



HPCAIA Update

Bi-weekly News for Hospice Professionals in Iowa

November 20, 2009

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HPCAIA Gathering Data Critical to Lobbying Efforts

The Hospice & Palliative Care of Association of Iowa intends to fight for the preservation of the hospice Medicaid benefit but needs data to do so. Please take the time to complete this brief survey on the demographics of your hospice. If you already participate in the NHPCO Data Set, you will find some of the same data requested in this survey.

This has never been more important for state advocacy than it is today! Make a commitment to provide your agency's data. All submitted data is confidential; only aggregate data will be utilized with lawmakers and other constituents to paint the picture of hospice care in Iowa and why adequate funding of hospice care is critical to patients and families.

The deadline for completion of the survey has been extended to Tuesday, December 1. Please take just a moment right now to complete this critical survey.

[HPCAIA Data Survey 2009](#)

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Senate Releases Combined Health Care Reform Bill

Senate Majority Leader Harry Reid (D-NV) has announced the release of the "Patient Protection and Affordable Care Act" (H.R. 3590), the Senate's health care reform bill. The bill contains combined provisions from the Health, Education, Labor and Pension and Finance committee bills and has been scored by the Congressional Budget Office (CBO).

The CBO report says the bill will expand health insurance coverage to 94 percent of the population and will cost under \$1 trillion and reduce the federal deficit by \$127 billion over the next 10 years.

Many of the health care delivery system proposals remain unchanged from previous versions, including:

- A productivity adjustment reducing hospice the hospice market basket by .5 percent for each federal fiscal year 2013 through 2019.
- A requirement for additional hospice data collection by 2011 and overall hospice payment methodology reform by October 1, 2013.
- The requirement for “face-to-face” encounters between a patient and their physician or nurse practitioner at the 180 day recertification and each subsequent recertification.
- Hospices must begin submitting quality measures as selected by CMS beginning October 1, 2013.

According to a released bill summary, the bill is fully paid for and reduces the deficit in the next 10 years and beyond. The bill is paid for by “tightening current health tax incentives, collecting industry fees and slightly increasing the Medicare hospital insurance tax for high-income earners.” The bill also includes a fee on insurance companies when they sell high-cost health insurance plans. The bill also contains a .5 percent increase in the Medicare hospital insurance tax for individuals who earn more than \$200,000 and couples who earn more than \$250,000.

Reid is cautiously and meticulously counting member votes to achieve the required 60 needed to begin debate on the bill. Senate rules dictate that in order to begin debate on any piece of legislation, the majority leader must call for a “motion to proceed.” Under normal circumstances, so long as there are no objections, debate generally begins quickly. However, on this contentious issue, Republicans are likely to object to Reid’s motion thereby forcing a vote on whether or not to even begin debate on the bill. Sixty votes would then be required to overturn the Republican’s objection and proceed with debate. Filibusters occur when the 60 votes cannot be reached.

Should Republicans and some Democrats successfully filibuster Reid’s motion to proceed, then it’s quite literally back to the drawing board for Reid and the Democrats who will have to work toward constructing a bill that can not only get 60 votes to proceed, but also the needed 60 votes to **end** debate on the bill (cloture) and the 60 votes needed to finally pass the bill.

The votes may be difficult to come by as many as three Democrats and one Independent have publically announced their hesitation to support the Senate bill. Senators Ben Nelson (D-NE), Mary Landrieu (D-LA), Blanche Lincoln (D-AK) and Joe Lieberman (I-CT) are proving tough sells, citing several problems they have with the bill.

HPCAI continues to analyze the language and will provide more detail in upcoming editions of the *HPCAI Update*. A Senate vote on the motion to proceed could come yet this week.

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The Cost of Dying Featured on “60 Minutes”

A story on the Sunday, November 22 edition of “60 Minutes” will focus on care at the end of life and the cost of dying and will feature information and resources from NHPCO. For a preview of the story and more information, visit the [CBS Web site](#).

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HPCAI and OCS to Examine QAPI Data

HPCAI and OCS will hold a 90 minute webinar to review the past three years of state QAPI Snapshot data (2007, 2008, & YTD 2009). The goal of this teleconference is to highlight and discuss overall trends, participation, and outcome analysis within the last three years. This will be an interactive webinar with allotted time for questions and answers at the end of the presentation.

The webinar will be held Tuesday, December 1 from 1:00 to 2:30 pm. [Click here to register for the webinar](#). After registering you will receive a confirmation email containing information about joining the webinar.

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Invitation to Join an HPCAI Committee

HPCAI is inviting members to join the Association's two standing committees for the upcoming year: Advocacy and Education. Committee membership is about serving the hospice and palliative care community. Committees are vital to HPCAI's work; providing guidance on policy and regulatory issues, and crafting the educational offerings.

This invitation to join a committee is extended to hospice and palliative care leaders, senior staff and volunteers. Any employee or volunteer of a provider member of HPCAI is eligible for committee service. HPCAI also offers member participation on issue specific task forces or work groups as needed in a given year but this invitation is specific to HPCAI committee participation.

Current committee rosters and charges for each committee are attached. **Please note:** if you or a staff member are already serving on a committee, your service for 2010 will be automatically renewed and you do not need to send in the attached form.

Deadline: The call for committee service will be open through Friday, December 4. Committee members will be notified of their addition to a Committee by the end of year.

Please complete the attached form indicating your Council preference and return to Amber Watters via fax at 515/283-9366 by Friday, December 4.

Please feel free to contact Becky Anthony (anthonyb@ihaonline.org) at 515/243-1046 with any questions.

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CMS Updates Medicare Hospice Statistics

Updated hospice statistics are now available for calendar years 1998 to 2008, and include the 20 most frequent diagnoses, the number of patients, average length of stay, and trends over time in length of stay, by diagnosis. For details, see the [hospice center web page](#).

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CMS Releases Final Medicare Rule for Home Health PPS for 2010

The Centers for Medicare & Medicaid Services (CMS) published the final Medicare home health Prospective Payment System (PPS) rule for 2010 in the November 10 *Federal Register*. Changes are effective January 1, 2010 unless otherwise noted.

Major Provisions in the Final Rule include:

- **National standardized 60-day episode rate:** CMS is increasing the national 60-day episode rate from \$2,272 in 2009 to \$2,313 in 2010. This 1.8 percent increase reflects a full marketbasket update minus a reduction for coding improvement. In addition, there is a 2.5 percent increase to reflect the transfer of funds from the outlier carve-out (as explained below). Home health agencies that do not submit the required quality data will receive a 2 percentage point reduction to the national standardized 60-day episode rate.
- **Outlier payments:** CMS is reducing the outlier pool percent from 5 percent of total home health PPS payments in 2009 to 2.5 percent in 2010, returning 2.5 percent of the outlier carve-out to the national standardized 60-day episode rate. In addition, CMS will cap outlier payments at 10 percent per agency for 2010.
- **Quality measures:** CMS is not adopting any changes to the current 12 home health quality measures for 2010. However, CMS plans to move ahead with the expansion of measures to include the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for

home health care for 2012 rather than 2011, which was proposed. In addition, CMS still intends to conduct a dry run of the survey for participating home health agencies for at least one month in the third quarter of 2010 and submit those results to the Home Health CAHPS Data Center by January 21, 2011.

- **Outcome and Assessment Information Set (OASIS) Data:** CMS is adopting a new version of OASIS called OASIS-C to collect data on all episodes of care beginning on or after January 1, 2010. In doing so, CMS will introduce 13 new National Quality Forum-endorsed process of care measures that will be collected using the OASIS-C instrument beginning January 1, 2010 and reported on the Home Health Compare Web site by October 2010.
- **Low Utilization Payment Adjustment (LUPA):** CMS is increasing the LUPA add-on payment amount from \$90 in 2009 to \$94 in 2010. The LUPA add-on is not subject to the coding reduction of 2.75 percent because these are per-visit rates and not subject to case mix changes.
- **Non-routine medical supplies:** CMS is increasing the NRS conversion factor from \$52 in 2009 to \$53 in 2010. Payments for NRS are reduced by the 2.75 percent adjustment for changes in coding and documentation.

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Hospice News Network

CMS Hospice AIM Project Underway

IPRO, the Medicare Quality Improvement Organization for New York, has been awarded special federal funding to support the assessment and improvement of Medicare-funded hospice services. IPRO will conduct the CMS Hospice AIM (Assessment, Intervention and Measurement) Project; IPRO has chosen seven New York state hospices to participate in the project and is conducting site training. The purpose of the project is to “promote the effective connection of hospice to other healthcare settings through a uniform data collection instrument, to study the use of quality measures to assess the quality of care in participating sites, and to work with experts to identify why disparities may exist in hospice care.”

Twelve quality measures will be studied, and fall into the following categories:

- Structure and Process: 1) Percentage of patients screened for symptoms during their admission visit, and 2) Percentage who had a comprehensive assessment within five days of admission.
- Care for Physical Symptoms: 3) Percentage of patients with pain who were comfortable within two days after screening; 4) Percentage of dyspnea patients who improved within one day after screening; 5) Percentage of patients with nausea who received treatment within one day of screening; 6) Percentage of patients who have bowel regimens initiated within one day of beginning on opioids.
- Care for Psychosocial Symptoms: 7) Percentage of patients with anxiety who were treated within two weeks of screening.
- Social Aspects of Care: 8) Percentage of families who report that the hospice “attended” their needs for information about care.
- Cultural Aspects of Care: 9) Translators provided for non-English speaking or deaf patients.
- Care of the Imminently Dying: 10) Percentage of patients who had moderate to severe pain during the last week of life.
- Ethical and Legal Aspects of Care: 11) Percentage of patients “with chart documentation of an advanced directive or discussion that there is no advanced directive.”
- Adverse Events: 12) The number of falls, medication errors, DME issues, or patient/family complaints per 100 patient days.

According to Reuters, “IPRO will perform statistical analyses of the properties of these measures, including identifying any racial or ethnic differences in performance, and conduct focus groups of family members, hospice staff members, hospice referral sources and Medicare beneficiaries to

evaluate the usefulness of the measures to each group.” (*NHPCO Regulatory Update*, 11/10; *Reuters*, 10/19)

Public Policy Notes

In “My Near Death Panel Experience,” Representative Earl Blumenauer (D-Oregon) says, “I didn’t mean to kill Grandma. I didn’t even mean to create death panels.” Blumenauer, who was the author of the end-of-life conversation provision of the House health reform bill, says now that the bill has passed, he’s finally free to explain what I learned as the author of the now-famous end-of-life provisions. The article is online at www.nytimes.com/2009/11/15/opinion/15blumenauer.html. (*The New York Times*, 11/14)

The FDA reopened the comment period for risk evaluation and mitigation strategies (REMS) for certain opioids, extending it until October 19, 2010. The REMS will apply to long-acting and extended-release opioids with the active ingredients fentanyl, hydromorphone, methadone, morphine, oxycodone, and oxymorphone. The FDA wants to ensure that the benefits of using these drugs outweigh the risks of inappropriately prescribed drugs, abuse, misuse, and overdose of the drugs. The *Federal Register* document is [available online](#). (*Federal Register*, 10/19; *Briefings in Palliative, Hospice and Pain Medicine and Management*, 11/11)

Pain & Medical Marijuana Notes

A recent press release from the University of North Carolina said a new study examining the perception of pain and the effects of various mental training techniques has found that relatively short and simple mindfulness meditation training can have a significant positive effect on pain management. The study, from UNC-Charlotte researchers, shows that a single hour of training spread out over a three day period can produce the same kind of analgesic effect as much longer and more intensive training. Fadel Zaidan, lead author of the study, said, “What’s neat here is that this is the briefest known way to promote a meditation state and yet it has an effect in pain management. People who want to make use of the technique might not need a meditation facilitator -- they might be able to get the necessary training off the internet.” (*US Fed News*, 11/12)

“Clinical Algorithm & Preferred Medications to Treat Pain in Dialysis Patients” is a free brochure offered by the Kidney End-of-Life Coalition. In addition to dosing and drug recommendations for severe pain, it discusses options for neuropathic pain, and for ways to manage opioid adverse effects. Preferred medications are fentanyl, methadone, hydromorphone, acetaminophen, gabapentin, and pregabalin. Tramadol, hydrocodone/oxycodone, and desipramine/nortriptyline should be used with caution. Morphine, codeine, meperidine, and propoxyphene should not be used at all in patients with chronic kidney disease, because the renally excreted metabolites can accumulate and cause neurotoxicity.” See kidneyeol.org/painbrochure9.09.pdf to download a copy. (*Kidney End-of-Life Coalition Website*, 9/9; *Briefings in Palliative, Hospice and Pain Medicine and Management*, 11/11)

Hospice & Palliative Care Notes

“Complementary Therapies for End-of-Life Care,” in *Alternative and Complementary Therapies*, says that CAM techniques “help decrease pain, anxiety, and other symptoms at end-of-life, which can enhance the patients’ and their family members’ quality of life.” The author says that 86% of hospices in Washington State offer CAM services, usually provided by volunteers. The article also says, “The National Center for Complementary and Alternative Medicine has not specified end-of-life guidelines, however, it has said auricular acupuncture, therapeutic touch, and hypnosis are useful in managing cancer-related symptoms and for palliative care.” The article is available for free at www.liebertonline.com/toc/act/15/5. (*Alternative and Complementary Therapies*, 2009;15(5):226-230; *Briefings in Palliative, Hospice and Pain Medicine and Management*, 11/11)

Just over a year ago, Oklahoma’s bad grade from the Center to Advance Palliative Care and the National Palliative Care Research Center on the state of palliative care in the state served as an impetus for improvement. Several hospitals now have palliative care teams, and Dr. Marianne Matzo, chair of palliative care nursing at the College of Nursing, University of Oklahoma Health Sciences

Center, has a bigger goal. Matzo says, “It’s great to have two palliative care beds, but what if I’m number 3? My objective is that every health care practitioner on every shift of every hospital floor should be able to provide good palliative care.” (*The Journal Record*, 11/5)

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.

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Hospice Music Resource

Janet Collison, a harpist from Marshalltown, has recorded a new CD which she created especially for use in hospice settings. For more information on the CD, visit her [web site](#).

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HPCAI Calendar

- **December 1, 1:00 pm**
OCS/HPCAI QAPI Snapshot 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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