



What the Media Said about End-of-Life Care This Week March 29, 2022 A Service of Your State Association

CMS OFFERS UPDATES AND CHANGES TO THE VBID MODEL AND HOSPICE BENEFIT PAYMENTS

The CMS Innovation Center recently held a webinar to address the Medicare Advantage Value-Based Insurance Design (VBID) Model. “During this webinar, presenters provided a brief review of the recently released Calendar Year (CY) 2023, Requests for Applications (RFAs) for the VBID Model, and its Hospice Benefit Component as well as the payment design related to the Hospice Benefit Component of the VBID Model.”

VBID is testing Medicare Advantage (MA) plans and innovations via the VBID model. The model began in 2017 and is currently slated to be tested through 2024. There has been noticeable growth in the adoption of models and the engaged parties. In 2017, there were nine Medicare Advantage Operations (MAOs) and 45 plan benefit packages (PBPs) across three states. In 2022, those numbers have grown to 34 MAOs and 1014 PBPs across 49 states, DC and Puerto Rico.

“Juxtaposed against a rapidly growing and diversifying MA Program, VBID is the only Part C Innovation Center Model.” The program makes it possible to meet enrollee needs with high-value services and benefits. The work of VBID offers greater “insight into how underserved populations access and gain from MA benefits and Rewards and Incentives (RI) programs.”

The webinar provided much more information on VBID, and then turned to address components of updates to the hospice benefit. Presenters of the webinar noted that MAOs with PBPs that have been in the model at least one year, must “meet two new network adequacy requirements” relative to hospice.” First, participating MAOs must create a network of hospice providers that ensures access to hospice for every county they serve, and access for enrollees to a minimum number of hospice providers. Second, MAOs must describe a thorough strategy for creating this network of Medicare hospice providers. The strategy must ensure that enrollee preferences receive hospice that is high-quality and culturally sensitive. Further information on the new requirements will be issued in late spring.

The transcript of the webinar describing the new requirements offers more detail on how these changes and the payment methods will work. The PowerPoint presentation is found within the third link below. The webinar PowerPoint presentation was used as the speakers offered presentations, and what they shared is provided in the transcript. Both the PowerPoint and the transcript are found in the links below. Review of these two documents offers more information about the hospice focus of the report. The transcript also describes payment formulas and rates in detail.

Links below (in order of the link) go to the CMS page on Medicare Advantage Value-Based Insurance Design Model; the PowerPoint of the presentation at the 3/10 webinar; and the transcript of the webinar presentation. (CMS, <https://innovation.cms.gov/innovation-models/vbid>; CMS, <https://innovation.cms.gov/vbid-cy2023-hospice-overview-webinar>; CMS webinar transcript, 3/19, <https://innovation.cms.gov/media/document/vbid-cy23-rfa-webinar-transcript>)

COLORADO CENTER FOR HEALTHCARE ANALYTICS ISSUES COLORADO PALLIATIVE CARE GUIDE

Colorado’s 501©3, Center for Healthcare Analytics, works to assure that all people “have access to transparent, equitable and high-quality healthcare services.” As a part of their work, the organization has

completed a Colorado Palliative Care Guide under the leadership of Cordt Kassner, Hospice Analytics, and Jenn Klus, formerly of the Colorado Department of Public Health & Environment, now at Compassus Denver. The guide, based on the Washington State Palliative Care Roadmap, is a tool for consumer education on palliative care. In Washington, The Palliative Care Roadmap was developed by a diverse team of palliative care experts, funded by the WA Legislature through the efforts of the WA Hospice and Palliative Care Organization, and patterned after the Dementia Care Roadmap in a process facilitated by the Washington State Department of Health.

The Colorado Palliative Care Guide is consumer focused and specifically for people living with serious illness.

The guide is for these people and their loved ones. The guide has three sections. The first section is “You are diagnosed with a serious illness – now what?” The section explores the realities that come with serious illness, an explanation of what palliative care is, an exploration of beginning palliative care and the important points of the palliative care journey. People are given an understanding of palliative care via a series of questions that patients often have, and answers to the questions. The section explores concerns to address with the palliative care team, what to expect when you are seriously ill, how to help yourself, and how to help your loved ones. Advance directives are explained, and tips are offered on how to designate a healthcare decision maker. The section also discusses financial issues. Culture and inclusion issues offer guidance to be sure all patients find the care they need. Palliative care for children is also explored and explained.

The second section of the tool goes deeper into living with serious illness. Reminding readers that serious illness is difficult, stressful, and demanding, the guide shares again some of the basics of palliative care. Suggestions are given on things to do in the first meeting with the palliative care team—and what to expect from the team. Tips are given to caregivers about how they can offer support to patients. Colorado’s advance directives are explained. Patients and families are given information on various “therapies to manage pain and symptoms.”

The third section of the guide explores changing the goals of care. It begins with reminders of the realities of serious illness. It acknowledges that patients may recover from their illnesses, get better, or deal with illnesses for a long time. The guide addresses each scenario and advises patients on dealing with their illnesses. Tips are given for patients themselves and for their caregivers. And caregivers are given tips for supporting loved ones. Dealing with worsening symptoms face some, and they are advised on what to expect, and how they can help themselves and their loved ones. Hospice is explained and patients are advised that they can ask for a hospice evaluation and learn how hospice can help.

The first link below connects readers to the new Colorado Palliative Care Guide. This page includes a link to each section and/or to the whole document. It will also soon be available at the Colorado Department of Public Health and Environment’s Palliative Care webpage. The second link connects to the Washington State Palliative Care Roadmap, created earlier and upon which the Colorado Guide is based. (Center for Healthcare Analytics, March 2022, <http://www.centerhealthcareanalytics.org/center/healthcare-services/cher/colorado-palliative-care-guide>; Washington State Department of Health, <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//609013.pdf>; Additional resource includes an email from Barb Hansen, Washington Hospice and Palliative Care Organization)

HOSPICE NOTES

*** “For end-stage dementia, Medicare can make hospice harder to access,” is an article in *Washington Post*.**

The article examines the limits of hospice care for people with dementia. The number of Americans who have Alzheimer’s will double by 2060, says the article. The article shares a story about the experience of patients who can go through declining health states, stabilize, and experience being cycled in and out of hospice. “Medicare’s hospice regulations are not working as intended for many people with dementia,” the article says. One study found that about 5% of 3,837 hospice dementia patients, are pulled from hospice when they stabilize. Joan Teno, a health service researcher and former hospice medical director, says, ““Dementia clearly does not fit the disease trajectory of 70s cancer patients.”” (*Washington Post*, 3/26, <https://www.washingtonpost.com/health/2022/03/26/medicare-alzheimers-dementia-hospice/>)

*** Two Texas hospice executives have been found guilty of a \$152 million Medicare scam.** The 5th U.S. Circuit Court of Appeals affirmed that two men are guilty of healthcare fraud by falsely certifying patients. Rodney Mesquias and CEO Henry McInnis, of the Medica Group, were sentenced to a 20-year and 15-year sentence., and

ordered to pay \$120 million restitution. The two men argued that they should not be guilty since physicians certified the patients as eligible for hospice. **But circuit Judge Gregg Costa said, “Health care providers cannot immunize themselves from prosecution by cloaking fraud with a doctor’s note.”** (Reuters, 3/25, <https://www.reuters.com/legal/government/texas-hospice-execs-guilty-152-mln-medicare-scam-5th-circ-2022-03-25/>)

* **“Why Would Parents Choose Hospice Care for Their Newborn?” appears in *Psychology Today*.** The article shares the agonizing decision faced by parents of a very seriously ill child. The parents are faced with the choice of: attempting to save the child’s life with assurance that the child will have to fight for life for its whole life; or, allow the child to live without medical intervention and die a natural death. This is the decision faced by Claudia and John Putnam. The article gives numerous glimpses of the parents’ struggle while facing the making of this decision on behalf of their baby Jacob. Cynthia Putnam published an award-winning memoir, titled “Double Negative” that shares about this journey. The decisions they made included calling on hospice for help. **“If you’ve wondered how parent could possibly choose hospice,” says the article, Putnam’s book will “show you why.”** (*Psychology Today*, 3/26, <https://www.psychologytoday.com/us/blog/laugh-cry-live/202203/why-would-parents-choose-hospice-care-their-newborn>)

PALLIATIVE CARE NOTES

* **A study in *Journal of Pain and Symptom Management* reports that only 20% of patients who suffer a severe stroke receive a palliative care consult.** Researchers found that 43% of severe stroke patients who died while hospitalized received palliative care consultations. The study is the source of an article in *Healthday*. Physician R. Sean Morrison, chair of the Brookdale Department of Geriatrics and Palliative Medicine at Mount Sinai in New York City, says “The vast majority of practicing physicians have never experienced palliative care and weren’t trained in it, so they don’t know when to call them when needed.” Morrison, who was not part of the study, calls for better education –of the public and physicians. (*Healthday*, 3/16, <https://consumer.healthday.com/3-16-palliative-care-teams-often-crucial-after-severe-stroke-2656911996.html>)

* **Harvard Law Petrie-Flom Center is offering “Emerging Policy Opportunities for Community-Based Serious Illness Care.”** The event will share with states “a broad range of palliative care services to seriously ill person particularly through changes to their Medicaid programs.” The educational session will occur on 4/27 from 1 to 3 ET. There is no cost to attend, but registration is required. (Harvard Law Petrie-Flom Center, <https://events.r20.constantcontact.com/register/eventReg?oeidk=a07ej20zn6pf8ccb6e9&oseq=&c=&ch=>)

END-OF-LIFE NOTES

* **End of Life University offers a podcast titled “When My Time Comes: Conversations about Medical Aid in Dying with Diane Rehm.”** Rehm, an award-winning journalist and author, came to believe in the value of Medical Aid in Dying (MAID) when her husband, John, was at the end of his life. She explores MAID, the safeguards that makes it viable, and the fears surrounding it. (End of Life University, 3/21, https://eolupodcast.com/2022/03/21/ep-343-when-my-time-comes-conversations-about-medical-aid-in-dying-with-diane-rehm/?mc_cid=984017cd03&mc_eid=d0771da91c)

* **Atul Gawande’s “Being Mortal: Medicine and What Matters in the End” is being made into a movie titled :Being Mortal.** The movie, a comedy-drama, will star the film’s director, Aziz Ansari, and Bill Murray and Seth Rogen. Production starts in April and the film is scheduled to be released in 2023. Director Ansari wrote the script for the movie. (*Hollywood Reporter*, 3/24, <https://www.hollywoodreporter.com/movies/movie-news/seth-rogen-joins-aziz-ansari-being-mortal-1235118192/>)

* **New York Times report on the New England Journal of Medicine article that explores whether it is always best to die at home.** Sometimes it is too difficult for families to handle And, numerous factors influence this decision. The article shares the key findings of the *NEJM* article, which was also covered in last week’s newsletter. When being at home is too difficult, other options may be best. “For many patients, ‘home’ isn’t the physical

place,” says Dr. Haider, a cardiologist at the Veterans Affairs Boston Healthcare System. “It’s a metaphor for a place that’s not medicalized, that’s comfortable and full of love.”

GRIEF AND ADVANCE CARE PLANNING NOTES

* **An article in *San Diego Union-Tribune* is written by physician Margaret Elizodo, board-certified in family medicine, hospice and palliative care.** Elizondo shares how her mother’s clarity about her wishes for care at the end of life was helpful to both her and to her mother. She shares a story of how she intervened when her mother was about to be taken to the hospital, and helped to assure that her wishes to not go to the hospital were followed. She encourages people to share their wishes. To avoid talking about these wishes, she says, we risk putting our loved ones through unnecessary suffering. Additionally, she calls for increased training on advance care planning and end-of-life care from medical schools. (*San Diego Union-Tribune*, 3/21, <https://www.sandiegouniontribune.com/opinion/commentary/story/2022-03-21/advance-health-care-end-of-life-planning>)

* **In an environment with significant concern about the value of advance directives, financial planner/advisor Rich Kahler asks, in an article in *South Dakota’s Watertown Public Opinion*, “Will your health care directives protect you?”** Kahler summarizes the origins and research that says advance care planning just doesn’t work. In spite of the concerns, he does not think we should abandon advance care planning. Instead, they need to be documents that are updated periodically. And the documents need to be in the right places so that they can be honored. He agrees with some valid points that have been raised. But, he notes, “The reality is that no legal document is an absolute guarantee that the signer’s wishes will be fulfilled. The only real guarantee is that without the documents, your wishes won’t have a chance.” (*Watertown Public Opinion*, <https://www.thepublicopinion.com/story/opinion/columns/2022/03/21/end-life-health-care-directives-need-updated-regularly/7095701001/>)

* **Arizona’s NPR station *KJZZ* offers “Grief groups for LGBTQ people are few and far between. But they are desperately needed.”** The article says that services for older LGBTQ people are rare. The program explores the grief journey of LGBTQ people who are grieving, and shares about the value of grief groups. Examples of these groups, including Phoenix’s Hospice of the Valley, are examined and described. The audio program and transcript are online at the link below. (*KJZZ*, 3/24, <https://fronterasdesk.org/content/1766272/grief-groups-lgbtq-elders-are-few-and-far-between-they-are-desperately-needed>)

* **Minnesota’s HF2670 would require health insurers to cover advance care planning services.** The bill was heard by the House Preventive Health Policy Division, and awaits action from the House Commerce Finance and Policy Committee. The bill would include planning services between a healthcare professional and a patients, work on determining preference in care, explanation of healthcare directives, and completion of documents. (Minnesota House of Representatives, 3/23, <https://www.house.leg.state.mn.us/sessiondaily/Story/17285>)

* **“Should we still believe in advance care planning?” appears in the *Journal of the American Geriatrics Society*.** The article responds to a *JAMA* article that critiqued the use of advance care planning. The authors pay special attention to the importance of planning with dementia patients and patients who might suffer from dementia later. “After all,” asks the article, “if you have an aging relative at high risk for, or in the early stage of dementia, wouldn’t you want that for her?” (*Journal of the American Geriatrics Society*, 3/7, <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.17727?campaign=wolearlyview>)

OTHER NOTE

* **Arizona sisters Lila Ammouri, 54, and Susan Frazier, 49, flew to Zurich on February 5 and did not return as expected mid-February.** Lila Ammouri was a palliative care physician and her sister, Susan Frazier, was an RN. They both died by assisted suicide. Assisted suicide is legal in Switzerland and there are a number of groups who help with this. (*Arizona’s Family*, CBS 5, 3/24, <https://www.azfamily.com/2022/03/24/phoenix-sisters-used-assisted-suicide-organization-switzerland-officials-say/>)

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