loss

Technology demonstrates massive potential to improve the lives and alleviate the challenges of those experiencing loss. This potential has largely gone untapped, however, in part because of our culture's

taboo against talking openly about death, but also due to a general resistance to change in some of the largest death-related industries, which often remain set in their ways and reliant on more traditional methods.

From its very inception, however, the hospice movement has sought to bring change to the way we look at and deal with death, and has been hugely successful in upending older, entrenched ideas and practices around the end of life. The time has come for hospice agencies to take another bold step into the future and embrace technologies like Empathy, innovations that will further improve how we deal with death, loss, and bereavement while adding value to the services that hospices provide.

That's why we're asking hospices to join us in our technological revolution in the field of end-of-life. Reach out to Empathy today so we can partner with you on our mission to help every bereaved family and change the way the world deals with loss.



Learn more at empathy.com/nhpco.

Short Takes

CMS News of Importance to Providers

Providers should be aware of two final rules that were published by CMS in November that are of relevance. The NHPCO policy team provides key points of importance pertaining to the CY 2022 Home Health Final Rule and on billing guidance for Rural Health Clinics and Federally Qualified Health Centers.

CY 2022 Home Health Final Rule – Survey and Enforcement Requirements for Hospices

On November 2, 2021, the Federal Register posted [CMS-1747-F](#), the CY 2022 Home Health Prospective Payment System Rate Update Final Rule... Survey and Enforcement Requirements for Hospice Programs.

Important changes from the proposed to final rule:

1. Suspension of all or part of payments: NHPCO advocated for this provision to be limited to new admissions. In the final rule, CMS changed the language to read that the suspension of payments is for new admissions only.

2. Special Focus Program: NHPCO advocated for a Technical Expert Panel (TEP) to be convened to provide input prior to the development of any hospice Special Focus Program. In the final rule, CMS removed the regulatory language about the creation of the Special Focus Program and cited that revised language would be included in future rulemaking for FY 2024.

3. Surveyor conflict of interest: NHPCO advocated for ways that CMS could address surveyor conflict of interest. In the final rule, at 488.1110, CMS changed the language on surveyor conflict of interest to read: "surveyors must disclose actual or perceived conflicts of interest prior to participating in a hospice program survey and be provided the opportunity to recuse themselves as necessary."

CMS has also issued the [QSO-22-01-Hospice](#) memo addressing the timeline for implementing the regulatory provisions of the CAA 2021 hospice provisions outlined in the CY 2022 HH final rule.

The NHPCO Regulatory Team published a detailed Regulatory Alert offering specific guidance to hospice providers. NHPCO members should download the complete Regulatory Alert: CY 2022 Home Health Final Rule – Survey and Enforcement Requirements for Hospices (11/08/21) from the [Regulatory Alerts and Updates](#) page of the website.

Physicians, Nurse Practitioners and Physician Assistants in Rural Health Clinics and Federally Qualified Health Centers can serve as a Patient's Attending Physician when Electing Hospice

After many years of advocacy, physicians and non-physician practitioners who work in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can, as of January 1, 2022, serve as a hospice patient's attending physician and receive payment for their services. The CY 2022 Physician Fee

Schedule final rule published the change. CMS has issued [CR 12357](#) and [MM 12357](#) announcing the use of the GV modifier for RHCs and FQHCs. Beginning January 1, 2022, an RHC or FQHC can bill and get payment under the RHC All Inclusive Rate or FQHC Prospective Payment System, respectively, when their employed and designated attending physician provides services during a patient's hospice election. To get the RHC AIR or payment under the FQHC PPS:

1. RHCs must report the GV modifier on the claim line for payment each day they provide a hospice attending physician service.

FQHCs must report the GV modifier on the claim line with the payment code (G0466 – G0470) each day they provide a hospice attending physician service. This applies when a physician, nurse practitioner, or physician assistant working for or under contract to an RHC or FQHC provides hospice attending physician services to a Medicare patient who has elected hospice.



NHPCO members will find all of the Regulatory and Policy Alerts available in the Regulatory Alerts & Updates section of the website at nhpco.org/regulatory.

Project ECHO: Implementing an All Share, All Learn Program



Project ECHO is all about democratization of learning which is why NHPCO was eager to implement the program this year. Project ECHO (Extension for Community Healthcare Outcomes) is an innovative tele-mentoring program designed to create virtual communities of learners by bringing together healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning. Participants are engaged in the bi-directional virtual knowledge network by sharing clinical challenges and learning from experts and peers.

NHPCO started the journey of bringing Project ECHO to NHPCO in 2020 as a complement to the Quality Connections program. When we implemented the program in February 2021, we were not sure what to expect, but each month more providers joined the calls to listen and learn from the case presentations and subject matter experts. It has been inspiring to see providers take time to plug into this type of education during the ongoing pandemic in such large numbers. Our average monthly attendance since February has been 100 per session and there are no signs of slowing.

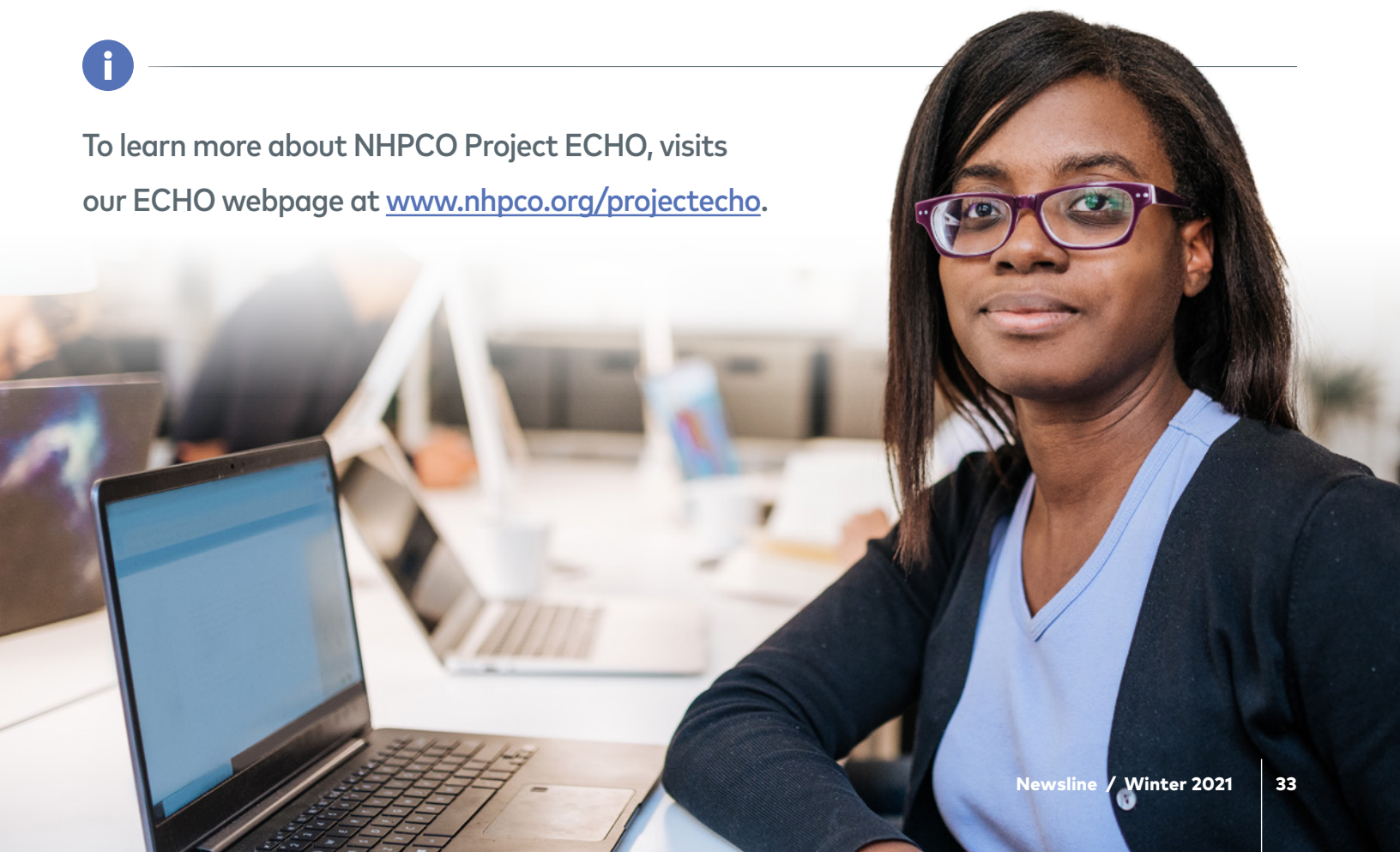
Providers are the keystone of the program, and we cannot continue it without case studies. NHPCO is looking for cases studies that are:

- **Relevant** – to hospice current practice
- **Compelling** – will hold the interest of listeners/participants
- **Important** – has a high impact or applies to multiple patients/caregivers
- **Clear focus** – topic(s) are well-illustrated by the scenario proposed
- **Applicable** – most if not all providers can relate
- **Challenging** – case involved challenges for the team
- **Quality** – demonstrates a connection to quality

Keep the ECHO momentum going and join the ECHO learning wave by [submitting](#) your case today.



To learn more about NHPCO Project ECHO, visit our ECHO webpage at www.nhpc.org/projectecho.



Short Takes

Conference Posters from IDC21

NHPCO facilitated a virtual poster session that was part of the 2021 Interdisciplinary Conference. The poster session had not been a part of NHPCO conferences for several years and in collaboration with our Quality Connections program, a virtual poster session was held as part of IDC21 to showcase the

great work of hospice and palliative care organizations. The focus was Quality & Performance Improvement (PI) with four categories: hospice clinical PI; hospice operations PI; palliative care clinical PI; and palliative care operations PI.

Many outstanding submissions were submitted and a review panel, comprised of members from NHPCO's Quality & Standards committee, selected the following winning poster presentations from each of the four categories.

Hospice Clinical Category:



Meaningful and Compliant Care Planning

Serenity Hospice and Home, Oregon, IL

To improve quality of care for patients, Serenity addressed plan of care issues by establishing a

performance improvement project that increased the number of developed, individualized, and updated care plans. [View the poster.](#)

Hospice Operations Category:



Increasing Length of Stay Awareness and Enhancing Discharge Planning in Hospice Care Centers

Bluegrass Care Navigators, Lexington, KY

There is risk to hospice programs for not providing all levels of care and there is risk for having long lengths of stay, including in a GIP setting. A Performance Improvement Project (PIP) was formed to address discharge planning in GIP locations. [View the poster.](#)

Palliative Care Clinical Category:



Osteopathic Manipulative Treatment - Impact and Patient Perception When Added to Standard Palliative Intervention

Mayo Clinic Health System, Mankato, MN

The purpose of this project was to evaluate symptom management outcomes of patients on the inpatient palliative service. Staff examined standard palliative intervention outcomes versus outcomes when OMT was added to the standard of care. Patient perception of effectiveness of adjunct OMT was also evaluated. [View the poster.](#)

Palliative Care Operations Category:



ACP Outreach to the Chinese Community

The Chinese American Coalition for Compassionate Care (CACCC), Shingle Springs, CA

CACCC is the nation's first coalition dedicated to improving EOL care for Chinese Americans in the United States, as well as the people of Taiwan and China. CACCC trained facilitators conduct online EOL discussions in Chinese using different resources in different settings. [View the poster.](#)



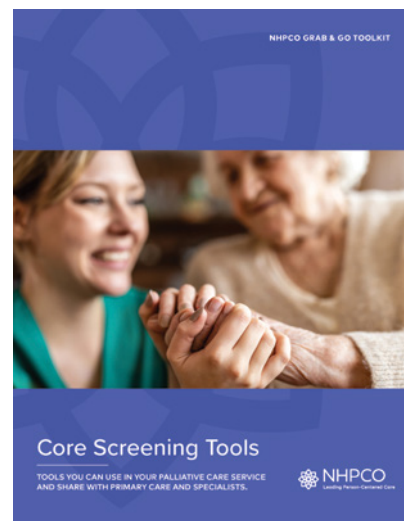
NHPCO congratulates the poster winners and submitters for their dedication to moving quality forward to ultimately ensure the best possible experience for patients and their family. All [IDC virtual conference posters](#) can be viewed in the Quality Connections section of the NHPCO website.

New Palliative Care Resources for NHPCO Members

NHPCO's new [Core Screening Tools Grab & Go Toolkit](#) and [video recording](#) of IDC session on Core Screening Tools are available online. The toolkit can be used with your primary care and specialty care partners to help them proactively identify seriously ill individuals that may benefit from palliative care or hospice. Special thanks to our partners at PCNOW, home of Fast Facts, for their collaboration on developing these resources.

Find this new resource and others on the [Palliative Care Grab & Go Resource page online](#).

Learn more about the Core Screening Tools in the [NHPCO Podcast, Episode #119](#).



New Trauma-Informed Care Resources for Veterans



The majority of WHV partners have participated in and integrated the resources created out of our Trauma-Informed Care initiative in partnership with the VA. This started as a pilot project aimed at providing state hospice organizations and state-wide Hospice-Veteran Partnerships an introduction and overview of addressing PTSD, moral injury, and

suicidal ideation at end of life and the support available to Veterans and their loved ones through VA support systems, including mental health expertise. On November 16, the We Honor Veterans team hosted a free webinar, "Screening and Referral of Veterans on Hospice," with VA subject matter and mental health experts as well as Mandy Anderson, LMSW, MSW, Social Worker with Level 5 WHV Partner Heart of Hospice and member of NHPCO's Trauma-Informed Care Work Group to provide the community perspective. The goal of this webinar was for community providers to be able to incorporate at least two questions to screen for distress related to PTSD and moral injury into their initial assessment, assess the severity of distress related to determine the appropriate levels of intervention, and apply the steps needed to connect Veterans with significant suffering from PTSD or moral injury on home hospice to VA telemental health expertise.

New resources to provide Trauma-Informed Care are available on the WHV [TIC-dedicated webpage](#). These include recordings of all webinars, a resource sheet, an updated screening guide, and training guides to go along with the incredible "Supporting Military Veterans with PTSD at EOL: Video Illustrations" created by VA subject matter experts within the Office of Rural Health. NHPCO's TIC Work Group has many resources as well including a new 2021 Resources Series, Resources for Easing Stress and Trauma in Time of COVID-19, and other Grief-Related Tools which can be found on their [resource page](#).



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