



# HPCA Update

*Bi-weekly News for Hospice Professionals in Iowa*

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March 26, 2010

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## Health Care Reform Legislation Crosses the Finish Line

This was a big week for health care reform legislation and it began late Sunday night as the House passed **H.R. 3590, the Patient Protection and Affordable Care Act**. The President then signed this bill into law on Tuesday afternoon. This was the exact same bill that the Senate passed on December 24, 2009, and it softens the productivity cuts to hospice from a proposed \$10 billion to \$6.8 billion. This bill is the underlying health reform legislation and it is where the end-of-life-related provisions can be found.

And just yesterday, both the House and the Senate passed **H.R. 4872, the Health Care & Education Affordability Reconciliation Act of 2010**, which is the “side car” reconciliation bill that modifies the underlying health care reform legislation, the Patient Protection and Affordable Care Act (H.R. 3590) to reflect changes that were sought by the House and the President. Under strict Senate reconciliation rules, there were 20 hours of debate on the reconciliation bill and then voting on amendments began.

In the end, the final health care reform package will extend health coverage to 32 million people and is expected to cost \$940 billion over 10 years. It is also estimated to reduce the deficit by \$130 billion in the first 10 years and \$1.2 trillion over the second 10 years.

Here are other end-of-life related highlights of the final new health reform law:

**Market Basket Cuts & Productivity** - Incorporates a productivity adjustment reduction into the market basket update beginning in fiscal year 2013, as well as a market basket reduction of .3 percent for hospice providers from fiscal years 2013-2019. These cuts will not take effect until FY 2013.

**Hospice Payment Reforms** - (1) This provision would require the Secretary to collect data and update Medicare hospice claims forms and cost reports by 2011. (2) Based on this information, the Secretary would be required to “implement revisions to the methodology for determining the payment rates for routine home care and other services included in hospice care” no earlier than FY 2013. (3) After January 1, 2011, a hospice physician or nurse practitioner must have a face-to-face encounter with each hospice patient to determine continued eligibility for hospice care prior to the 180th-day recertification and each subsequent recertification, and attest that such visit took place. In addition, the Secretary will medically review certain patients in hospices with high percentages of long-stay

patients.

**Medicare Hospice Concurrent Care Demonstration Program** - Directs the HHS Secretary to establish a three-year demonstration program that would allow patients who are eligible for hospice care to also receive all other Medicare covered services while receiving hospice care. The demonstration would be conducted in up to 15 hospice programs in both rural and urban areas and would undergo an independent evaluation of its impact on patient care, quality of life and spending in the Medicare program.

**Curative and Palliative Care for Children in Medicaid and CHIP** - Allows children who are enrolled in either Medicaid or CHIP to receive hospice services without foregoing curative treatment related to a terminal illness.

**Independent Payment Advisory Board** - Creates an Independent Payment Advisory Board (IPAB) tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries as well as the private health system. When Medicare costs are projected to be unsustainable, the Board's proposals will take effect unless Congress passes an alternative measure that achieves the same level of savings. Congress would be allowed to consider an alternative provision on a fast-track basis. Requires the Board to make non-binding Medicare recommendations to Congress in years in which Medicare growth is below the targeted growth rate. Beginning in 2020, requires the Board to make binding biennial recommendations to Congress if the growth in overall health spending exceeds growth in Medicare spending. **Hospice is exempt from IPAB's recommendations until 2019.**

**Hospice Value Based Purchasing/Promoting High Value Health Care** - Provides the Secretary of HHS the authority to test value-based purchasing programs for long-term care providers, including hospice providers, no later than January 1, 2016.

**Quality Reporting** - Requires hospice to report on quality measures determined by the Secretary (endorsed by the new quality measure consensus-based entity) or face a 2 percent reduction in their market basket update. Measures published in 2012 for reporting to begin in 2014.

**Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-term care Facilities and Providers** - Establishes a national program for long-term care facilities and providers to conduct screening, criminal and other background checks on prospective employees with direct access to patients.

**Advancing Research and Treatment for Pain Care Management** - Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments. Establishes a grant program to improve health professionals' ability to assess and appropriately treat pain.

**Education and training programs in pain care** - Secretary may make grants available to hospices and others to develop and implement pain care education and training programs for health care professionals.

As the President signs this final piece of health care reform legislation into law within the next few days, it is important to keep an eye on the future. While it is great that Congress continues to embrace hospice as a vital part of health care at the end of life and we're pleased to see the provisions included expanding access to hospice. Hospice cannot afford to lose \$6.8 billion from the national investment in end-of-life care. The productivity cuts on top of the more than 4 percent regulatory reduction associated with the elimination of the budget neutrality adjustment factor (BNAF) hospice is absorbing over the next seven years, is more than the community can or should sustain. Hospice advocates will need to remain engaged as we work to implement and improve this historic new health care reform law.

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## Still Time to Register for Hill Day in April

NHPCO's Capitol Hill day is less than a month away. It's your chance to share your stories with your Members of Congress and seek their support on hospice and end-of-life care issues. **The deadline for registration is April 1!** This year's Hill Day will be a two-day event, held on April 20 and 21 in conjunction with NHPCO's 25<sup>th</sup> Management and Leadership Conference in Washington, DC.

HPCAI members already registered include: Norene Bauman, Patient Care Coordinator, Stewart Memorial Community Hospice; Lori Bishop, Clinical Manager, Iowa Health Home Care – Intrust; Marvin Fagerlind, Executive Director, Cedar Valley Hospice; Tom Moreland, President, Iowa Hospice; and Norene Mostkoff, President and CEO, Hospice of Central Iowa. If you're registered and not listed above, contact Amber Watters at HPCAI at [wattersa@ihaonline.org](mailto:wattersa@ihaonline.org) or 515/243-1046, ext 361.

Registration is free to MLC attendees and \$149 to those not attending the conference. To learn more, visit the [NHPCO Web site](#).

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## Cahaba and CMS News and Updates

The quick reference tool (QRT) for reporting of hospice visits under Change Request 6440 has been updated. [Click here to view this updated QRT](#).

Cahaba has issued several new Frequently Asked Questions (FAQs) and Question and Answer (Q&A) Web sites:

[Clearing the Way for Change Request 6440 Ask-The-Contractor Teleconference FAQ](#)

[Hospice Change Request 6440 Q&As](#)

[Hospice Clinical FAQs](#)

Centers for Medicare & Medicaid Services (CMS) also has issued several updated Fact Sheets:

[Revised Medicare Fraud & Abuse Fact Sheet](#)

[Medicaid Coverage of Medicare Beneficiaries \(Dual Eligibles\) At a Glance Fact Sheet](#)

[Revised "Guided Pathways to Medicare Resources"](#)

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## Education Opportunities Across the State

### Palliative Care Conference

An April 9 conference will focus on several palliative care topics, including conducting a family conference, symptom management at the end of life and pediatric palliative care.

The conference will be held at Iowa Methodist Medical Center. Conference sponsors include: Iowa Health Home Care, Iowa Health-Des Moines, Hospice of Central Iowa, Mercy Medical Center Des Moines and Wellmark Blue Cross Blue Shield. [Click here](#) to review the program brochure. Contact [Dia Gross](#) at 515/633.1118 for more information.

### Alzheimer's Caregiver Conference

The Greater Iowa Chapter of the Alzheimer's Association will hold its 2010 Caregiver Conference *Hopeless to Hopeful... Alzheimer's Research and Caregiving* April 14. The conference will present updates on Alzheimer research and best practices in dementia care. For more information contact Jennifer Bell at the Alzheimer's Association at 800/272.3900 or [Jennifer.Bell@alz.org](mailto:Jennifer.Bell@alz.org).

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## NIH/NINR Announce New Funding Opportunity

The National Institute of Nursing Research (NINR) recently announced a new funding opportunity released by the National Institutes of Health.

### **Advancing Palliative Care Research for Children Facing Life-Limiting Conditions (R01)**

**(R01) [RFA-NR-10-006](#)**

**(R21) [RFA-NR-10-007](#)**

This FOA issued by the National Institute of Nursing Research solicits Research Project Grant applications using the R01 and R21 mechanisms from institutions/organizations that propose to conduct biobehavioral research in palliative and end-of-life care for children, infants, and neonates. Designs and methods aimed at the reduction of suffering and the improvement of quality of life for children facing life-limiting conditions and their parents, including the sequela of accidents are encouraged. Applications to help children cope with the loss or potential loss of a parent or significant other are also welcomed. Scientists are encouraged to develop cross-disciplinary teams to test interventions which may be quickly translated into pediatric palliative care practice.

Letters of intent are due by April 17, 2010 and applications are due by May 17, 2010.

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## Study Explores Pathways to Hospice Enrollment

A recent study of patient participation in advance care planning (ACP) and the decision of the patient to enroll in hospice was conducted by researchers from the University of Pennsylvania. "Advance Care Planning and Hospice Enrollment: Who Really Makes the Decision To Enroll?" is an online ahead-of-print article in the *Journal of Palliative Medicine*.

Forty-nine percent of the survey respondents said that the patient in their family was not involved in the decision to enter hospice. Nearly 16% said that the decision was shared between the patient and others, and about 30% reported that the patient made the decision on his/her own. The others reported as involved in the decision-making were physicians (58%), spouses (51.6%), an adult child or child-in-law (38.9%), social workers (25.5%), nurses (20.4%), friends, parents, or siblings (14%), and clergy (3.2%). Just over 22% of the patients made the decision without involving anyone else.

The caregivers reported that before the patients' enrollment in hospice, 69.1% of the patients had a living will and 61.8% had a durable power of attorney for health care, with 56% of patients having both.

The authors note that cognitive impairment was "highly associated" with the patient not being involved in the hospice enrollment decision. Still, those who enrolled and participated in the decision allowed a number of people to guide them, which has "implications on how and to whom information about hospice is marketed."

Most family caregivers reported having advance care planning discussions with their patients and putting together the advance directives. Other researchers have reported that "among hospice patients that had specific end-of-life care wishes 72.4% had advance directives as compared to 32.1% with no advance directive." The authors write, "The differences between having an advance directive and discussing end-of-life care preferences listed in the advance directive are important since without preference discussions many family caregivers find themselves without the knowledge, judgment, or courage to perform their responsibility as a proxy decision maker."

In conclusion, the authors wrote, "These data provide insight into advance care planning and the decision to enroll in hospice. Educating patients and family caregivers on how to discuss health care preferences before the end of life is key. This will help proxy decision makers, most often family

caregivers, make end-of life decisions based on what the patient have would wanted.” ([Journal of Palliative Medicine](#), 2010;13(5))

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## Public Policy Notes

Tory Plaisance was “strong and in good spirits” at his wake, held in his honor by his friends in anticipation of his coming death from cancer. Plaisance planned to use Washington’s new Death With Dignity Act, but found that neither of the two doctors who would certify that he had less than six months to live would write the lethal prescription for him. Since the law requires that the same physician certify the diagnosis and write the prescription, Plaisance had to start all over again. According to the *NWCN* article, the rules are not clearly stated on the Department of Health website. ([Northwest Cable News Web site](#), 3/17)

Last week, New York Governor David A Paterson (D) signed into law the bill which established an order for who is responsible for health decisions for patients who cannot make decisions and do not have advance directives or health care proxies. The law ranks spouses and domestic partners first, unless a guardian has been appointed by a court. Following this are children, parents, siblings and close friends. The surrogates may consider the patient’s best interests if the patient’s wishes are not known. ([The New York Times](#), 3/17)

The Illinois Senate passed the Pediatric Palliative Care Act, which provides for at-home care, counseling, expressive therapy, other kinds of care, and pediatric nursing for pain and symptom management. The sponsor of the bill, Dale Righter (R) says that providing care for terminally-ill children at home will save significant money, an estimated 15% of the cost of the care, for Medicaid. ([Illinois General Assembly Web site](#))

## National Health Care Decisions Day

April 16 is National HealthCare Decisions Day. Several activities to help promote the day are posted on the organization’s Web site and include involving civic and religious organizations in promoting the importance of advance planning for end-of-life issues. ([National HealthCare Decisions Day Web site](#), , E-mail from Nathan Kottkamp, Chair, National Healthcare Decisions Day Initiative, 3/16)

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## End-of-Life and Other Notes

“When the Only Hope Is a Peaceful Ending” is Jane Brody’s story of her husband’s last weeks of life. Brody said that when she wrote *Jane Brody’s Guide to the Great Beyond*, she had “no idea that I’d be putting its precepts into practice in my immediate family within a year of publication.” But her husband was diagnosed with Stage 4 lung cancer in early February and died in mid-March. In the article, Brody compliments the palliative and hospice care he received. ([The New York Times](#), 3/16)

*The Boston Globe* recently examined the new “look” in funerals and funeral homes. Terry Probst, manager of the Devanny-Condron home, has “sponsored a chili cook-off, delivered birthday cakes to senior centers, offered free limousine rides to couples married 50 years or more, and scheduled a funeral home appearance by the Easter Bunny for an all-comers photo op.” Emilee High, spokeswoman for the National Funeral Directors Association, says, “Baby boomers have had an impact on every aspect of society — and funeral service is no exception. Families are seeking experiences that are different from those they perceive as part of a traditional funeral or memorial service.” ([The Boston Globe Web site](#), 3/15)

*HNN is sponsored by Glatfelter Insurance Group that provides property and liability insurance for hospices and home healthcare agencies through their Hospice and Community Care Insurance Services division. Ask your insurance agent to visit their website at [www.hccis.com](http://www.hccis.com).*

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## **HPCAI Calendar**

- **April 13, 1:00 – 3:00 pm**  
**District 4 Meeting**  
Atlantic Home Care and Hospice office
- **November 2 – 3**  
**HPCAI Fall Conference**  
**Scheman Building**, Iowa State Center, Ames

To add items to the HPCAI Calendar, send information to [Stacey Nay](#).

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