



What the Media Said about End-of-Life Care This Week June 28, 2022 A Service of Your State Association

CALIFORNIA CLINICIANS AND PAYERS COLLABORATE TO STANDARDIZE PALLIATIVE CARE AND SEE PROMISING RESULTS

Payers and providers in California, six years ago, decided to determine “basic, minimal standards” for home-based palliative care (HBPC). The Coalition for Compassionate Care of California (CCCC) led the group in doing just that! Working in partnership with Blue Shield of California, a group of stakeholders was convened in 2016, and their focus was on establishing these minimum standards.

Representatives in the collaborative effort included those from “California health plans, palliative care providers, policy advocates, researchers, and other stakeholders.” The group focused on clarifying for everyone, including patients and families, what it means for an organization to say, ““Yes, we have a home-based palliative care team.””

“Standardizing Home-Based Palliative Care: Necessary, Doable, and Fruitful” is shared via CPAC, and is written by Brian Cassel, PhD, Kathleen Kerr, Kate Myers, MPP, and Judy Thomas, JD. The coalition first released a document in 2017 that “summarized consensus standards for HBPC in five domains.” The CAPC article thoroughly describes the process of the collaboration — and invites groups to freely use the information from the project to inform and guide their own efforts. Though other coalitions might choose different standards, says the article, they offer their work as a starting place.

During fifteen months of their demonstration project, more than 900 patients started HBPC, with an average service time of 5.8 months, which varied by payer source. Seventy-five percent of the patients had serious illnesses such as “cancer, heart failure, COPD, dementia, kidney disease, and liver disease.” Costs of care for HBPC patients were, indeed, reduced, “compared to those persons’ own baseline costs.” The CCCC website shares slides and recordings that share more about “the full range of payer and provider experiences and feedback.”

The authors hope the HBPC efforts in California will be a supportive tool to others. They understand that much is yet “to be done to standardize, sustain, and scale-up delivery of HBPC across the nation.” The standards work, says the article. To support others in this work, they also provide three hours of presentations about their efforts. The first link below leads to the CAPC article, and other links share related resources. (CAPC, 6/22, <https://www.capc.org/blog/standardizing-home-based-palliative-care-necessary-doable-and-fruitful/>; Consensus Standards for Community-Based Palliative Care in California, October 2017, <https://www.coalitionccc.org/common/Uploaded%20files/PDFs/CAIC-Standards-for-CBPC-Oct-2017.pdf>; Coalition for Compassionate Care of California, three-part webinar, 2022, <https://coalitionccc.org/CCCC/Our-Work/2022-CAIC-Webinar-Series.aspx>)

AUTHOR SHARES HER JOURNEY OF GRIEF

Harvard Health Publishing, of Harvard Medical School, shares “Untangling grief: Living beyond a great loss.” The article is written by Martha Shenton, PhD, who examines many aspects of grief. Shenton recalls that when her husband was very ill, his physician said, “The horse has left the barn.” These words, says Shenton, changed her life.

Shenton shares the journey that her husband, George, and she took for the next 11 years. She acknowledges that everyone’s grief’s journey is different, but she reflects on her own. While there is no way to really prepare for grief, says Shenton, anticipatory grief comes first.

Then comes the “acute grief following a death.” For her, this began in May 2020 when George died. Being just at the beginning of the pandemic, “there was no funeral, no gathering of loved ones. Nothing to soothe my overwhelming pain.” She describes her sense of being “untethered” and “adrift.” Intense physical reactions are common in this acute grief, she says. It is possible to not even being able to comprehend and believe that a loved one is dead.

With the pandemic disrupting our social rituals, how we deal with grief has been impacted. She quotes Ed Yong, who in an *Atlantic* article called this absence of support as “the ‘final pandemic betrayal.’” She notes that the lack of the support normally received after a death of a loved one may lead to increased prolonged grief disorder.

Life changes so quickly, she says, and “grief is proof of love.” And “letting go of grief happens haltingly.” A bereavement group helped her. Slowly, she moved back into life. Still, every time she experienced something without George for the first time, the pangs of intense grief returned. (Harvard Health Publishing, 6/23, <https://www.health.harvard.edu/blog/untangling-grief-living-beyond-a-great-loss-202206232767>)

HOSPICE NOTES

* **End of Life University offers a podcast with physician Ira Byock.** Byock reflects on current status of the provision of hospice care and shares “What Keeps Me Up At Night.” Byock addresses concerns about quality of hospice care, the impact, growth and care of for-profit hospices, palliative care, and other issues. He also offers several pieces of advice to those considering hospice care. (End of Life University, 6/20, <https://eolupodcast.com/2022/06/20/ep-356-what-keeps-me-up-at-night-about-hospice-and-palliative-care-with-ira-byock-md>)

* **“Going Home” is a TV drama series on PureFlix that explores patients who are about to die “through the eyes of an end-of-life hospice worker.”** The story centers around the character Charley Copeland, a hospice nurse at Sunset House set in Washington State, and her patients. The creator of the series is Dan Merchant, who says the idea for the series grew during the pandemic. Merchant’s grandparents and parents spent their final days in hospice, and Merchant says there was a “weird, quiet strength about them and they were unfazed by death.” To prepare, Merchant and the series star Cynthia Geary “spent time at a hospice in Spokane, Washington, to study exactly how things are done.” At each death in the drama, the series follows the same ritual that is used at Spokane hospice. (*Epoch Times*, 6/21, https://www.theepochtimes.com/new-drama-looks-at-end-of-life-care-from-nurses-point-of-view_4543205.html)

* **Florida’s Agency for Health Care Administration (FAHCA) has given approval for two certificate of need applications, and they have rejected three others.** Approvals were given to Gulfside Hospice, Inc, which will open a 24-patient inpatient unit in Pasco County. Gulfside has served this area for 32 years. The unit is expected to open in early 2024. The other approved certificate of need went to Affinity Care of Charlotte and Desoto, LLC to serve Charlotte County. There were three vendor applicates for Charlotte County, and the two other applications, from Florida Hospice, LLC and VITAS Healthcare Corporation of Florida, were denied. Empath Tidewell, which currently serves the area, opposed all three CON applications. They noted FAHCA “did not publish a need for an additional hospice in the area.” Specifics of Empath Tidewell’s arguments are offered in the article at the link below. (*Florida Politics*, 6/20, <https://floridapolitics.com/archives/533964-state-approves-applications-for-new-hospice-programs-rejects-others/>)

PALLIATIVE CARE NOTES

* **“U.S. Senators Jacky Rosen (D-NV), John Barrasso (R-WY), and Deb Fischer (R-NE), co-founders of the Senate Comprehensive Care Caucus, are leading a bipartisan group of colleagues who wrote a letter to Centers for Medicare and Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure.** The group ask the CMS Center for Medicare and Medicaid Innovation to “implement a Community-Based Palliative Care demonstration project to support concurrent palliative and curative treatment for beneficiaries with serious illness or injury, including essential interdisciplinary care in their home.” The letter, available at the second link below, notes

the values of palliative care, the better outcomes, and the benefit to patients and families. The provision of palliative care wherever the patient is located is also noted as a critical positive benefit. An article in *McKnights Senior Living* shares about this development, and reiterates that palliative care must be provided regardless of a patient's dwelling place. The current Medicare Care Choices Demonstration "could not be offered to residents of assisted living communities or nursing homes." Leading Edge also supports this expanded access, as does the American Health Care Association/National Center for Assisted Living. (Jacky Rosen, U.S. Senator, 6/17, <https://www.rosen.senate.gov/rosen-barrasso-fischer-lead-bipartisan-letter-centers-medicare-and-medicaid-services-requesting>; Jacky Rosen, U.S. Senator for Nevada, 6/16, <https://www.rosen.senate.gov/sites/default/files/2022-06/Letter%20to%20CMS%20on%20Palliative%20Care%20Demonstration%20Project%20FINAL%20w.%20Signatures.pdf>; Mcknights Senior Living, 6/24, <https://www.mcknightsseniorliving.com/home/news/providing-palliative-care-to-wider-group-of-people-including-assisted-living-residents-gains-bipartisan-support/>)

* **Massachusetts General Hospital will host a webinar, "Palliative Care: Living Well in the Face of Serious Illness" on July 21.** The event will feature Vicki Jackson, MD, MPH, Chief of the Division of Palliative Care and Geriatric Medicine at Massachusetts General Hospital and Professor in the Department of Medicine, Harvard Medical School Center for Palliative Care. The event is available at no cost, and no registration is required. Details are available at the link below. (Massachusetts General Hospital, <https://www.massgeneral.org/cancer-center/news/palliative-care-webinar>)

* **Vents Magazine, "an online publication for music news, entertainment, movies, and other articles online," offers "Palliative Care: Improving Quality of Life for Patients and Their Families."** The article describes palliative care, its benefits on improving quality of life, and helps readers understand how to find a palliative care provider. (*Vents Magazine*, 6/22, <https://ventsmagazine.com/2022/06/22/palliative-care-improving-quality-of-life-for-patients-and-their-families/>)

* **American Journal of Managed Care (AJMC) shares a research article titled "Modeling of an Alternative Reimbursement Method for Palliative Care."** The researchers examine the Patient and Caregiver Support for Serious Illness (PACSSI), "a per-member per-month (PMPM) alternative reimbursement structure for palliative care (PC) services." From their study, they "developed a modified version, PACSSI-Flexible (PACSSI-F), reimbursement for PC based on changes in patient function status." The study, say the authors, "provides a novel example of economic forecasting for alternative reimbursement structures in PC." Before PC can expand to adequately serve seriously ill persons, "alternative reimbursement payment policies are necessary." The study, available online at the link below, explains the study, the conclusions, and offers talking points. (*AJMC*, 6/20, <https://www.ajmc.com/view/modeling-of-an-alternative-reimbursement-method-for-palliative-care>)

END-OF-LIFE NOTES

* **MedPage Today offers "Santa Claus, the Tooth Fairy, and Death—How to talk to pediatric patients without lying."** Even if we wanted to do so, we now live in a time that we cannot hide death from children. The article calls on healthcare providers to learn how to talk with children about death "in the most helpful way possible, with clarity, compassion, and honesty." Children need reassurance! William Worden, PhD, says the following questions are the ones children need to have answers to: Is it my fault? Is it going to happen to you? Is it going to happen to me? Who will take care of me? Information should be age-appropriate. But, whatever age, "a grieving child needs to know there is a plan in place to ensure they are safe, and that someone knows how to wash and mend their favorite stuffy or help them with their homework." Explain that we are trying to help the terminally ill patient. "If a treatment stops working, tell them. If death is imminent, tell them. Give the child an opportunity to say goodbye whenever possible." (*MedPage Today*, 6/20, <https://www.medpagetoday.com/opinion/second-opinions/99317>)

* **An article in Delaware online explores the pursuit of the End of Life Options Act in Delaware.** The article is an opinion piece written by a group of Delaware physicians. The law is modeled after Oregon's 1994 Death with Dignity Act. The physicians argue that Medical aid in dying (MAiD) "is a well-established medical practice" that is licensed in ten states, and say there is no evidence of misuse. They say that a report by *Journal of Palliative Medicine* "concluded these laws improved care for many other terminally ill patients by spurring them to start conversations with their doctors about all end-of-life care options, including hospice and palliative care." A NuPOINT poll was conducted recently that found 74% of Delaware physicians support the legislation. The article includes a list of state and national medical groups that also support MAiD. The physicians call on the Delaware

House and Senate to pass the act. (*Delaware online*, 6/22, <https://www.delawareonline.com/story/opinion/2022/06/22/aid-dying-most-delaware-doctors-support-end-life-options-act/7698155001/>)

* **AMA’s Moving Medicine has a series of videos that “highlight developments and achievements throughout medicine.”** “End-of-life care for LGBTQ seniors” was recently placed online and is available at the link below. (AMA, 6/21, <https://www.ama-assn.org/delivering-care/population-care/end-life-care-considerations-lgbtq-older-adults-carey-candrian-phd>)

* **Roxanne Almas, a developmental behavioral pediatrician, writes of her experience with her mother’s physician when it became clear to her that her seriously-ill mother would not benefit from further treatment.** Her reflections on this examine the drive of many physicians to continue treatment and interventions—no matter what—and how they see stopping treatment as failure. (*KevinMd.com*, 6/19, <https://www.kevinmd.com/2022/06/a-difficult-conversation-with-my-mothers-oncologist.html>)

GRIEF AND ADVANCE CARE PLANNING NOTE

* **“One last wave,” a project of surfer Dan Fischer, helps families honor loved ones who have died.** Fisher was very close to his father. After his father’s death, he honored his father by etching his name onto his surfboard. Now he helps others cope with their loss by adding their names to his surfboards, going into the ocean and “memorializing them in a place that was meaningful to them.” People whose loved ones loved the beach and ocean, says Fisher, can be helped to find closure. (AP, 5/27, <https://apnews.com/article/sports-health-oceans-obituaries-newport-4e56a0c9ff2f1c502702aae6547dd04b>)

OTHER NOTES

* **MedPAC issued its June 2022 report to the U.S. Congress and calls for “streamlining Medicare alternative payment models (APMs). . .”** MedPAC first called for a reduction of Medicare PMS in the June 2021 report, and the 2022 report builds on that idea and offers specific strategies for doing so. Currently, “CMS oversees a broad range of APMs, the largest of which is the Medicare Shared Savings Program, which has five tracks.” The system is too complex with too many models. MedPAC suggests that, instead, all models center “around a single population-based model, with three tracks based on size of the provider groups and willingness to accept financial risk...” Alternatively, “a single-track population-based payment model” could be used. Since all groups are not willing yet to face the risks, MedPAC “encouraged the CMS Innovation Center to continue testing episode-based payment models with the goal of identifying episode types that could be added to the model in the future.” The first link below leads to *Medpage Today’s* report on MedPAC, and the second link leads to the full MedPAC report. (*Medpage Today*, 6/17, <https://www.medpagetoday.com/publichealthpolicy/medicare/99282>; MedPAC Report to the Congress, June 2022, <https://www.medpagetoday.com/publichealthpolicy/medicare/99282>)

* **Contessa Health, “the nation’s leading high-acuity home care provider,” an Amedisys company, offers “home-based medical rehabilitation and palliative care to its patients.”** Contessa has now partnered with Houston’s Memorial Hermann Health System to serve Memorial Hermann’s patients as they offer “acute hospital care, post-hospitalization skilled nursing care, and palliative care to patients. . .in their own homes...” Contessa reports that its hospital care at home model results in “reduced readmission rates by 44 percent, decrease in hospital length of stay by 35 percent,” and “a patient satisfaction rate of 90 percent.” Amedisys bought Contessa Health in 2021. Contessa Health serves 12 hospital systems and plans to continue expansion and partner with over 100 hospitals across 28 states. (Yahoo!sports, 6/24, <https://sports.yahoo.com/memorial-hermann-contessa-partner-patients-123000682.html>; *Fierce Healthcare*, 6/21/21, <https://www.fiercehealthcare.com/hospitals/amedisys-snaps-up-hospital-at-home-provider-contessa-health-250m-deal>)

NOTE: Some URL links require subscription, membership and/or registration.

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