



What the Media Said about End-of-Life Care This Week September 21, 2021 A Service of Your State Association

FY 2022 OMNIBUS BILL ADDRESSES HOSPICE ISSUES

The FY 2022 Omnibus Appropriations bill was released by the House on March 9 and is expected to be quickly finalized. There are several hospice-specific inclusions in the bill. The changes and lack of changes in the bill impact all hospice providers. Two articles from Leading Age report on this bill. "Hospice and the Omnibus Appropriations Bill" specifically addresses the most directly-related-to hospice portions of the bill. A summary of key points are included here.

"The authority for hospices to conduct the face to face [sic] recertification via telehealth is extended." Since the passage of the CARES Act, hospices have been allowed to complete face-to-face recertifications via telehealth. This has to be done with technology that allows both video and audio connection. Audio-only technology is not sufficient. This continuation, and other "telehealth flexibilities," extends "for 151 days starting the first day after the end of the public health emergency (PHE)."

"Telehealth extenders paid for by extending the new cap calculation: the 5 month [sic] extension to the telehealth authorities included in the bill is partially paid for by extending the IMPACT Act change to how the hospice cap is calculated by one year." This means that the cap calculation change will occur in 2031 rather than 2030.

The bill leaves the routine home care flexibility as it currently is. CMS allows the use of telehealth visits during the PHE. A policy on telehealth for routine home care will need to be established by CMS post PHE.

"The bill does not extend all Part B codes." Some of the items do continue to be eligible for telehealth billing and CMS has a list of these items, which is online at the second link below. Some of the telehealth services are extended through 2023. Other are permanently covered by telehealth. And some are extended through the public health emergency.

The bill calls for a review of hospice respite care. The omnibus asks CMS and Assistant Secretary of Planning and Evaluation (ASPE) to report on "current best practices in hospice respite care and the potential expansion of respite into the home."

The bill also addresses bereavement. CDC is requested to "include a new module in the Behavioral Risk Factor Surveillance Survey focused on bereavement to better understand the scope of bereavement exposure in the U.S."

The second article by Leading Age is "Medicare Telehealth Flexibility Extensions included in FY 22 Omnibus." The third link below will take readers to this article. (Leading Age, 3/9, <https://leadingage.org/legislation/hospice-and-omnibus-appropriations-bill-0>; CMS, 1/5, <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>; Leading Age, 3/9, <https://leadingage.org/legislation/medicare-telehealth-flexibility-extensions-included-fy-22-omnibus>)

HOSPICE NOTES

* **Husch Blackwell offers a podcast titled "Hospice Leadership Strategy: Re-engaging Staff and Communities with Story."** The podcast features Dr. Bertice Berry, PhD, and Jamey Espina who are founders of the Institute for Story. The two explore how to use story "as a leadership and engagement tool." The podcast is online at the link

below. (Husch Blackwell, 3/2, <https://www.huschblackwell.com/newsandinsights/hospice-leadership-strategy-re-engaging-our-staff-and-communities-with-story>)

* **The Rocky Mountain Refuge for End of Life Center (Refuge) will “provide a stable, appropriate environment for hospice agencies to deliver specialized, end-of-life care to our neighbors without houses.”** Refuge will not serve as a hospice provider itself. It will be a shelter that serves homeless patients in need who are referred there by hospices and healthcare providers. (*Out Front Magazine*, 3/9, <https://www.outfrontmagazine.com/rocky-mountain-refuge-shelter-for-end-of-life-care-opens-denver/>)

* **The U.S. attorney’s office in the Central District of California has arrested two persons on the “suspicion of carrying on a hospice fraud scene that netted more than \$30 million from Medicare.”** Another defendant is still at large. (*LA Times*, 3/9, <https://www.latimes.com/california/story/2022-03-09/2-arrested-in-california-hospice-fraud-scheme-that-netted-more-than-30-million>)

* **Hospice RN Julie McFadden posted a TikTok video where she describes terminal agitation, and says it is the most difficult part of caring for terminally ill patient.** She describes the agitation of these patients, estimates that about 30% of patients experience the agitation, and describes how it is addressed. The video has been viewed over 100,000 times (*Newsweek*, 3/11, <https://www.newsweek.com/hospital-nurse-reveals-hardest-thing-witness-dying-patients-julie-mcfadden-tiktok-1687248>)

PALLIATIVE CARE NOTES

* **“Only 20 percent of patients experiencing severe stroke received a palliative care consultation.”** This, says an article in *PatientEngagementHIT*, “is a missed opportunity for quality of life.” The article shares about the value of palliative care. The study analyzed 1200 stroke patients in Indiana hospitals. Even of those who eventually died from their strokes, only 43% had a palliative care consultation. The authors suggest investigation to help clinicians determine “which patients would be good candidates for palliative care planning.” (*PatientEngagementHIT*, 3/10, <https://patientengagementhit.com/news/palliative-care-consultations-rare-even-for-severe-acute-episodes>)

* **An article in *Neurology* includes an American Academy of Neurology (AAN) position statement titled, “Clinical Guidance in Neuropalliative Care.”** The statement provides an in-depth review of palliative care. AAN calls for “a concerted effort to not only recognize the obligation that all neurologic clinicians have to attend to palliative needs, but also learn to identify when challenging cases will benefit from the assistance of specialists in the field.” The entire paper is online at the link below, and is also available from that cite in a full PDF. (*Neurology*, 3/7, <https://n.neurology.org/content/98/10/409>)

END-OF-LIFE NOTES

* **In “What My Grandmother Knew About Dying,” physician Rachel Bedard shares about the death of her grandmother, Harriet.** “As a physician,” says Bedard, “I trained in the delicate art of preparing people for death. Losing Harriet made me see the work differently.” The article, in *New Yorker*, shares Bedard’s work as a geriatrician and palliative care physician. She understands the importance of talking about the care we hope to receive near the end of life, and also shares some vignettes about her patients. In her family, however, no one has done this sharing—and she has been unsuccessful in facilitating this. Bedard shares about the life of her grandmother, and her journey toward death. Her experience with working with her own family on addressing Harriet’s care led her to say, “I forgot all my practiced communication techniques when speaking to my own family members, tripped up by my intimacy with the patient and with them.” Nevertheless, all agreed to bring Harriet home to die—and the family had the resources to do so. In Harriet’s denial, says Bedard, she “didn’t intend to die at all, and yet she did so in a way that perfectly reflected her spirit and charisma.” (*New Yorker*, 3/6, <https://www.newyorker.com/culture/personal-history/what-my-grandmother-knew-about-dying>)

* **End of Life University offers a podcast titled “Burial at Sea and Other Sacred End-of-Life Rituals.”** The podcast features Olivia Bareham, a certified death midwife, home funeral guide, interfaith minister, and funeral celebrant. Bareham talks about alternative burials and shares how to plan a “full-body sea burial.” (End of Life University, 3/7, https://eolupodcast.com/2022/03/07/ep-341-burial-at-sea-and-other-sacred-end-of-life-rituals-with-olivia-bareham/?mc_cid=ea1fc034d3&mc_eid=d0771da91c)

* **Since 2009, Montana has been in debate over aid in dying. A *Montana Public Radio* program, “The politics of death and dying,” focuses on the issue.** While the state is still in a “mire,” “individual Montanans are confronting profound and personal questions about death in their own ways — including whether ‘good’ deaths are even possible.” The half-hour radio program, and a transcript of the program, are online at the link below. Also included are links to an earlier-published reflection and to a hearing in the Montana legislature in 2021. (*Montana Public Radio*, 3/7, <https://www.mtpr.org/podcast/shared-state/2022-03-07/the-politics-of-death-and-dying>)

* **Retired physician Roger Kligler, a Massachusetts resident living with prostate cancer, is suing to legalize medically-assisted death.** There is no law against or supporting assisted-dying in Massachusetts. “Medical aid in dying raises difficult moral and governmental questions – the resolution of which requires the robust public debate the courts are ill-suited to accommodate,” said Assistant Attorney General Maria Granik. The attorney general believes the issues should be handled legislatively. The link below shares about this situation and provides a video news story as well. (WCBV, <https://www.wcvb.com/article/massachusetts-supreme-judicial-court-weighs-legalizing-medically-assisted-death/39385076>)

OTHER NOTES

* **“Healthy team dynamics and communication: New realities and lessons from COVID-19” is a webinar being offered by WellSky.** The webinar will focus on improving “communication and connection styles that build greater satisfaction, loyalty, morale, and effectiveness, while re-energizing teams to transform the way caregiving is being performed.” The webinar will be led by Dr. Carla Cheatham. The link below offers more information, including on Dr. Cheatham, MA, MDiv, PhD, TRT. There is no cost to attend, but registration is required. The webinar is scheduled for March 24 from 1:00-2:15 ET. (WellSky, https://info.wellsky.com/032422-Healthy-team-dynamics.html?utm_source=webinar&utm_medium=email&utm_term=email_invite&utm_content=invite_031422&utm_campaign=webinar_032422)

* **“Getting to and Sustaining the Next Normal: A Roadmap for Living with COVID” is a new report. Authors say we are “still in the grip of the pandemic. But they explore ways we can move to the “next normal” and the extraordinary efforts this calls for.** Their recommendations will call for about \$100 billion in the first year, with declining investments to \$10 to \$15 billion annually. It is a comprehensive report that explores many of the challenges and needs ahead of us. *Washington Post* calls the report’s findings “cautiously optimistic,” though it will require policymakers and politicians to not “fall back into complacency and inaction.” The *Washington Post* article is available at the first link below. The second link is directly to the report. (*Washington Post*, <https://www.washingtonpost.com/opinions/2022/03/10/this-is-what-living-with-covid-might-look-like/>; *A Roadmap for Living with COVID*, March 2022, <https://www.covidroadmap.org/>)

* **As the use of psychedelics for certain medical conditions is being explored in numerous locations, Oregon, according to a *STAT* article “wrestles with how to offer psychedelics outside the health care system.”** In 2023, Oregon will have use of legalized psychedelics. Recently, the Oregon Health Authority (OHA) shared a first draft of directives related to training for facilitators, standards, and training requirements—and some of the specifics are shared in the article. The article explores the law, Ballot Measure 109, that gave OHA oversight of the legislation. With the psychedelic industry’s transformation, it is expected to be worth \$6.85 billions by 2027. And the authors see Oregon’s process as a model that may be adopted elsewhere over time. The article explores the growth in production of psychedelics, the expectations of future uses, and concerns and hopes about the use of psychedelics. “Psychedelics,” says the article, “will inevitably become a huge new industry, and Oregon is the first step to test out the business model.” (*STAT*, 3/10, <https://www.statnews.com/2022/03/10/oregon-wrestles-with-offering-psychedelic-therapy-outside-health-care-system/>)

* **“The Power to End a Person’s Life” is an article in *The Progressive Magazine*.** The article offers an in-depth

review of the power of guardians. “Millions of U.S. adults rely on the assistance of guardians. But for some this is an invitation for wrongdoing.” Guardians, says the article, have power to end a person’s life...” Or they can send someone to long-term care, even if home care would be sufficient. The article also asserts that states do too little to assure that guardians are carefully vetted for the work. There is also a lack of monitoring of guardians once they are assigned. Guardian credit checks happen only 60% of the time, and yet they control “at least \$50 billion in assets.” Proponents of change call for “supportive decision-making.” The process they envision is not paternalistic, and offers more self-direction. (*The Progressive Magazine*, 3/7, <https://progressive.org/latest/power-to-end-a-life-bader-220307/>)

Hospice Analytics is the national sponsor of Hospice News Network for 2022. 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.

Hospice News Network is published 43-44 times a year. Copyright, 2022. All rights reserved to HNN subscribers, who may distribute HNN, in whole or part, to provider members of the subscribers' state organizations. If readers need further information, they should consult the original source or call their state association office. HNN exists to provide summaries of local, state and national news coverage of issues that are of interest to hospice leaders. HNN disclaims all liability for validity of the information. The information in HNN is compiled from numerous sources and people who access information from HNN should also research original sources. The information in HNN is not exhaustive and HNN makes no warranty as to the reliability, accuracy, timeliness, usefulness or completeness of the information. HNN does not and cannot research the communications and materials shared and is not responsible for the content. If any reader feels that the original source is not accurate, HNN welcomes letters to the editor that may be shared with HNN readers. The views and opinions expressed by HNN articles and notes are not intended to and do not necessarily reflect views and opinions of HNN, the editor, or contributors. Only subscribing state hospice organizations have rights to distribute HNN and all subscribers understand and agree to the terms stated here.