



What the Media Said about End-of-Life Care This Week October 5, 2021 A Service of Your State Association

NATIONAL ORGANIZATIONS CONCERNED WITH VBID DECISION BY CMS

Both the National Hospice and Palliative Care Organization and the National Association of Home Care have shared their dissatisfaction with CMS's announcement to move forward with the implementation of the Medicare Advantage (MA) Value-Based Insurance Design (VBID).

NHPCO called for a delay of this action in late 2019. As COVID cases started to rise, NHPCO and Families USA and the Medicare Rights Center "implored CMS to move the launch date while hospices directed their energy and resources toward ensuring uninterrupted care in the face of an emerging global pandemic. Nonetheless," says NHPCO, "CMS hastily proceeded to launch the hospice component of VBID."

NHPCO notes that the VBID has not effectively defined services these MA patients should receive. "Without that, they can be denied access to the care they deserve." With nearly a year of demonstration, NHPCO says "CMS has not shared data or explained how this demonstration improves access to hospice care." NHPCO sees no evidence as to why the demonstration should continue. They call on CMS to "honor its commitment to partner closely with the hospice provider community and consumer groups..."

NAHC also called for delay in the implementation, asking CMS to wait until 2023. "The COVID-10 pandemic makes testing and accuracy of interpreting results of the provision of hospice under a new paradigm impossible," says NAHC. NAHC goes on to say that they worry that the current hospice component "will limit access to care and patient choice of provider during the tie of this pandemic, and will diminish the value of the hospice benefit and end of life care to terminally ill patients."

McKnight's Senior Living shared about the responses in an article titled "MA hospice carve-in model failing beneficiaries, NHPCO charges." NHPCO, says the article, "is blasting the Center for Medicare and Medicaid Services for continuing a two-year Medicare Advantage hospice carve-in demonstration that NHPCO considered flawed." (*NHPCO Statement on VBID Announcement*, 10/1, <https://www.nhpco.org/nhpco-statement-on-vbid-announcement/>; NAHC, <https://www.nahc.org/advocacy-policy/legislative-priorities/delay-medicare-advantage-hospice-carve-in/>; *McKnight's Senior Living*, 10/4, <https://www.mcknightsseniorliving.com/home/news/home-care-daily-news/ma-hospice-carve-in-model-failing-beneficiaries-nhpco-charges/>)

BUILDING A MORE COMPASSIONATE BEREAVEMENT POLICY

HR Dive offers insights into important trends in human resources. A recent article examines the bereavement policies that employers offer. The author spoke with several HR consultants who say, "a more inclusive and compassionate bereavement leave policy is overdue in the workplace..."

One consultant, Tamara Raspberry, consults with employers on "how to craft a bereavement leave policy." Most employers offer three-day bereavement leaves. A 2019 survey of about 200 organizations found that 90% offer some kind of bereavement leave, and 68% offer one to three days "for immediate family members." One to three days for "non-immediate family members" are offered by 45%, and 20% offer leave for non-family members.

Raspberry says it is a battle to get companies to offer more. But, grief itself is messy and has no predictable pattern. "Restricting a leave period to one to three days for bereavement simply doesn't reflect the reality of the grieving process or respect the needs of the employee, interviewees told HR Dive." Savannah Bishop, a consultant,

says that her own experience with bereavement leads her to recommend a 20-day leave. Others suggest two to three weeks, and say that the days should not have to be used consecutively. Tasks that the grieving need to complete may not come in a linear order. Certain days may be more difficult and need to be used by griever.

Other ideas are shared. One suggestion is to totally eliminate limitations, ask employees what they need, and offer to help when we can. And religious and cultural traditions call for varied rituals. Covering some grief counseling is another idea that is given.

Another suggestion is to allow bereavement leave for non-family members. Best friends can be a major loss. When asked if these open policies will lead to abuse, HR consultants call for trust of employees. A rare case of abuse is easier to deal with than the damage of a strict policy based on mistrust.. (*HR Dive*, 9/29, <https://www.hrdive.com/news/why-it-may-be-time-for-a-more-compassionate-bereavement-policy/607374/>)

HOSPICE NOTES

* **“The dark corners of the California hospice industry,”** says an opinion article in *VC Star*, **“have become ripe with fraud, built off kickbacks to doctors and recruiters who target the sick, the elderly and people who are not at the end of life.”** The article shares about grim outcomes for patients who were fraudulently referred into and accepted by hospice, even though they were not in need of end-of-life care. The article reminds readers of ongoing stories of fraud in hospice that have frequently been in the California news. Hospices, says the article, recruit patients “through predatory recruiting measures.” Earlier this year, Assembly Bill 1280 was passed. The bill focuses on addressing “these egregious practices by prohibiting hospice providers or their agents for giving payment to referral sources for hospice.” The bill now awaits the Governor’s signature, and the author of the article, Assemblymember Jacqui Irwin, calls for action in order to protect these Californians. (*VC Star*, 9/28, <https://www.vcstar.com/story/opinion/editorials/2021/09/28/guest-column-hospice-recruitment-schemes-target-older-adults/5853974001/>)

* **A Wyoming man whose parents died under hospice care left his entire estate to Hospice of Laramie.** Jerry Bucher lived and interesting life and was well know and considered a very interesting man. The bequest is expected to be about \$300,000. (*U.S. News*, 10/2, <https://www.usnews.com/news/best-states/wyoming/articles/2021-10-02/wyoming-man-bequeaths-all-possessions-to-local-hospice-group>)

* **WellSky is repeating an earlier online seminar titled “Hospice quality and compliance: How to succeed in an era of increase scrutiny.”** The October 7 event, offered from 1 to 2:30 pm ET, also offers an hour of ANCC contact credit. Registration for the no cost event is required, and is online at the link below. (WellSky, https://info.wellsky.com/2022-Q1-VSS-Registration.html?utm_source=email_marketing&utm_medium=email&utm_term=VSS&utm_content=VSS_ENCORE_INVITE_093021&utm_campaign=VSS_hospice_compliance_100721_Q2)

* Meg Pekarske and other attorneys from Husch Blackwell, offer a podcast in their ongoing Hospice Insights: The Law and Beyond series. **“Drumroll Please: The Latest on HIS Appeals” is online at the link below.** (Husch Blackwell, 9/24, <https://www.huschblackwell.com/newsandinsights/drumroll-please-the-latest-on-his-appeals>)

* **Enclara Pharmacia advertised a new whitepaper titled “Equity in Palliative Care and Hospice.”** The document addresses the need for hospices to examine their disparities, and offers steps to help do this. The document includes training for cultural competency, and educational and outreach ideas. The document is available at no cost, but registration is required. (Enclara Pharmacia, October 2021, https://enclarapharmacia.com/equity-palliative-care-hospice?utm_source=Hospice+News&utm_medium=Newsletter&utm_campaign=October+2021+-+Hospice+News+Newsletter+Ad+%28Equity+Whitepaper%29&utm_id=Paid+Banner+Ad)

PALLIATIVE CARE AND END-OF-LIFE NOTES

* **A recent article in *JAMA Network Open* reports on research that examined the symptoms of pediatric palliative care patients.** The findings reveal that “most children receiving palliative care were experiencing

polysymptomatology,” and some reported “numerous severe symptoms.” The authors cite the assessment and management of patient symptoms as “critical aspects of pediatric palliative care.” The article, available online at the link below, lists many of these symptoms and gives a review of the study. (JAMA Network Open, 8/5, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2782718>)

*** End of Life University offers a podcast titled “Why Death Awareness is the Key to Your Best Life with Kate Manser.”** Founder of “You Might Die Tomorrow,” Manser focuses on helping people live their best life. Topics include accepting suffering, dealing with fear of death, and paying attention to meaningful moments of life. The podcast is online at the link below. (End of Life University, 8/30, https://eolupodcast.com/2021/08/30/ep-314-why-death-awareness-is-the-key-to-your-best-life-with-kate-manser/?mc_cid=dfd0f0db9e&mc_eid=d0771da91c)

*** End of Life University offers a podcast on storytelling and how stories help us become better teachers about end-of-life issues.** Physician Karen Wyatt, of End of Life University, offers the podcast. Topics include why stories are so powerful, how they help with healing, and exploration of different kinds of stories. The podcast is online at the link below. (End of Life University, 9/27, https://eolupodcast.com/2021/09/27/ep-318-how-to-use-stories-to-teach-about-death-and-dying/?mc_cid=4975c66d55&mc_eid=d0771da91c <https://www.newswise.com/articles/study-cancer-centers-provide-superior-end-of-life-care-to-dual-eligible-cancer-patients>)

*** Oxford University Press’s blog features a post that provides a brief overview of “10 books on palliative and end-of-life care.”** The books cover a wide range of topics from text books, to case studies, to caregiving, to science, compassion, meaningful life, case studies, and reflection. (Oxford University Press Blog, 10/2, <https://blog.oup.com/2021/10/10-books-on-palliative-medicine-and-end-of-life-care-reading-list/>)

*** Emerge Law Group shares about the status of the use of psilocybin in Oregon.** Oregon’s Psilocybin Services Act (PSA) was adopted in November 2020 making access to psilocybin therapy beginning in January of 2023. Meanwhile, the state is making preparations to meet the requirements detailed in PSA. “Right to Try” (RTT) laws allow patients with advanced illness to access “certain investigation drugs for therapeutic use before completion of later-stage clinical trials...” Currently, “Litigation to compel DEA to respect RTT laws and allow access to psilocybin for therapeutic use is pending before the Ninth Circuit Court of Appeals.” (Emerge Law Group, 9/30, <https://emergelawgroup.com/2017/psilocybin-therapy-for-patients-with-advanced-illness-in-oregon/>)

*** Massachusetts continues to explore the issue of physician-assisted suicide.** A recent meeting of the Joint Committee on Public Health featured testimony from a variety of citizens—both in favor of and against the support of physician-assisted suicide. (*Boston Herald*, 10/1, <https://www.bostonherald.com/2021/10/01/though-poll-shows-support-has-grown-assisted-suicide-still-divisive-in-massachusetts/>; *Newport News*, 10/2, https://www.newburyportnews.com/news/emotional-pleas-heard-for-physician-assisted-suicide/article_d0e234fc-22f1-11ec-9854-47788aa4848e.html)

*** The Endwell Project will host a virtual conference, “The End in Mind,” on October 14. The day will be centered on “psychedelic medicines and ending well.”** Details of the conference, including speakers and online registration at no cost are online at the link below. Now is the time for this exploration, says the organization, because there is “compelling evidence that psychedelic medications used in carefully monitored settings “can reduce existential fear and suffering for people facing life-limiting illness.” (End Well, https://endwellproject.org/the-end-in-mind/?mc_cid=baa3cd9e8d&mc_eid=d67266dfca#speakers)

GRIEF AND ADVANCE CARE PLANNING NOTES

*** An article in *Real Simple* magazine explores the experience of anticipatory grief and offers tips on how to cope.** The authors offer a description of anticipatory grief, and explores the outcomes when we imagine life without a loved one. Signs of anticipatory grief are noted, and tips are given on how to cope with this grief. (*Real Simple*, 9/23, <https://www.realsimple.com/health/mind-mood/anticipatory-grief>)

*** An article in *C-TAC News* explores inequities in access to advance care planning (ACP).** “Intrinsic bias due to the historic understanding of what the ‘population with the serious illness wants’ may impair the ability to recognize

the diversity of lived experiences and social, religious, and cultural lives that need to be integrated into clinical decision-making at the point of care, where person-centered decisions must be made.” If we are to gain respect and trust with marginalized persons, we must “understand and honor” what matters most to each one.” (C-TAC, 9/29, <https://www.thectac.org/2021/09/respecting-choices-executive-medical-officer-on-acp-and-person-centered-care/> (possible combined article with above))

*** Oregon POLDT launched a new website to improve navigation, offer FAQs for various stakeholder groups, and improve user experience.** It is online at the link below. (*Oregon POLST Newsletter* via email, 9/30, <https://oregonpolst.org/>)

OTHER NOTES

*** An article in *Next Avenue* explores “best policy” for being honest with dementia patients.** Certainly, says the article, we should be very patient, especially with early dementia patients. Gentle reminders, marking calendars, and writing down plans may all be tools to help as memory losses increase. But these methods may become less helpful. And then, says the article “therapeutic fibbing may become “a useful tool for caregivers. “Sometimes being brutally honest can cause a person who has dementia a great deal of pain,” says Lori La Bey, founder of Alzheimer’s Speaks. “But a little white lie or fiblet can keep the person safe, happy and calm.” La Bey offers several concrete examples of these “fiblets.” These fibs can also be therapeutic for the caregiver, and “the most compassionate way to respond in some situations.” (*Next Avenue*, 9/23, <https://www.nextavenue.org/dementia-honesty-best-policy/>)

*** California Governor Gavin Newsom signed legislation allowing for cannabis use in “health care facilities for terminally ill patients.”** Senate Bill 311, Compassionate Access to Medical Cannabis was signed by Newsom, though it was not signed in an earlier attempt in 2019. Newsom now approved the bill because “federal officials have since signaled that they don’t have a strong position against the use of medical marijuana in a hospital facility.” The article provides an overview of the process of the bill’s journey and adoption. (*The North Bay Business Journal*, 9/29, <https://www.northbaybusinessjournal.com/article/industrynews/newsom-signs-legislation-allowing-medicinal-cannabis-in-health-care-facilit/>)

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