

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

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NEW TOOL HELPS TRAIN DOCTORS ON END-OF-LIFE CONVERSATIONS

University of Rochester researchers unveil SOPHIE, a virtual patient who could help train doctors in better explaining end-of-life options. SOPHIE is not a real patient, but a computer-generated avatar produced through the collaboration of computer scientists, palliative care specialists, and practicing oncologists. Their goal was to create a tool that could help physicians sharpen their communication skills with late-stage cancer patients.

The need for SOPHIE (Standard Online Patient for Healthcare Interaction Education) is clear for physicians who need to communicate the severity of late-stage cancer. A study in *JAMA Oncology* found that 68% of late-stage cancer patients leave their doctor's offices either underestimating the severity of their disease, overestimating their life expectancy, or both.

Physicians are trained by interacting with SOPHIE, and various aspects of that conversation are analyzed and immediately compared to previously scored conversations between patients and their oncologists. This key training data was the work of palliative care expert Donald Epstein and his collaborators at the University of Rochester Medical Center. After the interaction, physicians immediately have access to a dashboard that reviews facets of the conversation including speed of talking, types of questions asked, and the balance of positive and negative language used.

"In our prior research, physicians practiced with trained actors to learn how to bring up difficult issues, such as prognosis and end-of-life care," Epstein says. "But actors can be costly. The online format can provide training at a fraction of the cost and be made available to physicians worldwide."

Researchers are now turning their focus to fine-tuning the experience. "Our hope is that once we have demonstrated its efficacy through a randomized controlled experiment, first-year students at the Medical Center can practice with it," says Ehsan Hoque, an associate professor of computer science, and the technical lead in the partnership with Epstein. They also see SOPHIE's broader potential, raising awareness for palliative care as an option as physicians have further guidance in these crucial conversations. (*University of Rochester*, 7/15, www.rochester.edu/newscenter/virtual-patient-sophie-prepares-doctors-for-end-of-life-conversations-485392)

HOSPICES COULD SEE NEW ENFORCEMENT UNDER PROPOSED CMS PROGRAM

A proposed CMS program could mean termination, fines, or temporary management changes for hospices. *McKnight's Senior Living* reports that the new Special Focus Program was included in major hospice survey reforms under the Consolidated Appropriations Act of 2021.

Katie Wehri, NAHC Director of Home Health and Hospice Regulatory Affairs, shares about the developments in a webinar for the National Association for Home Care & Hospice (NAHC). Wehri told members, "There is a lot of structure to this program, but there is also a lot of subjectivity."

For hospice providers, it would mean that if they are determined by CMS to "pose an immediate jeopardy," they would be terminated or face enforcement remedies including civil penalties up to \$10,000 a day. They may also face payment suspension, temporary management, a directed plan of correction, and directed in-service

training for up to six months.

The reforms follow a 2019 hospice service quality report from the Office of Inspector General (OIG). The report found that, over a five-year span, 80% of hospices had one deficiency and that more than 300 providers were identified as having a serious deficiency and a substantiated severe complaint.

NAHC President William Dombi says the industry has been proactive, meeting with the OIG and CMS to develop improved oversight, transparency, and enforcement. Internally we brought our advocacy council and the hospice advisory council into the mix,” says Dombi. This “[engaged] them in a deep dive into what works and what shouldn’t work on that.”

Under the proposed changes, “CMS would work with state agencies to identify hospices for the Special Focus Program. Individual states would prioritize hospice providers for the program, but would not be required to submit a certain number or percentage of hospices to CMS. Hospice providers would have the right to appeal any action taken by CMS.” (*McKnight’s Senior Living*, 7/14, www.mcknightsseniorliving.com/home/news/home-care-daily-news/hospice-providers-could-face-termination-fines-or-temporary-management-changes-under-proposed-cms-program)

HOSPICE NOTES

*** Addus HomeCare will acquire Armada Skilled Home Health and Hospice of New Mexico, LLC for \$29 million.** Addus announced the signing of a definitive agreement of the acquisition of the hospice, which currently serves 1,100 patients for home health services and 100 patients for hospice care daily, with primary coverage across Bernalillo and surrounding counties. “Acquisitions continue to be an integral part of our growth strategy at Addus and complement our strong organic growth opportunities,” says Dirk Allison, Chairman and Chief Executive Officer of Addus HomeCare Corporation. (*Addus*, 7/13, <https://addus.gcs-web.com/news-releases/news-release-details/addus-homecare-signs-definitive-agreement-acquire-armada-skilled>)

*** Maryland’s Calvert Hospice has become the first hospice in the nation to complete all four rings in the NHPCO’s Quality Connections program. The four rings of the Quality Connections program are Education, Application, Measurement, and Innovation.** “Completing all four rings requires representation of the full scope of services that are necessary to provide high-quality hospice care, and we are grateful to NHPCO for developing this program with a focus on the variety of interdisciplinary expertise that contributes to being a quality hospice provider,” says Interim Executive Director Sarah Simmons, RN, MSN, CHPN. (*The Southern Maryland Chronicle*, 7/15, <https://southernmarylandchronicle.com/2021/07/15/calvert-hospice-becomes-first-hospice-in-the-nation-to-complete-all-rings-in-the-quality-connections-program>)

*** The Foundation for the Carolinas awarded Hospice of Davidson County a \$36,000 grant to support TapCloud, the agency’s telehealth program.** The service provides additional access to the Hospice of Davidson County care team between visits. “We are thrilled to receive this funding [...] made possible by the Foundation for a Healthy Carolina,” said Jennifer Everhart, chief clinical officer for Hospice of Davidson County. “As hospice care providers, we are called upon to ensure accessible and supportive care for our patients and their families — our continued use and expansion of TapCloud and its many virtual support services allow us to do just that.” (*The Dispatch*, 7/15, www.the-dispatch.com/story/news/local/2021/07/15/hospice-davidson-county-receives-36-000-grant-telehealth-services/7971350002)

*** The owner of Sacramento area home health care and hospice agencies pled guilty to Medicare fraud.** Between 2015 and 2019, Akop Atoyan and his wife Liana Karapetyan “paid and directed others to pay kickbacks to multiple individuals for beneficiary referrals, including employees of health care facilities, as well as employees’ spouses.” The couple owns ANG Health Care Inc., Excel Home Healthcare Inc., and Excel Hospice Inc. As part of his guilty plea, Atoyan agreed to pay \$2,525,363 in restitution to the U.S. Department of Health and Human Services and forfeit that same amount to the United States. Atoyan faces up to 10 years in prison for the health care fraud conspiracy charges and five years for the kickback conspiracy charge, as well as a \$250,000 fine or twice the gross gain or loss for each charge. (*United States Department of Justice*, 7/15, www.justice.gov/usao-edca/pr/owner-sacramento-area-home-health-care-and-hospice-agencies-pleads-guilty-medicare; *CBS Sacramento*, 7/15, <https://sacramento.cbslocal.com/2021/07/15/owner-of-greater-sacramento-area-hospice-home-health-care-facilities->

[pleads-guilty-to-medicare-fraud](#))

* **Husch Blackwell released an on-demand webinar that addresses “the process and path of a False Claims Act (FCA) lawsuit.** The webinar is online at the link below. (*Husch Blackwell*, 7/14, <https://www.huschblackwell.com/newsandinsights/staying-prepared-hospices-and-the-false-claims-act-part-iii-success-in-false-claims-act-lawsuits>)

* **The Tree House Thrift Shop of Valdosta, Georgia, presented Hospice of South Georgia with a check for \$100,000.** Kevin Moore, the hospice’s Executive Director, recognized the hard work of all staff and volunteers at the store in the ceremony at the inpatient care center, Langdale Hospice House. Bill Meli, the hospice’s Operation Manager, described how the Tree House’s earnings were driven by community support. Donations at the thrift shop are used for non-reimbursed patient care, including patients who are unable to pay for services, free community resources, and other hospice programs. (*Valdosta Today*, 7/16, <https://valdostatoday.com/news-2/local/2021/07/tree-house-earns-100k-for-hospice-of-south-georgia>)

* **Orlando will soon get its first freestanding hospice house.** Orlando Sentinel reported on the ground-breaking ceremony held by Cornerstone Hospice on July 15th. Cornerstone CEO Chuck Lee describes how patients requiring acute symptom management may need inpatient care, and says a hospice facility can provide this in a “home-like” setting. “Families want to have their loved one in a location that is as convenient as possible. We also know that typically folks don’t like to drive more than 15-20 minutes to visit their loved ones,” he said. “We’re optimistic about how the new Orlando hospice house is going to allow Cornerstone to touch more lives.” (*Orlando Sentinel*, 7/16, www.orlandosentinel.com/health/os-ne-health-first-freestanding-cornerstone-hospice-20210716-c74cvedgnrflnd77xoe2am4t3e-story.html)

* **The Reporter memorialized Dr. Alfred Ratcliffe, Hospice of Marshall County/Shepherd’s Cove Hospice Board of Directors member and president, who passed away on July 13th at Shepherd’s Cove Hospice in Albertville, Alabama.** Ratcliffe leaves behind “a legacy of care, compassion and generosity spanning decades.” Will Ratcliffe says his father felt “extreme comfort” knowing he was going to Shepherd’s Cove Hospice for his final days. “I think it was obvious they took it as an honor to be able to serve him,” Will said. “They did an excellent job making sure every need was met for him and for us too. He was at peace with that decision.” (*The Reporter*, 7/16, www.sandmountainreporter.com/free_share/article_9447855e-e658-11eb-ba98-8bdf2bec27a0.html)

PALLIATIVE CARE NOTES

* **The American Journal of Managed Care published “Reimagining the Inpatient Palliative Care Consult: Lessons From COVID-19.”** The article describes how the pandemic led to rapid development of new models of palliative care delivery. The authors advocate for formalizing and implementing digital models at scale by “bolstering inpatient telepalliative care services, expanding electronic consults, and increasing training and educational tools for non-PC providers.” For sustainability, they say investments in digital infrastructure and payment mechanisms will also be crucial. (*AJMC*, 7/21, www.ajmc.com/view/reimagining-the-inpatient-palliative-care-consult-lessons-from-covid-19)

* **Illinois’ Pediatric Palliative Care Bill, Senate Bill 2384, has been sent to the Governor. If signed, it will provide a federal match for palliative services, taking a burden off of families with critically ill children.** The bill was sponsored by Sen. Laura Fine, D-Glenview, who applauds palliative care workers, highlighting that “they bring the services to your home and they work with every member of the family.” Fine notes that “a lot of parents don’t know how to reach out for pediatric palliative care,” but that “because it is something that will now be covered, it can now be recommended to these families.” (*Denver Gazette*, 7/15, https://denvergazette.com/wex/illinois-families-with-critically-ill-children-will-soon-be-eligible-for-palliative-services/article_0e21d0e2-42d7-54dc-bb89-6661e8e917b7.html)

* **Acclivity Health founder and CEO Jeremy Powell and Vytalize Health’s CMO Amer Alnajar, MD, argue for a collective effort to “build a system where palliative care is an essential part of the continuum of care” and “deal with the factors that make the American healthcare system so fragmented.”** The demand for palliative care will rise, they say, when providers better understand its value and when to refer patients for palliative care. Providers also need a clear picture of a patient’s medical journey. “By aggregating CMS data with a practice’s EHR data — something that technology platforms can currently do — every provider can have a 360-degree view of

each patient's condition and a better sense of when they would benefit from palliative care." To make palliative care available, it will take an investment in technology, patient awareness, and more trained nurses who can be hired at wages that are "competitive with other specialties." (*McKnight's Senior Living*, 7/13, <https://www.mcknightsseniorliving.com/home/news/home-care-daily-news/the-unmet-needs-of-palliative-care-patients>)

END-OF-LIFE NOTES

* **CURE speaks with Dr. Kashyap Patel, author of *Between Life and Death: From Despair to Hope*, about how patients can feel in control as they reach the end of their lives.** "Patients don't mind accepting the conversation about [dying]," Patel says. "What they don't like is losing control. The happy medium of accepting [death] comes from being very transparent about our ultimate goals." Patel reflects on lessons learned from working with patients. "Life is all about balance," Patel says, and allowing patients to say to their physicians "Please be honest with me, please make sure that you respect my cultural, spiritual or personal belief of how I want to be in control and how I want to leave this world with my terminal illness." can "alleviate lots of suffering." Patel is the CEO of Carolina Blood and Cancer Care Associates in Rock Hill, South Carolina, and vice president of the Community Oncology Alliance. (*CURE*, 7/15, www.curetoday.com/view/recognizing-cancer-fate-without-losing-control)

* **End of Life University released "Life. Death. Whatever: We All Know How This Ends."** Guests Anna Lyons and Luise Winter are the creative team behind Life. Death. Whatever, an initiative to redesign the dialogue around death and dying. Anna is an end-of-life doula and Louise is a progressive funeral director in the UK. The duo shares "how their partnership has allowed them to address the full spectrum of end-of-life issues [...] all of which are beautifully covered in their newly released book *We All Know How This Ends: Lessons About Life and Living from Working with Death and Dying*." (*End of Life University*, 7/12, <https://eolupodcast.com/2021/07/12/ep-307-life-death-whatever-we-all-know-how-this-ends-with-anna-lyons-and-louise-winter>)

* **The Surprised by Grief podcast released "Leaving a Legacy," an episode aimed at families of terminally ill parents.** It discusses Inheritance of Hope, a national nonprofit that "offers faith-based support and legacy building retreats for families." One family shares their story of working with Inheritance of Hope and is joined in conversation by author Clarissa Moll. (*Christianity Today*, 7/2, www.christianitytoday.com/partners/creative-studio/leaving-legacy.html)

OTHER NOTES

* **Home health providers in the U.S. paid \$422 million to settle False Claims Act (FCA) allegations since 2012, according to the Healthcare Fraud & Abuse Resource Center, a database made available by the legal firm Bass, Berry, & Sims.** "We wanted to create a database [...] to allow providers to have easy access to information, to see the cases that the government or regulators have resolved in the health care fraud space," says Bass, Berry & Sims Partner Brian Roark. "This is the first publicly available database of this type." (*Home Health Care News*, 7/13, <https://homehealthcarenews.com/2021/07/home-health-providers-have-paid-422m-to-settle-false-claims-act-cases-since-2012>; *Healthcare Fraud & Abuse Resource Center*; 7/21, <https://fraudinhealthcare.com/#settlements>)

* **Researchers at University of California, Davis, hope to develop a new type of pain medication from tarantula venom that would provide an alternative to opioids.** "There's been a push to develop other, better, safer, less addictive — or zero addictive — medication and therapeutics for pain management," says David Copenhaver, director of Cancer Pain Management and Supportive Care at UC Davis Health. Copenhaver is part of a 20-person team using computational biology to use the venom's neurological dysfunction effects to help nerves reduce pain. (*WTVR*, 7/14, www.wtvr.com/news/national/pain-medication-being-developed-using-tarantula-venom-as-alternative-to-opioids)

* **An on-demand webinar "Cultivating Empathy: Heart, Head, and Action," led by Dr. Joy Berger is available from Net Health.** The webinar asks viewers to consider the empathetic qualities of an encounter and discover active ways to grow their capacities and provide empathetic care. Registration required to access the content. (*Net Health*, 7/2021, https://go.nethealth.com/empathy_registrant)

*** In “Startups Cash In as Venture Funding for Digital Health Rises,” *The Wall Street Journal* describes a landscape of entrepreneurs grabbing up new funds, staff, and market shares. They note “raising concerns that the market is overheating.”** This year, “venture investors pumped \$14.7 billion into digital-health startups.” This matches the full-year total for 2020 and is twice the figures seen in 2019. Technology is at the center of much excitement, expansion, and investment. “Covid exposed the lack of investment that health systems have made in technology,” said Sheila Talton, chief executive of Gray Matter Analytics Inc. (*The Wall Street Journal*, 7/15, www.wsj.com/articles/startups-cash-in-as-venture-funding-for-digital-health-rises-11626346800)

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