

# NEWSLINE

## A CEO Talks Hospice

Dialogue with  
a Journalist

### INSIDE

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Legislative Priorities

The Board in Action

Updates to keep you informed



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# 2020

# LEADERSHIP & ADVOCACY CONFERENCE

National Harbor, MD

**PRECONFERENCE** – March 23 - 24, 2020

**MAIN CONFERENCE** – March 25 - 27, 2020

## THANK YOU

to our 2020 Leadership and  
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Gaylord National Harbor.**

[nhpco.org/LAC2020](http://nhpco.org/LAC2020)



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# Message from Edo



Members,

As I write this letter to you, Coronavirus (COVID-19) has been declared a pandemic by the World Health Organization. We are facing a public health crisis that most of us could not have predicted earlier in the year. As you all respond to the quickly evolving needs of your patients, families and communities, I want to assure you that NHPCO's priority is supporting you in the work you are doing.

As providers of community-based, person-centered care, your professional experience is only going to become of greater value to our nation. Things are likely to intensify before they subside and the demands that may be placed upon you are still somewhat unknown. What I do know is that we, as a provider community, will likely be called to step up for the benefit of many.

As global attention continues to focus on COVID-19 and we experience what is likely to be a surge in numbers of people exposed to the disease, NHPCO staff have been working to gather the most current information from the most reputable sources. We have set up a webpage offering links to important information, visit [www.nhpc.org/coronavirus](http://www.nhpc.org/coronavirus). As news on this public health crisis continues to break on a daily, even hourly, basis, NHPCO will keep this page updated and will release Policy Alerts as news unfolds.

As some of you are aware, in an abundance of caution, NHPCO has decided not to hold the Leadership and Advocacy Conference and associated events scheduled for March 23 – 27. Throughout this issue of NewsLine you will see information about LAC20 programming. Some of the conference sessions will move to IDC20 in October. In the meantime, we will be hosting a free webinar on March 25 for the provider community on COVID-19. Look for additional information from NHPCO soon.

We recognize the critically important work that is required of you within the communities you serve. We encourage you to collaborate with others in your community to share information and services to those in need. Please know that all of us at NHPCO are working to support our members and the provider community.

With much respect,

Edo Banach, JD,  
President and CEO

P.S. To our provider members that have renewed their NHPCO membership for 2020, I am filled with gratitude that you recognize the value of being part of a national community with a vital mission. NHPCO is proud to work with you and on your behalf. For those of you who have yet to renew, please know that it's not too late and our membership team is happy to help you should you need a renewal form – and you can also visit the [renewal page on the website](#).



# Q&A

WITH EDO BANACH

A CEO's DIALOGUE WITH A JOURNALIST





**NHPCO leadership** engage with the media on a daily basis. Sometimes it's a formal interview, other times they want a specific comment on a relevant issue, and sometimes it's for context to better understand the field. President and CEO Edo Banach recently spoke with a reporter from a national news outlet on some themes that are timely. We thought the membership would enjoy reading the dialogue between the two. The journalist is not identified, our intention is to share Edo's thoughts with the membership.

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**Journalist:** The growth of hospice, I think most people have looked at it and asked, "Is more hospice better?" Are you all seeing some growing pains that you are starting to identify?

**Edo Banach:** Yes, without a doubt. I think that as hospice becomes a bigger and bigger part of the health care delivery system – and part of this is demographics – there are more people who are entering that phase of life, where they are going to succumb to disease. Part of what we're seeing in terms of the growth of hospice is that the growth is matching the demographics, that's point number one. Number two, we've actually done a good job as a society and as a community of getting it to be that over half of Medicare beneficiaries die on hospice care. Not so long ago it was much less than that. So, with demographics and the number of people who avail themselves of hospice, there is growth that's warranted. That said, it is also true that hospice has become more attractive to providers in recent years. Sometimes for the right reasons – people want to provide excellent care – and sometimes for the wrong reasons.

**Journalist:** Some concerning reports were released several months back, how did you respond?

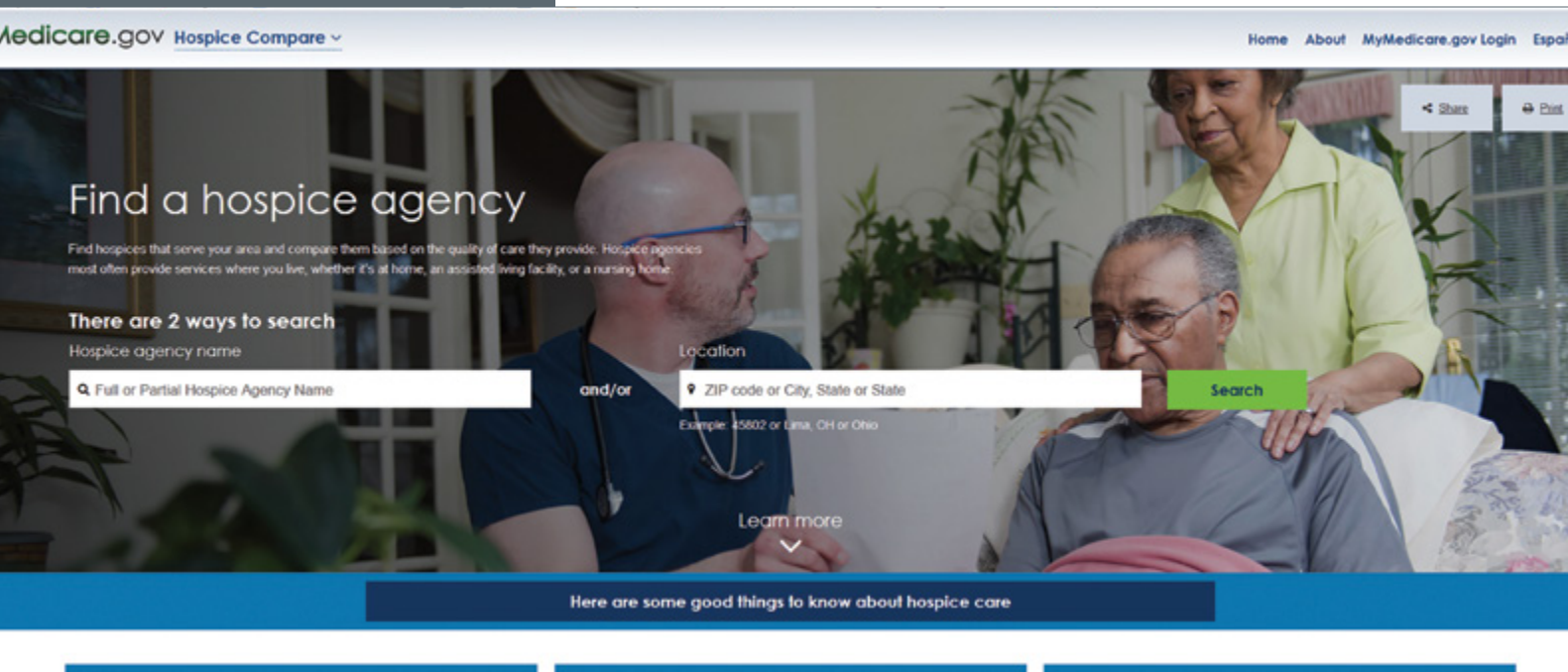
**Edo Banach:** Yes, the Office of Inspector General came out with a series of reports about six months ago citing some lapses in care that did indeed get the attention of the media. And one response to that could have been, "Us? Never." That was not our response because the fact is that problems do happen. And we want to work with the government, with Congress, with CMS that oversees providers, to tighten up enforcement. To tighten up their own utilization of the tools that they have to make sure that when people get hospice care, it's the best care possible. We shared public messaging and information with our membership that addressed the reports in a direct fashion and there are concerns that we are taking seriously.

It's not in our interest, it's in no one's interest for people to get substandard hospice care. One of the misperceptions, I think, is that it's a particular type of provider that is contributing to some of the problems that we're seeing.

That's not necessarily the case. There are large for-profit and nonprofit entities that are doing an excellent job, just like there are large for-profit and nonprofit hospices that are doing a job that fails to meet expectations. We see smaller providers delivering excellent care and small providers struggling to do so. It really runs the gamut. I think it's really important to focus on the quality of care that's provided and not a particular kind of provider.



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**Journalist:** When you say a particular kind of provider, are you talking about this divide between profit status?

**Edo Banach:** It's not only for-profit, nonprofit. It's also rural and urban. It's large and small. It's old and young. There are all these different dividing lines. I came off of a stint working for the government and I definitely had a perspective coming in to this job. And I think what I've seen is that it's really difficult to make blanket statements about what's good and bad. NHPCO's membership is two-thirds nonprofit, while the market itself is two-thirds for-profit, but we are committed to serving all provider types.

**Journalist:** When I talk with people, I find they don't really know what hospice is obligated to provide. How is one supposed to know that they're getting what they're entitled to from hospice?

**Edo Banach:** Well, that's a problem. In terms of our work with CMS, I think we really need to enhance the transparency of the benefits. Right now, if you go on the CMS website, you'll find Hospice Compare, but it's difficult to make heads or tails of what you're looking at. I think what we need to do is to simplify expectations as a consumer. A decision tree for making an informed decision, information about what hospices are supposed to provide, that needs to be easily accessible and understood.

**Journalist:** How have you addressed that?

**Edo Banach:** That's what we've done with [CaringInfo.org](https://www.caringinfo.org), the consumer facing part of our website. People can find information and a worksheet on choosing a quality hospice. Let me share a recent anecdote.

Early in my law career, I clerked for a federal judge in Nashville, John T. Nixon. About a month ago I got a call from his daughter who lived out in Los Angeles, and she had moved him out there to take care of him. She called me to let me know that her father just passed away and that he had been on hospice of which there are hundreds in Los Angeles. He ended up in not the best hospice, unfortunately. Had she talked to me before she put him with a hospice, I could have conveyed



some things to look for, some ways to make an informed decision for the program best suited to care for her father.

I think we, as NHPCO, have a responsibility to make sure that people are making the best, most informed decisions possible.

**Journalist:** Is there some sort of sophistication that is necessary now as the industry grows so much?

**Edo Banach:** Well, we have about 1,200 member organizations representing about 4,200 locations in the U.S. So, I think one indication of how sophisticated an entity is, is whether it's willing to join an association like ours and subject themselves to scrutiny, to oversight, to peer pressure. It's also true that if it turns out that one of our members is not providing high quality care, and is not interested in getting better, then it's not beneath us to say maybe you should go somewhere else.

But really our focus is on making sure that we are an association that helps people get better. Because remember, if you're in school and you're falling behind, it does nobody any service to kick you out. What we do is we provide you with remedial assistance, we provide you with help to get better. Our role is to highlight the folks who are excellent and to help the folks that want to be excellent become excellent. That's one of the reasons why we've worked so closely with CMS to say we need

to enhance oversight. Because if you're not actually committed to providing care, let alone high-quality care, you shouldn't be in business.

**Journalist:** Are there specific programs NHPCO offers?

**Edo Banach:** We provide our membership with a wide range of tools, resources and educational offerings to help them hone their skills – in all aspects of operating a hospice and palliative care organization. One particular thing that we're working on and are very excited about is our new Quality Connections, a program that will help our members wrap their arms around all aspects of quality with the goal of providing the best person- and family-centered care possible. While Quality Connections will roll out over 2020 into 2021, we are launching the first component, the Hospice Quality Certificate Program as a part of our upcoming Leadership and Advocacy Conference. (See page 14 for more about Quality Connections.)

**Journalist:** Has competition been good for the consumer?

**Edo Banach:** Yes and no. It used to be hospice was a word and a hospice was an entity in your community and if you were choosing hospice, you'd know that this was the entity that was available. Now when you use the word hospice in Boise, it can mean any one of three, 30 or 40 or 50 different entities. So on



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that level, unless we enhance the information that's available and the transparency that's available, more choice is not necessarily going to be good because some people are going to be making a poor choice. However, more choice is good when it comes to ready access to care, when it comes to culturally appropriate and sensitive care. It really does depend on the nature and the quality of the providers. But generally speaking, additional choices have been good for quality. We just need to marry that with more tools for consumers to make educated choices.

**Journalist:** What do you tell people to look for? That sort of telltale sign of a quality hospice agency?



care. For \$180 a day you're not going to be able to provide a multitude of services and supports for everybody. Nor do most people need that level of support and service. But you're right. I think that there's the promise of what hospice can be for everybody and there's the reality of what some people get. And that disconnect is something that we need to fix.

**Journalist:** Are there problems with the way reimbursement is structured?

**Edo Banach:** This is probably a good way to segue to delivery system reform. Right now, the fee for service benefit doesn't pay for quality. It pays for service that you get. And we've had this ongoing debate with MedPAC over how hospice should be paid for and whether reimbursement should be cut or not.

**Journalist:** MedPAC talked about cutting reimbursement, right?

**Edo Banach:** They did, and we were able to stave off a two percent reimbursement cut. And let me say why I think that a cut would not be a good idea. Not only is Medicare spending on hospice quite low when you compare it to anything else, but it's also the case that the hospice benefit is limited in a couple of crucial ways. One is the six month benefit. And it is for individuals with a prognosis of less than six months to live. Some get care for longer.

**Edo Banach:** A couple of things are top of mind for me. Utilization of volunteers would be one example. All hospices are required to have five percent of their patient care hours be provided by trained volunteers. I think it's important to look for hospices that are going above and beyond the bare minimum. Bereavement care would be another example. Some have more robust programs than others and offer support for a longer period of time, often to the broader community. Some do it more in person and less telephonically than others. Certainly, allied therapies are important. What the rest of the health care system believes is sometimes ancillary: Music therapy, occupational therapy, massage therapy. These are all things that can be very therapeutic for people period, but certainly at the end of life. You also want to make sure that the

people who are working for the hospices are certified. I would also ask if they are a We Honor Veterans partner if your family member or loved one is a veteran. We also want to make sure that they are actually providing 24/7 access. It's important to know that they will be there when you need them.

**Journalist:** I look at what Medicare requires of hospice and it includes home health aides and even homemaker services. It feels very disconnected from the actual consultations that I hear about between hospice agencies and patients.

**Edo Banach:** Well, I think part of the problem is reimbursement. A hospice is paid about \$180 a day to provide care. As you know, there are different layers of reimbursement, but most people, 98% of people, get routine home

Two, there's actually a cap in terms of the average amount of dollars spent per person receiving hospice care. And that's one of the things that MedPAC has recommended cutting. So it's a very odd construct when essentially if the cap is cut, you're going to have a theoretical six month benefit that nobody can actually get for six months because the amount of money available to care for the person isn't enough to do that. We would never do that with a hospital, emergency room. We would never do that with a community physician. We don't cap the amount of care that someone is eligible to get in that same way.

But with hospice, we've made such a determination.

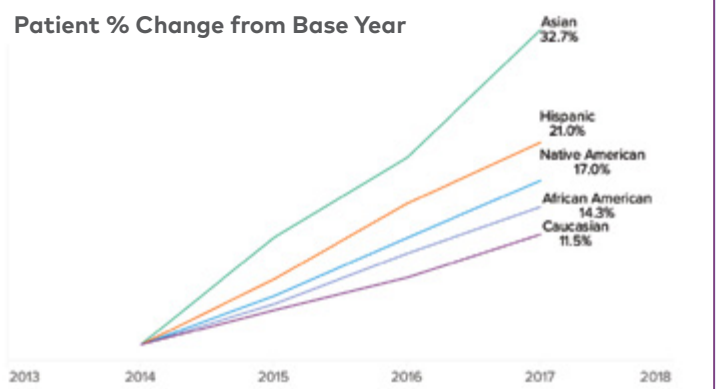
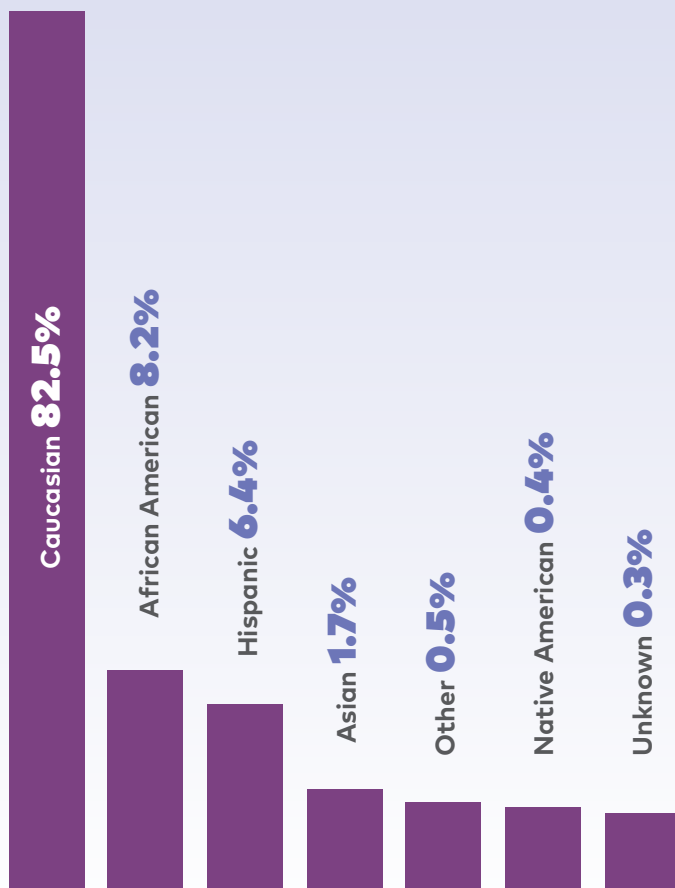
Going all the way back to 1983, the budget office was thinking, "We want to make sure that hospice doesn't bankrupt the country. So we're going to do two things that are really important. One, we're going to limit the benefit to a prognosis of six months. And we're going to make sure that we cap the amount of money that we spend. And then that way we can be sure that it doesn't bankrupt the country."

**Journalist:** And this doesn't work today?

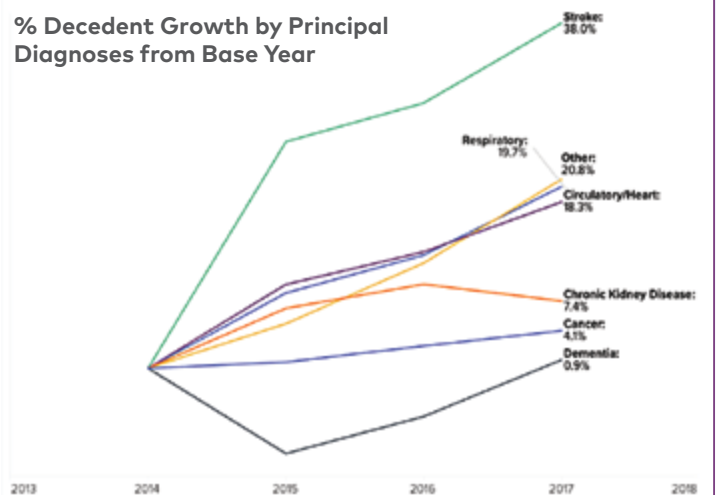
**Edo Banach:** The problem is that as the demographics change people don't only die of cancer and there are many more people in this pool. What we're doing is we're actually causing some folks to be either not accepted on hospice care or discharged from hospice care which can move them to a much more expensive care setting, all in the name of a benefit that was established long ago.

**Journalist:** The way this was originally sold was that it would essentially save money. Do think there's a change in the way we think of hospice needing to save money?

## % of Patients by Race for 2017



\* Categories correspond to those used by CMS in the Hospice Limited Data Set







...when we point out a hospice with a high rate of live discharges, or a long length of stay, what we're pointing out more often than naught are limitations in the system itself.

**Edo Banach:** I would push back a little bit against the thought that hospice doesn't save money. It all depends on what your lens is. If your lens is as opposed to what the status quo would be for a similarly situated individual who avails themselves of expensive, extensive inpatient care, I would argue hospice does save money.

If you're comparing hospice to nothing at all, then clearly it doesn't save money. But I think that is an unfair comparison. In terms of what hospice was established to do, which was really to take care of people who are suffering at the end of life unnecessarily, hospice does save money, but the whole point was not only to save money. It was the

fact that people were and still are dying in pain, dying isolated, or dying unnecessarily in an unnecessarily medicated way. And that is something that we still we've got a ways to go in terms of making more progress.

**Journalist:** There seems to be a contradiction in how it works and how it should work.

**Edo Banach:** Yes. Journalists are writing stories about how we should be getting more interdisciplinary, less medical care. Zeke Emanuel writes an op-ed about how his own father was over medicalized and it really took a feat, a real effort by him, to reduce the medicalization and provide more nonmedical supports and services. And we point out, that's what we do. We're not a medical inpatient model. We're a primarily home-based nonmedical model. I would argue that hospice does so much of what we want the health care system to do. And when we point out a hospice with a high rate of live discharges, or a long length of stay, what we're pointing out more often than naught are limitations in the system itself.

Dementia is the perfect example. You have hospices who feel like criminals when they provide care to people for eight, nine, or ten months because hospice is supposed to be a benefit that's a six-month benefit. But if you think about the alternative, it's discharging Mrs. Jones, allowing her to decline, into and out of a nursing home, then into hospice

anyway at the end of life. And what we've done is we've cost the system a ton more money and we've cost the family a lot of grief and I find myself thinking, why are we doing that?

**Journalist:** Investors are obviously enthusiastic about hospice. Do you have any concerns about how much money people are making in this sector at the moment?

**Edo Banach:** My key concern is making sure that people get the best quality of care possible. And I'm no defender of any particular sector, but I think that when we argue about anything other than quality of care, we're missing the point. I want to make sure that people are getting the best care possible, that must be the primary focus.

I think that anybody who's in business, the business of hospice care, purely as a business in order to make a profit and isn't committed to the interdisciplinary model, isn't committed to all of the ancillary services and benefits that I talked about, isn't committed to the highest quality care possible, they should be doing something else. I believe that very strongly. I want to focus on the quality of care above all else.

And we didn't even get into a discussion about palliative care, so please let's find time to talk about that in the future. I have lots of thoughts about community-based palliative care that I would love to share.



## NEED CRITICAL COMPETITIVE DATA?

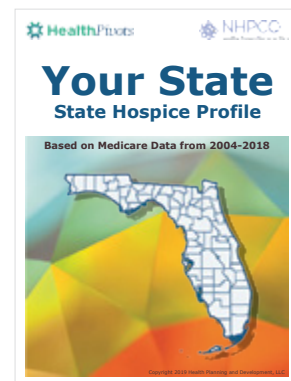
**LOOK NO FURTHER...** The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2004-2018, providing critical information to learn more about the competitive environment of your state.

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

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

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

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2004, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at <https://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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# NHPCO QUALITY CONNECTIONS

## A New Program to Equip Providers with Tools and Knowledge to Excel

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

Consistently delivering quality care requires hospice providers to practice and perform above the regulatory requirements and truly customize their care and services to meet the needs and expectations of each patient and their family. This hospice provider is always asking, "what can we do better?" to make this one-time experience the best it can be for a patient and their loved ones.

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

NHPCO is committed to helping hospice providers with quality hospice care delivery so we are developing a comprehensive quality focused program, Quality Connections, that will be implemented throughout 2020 and 2021.

**Quality Connections** is a national program designed to support provision of high-quality, person-centered care through access to education, resources, tools, and measurement for quality assessment and performance improvement. The program's goals are to enhance the knowledge base, skills, and competency of hospice staff in the delivery of high-quality hospice care, as well as providing education, tools, resources, and opportunities for engagement and interaction among hospice quality professionals.

**Quality Connections** program members will complete milestones of achievement over defined timeframes through participation in education, measurement, implementation of competencies, and practices that promote high quality of care delivery and development of innovation for providing service excellence. These





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

– Milton Hershey

details will unfold as the program rolls out but the first component will be offered in March 2020.

## Hospice Quality Certificate Program

**Quality Connections** will launch with the inaugural offering of the [Hospice Quality Certificate Program](#), a two-day preconference seminar (March 23 and 24) that is part of NHPCO's Leadership and Advocacy Conference at the Gaylord National Harbor. This is the first component of the **Quality Connections**.

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

- **Day One:** Covers the basics of health care compliance, including a review of the federal hospice regulations, compliance as the foundation of a quality hospice program, and the connection between compliance and quality outcomes.
- **Day Two:** This is an intensive day focusing on the nuts and bolts of hospice quality measurement,

self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practice application to ensure high-quality patient and family care.

As this issue of *NewsLine* goes to press, there are still limited spaces available for those who want to begin their quality journey this March. Visit the LAC 2020 website for details and registration, space permitting.

## Virtual Conference 2020

Another important quality offering from NHPCO will be this summer's Virtual Conference, July 22 and 23, 2020. Produced in collaboration with AAHPM and HPNA, the Virtual Conference will focus on quality as the theme. Content will include both the clinical perspective and the programmatic perspective creating an opportunity for quality professionals and the interdisciplinary team to explore each unique perspective and how they intersect. Conference Topics: Measurement, Reporting, Medicare, Balancing Quality and Operations, Care Coordination, and more. (Find a registration form on page 17.)

## This is Only the Beginning

NHPCO will alert our members as Quality Connections unfolds over the next two years and when you will be able to join the program as an official participant.

## The Hospice Compliance Certificate Program

This successful program, that has sold out when presented at previous NHPCO conferences, will also be offered as a two-day preconference seminar (March 23 and 24) that's part of the Leadership and Advocacy Conference 2020.

Successful programs today need to know the basics of healthcare compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, and anonymous reporting. The [Hospice Compliance Certificate Program](#) will look at hospice specific topics and how they apply in organizations today, including a detailed review of the federal hospice regulations including Conditions of Payment, survey deficiencies, and preparing a plan of correction as response to a hospice survey. The importance of the Stark law, the Yates memo, anti-kickback statutes, and inducements for referrals will also be covered. In addition, content includes conducting an internal audit, looking at organizational ethics related to compliance, and audit scrutiny. Following the program, participants must complete and pass an online test to receive their certificates.

Visit the [LAC 2020 website](#) to see if space remains for this popular seminar from NHPCO.

# VIRTUAL CONFERENCE

July 22-23, 2020



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AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE



**HPNA**  
Hospice & Palliative Nurses Association  
*Advancing Expert Care in Serious Ill*

Visit [www.nhpco.org/vc2020](http://www.nhpco.org/vc2020) for  
conference information and registration.

The event  
that  
brought  
48 states  
together in  
2019

## FOCUSING ON QUALITY CARE

Professional education and training for staff and volunteers is an ongoing commitment that must be part of an organization's culture. High-quality care, regulatory compliance, and clinical excellence require ongoing education. VC20 will balance both the clinical perspective and the programmatic perspective of quality.

Three industry leaders offering expert content, nationally recognized faculty, and CE/CME credit as well as three months of on demand availability that maximizes your educational dollar.

# VIRTUAL CONFERENCE

July 22-23, 2020



Registrant Name \_\_\_\_\_ Credentials \_\_\_\_\_

Registrant Email Address (Required) \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Registration Fees

Type	Individual Member*/Non-Member (Eligible for CE/CME)**	Organization Member*/Non-Member (Eligible for CE/CME)***	Additional Sites (Added to Organization Registration)
<b>Early Bird</b> (Early Bird Dates: Until June 7)	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$700	<input type="checkbox"/> \$450 / <input type="checkbox"/> \$900	<input type="checkbox"/> \$75
<b>Regular</b> (Regular Dates: June 8 - July 18)	<input type="checkbox"/> \$450 / <input type="checkbox"/> \$900	<input type="checkbox"/> \$550 / <input type="checkbox"/> \$1,100	<input type="checkbox"/> \$100
<b>Late: After July 18</b> (within 72 hours of conference)	<input type="checkbox"/> \$1,000 / <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,200 / <input type="checkbox"/> \$2,400	<input type="checkbox"/> \$200
<b>CE/CME</b>	FREE	FREE	FREE

\* The member rate applies to NHPCO, AAHPM and HPNA members.

\*\* Provides 1 login and 1 participant eligible for CE/CME for FREE.

\*\*\* Provides 1 login and unlimited number of participants eligible for CE/CME credit for FREE.

## Additional Sites

**Organizations can purchase additional logins (computer connections), to host the conference in multiple locations.**

Provide contact information below for each additional site registered to participate in the conference. Please attach a list of additional site contacts as needed.

1. Additional Site Contact Name \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

2. Additional Site Contact Name \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

## Payment

**Total Due \$** \_\_\_\_\_

### Payment Information

Payment in full is required at the time of registration to ensure registration is processed and confirmed.

- Make checks payable to NHPCO
- Checks must be in US funds
- A charge of \$25 will apply to checks returned for insufficient funds
- If the total calculated is incorrect, we will charge the remaining amount deemed to be accurate and appropriate

**Continuing Education (CE/CME) Credit:** Continuing education credit for nurses and physicians and non-physician healthcare professionals will be available. Requests for CE/CME credit can be made following the conference through the conference attendance and evaluation process. There is no charge for CE/CME credit processing. See [www.nhpc.org/vc2020](http://www.nhpc.org/vc2020) for additional information.

**Registration Cancellation Policy:** All cancellations and refund requests must be made in writing. A refund of the conference fees, minus a \$50 administrative fee, will be provided for cancellations received by **June 7, 2020**. Cancellations between **June 8 and July 18, 2020**, will receive a 50% refund less the \$50 administrative fee. No refunds will be granted for requests postmarked after **July 18, 2020**. Submit all requests to [conferences@nhpc.org](mailto:conferences@nhpc.org). Refunds or credits will be processed within 15 business days after the conference.

Check # \_\_\_\_\_ or ☐ ☐ ☐

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CREDIT CARD NUMBER

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EXP DATE

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Cvv Code

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NAME ON CARD (PLEASE PRINT CLEARLY)

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DATE

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# NHPCO

LEGISLATIVE PRIORITIES  
FOR THE 116TH CONGRESS



We fight to ensure compassionate, high-quality care for all Americans facing serious and life-limiting illnesses...

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## STRUCTURAL REFORM OF THE MEDICARE HOSPICE BENEFIT

NHPCO supports reforms that improve access and care for patients and families, including allowing hospice patients to access concurrent curative care, improving upstream access to palliative care, reforming the six-month prognosis barrier, and reducing regulatory hurdles that unnecessarily limit access to hospice services at the end of life.

## REDUCTION OF REGULATORY BURDEN WHILE PROTECTING PROGRAM INTEGRITY

NHPCO supports regulations that promote accountability and safety and is eager to work with lawmakers to develop policies and enforcement mechanisms that promote program integrity.

**Specifically, NHPCO is committed to:**

**EDUCATION:** professional education and training for staff and volunteers is an ongoing commitment that must be part of an organization's culture. Additionally, it is equally as important for the surveyors in charge of overseeing and reviewing hospices are properly trained and educated on hospice rules and regulations. Surveyors should be well-versed in hospice rules and provide guidance to hospices in how to best abide by those rules. High-quality care, regulatory compliance, and

clinical excellence require ongoing education for all parties involved.

**TRANSPARENCY:** a patient or family member must be confident that a Medicare- certified hospice will provide high-quality care and they should be able to access reliable, useful, and understandable data to assist them in making an educated choice.

**OVERSIGHT:** We support increased oversight for new and poor performing hospices. We recognize the need for smart oversight that does not jeopardize access to care by burdening providers with excessive regulation. We are prepared to work with the Administration and Congress to make it happen.

## COVERAGE FOR COMMUNITY-BASED PALLIATIVE CARE SERVICES

A statutory standard definition of community-based palliative care would allow hospice programs to provide the right care at the right time by ensuring reimbursement for palliative care services.



We recognize the need for smart oversight that does not jeopardize access to care by burdening providers with excessive regulation.

## EXPANDED ACCESS TO HOSPICE SERVICES

Education and training programs can stem provider shortage issues by encouraging more individuals to pursue a profession in the hospice and palliative care fields.

NHPCO also supports removing barriers that limit hospice and palliative care access in both rural and urban communities.

### SUPPORTED LEGISLATION:

- The Palliative Care and Hospice Education and Training Act
- The Rural Access to Hospice Act
- Provider Training in Palliative Care Act

## KEY MESSAGES TO REINFORCE:

Hospice is an interdisciplinary, person-centered health care model that works to meet the unique needs of patients and families facing serious illness and the end of life.

Changes to the Medicare Hospice Benefit should remove burdensome regulations that compromise patient care while implementing common-sense reforms that promote value and quality, patient choice and access, and provider accountability.

The value-based model of person-centered care pioneered by hospice and expanded by palliative care should be adopted throughout the care continuum.

## OUR PRESENCE ON CAPITOL HILL

In reaching out to advance our legislative priorities, we stress that NHPCO's members provide care in more than 4,000 hospice and palliative care locations and for over 70% of the Medicare beneficiaries served by hospice. NHPCO represents thousands of professionals and hospice volunteers. NHPCO is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.

The [Hospice Action Network](#), an NHPCO affiliate and national hospice advocacy organization, is dedicated to preserving and expanding access to hospice care in America. Our mission is to advocate, with one voice, for policies that ensure the best care for patients and families.

We fight to ensure compassionate, high-quality care for all Americans facing serious and life-limiting illnesses by:

- Expanding an ongoing and influential presence on Capitol Hill
- Mobilizing a growing network of Hospice Advocates throughout the nation
- Empowering, through new and innovative techniques, an interactive community connecting the public with Hospice Advocacy



**NHPCO also supports removing barriers that limit hospice and palliative care access in both rural and urban communities.**





# NHPCO's Career Center

**We connect you with qualified hospice and palliative care professionals.**

NHPCO can help you find the right candidate to help advance your mission to provide quality hospice and palliative care. The NHPCO Career Center is easy to navigate and allows your organization to post jobs online, manage applications, and search resumes.

There are several pricing options available and NHPCO members receive a discount.

Learn more by visiting  
[careers.nhpc.org/employers/](https://careers.nhpc.org/employers/)



**NHPCO**

National Hospice and Palliative  
Care Organization

*Check out  
our spring  
promotion!*

**Focused, Qualified  
Talent Pool**

**57,712**



Total Searchable Resumes

**1,188**



Average Monthly Visitors

**401**



Average Views Per Job



# Meet the 2020 NHPCO Board of Directors

## Message from Board Chair Greg Wood

The Spring edition of our quarterly, *NewsLine*, gives me the opportunity to introduce the NHPCO board of directors with the hospice and palliative care community. This I do with great pride and I speak on behalf of the entire board when I say it is an honor to be working on your behalf.

As I welcome new individuals to the NHPCO board of directors for 2020, I must also thank all of the existing members of our board for their dedication to the work of NHPCO, our many members across the country, and the communities that we serve. Ultimately, what drives and inspires us all to serve are the patients and family caregivers that benefit from the person- and family-centered care that hospice and community-based palliative care providers bring to all corners of this great nation.

We should be proud that hospice provides care for 1.5 million Medicare beneficiaries every year, and their family caregivers...as well as individuals not covered by the Medicare benefit. Yet, we can never forget that work must continue to increase access to all those who need high-quality care.

We cannot slow down in our effort and diligence to ensure people receive what they need and want while living until they die. It is up to us to continue this vital work so that today and the generations following us get our best. Through your dedication and support, NHPCO members can be assured that the work of our community is exemplary.

I am honored to be serving with such distinguished colleagues and I thank you for this opportunity to be a part of the important work you do every single day.



**Greg Wood**  
Board Chair



**We cannot slow  
down in our  
effort and  
diligence to  
ensure people  
receive what they  
need and want  
while living until  
they die.**

## Executive Committee

### *Chair*

#### **Gregory A. Wood**

Hospice of the Ozarks,  
Mountain Home, AR

### *Vice Chair*

#### **Norman McRae**

Caris HealthCare, Knoxville, TN

### *President*

#### **Edo Banach**

President and CEO  
NHPCO, Alexandria, VA

### *Treasurer*

#### **Brian Jones**

SHARE Foundation,  
El Dorado, AR

### *Secretary*

#### **Rafael Sciallo**

Empath Health/Suncoast  
Hospice, Clearwater, FL

### *At-Large/ MyHospice*

### *Representative*

#### **Melinda Gruber**

Caring Circle, St. Joseph, MI

### *At-Large*

#### **Regina Bodnar**

Carroll Hospice, Westminster, MD

### *HAN Representative*

#### **Angela Sells**

AseraCare Hospice & Palliative  
Care Medicine, Fort Smith, AR

## National Directors

#### **Sally Aldrich**

Baptist Trinity Hospice,  
Memphis, TN

#### **Samira K. Beckwith**

Hope Healthcare, Fort Myers, FL

#### **Darren Bertram**

Infinity Hospice Care, Phoenix, AZ

#### **Peter Brunnick**

Hospice & Palliative Care  
Charlotte Region, Charlotte, NC

#### **Ronald Crossno**

Kindred at Home, Rockdale, TX

#### **Carla Davis**

Heart of Hospice, Charleston, SC

#### **Elizabeth Fowler**

Bluegrass Care Navigators,  
Lexington, KY

#### **Sandy Kuhlman**

Hospice Services, Inc.,  
Phillipsburg, KS

#### **Katy Lanz**

TopSight, LLC, Pittsburgh, PA

### *COS Representative*

#### **Paul Ledford**

Florida Hospice & Palliative Care  
Association, Tallahassee, FL

#### **Tarrah Lowry**

Sangre De Cristo Hospice &  
Palliative Care, Pueblo, CO

#### **Sarah McSpadden**

The Elizabeth Hospice,  
Escondido, CA

#### **Balu Natarajan**

Seasons Hospice & Palliative  
Care, Rosemont, IL

#### **Robert Parker**

Intrepid USA Healthcare Services,  
Carrollton, TX

#### **Joe Rogers**

Hospice of Humboldt, Eureka, CA

#### **Nick Westfall**

VITAS Healthcare Corporation,  
Cincinnati, OH

#### **Judith Wooten**

Arkansas Hospice, Inc.,  
North Little Rock, AR

## Staff Liaison

#### **Beth Fells**

NHPCO, Alexandria, VA

# Our Board Members

## Volunteering in Puerto Rico

The NHPCO and Hospice Action Network hosted their January board and committee meetings in San Juan, Puerto Rico, the week of January 20, 2020. Plans to host the meetings in this U.S. territory were made almost two years ago with the intention of supporting our colleagues and member hospice programs that were still struggling following Hurricane Maria in 2017. In addition to several member hospices in Puerto Rico, there are more than 30 other provider organizations and opportunities for our board members to meet these providers, and our staff to visit some of these organizations, were an important part of the week's activities. Fortunately, the earthquake activity earlier in January did not affect the meeting plans.

NHPCO is pleased to report that the meetings were a success, but our attendees were most moved by the volunteer opportunities that were arranged for them during the week. Board members and members of the Legislative Affairs Committee, Quality and Standards Committee, Regulatory Committee and the Palliative Care Council were given the option to volunteer at several local non-profit organizations that are fulfilling their missions in the aftermath of Hurricane Maria and the most recent earthquakes.



*Amigos de los Animales is a non-profit rescue and dog shelter located outside of San Juan. Volunteers were able to spend the day helping care for the dogs currently in the shelter and a few NHPCO staff members even adopted some new furry friends!*



As Hospice providers, most of us have cared for individuals and families who have experienced losses as a result of some natural disaster. It was only right when we had our NHPCO Board meeting for us to offer any help we could while we were in Puerto Rico. I elected to go to the World Central Kitchen, a farm about 60 miles west of where we were staying in San Juan. Driving there, we saw more of the poverty in which the residents of Puerto Rico were living. The mission of World Central Kitchen is to grow organic seeds in their Plow to Plate Program to provide food resiliency in the face of future disasters. I was honored and inspired to work beside soul filled and committed individuals who only wanted to help others and create a better and self-sustaining Puerto Rico.

— Board Vice-Chair Rafael Sciuillo.



# Members in Action



NHPCO was honored to help our brothers and sisters in Puerto Rico. Their resiliency in the face of hardship is inspiring. We all came away with a renewed sense of purpose and commitment to improving care (and the world)."

– Edo Banach

In addition to a week of successful meetings and volunteer events, NHPCO leadership and meeting attendees were able to meet with local hospice and palliative care providers to learn more about care delivery in Puerto Rico where 90 percent of Medicare beneficiaries are in a Medicare Advantage plan. We are looking forward to working with our provider members and colleagues in Puerto Rico to help increase access to care.



▲ NHPCO President and CEO Edo Banach and Chief Advocacy Officer Hannah Yang Moore had the opportunity meet with the staff at the Ronald McDonald House in San Juan.

► Board and committee members visited Grace Hospice of Puerto Rico where they met with leadership at the organization and volunteered at an elder home.

▼ World Central Kitchen's Plow to Plate program is designed to help small farms, and agricultural and food organizations in Puerto Rico, sustain and grow food production, distribution and sales. Several volunteers spent the day working in the kitchens helping prepare food for local schools that were impacted by the earthquake.





# Q&A with HMDCB Certificants

The Hospice Medical Director Certification Board (HMDCB) launched its 7th initial certification application cycle January 7, 2020. Since its launch, more than 1,100 hospice physicians from across the country have earned the HMDC credential. Both full- and part-time physicians from a variety of practice settings have chosen to become certified. We recently asked several certificants about the value of the credential for their hospices and the field.



**Tommie Farrell,  
MD, FAAHPM, HMDC**  
Associate Medical Director, Hendrick Health



**Amy Moss,  
DO, HMDC, FACOI**  
Executive Medical Director, Amedisys



**Michael Shapiro,  
MD, HMDC**  
Chief Medical Officer & Medical Director,  
Cornerstone Hospice & Palliative Care



**Amir Tirmizi,  
MD, HMDC, FAAHPM**  
Attending Physician, Our Hospice  
of South Central Indiana

## **Q: Talk about how this certification has benefited your hospice, patients, and/or partnership with your CEO?**

**TF:** I already had a good relationship with patients and the organization, but this certification added a layer of pride for us to ensure our patients that there was a quality of care among our physician team.

**AM:** HMDCB certification has provided a tangible way to highlight and/or acknowledge not only my commitment to specialty

excellence but my organization's commitment to engagement with physicians recognized as exceptional in the delivery of hospice and palliative care.

**MS:** The HMDCB certification has greatly benefited our organization, and the patients and families we serve. It provides our clinical staff with a nationally recognized certification standard which signifies and highlights their expertise in end of life care. This allows for our staff and community to assure patients and families of the depth of

expertise being utilized in the provision of their personalized hospice care.

**AT:** HMDCB has significantly benefited our hospice by helping me understand the regulatory aspects of this field of medicine, which in turn ensures our organization stays in compliance. It also provides me with the tools to comfortably discuss the non-clinical aspects of care with patients and their families. Our CEO is glad to have me as an HMDCB certified physician on the team.

**Q: If asked by a CEO/ administrator why they should get their physicians certified, what would you say?**

**TF:** It shows a dedication to patients and families to say, "all of our physicians are certified in this field and really know what they are doing." I say that all the time to my patients in reassuring them that no matter which of my colleagues is on call, we are all certified.

**AM:** Physicians that are committed to ongoing professional development and specifically, HMDCB-certified, are best suited to meet the increasing operational, regulatory, and compliance challenges and clinical demands of the 21st century hospice and palliative medicine physician.

**AT:** I would tell them to get their physicians certified by HMDCB as this is the only exam that prepares us to learn not only the clinical care of hospice patients but also realize the important contribution of all the stakeholders involved in such care.

**Q: Why do you think HMDCB benefits the hospice field?**

**TF:** Patient care is the reason we are all here. Anything that raises the quality of the physician raises the quality of care for the patient. If all were certified I am certain we would see less of the negative examples of hospice in the media.

**AM:** It provides a level of standardization across HPM physicians that patients/families, employers, payors and policymakers can expect. In so doing, is a first step in demonstrating performance and outcomes expectations of the field are improved when undertaken by a HMDCB physician.

**MS:** It helps to recognize and standardize a large group of providers who have an extremely specialized skill set and knowledge base, that would otherwise be unable to achieve certification status.

If you are interested in learning more about how a certified hospice physician can positively impact your hospice, visit [HMDCB.org/CEOs](https://HMDCB.org/CEOs). Physicians can apply by visiting [HMDCB.org/apply](https://HMDCB.org/apply) by April 13.



**HMDCB has significantly benefited our hospice by helping me understand the regulatory aspects of this field of medicine...**

# Contracting Advice Member Can put to

## CMS Care Models and Medicare Advantage

Opportunity is knocking! Are you ready to participate in Primary Care First, Direct Contracting and VBID? At the core, each model requires the same skills and resources.



**Assess** local market to identify contracting opportunity (or lack thereof) and determine plan readiness/understanding of palliative care and hospice opportunity



**Review** health plan or health partner mission and vision to determine alignment with organizational goals



**Identify** staff responsible for overseeing the MA contracting process as well as staff that will be dedicated to successful implementation and ongoing responsibilities



**Evaluate** organizational readiness by assessing internal processes, service offerings, provider partnerships, and clinical strengths and gaps



**Identify** potential plan partners and craft narrative to demonstrate your value to the MA organization



**Submit** documentation for MA plan credentialing requirements and review/negotiate contract terms with plan partner

# e that Every o Use!

## Opportunities: Connecting the Dots for 2021

### Key Elements for Contract Considerations



**Payment Rates:** For palliative care services, there is no current Medicare baseline. For hospice, Medicare FFS rate will serve as baseline. Alternative arrangements may include case-rates, episode rate, PMPM, shared savings and pay for quality



**Performance Requirements:** Contracts will outline the plan's expectations, such as the amount of time it takes for a provider to see an enrollee following a service authorization. Providers should ensure they are comfortable with these requirements



**Utilization Management:** Contracts may refer to plan policies and procedures as opposed to including language in the contract. Providers should request and review these materials before agreeing to the terms



**Claims and Billing:** Requirements for claims and billing should be detailed and clearly defined. Providers should pay special attention to timely payment and "clean claims" language to ensure it is specific



**Insurance and Liability:** Most contracts will require liability insurance. Providers should pay attention to how each party identifies and manages risks and how risks may be transferred between the plan and the provider



**Dispute Resolution:** Contract terms should address as many potential disputes as possible, including coverage/authorization of services and payment. Note that most contracts indicate that disputes will be handled through arbitration

*This information prepared by Health Management Association expressly for NHPCO.*



# Short Takes



Derreck Kayongo



Jonathan Fleece



Senator Rosen speaks with Edo Banach.

## IDC Keynotes on E-Online

The keynote speakers at the 2019 Interdisciplinary Conference in Orlando were well received by IDC attendees – we share some of the participant comments below. You can enjoy these two outstanding presentations via NHPCO's E-Online.

### Harnessing Your Power to Create Change

**Derreck Kayongo**, Founder, Global Soap Project and Former CEO, Center for Civil and Human Rights

*"AMAZING. The best speaker I have had the opportunity to see in person. Made me recognize how much I have to be thankful for and that I am not the person I am today without the influence of many others."*

*"I will work with staff on understanding that although they may only have a few minutes with family to effect change in their lives (triage and referrals), it only takes one person to make a big impact."*

### Person Centered Care – It Begins with Us

**Jonathan D. Fleece**, President and CEO, Stratum Health System and Tidewell Hospice

*"This was normalizing, filling, beautiful and necessary for the IDT to receive. This was well done and timely! Congrats to his hospice for all the work they are doing and many thanks for his bravery in sharing his journey and what it means for the future of patient centered care. Wonderful message!"*

*"I, too, am guilty of focusing on all of the patient needs, enforcement of regulatory processes, and the daily grind that I forget about the importance of self-care. As a manager, I also need to be mindful of this fact for my staff."*

Whether you missed IDC19 or you want to share the presentations with your team, [E-Online](#) makes it easy, when and where you're ready.

And we've made Edo Banach's chat with opening keynote Senator Jacky Rosen available on a recent NHPCO podcast. [Listen to Episode #80](#), recorded at IDC19.

## National Hospice Gala 2020

The 2020 National Hospice Gala will take place on Thursday, March 26 in conjunction with the LAC. The event attracts hospice and palliative care leaders from across the nation and around the world. This year, the National Hospice Foundation is raising support for pediatric programs and offerings.

There will be much to celebrate at this dressy affair with dinner, auction, entertainment, and dancing. Participating in this event is a great opportunity to show your leadership and support in the hospice and palliative care community.

## New Chapters Coming to Palliative Care Playbook

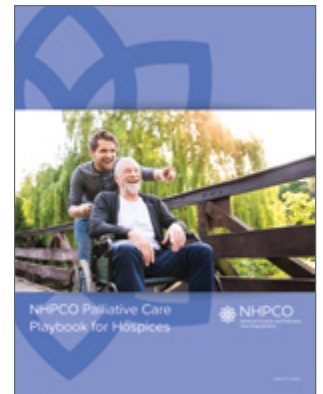
### Download this resource today

Last April, NHPCO published a valuable resource exclusively for members, the Palliative Care Playbook for Hospices. The Playbook has been created to help hospices who are offering or working to create community-based palliative care programs.

The NHPCO Palliative Care Playbook for Hospices provides step-by-step instructions developed by hospice experts, to guide hospices in the development, implementation, and sustainability of a community-based palliative care program.

This March, NHPCO will release two additional chapters to the Playbook: Reimbursement, and Partnership & Contracting.

Members may download the [Palliative Care Playbook for Hospices](#) in PDF, free-of-charge on the NHPCO website.



NATIONAL  
HOSPICE  
FOUNDATION

Gala

Gaylord National Resort  
& Convention Center

**AN EVENING OF JOYFUL CELEBRATION.**

**MARCH 26, 2020 | 6:30 PM - 11:00 PM | BLACK TIE EVENT**

To be an event sponsor, purchase tickets or donate auction items, please call 703-837-3157, email [mnayyar@nhpco.org](mailto:mnayyar@nhpco.org) or visit [www.nationalhospicefoundation.org/gala](http://www.nationalhospicefoundation.org/gala).

## Short Takes



There's nothing like a face-to-face conference to recharge your batteries, fuel your creativity, and renew your sense of mission.

## Be a Part of the 2020 Leadership and Advocacy Conference

### NHPCO Welcomes Onsite Registrations

We're only a week or so away for the 2020 Leadership and Advocacy Conference at the Gaylord National Harbor Hotel and Convention Center – and remember, we welcome onsite registrations, so join us even for a single day! There's nothing like a face-to-face conference to recharge your batteries, fuel your creativity, and renew your sense of mission. [NHPCO's Leadership and Advocacy Conference](#), March 25 – 27 (preconference seminars on March 23 and 24), is where hospice and palliative care leaders gather to exchange ideas, strategies, and solutions. From dynamic keynotes to a robust offering of peer-to-peer [educational sessions](#), the LAC is a conference not to miss.



#### Opening Keynote: Changing the Balance of Power: "You Cannot Give What You Do Not Have"

**Don Berwick, MD**

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



#### Day Two Keynote: Crossing the Event Horizon

**Godfrey Nazareth, MS**

President and CEO, X-Biomedical, Inc



#### Closing Keynote: When Generations Connect: Communicating with four generations of employees

**Phil Gwoke**

Generational Expert and Gen Xer

Kick off your LAC experience with a [preconference offering](#). Dive deep into topics to develop your professional skills or improve organizational excellence. Topics include: Community-Based Palliative Care, the inaugural offering of the Hospice Quality Certification Program, the popular Hospice Compliance Certificate Program, the Hospice Manager Development Program's Foundational Course, Community-Based Palliative Care, managing ethical challenges, and more. Learn more about these preconference offerings on March 23 and 24. Those interested in our preconference seminars should contact the NHPCO Solutions Center at 800-646-6460 to inquire if space is available, these programs often sell out.

We hope to see you there!



## Get Involved in My Hospice

NHPCO and the Hospice Action Network's public affairs campaign designed to educate policy makers and their constituents about the benefits of the Medicare Hospice Benefit continues to move forward in 2020.



### **My Networks**

Share the My Hospice campaign with family and friends on Facebook, Twitter, and Instagram. Use **#MyHospice** in your posts.



### **My Right**

Sign-up as a Hospice Action Network advocate and stay up to date on the latest policy news! Go to **[hospiceactionnetwork.org](https://hospiceactionnetwork.org)**.



### **My Story**

What does hospice mean to you? Share your story with us by using our online submit your story form.

Visit **[MyHospiceCampaign.org](https://MyHospiceCampaign.org)** to get involved today!

## MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT

### PROVIDING MEANINGFUL AND MEMORABLE MOMENTS

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

[www.nationalhospicefoundation.org/lighthouseofhopefund](https://www.nationalhospicefoundation.org/lighthouseofhopefund)

### **The Lighthouse of Hope Fund is available to patients**

- ❖ Who request special wishes and experiences (ex. flying people in to visit, special events like fishing trips or special dinners, opportunities to spend time with family and friends in a memorable way, etc.)
- ❖ Who are cared for by one of NHPCO's provider members
- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

### **Selection Criteria**

The hospice provider must submit a completed Lighthouse of Hope Fund Application

## Short Takes

## Not too Late to Save with a Webinar Package



To encourage providers to take advantage of these offerings, prices for 2020 webinars have been reduced by 50 percent for NHPCO members.

Many members purchase a NHPCO webinar package at the beginning of the year but it's not too late to take advantage of our webinar pricing to bring your team professional education from nationally recognized speakers presenting on the most relevant topics for the field. To encourage providers to take advantage of these offerings, prices for 2020 webinars have been reduced by 50 percent for NHPCO members. Purchase a package of 12, 8, or 4 webinars.

Two webinars are offered each month. All webinars are held from 2:00 to 3:00 p.m., ET. We invite you to check out the [calendar of 2020 Webinars](#) available online.

### Webinar Recordings are Available

If you purchase a webinar package, an MP4 recording will be included with your webinar purchase giving you or your staff the opportunity to listen to the valuable presentations after the original webinar. Or you can visit NHPCO's Marketplace and order a recording of a webinar you might have missed. They are available for purchase only a few days after the live webinar is hosted. Please note, CE/CME is only available for participation in the live webinar broadcast and not for those who listen to the MP4.

### Member Rates for Webinars that Include Recordings

- **12-Webinar Package:** \$499 for members; non-member price is \$2,249.
- **8-Webinar Package:** \$349 for members; non-member price is \$1,499.
- **4-Webinar Package:** \$169 for members; non-member price is \$774.
- **Single Webinars:** \$49 for members; non-member price is \$199.

For webinar details or to register, visit the [webinar section](#) of the NHPCO website or download our [2020 Webinar Order Form](#).

NEW PRICING FOR 2020

# 2020 Webinar Series

NHPCO's annual webinar series provides you and your team with the education to help you do your job best. With topics and speakers carefully curated by NHPCO Committees and Councils and feedback from you. Save even more with a package. Register now and complete your 2020 education calendar.

<b>JANUARY 9</b>	Self-Care and Resiliency	<b>JULY 9</b>	Caring for Difficult Patients and Families
<b>JANUARY 28</b>	Developing Individuals to Cultivate Team Health	<b>JULY 28</b>	Effective Team Meetings
<b>FEBRUARY 13</b>	Reimbursement Issues in CBPC	<b>AUGUST 13</b>	Medication Management Expectations in Consultation vs. Co-management Arrangements
<b>FEBRUARY 25</b>	Documenting and Defending GIP Status	<b>AUGUST 25</b>	Hot Topics in Quality & Regulatory
<b>MARCH 12</b>	Design Thinking for QAPI - Give Your QAPI Program a Jumpstart	<b>SEPTEMBER 10</b>	Disaster Preparedness: Measuring Up
<b>MARCH 31</b>	Optimizing Medical Treatment at the End of Life	<b>SEPTEMBER 22</b>	Pain Management for Patients with Addictions
<b>APRIL 9</b>	Screening and Assessing for Spiritual Suffering: What All Staff Can Do	<b>OCTOBER 8</b>	Responding to Challenging Psychosocial Needs
<b>APRIL 28</b>	Facilitating a Healthy Work-Life Balance	<b>OCTOBER 27</b>	Supporting Patient/Family Choices: Honoring Their Values
<b>MAY 14</b>	Strategies for Engaging Referral Sources	<b>NOVEMBER 12</b>	Partnerships Across the Care Continuum
<b>MAY 26</b>	Implementing the Hospice Election Statement Addendum	<b>NOVEMBER 19</b>	Revocations, Live Discharges and Transfers
<b>JUNE 11</b>	Benchmarking for Cost and Quality	<b>DECEMBER 10</b>	Dashboards and Metrics to Communicate Outcomes
<b>JUNE 23</b>	Advances in Wound Care	<b>DECEMBER 17</b>	Evidence-based Symptom Management for Agitation and Restlessness

# Short Takes



This issue offers a collection of articles that describe how legislative issues can and do affect pediatric palliative and hospice care.

## New Issue of Pediatric E-Journal Legislative Issues

The 58th issue of the Pediatric E-Journal is now available! This issue offers a collection of articles that describe how legislative issues can and do affect pediatric palliative and hospice care. These articles include discussion of legislative goals and efforts to achieve new legislative initiatives, as well as examples of how legislation has influenced care in a sampling of states.



### Article highlights include:

- Do-Not-Resuscitate Orders, Michigan Schools, and One Boy's Journey with His Family
- Pediatric Palliative Care in California: The boy who never smiled
- Partners for Children: A New Collaborative Program Model for Medically Complex Children in Michigan
- Pediatric Concurrent Care: Building Evidence, Informing Providers, and Serving Families

Also, be sure to catch the Items of Interest section at the end of the E-Journal for news and resources related to pediatric hospice and palliative care.

[Download the PDF](#) today. Find the [archive of Pediatric E-Journals](#) on the NHPCO website.

## Virtual Hill Week 2020

During the March Leadership and Advocacy Conference, advocates from across the country will participate in our two-day Advocacy Event. Do you want to advocate on behalf of hospice and palliative care but can't make it to Washington, D.C. for the event? Or are you already a seasoned hospice and palliative care advocate ready to do more on behalf of the patients and families you serve? If so, please join NHPCO and the Hospice Action Network for Virtual Hill Week, March 24–27, 2020.

During the week-long event, advocates will call or email their Members of Congress to support important legislation like the Rural Access to Hospice Act and other critical issues.

Last year, Virtual Hill Week resulted in over 3,300 actions from grassroots advocates representing all 50 states. We hope this year will build on that success and reinforce the in-person advocacy taking place on Capitol Hill on March 24.

More information about Virtual Hill Week will be available on the [Hospice Action Network's website](#). If you have not already registered with the [HAN Legislative Action Center](#), do so today and get the most up to date information as it's made available. Thank you!



# News From **We Honor Veterans**

## Upcoming Changes to We Honor Veterans

We are currently developing a new website design and logo for WHV. The site will be easier to navigate, and the new logo will mirror the new NHPKO branding with a similar logo format. The plan is to launch the new website and logo in April. At that time, new partner logos will be available, as well. Partners should keep this in mind if they are planning on using their logo on any merchandise or ordering any goods to display their WHV level. Along with the refreshed website, we will update the process for submitting activity reports.

To go along with the updated website and logo, the partner level system is being refreshed: The Recruit Partner level will no longer be listed in the WHV partner directory, the Level 5 Partner program will only be available to current NHPKO members, and all partners must remain active.

**Stay tuned for more detailed information on updated processes and requirements. In the meantime, anyone with questions or concerns is welcome to contact [veterans@nhpko.org](mailto:veterans@nhpko.org).**



**FIND US ON TWITTER!**  
**@WeHonorVeterans**

To learn more, visit [wehonorveterans.org](http://wehonorveterans.org)

## Resources for Caring for Vietnam-Era Veterans

We're happy to say that many partners participated in our live webinar viewings and Q&A sessions last year that focus on serving Vietnam-era Veterans. Don't forget that all are available on demand!

We want to highlight the webinars that were created by VA subject matter expert work-groups focused on PTSD, Moral Injury, and Suicide Prevention. These are available as part of the Vietnam Veterans initiative in collaboration with the VA to create more awareness of the needs of Vietnam and combat-era Veterans and provide resources to our partners to ensure both Veterans and their families are getting the best care possible. Recordings for free on-demand viewing and PowerPoint slides can be found on the webinars page of the We Honor Veterans website.

## Celebrating Black History Month

In honor of Black History Month, NHPKO staff members and a WHV partner share photos of those who served in the armed forces. We extend a special thanks to all black service members and their families.



*Kindred Hospice in San Antonio, TX honored Dr. Granville G. Coggs, a Tuskegee Airman from WWII. Besides his service with the Army Air Corps, he pursued an M.D. degree from Harvard Medical School. His accomplishments included establishing the San Antonio Breast Evaluation Center.*



**WE HONOR VETERANS**

# A Message from We Honor Veterans

We are excited to share with some changes coming up in the next few months that will update the look and feel of WHV and give our partners and consumers a better customer experience.



## New Website and Logo

We are currently developing a new website and logo for WHV. The website address will remain the same, [www.wehonorveterans.org](http://www.wehonorveterans.org), but the site will have an updated design and a smoother interface, making it easier for you to find what you need.

The new logo will mirror the new NHPCO branding with a similar logo format. Not everyone realizes that We Honor Veterans is a program of NHPCO, and we hope that this refreshed logo will make that connection clearer while still putting the focus on serving Veterans.

The plan is to launch the new website and logo in April. At that time, we will have new partner logos, as well. WHV partners, please keep this in mind if you are planning on using your logo on any merchandise or ordering any goods to display your WHV level.

Along with the updated website, we are updating the requirements for remaining on the WHV partner directory. We continue to be grateful for the commitment that so many have made to join the program, but we need to ensure that all organizations listed as WHV partners are active rather than simply registered. Following the initial website roll-out in April, further details regarding the requirements to remain a WHV partner will be announced.

## New Level Requirements

To go along with our updated website and logo, we are refreshing the partner level system:

- 1. The Recruit Partner level will no longer be listed in the WHV partner directory.** Moving forward, the directory will include active partners beginning at Level 1.

- 2. The Level 5 Partner program will only be available to current NHPCO members.** As we have shared, the current VA contract with WHV concludes in September of this year. Collaborative efforts with VA leadership and local facilities will always continue. As we initiate the search for new avenues of support, NHPCO will continue keeping our members at the forefront of our efforts. Partner Levels 1-4 will remain open to anyone. Further details regarding Level 5 submissions and cut-off dates for non-members will be sent out shortly to those already working on Level 5 activities. Please note that if you are not currently a member of NHPCO, you may no longer register your commitment to becoming a Level 5 partner.

- 3. All partners must remain active.** If a partner does not continue to log in to your account or move up the levels, they will be removed from the partner directory.

More detailed information on updated processes and requirements is still to come. In the meantime, if you have any questions or concerns, please reach out to us at [veterans@nhpc.org](mailto:veterans@nhpc.org). We thank our many partners for their continued work serving the Veterans in their care and in their communities.



**WE HONOR VETERANS**  
*Caring Professionals on a Mission to Serve.*

# At Enclara, Digital First Still Means Customer First



**Laura Lewandowski**

VP, DIGITAL PRODUCT MANAGEMENT

When people talk about technology companies, they are usually referring to Silicon Valley startups or NASDAQ-listed corporations. However, the line between technology companies and the rest of the economy is increasingly blurry. In many ways, every company is now a tech company.

That's certainly true at Enclara Pharmacia. The company has developed powerful tools like the E<sup>3</sup> Mobile™ app and the Enclarity™ reporting platform. The next step? Integrating those tools into a suite of solutions to better meet the unique needs of each hospice.

Customers are increasingly "digital first," meaning they look to technology for solutions before ever picking up the phone or sending an email. That's where Laura Lewandowski comes in. As Vice President of Digital Product Management, she leads a newly-formed digital team. The team is responsible for defining the customer experience for Enclara's digital tools.

Enclara is proud to have clinicians in leadership positions throughout the organization. However, they went outside the pharma world to find Lewandowski. She spent the last several years leading digital transformation at an industrial supply company. She says the two worlds aren't as different as you might think. No matter the industry, digital interactions go hand in hand with great customer service.

Lewandowski spent her first few months just listening and learning. What she found was a staff of highly qualified professionals committed to both Enclara's clients and their patients. They just weren't always working as one. The missing ingredient? Modern product management.

For the better part of a century, product management was a function split between marketing and engineering. In some cases, engineering would decide what to build and then tell marketing to sell it, regardless of how marketable the product actually was. In others, marketing would provide product specifications without enough thought to how feasible it would be to build.

This dynamic was behind some of the biggest product flops in history, particularly in the tech industry. It's no surprise, then, that tech is where two concepts came together to solve the problem. Those concepts are agile project management and the customer experience, or Cx.

Put simply, Agile is a process of continuous improvement over following a rigid plan. Cx is the concept of continuous interaction with the customer. That means engaging the customer at every stage, rather than just doing market research and post-sale surveys.

Lewandowski is developing ways to better advise clients on how to use Enclara technology and which tools might work for their particular business or workflow. Training clients is important, but she envisions a time when it also will be unnecessary.

"My philosophy regarding user experience is that the application should be so easy to use that people can pick it up and immediately know how to use it without ever having used it before," Lewandowski said. "I just think we shouldn't have to go to clients and train. My ideal is to be able to watch people use the tools, see where they stumble or ask questions, then make that step more intuitive."

One of the first things Lewandowski did was institute Agile project management practices. They used to follow a detailed project roadmap that limited flexibility. Now, they can respond to changing business needs in two weeks rather than two years.

One of her big priorities right now is updating Enclara's desktop portal to provide a seamless user experience with the mobile app. Her team is also working on exciting new E<sup>3</sup> Mobile features around local pharmacy utilization.

Long term, Enclara's digital team is committed to fully realizing a Cx model in which collaboration with the end users happens at every stage of development.

"It doesn't matter what you think the customer wants or what you want them to want," Lewandowski said. "What matters is that you are meeting their actual day to day needs. What matters is that the products you develop lead to measurable engagement, satisfaction and growth."

**"The application should be so easy to use that people can pick it up and immediately know how to use it."**



To learn more about Enclara Pharmacia and our services, contact us today.

[www.enclarapharmacia.com](http://www.enclarapharmacia.com)

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# NHPCO

National Hospice and Palliative  
Care Organization

1731 King Street, Suite 100  
Alexandria, VA 22314  
703/837-1500  
[www.nhpco.org](http://www.nhpco.org)

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

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