

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

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#### ARTICLE EXPLORES FRAUD AND KICKBACKS IN CALIFORNIA HOSPICES

**Reform proposals are emerging in California that are focused on addressing “widespread fraud, kickbacks and other abuse in an industry meant to provide comforting care for the dying. . .”** A bill being considered in the state Senate, if approved, would create a one-year moratorium on any new licenses of hospice providers. A measure in the Assembly “would prohibit hospices from paying recruiters or other ‘referral sources’ for new patients, an area that has been ripe for fraud.”

**An article in *Los Angeles Times* examines the issues of concern and the emerging efforts to address the issues.** In blunt terms, Senator Ben Allen (D-Santa Monica) says his efforts in Senate Bill 664 are “aimed ‘at the proliferation of shysters who are making tons of money off both public and private sources’ at the expense of vulnerable patients.” The bill has developed as a response from an earlier expose in *LA Times* last December. Allen says he supports good, high-quality hospice providers in California. But, he adds, ““We also want to shut down bad actors.””

**During the past 20 years, the number of hospice providers in the US has about doubled.** And Medicare spending has increased to \$19.2 billion a year. Over “1.5 million Medicare beneficiaries now receive care from some 5,000 hospices, the vast majority of them for-profit operators,” says the article. Both the states of New York and Florida have fewer than 50 hospices, notes the article. In the LA area, however, “Glendale had 60 hospices, while Burbank had 61 and Van Nuys 63.”

***California Advocates for Nursing Home Reform* endorses Senate Bill 664.** The group says the bill will stop more “bad actors” from offering hospice while the state has time to create a better system to ensure that operators “are qualified and that their service is needed.”

**There is, thus far, no opposition to the bill.** “Peter Kellison, speaking for the *California Hospice and Palliative Care Assn.*, told Allen’s committee that his organization has concerns about the effectiveness of a moratorium, but is neutral on the legislation.” Kellison says that there have been “appalling abuse of the public by those unscrupulous hospice providers...”

**A second bill that is being worked on addresses the issue “that heated competition for new patients has spawned a cottage industry of kickbacks to crooked doctors and recruiters who zero in on prospective patients at retirement homes and other venues.”** Assemblywoman Jacqui Irwin (D-Thousand Oaks), sponsored Assembly Bill 1280 that “would prohibit hospice providers or their agents for paying recruiters or others for patient referrals. It also prohibits hospice employees, salespeople or others who receive any form of compensation for referrals from providing consultation on eligibility of services.”

**Irwin says that preying on these patients is “despicable and it’s unacceptable that California leads the nation in hospice fraud.”** She calls for checks and balances and help for people and caregivers who make these difficult decisions. She sees the state’s leaders as being responsible to be sure these patients get good care. The link to the article is below. (*LA Times*, 4/30, <https://www.latimes.com/california/story/2021-04-30/reform-hospice-end-of-life-fraud-kickbacks-abuses>)

#### AUTHOR EXPLORES DIFFERENCE IN GRIEF FOR PEOPLE OF COLOR

**Alicia Forneret, writing in *HuffPost* explores the huge role of grief in people of color.** While all grieve, says Forneret, “people of color can grieve differently. Providing them with unique support is not disgusting and racist – it is necessary,” she says.

**With our collective and overwhelming grief these days, our shared grief is visible everywhere. And the reasons we grieve, and our ability to mourn, is not universally shared. Marginalized communities, she argues, are impacted differently.** She works to explain this saying, “People of color are often grieving a loss of hope and safety in addition to someone’s life.” **People of color feel that their lives are precarious and the lack of feeling safe anywhere “is taking a significant toll on the emotional and physical well-being of Blackfolks.”** “When Black people can’t even find a sense of security in the warmth of their own beds, something immeasurable has been lost.”

**Secondly, she explains, “Grief is a huge shared experience in communities of color.”** A number of groups (“Black, Indigenous and other people of color”) share traditions and practices to grieve together. And, she adds, “Grief can also activate other layers of trauma for people of color.” Trauma exist within the African American experience. **To add loss and grief to that trauma quickly leads to being overwhelmed.**

Additionally, says Forneret, “The scale and frequency of loss in communities of color have been on public display – especially over the last year.” **The ongoing volume of grief and loss and trauma is unremitting.** Furthermore, “Grief over a death can intersect with multiple parts of someone’s identity.” LBGTF persons often experience one trauma after another, stacking loss upon loss.

**Because of all of these factors, Forneret again notes that “grief support isn’t one-size-fits-all.”** The article closes with a link to “Grief and Mental Health Resources; By and For People of Color which is coming soon on Forneret’s website. There are also links to various tailored mental health resources. (*HuffPost*, 4/12, [https://www.huffpost.com/entry/people-of-color-grief\\_1\\_6030100ec5b6cc8bbf3b8a34?mc\\_cid=8f4cf9f166&mc\\_eid=d67266dfca](https://www.huffpost.com/entry/people-of-color-grief_1_6030100ec5b6cc8bbf3b8a34?mc_cid=8f4cf9f166&mc_eid=d67266dfca))

## **REPORTS EXPLORE CHANGES IN US DEATHS AND FUNERALS**

**CNBC posted a 15-minute video report titled “How death and funerals are changing in the US.”** The data-rich report reviews the history of funerals, and the changes that are being experienced in the country now. Though things were changing somewhat already, the pandemic has challenged the industry further.

**One factor in the change is the rising costs of funerals.** In 2019, the average costs of a funeral, burial, vault, and visitation was \$9135. Compare that to \$8505 in 2014. More are choosing cremation. In 2020, 56% of burials were with cremation. By 2040, that number is expected to rise to 78%.

**The funeral home industry is large.** In 2019 there were 19,136 funeral homes creating a \$16 billion industry. The story looks at the growth of the industry, the problems created by unscrupulous homes, the practice of “upselling.”

**There is also an exploration of emerging changes in how death and funerals are handled.** At least 26 companies have found seed backers for their businesses that deal with death and bereavement. Water based cremations, online memorials, home based funerals, and green funerals are all mentioned. One company uses carbon from cremated bodies to produce diamonds. With fewer religious people, less embalming, and cremation on the rise, changes are expected to continue. The *CNBC* post is found at the first link below.

**Another exploration of burial practices appears in Maine’s *Bangor Daily News*.** “If you care about the planet, decide what to do with your body when you die” explores the “growing movement for more sustainable funerals, burials and cremations.” The article says, “Social stigmas and outdated policies must be overcome” in order for changes to occur. Emerging ways to manage burials are explored in the article. This article is located at the second link below. (*CNBC*, 4/27, <https://www.cnn.com/2021/04/27/how-death-and-funerals-are-changing-in-the-us.html>; *Bangor Daily News*, 5/3, <https://bangordailynews.com/2021/05/03/homestead/if-you-care-about-the-planet-decide-what-to-do-with-your-body-when-you-die/>)

## HOSPICE NOTES

\* **A recent article from *Oncology Nursing News* reports on interviews with hospice clinicians on the stressors of their work.** Key stressors of hospice professionals include workload issues; technology issues; administrative demands; issues with travel; care interruptions and communication; work-life balance; and, ongoing witnessing of grief/loss. (*Oncology Nursing News*, 4/27, <https://www.oncnursingnews.com/view/end-of-life-care-poses-pros-and-cons-for-clinicians>)

\* ***Mountain Valley Hospice and Palliative Care* shared about a collaboration with the American Heart Association and the National Partnership for Healthcare and Hospice Innovation (NPHI) to offer an Advanced Cardiac Care Program.** The goal of the initiative is to “improve hospice care for heart patients, and keep them in a family-like atmosphere.” Only five percent of heart failure patients received in-home health services. This program will work to help residents remain in their homes and enjoy a better quality of life. (*The Stokes News*, 4/28, <https://www.thestokesnews.com/news/30111/hospice-collaboration-to-offer-advanced-cardiac-care>)

\* ***NHPCO*, with its affiliate *Hospice Action Network (HAN)*, announces “the appointments of its new class of My Hospice Ambassadors.”** These designees are advocates for hospice and palliative care to lawmakers, and they “advance *NHPCO*’s legislative agenda.” The press release shares the names of the newest “ambassadors,” and provides a link to the *HAN* website that gives more information and provides a map that shares the names of other “ambassadors.” (*NHPCO*, 4/26, <https://www.nhpco.org/the-hospice-action-network-welcomes-new-my-hospice-ambassadors/>)

\* **Physician Christopher Kerr, CEO of Hospice and Palliative Care of Buffalo and author of “Death is But a Dream,” shares with *Discover Magazine*.** Kerr talks about his work with dying patients, and his studies on patients’ end-of-life experiences with dreams and visions of “reunions with deceased relatives, dreams about travel and vivid memories of past experiences.” Kerr describes the studies and the intensity of the clinical tools used in the seven studies published on these experiences of patients. Kerr says that 90 percent of patients have these experiences in the days and weeks before death. And, he says, there is real value in these experiences for both patients and loved ones. (*Discover Magazine*, 5/2, <https://www.discovermagazine.com/mind/what-a-hospice-physician-who-interviewed-1-400-patients-can-tell-us-about>)

## PALLIATIVE CARE NOTES

\* ***City of Hope* has received funding from the National Cancer Institute (NCI) to offer train-the-trainer educational events on Interprofessional Communication.** This new training will focus “on communication training in oncology.” The course is organized around the eight domains of the *National Consensus Project Guidelines for Quality Palliative Care*. The program is focused on training clinician teams who will be prepared to provide training in their own institutions. The three-day training offers CEs for RNs and Social Workers. Full scholarships are available. All registration fees, lodging and some meals are included. Some travel scholarships are available to assure that the course has a diverse participation. The course brochure, more information, and details are online at the link below. Applications for the next course, August 25-27, are due 6/18. (*City of Hope*, <https://www.cityofhope.org/ICC>)

\* **Minnesota’s *StarTribune* features a review of *That Good Night: Life and Medicine in the Eleventh Hour* by Sunita Puri.** A palliative medicine specialist, Puri describes the change of direction that led her to palliative care. “Her discomfort is palpable,” says the article, “as she describes her first interactions with patients who have terminal diagnoses.” The skill set needed to serve as a palliative care physician different are different from physician tools. Her tools are words. “In a book full of both sadness and enlightenment,” says the review, “Puri’s compassion and honesty shine.” (*Star Tribune*, 4/25, <https://www.startribune.com/review-that-good-night-by-sunita-puri/600050070/>)

\* ***National Partnership for Healthcare and Hospice Partnership (NPHI)* and the American Heart Association are working together “to improve quality and access to hospice and palliative/advanced illness care.”** The effort is “a new advanced cardiac care initiative featuring patient and family educational resources.” (*Yahoo!finance*, 5/3, <https://finance.yahoo.com/news/high-risk-heart-patients-underuse-190200535.html>)

## END-OF-LIFE NOTES

\* **AARP shares an article addressing how to handle the death of former spouses.** These deaths can, describes the article, “lead to “a hole of memories related to their relationship and the divorce.” The article encourages those who face such losses to acknowledge the grief and assess legal, funeral concerns. Specific ideas for addressing these issues are included in the article. (*AARP*, 4/26, <https://www.aarp.org/home-family/friends-family/info-2021/grieving-death-ex-spouse.html>)

\* **An *End of Life University* podcast focuses on near death experiences and after death communication in hospice work.** Hospice clinical social worker Scott Janssen is the presenter. Janssen shares from his own experiences with hospice patients. He describes the benefits that these experiences bring to patients. And he explores how healthcare providers can support these patients and listen well to their experiences. The website below has the audio presentation, an overview, and links to additional resources. (*End of Life University*, 4/22, [https://eolupodcast.com/2021/04/26/ep-296-ndes-and-after-death-communication-in-hospice-work-with-scott-janssen/?mc\\_cid=6435dfe7b6&mc\\_eid=d0771da91c](https://eolupodcast.com/2021/04/26/ep-296-ndes-and-after-death-communication-in-hospice-work-with-scott-janssen/?mc_cid=6435dfe7b6&mc_eid=d0771da91c))

## OTHER NOTES

\* **Death doula Alyssa Ackerman writes about grief on *mbg (mindbodygreen)*. “Grief doesn’t start with loss,” says Ackerman. “It starts with love.”** She writes about grieving mindfully and grieving what matters. We have forgotten how to grieve, says Ackerman. And she continues by sharing tips on grieving, and shares how mindful grieving supports healing. Her blog is online at the link below. (*mbg*, 4/28, [https://www.mindbodygreen.com/articles/what-it-means-to-grieve-mindfully?fbclid=IwAR2GM4nt8VBhPUT7AX\\_nZZQUcmDjdWFF3xEbiLCU2cmLeX07mHm2IVA9zAs](https://www.mindbodygreen.com/articles/what-it-means-to-grieve-mindfully?fbclid=IwAR2GM4nt8VBhPUT7AX_nZZQUcmDjdWFF3xEbiLCU2cmLeX07mHm2IVA9zAs))

\* ***Humana will purchase the remaining 60% of Kindred at Home.*** The acquisition will include Kindred’s hospice, but “Humana intends to ultimately only maintain a minority stake in this portion of the asset.” *Home Health Care News* has an article about this as well. “Why Humana Believes it Can Do Home Health Care” is available at the second link below. (*Reuters*, 4/27, <https://www.reuters.com/article/humana-de-ma-kindred-at-home/update-2-humana-to-buy-rest-of-kindred-at-home-for-5-7-billion-to-expand-patient-care-idUSL4N2MK4JT>; *Home Health Care News*, 4/28, <https://homehealthcarenews.com/2021/04/why-humana-believes-it-can-do-home-health-care-better/>)

*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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