hospice & physician

team

newsletter

newsletter

# Record-Breaking Census and "Perfect" Federal Medicare Survey

*Mark M Murray, President & CEO*

Through October, 2014 has been a record-breaking year at Center for Hospice Care (CHC). Month after month, our average daily census (ADC) has been higher than the previous month. Referrals to CHC are up 8% from the same time last year and our ADC is up 14% from 2013. Several historic milestones in caring have been reached with others unmistakably visible on the horizon. For the first time in our 34 year history, CHC cared for over 400 patients on a single day, hitting that mark several times in September and October. By the end of this calendar year we expect to surpass 2,000 patients served in a single calendar year -- a number never previously realized. With so many patients coming to CHC on an ever accumulating basis, one might expect staffing and other resources to become stretched. Could such incremental growth compromise quality patient care? Not at CHC, and we have the evidence to prove it.

On October 6, during this unprecedented advancement in the numbers of patients on census, CHC received a surprise visit from two public health nurse surveyors from the Indiana State Department of Health. They arrived to perform our first state hospice licensure and hospice Medicare recertification survey in just over six years. The surveyors spent their week-long examination of CHC by searching for patient care deficits and anything out of compliance with state or federal Medicare regulations. This comprehensive exploration toward discovery of something wrong included:

- Visiting all three CHC hospice care offices in South Bend, Plymouth and Elkhart.
- Making in-person visits to active CHC hospice patients located in residential homes, nursing homes, and both CHC owned and operated hospice inpatient units -- better known as Hospice House.
- Reviewing randomly selected patient charts from all of the above settings, searching for clinical documentation errors and missing documentation from all core disciplines. This included bereavement client charts and an examination of specific programs and outcome measurements.
- Auditing CHC human resources policies and individual personnel files for the various compulsory components of both CHC staff and volunteers.
- Scrutinizing CHC hospice patient care policies with a specific eye toward infection control, quality assurance / performance improvement projects, and checking to confirm they were all meeting current regulatory compliance.
- Interviewing various CHC care staff to determine their personal knowledge of the Hospice Medicare Conditions of Participation, the numerous recent changes to those regulations, as well as their personal familiarity with internal CHC patient care policies and procedures.

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Mark M Murray
*President & CEO*

After nearly a week long investigation, the surveyors' entire exit interview – which outlines general results and specific deficiencies – lasted four minutes, thirty seconds. They began by stating there really wasn't much of a reason for the exit conference because they had nothing to talk about. For hospice state licensure and federal recertification for Hospice Medicare, CHC received a PERFECT SURVEY. There were no deficiencies.

Center for Hospice Care

choices to make the most of life

# What Is My Role?

## *The Attending Physician and Hospice*

***What is my role?***

Medicare regulations and rules include the following in your role as the attending physician:

**Certification:**

At the time of admission a certification is required in order for the hospice to provide care. You will be certifying that based on your clinical expertise, the patient has a prognosis of six months or less should their illness run its natural course.

**Plan of Care:**

As the attending physician, you and the patient and family have a critical role in the plan of care. You, the patient and the hospice physician along with the interdisciplinary team will develop, review and update the plan of care.

As the attending physician, you will be kept informed about the patient's condition and any changes that occur. You can attend the team meetings in person or on the phone. You will be called for medication orders and any change in the level of care orders unless you have asked the hospice physician to assume this responsibility.

The hospice will provide you written case conference summaries on a regular basis.

***How involved will I be?***

You can identify the need for end-of-life care and then communicate that need to the patient and loved ones. The hospice can assist you with this communication, if you wish. It is important for you to let the patient know that you will continue to see and care for them.

When your patient elects their Medicare Hospice Benefit, they designate an attending physician. By Medicare regulations the attending physician is a physician of medicine or osteopathy who "is identified by the individual…as having the most significant role in the determination of the individual's medical care."

As a member of the hospice team you provide expertise, guidance and historical patient knowledge that will ensure optimal quality of life for your patient and their loved ones.

You choose how involved you want to be from being called for all orders to giving the responsibility for palliative pain and symptom management orders to the hospice physician. There is a continuum of involvement and you choose where you are in that continuum.

***You choose the communication you wish from hospice: how, why and when.***

How do I bill for my services after my patient elects hospice care?
As the attending physician you continue to bill Medicare Part B for professional services - physician office, home, inpatient or nursing home visits - in the usual manner, adding a modifier.

The following modifiers should be placed on the CMS/HCFA 1500 form, box 24d:

"GV" modifier: Physician has been designated by the patient as the attending. The attending is not an employee of hospice and the services are related to the hospice patient's terminal illness.

"GW" modifier: Physician has been designated by the patient as the attending physician. The attending is not an employee of hospice and the services are NOT related to the hospice patient's terminal illness.

At the time of admission, the hospice must send a Notice of Admission to the Medicare Part B intermediary. This notice identifies the hospice, the attending physician and the terminal diagnosis for the patient.

Hospice supports you the physician by enhancing and extending your care, which results in fewer phone calls, reduced hospitalizations and ER visits and, most importantly, optimal quality of life for your patient and their loved ones.

You play an important role in providing your patients choices for end-of-life care.

# Coming Full Circle

Twenty years ago, Cathie Whitcroft, DNP, ACHPN, FNP-BC had big dreams. While attending Bethel College's Nursing Program, she was gaining practical experience working as a Hospice Aide at Center for Hospice Care. "Early on I recognized the patients' quest to stay in their home," Dr. Whitcroft recalled. "I provided services to help them do so."

Upon graduating from Bethel in 1997, Dr. Whitcroft worked at Center for Hospice Care while attending graduate school. Working as a Power Weekend nurse in Hospice House, she was able to attend weekday classes at Rush University in Chicago. "Working in Hospice House forever colored what I felt a nurse could be. Truly connecting with a patient to meet their needs – it was such a valuable time in my career."

At Rush, Dr. Whitcroft earned her Masters of Science in Nursing and her Doctor of Nursing Practice in 2000. "Throughout my education and early on in my career, I knew I wanted to work with the medically underserved," Dr. Whitcroft said. She began working at Community Nursing Centers through the University of Wisconsin-Milwaukee. She also taught for ten years as well as practiced primary care. "All through my career, I've been learning from both the good and bad examples in medicine that I've seen."

For the past 20 years, Dr. Whitcroft found herself comparing every job she had to her hospice experience. "I knew I needed to come back around to hospice care. That is how I wanted to sustain myself professionally. Having the chance to educate families, minister to them at end of life is my calling."

And back to hospice care she came. Dr. Whitcroft, a Nurse Practitioner, is a member of the Medical Staff at Center for Hospice Care. In the country there are only 1050 Advanced Certified Hospice and Palliative Nurses, and only 12 in Indiana.

Excited to rediscover the city she grew up in, Dr. Whitcroft is glad to be back. She is glad to be able to connect with her clinical preceptor, Martha Kaehr, RN, CHPN, a Power Weekend Admissions nurse and glad to meet Center for Hospice Care's staff, especially the hospice aides – bringing her back to where her journey began.

# Why should I refer earlier?

**"85% of Americans want to die at home and yet 50% die in the hospital."[1]**

You, your patient and the family will benefit from an earlier referral to hospice. The patient and family will benefit more from hospice services if they are not referred during a crisis. The unique medical, psychosocial and spiritual support provided by the hospice can assist patients and families as they navigate through all the difficult decisions that need to be made.

**Why Should I Refer Earlier and Before a Crisis Occurs?**

Studies have shown that 85% of Americans want to die at home and yet 50% of Americans die in the hospital.[1,2] If you wait to refer the patient until they are hospitalized, you increase the likelihood that the patient will not die at home.

Patients and families who are coping with a life-limiting illness have practical issues to deal with:

- Business decisions
- Advance care planning
- Estates and wills
- Funeral arrangements, etc.

They also need time to have meaningful conversations and relationships with loved ones. The psychosocial and spiritual support provided by hospice can be a valuable resource for the patient and the family.

Your goal for your patients is to relieve suffering and assist them to live life to its fullest. An earlier referral to hospice means that specialized pain and symptom management can begin earlier, not only managing current symptoms but also preventing others that may occur. You are ensuring optimal quality of life.

The National Hospice and Palliative Care Organization (NHPCO) 2009 state-of-the-industry report found that the median length of stay was only 21.3 days even though six months of care can be covered by Medicare. At the same time, family evaluations of hospice care remain high and often include comments like "Why didn't the doctor tell me about this sooner?" An earlier referral to hospice makes life easier for you, the patient and the family.

- Intensive pain and symptom management which eliminates or reduces unnecessary hospitalizations/ER visits
- Medications, DME and supplies are provided, making the patient more compliant to their treatment plan
- Medication refills are ordered by hospice, which means you and your staff will receive less calls and have more time for other patients
- Family support and education relieves caregiver stress and exhaustion which decreases demands on your time
- Ability to benefit from a full range of programs and services, including 24-hour access to care, psychosocial programs, volunteer services and grief counseling
- When the patient and family receive symptom control and emotional and spiritual support, their quality of life improves as does their satisfaction with you
- NHPCO stresses its concern over the increase in short lengths of service and strongly recommends that physicians, patients, and families learn about and discuss end-of-life care options before a health crisis occurs.

You play an important role in providing your patients choices for end-of-life care.

*[1] Robert Wood Johnson Foundation 2002*
*[2] Center for Gerontology and Health Care Research 2004*

# Record-Breaking Census and "Perfect" Federal Medicare Survey (cont.)

Since our last hospice survey in 2008, the federal regulations for Medicare hospice have gone through some major changes. Over that time, we might experience one to two significant regulatory modifications each year. We were often given a year's prior notice to get ready for them. That has shifted markedly. We are currently processing 14 separate major hospice regulatory changes during 2014 alone.

After nearly a week long investigation, the surveyors' entire exit interview, -- which outlines general results and specific deficiencies -- lasted four minutes, thirty seconds. They began by stating there really wasn't much of a reason for the exit conference because they had nothing to talk about. For hospice state licensure and federal recertification for Hospice Medicare, CHC received a PERFECT SURVEY. There were no deficiencies.

***"For hospice state licensure and federal recertification for Hospice Medicare, CHC received a PERFECT SURVEY."***

We believe more than six years is too long for any hospice program to function without an outside entity investigating their clinical operations to insure compliance and patient safety. Hospice programs in some parts of the U.S. have been going more than eight years without a survey; some places reportedly as long as 11 years. A 2007 federal Health and Human Services' Office of the Inspector General report found that survey measures for Medicare-certified hospices were not providing sufficient oversight. Programs with infrequent hospice surveys were often cited for violations of quality and inadequate patient care. Changes were recommended at that time. After seven years, they have just very recently come to pass.

The U.S. House of Representatives passed the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) on September 16 with overwhelming bipartisan support. Two days later the U.S. Senate followed through Unanimous Consent. The IMPACT Act was signed into law by President Obama on October 6. His legislation includes hospice integrity provisions. The law requires more frequent surveys of hospice providers – a measure the hospice community and CHC has championed for more than a decade. The bill mandates that all Medicare certified hospices be surveyed at least every three years, at a minimum, for the next ten years and allocated $70 million dollars to cover the costs of more frequent surveys. CHC welcomes the increased inspection frequency for us and the entire hospice industry.

Center for Hospice Care

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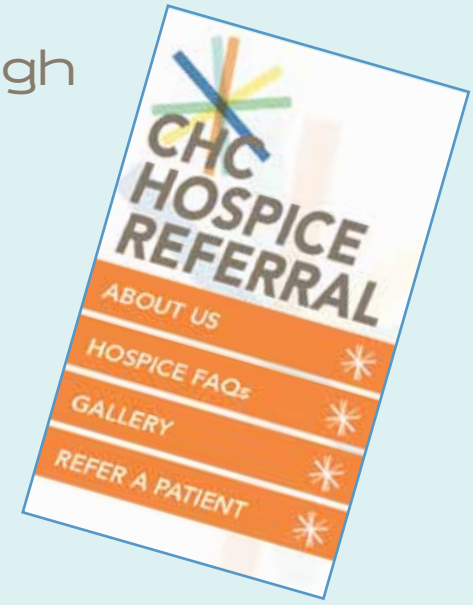
# Hospice Referrals Made Easy Through CHC's Hospice Referral App

## Free app streamlines hospice patient diagnosis, referral and communication

Center for Hospice Care recently launched its own HIPAA compliant Hospice Referral App. This app was created to streamline patient referrals to hospice care. Physicians, case managers, and nurses can all download this free app for use on mobile devices.

According to South Bend Clinic's Jesse Hsieh, MD, "It worked great, was easy, and the rest of the staff used it. I give it an 'A'." Rather than having to fax a written order, the CHC Hospice Referral App allows doctors to refer patients for care online wherever they are — whether visiting hospitalized patients or talking with families in the office. Use of the app will mean more efficient admissions, a smoother transition to hospice that maintains continuity of care, and more effective communication between physicians and Center for Hospice Care.

Versions are available by searching CHC Hospice at Google's Play Store for Android-based phones and tablets, and at the App Store for use on iPhones and iPads. For more information, a free Referral App welcome package, or a demonstration of the CHC Hospice Referral App, please contact Amy Tribbett, Center for Hospice Care's Director of Marketing & Access at 574-243-3711 or info@centerforhospice.org.

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*Jesse Hsieh , MD*
*South Bend Clinic*