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CAPC Report on National Community Palliative Care Offerings

Until recently, very little information was available on the state of community palliative care in America. Most data available centered around palliative care available to hospital patients. In response, the Center to Advance Palliative Care has just completed a three-year project to map the nation's community palliative care providers. This consisted of extensive outreach through large and varied networks to survey community palliative care providers. CAPC's first report, available for download now, gives a "snapshot" of the state of community palliative care in the U.S.

The self-reported results came in from the 890 community palliative care programs who completed the survey. Through these programs, 3,162 individual sites of care are served. The findings show that two-thirds of these community palliative care programs are operated by hospitals or hospices. The other third are run by long-term care facilities, home health agencies, and office practices or clinics. Many community programs indicate being "interwoven" with hospital palliative care programs and provide both community and hospital services.

Of programs offering in-home community palliative care, 49 percent of these programs are run by hospices, making them the largest operator of in-home community palliative care programs. Almost half of all community programs, 46%, provide services in clinics or offices. The majority of facility-based programs (54%) are run by hospitals. Additionally, almost one-third (28%) of community programs offer services in long-term care settings. Of these facility-based programs, 38% are operated by long-term care facilities, 32% by hospices, and 21% by hospitals.

The survey provides information on patient populations of community palliative care as well. Respondents indicated that most programs (70%) served adult patients only. Very few programs – 6% – serve children only, though 24% indicated that they treat pediatric patients alongside adult patients. Access the report at the CAPC website.

CDPH Debt Free 2021 Campaign

The California Department of Public Health, Center for Health Care Quality issued a All Facilities Letter (AFL 1914) on December 20, 2019 about the Debt Free 2021 Campaign. This campaign is a statewide effort to investigate and close 22,902 backlogged complaints and facility reported incidents by the end of 2021.

This AFL shares the strategies that CDPH will use throughout the campaign and how it may impact complainants and health care facilities.
Download: AFL 19-42: Debt Free 2021 Campaign.

Inside

New California Laws You Need to be Aware of in 2020

CHAPCA shares a list of new California laws that will impact your agency in 2020. Unless otherwise indicated, the law takes effect on Jan. 1, 2020. Click thru the links for further details.

AB 5 - Gig worker law. The landmark labor law reclassifies some independent contractors as employees. It aims to provide new protections for so-called gig economy workers such as minimum wage, paid sick days and health insurance benefits. Organizations representing freelance journalists have already sued over the law and Uber has said it will not adhere to the changes.

SB 3 - Minimum wage increase. The law raises the state minimum wage to $13 an hour for workplaces with 26 or more employees and to $12 for workplaces with fewer than 26 employees. The law outlines incremental minimum wage increases through 2023 when it will reach $15 an hour for all workplaces.

AB 9 - Employment discrimination. The law allows employees up to three years to file complaints of discrimination, harassment or retaliation with the Department of Fair Employment and Housing. Previously, employees had only had one year to file a complaint.

SB 142 - Protection for nursing mothers. The law requires employers to provide clean and safe lactation rooms for breastfeeding mothers. Employers would have to "provide access to a sink and refrigerator in close proximity to the employee's workspace," the law says. It also requires the room be free of intrusion and that employers offer mothers breaks specifically for nursing.

SB 188 - Hairstyle discrimination. The law protects employees from racial discrimination because of hairstyles, such as afros, braids, twists and locks. California is the first state in the nation to ban such practices.

AB 51 - Arbitration agreements. The law bans certain mandatory arbitration agreements with employees and applicants.

SB 1343 - Sexual harassment training. The law requires workplaces with five or more employees to provide at least two hours of sexual harassment training within six months of being hired.

SB 83 - Extending paid leave. The law increases paid leave from six to eight weeks for people taking care of a seriously ill family member or to bond with a new child. It takes effect July 1, 2020.

SB 30 - Domestic partnership law. The law gives heterosexual couples an alternative to marriage. It expands the option of a domestic partnership from same-sex couples to heterosexual couples. California law treats domestic partners and married people the same for tax purposes. But federal law does not recognize domestic partners. That could let some couples avoid the federal "marriage penalty," which is a higher tax resulting from when two people marry who have the same income.

AB 577 - Maternal mental health care coverage. The law expands coverage for maternal mental health from 60 days to one year for Medi-Cal patients.

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Message from the ~~CEO~~ Director of Membership, Programs and Services

Happy New Year! Last year, CHAPCA focused on "changing times" and how we can embrace it to be successful. Well? I'm changing things up this month and taking over the "CEO Welcome" message! My role at CHAPCA is to bring our members products, tools and services that will help you in all aspects of providing the ultimate care to patients. Beginning a new year always promotes a feeling of self-reflection and what we can do to make things better. CHAPCA has spent the last few months reviewing our services and reflecting on what we can do to bring more value to our members. We have such an exciting year planned for our Providers and Associate members. You may have noticed that CHAPCA recently launched a brand-new web-site. The new site will allow us to provide a multitude of resources such as up-to-date and relevant content, more on-demand educational opportunities, frequent updates on hospice news through blogs and even a social community to corresponded with your peers through an online forum. We know that providing the right tools and resources for our members will enable you to provide the best quality care to patients and families in CA. But we need your support! CHAPCA membership is a calendar year annual dues and ends December 31st. Please support our efforts and renew your membership for 2020! You may visit our website and click on "Become A Member" and will find our printable and online applications. Or you may call our office at (916) 925-3770 and we would be happy to calculate your dues.

I'm so proud to be a part of CHAPCA. Having gone through the hospice experience recently and seeing first-hand the services that you offer, I came to truly understand the vital role that each of you play and I am dedicated to making CHAPCA an association that is beneficial and helpful for you. I look forward to seeing you at our Annual Conference this year and welcome you to reach out to me anytime for assistance. Wishing you all a wonderful 2020!

Sarah Dorricott

CMS VBID Model Called a Missed Opportunity

On December 19, 2019, the CMS Centers for Medicare & Medicaid Innovation released the Request for Applications for the Value-Based Insurance Design (VBID) Model that will allow Medicare Advantage plans to include hospice coverage in plan designs for the first time in 2021. While the National Hospice and Palliative Care Organization supports innovation that enhances opportunity for access to high-quality, interdisciplinary care, NHPCO has expressed serious concerns about timing for implementation, the impact on beneficiary access to high-quality care, and lack of beneficiary protections.

"The 2021 VBID Model represents a missed opportunity for CMMI to innovate the way hospice care is delivered. While the application mentions 'palliative care' and 'transitional concurrent care,' and encourages plans to innovate, it does not mandate particular coverage for that care. We have seen that innovation without baseline requirements can sometimes lead to barriers to care. Additionally, the model does not waive the six-month prognosis requirement for hospice eligibility. This is a missed opportunity to expand access to hospice. We are also disappointed in the dearth of necessary consumer protections," said NHPCO President and CEO Edo Banach.

NHPCO members will find a comprehensive policy alert (12/20/19) in the Models and Demos page of the website.

Largest One-Year Drop in Cancer Mortality

The American Cancer Society has recently reported that the death rate from cancer in the U.S. declined by 29% from 1991 to 2017, including a 2.2% drop from 2016 to 2017, the largest single-year drop ever recorded, according to annual statistics reporting from the American Cancer Society. The decline in deaths from lung cancer drove the record drop; however, lung cancer is still the leading cause of cancer death.

The numbers are reported in an article, "Cancer Statistics, 2020," published in the American Cancer Society's peer-reviewed journal CA: A Cancer Journal for Clinicians. The annual report estimates the numbers of new cancer cases and deaths expected in the U.S. each year. The estimates are some of the most widely quoted cancer statistics in the world. The information is also released in a companion report, *Cancer Facts and Figures 2020*.

Compassionate Release for Terminally Ill Inmates

When facing terminal illness, the incarcerated can apply for "compassionate release," granting them the ability to live out their last days outside of bars. Though not many applications result in release, an article recently published in *The Atlantic* looks in more detail on compassionate release.

As the nation's population skews older, the same trend is unfolding in prisons. The number of older inmates has nearly tripled since 1999. This means higher health care costs and cost per inmate. "These prisons were built for young healthy men," said Michele DiTomas, the chief physician and hospice director at the California Medical Facility.

Compassionate release, however, is rarely granted to prisoners who apply. According to the data from the California Department of Corrections and Rehabilitation, "64 inmates applied for compassionate release in 2018. Of these, 13 patients were granted release after waiting, on average, 70 days for a decision. Fourteen applications were rejected. Twenty inmates died while still awaiting a decision. Of the remaining 17 inmates, one reached his parole date during the process and 16 rescinded their applications before a decision was made, either because they realized they weren't eligible or because their intensive treatments started working."

End-of-life Care: Important as All Care Preceding It

In a personal essay published on the American Academy of Family Physicians website, Kelly Thibert, DO, MPH, resident member of the AAFP Board of Directors, writes that "end-of-life care is as important as all care preceding it."

Thibert describes how she came to a medical career through an adolescent interest in the human body, death, dying, and solving mysteries as a forensic pathologist. She says that now, as a family physician she still values her important role in helping patients consider what is most important to them at the end of life.

Thibert shares an important anecdote in which she supported a patient in going against a decision to have a liver transplant. That patient, who decided she didn't want any more invasive treatments, was referred to hospice by Thibert where she was able to focus on things that mattered to her – like spending time with her grandchildren.

"In our culture, people often focus so much on how incredibly advanced medicine is that we forget to ask patients what is important to them in their lives, what will fulfill them and whether 'doing everything' we're medically able to do truly makes for the best outcome in the context of what is meaningful to them… We are in a unique position as family physicians to partake in this time and these discussions, and we should take full advantage of that for our patients' sake," writes Thibert.

Managing Promises We Cannot Keep

Promises we make to loved ones about end-of-life care can be hard to keep, shares an article published by *Kaiser Health News*. The article illustrates this through several personal experiences and words from experts. Even with the best intentions, it's hard to anticipate our own capacity as caregivers and the conditions and considerations we may find ourselves up against. "We want to give loved ones who are sick or dying everything we think they want — but we can't," says Barbara Karnes, a hospice nurse and end-of-life educator in Vancouver, Washington. "And then, we feel we've failed them and guilt can stay with us for the rest of our lives."

Even when we try to uphold our promises, we may have doubts that we properly fulfilled them. Richard Narad, a professor of health services administration at California State University, struggled with guilt after the death of his wife, April. She had expressed to her husband that she wanted a "full code" status if she were ever in an emergency. She wanted every possible life-sustaining measure taken. Because Narad didn't have the same wishes for himself in a similar position, April worried that he wouldn't push for her life to be saved. Narad did insist on a "full code" status when his wife ended up in the ER. However, when a physician told him death was inevitable, Narad told them to cease. As KHN reports,
"Narad spent months wondering but eventually accepted that he acted in good faith and couldn't have saved April's life." Commitments can evolve just the same as promises can be broken. Most of the caregivers profiled by Kaiser Health News found ways to work through their guilt. Some have renegotiated their promises with a better understanding of their own limits and boundaries.

Direct Contracting Model – News from CMMI

The Center for Medicare and Medicaid Innovation (CMMI) released the Request for Applications (RFA) for the Direct Contracting Model on November 25, 2019 and opened the application portal on December 20, 2019. Interested applicants are required to submit an application by February 25, 2020 to be considered for participation in the model.

To learn more about Direct Contracting, please register for the upcoming events listed below:

January Events from CMMI:

- **Direct Contracting Payment Part I: Risk Sharing/Risk Mitigation/Cash Flow Webinar** – Wednesday, January 15 from 1:00pm – 3:00pm ET **(Register here)**
- **Direct Contracting Payment Part II: Risk Adjustment/Benchmarking/Quality Webinar** – Wednesday, January 22 from 1:00pm – 3:00pm ET **(Register here)**
- **Office Hours: Direct Contracting Payment Part I: Risk Sharing/Risk Mitigation/Cash Flow** – Tuesday, January 28 from 1:00pm – 3:00pm ET **(Register here)**

February Event:

- **Office Hours: Direct Contracting Payment Part II: Risk Adjustment/Benchmarking/Quality** – Tuesday, February 11 from 1:00pm – 3:00pm ET **(Register here)**

For more information or to find webinar and office hour recordings, please visit the Direct Contracting Model Website.

Weatherbee Resources
Las Vegas Hospice Regulatory Boot Camp
June 2020 – Las Vegas, NV
Co-sponsored by CHAPCA and Relias

Weatherbee Resources has provided more than 59 Hospice Regulatory Boot Camps across the country since 2006. More than 4,000 hospice professionals, surveyors, consultants, and others have attended Weatherbee's two-day boot camps for in-depth, timely and relevant information related to hospice regulations, compliance challenges and managing hospice scrutiny.

Hospices across the country utilize Weatherbee's Boot Camps for orienting new staff and for the on-going training of Executive Directors, Hospice Medical Directors and Team Physicians, Clinical Managers, Corporate Compliance Officers, QAPI Coordinators, the Interdisciplinary Group, and others.

When: Monday, June 8, 2020 at 8:30 a.m.
to
Tuesday, June 9, 2020 at 4:00 p.m.
Boot Camp: **$699**

Additional 3rd day
Wednesday, June 10, 2020
8:00 a.m. to 4:00 p.m.
Striving for Documentation Success: **$350**
(Open to registrants attending the 2-day Boot Camp
or anyone who has attended Boot Camp in the previous 12 months)

Where: Bellagio Las Vegas
3600 Las Vegas Blvd. S
Las Vegas, NV 89109
Accommodations:
$199 per night +13.38% tax +$39 resort fee
(Rate guaranteed to 4/30/20)
(888) 987-6667 or (702) 693-7444

Go to www.calhospice.org and click on the Education tab, then choose the button for the Education Calendar. In June, you will see each day scheduled and contains a link to register.

Don't delay – we sold out our December boot camp!

Tidbits
Hospice Care

Hospice self-determined aggregate cap reminder. Hospices are required to file a self-determined cap each year, between December 31 and February 28 (02/29 in leap years). Due to 02/29/20 falling on a Saturday, the 2019 Self-Determined Caps are due no later than March 2, 2020. Hospices that fail to report their self-determined cap by the due date are subject to a payment suspension.

HOPE Tool FAQs and Fundamentals documents available online. CMS has posted two documents that provide key information about efforts to develop a new patient assessment tool for hospice to be proposed in future rulemaking. The Frequently Asked Questions document responds to common questions about patient assessment tools and the HOPE tool. The other document, "HOPE Fundamentals," highlights differences between the Hospice Item Set and what CMS currently expects of the HOPE. These documents are now available in the downloads section of the HOPE page. – MORE

CY2020 Participation Exemption for Size Form available. The Participation Exemption for Size Form for Calendar Year 2020, part of CAHPS Hospice Survey data collection and reporting requirements is available to complete and submit on the CAHPS website. Hospices that served fewer than 50 survey-eligible decedents/caregivers in CY 2019 can apply for an exemption from participation in the CAHPS Hospice Survey for CY 2020. The form will be available to complete and submit online until December 31, 2020. Exemptions on the basis of size are active for one year only. If a hospice continues to meet the eligibility requirements in subsequent years, the organization will need to again request the exemption. – MORE

2020 Interdisciplinary Conference Call for Proposals is Open. The call for educational session proposals for the NHPCO 2020 Interdisciplinary Conference (October 12 – 14 in Little Rock, AR) is accepting submissions. The Conference Planning Committee seeks proposals designed to advance the knowledge, competence and performance of hospice and palliative care interdisciplinary teams. As part of the esteemed faculty, your ideas could impact and inspire others. Deadline for submission is February 24, 2020. – MORE

Hospice Quality Reporting for CY2020 began January 1, 2020. The Calendar Year 2020 HQRP data began January 1, 2020 for hospices to meet the quality reporting requirements that apply to BOTH Hospice Item Set (HIS) and the CAHPS® Hospice Survey requirements. Data from CY2020 impacts your Annual Payment Update in FY2022.

- The threshold for HIS is 90%. This means that 90% of all HIS assessments must be submitted and accepted within 30 days of the admission or discharge date.
- All Medicare-certified hospices are required to conduct the CAHPS Hospice Survey. Hospices must contract with an approved CAHPS Hospice Survey vendor and conduct the survey for 12 months in each calendar year. – MORE

MBI Transition: Use MBIs. Starting January 1, 2020, you must use Medicare Beneficiary Identifiers (MBI), with a few exceptions, to bill Medicare regardless of the date of service. CMS will reject claims submitted with Health Insurance Claim Numbers (HICNs), along with all eligibility transactions submitted with HICNs. Medicare Plan Exception information is available on the CMS website. – MORE

Alzheimer's disease and when is hospice appropriate. In a short article, *The Advocate* answers the question "When do you consider hospice for someone with Alzheimer's?" Because Alzheimer's can often have a long duration, it can be particularly difficult to judge when hospice care is needed. "Generally," says the article, "a hospice referral is issued when someone with Alzheimer's: is severely impaired when walking and eating, becomes incontinent, experiences frequent choking episodes or has difficulty breathing, is unable to speak or communicate meaningfully, or has significant weight loss." A brief explanation of hospice care is Included, as well as advice for choosing a hospice. – MORE

ACO Show podcast: The value of hospice care. Tune into The ACO Show podcast to hear Josh Israel, MD interview NHPCO's Edo Banach about the Medicare hospice benefit, the difference between hospice and palliative care, and how accountable care organizations can better coordinate with these services. – MORE

Tidbits
Palliative Care

Bringing palliative care to underserved rural communities. As reported by Health Affairs, the University of Alabama at Birmingham (UAB) Health System has been increasing efforts to expand offerings outside of their university hospital and better serve those they care for. They've added palliative services to their house calls program and telecare to better serve rural patients. While UAB has offered palliative care for over 20 years, in the past few years they have worked to educate citizens – especially African American and rural residents – about the value of palliative care. And some of the most important work they've been doing is directed at cultural outreach targeted at Alabama's African American population. – MORE

Benefits of palliative care consults at time of high-risk surgeries. A new study shows that patients who received palliative care consults around the time of high-risk surgeries had better end-of-life experiences, as reported by *MedPage Today*. The study collected rankings of care from families of the deceased. The study found that only 3.5% of those who had undergone high-risk surgeries in VA hospitals received a perioperative palliative care consultation. However, high percentages of consultations were found in patients who died within 90 days after surgery. They additionally found that only 1.6% of those who had undergone cardiothoracic surgery received any palliative care consultation. "These data advocate for clinical practices and policies that support integrating palliative care services and approaches in the perioperative period, such as preoperative frailty screening and shared decision-making regarding surgery. Integrating palliative care into surgical practice offers a promising avenue to benefit patients and families," the study authors say. – MORE

Video resource series from AAHPM. The American Academy of Hospice and Palliative Medicine is providing video resources through their series Hospice and Palliative Medicine Questions (HPMQ). Monthly videos are released on their webpage with many past videos available now for viewing. Questions answered by featured experts in videos available now include "How can medical cannabis be incorporated into palliative care?"; "What is the right approach to antibiotic use in end of life care?"; "How can an interdisciplinary team navigate patients with a life limiting complication of opioid use disorder?"; and dozens more. – MORE

Palliative care in the ER. As palliative care principles become more and more relevant to emergency medicine, Journal of Palliative Medicine shares 10 tips and points to consider when practicing palliative care in the emergency room. The tips are: 1. Time pressures can require quick decision-making; 2. "Clarify the ED Consult Question to Understand How Your Assistance Could Affect Disposition"; 3. "Clearly Communicate Expectation of Availability to Build Sustainable Workflows"; 4. Thoughtful consideration rather than algorithmic pathways is required in hospice care; 5. Recommendations should be made in succinct "if/then" statements; 6. "You Are Not the (Only) Face of PC"; 7. "Advance Care Planning Documents Usually Serve as Conversation Starters and Not Solitary Endpoints"; 8. "Resuscitative Momentum Begins Prehospital and Therefore EMS Interventions Must Be the First Response"; 9. "Automated Protocols Cognitively Off-Load Busy ED Staff and Standardize Palliative Practice"; and 10. "Sustainable PC in the ED Hinges upon Elevating Internal Champions." Each point is explored in further depth in the JPM article. – MORE

Tidbits
End-of-Life Notes

"My 92-Year-Old Father Didn't Need More Medical Care." Ezekiel J. Emanuel, oncologist, bioethicist, vice provost of the University of Pennsylvania, and author, shares the personal end-of-life story of his father in The Atlantic. Emanuel, whose father was diagnosed with a fatal brain tumor, says, "It took all my expertise and experience to arrange the kind of care he needed – and prevent the medical system from taking over and prescribing unnecessary interventions." He uses the example of his father's health care experience to show that seeking alternatives to costly and invasive interventions at end-of-life is the path of most resistance in our medical system. – MORE

End of Life University releases final podcast of 2019. "Approaching the Tipping Point: Looking Back at a Decade of Change and Ahead to 2020." The episode provides tips and inspirations for continuing the positive death movement in 2020, as well as looking back at significant moments of the closing decade. The episode is available for listening now at their website. – MORE

Maine Public Radio focuses on end of life. Maine Calling, a radio segment on NPR affiliate Maine Public Radio, discusses end-of-life care with guests Daryl Cady, CEO of Hospice of Southern Maine, Peter Plumb, attorney and founding partner of Murray Plumb & Murray in Portland, and Dr. Bill Frank, a long-tenured family practitioner who has assumed many roles including covering physician with Hospice of Southern Maine. The episode covers "the kinds of care available to patients and families in Maine, what common challenges people face, as well as the legal matters that need to be addressed when planning for end-of-life issues." The segment can be accessed for listening on the Maine Public Radio website. – MORE

Reducing chemotherapy and ICU admissions may reduce costs. A recent study published in Oncology Nurse Advisor examined colorectal cancer patients in the United States and Ontario who died between 2007 and 2013. The findings showed significant cost-saving potential if chemotherapy and ICU admissions were reduced toward the end-of-life. The study also found differences in care between the US Medicare patients and the Ontario patients. For example, more Medicare patients received chemotherapy in all months of the data collected than the Ontario patients. The difference was particularly marked in the last 30 days of life. – MORE

Tidbits
Other News

Brad Smith named new CMMI Director. On January 6, the Department of Health and Human Services and the Centers for Medicare & Medicaid Services announced that Brad Smith will serve as Director of the Center for Medicare & Medicaid Innovation (CMMI) at CMS and Senior Advisor to Secretary Azar for Value-Based Transformation. Smith most recently served as the Chief Operating Officer of Anthem's Diversified Business Group and was previously co-founder and CEO of Aspire Health. CMMI is responsible for testing and implementing various payment and service models, including: Primary Care First/Serious Illness Population, Direct Contracting and the Value-Based Insurance Design (VBID) Model. Smith is replacing former director Adam Boehler, who left the center in October to helm a new foreign aid office. – MORE

NQF leads call to address Social Determinants of Health through quality and payment innovation. The National Quality Forum released a national call to action this past fall identifying recommendations vital to helping the healthcare ecosystem address Social Determinants of Health (SDOH). Through an initiative supported by the Aetna Foundation, an independent charitable and philanthropic affiliate of CVS Health, NQF collaborated with a diverse group of experts to identify quality and payment innovations to systematically address SDOH, which can account for almost 60 percent of health outcomes. The recommendations focus on aligning policy, payment, and measurement across public and private stakeholders; improving the collection, use, and sharing of standardized SDOH data; as well as funding efforts and designing incentives to address SDOH. – MORE

When medical intervention goes too far. Geoffrey Hosta, an emergency room doctor, writes that life-sustaining interventions in dementia patients far too often amount to patient torture. In his opinion piece published by The Washington Post, Hosta writes that invasive life-sustaining treatments, "cannot improve dementia yet can accelerate it." Unfortunately, many families choose to push forward with these procedures rather than prioritizing comfort while the disease runs its course. They are less likely to choose this route when they understand that "doctors can neither cure nor reverse dementia," Advanced directives are the key to avoiding such a torturous ordeal, Hosta says. – MORE

National Healthcare Decisions Day
April 16, 2020

It's only three months to NHDD 2020! Each year, NHDD gets bigger and better, and CHAPCA encourages all our members to mark this day of awareness. Whatever you do, I hope you won't have any regrets when you look back with 20/20 hindsight (not-so-subtle plug for this year's theme/hook). Consistent the vision concept, let's take a look at where we've been, where we are, and where we're going:

HISTORY: Thirty years (and 10 days) ago, the U.S. Supreme Court heard oral arguments in the groundbreaking Nancy Cruzan case, which resulted in the Court's recognition of the right of competent adults to refuse medical treatment. The recognition of the so-called "right to die," inspired Congress--with bipartisan support!--to pass the Patient Self-Determination Act. These events kicked off the modern era of advance care planning policy in the U.S.

PRESENT: Despite 30 years of clear legal authority and extensive initiatives to educate the public and providers, the percentage of adults with advance care plans remains low. The need for advance care planning to clarify one's wishes is highlighted by the fact that individual approaches to the end of life take myriad forms.

FUTURE: NHDD is all about reflecting on the history of advance care planning, recognizing the present environment in which we live (socially, electronically, religiously, politically, economically, racially, geographically, etc.) and integrating these considerations into how we live and how we die. We hold the power to drive public and professional action. We can make advance care planning discussions less daunting, more routine, and non-legal. We can broaden the scope of advance care planning to include behavioral health and other issues involving situations involving care that has little or nothing to do with dying.

National Healthcare Decisions Day Initiative: www.nhdd.org or www.nationalhealthcaredecisionsday.org.

Acknowledgment

Thank you to Hospice News Network for contributions to this issue of TrendSetter. Hospice Analytics is the national sponsor of Hospice News Network for 2020. 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.

Education and Calendar of Events: CHAPCA Webinars & Workshops

ONLINE LEARNING

Lorman Education Services – Lorman provides professional continuing education on compliance, regulatory and business topics. Check out the complete course catalog.

Hospice and Home Care Webinar Network – CHAPCA members receive a reduced price on over 50 webinar topics. The 2020 webinar schedule is online. Upcoming webinars:

- ***PDGM Part 1 – Overview***
  Prepare your home care agency to implement the latest payment model that dramatically impacts operations, processes, and performance.
  — January 23.
- ***Payment Report and OIG Reports: Year-End Recap & Future Projections for Hospice***
  Stay up to date on the changes that impacted the hospice community in 2019, from OIG reports to the FY2020 Final Rule, and learn how these changes might impact the future. — January 30.
- ***PDGM Part 2 - Coding***
  Examine Clinical Groupings – what is allowed as a Primary Diagnosis, and the importance of accurately capturing comorbidities under PDGM coding.
  — February 6.
- ***101: Hospice Philosophy, Eligibility and Documentation***
  This training serves as a foundation for new staff and a refresher for seasoned team members striving for agency excellence and compliance.
  — February 13.
- ***PDGM Part 3 – Clinical Episode Management***
  Identify, define, and develop a clinical management program that meets individual patient needs while increasing patient outcomes.
  — February 20.

NHPCO Webinars 2020 – topics and dates are set for NHPCO's 2020 webinar series. Prices for members have been cut by 50% to make these offerings more affordable. Packages are available; check out the topics online.

CONFERENCES

AAHPM Annual Assembly of Hospice and Palliative Care, March 18 – 21, 2020. San Diego, CA. Information online.

NHPCO Leadership and Advocacy Conference, March 25 – 27, 2020 (preconference and Hill Day event, March 23-24). Gaylord National Resort & Convention Center, National Harbor, MD. Additional Info.