Cordt Kassner

From: Hospice & Palliative Care Today Newsletter

<subscriptions@hospicepalliativecaretoday.com>

Sent: Tuesday, July 30, 2024 4:00 AM

To: Cordt Kassner

Subject: Your Hospice & Palliative Care Today Newsletter for 07/30/24



OUR SPONSORS

Teleios Consulting Group

CHAP

NPHI

LMHPCO

Composing Life Out of Loss

Hospice Analytics

July 30th, 2024

Contents

Hospice Provider News

- 1. Keeping for-profits out of hospices in New York State: A moral imperative
- 2. Financial Crime Weekly: Hospice provider fined \$26.3M for false Covid claims
- 3. Governor's Invitational Golf Classic raises money for Central Wyoming Hospice
- 4. Death can be a gentler exit for those enrolled in hospice care
- 5. Real vs. fake news: Myths vs. facts about hospice care

Clinical News

- 6. The bereavement care crisis in hospice facilities
- 7. A rabbi shares what he's learned speaking with people in their final moments of life

Regulatory News

8. How Medicare Advantage, traditional Medicare differ on end-of-life care

Mergers & Acquisition News

- 9. New proposed federal legislation takes aim at concerns regarding perceived "looting" of health care systems by private equity investors
 - 10. Hiring, Covenant Care transaction propelling growth at Vitas

Post-Acute Care News

- 11. Humana to takeover 23 Walmart Health locations with new CenterWell senior care clinics. Here's where
 - 12. Despite past storms' lessons, LTC residents again left powerless

General News

13. Skagit Regional Health nurses five months into contract negotiations

International News

14. Edinburgh 2024: "One Sugar, Stirred to the Left" guest blog

Today's Encouragement

15. Today's Encouragement: from Celine Dion

Hospice Provider News

Keeping for-profits out of hospices in New York State: A moral imperative *Mid Hudson News, Albany, NY; 7/28/24*

In recent years, the debate surrounding the role of for-profit entities in healthcare has intensified, particularly concerning the hospice sector. New York State, known for its robust healthcare infrastructure and progressive policies, now faces a critical decision: whether to allow for-profit companies to operate hospices. The implications of this decision are profound, as it touches on the very essence of what hospice care represents—compassion, dignity, and support at the end of life. The New York State Assembly is taking action by introducing Assembly Bill 6032, aimed at restricting the expansion of for-profit hospices across the state and preventing existing providers from increasing their capacity.

Financial Crime Weekly: Hospice provider fined \$26.3M for false Covid claims

Benzinga; by Michael Julian; 7/28/24

Provista Health, a Dallas-based hospice provider, has been ordered to pay \$26.3 million for billing Medicare for a variety of medically unnecessary respiratory pathogen panel (RPP) tests that were given to nursing homes during the

pandemic, the Department of Justice announced on Thursday. ... In a July 2023 complaint, the U.S. alleged that the RPP tests were not medically necessary because the beneficiaries had no symptoms of a respiratory illness and because the tests were for uncomm on respiratory pathogens. The complaint also alleged that Britton-Harr and Provista submitted claims for RPP tests that were never ordered by physicians and sometimes for RPP tests that were never performed, including over 300 claims for nasal swab test samples that were supposedly collected from beneficiaries who had already died.

Governor's Invitational Golf Classic raises money for Central Wyoming Hospice

Oil City News, Casper, WY; by Tommy Culkin; 7/26/24

On Friday, dozens of golfers took part in the 11th annual Governor's Invitational Golf Classic, one of the biggest fundraisers of the year for Central Wyoming Hospice. All proceeds raised from the tournament will be used to ensure as many people receive hospice care as possible, Central Wyoming Hospice Executive Director Kilty Brown said. "The money will primarily be going back to our hospice homes," Brown said. "We have 14 beds that are open to the public, and anyone can come in, whet her they have insurance or a way to pay or not." Brown estimated that the event will bring in upwards of \$70,000 ...



Accelerate Results
Accelerate Growth
Accelerate Learning

Sponsor of Hospice & Palliative Care Today

Death can be a gentler exit for those enrolled in hospice care

The Blade; by Kimberly Wynn; 7/28/24

A baby coming into the world needs a lot of care, and families prepare for that wailing, cooing bundle of life with cribs, and changing tables and advice from mothers-in-law. When baby formula was in short supply, family members branched out to scour retail shelves for the necessities. For those leaving this world, care is also needed, according to Victoria Palenske, branch director for Elara Caring, which offers home health and hospice services in the Toledo area. Such souls may need oxygen, pain medications, and spiritual counseling, as well

as a hand to hold. "People deserve a lot of care at the beginning of life, but they also deserve care at the end of their life," said Ms. Palenske, who began her career as a registered nurse whose focus turned to hospice services. "It is a calling."

Editor's Note: Elara Caring's "hospice care" article sensitively addresses "dying," in contrast to some hospice marketing materials that deny or completely divert purposes related to terminal illness, dying, death, or bereavement.

Real vs. fake news: Myths vs. facts about hospice care

The Journal; by Danielle Ruble, Chief Clinical Officer of Hospice of the Panhandle and Panhandle Palliative Services; 7/28/24

Writing an article naturally causes me to pause and reflect not only on my time working in the hospice realm, but also my "why." Why was I originally drawn to this field of nursing, and why do I stay? My "why" is simple – mission-driven care. More specifically – mission-driven care centered around patient choice. Yes, it's true, no one chooses to be terminally ill, but the type of care available is a choice. ... According to the Oxford Dictionary, a myth is a "widely held but false belief or idea" and hospice care is often associated with myths and misconceptions. Here are five myths that we frequently hear.

- 1. Myth: Hospice is for people with a couple of days to live. ...
- 2. Myth: Once you sign into Hospice, you can't leave the program. ...
- 3. Myth: Hospice and palliative care are the same. ...
- 4. Myth: Everyone on hospice care is started on morphine. ...
- 5. Myth: Hospice is only for people who have cancer. ...

Editor's Note: What is the accuracy of knowledge your hospice and palliative care employees? Volunteers? Referral sources? Facility partners (LTC, ALF, etc.)? The patients and families you serve? What gaps can you fill?

Clinical News

The bereavement care crisis in hospice facilities

MedCity News; by Cara McCarty Abbott; 7/28/24

Bereavement care is an essential part of the hospice experience, designed to support those coping with loss. Bereavement care is not just a compassionate gesture; it is a critical component of the hospice care continuum. So why is it so

underserved in the U.S.? ... Instead of pushing harder on hospice providers to find more ways to deliver comprehensive bereavement care with less, it's key to address the systemic forces hampering their ability to deliver quality care at the scale required and address these challenges.

Editor's Note: Additionally, does your hospice s till rely on the misnamed, overused "5 Stages of Grief"? These were determined from 1960's persons who were dying, not from bereaved persons who lived on--surviving--the deaths. Extensive fresh, contemporary, hospice-designed grief resources to support bereavement counselors and the persons they serve are provided by Composing Life Out of Loss, a sponsor for our newsletter.



Sponsor of Hospice & Palliative Care Today

A rabbi shares what he's learned speaking with people in their final moments of life: Exploring the final moments before death is a reminder of what really matters in life

Forward - Jewish. Independent. Nonprofit.; by Rabbi Daniel Cohen; 7/28/24

I have been at the bedside of many people in their final moments on earth. The experience can be either haunting or inspiring. Ironically, my first experience of saying goodbye to someone I loved was as a 9-year-old boy. My grandfather was dying from lung cancer ... I remember the final moments as if they were yesterday. ... I have seen people call out to loved ones in the days or moments before their body and soul separate. I ha ve seen people wait for a loved one to arrive at their bedside, further testimony that the body may be dying but the soul is very much alive. ... In truth, exploring the final moments before death is not intended to be depressing, but a reminder of what really matters in life.

... Looking at the day of death can awaken us to invest more fully in life. Each of us possesses an inner voice beckoning us and pushing us towards greatness. Do we hear that voice and do we invest in it?

Regulatory News

How Medicare Advantage, traditional Medicare differ on end-of-life care

Becker's Payer Issues; by Rylee Wilson; 7/24/24

Medicare Advantage enrollees were less likely to receive burdensome treatments or transfers in the last months of life compared to their peers in traditional Medicare, a study published July 19 in *JAMA Health Forum* found. MA beneficiaries were less likely to die in a hospital than their counterparts in traditiona l Medicare, the study found. MA enrollees were more likely to receive home-based care at the end-of-life. This home-based care can improve quality but can also leave patients without adequate assistance after a hospitalization, the study's authors wrote. Though Medicare Advantage beneficiaries were less likely to be hospitalized during the last months of life than their counterparts in traditional Medicare, once hospitalized, MA enrollees were more likely to die in the hospital and less likely to be discharged to rehabilitative or skilled nursing facilities.

Mergers & Acquisition News

New proposed federal legislation takes aim at concerns regarding perceived "looting" of health care systems by private equity investors

JDSupra - Epstein Becker Green; by Melissa Jampol, Enrique Miranda, Kathleen Premo; 7/26/24

On June 11, 2024, U.S. Senators Ed Markey and Elizabeth Warren from Massachusetts, introduced proposed legislation titled The Corporate Crimes Against Health Care Act ("CCAHCA"), aimed at addressing a perceived "looting" of health care systems by for profit private equity investors. According to Sen. Warren, the bill was introduced to "root out corporate greed and private equity abuse in the health care system," "prevent exploitative private equity practices," and to specifically ensure that actions such as "looting" do not happen again by addressing trigger events and targeting real estate investment trusts. … Finally, the CCAHCA would require health care entities, including, but not limited to: … a hospice program, a home health agency, … to publicly report to the Secretary of

Health and Human Services on an annual basis: (i) transactions entered into ... [Click on the title's link to continue reading.]



Hiring, Covenant Care transaction propelling growth at Vitas

Hospice News; by Jim Parker; 7/25/24

Vitas Healthcare, a subsidiary of Chemed Corp., is reaping the benefits of this recent \$85 million purchase of Covenant Health and Community Services hospice business, along with one assisted living facility location. The deal is structured as an asset purchase, which allows the buyer to assume liability for assets included in the transaction. It also brought Vitas into the Alabama market and expands its geographic footprint in Florida and marked the company's entry into the assisted living space. This is Vitas' first deal in several years, but more are like ly on the way, according to Chairman and CEO Nick Westfall.

Post-Acute Care News

Humana to takeover 23 Walmart Health locations with new CenterWell senior care clinics. Here's where

Louisville Courier Journal; by Olivia Evans; 7/25/24

Humana, the Louisville-based health insurance giant, has announced its health care services branch of the company, CenterWell, will open 23 senior primary care centers in Walmart Supercenters. The centers will operate under the CenterWell Senior Primary Care and Conviva Care Centers brand names, according to a press release from Humana.

Despite past storms' lessons, LTC residents again left powerless: How a long-term care facility prepares for and handles power outages is one of the first questions potential residents should ask

KFF Health News - Rethinking65; by Sandy West; 7/29/24

... Even after multiple incidents of extreme weather — including a 2021 Texas winter storm that caused widespread blackouts and prompted a U.S. Senate investigation — not much has changed for those living in long-term care facilities when natural disasters strike in Texas or elsewhere. ... [While] nursing homes face such federal oversight, lower-care-level facilities that provid e some medical care — known as assisted living — are regulated at the state level, so the rules for emergency preparedness vary widely. ...

Editor's Note: While this article is written for the public, its content applies to all hospices that (1) provide hospice facility care, and/or (2) partner with senior care facilities: nursing homes, long-term care, assisted living, senior living communities, and PACE. This can be an important QAPI analysis and gap improvement.



General News

Skagit Regional Health nurses five months into contract negotiations

Skagit Valley Herald, Mount Vernon, WA; 7/27/24

Nurses at Skagit Regional Health have been negotiating a new contract for nearly five months. Their latest contract ended May 31. The contract covers more than 600 registered nurses at Skagit Valley Hospital, its clinics and at Hospice of the Northwest, said Skagit Regional Health nurse Liz Rainaud, who is the local chair

of the nurses' union, the Washington State Nurses Association. She said the nurses at Skagit Regional are the lowest paid in the region. During the most recent negotiati ng session July 9, tentative agreements were made on items such as bonus shifts, shift rotation, calculation of shift differential and sick leave accumulation.

International News

Edinburgh 2024: "One Sugar, Stirred to the Left" guest blog

BroadwayWorld, UK; by Jon Lawrence / Kat Mokrynski; 7/27/24

Jon Lawrence guest blogs for BroadwayWorld about bringing One Sugar, Stirred to the Left to the 2024 Edinburgh Festival Fringe. ... "The play is set in a hospice like the one my father was in before he passed away. I wanted to change people's ideas of what a hospice is. For me, I learned more about life and love in the hospice than I did about death, such was the kindness and compassion of those who worked there. But I also wanted the show to ask people to think about different approaches to death, such as those f rom other cultures." ... "Hopefully, you'll find the same truth in humanity that I saw in the eyes of the nurses and doctors who cared for my father during his last days. Hopefully, you'll find a little of the love I have for my mother and father in the lines. Most of all, I hope you see a little of yourself in all of the characters in the play. If you do, then it will have all been worth it."

Today's Encouragement

Life imposes things on you that you can't control, but you still have the choice of how you're going to live through this. ~ Céline Dion, "returned to the world stage Friday at the 2024 Paris Olympics' opening ceremony, and the gravity of the moment was not lost on her"



Sponsor of Hospice & Palliative Care Today



TURNING DATA INTO INFORMATION - TO IMPROVE PATIENT CARE

Sponsor of Hospice & Palliative Care Today

Sign up for our free daily newsletters here!

The Fine Print:

Paywalls: Some links may take readers to articles that either require registration or are behind a paywall. Disclaimer: Hospice & Palliative Care Today provides brief summaries of news stories of interest to hospice, palliative, and end-of-life care professionals (typically taken directly from the source article). Hospice & Palliative Care Today is not responsible or liable for the validity or reliability of information in these articles and directs the reader to authors of the source articles for questions or comments. Additionally, Dr. Cordt Kassner, Publisher, and Dr. Joy Berger, Editor in Chief, welcome your feedback regarding content of Hospice & Palliative Care Today. Unsubscribe: Hospice & Palliative Care Today is a free subscription email. If you believe you have received this email in e rror, or if you no longer wish to receive Hospice & Palliative Care Today, please unsubscribe here or reply to this email with the message "Unsubscribe". Thank you.