



## **What the Media Said about End-of-Life Care This Week**

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### **REVIEWING THE STATE OF HOSPICE AND PALLIATIVE CARE: NHPCO'S STUDY OUTCOMES & DR. DIANE MEIER'S PERSPECTIVE**

*NHPCO Newsline's* Winter Issue examines the state of palliative care offerings of hospice providers. The article, written by Lori Bishop, shares findings of *NHPCO's* 2020 survey, and action ideas for moving forward. The survey found that 69% of respondents are already offering palliative care, up from 53% in 2018. Another 24% of respondents are either considering offering palliative care or are already in the process of preparation. The respondents include representatives from 47 states. In 2019, more than 89,000 persons received palliative care from hospices. And these patients were served at home, in assisted living facilities, and as residents in long-term care.

In addition to increasingly offering palliative care services, hospice staff are increasingly certified in palliative care. While the number of palliative care certified physicians has not increased, and remains at 64.5%. As for nurses, 45% of nurse practitioners, and 42.5 % of registered nurses are certified. In other disciplines that can be certified, 39.6% of social workers, 11% of chaplains, and 12% of aides are certified.

The article in *NHPCO's Newsline* provides a data-rich report on hospice practices in palliative care, and the provision of services continues to grow. The article notes that there are challenges to be faced. The greatest challenge is receiving and managing referral. With deficits in understanding among doctors and patients alike, getting "appropriate and adequate volume of referrals," is difficult. Revenue management is another significant issue. Finding, hiring, training, and retention of well-trained staff is a third challenge. Other challenges are also named.

The survey also asked participants how *NHPCO* can be most supportive. "Engaging and contracting with payers" was identified as the number one need where *NHPCO* can offer support. "Data collection, analysis, metrics, and benchmarking" are other areas that were identified.

As physician Diane Meier transitions out of her role at the *Center to Advance Palliative Care*, *NHPCO* released a statement of appreciation for her work. *NHPCO* recognizes Meier's leadership, celebrates her achievements, and ongoing collaboration between *CAPC* and *NHPCO*.

Dr. Diane Meier gives some insights on her perspective of challenges as well. As she prepares for her transition away from her role as leader of CAPC, she recently talked with *Hospice News* about her personal legacy and the future of palliative care. She shares her view of hospice providers moving into palliative care. “The challenge for hospices,” says Meier, “is that hospice staff are accustomed to seeing every patient as dying.” She shares that it is difficult to move from the “cultural mindset” from serving people in the last days of life (hospice) to serving people who may live another five years (palliative care).

Palliative care patients are different from hospice patients, she notes, and require a different skill set and training. If hospices are to get “serious about community-based palliative care,” they must face the challenges of seeing palliative care “as a separate, stand-alone business line, with quite a different patient population. . .” She adds that this shift is critical and very much different from seeing palliative care “as a way to populate your hospice faster.” “When you think about it as a different clinical model to meet a very different set of clinical needs,” says Meier, “then you’re asking the right questions.” (NHPCO press release, 2/9) [Read the press release here.](#) (*Hospice News*, 2/17) [Read more...](#)

## HOSPICE NOTES

\* *Hospice of the Western Reserve* has received funding “to launch a \$3.2 million technologically advanced Care Solution Center, which will dramatically expand access to hospice and palliative care within the nonprofit agency’s 10-county Northern Ohio service area,” The \$2 million lead gift is from the James and Angela Hambrick Foundation, with matching grants from two other foundations. The construction of the facility has begun and operational status is slated for early 2022. Bill Finn, president and CEO of the hospice, says the center will be “the heartbeat of the agency.” This new technology will “expand access” to all of Western Reserve’s services and programs. (*Hospice of the Western Reserve*, February 2021) [Learn more...](#)

\* Florida’s *Hope Hospice* is using animatronic cats to lessen the loneliness and isolation of dementia patients. According to an article in Florida’s *Independent News*, “Studies show the robotic pets can decrease anxiety and agitation and improve overall well-being in adults suffering from dementia, resulting in greater socialization and fewer episodes of delirium, while decreasing the need for psychotropic drugs.” A donation enabled the hospice to buy 20 of the cats. They plan to purchase more animatronic animals in the future. (*Independent News*, 1/22) [Read more...](#)

\* Eighty-year-old Antonio Olivera was sentenced to “30 months in prison for his role in a multimillion dollar hospice fraud scheme.” He has also been ordered to pay over \$2 million in restitution. Olivera and his co-conspirators worked for Mhiramarc, a hospice in Downey, California. The company was overpaid about \$17 million for fraudulent claims from 2011 to 2018. Three more co-conspirators are awaiting their sentences. (*US Department of Justice*, 2/19) [Read more...](#)

## PALLIATIVE CARE NOTE

\* A surgical resident at *UC Davis* has received an award of \$30,000 that will be used to help surgical residents “better prepare families for difficult decisions in emergencies.” Jennifer Geiger knows that she and other residents have little training in palliative care, and lack “skills or the time needed to guide patients into critical conversations before surgeries with uncertain outcomes. The award comes from the *Association for Academic Surgery* and its foundation. (*UC Davis*, 2/17) [Learn more...](#)

## END-OF-LIFE NOTES

\* The North Dakota House defeated a bill that would have allowed physician-assisted suicide. The vote failed, with a vote of 85 to 9. (*KVRR Local News*, 2/16) [Read more...](#)

\* A story in *Public News Service* notes that medical aid-in-dying is legal in “at least 10 states.” And now Kentucky legislators are considering similar legislation. HB 506 was introduced by Rep. Josie Raymond, D-Louisville. And his concern is for dying patients who have no other option. And it is personal for Raymond. Her 94-year-old grandfather, suffering at the end of life in 2019, “shot himself in the head.” According to the article, studies show that fewer than one percent of dying persons use this aid to end their lives. It does, however, offer palliative comfort to many more than that. Supporters of the bill feel it will offer options and agency to patients. (*Public News Service*, 2/16) [Read more...](#)

\* New Mexico Legislators passed House Bill 47 that will make medical-aid-in-dying a reality. The bill now moves to the Senate. (*Los Alamos Reporter*, 2/20) [Read more...](#)

\* “Dignity therapy (DT) is one of the most studied brief psychotherapeutic interventions in palliative care today. With DT, patients who are near life’s end “share memories, wisdom, hopes, wishes and dreams with those who will soon grieve their loss.” Until recently, DT has been used with terminally ill adults. A letter to the editor of *Journal of Palliative Medicine* explores whether DT would be appropriate for dying children. One group, a “qualified expert panel,” worked to make it more appropriate for younger patients. But it has not yet been implemented. Nevertheless, the authors note several positive experiences with children and youth in using DT. “By enabling the preservation of memory,” say the writers, “DT can help fulfill the final wishes of children nearing death.” (*Journal of Palliative Medicine*, 1/5) [Read more...](#)

\* End of Life University posted a podcast titled “The Three Regrets: Stories from a Buddhist Hospice Chaplain,” that features Tenzin Kiyosaki. In the presentation, with audio available at the link below, Tenzin explores her work as a hospice chaplain, her learnings from Buddhist studies, and her service to patients near life’s end. (*End of Life University*, 2/15) [Listen to the podcast here.](#)

\* The life a medically complicated child is filled with ongoing challenges. In a recent post on *Scary Mom*, Genny Jesse shares about the life and death of her daughter, June, who died in 2016. “The Hardest & Bravest Thing I Ever Did: Letting June Die,” is the title of her sharing. Living in the PICU, June was fed by a PICC line. When doctors encouraged that June go home and be fed on a PICC line, the parents said no. When the food created pain, the family decided to go for comfort. “We decided to listen to her body and what we felt she was telling us. We chose to help her die naturally and comfortably.” (*Scary Mommy*, 2/19) [Read more...](#)

\* Minnesota’s *Star Tribune* writes about a hospice center serving children and families. *Crescent Cove*, located in Brooklyn Center, a suburb of Minneapolis. The story tells of the work of Katie Lindenfelser in the creation and operation of the hospice. The center’s creation required a licensure change, which became a reality in 2016. The center opened in 2018, positioned in what had earlier been an adult hospice. In addition to offering hospice to children, the center provides 15 days per year of respite care for children, and parents may stay with the children if they wish. While at *Crescent Cove*, the children are offered many opportunities and the article describes these. Even with the pandemic, the hospice enrolled 56 families in 2020. (*Star Tribune*, 2/19) [Read more...](#)

## OTHER NOTES

\* A study in *JAMA Internal Medicine*, finds that “a nurse navigator-led pathway plus an integrated health care professional-facing EHR [electronic health record] interface resulted in higher rates of ACP [advance care planning].” With ACP underused, and poorly integrated into EHR, documentation is “infrequent and disorganized.” The study found that, with the help of the nurse-navigator, use of ACP improved. Use of ACP billing codes happened more frequently too. The study calls for additional research to evaluate if this documentation actually improves patient-centered care. (*JAMA Internal Medicine*, 1/11) [Learn more...](#)

\* Doctors who wish to improve their bedside manner, says an article in *The Washington Post*, can now use AI and a virtual patient to teach and improve their skills. *Virti*, a start-up company, is now supplying these virtual patients and AI to hospitals in Europe and the US. Doctors use virtual reality to talk with patients. Cedar-Sinai uses the software to train “medics on coronavirus-related processes. As doctors talk with the virtual patients, the software “analyzes their tone, cadence and quality of answers.” The software also helps to address issues related to bias and assumptions. The program allows for changes in “skin color, age, height, sex and gender.” (*Washington Post*, 2/16) [Read more...](#)

\* During the past three years, four states “have imposed taxes and fees on opioid manufacturers, pharmacies and hospitals in their respective states.” And other states are likely to take similar action, A national excise tax has been proposed. All of this action came as a tool “to discourage opioid abuse and raise revenue to fund opioid treatment and deterrence programs.” An article in *National Review* examines this issue and concludes that these actions, instead, thwart “treatment for pain and makes the black market deadlier.” These taxes “inflict suffering on people who use prescription opioids appropriately.” The article explores the issue further and is available online. (*National Review*, 2/4) [Read more...](#)

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*Hospice Analytics is the national sponsor of Hospice News Network for 2021. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com).*

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