

Cordt Kassner

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<subscriptions@hospicepalliativecaretoday.com>
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Headlines

Sunday Newsletters

Top read stories of the last week (in order) is the focus of Sunday newsletters - enjoy!

Hospice Benefit Policy Manual updates related to the addition of Marriage and Family Therapists or Mental Health Counselors to the Hospice Interdisciplinary Team

CMS; 1/22/24

Change Request 13437 (PDF) purpose is to manualize changes to the hospice interdisciplinary group (IDG) to include Marriage and Family Therapists (MFTs) or Mental Health Counselors (MHCs).

Publisher's note: Also see [CMS Hospice Open Door Forum \(November 29, 2023\) Q&A](#).

A guide to paying for hospice care at home

MediaFeed.org, by Claire Samuels; 1/23/24

According to the Centers for Medicare & Medicaid Services, which sets benchmarks for hospice care costs based on the payments they make to providers, here's what two types of in-home hospice care will cost in 2024's fiscal year ... [Additional descriptions include insurance, Medicare, Medicaid, VA health care, private health insurance.]



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Advance care planning reaches underserved across U.S. recruitment continues for National Institutes of Health (NIH) Research

Hospice Foundation of America; 1/18/24

Community outreach leaders and liaisons are urged to apply to serve as hosts for the Project Talk Trial, a national, 5-year research project funded by National Institutes of Health that seeks to evaluate the effectiveness of advance care planning conversations and whether those discussions result in advance care

planning actions. ... The project is specifically focused on underserved communities of people who historically have the poorest access to healthcare services and the lowest engagement in advance care planning, which include racial and ethnic minorities, low-income individuals, and rural populations.

Evaluation of the Medicare Care Choices Model: Annual / Final report

CMMI Evaluation Digest, 1/25/24

The six-year Medicare Care Choices Model (MCCM) tested whether offering eligible fee-for-service Medicare beneficiaries the option to receive supportive and palliative care services through hospice providers without forgoing payment for the treatment of their terminal conditions (which is required to enroll in the Medicare hospice benefit) improved beneficiaries' quality of life and care, increased their satisfaction, and reduced Medicare expenditures.

Hospice providers must be better regulated

Scientific American, 2/1/24 (updated from last week's publication)

Too many hospice providers in the U.S. are run by private equity and for-profit corporations. A lack of regulation allows them to provide abysmal end-of-life care.



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A study of how Americans die may improve their end of life

Medical Xpress, by Rutgers University; 1/24/24

A Rutgers Health analysis of millions of Medicare records has laid the groundwork for improving end-of-life care by demonstrating that nearly all older Americans follow one of nine trajectories in their last three years of life.

Why hospice utilization rates have fallen

Hospice News, by Jim Parker; 1/25/24

National hospice utilization rates have fallen since 2020, though the total number of patients served remains consistent. ... Mathematically, the percentage declined in part because of continually changing demographics.

Publisher's note: This article quotes a decline in Medicare hospice utilization rates through 2021, which is true. However, we are seeing a rebound / increase in 2022 and 2023 information.

MD Anderson's Dr. Eduardo Bruera: Educate hospital execs on palliative care's outcomes, cost savings

Hospice News, by Audrie Martin; 1/22/24

Dr. Eduardo Bruera is a true pioneer in the field of palliative care. ... In this interview, Palliative Care News sits down with Bruera to discuss the landscape of palliative care and what he sees for the future of the field.

Publisher's note: If there's one article you click on, read in its entirety (2 min), and figure out how to implement in this issue - maybe in this month - perhaps this is it...



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Today's Encouragement

It is not the mountain we conquer but ourselves. ~Sir Edmund Hillary



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