



## What the Media Said about End-of-Life Care This Week March 15, 2021 A Service of Your State Association

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### COVID-19 RELIEF BILL MAKES IMPORTANT PROVISIONS FOR SERIOUSLY ILL PATIENTS

*The Coalition to Transform Advanced Care (CTAC)* posted "Congress Passes COVID-19 Relief with Important Serious Illness Provisions." The article reviews the *American Rescue Plan Act of 2021*, "the latest round of COVID-19 relief legislation which includes several key provisions affecting people with serious illness and those who care for them."

CTAC identifies key measures in the Act that positively impact the care that seriously ill patients receive. Some of these measures are noted here.

- Significant financial help for rural health providers is provided. This includes care offered by home health, hospice and long-term care. \$8.5 billion is provided for this assistance.
- Medicaid home-and-community based support (HCBS) received \$12 billion additional funding.
- To support the mental and emotional health of healthcare providers, the bill includes \$140 million.
- Another \$1.4 billion is included to support programs of the *Older Americans Act*, and nutrition and community-based support for programs of the *National Family Caregiver Support Program*.
- Extend FEMA funeral assistance for deaths during the pandemic and during the public health emergency is included.

Other areas of funding noted includes money for Community Health Centers; resources for purchasing reserve medical equipment and supplies; support for low-income seniors via the Commodity Supplemental Food Program; providing the COVID-19 vaccines and diagnosing and tracing infections; and, direct payments to individuals and couples. (CTAC, 3/10) [Read more...](#)

## CMS'S PRIMARY CARE FIRST-SERIOUSLY ILL POPULATION MODEL IS FURTHER DELAYED

In June 2020, CMS announced that its Primary Care First-Seriously Ill Population (PCF-SIP) physician payment model would not begin as planned on 1/1/2021. Instead, CMS announced then that it would begin 4/1/2021. Now, though, CMS has further delayed the program and has not announced a new starting date.

Recently, the National Coalition for Hospice and Palliative Care and CMS's Center for Medicare and Medicaid Innovations (CMMI) met together and they say they want to move forward in addressing the operational challenges associated with the model. These issues include a better understand of "issues related to attribution of beneficiaries and ensuring the manner in which they solicit beneficiaries for involvement does not create confusion or create potential risk for beneficiaries given the many scams targeting Medicare beneficiaries that have proliferated during the COVID-19 public health emergency."

An article in *HomeCare* examines the situation. With a change in the nation's administration, CMMI wants to be sure that the new leaders fully understand the goals of the model. The goal of this model, says the article, "is to provide coordinated care that leads to stabilization of a patient's condition(s) and over time to move them to a more traditional group practice model for continuing treatment." There has been much interest in this model by palliative care providers, and "CMS created an an opportunity for hospice clinicians to participate in the model by way of association with a medical practice that is a direct participant in the model." (*HomeCare*, 3/12) [Read more...](#)

## HONORING THE VALUE OF PATIENT TRANSITIONS

Betty Ferrell, PhD, writes in the April Issue of *Journal of Hospice and Palliative Nursing*, about patient transitions. She opens her article by sharing about two patients who are questioning the value of continuing their treatment plans. These patients are in transition says Ferrell, and "transitions are difficult." "Transitions often involve moving toward the unknown." And patients are deeply sensitive to, and aware of, the weighty consequences of this choice of "not going in for the next treatment." Ferrell adds, "Transitions are also a time of deep emotion and existential awareness —'this change means my life is ending.'"

Hospice and palliative care nurses serve as navigators of these transitions. When patients enroll in hospice, or ask for a palliative care consultation, they are fully immersed in a meaningful life transition. Ferrell discusses the importance of these transitions and notes that accepting these transitions may create significant barriers to embracing hospice and palliative care. It is no wonder then, when patients are offered hospice or palliative care, the answer is often "not yet."

Ferrell shares about a recent study that she and her colleagues completed. The median survival of the 479 patients was 10.1 months. The patients were at transition points. They had exhausted their therapies and were seeking to participate in a phase 1 trial. Ferrell was alarmed that “only 16.5% [of the patients] were seen by palliative care, and only 30.7% received hospice care. In this population of very ill patients clearly in transition, only 39% had an advance directive and 65% remained full code status.”

When these very ill patients were interviewed, most believed that there would still be another treatment available to them. And they did not think about death. Patients spoke of their faith and belief in God. The most important lesson from this, Ferrell says, is, “Patients and families do not receive the full extent of palliative care and hospice that could greatly improve symptoms, address quality of life concerns, and offer psychological and spiritual support.”

Ferrell asserts that “Nurses are transition specialists.” Nurses “listen to fears, we assist patients and families as they face the unknown, and we sit with the silence.” Ferrell foresees the management of these transitions as “one of the greatest challenges of our field in the decades ahead.” Why? With the growing options for cure and extension of life, transitioning to palliative and hospice care become even more avoidable. But there is evidence-based learning that demonstrates the value of palliative care and hospice. And palliative and hospice care nurses are the best resources to help patients through their transitions. And this, Ferrell says, is something “that we must do better.” (*Hospice and Palliative Nursing*, April 2020) [Read more...](#)

## HOSPICE NOTES

\* Industry leaders are urging Congress to delay a planned two percent federally mandated Medicare cut to its payments. Medicare hopes that the cuts will save more than a trillion dollars by fiscal year 2021. Five groups are asking Congress to pass legislation to delay the cuts. The American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, National Hospice and Palliative Care Organization, and the Association for Clinical Oncology wrote a letter on March 11, explaining that “the payment cut ‘would be devastating’ to providers who are still responding to the pandemic.” Leaving current funding as it currently is supports providers as they already face additional costs related to COVID-19. (*Becker’s Hospital Review*, 3/13)

\* Hospices report that physician referrals to hospice are their biggest source of referral. *Hospice News* reports that in their 2021 Hospice Industry Outlook Report, 41% of hospices reported this referral pattern. This is a significant increase from just 20% in the 2020 survey. Reduced access to nursing homes and congregant living facilities has lowered those referrals. (*Hospice News*, 3/10) [Read more...](#)

\* On March 8, CMS issued a memo to Medicare Advantage Organizations titled “Calendar Year (CY) 2022 Preliminary Hospice Capitation Payment Rate Actuarial Methodology for the Hospice Benefit Component of the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model.” Registration for a 3/17 review and Q/A session is online at the second link below. This 3/17 webinar is scheduled from 4-5 EST. Comments are invited by March 26. (CMS, 3/8)

[Click here to read the full memo.](#) / [Register for the 3/17 webinar here.](#)

\* *Nebraska Hospice and Palliative Care Association* announces their new executive director Marilee Malcom. Malcom has more than 20 years of experience in home health and hospice. Malcom says, “I believe hospice is the single most important gift we can give our loved ones. I am honored and excited to represent this esteemed group in Nebraska and look forward to meeting with our members.”

## PALLIATIVE CARE AND ADVANCE CARE PLANNING NOTES

\* *Palliative Care Always* is an online course offered by Stanford Medical School. The online course started in 2016. With the pandemic, course developers are offering the course as “a virtual palliative medicine clerkship to provide Stanford medical students with the training they need.” (Scope, 3/12) [Read more...](#)

\* *NYU’s Langone Health*, has “expanded its institutional initiatives promoting patient-centered end-of-life care” by developing an “artificial intelligence-based system that identifies patients at high risk of dying within 2 months.” When doctors open a medical chart of a high-risk patient, they receive an alert that tells the risk for the patient’s death. When the physician agrees, the system encourages the physician to “conduct and document an advance care planning discussion.” (NEJM Catalyst, March/2021) [Read more...](#)

## OTHER NOTES

\* *Jeff Gardere*, writing for *The CT Mirror*, says, “I can tell you unequivocally that there is no comparison” between dying patients choosing physician aid in dying and those who end their lives via suicide. The *American Association of Suicidology* created a position statement in 2017 that also holds this position—that suicide and medical aid in dying are not the same. A number of other groups have adopted similar policies. “The American Academy of Hospice and Palliative Medicine, American College of Legal Medicine, American Medical Women’s Association, and American Public Health Association have adopted policies opposing the use of suicide and assisted suicide to describe medical aid in dying.” *The Journal of Palliative Medicine*, Gardere notes, published “clinical criteria for physician aid in dying, not physician-assisted suicide.” And, he adds when terminally ill people use medical aid in dying, their death certificates list the underlying disease. Gardere notes other developments that address these issues. He urges Connecticut lawmakers to make medical aid in dying a reality for

Connecticut residents. “Pass this compassionate legislation as soon as possible so no more terminally ill Connecticut residents have to suffer needlessly at life’s inevitable end.” (*The CT Mirror*, 3/15) [Read more...](#)

\* *Marijuana Moment* reports the action of states regarding the legalization of marijuana. The publication recently reported on updates in Hawaii, Mississippi, and New York. In Hawaii, the Senate approved a bill to legalize marijuana. And the bill would “significantly expand the state’s existing decriminalization law.” Adults would be able to possess up to an ounce of cannabis and grow the plant for personal use. The legislation now goes to the House. In Mississippi, a medical marijuana bill is in jeopardy. Voters supported this action in November. If the issue is not settled, says the article at the second link below, the bill will go to the Supreme Court. In New York, advocates for medical marijuana are working to secure cannabis reform.

(*Marijuana Moment*, 3/9) [Read more regarding Hawaii;](#) (*Marijuana Moment*, 3/10) [Read more regarding Mississippi;](#) (*Marijuana Moment*, 3/10) [Read more regarding New York.](#)

\* A Seattle doctor has filed a lawsuit against the Drug Enforcement Administration (DEA) for its “recent denial of an application to legally use” psilocybin with terminally ill cancer patients. Dr. Sunil Aggarwal specializes in end-of-life care. Aggarwal notes that psilocybin is “a naturally occurring substance that we can cultivate safely, we know how to dose it and there’s really good reason to believe it can help.” A key argument is that psilocybin should be allowed under state and federal right-to-try laws. DEA rejected the plea from Advanced Integrative Science (AIMS). The article also explores efforts in other states to use psilocybin. (*Marijuana Moment*, 3/10) [Read more...](#)

*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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