



CHAPCA

Newsletter

Focus on Coronavirus (COVID-19) Intensifies

President Trump declares national emergency; 1135 waiver signed.

Joint federal agencies including CDC, HHS, and NIH under direction of the Administration are developing a joint federal plan directed towards infection control and mitigation actions to slow transmission of COVID-19. NHPCO’s Edo Banach along with leaders from the hospice and palliative care community were invited to a COVID-19 Task Force meeting hosted by Vice President Pence at the White House on March 4. At this meeting and in a subsequent letter to CNS Administrator Verma, NHPCO offered recommendations that would assist the hospice and palliative care community. On March 10, NHPCO sent a letter to President Trump requesting a declaration of national emergency and that hospice be included in any 1135 blanket waiver. The President declared a national emergency on March 13. Following this declaration, CMS issued guidance to providers. The [COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#) lists blanket waivers that currently available. Of particular interest to hospice providers are the following waivers:

Provider Locations

- Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid

Provider Enrollment

- Postpone all revalidation actions
- Allow licensed providers to render services outside of their state of enrollment
- Expedite any pending or new applications from providers

Skilled Nursing Facilities

- CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay provides temporary emergency coverage of (SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency.
- For certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.

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Find CHAPCA News Online

Visit the [new CHAPCA website](#) to check out the new member-only Hospice and Palliative Care News section. This feature is published regularly and contains real-time news featuring weekly news on Hospice and Palliative Care End-Of-Life Care from the Hospice News Network, CMS Hospice News updates, All Facilities Letter (AFL) updates from the California Department of Public Health, CHAPCA guest articles as well as DHCF updates. **Log-in today and check out www.calhospice.org.**

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Focus on Coronavirus (COVID-19)

Guidance to Hospice Providers

As requested by NHPCO, CMS published some guidance to hospice providers and guidance to nursing facilities for hospice workers regarding COVID-19. Many questions remain to be answered. NHPCO is in constant communication with CMS regarding preparedness concerns. Find memorandums on the CMS website:

- [Guidance for Infection Control and Prevention \(COVID-19\) by Hospice Agencies](#)
- [Guidance for Infection Control and Prevention of Coronavirus Disease 2019\(COVID-19\) in nursing homes](#) (REVISED)
- NHPCO offers a [Fact Sheet summarizing the guidance from CMS](#).

Updated resources from federal partners:

- [COVID-19 Healthcare Planning Checklist](#)
- [Resources for Healthcare Facilities](#) (CDC)
- [Information for Healthcare Professionals](#) (CDC)
- [Preventing COVID-19 Spread in Communities](#) (CDC)
- [Interim Guidance: Public Health Communicators Get Your Community Ready for COVID-19](#) (CDC)
- [Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for COVID-19](#) (CDC)
- [HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange](#) (TRACIE)
- [ASPR COVID-19: Coronavirus Disease 2019](#) (HHS)

Congressional activity is underway and legislation is expected to be passed at any time. NHPCO has created a webpage with information and links available to anyone at www.nhpc.org/coronavirus. Anyone interested in COVID-19 updates from NHPCO may sign up for [free email updates](#).

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“No Visitor” Stance in VA Nursing Homes

On March 10, The U.S. Department of Veterans Affairs announced all VA nursing homes will adopt a “No Visitor” stance, meaning no outside visitors will be permitted to see residents until further notice. The only exceptions will be in compassionate cases when Veterans are on hospice units. In those cases, visitors will be limited to a specific Veteran’s room only.

The VA’s 134 nursing homes are home to more than 41,000 Veterans across the country annually. The residents are predominantly older, and many have multiple complex health conditions, making them particularly vulnerable to infection.

“While the COVID-19 risk to average Americans remains low, these commonsense measures will help protect some of our most vulnerable patients,” said VA Secretary Robert Wilkie. “VA will make every effort to minimize the impact of these policies on Veterans while putting patient safety first.”

For more detailed information, see the [VA press release](#). Please note that updates and information is being released frequently.

Message from the CEO

Working to Support our Community

2020 was supposed to be a banner year for CHAPCA Education events! We had planned to announce this week workshops in SoCal and NorCal.

Then it all changed in the last week.

The coronavirus has rapidly spread around the globe to all nations and has been declared a pandemic. To curb its spread, many California cities have self-imposed school and city closures. Implementing social distancing is a new term we all need to get use to now and maintain in the coming weeks.



CHAPCA leadership is here to help answer any of your questions. Keep up to date with your member only news in CHAPCA member portal.

Please be safe and keep well while providing care to your patients and families who desperately need you at this difficult time.

Sheila

Sheila Clark
President and CEO



HHS Finalizes Health Interoperability Rules

On March 9, 2020, the Health and Human Services Department released two highly anticipated interoperability rules that will give patients secure and free access to their health data. The new rules were announced on a conference call led by officials, HHS Secretary Alex Azar, CMS Administrator Seema Verma, and National Coordinator of Health IT Don Rucker. They announced the finalization of [ONC's Cures Act Final Rule](#) and [CMS' Interoperability and Patient Access Final Rule](#).

These two rules implement interoperability and patient access provisions of the bipartisan 21st Century Cures Act (Cures Act) and support President Trump's MyHealthEDData initiative.

- [ONC's Cures Act Final Rule](#): The ONC Cures Act Final Rule implements interoperability requirements outlined in the Cures Act.
- [CMS' Interoperability and Patient Access Final Rule](#): This final rule (CMS-9115-F) is focused on driving interoperability and patient access to health information by liberating patient data using CMS authority.

Together, these final rules mark the most extensive healthcare data sharing policies the federal government has implemented to date, requiring both public and private entities to share health information between patients and other parties.

Examining the Role of Hospice in Medical Aid in Dying

Medical aid in dying is being requested by hospice patients more and more frequently. In states where the practice is legal, some hospices are starting to consider whether medical aid in dying should be among the services they offer. Hospices who provide medical aid-in-dying support have adapted to various concerns along the way, but many report positive outcomes.

Rosanne Nelson, RN, explores the issue in a recent *Medscape* article titled, [“Should Medical Aid in Dying Be Part of Hospice Care?”](#) Recently, clinicians such as clinical coordinator at Bay Area End of Life Options in Berkeley, California, Thalia DeWolf, RN, CHPN, presented their support at the first ever National Clinicians Conference on Medical Aid in Dying (NCCMAID). More than 300 clinicians were in attendance. “Attentive care for the terminally ill patients, until their last breath in hospice, is the hospice ideal,” DeWolf says. “And because aid in dying is being increasingly requested by hospice patients, it is being integrated into hospice care, and many hospice doctors are acting as attending physicians and consultants in the entire process.”

At the same NCCMAID conference, Senior Clinical Director of Berkeley’s Hospice by the Bay Laura Koehler, LCSW, ACHP-SW discussed the role of medical aid-in-dying in the care they provide. Hospice by the Bay was the first hospice to open in California in 1975. When medical aid-in-dying was legalized in the state, they took on this practice as well. Since then, 150 patients have taken advantage of this service. Some key elements of the Berkeley Hospice by the Bay program help to make it successful. Patients must initiate conversations about medical aid in dying. Social workers usually lead these conversations, but doctors can also act in consulting roles if the patient requests. Their clinicians have specific training in discussing medical aid in dying with patients and with other physicians and prescribers outside of the hospice as well.

Chief medical officer at Mission Hospice in San Mateo, California, Gary Pasternak, MD, MPH, also says their experience with integrating medical aid in dying has been positive. Though he was critical of the practice at first, Pasternak explains that his experience with one patient in particular – “a 90-year-old ‘cantankerous’ lawyer who asked for assistance the day the law went into effect” – changed his mind about medical aid-in-dying. “What I discovered was that these were some of the most peaceful deaths I’ve seen,” he says.

Helpful Links from CMS

- **Timeliness Compliance Threshold for HIS Submissions: Fact Sheet Now Available**
CMS has posted a document that updates information on the Timeliness Compliance Threshold for HIS Submissions: Fact Sheet (PDF). This fact sheet outlines the timeliness compliance threshold for HIS submissions finalized by CMS in the FY 2016 Final Rule as well as presenting a preliminary algorithm for the timeliness compliance threshold calculation.
- **Presentation from the December HQRP Forum Available**
The presentation from the quarterly Hospice Quality Reporting Program (HQRP) Forum held on December 4, 2019 is now available. The Forum provided an update on the development of the Hospice Outcomes & Patient Evaluation (HOPE), including a summary of focus group findings and cognitive testing, an update on electronic health record vendor listening sessions findings, and a discussion of next steps. The slides are available in the downloads section of the HOPE webpage.

CHAPCA Kudos Corner: Two Honorees this Month!

Congratulations to our Associate member Barbara Karnes who was honored last month as one of the Top 50 Caregiver Blogs on the Web award!

Barbara posts 2 blogs a month on end of life education, bereavement, signs of death, dying and living with a life-threatening illness. Be sure to [visit Barbara's page](#) as an education resource for ALL hospice staff.



Kudos to Hospice of the Foothills

For its outstanding Solar Power Project that's discussed in the article from *Hospice News*, "[Hospice of the Foothills Solar Power Project Earns Savings, Aids Recruitment.](#)"

"Every step closer to minimizing costs that do not directly go to our caregivers and our families makes us so happy. With this project, we are able to impact the care we provide and minimize our impact on our earth"

- Executive Director, Viv Tipton



Submit a "Shout Out" Nomination:

CHAPWA members are encouraged to submit entries for consideration and publication in the newsletter to:

info@calhospice.org. Please submit the following information for each submission:

- Name of your hospice;
- first and last name of individual & credential (if for individual recognition);
- brief description of accomplishment;
- and Hospice Executive Director/Administrator's name, email, and contact number.

Please note that Hospice Administrator—Executive Director endorsement is required.

Thanks for Submitting Staff Members to Your Profile!

Thank you to the key contacts who completed the Linked Profiles form to add staff to your CHAPCA membership account. As promised, all staff members who submitted a completed form were entered into a drawing for a FREE Hospice Webinar Network training of your choice valued at (\$150). All entries were randomly selected by CHAPCA staff. **Congratulations to Arlene Buena with Perpetual Care Hospice.**


Arlene, please contact CHAPCA at info@calhospice.org to retrieve your certificate good for one free webinar, good through December 31, 2020!

Study Identifies Concerns Related to POLST Forms

Physician Orders for Life-Sustaining Treatment (POLST) have been highly effective in reducing unwanted hospital admissions for those near the end of their lives. However, more than one third of chronically ill end-of-life patients received intensive care that was in discordance with their advance directives, a [new study published by JAMA](#) indicates. Eighteen percent of the patients in the retrospective cohort study received life-sustaining treatment in the last six months of life despite specifying “limited additional interventions” or “comfort measures only” in their POLST forms. Additionally, 38% of patients with treatment-limiting POLSTs had received care that was “potentially discordant” with their wishes.


The researchers stress that POLST orders are not absolute. Unforeseen circumstances may prompt a change in preference and patients, family members, and physicians are not wholly bound to the orders. “Administering end-of-life care can be difficult for caregivers and physicians, as the presence of certain conditions may ethically compel different treatment courses than originally outlined in POLSTs,” AJMC says. The research indicates that more intensive, more POLST-discordant care is likely to be administered in cases where the prognosis is less clear.

[An editorial](#) on the topic, written by Dr. Robert Truog and Dr. Terri Fried was published in the same issue of *JAMA*.



2020 Side-by-Sides are Now Available

Side-By-Side Comparison
Federal and State Requirements for
Hospice & Home Health Care



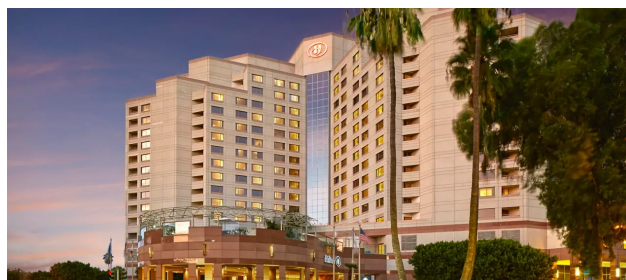
Subject and Section	Page Number	Subject and Section	Page Number
Subject A - General Provisions and Definitions		Subject A - General Provisions	
412.11 Scope of law	1	412.11 Scope of law	1
412.12 Definitions	1	412.12 Definitions	1
Subject B - Eligibility, Election and Duration of Benefits			
412.20 Eligibility of hospice care program coverage - Election	18		
412.21 Duration	18		
412.22 Continuation of hospice care program coverage - Election	18		
412.23 Qualification of terminal illness	18		
412.24 Election of hospice care	18		
412.25 Admission to hospice care	18		
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412.27 Recurrence of terminal illness	18		
412.28 Termination of hospice care	18		
Subject C - Conditions of Participation: Patient Care		Subject B - Patient Care	
412.30 Conditions of Participation: Patient Care	44	412.30 Conditions of Participation: Release of patient identification (CICIS)	38
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		412.35 Conditions of Participation: Quality assessment and performance improvement	44

CHAPCA Member Price: \$80
Non-Member Price: \$160
[Visit CalHospice.org/Publications](http://CalHospice.org/Publications)

CHAPCA Annual Conference and Exposition 2020!

Mark your calendar

CHAPCA has confirmed that the 2020 Annual Conference and Exposition will be November 5-6. CHAPCA will be back at the Hilton Long Beach Hotel this year. Look for more details soon, but save the date on your calendar!



Administrator Verma Remarks from CMS Quality Conference

Centers for Medicare and Medicaid Services Administrator Seema Verma stated in her plenary remarks at the CMS Quality Conference on February 26 that CMS is developing Meaningful Measures 2.0 which have patient-centered care and high-quality outcomes at their core.

Administrator Verma stated that quality improvement should be the top priority for all providers and it is time to “double down” on performance improvement to ensure quality patient care. Administrator Verma also discussed the future focus for QIO’s related to focus on patient safety, reviewing transitions in care, forcing standards of quality to improve patient care, and identifying low performing providers.

CMS intends to move towards implementation of digital quality measures as a strategy for obtaining real time quality measure information to create seamless workflows between providers and to ensure quality care without fragmentation. Finally, she stated that CMS is reviewing state survey agency processes and the current activity of accreditation organizations as CMS does not feel they are living up to their oversight expectations.

Read [Administrator’s Verma’s full remarks](#) on the CMS website.

CMS Delays Application Deadline for MAOs to Apply for VBID

The application deadline for the Value-Based Insurance Design (VBID) Model has been extended from March 16, 2020 to Friday, **April 24, 2020** by 11:59 p.m. EDT. This applies to all VBID Model components, including value-based insurance design by socioeconomic status, Medicare Advantage (MA) and Part D rewards and incentives, wellness and health care planning and the hospice benefit component.

Medicare Advantage Organizations (MAOs) that chose to participate in this model will incorporate the current Medicare hospice benefit into MAO covered benefits. The hospice benefit component will be tested over four performance years, and participation in the model is voluntary for eligible MAOs.

CMS is publishing [a timeline calendar](#) (PDF) to provide the timing of key activities associated with the Direct Contracting Model. The calendar also includes important dates for the Medicare Shared Savings Program to help inform participation decisions for those applicants interested in both shared savings initiatives.

CMS VBID Hospice Carve-In Office Hours

The CMS Value-Based Insurance Design (VBID) Model team will host a series of office hours for interested participants to ask questions and get additional information about the hospice benefit component of the VBID Model. Please submit questions in advance by emailing the VBID Mailbox at VBID@cms.hhs.gov.

- [Payment Design Part I](#), Thursday, March 19, 4:00 – 5:00 pm ET
- [Quality, Transparency and Access](#), Thursday, March 26, 4:00 – 5:00 pm ET
- [All Topics](#), Thursday, April 9, 4:00 – 5:00 pm ET
- [Payment Design Part II](#), Thursday, April 16, 4:00 – 5:00 pm ET



weatherbee resources, inc.

**Weatherbee Resources
Las Vegas Hospice Regulatory Boot Camp
June 2020 – Las Vegas, NV
Co-sponsored by CHAPCA and Relias**

Weatherbee Resources has provided more than 59 Hospice Regulatory Boot Camps across the country since 2006. More than 4,000 hospice professionals, surveyors, consultants, and others have attended Weatherbee's two-day boot camps for in-depth, timely and relevant information related to hospice regulations, compliance challenges and managing hospice scrutiny.

Hospices across the country utilize Weatherbee's Boot Camps for orienting new staff and for the on-going training of Executive Directors, Hospice Medical Directors and Team Physicians, Clinical Managers, Corporate Compliance Officers, QAPI Coordinators, the Interdisciplinary Group, and others.

When: Monday, June 8, 2020 at 8:30 a.m.
to
Tuesday, June 9, 2020 at 4:00 p.m.
Boot Camp: **\$699**

Additional 3rd day
Wednesday, June 10, 2020
8:00 a.m. to 4:00 p.m.

Striving for Documentation Success: **\$350**
*(Open to registrants attending the 2-day Boot Camp
or anyone who has attended Boot Camp in the previous 12 months)*

Where: Bellagio Las Vegas
3600 Las Vegas Blvd. S
Las Vegas, NV 89109

Accommodations:
\$199 per night +13.38% tax +\$39 resort fee
(Rate guaranteed to 4/30/20)
(888) 987-6667 or (702) 693-7444

Go to www.calhospice.org to register online.

From the calhospice.org homepage, click on the Education tab,
then choose the button for the Education Calendar.
In June, you will see each day scheduled and contains a link to register.

Tidbits

Hospice Care

Hospice providers are showing increasing interest in senior living and assisted living. Strategica Managing Partner Michael Ferris tells Senior Housing News that there are a few primary motivators for this trend. These include an increased focus on length of stay in skilled nursing facilities and the aging population. Adding hospice care to assisted living facilities has benefits as well. Hospice care can decrease the number of falls in a residence. Additionally, hospice prevents seniors from being uprooted from their home when nearing the end of life. It also improves occupancy rates for the facilities. One barrier to expanding care, however, is a shortage of workers. “As demand for hospice increases, however, hospice providers will need to contend with finding qualified staff, especially on the nursing side,” Senior Housing News cautions. “While nursing is one of the fastest growing occupations in the U.S., with 12% growth expected through 2028, according to the U.S. Bureau of Labor Statistics; hospice is considered a specialty nursing practice.” – [MORE](#)

Salt Lake City hospice home The Inn Between provides a homelike setting for homeless hospice patients. However, more and more patients who have never been homeless are seeking care from The Inn Between. “A lot of people are falling through the cracks,” says executive director Kim Correa. “That’s just something that we’re seeing more and more... people just coming from the community who have never been homeless, but now, they’re facing a terminal illness (and) need hospice care.” Former math professor Michael Burton is an example of such a patient. Despite working his entire adult life, having health insurance, and savings, his illness cost him all of his resources. Facing terminal pulmonary hypertension at the age of 55, he can no longer take care of himself and feels lucky to be in the care of The Inn Between. Correa says these patients come to them because insurance does not cover housing costs or extended care. – [MORE](#)

Hospice Aggregate Cap reporting deadline and suspension of payments. The hospice aggregate cap reporting deadline was March 2, 2020. Hospices that have not submitted their cap information will have their Medicare payments suspended effective March 10, 2020. Below are the number of payment suspension letters that have gone out due to providers’ lack of timely filing: Palmetto – 397; NGS – 277; and CGS – 108.

Election statement additions and addendum. NHPCO requested more information from CMS on whether they would issue a sample election statement with the October 1, 2020 changes as well as a sample addendum. They responded that they may create samples for both in the proposed FY2021 Hospice Wage Index proposed rule. The NHPCO Regulatory Committee is looking at the requirements for both and what resources will be needed but will wait for the publication of the proposed rule in April to confirm the sample language. CHAPCA will share more information when it is available.

Timeliness Compliance Threshold for HIS Submissions: fact sheet now available. CMS has posted a document that updates information on the Timeliness Compliance Threshold for HIS Submissions: Fact Sheet. This fact sheet outlines the timeliness compliance threshold for HIS submissions finalized by CMS in the FY 2016 Final Rule as well as presenting a preliminary algorithm for the timeliness compliance threshold calculation. – [MORE](#)

HMDCB early-bird deadline quickly approaching. The Early Bird deadline for the Hospice Medical Director Certification Board (HMDCB) initial examination ends March 17, 2020. Physicians who apply by that date will save \$250 in application fees. To learn more and apply online, visit the HMDCB website. – [MORE](#)

Tidbits

Palliative Care

Palliative care consultations for cystic fibrosis patients.

A national Results show that very few cystic fibrosis patients can recall receiving a palliative care consultation, though physicians surveyed say that they provide one the majority of the time, according to a study published in the *Journal of Palliative Medicine*. Respondents said that the unpredictable course of the disease was an important factor in what may make palliative care needs different for those with cystic fibrosis. Over 80% agreed that the needs are different in cystic fibrosis patients. Important care needs identified include “emotional support, emotional symptom management, and communication about treatment decisions.” Major barriers to care identified include a misconception that palliative care is for the end of life and a lack of knowledge of cystic fibrosis in care teams. – [MORE](#)

An essential element of care. In Portland, Oregon, an organization called Housecall Providers says that one of the most essential elements of care is housing. The organization provides palliative care to seriously ill homeless members of the local community. Housecall Providers matches patients with a primary caregiver who is either a nurse, social worker, or lay health worker. The New York Times shares stories of individual patients of Housecall Providers. Each one has faced tremendous difficulty in receiving the care they need because of either their homeless status or past hardships. “Why tell these stories?” *The New York Times* asks. “Every year, Americans pay what is essentially an \$8,000-per-household poll tax to support the excessive profits of American health care, argue the economists Anne Case and Angus Deaton in their new book ‘Deaths of Despair and the Future of Capitalism.’ Still, we speak disparagingly of those who can’t pay their way...” – [MORE](#)

Update on Palliative Care Quality Measure Project. The Palliative Care Quality Measure Project, a collaboration between AAHPM, RAND, and the National Coalition for Hospice and Palliative Care, has completed alpha testing and will soon begin beta testing with 44 outpatient palliative care providers to create two patient reported experience measures. A new handout (PDF) highlighting general information about the project is available. There will be a public comment period in January and February 2021. For a complete update on the Palliative Care Quality Measure Project go to the project’s website. – [MORE](#)

Tidbits

Other Notes

Excerpt from *Death is But a Dream*. An excerpt from Dr. Christopher Kerr's new book *Death is but a Dream* has been posted recently on the NHPCO blog, “For some patients, the peace and understanding gained at end of life is achieved through dreams and visions that wash over them, summoning up images and emotions that soothe and appease.” Looking forward to having Dr. Kerr as a keynote at #IDC20 in October in Little Rock! – [MORE](#)

Treating death like a birth. An essay from *Modern Loss* prompts readers to consider what it would be like if we treated death the same way we treat birth. Death doula Jane Whitlock compares how we communicate with pregnant people—with joy and excitement—with how we communicate with those who are near life’s end.. Whitlock prompts us to imagine what it would be like if death were treated like birth. We would share stories about it, exchange gifts, hold celebratory rituals. We would play games of remembering the loved one who is dying. We would prepare a “death ‘nursery’” where we would spend time with our loved one. “If we treated death as we treat birth, death would take its rightful and valued place in the circle of human experiences,” Whitlock says. “By doing this — in cases when death is not sudden, and being prepared even if death does come suddenly — the end of life would be a time not of fear and anxiety but of love and connection and a time to access our deepest emotions.” – [MORE](#)

A daughter’s experience with dementia. Ellen Goodman shares her personal experience with her mother’s dementia and discusses the importance of end-of-life conversations in her video for the Conversation Project. Goodman explains how she talked to her mother about everything except her end-of-life wishes. “I didn’t know how important it was to have these conversations early...” she says. The full video is available on the Conversation Project’s website. – [MORE](#)

Free Virtual Advocacy Day training webinars. In preparation for Virtual Advocacy Day, which runs the week of March 23, the Hospice Action Network will be hosting free Virtual Advocacy Day training webinars that are open to all advocates. Check out the Virtual Advocacy Day website to sign up for training webinars, then use the Legislative Action Center to contact your Members of Congress throughout the week of March 23-27. Even speaking up virtually can make a difference! – [MORE](#)

Behavioral Economics Looks at Cost of Dying in the U.S.

Physician and behavioral scientist at Duke University Peter Urbel, [writing in Forbes](#), says that a “fundamental truth about healthcare spending [is that] when it comes to life-or-death decisions, cold-hard economic thinking rarely applies.”

Behavioral economics offer some insights into these high-spending ways, insights we need to draw upon if we hope to improve end-of-life care and reduce end-of-life spending. Here’s a few of the psychological and economic phenomena contributing to high healthcare spending.

An outsized amount of healthcare spending goes to end-of-life care that doesn’t even improve the length or quality of life for patients he says. According to Urbel, behavioral economics offers the following insights into the causes of this phenomenon: “the psychology of nothing to lose” – research shows that people place high value on anything that increases chance of survival from zero; a distrust of doctors’ recommendation of hospice care; free care after reaching out of pocket maxima; provider incentives which favor high medical spending; and a message of hope delivered through marketing from hospitals, oncology practices, and pharmaceutical companies.

“[To] reduce end-of-life costs, we need to recognize and account for the concerns of patients and families facing tragic choices,” Urbel concludes.

The image shows an 'Advertising Rate Sheet' for CHAPCA. It includes a title in cursive, a call to support CHAPCA, and a table of ad rates. The table lists four ad sizes: Full Page, Half Page, One-Third Page, and Quarter Page, each with dimensions and two price options (member/non-member). A note at the bottom states '*rates listed as member/non-member'.

Advertising Rate Sheet

Support CHAPCA - Advertise!

Publication Schedule
Published Monthly on 15th

Advertising Deadline
10th of the month of publication

Ad Rates

Full Page (7.5" w x 10" h)	\$225 / \$300
Half Page (7.5" w x 5" h)	\$175 / \$225
One-Third Page (2.5" w x 10" h)	\$150 / \$200
Quarter Page (3.75" w x 5" h)	\$125 / \$175

*rates listed as member/non-member

Acknowledgment

Thank you to Hospice News Network for contributions to this issue of the CHAPCA newsletter. Hospice Analytics is the national sponsor of Hospice News Network for 2020. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of-life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.

Calendar of Educational Events

New in 2020, CHAPCA has added LIVE webinars that are FREE to CHAPCA members. Be sure to check the event calendar on our website for a current schedule.

Upcoming FREE Live Webinars:

- *End Stage Parkinson's Disease*, presented by Hospice Pharmacy Solutions
March 26; 10:00 a.m.– 11:00 a.m.
- *Learning From Our Hospice Past For A More Compliant Future: Utilizing an Interdisciplinary Approach to Avoid Common Survey Deficiencies*, presented by Lisa Meadows, ACHC. March 31; 10:00 a.m.– 11:00 a.m.
- *Hospice PEPPER: A Step-by-Step Guide to Interpreting and Analyzing the Report*, presented by Carrie Cooley, Weatherbee Resources
April 28; 10:30 a.m.– 12:00 p.m.

Register through our [Event Calendar on calhospice.org](https://www.calhospice.org).

Lorman Educational Services – Lorman provides professional continuing education on compliance, regulatory and business topics. [Check out the complete course catalog](#).

Hospice and Home Care Webinar Network – CHAPCA members receive a reduced price on over 50 webinar topics. The [2020 webinar schedule](#) is online. Upcoming webinars:

- [How to Develop a Sustainable Remote Patient Monitoring Telehealth Program](#)
– March 26; 12:00 – 1:30 p.m.
- [Challenges & Solutions for Hospice Volunteers: An Interactive Webinar for National Volunteer Month](#)
– April 2; 12:00 – 1:30 p.m.
- [Home Health CoPs – Top Issues & Concerns](#)
– April 9; 12:00 – 1:30 p.m.

NHPCO Webinars 2020 – [check out the topics and dates online](#). Prices for members have been cut by 50% to make these offerings more affordable. Packages are available for the remainder of the year.

CONFERENCES

2020 Virtual Conference: A Focus on Quality – July 22-23, hosted by AAHPM, HPNA, and NHPCO. [Online registration is now open](#).

2020 CHAPCA Annual Conference and Exposition – November 5-6, Hilton Long Beach Hotel. Information available soon!

CHAPCA Board of Directors

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