



## What the Media Said about End-of-Life Care This Week June 29, 2021 A Service of Your State Association

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### PALLIATIVE CARE PAYMENT MODEL COMING SOON?

**“Palliative care payment model is on the not-so-distant horizon, advocates believe,”** appears in *McKnight’s Senior Living*. *NHPCO’s* president and CEO, Edo Banach, told *McKnight’s Home Care Daily* that *NHPCO* “began talks about a demonstration project in early 2020 with CMMI under the Trump administration, and those talks have gained momentum under the Biden administration.”

**Banach reports that the feedback from the *Center for Medicare and Medicaid Innovation (CMMI)* has been “been incredibly positive.”** The goal is to establish a palliative care demonstration project, and to have it “sooner rather than later.” At a *LeadingAge* meeting earlier this month, the director of *CMMI Models Group* confirmed that the group hopes to move forward with the demonstration.

Already, “private insurance plans and approximately 134 *Medicare Advantage* plans” cover palliative care. But traditional *Medicare* doesn’t cover palliative care, says the article, because their system will not “cover services provide by clergy and social workers.”

**The new payment models are an important development, says Allison Silvers, vice president for payment and policy at CPAP.** These payments “sidestep the fee-for-service billing entirely. That way you can set up payment for palliative care services that pay the entire team.”

**The positive outcomes of the demonstration model for hospice, the *Medicare Care Choices Model*, are improving the chances for a palliative care demonstration.** That model has shown itself to be cost-effective. Banach explained, “The reason you end up saving money is not because you are spending so much on care, it is because once people are exposed to palliative care, they want more of it and less curative care.”

Banach thinks the pandemic is also a boost for the palliative care model. “As thousands of Americans deal with long-term symptoms of the virus, palliative care could offer physical relief for those patients, and possible financial relief for payers.” (*McKnight’s Senior Living*, 6/28, <https://www.mcknightsseniorliving.com/home/news/home-care-daily-news/palliative-care-payment-model-is-on-the-not-so-distant-horizon-advocates-believe/>)

### HOSPICE NOTES

\* **“Can lessons from methods used by health officials to consult patients during the COVID crisis be used to improve end-of-life care conversations with patients wherever they live, regardless of their physical access to healthcare? The National POLST and Maine Hospice Council and Center for End-of-Life Care believe the answer is yes.”** Thus begins an article in *Bangor Daily News*. Now, with a grant from Alex Hillman Foundation, the two organizations can work together to demonstrate the truth of their belief. The National POLST is partnering with the Maine POLST Program to focus on several rural communities to test models. POLST is “a process, a conversation, and a medical order form for individuals who are seriously ill or have advanced frailty.” Known as an important part of advance care planning, POLST “is also a medical order form that that travels with you (called a POLST form).” Maine, under the leadership of Executive Director Kandyce Powell, has done a lot of work with POLST. The aim of the work is to use Maine’s findings to help “develop consistent policies for POLST Programs “nationwide to save time to eliminate travel barriers for patients/providers, and enable more people the chance to have high-quality POLST conversations.” In Maine, the initiative will focus on rural areas. (*Bangor Daily News*, 6/24, <https://bangordailynews.com/2021/06/24/bdn-maine/maine-hospice-council-awarded-grant-to-improve-end-of->

life-care-conversations-with-patients/)

\* **The abstract of “Reducing Hospital Visit Rates in Hospice Patients Using Telemedicine” appears online before print.** The project examines “the impact of accessibility to a provider via telemedicine on emergency department visit rates in adults, 35 years and older, on home hospice and palliative care.” The project concluded that “a telemedicine hospice care application may benefit a palliative and hospice organization by enhancing patient clinical outcomes and decreasing emergency department visit rates.” (*journals.lww.com*, 6/16, [https://journals.lww.com/cinjournal/Abstract/9000/Reducing\\_Hospital\\_Visit\\_Rates\\_in\\_Hospice\\_Patients.99248.aspx](https://journals.lww.com/cinjournal/Abstract/9000/Reducing_Hospital_Visit_Rates_in_Hospice_Patients.99248.aspx))

\* **“Certificate of need,” explains an article in *Tampa Bay Times*, “often referred to as CON, is a controversial regulatory process that supporters argue helps prevent unnecessary and costly expansions of services. Critics, however, say the process is unnecessary regulation that encourages monopolies.”** The article announces the tentative approval by Florida’s Agency for Health Care Administration of eight new hospices. The article details the approvals, as well as some denials. Other providers have a three-week period to file challenges to the decisions. (*Tampa Bay Times*, 6/22, <https://www.tampabay.com/news/florida-politics/2021/06/22/state-backs-hospice-expansion-including-new-program-in-pinellas/>)

\* ***Living Healthy and Aging Well* has a podcast interview with Jessica Hausauer, Executive Director of Minnesota Network of Hospice and Palliative Care (MNHPC).** The host of the podcast, Ken Haglind, engages Hausauer in a discussion of aging issues, realities of illness, and facing death. She also shares more about the education, advocacy issues, and other work of MNHPC. (*Living Healthy and Aging Well*, 6/5, <https://open.spotify.com/episode/1Avlc3t50scdntgsmjOMCC>)

\* **“After nearly half a year of silence, the U.S. Department of Health and Human Services finally provided direction on when providers need to submit Provider Relief Fund (PRF) compliance reports.”** So begins an announcement of a podcast presented by Meg Pekarske and Andrew Brenton of *Husch Blackwell*. The two presenters offer insight on new deadlines related to PRF payments, “and guidance on how to return those portions of PRF payments that remain unused.” The podcast, “COVID-19 Hospice How-To Series New Deadlines Announced for Reporting on and Using Your Provider Relief Fund Payments,” is online at the link below. (*Husch Blackwell, Hospice Insights: The Law and Beyond*, 6/22, <https://hospicelawinsights.simplecast.com/episodes/covid-19-hospice-how-to-series-new-deadlines-announced-for-reporting-on-and-using-your-provider-relief-fund-payments>)

\* **An assessment of the “Terminal Care Market” examines top “vendors” of care, giving data on each of the key players in the hospice market according to their current company profile, gross margins, sale price, sales revenue, sales volume, product specifications along with pictures, and latest contact information.** Details of what is in the market report, issued by *A2Z Market Research* are included in the link below. The document is for sale, and a free sample copy is available with registration. (*ERXNews.com*, 6/27, <https://erxnews.com/news/351755/terminal-care-market-to-witness-growth-acceleration-by-top-key-players-amedisys-chemed-corp-compassus-crossroads-hospice-and-palliative/>)

\* **An article in *McKnight’s Senior Living* shares “Telehealth supports hospice and palliative care providers, patients and caregivers.”** The article examines telehealth as an opportunity for reaching patients who need the service. Offering access via telemedicine “extends clinical reach.” The article notes one study that reports the high satisfaction of patients and caregivers who receive telehealth. The article also notes barriers to full adoption of this mode of service, and says, “adoption and utilization of telehealth is strong.” The article offers guidelines and best practices for offering telehealth. It also examines pending legislation. (*McKnight’s Senior Living*, 6/22, <https://www.mcknightsseniorliving.com/home/news/home-care-daily-news/telehealth-supports-hospice-and-palliative-care-providers-patients-and-caregivers/>)

## PALLIATIVE CARE NOTES

\* ***Clinical Advisor* includes an article titled “Why Are Referrals to Palliative Care Delayed?”** MaryAnn Fragola, ANP-C, DNP, writes about the palliative care program in her oncology practice. She regularly sees patients’ reluctance to consider palliative care because they feel they are not dying. Other patients think palliative care is only for hospice patients. Fragola examines the benefits that palliative care can offer to chronically-ill

patients. She is an advocate for “early integration of a palliative and supportive team with a focus on symptom management, supportive care, and quality of life.” This allows patient needs to be most fully served. (*Clinical Advisor*, 6/4, <https://www.clinicaladvisor.com/home/opinion/benefits-early-palliative-care-chronic-disease/>)

\* **The *Journal of Palliative Medicine* posted abstracts of 87 presentations from the June 17-18 International Conference on Community End-of-Life Community Care Project.** The theme of the conference was “Sustainable Development and New Frontier,” with three sub-themes of Public health approach to end-of-life care,” “Quality of Care,” and “Sustainability.” Overview and abstracts are available at the first link below. The conference link is found at the second link. (*Journal of Palliative Medicine*, 6/4, [https://www.liebertpub.com/doi/10.1089/jpm.2021.0259.abstracts?utm\\_source=Adestra&utm\\_medium=email&utm\\_term=&utm\\_content=click%20here&utm\\_campaign=JPM%20FP%20June%2018%202021](https://www.liebertpub.com/doi/10.1089/jpm.2021.0259.abstracts?utm_source=Adestra&utm_medium=email&utm_term=&utm_content=click%20here&utm_campaign=JPM%20FP%20June%2018%202021))

\* **An article in *Neurology Advisor* examines the need for and value of physician’s communication and relationship with patients.** Written by physician Diane E. Meier, the article stresses the importance of the physician/patient relationships. “Since physicians do not measure or bill on the quality of their relationship with patients,” says Meier, “some may lose sight of its importance.” The article provides suggestions and tips to help physicians engage more deeply with their patients. Communications skills training, says Meier, is the place to start. (*Neurology Advisor*, 6/18, <https://www.medicalbag.com/home/news/commentary-neurologists-on-palliative-care-communication/>)

\* ***Geripal* features a podcast on neuropalliative care, focused on the role of palliative care in neurology practices.** How the emergence of this new field led to the establishment of the International Neuropalliative Care Society (INPCS) is discussed. (*Geripal*, 6/24, <https://www.geripal.org/2021/06/neuropalliative-care-podcast-with-benzi.html>)

## END-OF-LIFE NOTES

\* **“Documenting Her Wife’s Death on Social Media” appears in *New Yorker*. When Kathy Brandt was dying with stage 4 ovarian cancer, she wanted her wife, Kim Acquaviva to share the journey publically.** *New Yorker* features an article, documentary film, and transcript of Acquaviva’s memories of going through the dying process with Brandt. Photos and videos of Brandt—during her life and her dying-- share the realities of this process. The film and transcript are online at the link below, as is the article. The article that appears in *New Yorker* is titled “What Is It Like to Be Dying?” In all of this sharing, Acquaviva says, the aim “was to push back against the stigma associated with death and dying.” (*New Yorker*, 6/23, [https://www.newyorker.com/video/watch/documenting-her-wifes-death-on-social-media?fbclid=IwAR12B5ry3Z8ZJBfIPNfr5T3S0\\_XhS0WAG5aaNypjrU4TkM7BLOOec2bL0Fw](https://www.newyorker.com/video/watch/documenting-her-wifes-death-on-social-media?fbclid=IwAR12B5ry3Z8ZJBfIPNfr5T3S0_XhS0WAG5aaNypjrU4TkM7BLOOec2bL0Fw); *New Yorker*, 6/23, <https://www.newyorker.com/culture/the-new-yorker-documentary/what-is-it-like-to-be-dying>)

\* **Palliative Care of Wisconsin offers “Clinician Tips for Virtually Connecting Dying Patients with Loved Ones.”** The tip sheet includes an examination of the role of clinical staff in setting up and facilitating such interactions. Practical issues such as patient privacy, use of hardware and software, conducting the video call, and steps to follow after the call are all included. The tip sheet is online at the link below. (*Palliative Care of Wisconsin*, <https://www.mypcnw.org/fast-fact/clinician-tips-for-virtually-connecting-dying-patients-with-loved-ones/>)

## GRIEF AND ADVANCE CARE PLANNING NOTES

\* ***End of Life University* shares a podcast titled “How Men Grieve.”** It features Karl Hackelford, founder of the WEGRIEVE community, which is focused on helping men grieve in healthy ways. The podcast audio is available at the link below. (*End of Life University*, 6/21, [https://eolupodcast.com/2021/06/21/ep-304-how-men-grieve-the-we-grieve-community-with-karl-shackelford/?mc\\_cid=753cb4077a&mc\\_eid=d0771da91c0](https://eolupodcast.com/2021/06/21/ep-304-how-men-grieve-the-we-grieve-community-with-karl-shackelford/?mc_cid=753cb4077a&mc_eid=d0771da91c0))

\* **Colorado’s *Rocky Mountain Hospital for Children* recognizes a “Sacred Pause” to allow staff to remember**

**and honor patients who die alone or with hospice care. An article in the *Denver Gazette*, says a chaplain initiated the practice.** “We have patients that are here for months, and the intent of the ‘Sacred Pause’ is for staff to have the chance to value the relationship they have with that patient, whether it's brief or an extended period of time.” (*Denver Gazette*, 6/20, [https://denvergazette.com/news/health/health-system-launches-sacred-pause-to-honor-patients-who-die-without-family-present/article\\_fb66e54e-d06a-11eb-ae94-0f460a866433.html](https://denvergazette.com/news/health/health-system-launches-sacred-pause-to-honor-patients-who-die-without-family-present/article_fb66e54e-d06a-11eb-ae94-0f460a866433.html))

## OTHER NOTES

- \* **With CMS’s “Acute Hospital Care at Home Waiver,” California’s *Hoag Memorial Hospital Presbyterian* announces plans to “provide a slew of at-home care services.”** Feeling this is no longer a thing of the future, they are prepared to provide “skilled nursing and therapy services,” social services, hospice, palliative care, bereavement services, and in-home physician support. In the future, they will also offer “private-duty home care, home infusion and home medical equipment.” (*Home Care News*, 6/20, <https://homehealthcarenews.com/2021/06/recognizing-future-threats-to-the-in-patient-model-california-health-system-launches-hoag-at-home/>)
- \* **“More than 46,000 children have lost one or both parents to Covid-19 since February 2020.”** Finding support for these children is a major challenge and a critical need. An article about this important issue, written by *Kaiser Health News*, appears in *NBCNews.com*. The article explores the needs of these children and families, and the increased risk for a variety of poor outcomes (mental health, school issues, higher risks of substance abuse, etc). The article says that about 15% of the children have prolonged grief disorder. Families feel abandoned and alone to deal with this loss. Counseling is difficult to find, as there are not enough counselors to meet the demand. (*NBCNews.com*, 6/22, <https://www.nbcnews.com/health/health-news/thousands-young-children-lost-parents-covid-where-s-help-them-n1271728>)
- \* **An initiative of the *American Nurses Foundation* and the *Greater Good Science Center* at the *University of California, Berkeley*, focuses on “cultivating the practice of gratitude within the nursing profession.”** The initiative includes “Gratitude Practice for Nurses,” a free download kit that offers “engaging practices” for nurses. (*American Nurses Foundation* and *Greater Good Science Center* at *University of California, Berkeley*, <https://ggsc.berkeley.edu/gratitudeforurses?fbclid=IwAR3sYruf6zdvM6sRUgbKIzeZIF6IEyuOq0FvM7b0mo9xHXaUzMSv9WhFp8>)
- \* **West of San Francisco is a plot of land known in frontier times as Deadman’s Wash. It is now the home of *Better Place Forests*, “an eco-friendly alternative to cemeteries.”** This company, based in San Francisco, bought the land in 2019 and has now started selling plots, which are spaces at the base of the tree.. The sales are approved by Coconino County, with input from area tribes. Cremains “are placed at the base of the trunk amid the duff and needles and nutrient-rich soil and, essentially, the dearly departed become one with nature, the only marking being a small and tasteful plaque at the trunk.” (*AZDailySun*, 6/27, [https://azdailysun.com/news/local/your-tombstone-is-a-tree-better-place-forests-green-burial-site-opens-in-flagstaff/article\\_cfff15ba-cb72-5baa-892e-4fbbc24188a1.h\tml](https://azdailysun.com/news/local/your-tombstone-is-a-tree-better-place-forests-green-burial-site-opens-in-flagstaff/article_cfff15ba-cb72-5baa-892e-4fbbc24188a1.h\tml))

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