

## Cordt Kassner

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**From:** Hospice & Palliative Care Today Newsletter  
<subscriptions@hospicepalliativecaretoday.com>  
**Sent:** Sunday, July 14, 2024 4:00 AM  
**To:** Cordt Kassner  
**Subject:** Your Hospice & Palliative Care Today Newsletter for 07/14/24

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TODAY**

## July 14th, 2024

*Sunday newsletters focus on headlines and top read stories of the last week (in order) - enjoy!*

### Contents

- [1. NHPCO Celebrates the life of Dr. Bernice Catherine Harper](#)
- [2. Clinician- and patient-directed communication strategies for patients with cancer at high mortality risk](#)
- [3. 3 pillars of effective hospice sales](#)
- [4. The Physician-Focused Payment Model Technical Advisory Committee \(PTAC\) listening session 2: Complex chronic conditions \[including Ira Byock, MD, FAAHPM, and Betty Ferrell, RN, PhD\]](#)
- [5. CMS: GUIDE Model Infographic, Facts, and Participants](#)

6. CMS Innovation Center launches Guiding an Improved Dementia Experience [GUIDE] Model, announces participants
7. New ER program helped more patients get needed hospice care
8. Judge Realty partners with Hospice Savannah to offer home modification to support aging in place
9. 'Normalizing' Trauma-Informed Hospice Care Delivery
10. How Hospice of the Chesapeake is innovating bereavement care, family support
11. Supporting the grieving child and family: Clinical report
12. Gen Z prefers burial over cremation, reversing decades of preferences trending toward cremation
13. 10 key Medicare Advantage updates in 2024
14. Today's Encouragement

## Headlines

### **NHPCO Celebrates the life of Dr. Bernice Catherine Harper**

*NHPCO press release; 7/11/24*

The National Hospice and Palliative Care Organization (NHPCO) and the NAHC-NHPCO Alliance mourn the recent passing of Dr. Bernice Catherine Harper, MSW, MScPH, LLD, and celebrate her remarkable life of leadership and service to our professional community and the world. Dr. Harper's lifelong leadership had profound and lasting positive impact across social work; hospice care; and diversity, equity, inclusion, and belonging (DEIB).

### **Clinician- and patient-directed communication strategies for patients with cancer at high mortality risk**

*JAMA Network Open - Oncology; by Samuel U. Takvorian, MD, MSHP; Peter Gabriel, MD, MSE; E. Paul Wileyto, PhD; Daniel Blumenthal, BA; Sharon Tejada, MS; Alicia B. W. Clifton, MDP; David A. Asch, MD, MBA; Alison M. Bittenheim, PhD, MBA; Katharine A. Rendle, PhD, MSW, MPH; Rachel C. Shelton, ScD, MPH; Krisda H. Chaiyachati, MD, MPH, MSHP; Oluwadamilola M. Fayanju, MD, MA, MPHS; Susan Ware, BS; Lynn M. Schuchter, MD; Pallavi Kumar, MD, MPH; Tasnim Salam, MBE, MPH; Adina Lieberman, MPH; Daniel Ragusano, MPH; Anna-Marika Bauer, MRA; Callie A. Scott, MSc; Lawrence N. Shulman, MD; Robert Schnoll, PhD; Rinad S. Beidas, PhD; Justin E. Bekelman, MD; Ravi B. Parikh, MD, MPP; 7/1/24*

Serious illness conversations (SICs) that elicit patients' values, goals, and care

preferences reduce anxiety and depression and improve quality of life, but occur infrequently for patients with cancer. Behavioral economic implementation strategies (nudges) directed at clinicians and/or patients may increase SIC completion. ... In this cluster randomized trial, nudges combining clinician peer comparisons with patient priming questionnaires were associated with a marginal increase in documented SICs compared with an active control. Combining clinician- and patient-directed nudges may help to promote SICs in routine cancer care.

### **3 pillars of effective hospice sales**

*Hospice News; by Jim Parker; 7/8/24*

Hospices seeking to grow should consider building a culture of compliance driven by data, effective system design and accountability, including for its sales force. Compliance and sales should walk hand-in-hand, according to a recent report from the Transcend Strategy Group. This can help prevent sales staff from running afoul of regulations inadvertently as well as support sustainable growth, according to Tony Kudner, chief strategy officer for Transcend. ... “[Without] understanding of what the rules of the road are, you’re going to run into trouble,” he said. “Though no one-size-fits-all approach exists, providers can adapt three overarching strategies to support this kind of culture.”

- Data ...
- Design ...
- Accountability ...



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**The Physician-Focused Payment Model Technical Advisory Committee (PTAC) listening session 2: Complex chronic conditions [including Ira Byock, MD, FAAHPM, and Betty Ferrell, RN, PhD]**

*Press release; 7/4/24*

PTAC held a 2-day meeting on Addressing the Needs of Patients with Complex Chronic Conditions or Serious Illnesses in Population-Based Total Cost of Care (PB\_TOC) Models. [Presentations include Ira Byock, MD, FAAHPM: Patient perspectives & doctors' roles in caring well through the end of life (timestamp 33:53) and Betty Ferrell, RN, PhD: Optimizing the mix of palliative care and end-of-life care in PB-TCOC Models (timestamp 48:32).]

## **CMS: GUIDE Model Infographic, Facts, and Participants**

*CMS.gov and various press releases; retrieved from the internet 7/10/24*

The Guiding an Improved Dementia Experience (GUIDE) Model is a voluntary nationwide model test that aims to support people with dementia and their unpaid caregivers. The model began on July 1, 2024, and will run for eight years.

*Editor's Note: Since the release of GUIDE's formal press release on 7/8 and our post yesterday (7/10), numerous press releases have already populated across the internet. We re-share this list of links to the GUIDE's information, participants, paired with new, sample press releases from 3 of the 400 participants.*

- [CMS.gov GUIDE webpage](#)
- [GUIDE Model Dementia Pathways Infographic \(PDF\)](#)
- [GUIDE Model Participant Incentives to Participate Factsheet](#)
- [GUIDE Participant List](#)
- [Sample press releases](#)
  - [Connecticut Hospice, Branford, CT](#)
  - [Delaware Hospice, Milford, DE](#)
  - [Hospice of the Valley, Phoenix, AZ](#)

## **CMS Innovation Center launches Guiding an Improved Dementia Experience [GUIDE] Model, announces participants**

*CMS press release; 7/8/24*

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the launch of the [Guiding an Improved Dementia Experience \(GUIDE\) Model](#), with almost 400 participating organizations building Dementia Care Programs (DCPs) serving hundreds of thousands of Medicare beneficiaries nationwide.

*Publisher's Note: Downloadable participant list [here](#). By my brief estimate, approximately 10% of current participants are hospices. Who's participating in your state?*

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## **New ER program helped more patients get needed hospice care**

*U.S. News & World Report; by Carole Tanzer Miller, HealthDay Reporter; 7/9/24*

One hospital's push to transition patients who are nearing the end of life from the emergency room to hospice care appears to be working. After the program went into effect, 54% of ER patients at Brigham and Women's Hospital in Boston transitioned to hospice care within 96 hours. That compared to 22% before the program began in 2021. Their findings suggest that such programs may help adults who present at the ER near the end of life avoid delayed or missed hospice care. "When patients come to an emergency room near end of life, the default is typically to admit them to the hospital, engage them in conversations about goals and end-of-life care and potentially move them into hospice care," said first study author Dr. Christopher Baugh, an emergency department physician at Brigham and Women's. "However, this lengthy process can take longer than the patient has left to live." He said the new program helps doctors quickly identify patients who are eligible for hospice care and get them there quicker. In hospice care, attempts to cure a person's illness are stopped and the focus shifts to comfort care and family support. ... The findings were reported July 8 in the journal [JAMA Network Open](#).

## **Judge Realty partners with Hospice Savannah to offer home modification to support aging in place**

*Savannah Business Journal Staff Report; 7/8/24*

Judge Realty recently announced a partnership with [Hospice Savannah](#) to encourage and support aging in place. Judge Property Management, a division of

Judge Realty, is working in conjunction with Hospice Savannah's CAP ABLE+ program to help older adults live independently with strategic support in the privacy of their home environment. ... Hospice Savannah's CAPABLE program provides a support team, including a Registered Nurse, an Occupational Therapist and a Handyworker who offer home visits and provide limited care for older adults, which can decrease hospitalization and reduce healthcare costs. The standard CAPABLE program is available as a free service for low-income adults age 62 or older in Chatham, Bryan Effingham or Liberty County who are cognitively intact, but experiencing some difficulty bathing, dressing, grooming, eating or walking.

### **'Normalizing' Trauma-Informed Hospice Care Delivery**

*Hospice News; by Holly Vossel; 7/2/24*

Stakeholders and advocacy organizations recently collaborated to develop stronger trauma-informed care delivery guidelines that help hospices better address violence, abuse and neglect among serious and terminally ill populations. The global anti-violence advocacy organization NO MORE in concert with the National Partnership for Healthcare and Hospice Innovation (NPHI) recently unveiled a resource guide to help strengthen hospice providers' understanding of traumatic experiences and their impact on end-of-life outcomes. "Understanding that elder abuse and domestic violence are two really distinct and prevalent issues in the older population has really become front and center," NPHI President Carole Fisher told Hospice News. "These victims often suffer in silence, and we need to pay better attention to their issues." The guide, dubbed ***Breaking the Silence: Addressing Domestic Violence, Elder Abuse and Neglect***, is one of many steps needed in developing more supportive structures for patients and their families, according to Fisher. A main aim is to illuminate the prevalence of abuse and trauma and to arm hospice providers with tools to shape more innovative trauma-informed care models, she said.

*Editor's Note: [NPHI is a sponsor](#). This significant Guide pairs with readers' "Top Read" articles we posted recently:*

- *"Retraumatization when an adult child cares for the parent who harmed them through serious illness or the end of life"; Journal of Pain and Symptom Management. We posted this in our Saturday "Research" edition 5/11/24 and Sunday's "Top Read" stories for the week on 5/19/24. We discussed this crucial*



trauma topic in TCN's monthly podcast that summarizes the month's top news stories.

- *"Psychological trauma can worsen symptom burden at end-of-life"; Hospice News. We posted on 5/17/24 and again in Sunday's "Top Read" stories on 5/26/24.*



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## **How Hospice of the Chesapeake is innovating bereavement care, family support**

*Hospice News; by Jim Parker; 7/4/24*

Maryland-based Hospice of the Chesapeake has been pursuing innovation in its bereavement and caregiver support programs. The nonprofit hospice and palliative care provider offers grief care to its entire community regardless of whether a family member was one of their patients. Out-of-pocket payments for those services are on a sliding scale. To expand its reach, Hospice of the Chesapeake works with organizations like schools, senior living communities and other community partners, according to Faith Fitzgerald, director of community support programs for the hospice.

## **Supporting the grieving child and family: Clinical report**

*Pediatrics; by David J. Schonfeld, MD, FAAP; Thomas Demaria, PhD; Arwa Nasir, MBBS, MSc, MPH, FAAP; Sairam Kumar, MD, FAAP; Committee on Psychosocial Aspects of Child and Family Health; Council on Children and Disasters; 6/17/24*

At some point in their childhood, the majority of children will experience the death of a close family member or friend. Approximately 1 in 20 children in the United States experiences the death of a parent by the age of 16. ... The death of someone close to a child often has a profound and lifelong effect on the child and results in a range of both short- and long-term reactions. ... This clinical report offers practical suggestions on how to talk with grieving children to help them better understand what has happened and its implications. An understanding of guilt, shame, and other common reactions as well as an

appreciation of the role of secondary losses and the unique challenges facing children in communities characterized by chronic trauma and cumulative loss will help the [healthcare professional] to address factors that may impair children's adjustment and to identify complicated mourning and situations when professional counseling is indicated. Advice on how to support children's participation in funerals and other memorial services and to anticipate and address grief triggers and anniversary reactions is provided. ...

*Editor's Note: This significant article can be downloaded and shared with your organization's clinicians. For additional, ongoing resources, explore the [National Alliance for Children's Grief](#). If your hospice provides specialized children's grief services, are they listed on the NACG's "[Find a Support Center or Camp Near You](#)" search engine? [Click here to add or update your listing](#).*

## **Gen Z prefers burial over cremation, reversing decades of preferences trending toward cremation**

*PR Newswire; by National Funeral Directors Association; 7/9/24*

There is no shortage of social commentary on how Gen Z is redefining norms and challenging older generations to think differently, from fashion to workplace culture. But what about their perspective on death and dying? A first-of-its-kind survey conducted by the National Funeral Directors Association (NFDA) offers definitive data to show how Gen Z thinks differently about end-of-life matters for themselves and their loved ones – as well as similarities with older generations. Notable differences between the generations highlight Gen Z's unique perspective, even compared to Millennials who are the closest in age, highlighting a pivot in end-of-life preferences to come:

- Final form of disposition ...
- Talking about death ...
- Importance of funerals ...
- Role of funeral director ...
- Comfort with death ...

NFDA's survey not only revealed new generational trends and end-of-life preferences, but also highlighted a need for all generations to find healthy ways to discuss death and their plans with friends and family.

*Editor's Note: [Click here for descriptions of Generation Z](#).*





## 10 key Medicare Advantage updates in 2024

*Becker's Payer Issues; by Rylee Wilson; 6/27/24*

The first half of 2024 brought shifting trends for Medicare Advantage. Payers continued to warn of rising medical costs in the MA population, and some are predicting they will lose members next year. Insurers picked up a win in June when CMS said it would recalculate star ratings for 2024. Here are 10 key Medicare Advantage updates to know:

1. CMS recalculated Medicare Advantage plans' star ratings ...
2. Some Medicare Advantage insurers may [pare down](#) their plan offerings in 2025 ...
3. Hospitals' contentious relationship with MA plans continued in the first half of 2024 ...
4. The two-midnight rule took effect at the beginning of 2024 ...
5. A co-branded Medicare Advantage plan offered by UnitedHealthcare and Walmart will come to an end ...
6. CMS issued its final 2025 Medicare Advantage and Part D rule in April, setting new standards around marketing, broker payments and prior authorization ...

7. CMS finalized a slight decrease in Medicare Advantage benchmark payments for 2025 in April ...
8. Don Berwick, MD, who served as CMS administrator during the Obama administration, told *Becker's* he would like to see Medicare Advantage "slowed or stopped."
9. The Cigna Group reached a [deal](#) to sell its Medicare business to Health Care Service Corp. for \$3.3 billion ...
10. Though MA enrollment keeps climbing, the program may not have the profitability [it once did](#) for insurers ...

## Today's Encouragement

**All I know today is that you can think that what you've done is only the flap of a butterfly wing, when it's really a thunderclap. And both can result in a hurricane. ~Catherine McKenzie, Fractured**



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