

Newsline

NHPCO's Membership Quarterly | Spring 2021

Trauma Informed Care

New NHPCO Resource Series

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Quality Connections &
Project ECHO

Safe Disposal of Medications

Meet the NHPCO Board
of Directors



NHPCO

National Hospice and Palliative
Care Organization

2021 LEADERSHIP & ADVOCACY CONFERENCE

March 22-26, 2021

KEYNOTES



Don Berwick, MD
Former Administrator,
Centers for Medicare
and Medicaid Services
Founding CEO
Institute for Healthcare
Improvement



Godfrey Nazareth, MS
President & CEO
X-Biomedical, Inc.



Phil Gwoke
Gen Xer
BridgeWorks

REGISTER NOW

Designed for CEOs and their leadership teams, this conference will explore leading through a pandemic, the implications of the 2020 elections, innovative staff resources, and much more.

Can hospice and palliative care organizations harness the resilience, and innovation that have been unleashed by the COVID-19 crisis and emerge from the pandemic strengthened? Will restructuring and reorganization intentionally prioritize quality, equity, and inclusion? LAC2021 offered virtually, will unite leaders in the field and explore these urgent questions.

Registration now open
nhpco.org/2021LAC



NHPCO
Leading Person-Centered Care

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The NHPCO Trauma Informed End of Life work group is developing a series of resources that provide information and recommendations to help navigate these unprecedented times.



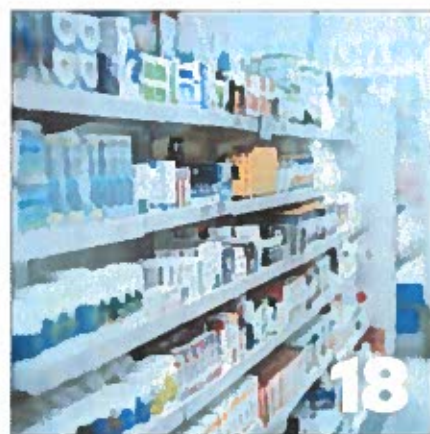
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NATIONAL HOSPICE FOUNDATION

VIRTUAL FUNDRAISER

IN CONJUNCTION
WITH NHPCO'S
LEADERSHIP
& ADVOCACY
CONFERENCE

**TUESDAY,
MARCH 23,
2021**

VIP RECEPTION:
5:30 - 6:00 PM ET

EVENT:
6:00 - 7:00 PM ET

Join us for cocktails, entertainment, and engagement with your peers! The 2021 FUNdraiser will be raising funds to support diversity initiatives in hospice and palliative care programs.

VIA ZOOM

Visit www.nationalhospicefoundation.org
for ticket and sponsorship information.

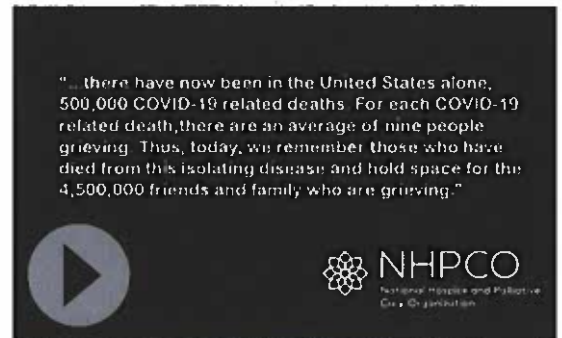


NHF

**National Hospice
Foundation**

Message from Edo

As we mark the arrival of Spring, already underway in some regions and just beginning in others, there has been another difficult milestone that our nation must acknowledge. On February 21, we exceeded 500,000 COVID-related deaths in the United States. For a disease that most of us were unaware of only one year ago, this loss is staggering. COVID-19 is now our nation's leading cause of death. Recognizing the significance of this upon our country, NHPCO worked with members of our MyNHPCO professional communities to craft a message of remembrance. If you have not seen this video message, I share it with you now.



NHPCO and its interdisciplinary team of members grieve alongside our nation and world and recommit ourselves to our Vision – "A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer."

Also, in February the country celebrated National Black History Month and as part of our efforts to mark this time of education and understanding, NHPCO released a new resource from our Diversity Advisory Council (DAC), the [Black and African-American Outreach Guide](#). As many of you are aware, diverse communities and ethnic populations have been hit harder by COVID-19 than others. In fact, another resource from the DAC shines a light on this inequity. If you have not read NHPCO's [Position Paper: COVID-19 and Supporting Black Communities at the End of Life](#), please do. This past year has shown us not only that we have much to learn but there is much we can teach one another.

In the second year of this pandemic, we find that that through the pain and loss, we also have new challenges and purpose:

- To make our nation, and our benefit, more equitable and fair;
- To meet the needs of a grieving nation through enhanced grief and bereavement support;
- To help a divided nation heal by focusing on what we have in common;
- To show humanity and grace to others and to ourselves.

Spring is about a renewal. And this Spring more than others. So, as we welcome Spring, please take good care of yourselves and your families. We can't lead person-centered care if we are not centered ourselves.

With admiration for all you do,



Edo Banach, JD,
President and CEO



Trauma Informed End-of-Life Care

INTRODUCTION TO NHPCO'S RESOURCE SERIES

by NHPCO TIEOLC Work Group

Uncertainty, unpredictability, and a lack of control characterize traumatic events. In the current pandemic, these have become an everyday way of life. These conditions are challenging for us all, especially for the estimated 82 percent* of us who have experienced some form of trauma in our lifetime.

These abnormal situations can make individuals feel as if there is something wrong with them as they struggle. In fact, these reactions are normal in the face of abnormal events such as the ones we are currently experiencing. To respond to this need, the NHPCO Trauma Informed End of Life work group is developing a series of articles that provide information and recommendations to help navigate these unprecedented times.

Understanding the Importance

Pre-pandemic, healthcare professionals were beginning to understand the importance of Trauma Informed Care (TIC) to protect the well-being of both those we serve and our teams and organizations. TIC can contribute to improved well-being for staff and patients, increased satisfaction, decreased complaints, decreased emotional labor, reduced risks of burnout, and save other valuable agency resources. This is especially important while working in pandemic conditions.

The basic TIC principles include:

- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment, voice, and choice, and
- cultural, historical and gender issues

Re-Envision Support

Learning and implementing TIC principles can feel overwhelming for professionals and agencies. However, the risks are too great and potential benefits too important to delay action. As horrible as this pandemic is, it presents an opportunity to revolutionize our industry as we re-envision how we support each other and those we serve.

One predictor of compassion fatigue is a sense of blurred boundaries, the need to fulfill all of the needs of the patients and families we serve. The enormity of need is now so great that even the healthiest, most seasoned, and boundaried professionals are struggling with the moral distress of not being able to tend to it all.

TIC begins with recognizing and caring for our own needs. As professionals serving others, there is often guilt related to allocating time and resources to our

**Psychological Medicine* (2016), 46, 327-343. doi: 10.1017/S0033291715001981



own well-being. However, the current crisis has increased threats of moral injury, moral distress, and primary/ secondary and vicarious trauma. This makes self-care critical not optional.

With restrictions and demands increasing, we are asked to evaluate the most important aspects of caregiving and to reconnect with core hospice and palliative care philosophy. It invites inquiry as to why as caregivers we resist self-care and struggle with having too little or too much empathy for ways trauma manifests in others.

TIC principles endeavor to create an environment that helps staff and leadership adjust expectations, accept our limitations, and find satisfaction in the level of care we are able to provide. Trauma-informed leaders and organizations design policies and procedures that mitigate rather than exacerbate stressors that impact the well-being of our teams, and eventually, the patients and families.

There is an opportunity to create more effective ways for us to heal our past, develop better boundaries and become healthier, more resilient and emotionally intelligent. It will benefit us, those around us, our workplace, and those we serve.



...the current crisis has increased threats of moral injury, moral distress, and primary/ secondary and vicarious trauma. This makes self-care critical not optional.

Helpful resources:



[NHPCO's Trauma Informed EOL Care Resources](#) —from the TIEOLC work group



[Coronavirus Anxiety Workbook](#) —from the Wellness Society



[SAMHSA Concept of Trauma and Guidance](#) —for a trauma-informed approach

Mitigate Our Own Stress

TIC offers frameworks for how to name, process and approach our experiences and reactions to mitigate secondary trauma risks. The use of a trauma-informed lens and implementing debriefing practices can inform and support decision-making. As we grow, we can show up better for patients and their families.

Acknowledging that current challenges impact both our personal and professional lives, it is essential to find ways to mitigate our own stress in order to enhance resiliency and be able to provide care to patients. Below are 5 self-soothing skills that are easy to incorporate even in a busy workflow:

4-7-8 breathing: Research shows that exhaling longer than you inhale calms the nervous system. Try this breath pattern. Breathe in for the count of 4, hold at the top of the inhale to the count of 7, and exhale for 8. If these counts feel too long, adjust as needed. As you practice, your ability to lengthen the hold and exhale will improve. Repeat the cycle at least 3 or 4 times.

Waterfall: As you walk through a doorway, or enter a video conference, imagine a waterfall running down from the doorway washing any negative energy or tension off of you. This will allow you to release stress throughout your day rather than allowing it to build.

H.A.L.T.: When our basic needs are not met, we are less likely to be our best selves and are more susceptible to stress. When you find yourself Hungry, Angry, Lonely, or Tired, then take steps as quickly as possible to tend to those needs. Doing this consistently can help you stay more present for yourself and others.

Shifting our thoughts: Find a phrase that you can use to self-soothe when stress, frustration or despair are emerging. A few examples include: "We are all flawed and limited," "I am doing the best with the resources, skills and knowledge available," or "May I find ease, may I be happy, may I suffer less." Say the phrase on your inhale, and imagine releasing the emotion from your body on the exhale. Repeat this 3-5 times. Pairing your phrase with intentional deep breathing can increase the benefits.

5-S's: Find a space such as a break room, bathroom or hallway where you can take the following 5 actions. Stop what you are doing, Stretch arms toward the ceiling, Shake your entire body, Sigh with a large exhale through the mouth, Smile and notice any shifts in how you feel.

Utilizing these skills, we begin to embody and model the resilience we seek for ourselves and patients we serve. Doing these things will not necessarily change the situations we face or the challenges in front of us. They will not magically fix the source of our stress. These skills will, however, strengthen our resilience and help us more skillfully navigate whatever is in front of us.

For now, keep breathing, focus on what you can change, accept the things you cannot, and remember you are not crazy, you are not weak, and you are not alone.

Topics in this series from the TIEOLC work group will include:

- 】 How Hospice is different now (in the midst of a pandemic)
- 】 Measuring Success in a Pandemic/Redefining Success in a Pandemic –for leaders
- 】 Measuring Success in a Pandemic/Redefining Success in a Pandemic –for frontline staff
- 】 Moral Distress
- 】 Working with and In Nursing Facilities
- 】 Racial Trauma of Staff
- 】 Racial Inequity for patients
- 】 Interpersonal Trauma (Sexual)
- 】 Trauma of marginalization for persons LGBTQ+–and discrimination fears/realities in LTC
- 】 Pediatrics and Young Adolescents
- 】 Brain Failure/Cognitive Impairment
- 】 Health Disparities
- 】 Staff Leadership Skills training



NEED CRITICAL COMPETITIVE DATA?

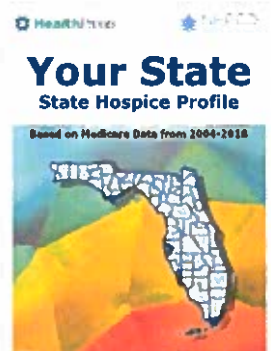
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2004-2018, providing critical information to learn more about the competitive environment of your state.

Produced by HealthPivots and available exclusively through NHPCO Marketplace, each year's **State Hospice Profile™** provides vital county level information on each of the leading providers. Full-colored charts and graphs provide analysis information of the last fifteen years of Medicare claims data.

Examples of the valuable information included in the **State Hospice Profile™**

- Estimated Medicare Cap usage
- Major hospice providers in the county
- Comparative hospice penetration data/market share trends
- Average Length of Stay
- Distribution of hospice census

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2004, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at <https://healthpivots.com/wp-content/uploads/2019/10/palm-beach-county-sample-atlas-2018-page.pdf>



State Hospice Profiles™ are individually priced based upon the number of counties in each state. Please call 1-800-646-6460 for pricing details and to order. Profiles are available for all 50 States, the District of Columbia, and Puerto Rico.



NHPCO
Leading Person-Centered Care



2021 PUBLIC POLICY PRIORITIES

NHPCO and HAN Building
on Policy Accomplishments

By the NHPCO Policy Team

“

We urge Congress and the Administration to support the following policies that will promote access to high quality hospice and palliative care for patients and families...

In terms of representing the provider community, it is helpful to remember that NHPCO is the largest membership organization representing the entire spectrum of hospice and palliative care programs and professionals in the United States. NHPCO represents over 4,000 hospice locations with more than 57,000 hospice staff and millions of volunteers, as well as 48 state hospice and palliative care organizations.

NHPCO and our advocacy affiliate [Hospice Action Network](#) (HAN) are working with members, state organizations, other national health care organizations, and all relevant stakeholders to advance our legislative and regulatory agenda amid the challenges brought on by the COVID-19 pandemic.

We urge Congress and the Administration to support the following policies that will promote access to high quality hospice and palliative care for patients and families in need across our communities and make improvements to the U.S. healthcare system.

Protect Care for Patients and Families during COVID-19 Pandemic

- **PPE, Testing, Vaccines:** Provide adequate supplies of PPE, testing and vaccines to ensure the priority and safety of frontline hospice workers and caregivers and the patients and families they serve while mitigating risk of infection in communities. This enables providers to focus their resources on ensuring uninterrupted care for all Americans facing serious illness.
- **Flexibilities:** Extend and expand upon flexibilities issued through legislation and waivers that allow services to be provided through telehealth, allow flexibility in training and assessment, and add flexibility in therapeutics administration.*
- **Expand Bereavement Services:** Expand coverage of bereavement services by hospice and palliative care providers for communities in need including veterans and COVID-19 survivors and families. *
- **Increase Respite Care Services:** Provide additional flexibility on the location and duration of respite care for hospice providers. *
- **Economic Support and Provider Relief Fund:** Provide economic support through CARES Act, sequestration moratorium, and other legislative and regulatory vehicles. Ensure reporting requirements do not improperly penalize providers seeking economic relief through the CARES Act Provider Relief Fund. *
- **Audits during PHE:** Suspend routine audits during the public health emergency (PHE) to allow already stretched providers to direct all needed resources to patient care.

Make Meaningful Reforms to Improve Access, Health Equity, and Inclusivity

- **Equity and Inclusion:** Reduce racial disparities in access to hospice and palliative care and promote health equity by educating providers and offering culturally-appropriate outreach resources to beneficiaries.
- **Eligibility:** Reform six-month prognosis barrier to tie hospice eligibility to need, not an arbitrary time limit.*
- **Hospice Access Issues in Rural and Underserved Areas:** Expand access to hospice care in rural areas and underserved areas through implementation of new billing rules for rural health clinics (RHCs) and federally qualified health centers (FQHCs) under the Rural Access to Hospice Act.
- **Strengthen Workforce:** Increase education and training programs that help stem health care professional shortages in the hospice and palliative care fields.*

Innovation in Serious Illness Care Delivery and Payment

- Concurrent Care:** Avoid having patients in need of hospice care make “the terrible choice” between continuing disease-directed therapies like chemotherapy and dialysis and accessing person-centered, interdisciplinary care services provided by hospice and palliative care providers. Expand upon the CMS Innovation Center’s Medicare Care Choices Model which improved quality and produced cost savings when testing concurrent care in hospice.*
- Create a Community-Based Palliative Care Benefit:** Determine the scope of required services that define “Community-Based Palliative Care” which is offered by an interdisciplinary team. Improve care delivery across the care continuum by covering needed community-based palliative care further upstream from hospice.*
- MA VBID Hospice Carve-In Delay:** Halt the 2021 CMMI Value-Based Insurance Demonstration model until community-based palliative care is defined, proper quality measures are developed, and operational concerns are addressed. As currently structured, beneficiaries participating in the model risk their access to high quality hospice care.*

Ensure Program Integrity

- Improve survey process and promote smart oversight:** Through implementation of the Consolidated Appropriations Act, 2021, improve hospice surveyor training and reporting of survey findings, offer remedies for poor-performing hospices and provide education about sanctions and the 4% payment withhold for hospices not participating in hospice quality reporting.

**Indicates a policy priority that may require federal legislation.*

Representative Policy Accomplishments from 2020

NHPCO continues to serve as an effective advocate and resource for hospice and palliative care providers. Here are some of the policy successes from last year that supported the entire provider community.

CARES Act

- Face-to-Face Encounter:** Secured inclusion and passage of provision in the CARES Act that allows hospice face-to-face encounter to occur through telecommunications until the end of the COVID-19 public health emergency.
- Sequestration Relief:** Secured inclusion and passage of provision in the CARES Act that eliminated the 2% reduction in Medicare reimbursement through end of 2020.
- Emergency Support Funding:** Included allocation of \$1 billion in CARES Act Provider Relief Funding to hospice providers.

Consolidated Appropriations Act of 2021

- Rural Access to Hospice Legislation:** Successfully advocated for inclusion and passage of hospice access legislation HR 2594/S. 1190.
- Sequestration:** Lead a coalition in successfully advocating for inclusion of continued sequestration relief through March 31, 2021.
- Hospice Program Integrity Legislation:** Ensured current hospice survey frequency of every three years by defeating provision originally included that would have increased survey frequency to every two years. Successfully advocated for other key provisions related to consistency of hospice surveys and education for hospice surveyors.

Direct Advocacy

- **White House Meetings:** NHPCO, on behalf of the hospice and palliative care community, participated in White House meetings with the previous Administration officials including the Vice President and the CMS Administrator. Most recently, NHPCO leadership met with the Biden Administration in February 2021 to discuss NHPCO's Policy Priorities.
- **We Honor Veterans:** Secured continued partnership with the Department of Veterans Affairs Veterans Health Administration and funding for Veterans services programs led by NHPCO.
- **Community Based Palliative Care:** Secured Congressional support for a proposed CMS demonstration.
- **Regulatory Issues:** NHPCO advocated for regulatory changes related to payment, COVID flexibilities, regulatory burden, and eliminating redundancy.
- **Hospice Champions and Angel Awards:** Recognized supporters among Congressional leaders and outstanding member advocates from the field.

COVID-19 Support

- **Advocated for increased flexibility** during COVID through 1135 waivers, including 15 separate hospice-specific waivers approved by CMS.
- **Advanced COVID testing support** for our community by establishing a partnership with Operation Warp Speed and Administration officials including the Assistant Secretary for Health. Secured allocation of 10 million tests for home health and hospice providers.
- **Successfully advocated for hospice providers** to be prioritized for vaccine distribution with the CDC and NHPCO participate in HHS Vaccine Consultation panel.

- **Successfully advocated for flexibility** in how providers can apply Provider Relief Funding money toward lost revenues attributable to coronavirus including for thrift store and fundraising revenue.
- **Produced extensive resources** for hospice and palliative care providers with detailed information on providing care during COVID-19, including COVID-19 Shared Decision-Making Tool in English and Spanish, Crisis Standards of Care for Hospice and Palliative Care Providers, resources on infection control, nursing homes and bereavement services.
- **PPE support funding for providers** was secured through the National Hospice Foundation's Workforce Emergency Support Fund for grants to hospice providers in need of critical PPE.



NHPCO continues to serve as an effective advocate and resource for hospice and palliative care providers.

QUALITY CONNECTIONS AND PROJECT ECHO

New Programs to Advance Work of the Field

By Jennifer Kennedy

This is a very exciting time for NHPCO and for providers regarding new programs focused on quality of person-centered care. On January 27, we officially launched NHPCO's Quality Connections program for member hospice and palliative care providers. And this new year also brings Project ECHO to NHPCO members and the broader provider community. Here is information about both of these innovative programs.

QUALITY CONNECTIONS

Quality Connections is a new program designed to enhance the knowledge base, skills, and competency of hospice and palliative care professionals and providers. Through education, tools, resources, and opportunities for engagement and interaction, QC participants will achieve and sustain continuous quality improvement.

NHPCO is committed to helping our members provide the best care possible to patients and their loved ones. Continuous quality improvement is key. QC is a benefit of NHPCO provider membership and within a few days of launching the program, 160 hospice organizations enrolled in the program to being their QC journey.

We share an introduction to Quality Connections.



Building on existing QAPI programs

For organizations that already have an established quality improvement program, Quality Connections can build on and streamline what they already have in place. The QC program can serve as a framework and guide for an organization's QAPI program. For

example, the Measures of Excellence data set provides benchmarking of operational and clinical data points and also is a repository for your data. Outcomes of the data set provide opportunities for performance improvement. The content in each pillar's activities dovetail with QAPI principles to drive continuous quality improvement forward.

Four pillars

QC is structured around four fundamental pillars which are represented by four QC rings: Education; Application; Measurement; and Innovation.



Each pillar has specific activities incorporating practical resources to progressively track and improve both clinical and organizational quality. Activities such as quarterly data reporting and benchmarking, NHPCO's E-Online courses, peer case studies, and engagement will be part of an organization's quality journey.

Additionally, within each of the four pillars of the Quality Connections program, members will find activities that are focused on promoting diversity, access, and inclusion within your organization and with the communities you serve. By sharing best practices and promoting equity in access to care, participating organizations will lift up the entire field, making health care better for patients and families across the country.

i NHPCO would like to thank



gold sponsors of Quality Connections who share our vision for continuous quality improvement throughout our provider community.

"A provider active in NHPCO's Quality Connections will gain an edge with partners and payers by demonstrating their commitment to high quality care and receiving national recognition from NHPCO," said NHPCO President and CEO Edo Banach. "We've made the right thing to do, the easy thing to do."

For More Information

- **Download** the [Quality Connections FAQ](#) for answers to some basic questions about the program.
- **If you are a provider member** and have not yet enrolled in QC, follow the steps in the [Quality Connections User Guide](#) to enroll in the program.

Learn more about the benefits of enrolling in Quality Connections.



Learn more about how your organization can [support quality efforts](#) through the Quality Connections program. While the Gold Sponsorship spots have been taken, there are still Silver and Bronze Sponsorship spots available.

PROJECT ECHO

The first question many people ask is "What is Project ECHO?" [Project ECHO](#) (Extension for Community Healthcare Outcomes) is a tele-mentoring program designed to create virtual communities of learners through presentation of real cases allows participants to learn through engagement and interaction with their peers and session faculty.

Each case presentation session will be facilitated by NHPCO staff and include a case presenter(s) and subject matter experts. Session participants and the subject matter experts will have the opportunity to ask the presenter clarifying questions and provide feedback to the presenter to foster the "all learn, all teach" approach.

Participation in Project ECHO sessions are open to all those in the provider community and an archive of Project ECHO sessions will be created on the NHPCO website in the weeks ahead. There is no cost to participate in a Project ECHO session making this valuable learning opportunity accessible to all.

What kind of case is presented?

A case study is an in-depth study of one person, group, or event. Cases can focus on hospice or palliative care clinical practice or operational process issues.

- **Clinical cases** are actual redacted patient/family cases that are challenging in some way or facilitated a learning opportunity (i.e., serving patient during a pandemic). Cases can be current or in the recent past.
- **Operational cases** focus on events or process issues at the operations level for either hospice or palliative care programs, i.e., ensuring current exchange or information with a nursing home partner.

Watch the recording of the inaugural [Project ECHO case](#) hosted by NHPCO.

Calling for case studies

If you have a suggestion for a possible Project ECHO case, please consider submitting to the Quality Team at NHPCO. Cases are submitted using the SBAR form available on the Project ECHO webpage and sending it to qualityconnections@nhpco.org.

If you have additional questions about Project ECHO, please email NHPCO's Jennifer Kennedy at jkennedy@nhpco.org.



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NHPCO SIGNATURE CERTIFICATE PROGRAMS ONLINE FOR THE FIRST TIME!

REGISTRATION IS OPEN NOW.

Take advantage of our
most sought-after
regulatory and quality
training programs today!

You can now register for our two most popular certificate courses. These have been previously available only at NHPCO in-person conferences and now you get to set the schedule and timing.

Hospice Compliance Certificate Program

Covering the foundation of healthcare compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, and anonymous reporting. It is critical to also look at hospice-specific topics to apply in your program, including a detailed review of the federal hospice regulations, internal audits, organizational ethics, and audit scrutiny.

Hospice Quality Certificate Program

Beginning with a review of healthcare compliance as the foundation of a quality hospice program. This course includes the nuts and bolts of hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices to apply to your hospice program to ensure high quality patient and family care.



BEST PRACTICES FOR THE SAFE DISPOSAL OF UNUSED MEDICATIONS

Hospice and palliative care providers play an essential role in reducing the potential risk of drug misuse for patients and their families. Proper at-home drug disposal can help.w



Hospice care providers are experts in pain and symptom management: more than 90% of hospice care patients are prescribed a controlled pain medication and many are given narcotic medications for symptom management.

Given these prescribing patterns, it's common for patients to have unused prescription drugs from medication changes and for leftover medications to exist when a patient transitions.

The safe storage and proper disposal of these medicines is critical to preventing the risk of misuse and diversion. While patients may receive care in a skilled nursing facility, hospital or other setting, much hospice care takes place in the patient's home, where medications can be vulnerable to abuse or improper disposal. According to a [study](#) conducted by the Centers for Disease Control and Prevention (CDC), most abused prescription drugs are obtained from family and friends, including from the home medicine cabinet.

Unfortunately, COVID-19 continues to complicate patient care and more than 40 states have [reported](#) increases in drug overdoses attributed in part to the social isolation, stress and economic uncertainty caused by the pandemic.

Given their personal relationships with patients receiving medications, hospice care providers are in a unique position to help prevent the dangerous misuse of excess opioids, narcotics and other drugs through educating patients on the importance of permanently deactivating and destroying unused medications. One such example is [Capital Carina Health](#), which provides [Deterra® Drug Deactivation System](#) to caregivers to dispose of unneeded patient medications.

Here, we'll discuss best practices for the safe and permanent disposal of unused medications, some of the common barriers to proper drug disposal and ways to help staff, patients and their relatives make smart decisions about medication safety.

Safe Drug Disposal in the Hospice Environment: Options and Common Barriers

In 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ([SUPPORT Act](#)) was signed into law, enabling hospice employees to dispose of unused controlled substances in patients' homes. Since then, as reported in a 2020 U.S. Government Accountability Office (GAO) [report](#), hospice care providers have experienced a variety of barriers to



The safe storage and proper disposal of these medicines is critical to preventing the risk of misuse and diversion.



provide safe, at-home disposal from cost, to having a witness available to the inconsistencies between state and federal laws.

Adding to the challenges posed by the lack of clear compliance guidelines is conflicting information about the effectiveness and availability of drug disposal options.

Hospice and palliative care providers are often tasked with advising patients and their relatives on what to do with leftover medications, but not all disposal options are created equal. For instance, families may not have the time to take drugs to in-person take back locations or events (and some programs won't take prescription medications from people other than the person for whom the prescription was written). Other common methods of disposal—such as sinking, flushing or throwing drugs in the household trash after mixing them with unappealing substances like coffee grounds and cat litter—pose a risk to the environment and maintain the integrity of the active drugs. These improperly disposed of medications are still available for abuse, diversion or leaching into landfills and water systems.

While various states and care organizations have different protocols, some care providers have found success in helping patients and their families through education on the importance of safe disposal and by providing them tools to destroy drugs conveniently and permanently at home.

Providing In-home Disposal Increases Safe Disposal Behavior of Patients

Capital Caring Health, one of the leading nonprofit providers of elder health, hospice, and advanced illness care for persons of all ages in the mid-Atlantic region, has found a solution that works for them. Since December 2018, Capital Caring Health has provided [Deterra® Drug Deactivation System](#) to every caregiver to dispose of all patient medications at end of life.

Capital Caring Health distributes Deterra Pouches to the patient and family and offers a team member to assist them, some often ask the team members to dispose of the medications on their behalf. Throughout the process, Capital Caring Health closely documents the medications destroyed and deactivated for record keeping purposes. The pouches are designed to be easy for family members to use: In three steps, place pills, patches, liquids or films into the pouch, add tap water, close and shake - then it is safe to throw away in normal trash. Administering the pouches upon medication changes or after death not only prevents abuse and diversion, but also prevents environmental contamination stemming from incorrect disposal methods, such as mixing with kitty litter or coffee grounds, or flushing down sinks or toilets.

"More than 75 percent of our patients receive their hospice care in their home or a home-like setting, making in-home medication disposal a critical factor in preventing drug diversion," said Jason Kimbrel, PharmD, BCPS, Vice President of Hospice Services at Optum and myNHPCO Pharmacist Community Leader. "It is our responsibility as healthcare providers to keep our community safe and we should be doing everything we can to prevent the misuse of our patient's medications."

Studies have shown that providing options like Deterra increases the safe disposal habits of patients: Independent research conducted by the University of Michigan and published in JAMA Surgery found that patients prescribed opioids and provided with Deterra for at-home disposal were 8 times more likely to properly dispose of left-over and un-needed medications than those who weren't provided disposal education or support.

Over the 2+ years of distributing Deterra Pouches in the hospice setting, Capital Caring Health has disposed of numerous medications which has led to a decrease in opportunities for drug abuse and diversion. Additionally, using the Deterra Pouches for at-home medication disposal and implementing

disposal policies in the hospice setting allows Capital Caring Health to confidently adhere to SUPPORT Act requirements.

Final Thoughts on Safe Medication Disposal

Hospice care professionals are well-positioned to provide education and tools for the safe disposal of unused prescription medications. Putting clear disposal policies in place and providing convenient at-home options like Deterra to patients upon medication changes or at end of life can help prevent abuse from friends or family members while also minimizing the environmental harm stemming from improper disposal methods. To learn more about implementing safe medication disposal initiatives in your own hospice or palliative care practice, visit DeterraSystem.com/Healthcare.



When it comes to finding qualified professionals in Hospice and Palliative Care, where better to look than the association that represents them?"



FOCUSED, QUALIFIED TALENT POOL

At the NHPCO Career Center, you'll discover an online resource for recruiting qualified Hospice and Palliative Care professionals that you won't find anywhere else.

Although you may see lots more resumes on the monster-sized job boards, chances are, only a small percentage of those will have the qualifications of NHPCO members. The NHPCO Career Center gives you a better way to find exactly what you are looking for. **Why look any further?**

www.careers.nhpc.org



A photograph showing a group of people in a meeting or conference. Many of the people have their hands raised, suggesting an interactive session or a Q&A period. The setting appears to be a modern, well-lit room with large windows in the background.

HMDCB

Q&A with Hospice Administrators



Since its launch in 2014, the Hospice Medical Director Certification Board (HMDCB) has certified over 1,200 hospice physicians across the country. HMDCB serves an important workforce initiative for the hospice field by providing a standardized comprehensive examination to assess the knowledge and skills of physicians taking care of patients receiving hospice care.

We recently interviewed several hospice administrators to learn about the value they find in employing HMDCB-certified physicians, and how they believe this certification benefits the hospice field.

Q. Why do you think it is important for your physicians to become HMDCB-certified?

PA: Certification as a Hospice Medical Director assures a thorough bedrock of appreciation, skill and capacity to remain open-minded and secure in the face of a myriad of unexpected experiences with staff, patients, families and physician-colleagues.

KT: Physicians who seek this specialty certification are today's leaders, "real go-getters," and strive to make a difference with patients and families. Certified physicians are who I want working for our organization.

Q. Talk about how this certification has benefited your hospice, patients, and/or partnership with your physicians?

LK: Providing quality care starts with our HMDCB Medical Director and trickles down to all areas within our organization.

KT: The education the physicians discover through the process of obtaining the certification benefits us all in knowledge, skills and performance. It connects and unites us all together as a dynamic organization and team to improve our care delivery to our patients and families.

Q. What would you say to encourage other CEOs to hire a physician that holds the HMDCB credential or support their physicians in becoming certified?

PA: I would urge any CEO to elevate the value of certification – not just for nurses and others, but especially for physicians. When faced with choices during a recruitment campaign, I would always advise serious consideration – first – for physicians who have demonstrated their commitment to our specialty through Certification.

LK: Quality hospice care starts at the top. At Serenity, our Medical Director provides education to our frontline clinicians on a regular basis, often during our IDG meetings. The knowledge he is able to share from achieving this certification helps our organization maintain a high level of quality care. This is reflected in our CAHPS scores, HIS measures and Joint Commission Accreditation.

Q. How do you think HMDCB benefits the hospice field?

PA: Our society deserves the same type of expertise in hospice and palliative care as they have come to expect in cardiologists, pediatricians and other sub-specialists.

LK: Physicians who make the effort to become certified are showing their commitment to providing the very best in care to those they serve.

Having a physician certified by HMDCB sets a standard for an organization and an expectation for other frontline clinicians to seek certifications in their field of expertise.

KT: As our healthcare becomes increasingly more complex, it is vital to assure our community that we have competent physicians in hospice care. Certified HMDCB physicians validate their mastery of knowledge, skills and abilities through certification. They are also mentors and supporters to our future hospice physicians, and hospice organizations have a responsibility to prepare our physicians for the ever changing and challenging times ahead.

The 2021 Initial Application Cycle is now open through **April 19, 2021**. Encourage your physicians to apply by **March 22, 2021** to save **\$250** in late fees. Physicians can learn more about the value of certification and apply online by visiting www.HMDCB.org/apply.



Patricia Ahern, RN
MBA FACHE, President & CEO Care Dimensions



Lynn Knodle, CHPCA,
CEO, Serenity Hospice and Home



Karen Tucek, BSN RN
CHPN, Executive Director, Hendrick Hospice Care, Hendrick Health Supportive & Palliative Medicine

Meet the 2021 NHPCO Board of Directors

A MESSAGE FROM BOARD CHAIR NORMAN McRAE

First, let me say how honored I am to be serving as chair of the NHPCO board of directors. In this role, I look forward to working as a strong advocate for each of you.

Many of you may know me as the CEO of Caris Healthcare, which I founded in 2003 along with my wife, Linda, a Registered Nurse. Yet, I have been involved in the field of hospice for more than 30 years. I clearly remember the first time I saw a need for hospice care. My grandmother, the matriarch of our family, died of cancer at home. At the time, hospice care had not reached the mountains of North Carolina where I lived.

I believe in a personal approach to care that caters to the unique physical, spiritual, and emotional needs of each patient and their family. I believe that this commitment to excellence and compassion is well reflected in the work of NHPCO. In fact, I would venture to say that we all share a common mission to deliver the highest quality care to patients and families facing serious and life-limiting illness.

As a provider community, we face many challenges in today's health care landscape, yet the opportunities are many. Having served on the NHPCO board and the board of the Hospice Action Network for several years now, I continue to be impressed by our collective ability to meet complex issues head on, working collaboratively to advance our shared mission.

Our work together would not be possible without your support, so let me offer my sincere gratitude for your commitment to NHPCO. I want to assure you that all of us on the NHPCO board of directors and among the NHPCO staff are dedicated to working on your behalf with the best interests of our nation's hospice and palliative care provider community a priority.

Thank you for this opportunity to serve,

Norman McRae
Chair



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Judith Wooten

Arkansas Hospice, Inc., North
Little Rock, AR

Immediate Past Chair

Gregory Wood

Hospice of the Ozarks, Mountain
Home, AR



...all of us on the NHPCO board of directors
and among the NHPCO staff are dedicated
to working on your behalf...

Short Takes



...designed to help our members seek out trusted services and products...

NHPCO Partners Hub

New in 2021, NHPCO has launched an exclusive members-only benefit designed to help our members seek out trusted services and products for their organizations, the [NHPCO Partners Hub](#).

These partners and vendors are offering member-only discounts, so log into the website and visit the Partner's Hub page in the Resources section and sign up for a demo or request additional information by using the unique links provided by each company.

If you are interested in learning how to be a partner, contact Jessica Mumbulo, NHPCO Strategic Partnerships Manager at JMumbulo@nhpco.org.



Still Time to Join 2021 Leadership & Advocacy Conference

2021 LEADERSHIP & ADVOCACY CONFERENCE



March 22-26, 2021

There's still time to register for the premier conference of hospice and palliative care leaders, the 2021 Leadership & Advocacy Conference. This reimagined conference will be held March 22 – 26 and will explore leading through a pandemic, the implications of the 2020 elections, innovative staff retention resources, and much more.

Conference highlights include 60+ on-demand educational sessions (available until May 31, 2021), keynotes and roundtable discussions, CMS update, exhibit hall, virtual NHF fundraiser, MyNHPCO section lunches, and more. The conference website will also facilitate discussions and connections with colleagues. Reserve your spot at nhpco.org/2021LAC.

NHPCO's Signature Programs Now Available On-Demand

NHPCO's signature programs – those that offer a certificate of completion – are now being offered as online on-demand courses. As of March 2021, two signature programs are available as on-demand offerings: Hospice Compliance Certificate Program (HCCP) and Hospice Quality Certificate Program (HQCP).

The [Hospice Compliance Certificate Program](#) covers the basics of healthcare compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, anonymous reporting, and more. The in-person HCCP programs were sell-out events at NHPCO conferences. The online, on-demand version of the course offers 14 hours of content that is hospice-specific and applicable to the real world.

The [Hospice Quality Certificate Program](#) is a new signature program that addresses the connection



between compliance and quality outcomes. Topics include the nuts and bolts of hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices to apply to your hospice program. For hospice programs that are participating in [NHPCO's Quality Connections](#), HQCP will count toward the completion of the education ring.



And look for NHPCO's Palliative Care Certificate Program coming in later 2021!

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Ooma Office enables you with a host of features your typical carrier can't offer. The best part? Your monthly pricing never changes. **As a NHPCO member, we're offering a \$50 Amazon eGift card when you sign up with our service.**

Short Takes

National Hospice Foundation "FUN"draiser at Leadership & Advocacy Conference

The National Hospice Foundation will hold an exclusive virtual fundraising event in conjunction with the Leadership and Advocacy Conference on the evening of Tuesday, March 23, 2021. Raising funds for NHPCO's work to address diversity, access and inclusion, this event attracts hospice and palliative care leaders across the nation.

On the evening of March 23, attendees can join the event via Zoom for cocktails, live entertainment, and engagement with peers. Breakout rooms will also allow for more direct interaction with other guests. Tickets for individuals start at \$100, and sponsorship opportunities are still available. Your generous support will bolster NHPCO's work to increase health care access and inclusion. Funds will be used to create additional outreach guides for hospice providers to reach underserved communities, translation of resources into additional languages, and other work supported by NHPCO's Diversity Advisory Council.

Visit the [National Hospice Foundation](https://www.nhpc.org) website or contact Alex Slippen at aslippen@nhpc.org or 571-412-3951 for more information and to purchase tickets or sponsorship opportunities.



Raising funds for NHPCO's work to address diversity, access and inclusion...

NATIONAL HOSPICE FOUNDATION VIRTUAL FUNDRAISER

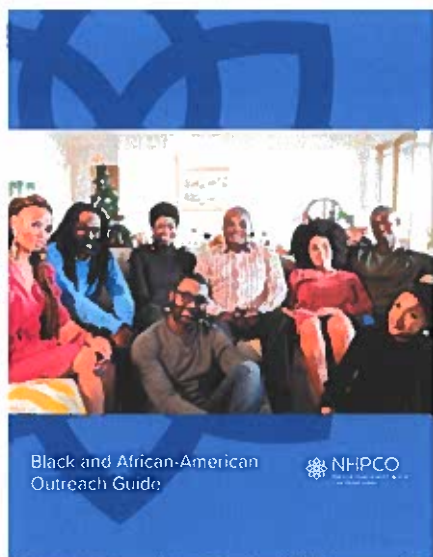
TUESDAY, MARCH 23, 2021

VIP RECEPTION:
5:30 - 6:00 PM ET

EVENT:
6:00 - 7:00 PM ET

VIA ZOOM

New Resource: Black and African American Outreach Guide



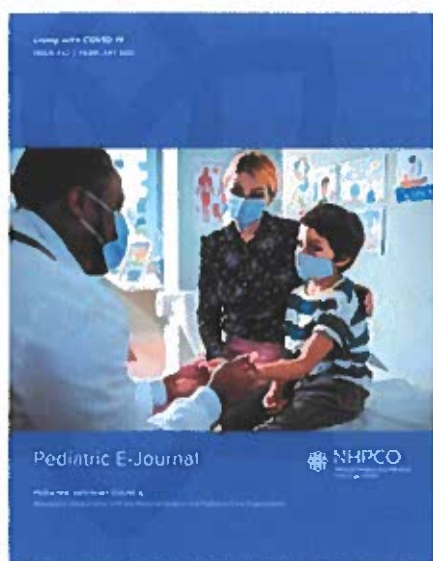
NHPCO's Diversity Advisory Council has released a new resource, the Black and African-American Outreach Guide. This guide, available free-of-charge to anyone online, provides an overview of healthcare disparities for Black and African-American health, strategies for reaching out to Black and African-American communities, and additional resources.

This guide is an update of an older NHPCO resource. As the introduction to the new guide explains, "In the setting of the COVID-19 pandemic, social unrest, racial health disparities and socioeconomic determinants of health, the year 2020 has demanded a structural shift within the healthcare system and United States as a whole...As the infrastructure of our society modernizes and redefines itself, so must the hospice and palliative care organizations servicing this same social network."

This resource was also highlighted in the February 24, 2021 Social Media Takeover Day, in which members of NHPCO's Diversity Advisory Council utilized NHPCO's social media channels to share resources and messages promoting healthcare equity, access, and inclusion. These posts are still available to read on NHPCO's social media channels.

[Download the new Black and African-American Outreach Guide.](#)

Pediatric E-Journal: Living with COVID-19



The 62nd issue of the [Pediatric E-Journal](#) is now available online. This issue focuses on various aspects of living with COVID-19 in connection with pediatric palliative, hospice, and end-of-life care. Although older adults have suffered the brunt of the infection, the challenges this pandemic has created affect all of us. Not only have we had to create different ways of living our everyday lives, but we have also had to create different ways to provide care and services to all populations. For many, there have been significant disruptions.

This issue of the Pediatric E-Journal has been produced at a time when huge and unprecedented numbers of people are dying from this disease. It is also a time when the disease continues to give rise to many different challenges and to a few opportunities. The NHPCO Pediatric Advisory Council hopes the contents of this issue will provoke fruitful discussions about living with COVID-19 in early 2021. Find this issue and archived issues at nhpco.org/pediatrics.

Short Takes

Research on EOL Doulas

During the COVID-19 pandemic, end-of-life doulas (EOLDs) are providing innovative services to address the myriad needs of families caring for dying individuals. This [open access article](#), recently published by [Marian Krawczyk, PhD](#) and [Merilynne Rush, MSHP](#), shares the findings of their qualitative interviews with 22 EOLD pioneers and innovators in four countries where EOLDs are most prevalent. EOLDs are specially trained to provide non-medical care and support to dying individuals and their families/caregivers (learn more about NHPACO's [EOL Doula Advisory Council](#)).

The aim of the study was to solicit the perspective of key stakeholders and early innovators in community-based end-of-life care about the development and practices of EOLDs. The researchers conducted 22 semi-structured interviews with participants in Australia, Canada, the United States, and the United Kingdom. This article provides the first detailed taxonomy of the EOLD role and services from the perspective of subject experts in four countries. The findings are situated within literature on the professionalization of caregiving, with particular attention to nomenclature, role flexibility and boundary blurring, and explicit versus tacit knowledge.

Also discussed is the importance of jurisdictional considerations as the EOLD movement develops. Krawczyk and Rush speculate that the EOLD role is potentially experiencing common developmental antecedents similar to other now-professionalized forms of caregiving. Their findings contribute substantial new information to the small body of empirical research about the EOLD role and practices, provide critical firsthand insight, and are the first research findings to explore EOLDs from a comparative international perspective.



EOLDs are specially trained to provide non-medical care and support...



Marian Krawczyk



Merilynne Rush

New Film from Dr. Jessica Zitter Looks at a Caregiver's Experience

Caregiver: A Love Story is the recently-released, award-winning short documentary that explores the rising crisis of family caregiver burden. Directed by Dr. Jessica Zitter and Kevin Gordon, the film follows Rick Tash as he cares for his beloved wife Bambi at home over the last 9 weeks of her life. Their journey begins on a high note, but the atmosphere changes quickly when family members must return home and Rick is left to manage Bambi's growing needs on his own. Without a full night's sleep in months, the around-the-clock responsibilities eventually send Rick into a state of physical, financial, and emotional exhaustion.



With one in five Americans caring for a family member at home, *Caregiver: A Love Story* lifts the veil on what lies ahead for so many of us, even with the support of an excellent hospice. With hospice being a supporting "character" in this film, there is an opportunity to better understand the benefits it brings to the care of patients with life-limiting illness, as well as clarify the limitations of its role. *Caregiver* is a call to action for creating a national strategy to support family caregivers.



Dr. Zitter has created educational curricula for a variety of audiences—medical professionals, hospice staffs, and family caregivers—to accompany the film. To learn more about the film, please visit caregiveralovestory.com.

NHPCO's Director of Veterans Services Receives National Award

Katherine Kemp, Director of Veterans Services at NHPCO, is the 2020 recipient of the national Opus Peace "Mead Team" award. Opus Peace is a nonprofit organization that provides educational presentations and self-help materials to health care providers and the general public related to PTSD and Soul Injury.



Katherine Kemp

NHPCO's We Honor Veterans program works with Opus Peace to provide resources to partners caring for Veterans at the end of life.

Recipients of the Opus Peace "Mead Team" award have played a major role in advancing the Soul Injury message. The award name references Margaret Mead, who said, "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

Kemp's demonstration of unwavering leadership, passionate advocacy, and humble service are highlighted in the recognition of her award. [Read more on the Opus Peace website.](#)



NHPCO

National Hospice and Palliative
Care Organization

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