



# HPCAIA Update

*Bi-weekly News for Hospice Professionals in Iowa*

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November 6, 2009

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## **MedPAC Looks at Hospice Visit Patterns**

The Medicare Payment Advisory Commission (MedPAC) met in Washington, D.C. this week to discuss a number of issues, including changing the current hospice payment system. MedPAC considered new data at this November meeting which generally confirmed its previous findings, but the commission did not make any final decisions this week. Commissioners did, however, express a general interest in moving forward with a 2013 deadline for implementing the new payment system.

As a reminder, in March 2009, MedPAC recommended moving away from the current hospice payment system—a flat per diem payment—to one where the per diem payment rate varies over the course of an episode to better match hospices' provision of care at the end of life. The commission recommended that this change be made by 2013. Since making that recommendation, two new sources of patient-level data on hospice visits have become available and during its November meeting this week, MedPAC focused its conversation on that new data.

The new data sources include Medicare claims data from July-December 2008 and data from 17 nonprofit hospices from October 2005-September 2008. MedPAC analyzed the data and found that short stay patients receive a greater share of visits from nurses relative to home health aides than long stay patients. MedPAC also found that after taking into account length of stay, cancer patients receive a slightly higher share of visits from nurses than patients with other diagnoses.

In sum, MedPAC stated its analyses of the new data confirm earlier findings and support the need for payment system reform. MedPAC mentioned potential next research steps include analyzing: additional analysis of claims data; proprietary data on travel time by patient location; and proprietary data on other hospice costs including, prescription drug use and home medical equipment use.

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## Fall Conference Wrap-Up

More than 400 hospice professionals and volunteers from across Iowa gathered in Ames October 27-29 for the HPCAI Fall Conference.

Participants had time to network, attend keynote and education sessions, learn from exhibitors, and attend a full-day pre-conference workshop. From the pre-conference workshop on leadership and the interdisciplinary group to keynotes addressing the importance of marketing and partnering to care for long-term care residents; to education sessions which covered topics with every member of the hospice team in mind including RAC Readiness, fundraising strategies, pet therapy, and alternative pain management, the Fall Conference was full of learning opportunities.

Handouts for the Fall Conference this year were available on the [HPCAI Web site](#), and will remain available through November 20.

A big thank you to all who attended and a very special thank you to the members of the HPCAI Education Committee who work hard all year to ensure the Fall Conference is the best it can be.

If you have any speaker ideas or topics that you would like to see presented at an upcoming conference, please contact [Stacey Nay](#).

### **HPCAI 2009 Annual Business Meeting**

The HPCAI annual business meeting was held Wednesday, October 28. Three new members were elected to the HPCAI board: Stacy Weinke with Cedar Valley Hospice in Waterloo, Joni Vallier with Hospice of Southwest Iowa in Council Bluffs and Jerry Harris with Western Home Communities in Cedar Falls. (see next article with their profiles).

Leanne Burrack with Hospice of Mercy in Hiawatha and Joel Fry with Team Restoration Ministries in Osceola were recognized for their service to HPCAI through their roles as board officers as well as ongoing participation and leadership in HPCAI committees and work groups. Each received a plaque from current Board President Chris Oleson.

Also during the business meeting, the membership approved the slate of officers for 2010. Lori Bishop with Iowa Health Hospice in Des Moines will serve as board president; Norene Bauman with Community Hospice in Lake City is president-elect; Margo Nixon with Hospice of Siouland is treasurer; and Mary Lowenberg with Mahaska Hospice, Oskaloosa will serve as secretary. Chris Oleson was thanked for her service as president and will remain on the board as past-president.

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## **New HPCAI Board Member Profiles**

### **Stacy Weinke, Director, Clinical Services, Cedar Valley Hospice, Waterloo**

Stacy Weinke, RN, BSN, CHPN, has served as the Director of Clinical Services for Cedar Valley Hospice in Waterloo for nearly seven years. She is responsible for the leadership and management of care and services delivered to patients, families and clients by the hospice interdisciplinary teams and special program teams. She began working at Cedar Valley Hospice in 1997 as a hospice nurse bringing to the position experience as a long-term care nurse. Stacy has bachelor's degree in nursing from Allen College of Nursing and is a Certified Hospice and Palliative Care Nurse. She has also had ELNEC training. Stacy has served as District 3 chair for HPCAI since 2002, she has also presented at conferences for both HPCAI and NHPCO.

### **Joni Vallier, Program Director, Hospice of Southwest Iowa, Council Bluffs**

Joni went back to school in 1996 to become a nurse. While attending school full time, Joni continued to work as a home health aide on a part-time basis for Alegent Home Care. When Joni completed the LPN portion of the program, she worked as a LPN for Alegent Home Care until completing the rest of her education. After graduating and becoming a registered nurse, Joni worked as a surgical nurse at

Clarkson Hospital in Omaha. When a full-time position came open in home care, Joni began working at Alegent Health in the Council Bluffs area. In 2003, Joni became a clinical coordinator for Alegent Hospice in Omaha for five years in order to gain experience in hospice services. In March of 2008, Joni became the program manager of Hospice of Southwest Iowa. Joni is eager to once again serve patients and families in her own community in a worthwhile way. While in this position, Joni has served on the Alzheimer's Advisory Board for Pottawattamie County. Joni has spoken to many community and area organizations in order to spread information about hospice services.

### **Jerry Harris, Chief Operating Officer, Western Home Communities Cedar Falls**

Jerry grew up in close proximity to four grandparents and seven great-grandparents that influenced his life greatly regarding how we should care for seniors. After graduating from the University of North Iowa in 1989, Jerry became a licensed nursing home administrator at Western Home Communities. After working as a consultant for the Beverly Corporation, he returned to Western Home Communities in 1990. In 2009, Jerry became chief operating officer of the organization now serving approximately 800 residents and 450 employees. He is active in the Iowa Association of Homes and Services for the Aging, a not-for-profit association which serves over 145 homes in Iowa. Jerry is a member of the Cedar Falls Rotary Club, currently serves on the Sartori Hospital Community Advisory Committee, on the board for Cedar Falls Community Playhouse, and the Iowa board of directors for Covenant Medical Center which is part of the Wheaton Franciscan Health System.

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### **New Article Available From Reinhart Hospice and Palliative Care Legal Service Group**

“What Every Hospice Needs to Know about the New OIG Report” was added to the [Reinhart web site](#) in October. To review the complete article, as well as past articles, [click here](#).

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### **Hospice and Palliative Care Month**

November is National Hospice/Palliative Care Month. This year's theme, *Preserving a legacy...treasuring memories*, reminds us that every person we care for is a unique individual with a lifetime of experiences, relationships and gifts to share. Hospice and palliative care providers honor patients and families and support them during the journey at life's end.

[NHPCO](#) and [Caring Connections](#) are offering a number of resources for use in outreach and promotional efforts.

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### **National Healthcare Decisions Day 2010**

Mark your calendars now to participate in the third annual [National Healthcare Decisions Day](#), scheduled for April 16, 2010. Once again, the goal is simple: use a single day, all across the country, to provide increased focus on the importance of advance care planning and advance directives for both the public and providers.

Check the web site for information on possible activities, a variety of free templates and sample communication materials, and information on other organizations supporting National Healthcare Decisions Day activities.

Watch future issues of the Update for more information on National Healthcare Decisions Day.

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## Winter Fundraising Opportunity

Sleepy Hollow Sports Park located just blocks east of the Iowa State Fairgrounds in Des Moines is offering to hold fundraising events for non-profit organizations. This is how it's structured; Sleepy Hollow will supply each non-profit organization with reduced price tickets for a tubing or skiing event. The non-profit then determines a ticket price to sell the tickets and keeps the difference. Any unsold tickets can be returned to Sleepy Hollow two days prior to the event date for a refund. A flier with more information is attached to this week's Update.

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## Hospice News Network

### Article Addresses Resolution of Care Conflicts

A current *JAMA* article "Patient-Centered Care and Preference-Sensitive Decision Making," examines the conflicts between evidence- and guideline-driven care and patient-centered care. Usually there is no problem, according to the article, since patients value prevention of disease and disability and increased length of life in most situations. Yet, the article notes people make trade-offs in life by taking risks, and compromises are also seen in medical practice. Patients choose cheaper but less-effective medicine, less-radical cancer operations in favor of a better quality of life, or decline aggressive chemotherapy because they don't want the side effects.

The authors write that pay-for-performance programs highlight long-standing but largely unarticulated differences in handling conflicts between patients' goals and preferences and clinical recommendations. These programs also risk increasing the stakes in conflict between clinicians and patients, pushing clinicians toward a 'take it or leave it' stance with non-adherent patients or dismissing them from their practices lest they decrease quality measures.

Conflicts also arise between patient preferences and quality standards. Aggressive care of a 30-year-old diabetic that likely provides substantial benefit realized over decades of reduced complications and offers a reasonable risk profile contrasts with the relatively little benefit and substantial risk of harm of the same treatment of an 80-year-old.

Physician recommendations, according to the authors, should always include the rationale, expected outcome, and alternatives. If a patient refuses care that has a high likelihood of changing his or her personal risk for mortality or serious complications – this decision needs to be explored with questions: *What are the patient's goals in life and health? Does the patient understand the trade-off he or she is making? Is the decision due to cost, adverse effects, and experience of a friend or family member? Is the patient depressed and therefore not making decisions consistent with his or her long-term values and interests?* Sometimes it may be appropriate to try persuading a reluctant patient to address obstacles such as cost or adverse effects; at other times the patient's reason may be compelling or unlikely to change.

Additionally, the article reports that patients may have many priorities in addition to improving their health, such as making a living, caring for family, and engaging in leisure activities, and these life activities frequently involve trade-offs between health, comfort, relationships, and financial well-being. Patient-centered care requires that physicians try to understand patient goals and priorities, incorporate clinical and patient priorities, and address obstacles to care.

Finally, the article points out that individualized care can be adversely affected by physician payment formulas, because physicians in pay for performance may be penalized for failing to meet treatment targets.

The authors conclude that every patient should be offered sound advice based on the best available evidence. Physician recommendations should always include the expected outcome; alternatives, including doing nothing; and expected outcomes for those alternatives. Patient-centered care can

improve trust, communication, and adherence to therapy, thereby improving quality benchmarks and clinical outcomes. Yet competent adult patients also have the right to decline to follow that advice and to negotiate with physicians a plan of care that better meets their own goals. To make care patient-centered and consent truly informed, and to build longitudinal relationships of trust between patients and the physicians who care for them, patients' goals and preferences need to be incorporated into treatment plans, and a patient's firm, unambiguous, reasoned 'no thanks' also needs to be honored." (*JAMA*, 2009;302(16):1805-1806)

## **PUBLIC POLICY NOTES**

CMS has announced conditional approval of the Community Health Accreditation Program's (CHAP's) request for continued recognition as a national accreditation program for hospices seeking to participate in the Medicare or Medicaid programs. The final notice is effective from November 20, 2009 until November 20, 2012, with an initial 180 day probationary period which will end May 19, 2010. (*The Federal Register*, 10/23; *Federal Register Extracts*, 10/23)

*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**

- **December 1, 1:00 pm**  
**OCS/HPCAI QAPI Snapshot Webinar**  
Registration information will be e-mailed prior to the Webinar.
- **December 9, 10:30 am**  
**District 1 Meeting**  
Buena Vista Regional Medical Center, Kallmer Education Center – Rooms A and B, Storm Lake

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

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