



# CHAPCA

## Newsletter

### Research Finds Racial Disparities Continue in Hospice Care *Study Published in Journal of the American Medical Association*

Even as hospice utilization continues to increase, “racial disparities in the use of hospice care and the intensity of end-of-life treatment remain,” [reports a JAMA article](#). The study, focused on better understanding of differences in the hospice experiences of Black and White patients, finds that Black patients are “significantly less likely” to enroll in hospice care, and more likely to receive intensive treatment. These distinctions exist regardless of the cause of death, and “especially for noncancer deaths.”

The JAMA article, “Evaluation of Racial Disparities in Hospice Use and End-of-Life Treatment Intensity in the REGARDS Cohort,” looks deeply at racial disparities in care near life’s end. Researchers note that, overall, “Half of patients with terminal illnesses” do not choose to use hospice care. Moreover, “most individual who use hospice care are admitted very close to the end of life.” In fact, hospice care length of service of less than three days have “increased by 28.4% of all hospice stays, and 14.3% of patients with cancer who enroll in hospice do so in the last 3 days of life.” And “high-intensity treatments” are frequent. Former research has revealed, the study cites, that “Black decedents receive more aggressive care, have higher end-of-life health care spending, and are less likely to use hospice services than White patients.”

The findings revealed that Black decedents were “significantly less” likely to use hospice for three or more days than White decedents. And Black decedents were more likely to have multiple ER visits, hospitalizations, and intensive treatment interventions compared to White decedents.

*Con’t pg. 2*

### Mandatory Testing Requirement for Nursing Homes *NHPCO Meets with CMS with Nursing Home Testing Questions*

On August 25, 2020, CMS moved from recommending testing for residents and staff to requiring it with the publication of an Interim Final Rule 3401-IFC. The [Interim Final Rule](#) (IFC) amends the current infection control requirements for LTC facilities at § 483.80 by adding a paragraph (h) that requires a facility to test all of its residents and facility staff for COVID-19.

NHPCO met with CMS on September 9 to discuss the Interim Final Rule and the accompanying CMS guidance for nursing homes who are required to conduct testing for staff and residents in nursing homes. The definition of “staff” includes any individuals that have arrangements to provide services for the facility, such as hospice workers.

*Con’t pg. 2*

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## Racial Disparities Continue, *con't. from pg. 1*

The study reports on the authors' research, and the article includes many specifics, percentages and tables of data. That said, the conclusion is clear: "Despite the increase in the use of hospice care in recent decades, racial disparities in the use of hospice remain, especially for noncancer deaths." The researchers, in light of the evidence they present, call for "sustained" efforts to reduce these disparities by increasing provider training and promoting "the discussion of personal values and treatment preferences for the end of life in Black populations."

## NHPCO Diversity Advisory Council Releases Position Paper

NHPCO'S Diversity Advisor Council issued a position paper, [\*COVID-19 and Supporting Black Communities at the End of Life\*](#). COVID has disproportionately impacted Black people and diverse groups. The paper aims to address the "why" of this and to work on "building trust with these diverse populations relative to patient care and the pain, misery, grief and sorrow caused by the pandemic." The topics covered in the Position Paper include building trust, the impact of mental distress on chronic disease in the Black community, health care segregation, and how COVID-19 has affected the grieving process of underserved communities.

To address disparities, trust must be improved. The first section of the paper deals directly with this, tracing the barriers to this trust and then suggesting tangible ways to address these barriers. These include the naming of health and health care advocate; identifying, reflecting on and learning from our biases; scheduling time for relationship building; and advocating for equitable laws in health care. The authors express understanding that the deep issues of inequality will take time to address. But immediate steps are called for. As the paper shares, "Take time to build trust; invest time and energy into every ZIP code within your service area; be humble enough to know that there's always more to learn and be open to it; and remember the oath taken when the decision was made to become a clinician."

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## Mandatory Testing Requirements, *con't from page 1*

NHPCO provided questions from hospice providers on the testing requirement, frequency of testing, test results and payment for testing. Discussions with CMS staff will continue. Frequency of testing is described in the [\*CMS guidance, QSO 20-38-NH\*](#), as follows:

**Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level**

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

\* This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

## Message from the President and CEO

### *Post Your Hospice Jobs FREE of Charge on CHAPCA Job Boutique*



A career in hospice care affords many unique opportunities. Unlike other healthcare career choices, a career in hospice doesn't revolve around patients seeking curative treatment. Hospice is a specialized field and there are multiple reasons why so many people choose to work in hospice care.

The hospice care field is comprised of healthcare professionals with a variety of backgrounds, educations and experiences. Jobs in hospice care include healthcare professionals and non-healthcare professionals, such as nurses, physicians, certified nursing assistants, home health aids, counselors, clergy, and social workers all play an important role in hospice and palliative care.

For healthcare professionals, a career in hospice care can be challenging and rewarding. A healthcare professional who chooses to work in hospice and palliative medicine concentrates on preventing and alleviating suffering and improving the quality of life for patients and their families facing the many challenges of living with a life limiting illness. They address physical, as well as emotional and spiritual needs.

CHAPCA needs our members to post open positions on CHAPCA Job Boutique. CHAPCA page for Hospice Job Seekers had 38 hits 09/09/2020! This is a FREE CHAPCA member only benefit! CHAPCA will promote open jobs each quarter on our website (linked Google ad's) and on a hospice job site or periodical. CHAPCA needs volume to promote on a hospice site or periodical. Post Your Hospice Jobs Today Here

Please call CHAPCA at 916-925-3770 or email at [info@calhospice.org](mailto:info@calhospice.org) if you have any questions.

*Sheila Clark*

President and CEO

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## Hospice Prescribing Survey

The *SUPPORT Act* was enacted in 2018 to help combat the nation's opioid epidemic. Included among its provisions is a requirement that prescriptions for controlled substances covered under Medicare Part D drug plans be electronically transmitted by a health care practitioner in accordance with an electronic prescription drug program beginning January 1, 2021.

The statute also allows CMS to identify circumstances under which it can waive the electronic prescribing requirement, including in instances where a controlled substance is covered by Part D and has been prescribed for a patient on hospice care for treatment of a condition that is not related to the terminal diagnosis or a condition related to the terminal illness.

Recently CMS issued a [Request for Information](#) (RFI) seeking input on what exceptions to the SUPPORT Act's electronic prescribing requirement should be permitted.

## UCSF Receives \$1.5 Million Grant

The Cambia Health Foundation announces a [grant of \\$1.5 million](#) to the University of California, San Francisco School of Medicine (UCSF). This investment will establish an endowment to fund innovative projects at UCSF's Division of Palliative Medicine (DPM) and an annual leadership symposium beginning in 2021.

The first DPM innovation project, prioritized in response to the self-isolation and quarantine efforts put in place to limit the transmission of COVID-19, is a new clinician training program focused on expanding access and delivery of serious illness care services via telemedicine. Providing care by video is not the same as treating patients in person but in most medical schools this type of specialized training is in its infancy or non-existent.

Through the development of a series of educational modules, students and other trainees will learn the skills necessary for using telemedicine successfully including how best to orient patients to the technology, maintain confidentiality and privacy, and address sensitive topics.

"We are honored to partner with UCSF's Division of Palliative Medicine to transform the health care experience of seriously ill patients and their families" said Peggy Maguire, President and Board Chair, Cambia Health Foundation. "COVID-19 has reinforced the importance of palliative care and expanded opportunities for virtual engagement. Our goal in supporting this innovative project is to ensure that palliative care professionals have the skills and resources necessary to provide quality palliative care like telehealth, so that ALL people impacted by COVID-19 and other illnesses receive personalized care that is aligned to their wishes."

"We appreciate the deep commitment of the Cambia Health Foundation to improve care for people with serious illness," said Steve Pantilat MD, Chief, UCSF Division of Palliative Medicine. "Their generous gift to establish this endowment in the UCSF Division of Palliative Medicine will support innovations in care that will help us develop, implement and test models to increase access, address inequities, improve the quality of care, and develop the leaders who will make this happen."

## OIG Publishes Top 25 Unimplemented Recommendations for 2020

The HHS Office of Inspector General (OIG) issued its 2020 report on the top 25 unimplemented recommendations identified by the OIG as solutions to reduce fraud waste and abuse. Released on August 11, 2020, the top 25 unimplemented recommendations in this edition are from audits and evaluations issued through December 31, 2019. These recommendations predate the COVID-19 public health emergency.

Hospice is featured in three of the top 10 as listed below:

**Ranking at 1:** *CMS should take actions to ensure that incidents of potential abuse or neglect of Medicare beneficiaries are identified and reported.*

**Ranking at 5:** *CMS should provide consumers with additional information about hospices' performance via Hospice Compare.*

**Ranking at 10:** *CMS should develop and execute a strategy to ensure that Part D does not pay for drugs that should be covered by the Part A hospice benefit.*

## CMS News & Notes

### **CMS announced that routine inspections of all providers is resuming.**

A press release and the CMS memo to providers are cited in this information [available on the CMS website](#).

**RN supervision of hospice aides.** CMS has published a fact sheet, [“Enhancing RN supervision of hospice aide services.”](#) The online educational piece describes the key components of hospice aide supervision. Reviews and information are given about the key tasks related to the 14-day RN supervising visit, as well as to the documentation requirements and methods.

**Creating an effective plan of care.** CMS released a new MLN Fact Sheet on hospice plans of care, [“Creating An Effective Plan of Care,”](#) that reviews the basic of the plan of care (POC) and notes the common deficiencies related to implementation of the plans.

**CMS clinical quality measures webinar.** CMS will offer its upcoming webinar on two dates. Understanding Clinical Quality Measures: How CMS is Modernizing its Approach to Digital Measurement will provide an overview of quality measurement, the unique features of electronic clinical quality measures (eCQMs), and future plans for digitization. Register for one of the offerings in September:

- [Tuesday, September 15](#) from 2:00 p.m. – 3:00 p.m. ET
- [Thursday, September 17](#) from 3:00 p.m. – 4:00 p.m. ET

## New Facts and Figures Report on Hospice Care in America

[NHPCO Facts and Figures](#) (PDF), produced annually by NHPCO, provides an overview of hospice care delivery in the U.S. with specific information on hospice patient characteristics, location and level of care, Medicare hospice spending, hospice provider characteristics, and more.

Hospice professionals continue to be concerned about the number of people accessing hospice care late in the course of an illness. The NHPCO report indicates that 53.8 percent of Medicare beneficiaries received hospice care for 30 days or less in 2018. A quarter (27.9 percent) of beneficiaries received care for seven days or less, which is considered too short a period for patients to fully benefit from the person-centered care available from hospice.

Representative data shared in the new report:

- 1.55 million Medicare beneficiaries received hospice care in 2018, an increase of 4 percent from the previous year.
- 50.7 percent of Medicare decedents were enrolled in hospice at the time of death.
- The average Lifelong Length of Stay (LLOS) for Medicare patients enrolled in hospice in 2018 was 89.6 days. The Median Length of Service (MLOS) was 18 days, which has changed little in the last fifteen years.
- A principal diagnosis of cancer (29.6 percent) was the leading diagnosis among Medicare hospice patients, followed by principle diagnosis of circulatory/heart disease (17.4 percent) and dementia (15.6 percent).
- Routine Home Care accounted for 98.2 percent of care provided. This includes care provided in the patient’s own home, an assisted living facility, nursing home, or other congregate living facility.
- Over the course of 2018, there were 4,639 Medicare certified hospices in operation based on claims data. This represents an increase of 13.4 percent since 2014.
- More than 55 percent of all providers have been certified for 10 or more years.

## A Grief Crisis Accompanies the COVID-19 Pandemic

In an article, "Bereaved Families Are 'the Secondary Victims of COVID-19'" by journalist Judith Graham published by [Kaiser Health News](#) and by [CNN](#), Graham reports on the ways that the COVID-19 crisis is causing enormous damage to Americans left bereaved by the disease. "For every person who dies of Covid-19, nine close family members are affected, researchers estimate based on complex demographic calculations and data about the coronavirus," the article reports. Given that some models suggest a likely 190,000 COVID-19 deaths by the end of August, this would mean 1.7 million Americans will be facing the grief of losing a close family member or loved one.

"There's a narrative out there that Covid-19 affects mostly older adults," says professor of sociology and demography at Pennsylvania State University and co-author of the recent study, Ashton Verdery. "Our results highlight that these are not completely socially isolated people that no one cares about. They are integrally connected with their families, and their deaths will have a broad reach."

Additionally, COVID-19 losses go beyond grief. Many families will lose essential sources of "financial, social, and caregiving support... The vast scale of Covid-19 bereavement has the potential to lower educational achievement among youth, disrupt marriages, and lead to poorer physical and mental health across all age groups," Verdery and researchers explain.

Many hospices have expanded their grief support to all members of the community, not just those who have received hospice care. "It's not just the people who die on hospice and their families who need bereavement support at this time; it's entire communities," says NHPCO president and CEO Edo Banach. "We have a responsibility to do even more than what we normally do." Banach says he hopes to see the community outreach of hospice providers continue.

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## Essential Insights: A Podcast for Healthcare Professionals

*By Hospice and Home Care Webinar Network*

Our goal is to bring the listener, the essential worker, the latest information and high-quality education on critical topics that healthcare professionals are facing on a daily basis. Produced and presented by the Hospice and Home Care Webinar Network. Podcasts will be released bi-weekly and features industry experts from all over the country covering a wide range of topics that healthcare professionals are facing.

[CLICK HERE TO LISTEN.](#)

In case you missed it, here are the latest podcasts:

- **Episode 4: "I'm Sorry to Hear That..." How to Respond More Effectively to Complaints.** We will cover three main areas: Listen, Apologize & Give. Guest speaker and industry expert is Susan Keane Baker.
- **Episode 3: Embracing the Next COVID-19 Wave: What Every Agency Needs to Know.** Guest speakers Tom Zuba, international life coach, author, and speaker who is transforming the way we "do grief" worldwide. Our second speaker is Kathy Ahearn is the owner of Ahearn Advisement Partners and consults specializing in all areas post-acute.
- **Episode 2: The Role of the Hospice Social Worker: Are you Covering All Your Bases?** Guest Speaker is the Executive Director of the Advanced Palliative Hospice Social Work certification organization, Gary Gardia.
- **Episode 1: Hospice and Community Grief Support during COVID-19 Care for the Caregiver.** Chris Moore, Senior Director and Head of Immunology and Kathy Ahearn of Ahearn Advisement tackle this challenging topic.

## ELNEC Core Curriculum — November 4 & 5, 2020

ELNEC Core Curriculum is designed to train nurses, chaplains, social workers, administrators on the fundamentals of hospice and palliative skills.

The ELNEC Core curriculum contains eight modules addressing critical aspects of end-of-life and palliative care. Each module is 1.5 hours to allow for robust question and answers. Also, there will be a 10-minute daily wrap up.

### The modules include:

Module 1: Palliative Nursing Care	Module 5: Cultural and Spiritual Considerations
Module 2: Pain Assessment and Mgmt.	Module 6: Communication
Module 3: Symptom Management	Module 7: Loss, Grief & Bereavement
Module 4: Ethical and Legal Issues	Module 8: Final Hours

The ELNEC curriculum also includes several common threads integrated throughout. These major themes include:

- The important role of the nurse as advocate.
- The family as the unit of care.
- The important role of the nurse as advocate.
- The importance of culture as an influence at the end of life.
- The critical need for attention to special populations such as children, the elderly, the poor, and the uninsured.
- End-of-life/palliative care issues impact all systems of care across all settings.
- Critical financial issues influence end-of-life/palliative care.
- End-of-life/palliative care is not confined only to cancer or AIDS, but rather it is essential across all life-threatening illnesses and in cases of sudden death.
- Interdisciplinary care is essential for quality care in palliative care and at the end of life

### Continuing Education:

California education credit issued under BRN CEP# 11389-California Hospice and Palliative Care Association. Please retain as proof of attendance.

CHAPCA members will receive a total of 8 CE credits for this two-day program at no extra cost. Non-CHAPCA members pay additional \$25 fee for CE credits.

## Support CHAPCA with AmazonSmile!

AmazonSmile is now available in the Amazon Shopping app on iOS and Android mobile phones. Please support California Hospice And Palliative Care Association by downloading the Amazon shopping app on iOS and Android mobile phones! Amazon will donate 0.5% of your purchases to CHAPCA automatically! Simply follow these instructions to turn on AmazonSmile.



1. Open the Amazon Shopping app on your device
2. Go into the main menu of the Amazon Shopping app and tap into 'Settings'
3. Tap 'AmazonSmile' and follow the on-screen instructions to complete the process.



# Tidbits

## Hospice Care

### **MLN Matters article on FY2021 Hospice Payment Rates.**

The newly released MLN Matters article addresses the FY 2021 hospice payment rates that are effective for care and services furnished on or after October 1, 2020, through September 30, 2021 and related Change Request (CR) 11876. This confirms the rates published in the FY 2021 final rule, published on August 4, 2020. CR 11876 updates the hospice payment rates, hospice wage index, and Pricer for Fiscal Year (FY) 2021. CR 11876 also updates the FY 2021 hospice aggregate cap amount. Ensure that your billing staffs are aware of these changes.

– [MORE](#)

**Caring for people with dementia.** A recent study published in the *Journal of Palliative Medicine* examines hospice stakeholder perspectives on caring for people with dementia. Little research has been done previously into how hospice delivers preference-aligned end-of-life care for these patients. Four main themes emerged in the research. First, hospices are caring for more and more patients with dementia and many are developing special programs in response. Secondly, the setting in which conversations about care preferences are held influences the outcome. Third, there are unique challenges in caring for dementia patients in hospice. These include the perception that dementia is not a terminal illness, lack of previous advance care planning, and many proxy decision-makers who are not adequately prepared for their role. Finally, the study finds that changes to hospice policies and regulations disproportionately affect patients with dementia. “Clinicians ‘upstream’ from hospice may help by engaging patients and proxies in discussions of preferences for end-of-life care and providing anticipatory guidance,” noted researchers. – [MORE](#)

**VA study on concurrent care.** Concurrent care in hospice and cancer treatment within the Veteran’s Health Administration is examined in a recent study published by the *Journal of Palliative Medicine*. The study sought to determine whether concurrent care is associated with less aggressive care at the end-of-life – a persistent issue in cancer patients. Patient data was examined from years 2006 to 2012. Though a significant increase in hospice care is observed over this time, as well as a decrease in aggressive end-of-life care, no correlation was found between concurrent care and less aggressive care. “Although the VHA adoption of [concurrent care] increased hospice use

among patients with [nonsmall cell lung cancer], additional measures may be needed to decrease aggressive care at the EOL,” the researchers conclude. – [MORE](#)

**National Data Set Deadline Extended.** NHPCO has extended the deadline to submit data for the 2019 NDS to September 30, 2020. Organizations use the NDS report to compare their program to others. NHPCO uses this information to support our members through advocacy and resource development. All data is confidential, protected, and reported in aggregate. Put information you already track internally to work for you. Visit [www.nhpc.org/nds](http://www.nhpc.org/nds) to access the National Data Set. – [MORE](#)

**Missouri makes case for Medicaid savings.** A recent article in *Associations Now* shares the story of the work of the Missouri Hospice and Palliative Care Association (MHPCA) in making their case to demonstrate that hospice saves money for the state’s Medicaid services. This was CEO Jane Moore’s task and she stepped up for the challenge. These 2011 efforts were productive because MHPCA got data showing “that patients under hospice care incurred costs that were 45 percent lower than those in hospitals.” As MHPCA continues to focus on data, other states have approached Medicaid offices for data and comparisons. Moore faces a similar challenge now, and plans to engage in the process again as state legislatures trim budgets. – [MORE](#)

**HQRP COVID-19 PR tip sheet available from CMS.** The Hospice Quality Reporting Program COVID-19 PR tip sheet can help providers understand CMS’ public reporting strategy for the PAC QRP in the midst of the COVID-19 public health emergency. This tip sheet explains the CMS strategy to account for CMS quality data which were exempted from public reporting due to COVID-19, and the impact on CMS’ Hospice Compare website refreshes. – [MORE](#)

**HQRP August forum materials available.** On Wednesday, August 5, the CMS hosted the August 2020 HQRP Forum to present a new claims-based composite quality measure concept that CMS is considering including in HQRP. During this webinar, CMS’s subject matter expert and the measure developer talked about the measure concept and shared ideas. Materials from this HQRP Forum are available online. – [MORE](#)



# Tidbits

## Palliative Care

**AHIP study looks at palliative care.** America's Health Insurance Plans (AHIP) study on seriously ill patients supports the reality that "payers can play a significant role in decreasing the expense and complexity of serious illness care for patients through whole person care and palliative care." With 5% of the most seriously ill (those spending on average above \$50,000 per year on healthcare) accounting for 50% of the health care dollars, the need calls for enriched support for this population. An article in *HealthPayerIntelligence* highlights the ways that payers are using whole person care and palliative care to focus on those with serious illnesses. The article calls for policy leaders to "support regulations that expand long-term care and palliative care access and public education around palliative care." – [MORE](#)

**What are the needs of LGBTQ women in palliative and end-of-life care?** An article in *Journal of Palliative Medicine* reviews 16 articles to explore this question. The review included articles from 1996 to 2019 that identify concerns for LGBTQ woman. Some additional issues of older LGBTQ women were also noted. These include "vulnerability associated with isolation and poverty, women's social needs and support networks, and preferences for complementary care." The authors call for further research to understand EOL care needs and preferences for support. – [MORE](#)

**Benefits of palliative care.** An article in the *Journal of Rural Health* asserts that, for "individuals with cancer, palliative care improves quality of life, mood and survival." But many rural residents lack access to palliative care, says the article. A recent study focused on populations least likely to receive palliative care. For patients with cancer, "women, older adults, and rural residents," they found, are more likely to enter rural hospitals that do not have palliative care providers. – [MORE](#)

**Is telemedicine the future of palliative care?** Larry Beresford addresses this question in an article for MED-PAGE TODAY. Diane Meier, MD, director of the Center to Advance Palliative care at Mount Sinai in New York City, says that COVID has led to dramatically increased utilization of palliative care via telemedicine. And more people are able to access palliative care because clinicians can see a number of patients at any location within the day, "exponentially increasing access." – [MORE](#)

**That Good Night: Life and Medicine in the Eleventh Hour.** A book review in *Journal of Palliative Medicine* explores "That Good Night: Life and Medicine in the Eleventh Hour," by Dr. Sunita Puri. The review recommends the book to "health care workers at any point in their training, people living with serious illness, or people with loved ones forced to navigate complex medical situations." Puri notes the lack of medical school education on facing death as well as life. She says, "We hadn't become doctors to recognize and accept dying." And, those who do practice palliative care often have "complex" relationships with other providers. Puri's personal experiences have strengthened her connections to patients, and her learning to listening carefully. – [MORE](#)



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# Tidbits

## Other Notes

**Hearing at the end of life.** *US News and World Reports* shares a study that says, “Even if they appear unresponsive, dying people may still be able to hear.” Canadian researchers used EEG data on hospice patients “when they were conscious and when they became unresponsive at the end of life.” The study found, “The responses of some of the dying patients were similar to those of healthy people—even hours before death.” The results of the study was published in *Scientific Reports*. One study co-author noted that the research supports observations of hospice physicians and nurses who see that hospice patients are comforted by the voices of loved ones as the patient nears death. – [MORE](#)

**Correlation between ACP visits and EOL interventions.** A study reported in the *Journal of the American Geriatrics Society* examines the relationship between billed advance care planning (ACP) visits and intensity of interventions in end-of-life care. Overall use of ACP visits is low, with only 6.3% (14,986) of the study’s 237,989 Medicare FFS beneficiaries who died in 2017 having had an ACP visit with their physician. The study revealed that, while the ACP visits were low, “their occurrence was associated with less intensive EOL utilization.” Researchers call for more investigation “on the variables affecting hospice use and expenditures” at the end of life in order to better understand the importance of ACPs. – [MORE](#)

**Ethics in the time of COVID-19.** “Ethics Trade-Off Between Hazards Prevention and the Safeguard of Death Dignity During COVID-19” appears in *Omega – Journal of Death and Dying*. The article discusses the restrictions during COVID that limit mourning and burial practices. “The dignity of death and the religious competence as cultural competence during COVID-19 epidemic represent important aspects of the epidemic preparedness,” says the abstract. – [MORE](#)

**NASEM workshop on advance care planning.** A virtual public workshop from the National Academy of Science, Engineering and Medicine will explore the challenges and opportunities of advance care planning, acknowledge and highlight divergent viewpoints, and examine what is empirically known and not known about advance care planning and its outcomes. The workshop will be held over two webinars on [October 26, 2020](#) and [November 2, 2020](#).

**New podcast series from NHPCO.** NHPCO has launched a new podcast series, *Leading Person-Centered Care, Conversations with Edo Banach*. This new series is meant to address a wide range of leadership issues during this period of Covid-19. Led by NHPCO President and CEO, Edo Banach, he will be talking with leaders and innovators from our field but also more broadly to help pull in insight from a broad spectrum. – [MORE](#)

**Elisabeth Kübler-Ross Foundation Educational Program.** *The Essence of Caring for the Dying and the Grieving: An Eleven-Part Journey to Understanding What Matters Most*, an online course with weekly classes, will be held every Thursday 11:00 a.m. -12:30 p.m. ET beginning September 24 and continuing to December 17, 2020 (No class Thanksgiving week). This course will be offered by the Elisabeth Kübler-Ross Foundation. Registration is open for this 11-part series. – [MORE](#)

## Advertising Rate Sheet

Support CHAPCA - Advertise!

### Publication Schedule

Published Monthly on 15th

### Advertising Deadline

10th of the month of publication

## Ad Rates

Full Page (7.5' w x 10' h)	\$225 / \$300
Half Page (7.5' w x 5' h)	\$175 / \$225
One-Third Page (2.5' w x 10' h)	\$150 / \$200
Quarter Page (3.75' w x 5' h)	\$125 / \$175

\*rates listed as member/non-member

## Calendar of Educational Events

LIVE webinars that are FREE to CHAPCA members. Check the event calendar on our website for a current schedule. Register through our [Event Calendar on calhospice.org](https://calhospice.org).

### Upcoming FREE Live Webinars:

**September 30:** [\*SAGECare 101: An LGBT Cultural Competency Training Program\*](#) - an introduction to the specific needs of LGBT older adults and why training and culturally competent care are integral to serving this underserved population. Explore common concerns and answer some frequently asked questions that will strengthen the participant's ability to provide person driven care.

**Hospice and Home Care Webinar Network** – CHAPCA members receive a reduced price on over 50 webinar topics. The [2020 webinar schedule](#) with registration links is online. Upcoming webinars:

- **Sept 15:** [\*Coding Updates for Hospice & Home Health Effective October 1, 1010\*](#)
- **Sept 17:** [\*Hospice 201 – Deep Dive into the Benefit: Eligibility, Documentation, Reporting, Surveys & Opportunity\*](#)
- **Sept 23:** [\*How to Prepare for a CMS/AO-Focused Infection Control Survey\*](#)
- **Sept 24:** [\*Part 1 - Eligibility Requirements & Notice of Election\*](#)
- **Oct 1:** [\*IDG Meetings: Effective Problem Solving with Shared Responsibility\*](#)
- **Oct 8:** [\*The Days of "Muffin Marketing" Are Over\*](#)
- **Oct 13:** [\*Work-from-Home Record Retention Rules for Hospice & Home Care Providers\*](#)

### Conferences & Events

- **Growth and Sales Virtual Boot Camp**, presented by Hospice Advisors  
Sep 22 – 23, 2020 | 9:30am to 2:00pm. [Details and Registration](#).
- **ELNEC Core Curriculum**  
Nov 4 – 5, 2020 | 9:30am to 2:00pm. [Details and Registration](#).
- **NHPCO's 2020 Virtual Interdisciplinary Conference**  
Oct 12 – 30. [Information online](#); CHAPCA [Registration](#).

## Acknowledgment

Thank you to Hospice News Network for contributions to this issue of the CHAPCA newsletter. 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](http://www.HospiceAnalytics.com).

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