



HPCAI Update

Bi-weekly News for Hospice Professionals in Iowa

May 29, 2009

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HPCAI Fall Conference Theme Announced

The 2009 HPCAI Fall Conference, *Quality...Staying the Course*, is scheduled for Wednesday, October 28 and Thursday, October 29 at the Scheman Building, Iowa State Center, in Ames.

Education sessions tentatively scheduled cover topics such as healing touch, alternative pain management options, palliative care, and pet therapy. Moses Altsech, professor of marketing at Edgewood College who worked with HOPE of Wisconsin to create a strategic marketing toolkit for hospices, will be the opening keynote speaker on Wednesday morning.

Thursday will offer a special opportunity to recognize all hospice volunteers, and honor a select few.

Watch the *Update* for more information on the Fall Conference. If you have specific questions regarding the conference, please contact Stacey Nay at 515-283-9309 or nays@ihaonline.org.

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CMS Accepting Public Comments on CHAP Application

Community Health Accreditation Program (CHAP) has applied for continued recognition as a national accrediting organization for hospices. By statute, CMS must offer a 30-day public comment period. To be assured consideration, comments must be received no later than 5:00 p.m., June 22, 2009.

For more information and options for submitting comments, [click here](#).

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ELNEC Training Scheduled in Minneapolis

The Hospice and Palliative Nurses Association (HPNA) has announced that Minneapolis will be the next site of the End-of-Life Nursing Education Consortium (ELNEC) Core Train-the-Trainer program, a national educational initiative to improve end-of-life care in the United States. Presented in a dynamic educational format, the two-day course will take place at the Park Plaza Hotel in Bloomington, Minnesota on June 25 and 26. The ELNEC Core Train-the-Trainer is designed specifically for those currently working in hospitals, hospices, palliative care facilities, clinics, long-term care facilities, homecare agencies, colleges, and universities who want to increase their knowledge of end-of-life, palliative care issues.

ELNEC Core participants will review the ELNEC-Core syllabus, including eight different modules specific to end-of-life nursing. Each module is accompanied by objectives, outlines, PowerPoint slides, references, case studies, and supplemental teaching materials.

For more information on the ELNEC Core Train-the-Trainer program, [click here](#).

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Terminally Ill Patients Delay Hospice, Leading to Higher Spending

A new study focusing on patients in Iowa and two other states found that about half the patients diagnosed with metastatic lung cancer discuss hospice with their physician within four to seven months of their diagnosis. Through the Cancer Care Outcomes Research and Surveillance Consortium, the researchers surveyed 1,517 patients in Iowa, California and Alabama diagnosed with metastatic lung cancer. For reasons not clear, blacks and Hispanics were less likely to discuss hospice than whites and Asians. Forty-nine percent of blacks and 43 percent of Hispanics discussed hospice with their doctors; for whites and Asians the percentages were 53 and 57, respectively. Married people were also less likely than unmarried people to have this discussion (51 percent compared with 57 percent, respectively). In general, the longer patients expected to live after their diagnosis, the less likely they were to have explored hospice care with their doctor. However, the researchers also found that patients tended to overestimate how long they had to live. For example, about 30 percent of the patients thought that they would live up to two years. In reality though, only about 6 percent of patients with metastatic lung cancer will survive that long. What's more, patients who preferred care that eased their pain and suffering at the end of life over care that extended life (roughly 50 percent of patients) were no more likely to have discussed hospice than patients who had the opposite preference.

Billions of dollars are spent each year in the United States on intensive treatments for older patients in the last six months of their lives, according to the Dartmouth Atlas of Health Care. Researchers at Dartmouth have found as much as 30 percent of U.S. health care 4 5/29/09 spending is wasted on high-intensity care – days in intensive care units and visits by medical specialists, for example – that does little or nothing to improve health or quality of life. According to Dartmouth's data, Iowa ranks as one of the top 10 states for avoiding such intensive interventions by focusing on primary health care and low-intensity approaches, such as hospice. For example, on average in the U.S., Medicare patients receive about 14 visits from medical specialists during their last six months of life, while in California they received more than 20 visits. In Iowa, those same patients received about eight visits. Similarly, while California actually spent less than Iowa on these patients for hospice (\$1,602 and \$1,780 per patient, respectively), California spent nearly twice as much as Iowa on inpatient care during those final months (\$20,937 versus \$10,971 per patient).

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EDELE Web Site Good Source of Data

If you are looking for data about end-of-life care, visit the EDELE web site at www.edeledata.org. This Web site is free to all and offers easy-to-use access to data about decedents, care of the dying, and community factors affecting end-of-life care.

Visitors to the Web site can search for data by topic, by state, by using a set of pre-written questions that reflect common data needs, or by an advanced search that allows combinations of criteria. Each search returns a list of web pages, and then with one “click,” users go straight to the page showing the data. The data may be used in hospice and palliative care program planning, market research, and policy reform discussions.

The EDELE web site may also be accessed through the HPCAI web site, a link is located on the [Hospice Management Resources](#) page.

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CMS Issues Revision to Additional Data Collection on Hospice Claims (CR6440)

Transmittal 1738 dated May 15, 2009 rescinds and replaces Transmittal 1713 issued April 24, 2009, to change “rounding up to the nearest 15 minute increment” to “rounding to the nearest 15 minute increment.” All other material remains the same. Download the [revised CMS MLM Article and Transmittal 1738](#) in PDF.

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New Pet Program Available Through Banfield Charitable Trust

[Banfield Charitable Trust](#) has announced the creation a new national program with the goal of allowing hospice patients to keep their pets at home with them through their end-of-life journey. For many in hospice care, their physical condition leads to a decrease of previously enjoyed social opportunities and relationships. Their pets offer unconditional love and acceptance, comfort and companionship when it's needed most - when friends and family aren't seen as frequently, or when words are too hard to say. Unfortunately, many people in hospice care are also physically or financially unable to care for their pets. Simple tasks like feeding, walking, grooming, or a trip to the veterinarian are difficult, if not impossible. *Pet Peace of Mind* allows hospice patients to complete their end-of-life journey with the comfort and companionship of their pet, without worrying about their pet's current or future needs.

Non-profit hospices may now apply to be a part of the initial rollout of this new program. For more information on the Pet Peach of Mind program and to participate, [click here](#), or review the information attached to this issue of the *Update*.

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Hospice of Central Iowa Offers Two Conferences

Hospice of Central Iowa has scheduled two upcoming conferences. [Enhancing Spiritual Care for the Dying](#) will be held June 4 in Des Moines. This conference will explore the role of chaplaincy in meeting spiritual care needs for the terminally ill.

[Alzheimer's at End of Life](#) will be held June 3 in Ottumwa and June 17 in Knoxville. This program is designed to offer the knowledge and skills to provide quality care to those nearing death with Alzheimer's disease.

For more information and to register, click the link above for the appropriate program.

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Mount Sinai School of Medicine to Offer Geriatric and Palliative Medicine CME

Mount Sinai School of Medicine is offering a four-day clinically-based intensive course in geriatrics and palliative medicine taught by leading experts in both fields providing updates on geriatric syndromes and palliative medicine and the latest research and treatments.

Each day consists of six large group sessions and four interactive workshops designed to provide both practical experience with the large group material as well as to cover other content areas. Workshops are case-based. Three Comprehensive Board Review Q&A sessions take place during lunch the first three days.

The course will be offered October 4 – 7, 2009. For more information on the course, [click here](#).

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Job Opening

Director Hospice/Home Health, Pella Regional Health Center

Successful candidate will work collaboratively with all disciplines in providing effective leadership to plan, organize, direct, and evaluate home health and hospice services. Ability to oversee the financial integrity of each program, using Lean Methodology and current evidence based practice to improve services for the community. Understands and applies interrelationships among access, quality, cost, resource allocation, and accountability. RN with a minimum of 4 years in health care management, preferably in the field of Home health or Hospice. [Click here to apply online](#).

To post openings in the *Update* and on the [HPCAI Web site](#), send information to [Stacey Nay](#).

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HPCAI Calendar

June 2

HPCAI Board Meeting, *HPCAI Board Room*

10:00 a.m. – 12:00 p.m.

Hospice Residence Networking Group, *HPCAI Education Center*

12:00 – 12:30 p.m. – Lunch (order in advance from [Amber Fisher](#))

12:30 – 3:30 p.m. – Meeting

October 28 – 29

HPCAI Fall Conference, *Scheman Building, Ames*

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

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