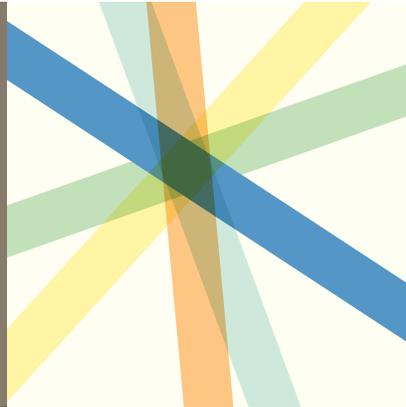


hospice & physician
team
 newsletter



newsletter



Mark M Murray
 President & CEO

“To continue to differentiate our program from others, we believe we must go beyond simply listing a set of unique features that make us the right choice. We must articulate the benefits of choosing CHC for your patients – and for you as a healthcare professional.”

Our Five Promises to You and Your Patients

It's no secret there is more than one hospice program operating in our area. Within the eight counties served by Center for Hospice Care (CHC) there are now 28 different hospice agencies.

To continue to differentiate our program from others, we believe we must go beyond simply listing a set of unique features that make us the right choice. We must articulate the benefits of choosing CHC for your patients – and for you as a healthcare professional.

Why choose CHC for your patients and families? We answer this question by applying our core values of Compassion, Dignity, Integrity, Innovation, Quality, Service, and Stewardship by making these five promises to you and to your patients.

1. As the area's first and most experienced hospice program, we will provide your patients and families with the most comprehensive range of end-of-life care services.

As Indiana's number one hospice program, nowhere in our community will your patients benefit from a more experienced or proficient staff to provide high quality, patient and family-centered care at the end of life. After 33 years and more than 25,500 patients, CHC is the leading local expert in caring for people facing serious, advanced and life-limiting illnesses. With a vast range of nationally recognized benefits for patients and families, the depths of our services are unmatched within our community.

2. To provide the best care and expertise for your patients, our three full-time, board certified Hospice and Palliative Medicine physicians will work with you to the extent you desire.

Nationally, there are around 5,000 board-certified specialists in hospice and palliative medicine. It's estimated 50% of them work half time or less in this field. For the benefit of our patients and referral sources, CHC is proud to employ three board certified hospice and palliative medicine physicians full-time. More so, each CHC staff physician is also board certified in either Family Medicine, Internal Medicine, or Emergency Medicine. In addition to assistance with pain and symptom management treatment options, our CHC staff physicians are available for palliative care consults and will help you with hospice eligibility decisions and disease specific criteria for hospice program admission.

3. A CHC Registered Nurse will answer the telephone whenever you or your patients call 1-800-HOSPICE outside of regular business hours seven days a week.

Continued on page 3



Center for
 Hospice Care

choices to make the most of life

Three Steps to the Hospice Conversation

by Jason E. Marker, MD, FAAFP

Patients and families can have very different notions of what hospice care is all about. How physicians “frame up” their initial conversation about hospice with those patients and families then becomes critical to the success of that conversation - whether it leads to a hospice admission or not. For me, the hospice conversation usually progresses through three stages. As a family physician I am usually blessed with lots of lead time to work a patient through these stages without a rush, but even in tighter timelines, this three-step approach has worked well for me.

One of my goals as a family physician is to be on the lookout for medical situations that have the potential to eventually lead to a patient needing hospice care. Proper identification of these situations is my first step. Early signs of Parkinson's, an abnormal chest x-ray, memory loss leading to some restrictions in ADLs, weight loss without explanation, and a myriad of others exist that the astute clinician understands have some “bad diseases” in the differential diagnosis. When I sit down and talk with these families, I often lay out the reality that we are going to work on this problem together and see where it leads us, but that some of the pathways we may find ourselves on lead to places where we may need help from Hospice. This plants a seed that may later need to be nurtured.

Later in the course of disease, as the reality sets in that cure may not be an achievable goal, the conversation is revisited. At this point I lean on the language taught to me by the Behavioral Scientist in my residency training program. “Some of my patients in your situation have chosen to...” And it is at this point that we can talk about various plans of care from the very aggressive to the palliative and

conservative while depersonalizing the problem to allow a more open conversation. This is the time when some patients and families first begin to fully understand the gravity of the disease process they face, and the potential reality that morbidity and mortality changes are coming.

Finally, once patients and families have expressed openness to the discussion about hospice care, I move on to a conversation about what hospice can provide. I lay this out in “buffet” style, highlighting the spectrum of services available, the flexibility with which these services can be offered. I also include a bit about the financing structure of hospice (an area where misinformation is particularly prevalent in the general public). The Q&A is always robust and by this point many patients and their families are ready for me to make the referral - even if it is just so that they can learn more during their initial hospice home evaluation.

Moving appropriate patients toward a hospice referral is a lengthy process that must be navigated with knowledge, candor, honesty, grace, timing, respect, and patience. The three steps I've outlined above have served me and my patients well over the years and I hope you find them helpful with your own patients.

Jason E. Marker, MD, FAAFP, graduated from Indiana University in Bloomington, Indiana, with a Bachelor of Science degree in Biology and then attended Indiana University School of Medicine in Indianapolis, Indiana. In 2002, Dr. Marker opened his private practice in Wyatt and now practices the full scope of Family Medicine including OB, office procedures, house calls and nursing home care.



Indiana University School of Medicine-South Bend Medical Students to Study Hospice and Palliative Care

Center for Hospice Care (CHC) and the Indiana University School of Medicine-South Bend have signed an affiliation agreement that will place IUSM-SB medical students in CHC facilities to learn about hospice and palliative care.

According to David Haley, CHC's Vice President and COO, this collaboration marks the first time CHC will be providing a clinical teaching experience in conjunction with a medical school. “We will be offering teaching experiences to medical students, in addition to our current and past practice of providing teaching experiences to physician residents,” he explained.

Caring for our Youngest of Patients... Our Children

CHC staff participating in specialized training

Rebecca Fear, RN, BSN Nurse Educator and Terri Lawton, RN BSN Patient Care Coordinator, both attended the Pediatric ELNEC Train-the-Trainer Course on Pediatric Palliative Care and will be training the nursing staff over the next year. While Center for Hospice Care has always provided care to children at end-of-life, a recent provision within the Affordable Care Act of 2010 has instructed states to offer critically or chronically ill children receiving Medicaid both palliative and curative care simultaneously (Concurrent Care).

The ELNEC—Pediatric Palliative Care curriculum consists of ten modules specific to care of children facing life threatening illness and their families. The ELNEC-PPC curriculum modules include topics such

as perinatal and neonatal palliative care, communication with families and children, cultural considerations, pain and symptom management, and bereavement and grief.

Enclara Health Recognizes Center for Hospice Care for Quality Performance

Enclara is a national hospice pharmacy provider providing services in both the mail order and local Pharmacy Benefits Management market space. Partner hospice programs like Center for Hospice Care contract with Enclara in 46 states. More than 20,000 hospice patients in the U.S. receive their covered hospice pharmacy medications through their local hospice program via Enclara.

Enclara routinely reviews trends of hospice partner pharmacy related data. Recently they recognized Center for Hospice Care as a “Top Ten National Performer” for Non-Formulary Costs as compared to their National Data Base. This recognition graphically portrayed our pharmacy performance over the past five years. CHC has been included in the Top Ten of all hospice programs for the cost efficient use of non-formulary drugs. At our current performance level for non-formulary drug costs, CHC is operating at 61% below Enclara's national hospice provider client average. CHC has shown a positive trend since 2009. This represents an 83% performance improvement at CHC in five years. Additionally, due to exceptionally proactive management of CHC hospice patient needs, our current performance level for drug shipping costs, CHC is operating at 58% below Enclara's national hospice provider client average. This represents a 79% CHC performance improvement in five years.

The Benefits of In-Home Blood Transfusions for Hospice Patients

Blood transfusions traditionally have been administered either in hospitals or outpatient clinics. For a hospice patient needing a blood transfusion, the burden of getting to these facilities often means a lengthy ambulance ride and hours in an uncomfortable setting. Center for Hospice Care (CHC) saw the ability to deliver blood transfusions to those patients who would benefit from this type of symptom management as the right thing to do to help their patients reach their end of life goals.

“We saw the opportunity to allow our patients to spend those precious hours in a more relaxing, familiar setting,” expressed CHC's Director of Nursing Donna Tieman, RN, BA, CHPN. “In addition to symptom management, the hospice philosophy of care focuses on the patient's and family's goals at the end of life. A blood transfusion can alleviate symptoms such as dyspnea, delirium, and extreme fatigue, as well as allow that patient enough time to see their child graduate from high school, or college; to see their son or daughter get married; or, to see that first grandchild be born. Receiving a blood transfusion in the home can help our patients reach their final goal to stay at home.”

Each hospice agency is unique in the type of care they choose to deliver. The goal of hospice care is palliative, not curative. Contrary to some common misconceptions, opting for hospice care does not mean patients must forgo all medical services. No laws or regulations prohibit hospice patients from receiving radiation, chemotherapy, blood transfusions or tube feedings, if the intent is to increase comfort and these procedures are included in the Hospice Plan of Care after less invasive techniques have failed.

“We have partnered with the South Bend Medical Foundation to develop a process that is both safe and convenient for our patients,” Tieman said. “I am not aware that any other hospice agency in our eight-county service area provides blood transfusions in the home for their patients.”

Continued from cover

During a terminal illness, time is a precious commodity and CHC will do all it can to meet the needs of patients and families as expeditiously as possible. While some hospice programs use answering and triage services located in other states, we deliver a “speed to service” benefit for you and your patients. Answering our own calls 24/7 removes an unnecessary and time consuming step for everyone.

4. For acute symptom management needs, your patients will have access to the region's only freestanding hospice inpatient facilities.

When your patients experience pain and symptoms that cannot be controlled in the home or other settings, CHC offers the only freestanding Medicare certified hospice inpatient units in the

region. More than 500 patients each year experience one of our two units located in South Bend and Elkhart. These units are owned, operated and staffed by CHC professionals whose single focus is making your patients as comfortable as possible. For the last 17 years, CHC-owned inpatient facilities have helped us dramatically reduce hospice patient hospital admissions and readmissions.

5. For the benefit of your patients and families, the full range of essential interdisciplinary staff will be standing by 24/7 to provide not only emergency nursing and physician support, but also psychosocial, spiritual and emotional support.

The heart of hospice care lies in its interdisciplinary approach. Quality end-of life-care is much more than

Center for Hospice Care Earns Highest Status in We Honor Veterans Program

Center for Hospice Care (CHC) has just attained Partner Level 4 in the national We Honor Veterans program. To reach this pinnacle level, CHC focused on increasing access to and improving the quality of care Veterans received throughout its eight-county service area in northern Indiana.

“Our staff and volunteers have worked very hard to make this happen,” noted Mark Murray, President & CEO of CHC. “Many steps were taken, including increasing the integration of Veteran-specific education for staff and volunteers, evaluating and growing our Veteran-to-Veteran Volunteer Program, developing resources to help our Veterans and their families' access benefits, along with continually evaluating and implementing better ways to improve care and service to Veterans and their families throughout our organization.”

Nationally, there are nearly 2000 We Honor Veterans Partners and only 96 have achieved the We Honor Veterans Partner Level 4.

“This is a huge accomplishment not only for our agency, but for the deserving Veterans we serve each and every day,” said Murray.

For more information, visit We Honor Veterans, a national hospice provider awareness program conducted by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the Department of Veterans Affairs (VA) at wehonorveterans.org.





Center for
Hospice Care

choices to make the most of life

111 Sunnybrook Court
South Bend, IN 46637

Center for Hospice Care Launches New Hospice Referral App

Free App will streamline hospice patient diagnosis, referral and communication

To streamline patient referrals to hospice care, northern Indiana's non-profit hospice provider, Center for Hospice Care, offers physicians a free, downloadable app for use on mobile devices. 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.

"We are very excited to launch our Hospice Referral App," noted Mark Murray, President & CEO of Center for Hospice Care. "Since more than 80 percent of doctors use mobile devices, the CHC Hospice Referral App is an invaluable tool for providing timely and accurate hospice care to our community."

Versions are available at Google's Play Store for Android-based phones and tablets, and at the App Store for use on iPhones and iPads — just search CHC. For more information, 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.

