



Chair Message

*Mary Sheehan, IL-HPCO Chair,
CEO Joliet Area Community Hospice*

Wonderful and productive things are happening at IL-HPCO and here are some highlights:

- State Representative Mike Unes (R/E Peoria) has sponsored a bill to eliminate the Medicaid room and board pass through. Members of our legislative committee along with Betsy Mitchell have been meeting with other elected officials to get support for this bill. It has passed in the Rules Committee and we are waiting for it to go to the House for a vote. Thank you to all of you who completed the survey we sent; it did make a difference.

- We have two new IL-HPCO members: BJC Hospice, Alton, IL and Divine Hospice and Palliative Care, Yorkville, IL.

- The education committee is planning our annual conference and speakers will be Dr. Martha Twaddle and Mary Mihalyo.

- A new palliative care workgroup has been initiated and chaired by Susan Enright. They have been working on an accepted definition of palliative care (see page 6) and will be sending a survey to membership in order to collect data on what our programs are doing.



Attend

- | | |
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| April 25 | IL-HPCO MCO Meeting, 1:00-3:00 p.m. Seasons Hospice, Rosemont |
| May 15 | Regional Meeting, 11:30 a.m.- 2:00 p.m. Transitions Hospice and Palliative Care, Champaign |
| May 23-24 | Co-Sponsorship with Missouri Hospice and Palliative Care Association Hospice Intensive - Regulatory Update, St. Charles, MO |
| June 18 | Audio Conference, Billing, 8:30-9:30 a.m. |
| August 22 | Regional Meeting, 11:30 a.m.-2:00 p.m. Rock Island |
| October 16-17 | Annual Education Conference, Naperville |
| November 13 | Regional Meeting, 11:30 a.m.- 2:00 p.m., Heartland Hospice Rockford, IL |

For more information, contact
IL-HPCO office at pcramer@il-hpco.org
or 847.441.7200

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Legislative Update — Betsy D. Mitchell, IL-HPCO Legislative Consultant



In January, a new Illinois General Assembly was sworn into office, which included

over 50 new faces. In addition, JB Pritzker was sworn in as our new Governor. Since then nearly 6000 pieces of legislation have been introduced. Fortunately, the deadline has passed for the introduction of bills. From this point on, we will monitor all amendments.

The first bill to pass both

houses was Senate Bill 1 sponsored by Senator Kim Lightford (D/Westchester) and Rep. Will Guzzardi (D/Logan Square). The bill increases Illinois' minimum wage from \$8.25 to \$9.25 on January 1, 2020; to \$10.00 on July 1, 2020; and \$1.00 each January 1 until 2025. The bill is expected to be signed by Governor Pritzker at anytime. Governor Pritzker is busy selecting new leaders for each of the state agencies. I have made contact with some of the potential new leaders and will set up meetings with them as soon as possible.

A huge thank you goes out

to all who are meeting with legislators.

We have a lot of work to do in this department as we educate all of the new legislators about hospice, and work to create new champions for us. With nearly 60 new legislators (out of 177), we must remain focused on educating these new (and-current) legislators about hospice and palliative care in general as well as about the issues concerning us.



IL-HPCO Leaders visit Representative Art Turner

Rep. Art Turner (D-Chicago), represents the 9th district, and is President of the Chicago Black Caucus. He's an attorney with a J.D. from Southern Illinois University School of Law and is a former community organizer and youth mentor. IL-HPCO leaders talked to him about HB 3037, which is the bill sponsored by Rep. Mike Unes, and Pediatric Palliative Care.

IL-HPCO's representatives offered to be Rep. Turner's main resource on issues related to Hospice and Palliative Care. They are looking forward to speaking to the Chicago Black Caucus.



Rep. Turner, Kristin James-GIPPCC, Sara Dado-Transitions, Ellen Byrne-JourneyCare, and Jim Dale-Transitions.

The Center to Advance Palliative Care

The Center to Advance Palliative Care (CAPC) is proud to partner with IL-HPCO. CAPC is a national, member-based organization dedicated to increasing access to quality palliative care services for people facing serious illness and their families. Whether you already have a palliative care program in place, are thinking of starting one, or simply want to train your staff in core palliative care skills—including pain and symptom management, communication skills, and caregiver support—CAPC can help you meet your goals.

CAPC members have unlimited access to all of the following for all staff:

- Community-based program design curriculum to help you plan and implement the program.
- Curated, proven resources drawing from best practices in palliative care program design, including business planning tools,

billing and contracting toolkits, online tutorials, and more, to maximize efficiency and quality of your program.

- Answers from experts through daily small group consulting calls with national faculty and monthly presentations of complex patient cases, and a wide variety of operational webinars.
- Award-winning, case-based, interactive online courses—which include free continuing education credits for all disciplines—to help standardize essential competencies across clinical staff.

As part of the partnership, CAPC is pleased to offer IL-HPCO members 15% off CAPC membership for new members for the first year. Learn more at capc.org or contact the CAPC membership team at membership@capc.org or 212-201-2674.

Meet Kindred Hospice



Pam Cramer, Executive Director, paid a visit to Kindred Hospice in Arlington Heights. (Shown above, the Executive Director Barbara Underwood, Vice President of Operations, Merilee Smith, Education Coordinator and Mary Hennessey, Executive Director.) Arlington Heights Kindred joined IL-HPCO in 2018 and we are welcoming Barbara on the IL-HPCO Legislative Committee and Merilee to the Education Committee.



CALL FOR PROPOSALS IL-HPCO Annual Educational Conference

<https://il-hpc.org/conference/call-for-proposals/>

Submit now...Deadline May 1

Nursing Shortage Expected to Continue Through 2024

How CMS Is Easing the Burden on Hospice Agencies National Law Review 01.31.2019

The U.S. Department of Labor's Bureau of Labor Statistics has forecast a nursing shortage through 2024, with the United States projected to need more than half a million new nurses to replace those who leave the profession. This nursing shortage stems from a convergence of factors. First, the healthcare arena has experienced an influx of new patients due to the Affordable Care Act and an aging population, increasing the demand for healthcare services.

Second, many baby boomers have already reached or will soon reach retirement age. Finally, there are barriers to education for new nurses, including a lack of programs, faculty, and clinical sites to support training needs. On December 21, 2018, the director of the Quality, Safety & Oversight Group of the Centers for Medicare & Medicaid Services (CMS) issued a memorandum that officially extends CMS's designation of the national nursing shortage as an "extraordinary circumstance." This extension will permit hospice agencies to use contract workers to provide core nursing services through September 30, 2020.

Under 42 C.F.R. 418.64, hospice agencies "must routinely provide substantially all core services" through their own employees. Hospice agencies may use contract staff in their facilities only if there are "extraordinary or other non-routine circumstances." These circumstances are generally unforeseen temporary events, such as "unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area."

CMS to Test Hospice Carve-In

CMS to Test Hospice Carve-In Under Medicare Advantage Home Health Care News 01.18.2019

The Medicare Advantage (MA) carve-in that many industry insiders pegged as "inevitable" has finally arrived.

The Centers for Medicare & Medicaid Innovation (CMMI) on Friday morning announced it is expanding the MA Value-Based Insurance Design (VBID) model, using VBID to test out several wide-ranging updates to MA offerings, including a hospice carve-in set to take effect in 2021. Hospice care is currently not allowed as a benefit covered in MA

plans. The Centers for Medicare & Medicaid Services (CMS) introduced VBID in seven states in 2017, opting to expand the model in 2018 and again in 2019. Language included in the Bipartisan Budget Act of 2018 requires VBID to include all 50 states and territories by 2020.

Hospice Medical Director Certification Board



*Bruce Hammond, CAE Director,
Marketing & Communications*

Did you know that the Hospice Medical Director Certification Board (HMDCB) now has 948 certificants (at least one from every state of the US)? As the 2019 application cycle for the HMDCB certification examination has been open for approximately one month (and will remain open until April 22, 2019), I wanted to reach out with an offer to share with you how many HMDCs your state has, who the most recent HMDCs from your state are, and other info that could be beneficial to you in promoting these certified physicians.

Additionally, as we continue our outreach to hospice physicians and administrators across the country (our first mailing was sent earlier this month), we also hope that you would be willing to help us spread the word about our certification application cycle to your members. Once again this year, we have several ways you can help if you're willing:

1. Include the HMDC notice in your organizational newsletter. If you are willing to do this, I have some copy that could be used for either physician or CEO/administrator audiences.
2. Include a link to our website on your website. If you have a resources page on your website for physician members, we would appreciate it if you could link to www.hmdcb.org.
3. Share our posts on Twitter. If your organization has a Twitter presence, we would appreciate you following us and helping to spread the word through Retweets. Our handle is @HMDcert.
4. Keep us in mind as conversations arise. If you hear of a member hospice who is interested in getting additional value for their physicians, share HMDCB as a way to help them do so. CEOs/administrators can learn more about the exam and what's covered by visiting www.HMDCB.org/Blueprint, and more about eligibility at www.HMDCB.org/eligibility. Physicians can learn more about the benefits at www.HMDCB.org/physicians.

This Spring, we will be exhibiting at three national meetings: the AMDA/PALTC Annual Conference in Atlanta; the Annual Assembly of Hospice & Palliative Care presented by AAH-

PM & HPNA in Orlando; and the NHPCO Leadership & Advocacy Conference in Washington, DC. I will be attending both AMDA and NHPCO, and would love to meet with you if you'll be attending.

To the many of you who I've had the chance to interact with over the last few years, thank you for your support. For those with whom I haven't yet connected, I hope to be able to do so this year. Please let me know what I can provide you or how I can help. Reach me at info@hmdcb.org.

Welcome New Members

**We are pleased
to welcome
BJC Hospice
Illinois, part of BJC
Healthcare System
in St. Louis and
Divine Hospice and
Palliative Care,
Yorkville, IL .**

Official Definition for Palliative Care

At the recent IL-HPCO Board of Directors meeting, the National Consensus Project* definition was approved for IL-HPCO's official definition. We encourage you to use this definition when appropriate.

PALLIATIVE CARE

Palliative care focuses on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of care. Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness. Through early integration into the care plan for

the seriously ill, palliative care improves quality of life for the patient and the family.

Palliative care is:

- Appropriate at any stage in a serious illness, and it is beneficial when provided along with treatments of curative or life-prolonging intent.
- Provided over time to patients based on their needs and not their prognosis.
- Offered in all care settings and by various organizations, such as physician practices, health systems, cancer centers, dialysis units, home health agencies, hospices, and long-term care providers.
- Focused on what is most important to the patient, family, and caregiver(s), assessing their goals and preferences and determining

how best to achieve them.

- Interdisciplinary to attend to the holistic care needs of the patient and their identified family and caregivers.

*National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines, 4th Edition. **

* Acknowledgments

The NCP Clinical Practice Guidelines for Quality Palliative Care, 4th edition, was funded by the Gordon and Betty Moore Foundation with additional support for the systematic review by the Gordon and Betty Moore Foundation, Gary and Mary West Foundation, The John A. Hartford Foundation, and Stupski Foundation.



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<https://www.ilsos.gov/pickaplate/pickaplate>

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Editor: Mary Sheehan, CEO-Joliet Community Hospice, msheehan@joliethospice.org

Executive Copy Editor: Lisa Novak, CEO-Northern Illinois Hospice, lnovak@niha.org

Executive Director: Pamela Cramer, CAE, pcramer@il-hpco.org

Production Editor: Laureen Crotteau, lcrotteau@joliethospice.org

Offices: 902 Ash Street, Suite 200, Winnetka, IL 60093-2436 (847-441-7200) www.il-hpco.org