



What the Media Said about End-of-Life Care This Week May 11, 2021 A Service of Your State Association

NHPCO recently completed a survey focused on understand “how many of its members have already developed, or are interested in developing, medical group practices.” When hospices want to participate in new care models, says *NHPCO*, those who have a medical group practice have an advantage. The April 2021 survey was responded to by about 20% of *NHPCO*’s providers.

Of these responders:

- * 27% “reported that they have a medical practice group as a part of their services.”
- * 26% share they are interested in having a medical practice group.
- * About 50% of those who already have “an existing medical group reside within a geographic location that is eligible to participate in the Primary Care First model.”
- * While only 9 percent of responders “offer primary care services,” 66% provide palliative care.
- * “38% of responders provide certified home health care.”
- * “25% offer other services such as assisted living, long term care, private duty care, home infusion, PACE, and pediatric concurrent care.”

A significant majority of those responding indicate that they would like to work with *NHPCO* “in building out resources to help others build and sustain medical practice groups.”

Lori Bishop, *NHPCO* Vice President for Palliative and Advanced Care, says *NHPCO* wants to help hospices understand “the range of opportunities that exist among the various models being offered or developed by the Center for Medicare and Medicaid Innovation.” For organizations that are part of Direct Contracting or Primary Care First models, says Bishop, the skills and leadership of hospices can offer great value. (*NHPCO*, 4/28, <https://www.nhpco.org/nhpco-surveys-membership-on-medical-group-practice/>)

NAHC URGES PROVIDERS TO “STAY VIGILANT ON COMPLIANCE AS DEMAND INCREASES”

In a recent webinar, NAHC President William Dombi urged members to “brush up their knowledge on everything from the Americans with Disabilities Act, to Medicare antidiscrimination rules, to state civil rights laws and malpractice laws.” And, he also advised providers to, before accepting clients, be sure to “understand patients’ conditions, potential lengths of service and source of payment.”

Avoid putting your agency in a position where you might face a lawsuit for abandonment of a patient, says Dombi, where “the primary allegation is that you discharged a patient because they weren’t profitable enough.” Be sure before you accept a patient, says Dombi, that you can meet patient needs, that you have the resources to do so, and that you can reach them “in a reasonable or timely basis.”

He also advises providers to be sure to have adequate staff to meet needs. Create a budget, he advises, “and draw up a plan of action to avoid possible allegations of discrimination.” Sometimes, difficult decisions are needed. An example he gives of a difficult decision is one of when an agency decides to focus on a smaller service area in order to be able to adequately serve clients well. (*McKnight’s Senior Living*, 5/7, <https://www.mcknightsseniorliving.com/home/news/home-care-daily-news/association-head-to-home-and-hospice-providers-stay-vigilant-on-compliance-as-demand-increases/>)

clergy to follow reasonable hospital precautions. (*Arizona Daily Independent News Network*, 5/5, <https://arizonadailyindependent.com/2021/05/05/ducey-signs-bill-that-ensures-in-person-clergy-visitation-for-end-of-life-patients/>)

* **KevinMD** posted **“End-of-life conversations: Embrace the responsibility.”** The podcast encourages physicians to take initiative to get trained and prepared to have end-of-life conversations with patients. Caroline DeFilippo, internal medicine resident, shares her story and talks about an article she wrote with the same title. (*KevinMD*, 5/3, <https://kevinmd.libsyn.com/end-of-life-conversations-embrace-the-responsibility>)

* **An article in *Palliative Medicine Reports* examines the communication pattern of various physician specialties when they are talking with terminally ill patients about their choices in end-of-life care.** The review showed “demonstrable differences in practice patterns between physician specialties when addressing end-of-life decision making.” The authors suggest that training in the area of “goals of care conversations” be adapted for each specialty group. The article is online at the link below. (*Palliative Medicine Reports*, 3/24, https://www.liebertpub.com/doi/10.1089/pmr.2020.0054?utm_source=Adestra&utm_medium=email&utm_term=&utm_content=readnow4&utm_campaign=PMR%20FP%20May%205%202021)

* **An *End of Life University* podcast, “Compassion 101: Why We Are Failing and How To Do Better,” is posted online at the link below.** Tania Singer and Matthias Bolz share the need for compassion and why we are not doing well with compassion. They explore the difference between empathy and compassion, and explore how “empathy can lead to burnout while practicing compassion can prevent it.” (*End of Life University*, 5/3, https://eolupodcast.com/2021/05/03/ep-297-compassion-101-why-we-are-failing-and-how-to-do-better/?mc_cid=04e51378b4&mc_eid=d0771da91c)

* **Minnesota State University’s *Cornerstone* shares “Why End-of-Life Discussion Matters: A Systematic Literature Review.”** The article examines end-of-life discussions and the disparities in “where, when, and how EOL discussions take place.” The lack of these discussions, says the article, “can be devastating physically, psychologically, and financially for all parties involved.” Seven articles were reviewed “to determine what practice and policy changes could be made to improve EOL discussion between healthcare providers and their patients.” Deficits were found in “provider education, congruence of care, and clear communication.” The author calls for more research to “determine how these techniques would affect ICU resource utilization and length of stay.” (*Cornerstone*, 4/30, <https://cornerstone.lib.mnsu.edu/etds/1095/>)

* **Dannion Brinkley has had several near-death experiences in his life. He is author of “Saved by the Light.”** A recent story by *WJBF NewsChannel 6*, an *ABC* affiliate in Augusta, Georgia, tells of Brinkley’s experiences and shares about his efforts with veterans. As a veteran himself, Brinkley developed the Twilight Brigade. The program is an end-of-life volunteer program for dying veterans, though it has not been operating during the pandemic. He is also an advisory board member of No Vet dies Alone. The coverage, available online at the link below, includes stories, photos, and videos about Brinkley and his work. (*NewsChannel 6*, 5/5, <https://www.wjbf.com/news/after-3-near-death-experiences-this-mans-mission-is-to-comfort-dying-veterans/>)

ADVANCE CARE PLANNING NOTES

* **VITAS Healthcare conducted a national survey and found that 69% of the responders felt that talking about their end-of-life care wishes was important.** Further, 56% had already done this! In 2018, only 24% (according to data from the *Conversation Project*) had done this. While the number of Americans willing to engaging in these end-of-life conversations is increasing, “a significant number still expect healthcare professionals to bring them up.” (*VITAS Healthcare*, 5/3, <https://blog.sevenponds.com/science-of-us/americans-are-more-open-to-end-of-life-conversations>)

Correction: In the 5/4/2021 issue, in the story on grief for people of color, LBGTF was used in error. It should have been LGBTQ.

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