#### **Cordt Kassner**

From:

Sent: To: Subject: Hospice & Palliative Care Today Newsletter <subscriptions@hospicepalliativecaretoday.com> Wednesday, August 21, 2024 4:00 AM Cordt Kassner Your Hospice & Palliative Care Today Newsletter for 08/21/24

OUR SPONSORS

**Teleios Consulting Group** 

Community Health Accreditation Partner (CHAP)

National Partnership for Healthcare and Hospice Innovation (NPHI)

Louisiana ~ Mississippi Hospice & Palliative Care Organization (LMHPCO)

Composing Life Out of Loss

**Hospice Analytics** 

August 21st, 2024

#### Contents

#### Headlines

1. John Oliver on US for-profit hospice care: 'too important to just hope the free market fixes it'

**HOSPICE &** 

TODAY

PALLIATIVE CARE

2. New York State Department of Health Launches Center for Hospice and Palliative Care

#### **Hospice Provider News**

3. Hospice physician's convictions and \$15 million in restitution affirmed for 'pervasive' fraud

4. Nationwide home healthcare and hospice provider to pay \$3.85M to resolve False

#### **Claims Act allegations**

5. 5 DEI expectations organizations should have of all leaders

6. Jeanne D'Arc Credit Union awards Home Health & Hospice Care \$2,024 for National Nonprofit Day

#### **Clinical News**

7. Integration of palliative pharmacists to elevate oncologic care

8. Virtual reality tech takes hospice patients to faraway places

#### **Regulatory News**

9. Nationwide home healthcare and hospice provider to pay \$3.85M to resolve False Claims Act allegations

#### **Public Policy News**

10. Hospice CARE Act would create reimbursement for high-acuity hospice services

#### **Post-Acute Care News**

11. Deals reached to keep some Steward hospitals in Massachusetts open, Gov. Healey says

12. BoldAge CMO Glenn Meyers: PACE is palliative care

#### **Technology / Innovations News**

13. Al's no-fly zones: 5 executives weigh in

14. The dangers of healthcare generative AI 'drift'

#### Ethics

15. Bioethicists scrutinize Pontifical Academy for Life's new guidance on withdrawing food, water

#### **Today's Encouragement**

16. Today's Encouragement: The difference between ordinary and extraordinary ...

# **Headlines**

# John Oliver on US for-profit hospice care: 'too important to just hope the free market fixes it'

#### The Guardian; by Adrian Horton; 8/19/24

On the latest Last Week Tonight, John Oliver delved into the many issues with hospice care in the US. Doing so is "an almost offensive parody of this show", he acknowledged. "If somebody else did that, it would genuinely be hurtful. But I promise this is worth talking about." There are "lots of dedicated people work with hospices, providing huge relief for dying patients and their families, particularly those who want to remain at home", such as the 1.8 million Americans who rece ived end-of-life care at home last year. But like anything, hospice is subject to fraud, mismanagement and abuse. One government report estimated that hospice's inappropriate billing costs Medicare hundreds of millions per year. ... "Hospice care, when done well, is hugely beneficial to those that are dying and their families. It is too important to just hope the free market fixes it," Oliver concluded. "This industry badly needs reform. That's clear." [Click on links below for more information and responses.]

- Continue reading the article above about this HBO/MAX episode, Aug 18, 2024, Season 11, Episode 11
- NAHC-NHPCO Alliance: Member Guide- Talking Points for Hospice Providers - Last Week Tonight with John Oliver [membership may be required to login]
- National Partnership for Healthcare and Hospice Innovation (NPHI): HBO's Last Week Tonight Shines a Spotlight on Medicare Hospice Fraud
- Hospice News: As media delves into hospice fraud, providers must step up advocacy, by Jim Parker

## New York State Department of Health Launches Center for Hospice and Palliative Care

#### New York State Department of Health; Press Release; 8/19/24

The New York State Department of Health today announced the new Center for Hospice and Palliative Care, which will be under the Department's Office for Aging and Long Term Care (OALTC). The new Center, established under the leadership of Governor Kathy Hochul, will be led by Kara Travis, a health care executive who most recently served as Chief Executive Officer of Mountain Valley Hospice and Palliative Care in Gloversville, New York. "This new center will help us remove barriers that impact access to the profound comfort, support and dignity tha t palliative and hospice services can provide for individuals and families facing the end of life," State Health Commissioner Dr. James McDonald said. "Launching the Center for Hospice and Palliative Care was a top priority for this Department and highlights Governor Hochul's ongoing commitment to eliminating healthcare disparities for all New Yorkers."

# **Hospice Provider News**

# Hospice physician's convictions and \$15 million in restitution affirmed for 'pervasive' fraud

Wolters Kluwer | Vital Law®; by Justin Marcus Smith, J.D.; 8/15/24 The Fifth Circuit found it circumstantially telling that the jurors saw multiple hospice patients testifying at trial nearly a decade after the convicted physician had recommended them for end of life care. In an unpublished opinion, the United States Court of Appeals for the Fifth Circuit affirmed a physician's conviction for conspiracy to commit health care fraud and for seven individual counts o f healthcare fraud in connection with hospice care service recommendations. Applying *de novo* review, the court affirmed the convictions on the basis that the government presented enough circumstantial evidence, without direct evidence of intent, for a reasonable jury to have found guilt. With respect to sentencing, the circumstances surrounding 7,000 hospice claims formed a basis for fraud so pervasive that the government did not need to "sift" through each of the claims.



Sponsor of Hospice & Palliative Care Today

## Nationwide home healthcare and hospice provider to pay \$3.85M to resolve False Claims Act allegations

U.S. Department of Justice Office of Public Affairs; Press Release; 8/20/24 Intrepid U.S.A. Inc., headquartered in Dallas, and various wholly-owned subsidiaries (Intrepid) have agreed to pay \$3,850,000 to resolve allegations that Intrepid violated the False Claims Act in connection with two lines of its business: first, that Intrepid knowingly submitted claims to Medicare for home healthcare services for patients who did not qualify for the Medicare home healthcare benefit or where services otherwise did not qualify for Medicare reimbursement; and s econd, that Intrepid knowingly submitted claims to Medicare for patients who did not qualify for the hospice benefit. The settlement is based on Intrepid's ability to pay.

#### **5 DEI expectations organizations should have of all leaders**

#### Forbes; by Julie Kratz; 8/18/24

Without leadership support, diversity, equity and inclusion (DEI) efforts do not work. ... For organizations wrestling with holding leaders accountable for DEI, consider these questions:

- 1. What are leaders' fears (real or perceived) about DEI? ...
- 2. What is holding leaders back from supporting DEI? ...
- 3. What would help to create more leadership buy-in to DEI efforts? ...

Consider the following expectations as a starting point:

- Listening (even if I disagree) to perspectives other than my own: ...
- Modeling inclusive behavior: ... This includes valuing differences, fostering a welcoming environment and challenging biases.
- Calling on other leaders to model inclusion: Leaders should hold each other accountable for promoting inclusion. ...
- Supporting cultural celebrations for employees of historically marginalized groups: ...
- Accepting organizational commitments to DEI even if they are different than my beliefs: While leaders may have personal beliefs or opinions that differ from the organization's DEI commitments, it's essential for them to accept and uphold these commitments. This demonstrates a commitment to the collective goal of creating a diverse and inclusive workplace.

# Jeanne D'Arc Credit Union awards Home Health & Hospice Care \$2,024 for National Nonprofit Day

## CUInsight, Lowell, MA; by Robin Lorenzen; 8/20/24

Home Health & Hospice Care was selected as the winner of Jeanne D'Arc Credit Union's National Nonprofit Day campaign. The organization received a \$2,024 donation as the winning prize. National Nonprofit Day was celebrated on Saturday, August 17. The campaign, which is part of Jeanne D'Arc Credit Union's Small Acts That Give Back initiative, ran from July 15 through August 2. Community members nominated their favorite local 501(c) (3) nonprofits for the chance to win a \$2,024 donation. ... "We're absolutely thrilled to receive this generous donation from our friends at Jeanne D'Arc Credit Union; this support is crucial in supporting our Access To Care Programs," remarked Paula J. Telage, Director of Corporate Giving at Home Health & Hospice Care.



# **Clinical News**

### Integration of palliative pharmacists to elevate oncologic care

*Pharmacy Times; by Alexis Beachy, PharmD and Jessica Geiger, PharmD, MS, BCPS;* 8/20/24

... Conclusion: This case demonstrates several aspects of care palliative pharmacists can assist with, though it is certainly not all-encompassing. All things considered, pharmacists are an essential asset of the palliative team. Their experience further enriches the interdisciplinary team and grants all patients and families many benefits. Specifically, patients receiving oncologic care benefit from collaboration with a palliative care pharmacist. In addition to offering a more individualized and holistic approach to care, palliative pharmacists can also provide patients with quicker and improved symptom management, which often improves quality of life and may also increase survival rates.

*Editor's Note: This article provides excellent history, definitions, and descriptions of the pharmacist's significant role in providing expert palliative and hospice care.* 

#### Virtual reality tech takes hospice patients to faraway places

*Yuma Sun; by Alex Ebrahimi; 8/18/24* Hospice patients take trips to those faraway places they never got to visit or simply see the faces of family again no matter where in the world they are. These "trips" are made possible with the use of free virtual reality headsets offered by Southwestern Palliative Care and Hospice. The

first patient to wear the VR headset had worked all his life out in San Diego as a crane operator. The paychecks didn't go beyond the roof over his family's head. Now he's able to see some of the places he never got to see in real life. *E ditor's Note: To read more examples, click on the title's link.* 

# **Regulatory News**

# Nationwide home healthcare and hospice provider to pay \$3.85M to resolve **False Claims Act allegations**

#### Department of Justice press release; 8/20/24

Intrepid U.S.A. Inc., headquartered in Dallas, and various wholly-owned subsidiaries (Intrepid) have agreed to pay \$3,850,000 to resolve allegations that Intrepid violated the False Claims Act in connection with two lines of its business: first, that Intrepid knowingly submitted claims to Medicare for home healthcare services for patients who did not qualify for the Medicare home healthcare benefit or where services otherwise did not qualify for Medicare reimbursement; and second, that Intrepid knowingly submitted cl aims to Medicare for patients who did not qualify for the hospice benefit. The settlement is based on Intrepid's ability to pay.



Sponsor of Hospice & Palliative Care Today

# **Public Policy News**

# Hospice CARE Act would create reimbursement for high-acuity hospice services

#### Hospice News; by Holly Vossel; 8/19/24

If enacted, the Hospice Care Accountability, Reform and Enforcement (Hospice CARE) Act could open up reimbursement pathways for high-acuity palliative services during a time when demand and costs are rising. Developed by U.S. Rep. Earl Blumenaur (D-Oregon) and announced in June at the Hospice News Elevate co nference, the bill proposed massive reimbursement and regulatory changes to the Medicare Hospice Benefit. Currently in a discussion

draft phase, the bill includes ways for hospice providers to have clearer definitions and improved payment for more intensive forms of palliation, such as radiation therapy, blood transfusions or dialysis, among others.

# **Post-Acute Care News**

# Deals reached to keep some Steward hospitals in Massachusetts open, Gov. Healey says

Boston 25 News; by Colin A. Young, State House News Service; 8/16/24 Gov. Maura Healey announced late Friday morning that Massachusetts will take St. Elizabeth's Hospital in Brighton by eminent domain in order to keep the hospital open while it transitions to a new owner. ... The governor said deals in principle have been struck to transition operations at the other four for-sale Steward Health Care hospitals – Saint Anne's Hospital in Fall River, Good Samaritan Medical Center in Brockton, the Holy Family Hospitals in Meth uen and Haverhill and Morton Hospital in Taunton – to new operators.

## BoldAge CMO Glenn Meyers: PACE is palliative care

#### Hospice News; by Jim Parker; 8/19/24

Palliative care is integral to Programs for All-Inclusive Care of the Elderly (PACE) programs, according to Dr. Glenn Meyers, who was recently promoted to chief medical officer of BoldAge PACE. New Jersey-headquartered BoldAge emerged last year, established by a group of former hospice and home health leaders. The company currently operates four PACE centers located in the Northwest and the Midwest, with two more slated to open before the end of the year. Ultimately, BoldAge PACE plans to build a national footprint.



# **Technology / Innovations News**

# Al's no-fly zones: 5 executives weigh in

*Becker's Health IT; by Kelly Gooch; 8/16/24* It is clear that healthcare leaders are engaged in the artificial intelligence space. ... Below, five executives answer the question: What specific parts of healthcare delivery, operations and decision-making are best left to human judgment? ...

- Gerard Colman, PhD. CEO of Baptist Health (Louisville, Ky.): Any final clinical decisions regarding patient care will not be a place for AI in its current state. ...
- Aidan Hettler. CEO of Sedgwick County Health Center (Julesburg, Colo.): ... Personalized patient interactions, such as discussing difficult diagnoses or understanding a patient's emotional state, require empathy and trust that only human providers can offer. ...
- Dave Lehr. Chief Strategy Officer of Meritus Health and COO of the proposed Meritus School of Osteopathic Medicine (Hagerstown, Md.): ... There are certain things that make us who we are: individuals with the freedom to live according to our beliefs, hopes and apprehensions. Healthcare is the industry with the most intimate connection to these things. ...
- Amit Vashist, MD. Senior Vice President and Chief Clinical Officer of Ballad Health (Johnson City, Tenn.): ... We need to realize that at the end of the day, healthcare boils down to a very sacrosanct interaction between a patient and a clinical caregiver ...
- Cheryl Nester Wolfe, RN. President and CEO of Salem (Ore.) Health Hospitals and Clinics: ... [We] believe it's crucial that we maintain the human touch in areas like end-of-life decisions, the patient-physician connection and ethical choices. ...

## The dangers of healthcare generative AI 'drift'

#### Becker's Health IT; by Giles Bruce; 8/15/24

IT leaders are embracing generative AI in healthcare but also expressing concerns that the technology can "drift." The performance of GPT-4, the large language model that powers ChatGPT, in answering healthcare questions can change over time, a phenomenon known as "drift," according to a study by researchers at Somerville, Mass.-based Mass General Brigham. Their work was published Aug. 8 in *NEJM AI*. "Generative AI performed relatively well, but more improvement is needed for most use cases," said corresponding author Sandy Aronson, executive director of IT and AI solutions at Mass General Brigham Personalized Medicine, in an Aug. 13 statement. "However, as we ran our tests

repeatedly, we observed a phenomenon we deemed important: running the same test dataset repeatedly produced different results." ... The variability of the results could differ across days, so the authors say the AI's performance needs to be continuously monitored.&n bsp;

# **Ethics**

# **Bioethicists scrutinize Pontifical Academy for Life's new guidance on** withdrawing food, water

The Catholic World Report; by Jonah McKeown; 8/16/24

After the Pontifical Academy for Life (PAFL) last month issued a booklet summarizing the Church's teaching on a number of bioethical issues, the section on "artificial nutrition and hydration" (ANH) has some observers concerned about what they see as a departure from previous Church teaching. ... The Church's teaching on this issue was recently in the news in the United States because of the ongoing case of Margo Naranjo, a disabled Texas woman whose parents, who are Catholic, announced last month that they had decided to allow Margo to die by starvation in hospice. They were prevented from doing so after a judge intervened. ... What does the Pontifical Academy's new document say? ... "[T]he doctor is required to respect the will of the patient who refuses them with a conscious and informed decision, also expressed in advance in anticipation of the possible loss of the ability to express himself and choose," the PAFL wrote. he PAFL noted that Pope Francis has emphasized the importance of considering the whole person, not just individual bo dily functions, when making medical decisions.

*Editor's Note: This "guidance" and discussion is much more complex than the summarized information above. Click on the title's link to read more.* 



# **Today's Encouragement**

## The difference between ordinary and extraordinary is that little extra. ~ Jimmy Johnson



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.