

## Cordt Kassner

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## February 26th, 2024

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## Headlines

### **CAPC Strategic Plan: 2023-2025**

*CAPC.org; updated/distributed 2/24/24*

The Center to Advance Palliative Care (CAPC) is a national organization dedicated to increasing the availability of quality, equitable health care for people living with serious illness. CAPC's vision is *Palliative Care Everywhere*. This means that the U.S. health care system recognizes and takes steps to relieve suffering for *all* patients with serious illness, in *every setting, every time*. From 2023-2025, CAPC will carry out our mission and vision by pursuing four goals.

- Goal #1: Drive the health and growth of specialty palliative care

- Goal #2: Catalyze care quality improvement among nonpalliative care audiences
- Goal #3: Reduce inequities in the care of people with serious illness
- Goal #4: Maintain a high-performing, sustainable organization

### **Why long-term hospice care might be good**

*NBC KPRC TV, interview with Joseph Rotella, MD MBA HMDC FAAHPM, Chief Medical Director, American Academy of Hospice and Palliative Medicine; 2/21/24*

Most people receiving hospice care don't live for more than a few weeks. Doctor explains why receiving hospice care earlier can be beneficial.

## **Hospice Provider News**

### **Providers urge CMS to use caution in midst of hospice VBID implementation**

*McKnights Home Care, by Adam Healy; 2/23/24*

With the Medicare Advantage Value-Based Insurance Design (MA VBID) model, which allows MA organizations to participate in the hospice benefit, underway, advocates have voiced concerns that critical safeguards be put in place.



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### **MA [Medicare Advantage] may be worth the gamble: How agencies can win at a new game**

*HomeCare, by Lindsay Doak; 2/23/24*

Over the past decade, a major shift has occurred in the Medicare market that many of us didn't see coming: the takeover of Medicare Advantage (MA). ... This is a true game changer for the home health and hospice industry. ... So, how can agencies successfully contract with MA plans, while ensuring their costs are covered? This is where I like to refer to the wise words of Kenny Rogers' "The Gambler," who said, "If you're gonna play the game...You gotta learn to play it right."

## **RiverStone Health closing hospice facility in Billings**

*MTN News; 2/23/24*

RiverStone Health Home Hospice will close this summer in Billings, the agency announced Friday, largely because of struggles to raise enough money to support operations and find enough employees. RiverStone officials said in a news release they will instead focus efforts on providing hospice care to patients at their own homes, regardless of their ability to pay.

## **The employment outlook for hospice aides**

*Hospice News, by Holly Vossel; 2/23/24*

Rising wages, reimbursement pressures and immigration policies are fueling high turnover rates for hospice and personal care aides. Similar trends are proliferating among hospitals and health systems that provide these services. Current reimbursement structures for aide services represent the most significant challenge in maintaining a sufficient workforce, according to Kenneth Albert, president and CEO of Maine-based Androscoggin Home Healthcare + Hospice.



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## **C-suites, clinicians are burning out at both ends**

*Becker's Hospital Review, by Alexis Kayser; 2/22/24*

C-suite leaders and clinicians often feel they are on opposite sides of an ever-expanding chasm. But they actually have a lot in common, according to Bruce Cummings and Paul DeChant, MD — a former executive and a former practicing physician, respectively, and perhaps an unlikely pair. Executives and physicians are both knowledge workers. Both are trained to spot and solve problems. Both crave the autonomy to fix those problems — but often, neither feels they truly have it. Both are far strident from the bright-eyed, difference-driven graduates they once were. Both are exhausted, and neither really knows how to talk about it.

## **How many docs are feeling burned out? Almost all of them, survey finds**

*MedPageToday, by Joyce Frieden; 2/22/24*

More than half of survey participants (56%) said they've thought about either staying in medicine but no longer seeing patients, or leaving the field entirely, the poll found. Primary care doctors expressed more frustration than specialists, with a higher percentage considering leaving the field entirely (54% vs 42%). Only 30% of respondents overall said they were optimistic about the future.

## **10 states where 'nurse burnout' is Googled most**

*Becker's Clinical Leadership, by Mariah Taylor; 2/21/24*

Betternurse.org used Google Trends from Oct. 21, 2023 to Jan. 23, 2024, to gauge the relative search interest for the term "nurse burnout." Arizona had the highest search for nurse burnout, while Los Angeles was the metro area with the most burnout searches. The week in 2023 with the most searches for burnout was Nov. 26 to Dec. 2. On average in the last five years, November was the highest search month for nurse burnout. [Click on the title's link for states with the highest scores for "nurse burnout" searches.]



## **Health care workers push for their own confidential mental health treatment**

*KFF Health News, by Katheryn Houghton; 2/22/24*

States are redefining when medical professionals can get mental health treatment without risking notifying the boards that regulate their licenses. Montana is among the states looking to boost confidential care for health professionals as long as they're not deemed a danger to themselves or patients. In recent years, at least a dozen states have considered or created confidential wellness programs to offer clinicians help early on for career

burnout or mental health issues. ... The changes are modeled after Virginia legislation from 2020.

## Palliative Care Provider News

### **Growing palliative care a key priority for Amedisys in 2024**

*Hospice News, by Jim Parker; 2/23/24*

Amedisys is pushing forward on palliative care growth in 2024 through its innovation arm, Contessa. The company acquired Contessa in 2021 for \$250 million. ... The company has been making substantial investments in building out its palliative care services, particularly through risk-based contracts.

### **Understanding the discordance about prognosis between clinicians and terminally ill patients and their surrogates: A conversation with Douglas B. White, MD, MAS**

*The ASCO Post, by Jo Cavallo; 2/25/24*

Research shows that about half of adults near the end of life in the United States are too ill to participate in decisions about whether to accept life-prolonging treatment, requiring family members and other proxies to serve as surrogate decision-makers for their critically ill loved ones. However, research also shows that surrogates of patients with advanced illness often have optimistic expectations about prognosis, which often lead to the increased use of invasive treatment (including life support) in dying patients and delays in the integration of palliative care.



### **Making a case for palliative care: Creating less stressful and timelier transitions to hospice**

*Healthcare Tech Outlook, by Sarah DiPadova, MSN; 2/21/24*

When patients and their families hear the word "hospice," they panic. Misconceptions, myths and lack of education about what hospice is have resulted in patients being admitted to hospice later in the dying process than recommended. Because of this delay, quality care and valuable support are also delayed. A referral to palliative care could be the key to ensuring a timelier transition into hospice for patients and their families.

*Editor's Note: Sarah DiPadova, MSN, is the Director of Clinical Operations for Hospice and Palliative Care Programs at Redeemer Health*

### **WiHPCA: Applauds State Assembly for approving bill establishing a state Palliative Care Council**

*WisPolitics; 2/22/24*

[Wednesday,] the [Wisconsin] State Assembly approved Assembly Bill 736, a bill that would establish a state Palliative Care Council. The Wisconsin Hospice and Palliative Care Association (WiHPCA) strongly supports this legislation, which would ultimately help increase awareness and utilization of palliative care throughout the state. The Assembly Committee on Health, Aging, and Long-Term Care voted 16-0 on January 17 to recommend approval of this legislation. This bill would establish a council of individuals with palliative care and other medical expertise to consult and advise the Wisconsin Department of Health Services (DHS) on this type of specialized medical care.

### **Palliating serious illness during disasters and public health emergencies**

*Am J Nurs, by Masako Mayahara, Djin L Tay, Jeannette Kates, William E Rosa; 2/23/24, ahead of print 3/1/24*

The increase in disasters and public health emergencies in recent years is a serious public health concern. The needs of suffering victims can be multifaceted, particularly the needs of those who are from systematically marginalized populations. Palliative care nurses play a vital role in mitigating the suffering of those affected by these events.

## **Clinical News**

### **Vancouver hospital asked wrong family whether to pull the plug on patient**

*KGW8 NBC News; 2/21/24*

In a terrible case of mistaken identity that has never been publicly disclosed,

KGW found PeaceHealth Southwest Medical Center in Vancouver allowed a family to pull the plug on the wrong man. “We made life-ending decisions for a person we don’t even know,” said Danielson’s husband, Gary.

### **Not all mourning happens after bereavement – for some, grief can start years before the death of a loved one**

*The Conversation, by Beth Daley; 2/22/24*

For many people, grief starts not at the point of death, but from the moment a loved one is diagnosed with a life-limiting illness. Whether it’s the diagnosis of an advanced cancer or a non-malignant condition such as dementia, heart failure or Parkinson’s disease, the psychological and emotional process of grief can begin many months or even years before the person dies. This experience of mourning a future loss is known as anticipatory grief.

*Editor’s Note: All clinical team members need to be equipped to tune into and validate grief that is already underway. Social workers and chaplains--especially--need to be trained to tend grief in the present, and to know how to make high-acuity referrals to bereavement counselors.*

### **Advance praise for Oncology and Palliative Social Work: Psychosocial Care for People coping with Cancer**

*Oxford Academic - Oxford University Press; 2/23/24*

*Oncology and Palliative Social Work: Psychosocial Care for People Coping With Cancer (OPSW)* fills an important gap in the serious illness literature. The book illustrates the need for integrating palliative care early in the lives of patients with cancer and illuminates the important role that social workers have in providing psychosocial support services across the cancer trajectory.

### **From classroom to clinic: End-of-life conversations — there’s empathy in foresight**

*The Tufts Daily, by Deeksha Bathini; 2/21/24*

Palliative care physicians have conversations with families to identify patient wishes, particularly when they are facing death. These physicians are equipped with training that emphasizes empathy, comfort and patient autonomy. Freedom of choice during the dying process gives patients the power to reclaim their agency amidst a process rife with uncertainty.



## **Utah bill would strip funding from agencies that discriminate against medical marijuana patients**

*Utah News Dispatch, by Aixel Cabrera; 2/22/24*

Some Utah municipalities have asked employees to disclose if they are medical cannabis cardholders and then used that information to retaliate against them, said Senate Minority Leader Luz Escamilla, D-Salt Lake City, who is sponsoring the bill. That's against state law. Utah code, however, doesn't delineate any consequences for those who break the law. SB233, titled Medical Cannabis Amendments, tries to find punishment for those discrimination cases by withholding future state appropriations from state agencies or other political subdivisions, the bill reads.

## **Technology / Innovations News**

### **UnitedHealth unplugs change healthcare information systems to contain cyber attack**

*Managed Healthcare Executive, by Peter Wehrwein; 2/23/24*

UnitedHealth Group disconnected Change Healthcare's information system to contain a cyberattack that the company says is from an unnamed "nation-state associated cyber security threat actor." ... UnitedHealth Group and its subsidiary, Optum, acquired Change Healthcare when it was a separate company in a deal that was closed in 2022. It is now part of Optum, the health services division of Minnesota-based UnitedHealth.

## **General News**

### **How immersive technology became a Veteran's dying wish At the end, he wanted to "fly over" the Virgin Islands**

*VA News, by Dr. Anne Lord Bailey*

Immersive technology gave one Veteran a last chance to experience his homeland. Mr. Tito, an Army Vietnam Veteran and Virgin Islands native, lived in the [Phoenix VA Health Care System Community Living Center \(CLC\)](#) for four years.

### **Eagle Scout keeps hospice patients warm**

*ABC News KAALTV, by Rachel Mantos; 2/23/24*

A service project for one Rochester Eagle Scout ended with a heart-warming

friendship after a kind gesture to Mayo Clinic hospice patients. Lars Ingram got the idea to help out hospice patients for his Eagle Scout project from his father, a Mayo Clinic hospice physician. ... After the blankets were delivered to 100 patients, Ingram received word one of them was also a former Eagle Scout.

### **The dying art of performance reviews**

*Becker's Hospital Review, by Mackenzie Bean; 2/23/24*

Some employers are sunsetting annual performance reviews in favor of regular, daily feedback — a trend experts predict will become increasingly prevalent, *The Wall Street Journal* reported Feb. 22. Many companies still use annual performance reviews, meaning employees often have to wait a year for feedback. ... However, a new generation of leaders are upending this model in a bid to boost productivity among their teams and create more transparent workplaces. These leaders are focused on creating a culture of constant feedback at their companies, training employees on how to give feedback and pausing meetings to share real-time constructive criticism, according to the report.

## **Today's Encouragement**

**Leadership is about empathy. It is about having the ability to relate to and connect with people for the purpose of inspiring and empowering their lives. - Oprah Winfrey**

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