

# ANNUAL REPORT

# 2018

Presented to the Membership  
September 23, 2019

**OREGON HOSPICE &  
PALLIATIVE CARE  
ASSOCIATION**



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# History, Status, Mission, Description, Vision and Goals

## History

The Oregon Hospice & Palliative Care Association has served terminally ill Oregonians and their families since its incorporation in 1985. The agency came into being with the merger of two distinct hospice organizations, the Oregon Council of Hospices and the Hospice Assistance Program, each established in the late 1970's.

## Status

The Oregon Hospice & Palliative Care Association is a state-wide, 501(c)(3), public benefit membership organization.

In 2018, 48 hospices were licensed to provide supportive, palliative health care services. In addition to licensed hospices, 4 Oregon prisons provide end-of-life care services to inmates in their facilities.

## Mission

The Oregon Hospice & Palliative Care Association is a state-wide public benefit organization helping to ensure Oregonians have access to high quality hospice and palliative care as they near the end of life.

## Description

The Oregon Hospice & Palliative Care Association is committed to improving the quality of life for Oregonians at the end of life and supporting the hospice and palliative care agencies that provide care. The Oregon Hospice & Palliative Care Association's services include public and professional education, advocacy, research, consultation, accreditation and leadership.

## Vision

The Oregon Hospice & Palliative Care Association's vision is that Oregonians will be able to face the end of their lives knowing that there is a compassionate, stable, sustaining system of care to provide them with safety, comfort and assistance with the goal of assuring that their deaths will be the best possible ending.

## Goals

### Network

- Build a strong cooperative network of providers and other resources at state, national and international levels.
- Provide a steady flow of information and communication among existing and developing hospice and palliative care providers.

### Research

- Coordinate and promote research to improve the care of terminally-ill Oregonians and their families.
- Participate in the collection of end of life data.

## **Education**

- Provide education to promote a clear understanding of hospice and palliative care to the public and to stakeholder groups including academic institutions, businesses and other entities.
- Provide information and respond to requests about end-of-life choices.
- Provide professional education to hospice and palliative care providers and other practitioners of medicine.
- Encourage the completion of Physician Orders for Life-Sustaining Treatment (POLST) forms for all hospice and palliative care patients at the time of admission.
- Offer consultation services to hospice and palliative care agencies and to programs developing end of life care.
- Provide bereavement education and support for children and families through the Me, Too partnership.

## **Quality Assurance**

- Participate in the development and implementation of standards of care at the end of life.
- Keep all providers of hospice services aware of new developments in standards;
- Provide technical assistance to programs to meet requirements of standards and to comply with regulations.
- Provide accreditation services for hospice programs.

## **Advocacy**

- Advocate for high quality hospice and palliative care at the local, regional, national and international levels, including regulatory agencies, legislative bodies, community leaders and other stakeholders.
- Monitor, respond and provide input into health care legislation and regulation relevant to hospice and palliative care at all levels of government.

## **Fiscal Health**

- Sustain financial soundness to support the Oregon Hospice & Palliative Care Association's mission.

## Chair's Report

### Margaret Thornburg, Board Chair

It has been my honor and pleasure to have served as the chair of the OHPCA for the last year. I want to thank my fellow board members, the dedicated staff of OHPCA and you the OHPCA membership for your support throughout my tenure.

In September of 2017 we first held the annual OHPCA business meeting with the fall Professional Practices Exchange rather than in January. We are pleased that this change has greatly increased membership participation, which was our intention. The annual meeting is an important opportunity for the membership to elect new board members as well as be informed of the operational and financial status of the organization. It was decided by the board to continue this practice of combining these two important events annually in the fall.

In February of 2018 (and again in 2019) the OHPCA board met for a retreat to review our strategic plan. We again evaluated the needs of our Hospice and Palliative Care community to identify where we need to grow. It was a very productive day and I hope provided strategies and initiatives to help guide the organization into the future.

Accomplishments towards our goals for 2018 and into 2019 have been:

#### **Building a Network:**

- Outreach to Palliative Care Programs - added Palliative Care providers to Board Membership
- Joined the Cambia-sponsored Oregon Coalition for Living Well with Serious Illness.
- Continuing to offer monthly Regulatory/QAPI networking meeting
- Continuing to offer monthly Inpatient networking meetings
- Continuing to offer bi-monthly Volunteer Coordinator networking meetings

#### **Research:**

- Developed system and format for reviewing requests for participation in research.
- Met with Australian delegations to share information regarding how Hospice and Palliative Care programs may function when death with dignity is a legal option.

#### **Education:**

- Public presentation by OHPCA CEO upon request
- Sponsor and promote Hospice Education Network and NHPCO webinars
- Continued participation in the POLST coalition
- Spring Intensive Regulatory Conference
- Professional Practice Exchange

#### **Quality:**

- Monthly Regulatory/QAPI call with regulatory updates
- Sponsor and promote national webinars regarding compliance and quality

**Advocacy:**

- 2018 Contract with Gallant Policy Advisors – state legislative lobbying support
- Initiation of Public Policy committee, with weekly meetings.
- Success in the 2019 Oregon Legislative session, with passage of two of the three bills we supported!

**Resource Development:**

- Increased fund development strategies with Connect PDX

Like you are the hospice champions in your community, the Oregon Hospice & Palliative Care Association is your champion here in Oregon and in the nation. We are your voice and representative on the National Hospice & Palliative Care Organization's Council of States and the Regulatory Committee and other subcommittees. We are your advocate in Salem and in the nation's capital. OHPCA and the Board look forward to continuing to serve you and promote the services of Hospice and Palliative Care in Oregon.

*Margaret Thornburg*

## OHPCA Strategic Plan – Developed 2/9/18 Board Retreat

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Network</b>	To build and facilitate a strong cooperative network of providers and other existing resources at the state, national and international level.	<ol style="list-style-type: none"> <li>1. Continue with PPE + networking meetings &amp; reception, Spring Intensive, Webinars, Monthly, Quarterly calls, HPC, HNN</li> <li>2. List serve addition                             <ul style="list-style-type: none"> <li>○ Physician specific</li> <li>○ Palliative care</li> </ul> </li> <li>3. Have reception/Open House after board meetings, invite others (former board members, other providers)</li> <li>4. Broadening outreach to other providers—for-profit programs, new programs (review current directory, identify these providers, invite them personally to HPC meetings)</li> </ol>	1.-3. Staff & Board 5. HPC Chair	<ol style="list-style-type: none"> <li>1. Continue</li> <li>2. 2018</li> <li>3. 2018</li> <li>4. 2019</li> </ol>	Increased membership; have 8 new provider members and more participation in OHPCA
	To provide a steady flow of relevant information and communication among existing and evolving hospice and palliative care groups.				
<b>Research</b>	To promote research to improve the care of terminally-ill Oregonians and their families.	<ol style="list-style-type: none"> <li>1. Participate in research as approached</li> <li>2. Alignment with JJ Furuno, Hospice Analytics</li> <li>3. Membership data shared with NHPCO</li> </ol>	Staff & Board	Ongoing	<ol style="list-style-type: none"> <li>1-3. 100% participation</li> <li>1. Appropriate requests</li> </ol>
	To participate in the collection of data on end of life care on a national basis.				

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Education</b>	To encourage the completion of POLST forms for all hospice and palliative care patients at the time of admission or enrollment.	5. Member of POLST coalition on QI/Education subcommittees 6. Reaching out to diverse communities, identify underserved communities 7. Making ourselves available to speak about hospice/palliative care 8. Explore opportunities for other speaking engagements 9. Develop Regional Speakers Bureau	Staff & Board	1. Ongoing 2. 2019 3. 2018 5. 2018 6. 2018	4. Increased POLST submission rates for hospice; 50% in spring 2019 5. currently, gather data on utilization – benchmark 2018 4. Identify 5 new community outreach groups 5. have 5 names on speakers bureau by 2019
	To promote a clear understanding of the hospice and palliative care philosophy and services for health care professionals and the community at large.				
	To respond to requests for and to initiate the provision of information about hospice and palliative care.				
	To promote hospice and palliative care services in underserved populations.				
	To offer regulatory guidance and survey preparedness to hospice and palliative care programs.				
	To establish OPHCA as a leadership organization in the realm of end-of-life education.				
<b>Quality Assurance</b>	To keep all member providers of hospice & palliative care services aware of new developments in standards.	1. Webinars 2. Monthly meeting 3. Spring intensive 4. HNN 5. PPE 6. Member survey 7. Inform public about Hospice Compare/link on directory tab	Staff, Board, Contracted Vendors	2018-2020	7. 35% survey response
	To provide education and support for programs to remain compliant with standards and quality measures.				

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Advocacy</b>	To maintain a position of advocacy for highest quality of hospice & palliative care.	10. Being a website resource 11. Hill Day in Oregon 12. Evaluate need for lobbyist	Staff & Board	2. Hill Day 2019	2. Hill Day success measured by participation; goal is 5 programs participating
	To monitor, respond and provide input into health care legislation and regulation relevant to hospice & palliative care.				
<b>Resource Development</b>	To provide adequate funding for maintenance and growth of the organization.	6. Increase fundraising 7. Longer contractual agreement with WA 8. Develop broader board base, including finance & fundraising backgrounds	Staff & Board	Ongoing	6. 2 FR events for 2018; identify 1 new event for 2019 7. Ask WA about increasing the contract length for 2019 and beyond

## Treasurer's Report

### Jad Hamdan, Treasurer

I am pleased to present the 2018 Treasurer's Report and to report on the 2019 YTD Financials for the OHPCA. Not only does the Oregon Hospice & Palliative Care Association continue to work to support excellent hospice and palliative care for Oregonians, the organization is financially sound.

The Oregon Hospice & Palliative Care Association was again the recipient of several large as well as many other smaller donations during 2018 and 2019. In March of this year we were notified regarding an award for \$49,843 from the Walter G. and Marija C. Kuzman Fund of Oregon Community Foundation.

In July of this year, the OHPCA also received a check for \$57,555 from a bequest made by the estate of Lynda LeBaron to Lovejoy Hospice. Lovejoy Hospice designated the OHPCA to receive their funds after their closure in 2017. The impact of those generous gifts will allow us to support the hospice and palliative care programs in Oregon which serve patients and families all over the state.

The Statement of Position demonstrates the Oregon Hospice & Palliative Care Association has sufficient cash and investment reserves to fund ongoing operations. Our 2018 Total Liabilities and Equity totaled \$710,64, a 0.8% improvement over 2017.

The Statement of Activities also demonstrates that the Oregon Hospice & Palliative Care Association continues to monitor expenses. The 2018 total expenses were \$427,007, which was 5.9% more than was budgeted. This higher expense was due to our undertaking a contract with a Lobbying firm in July of 2018. Despite having expenses 5.9% higher than budgeted, with bequests, donations and effective oversight, we completed 2018 with net assets of \$9,231, when we had originally budgeted an expected net loss of (\$9,324) for the year.

The Budget approved for 2019 is realistic. In general, we have budgeted revenue consistent with 2018 actuals as well as anticipated 2019 events.

Our 2019 budget continues to include the revenue stream from our Services Agreement with the Washington State Hospice & Palliative Care Organization (WSHPCO). This contracted amount was increased in 2018 and again for 2019 to include cost-of-living increases. Revenue also reflects continued donations. Expenses reflect salaries, wages, benefits and contractor hours. As you will see, our 2019 budget reflects a projected net loss of \$(64,346). Through August 31st, our "Year to date" net assets are: \$38,525. It is our hope to once again achieve a positive balance by the end of 2019. Our plan is to continue to work hard to achieve and maintain a balanced budget going forward.

*Jad Hamdan*

## Statement of Position as of December 31, 2018

### ASSETS

Cash and Cash Equivalents \$ 709,831

Accounts Receivable \$ 333

Other Assets \$ -

Investments - Long Term \$ -

**TOTAL ASSETS** \$ **710,164**

### LIABILITIES & EQUITY

Accounts Payable \$ 3,374

Accrued Payroll and Related Liabilities \$ 29,817

**TOTAL LIABILITIES** \$ **33,191**

**NET ASSETS** \$ **676,973**

**TOTAL LIABILITIES AND NET ASSETS** \$ **710,164**

## Statement of Activities as of December 31, 2018

### Support and Revenue

4000 · Contributions	\$ 133,305
4200 · Conferences/Meetings	87,515
4300 · Services	11,354
4400 · Membership	89,166
4390 - WSHPCO - Services	113,500
4800 · Investment Income	1,148
4900 · Sales Revenue	-
4960 · Shipping and Handling	-
4990 · Other Revenue	250
Total Support and Revenue	<u>436,238</u>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	286,951
6005 - Awards	-
6005 · Bank Charges/Checks	587
6015 - Board Expenses	1,114
6007 · Credit Card Charges	3,415
6022 - Conferences	318
6025 · Dues and Memberships	500
6030 · Library/Education	250
6035 · License, Fees, Permits, Taxes	317
6040 - Lobbying/Advocacy	18,000
6045 · Meeting Expenses	64,639
6075- Operating/Program Supplies	5,803
6080 - Postage/Delivery (Direct)	1,078
6090 · Printed Materials	1,949
6100 · Professional Services	24,520
6110 - Telephone and Internet (Direct)	-
6200 - Travel Expenses	9,050
6300 - Volunteer Expenses	-
6900 - Miscellaneous Expense	140
Total Direct Operating Expenses	<u>418,631</u>

### Overhead Expenses

7000 - Audit Expenses (tax acctnts)	-
7005 - Depreciation Expense	-
7010 · Insurance	495
7020 · Occupancy Expenses	1,182
7040 · Office Expense	2,877
7050 · Postage/Delivery	-
7060 - Photocopy Expense	.
7070 · Telephone	3,822
Total Overhead Expenses	<u>8,376</u>

Total Expense	<u>427,007</u>
<b>Change in Net Assets</b>	<b><u>\$ 9,231</u></b>

## 2019 Proposed Budget

### Support and Revenue

4000 · Contributions	\$ 83,450
4200 · Conferences/Meetings	90,085
4300 · Services	2,450
4390 - WSHPCO - Services	117,990
4400 · Membership	96,350
4700 · Special Events	
4800 · Investment Income	1,150
4900 · Sales Revenue	200
4960 · Shipping and Handling	
4990 · Other Revenue	200
Total Support and Revenue	391,875

### Direct Operating Expenses

5000 · Salaries and Related Expenses	285,324
5500 · Payroll Fees	1,900
6005 - Awards	-
6010 · Bank Charges/Checks	550
6015 - Board Expenses	2,250
6007 · Credit Card Charges	3,500
6022 - Conferences	1,000
6025 · Dues and Memberships	2,755
6030 · Library/Education	-
6035 · License, Fees, Permits, Taxes	500
6040 · Lobbying/Advocacy	36,000
6045 · Meeting Expenses	64,900
6075- Operating/Program Supplies	5,800
6080 - Postage/Delivery (Direct)	1,125
6090 · Printed Materials	2,500
6100 · Professional Services	24,535
6110 - Telephone and Internet (Direct)	
6200 - Travel Expenses	9,050
6300 - Volunteer Expenses	
6900 - Miscellaneous Expense	
Total Direct Operating Expenses	441,689

### Overhead Expenses

7000 - Audit Expenses	5,000
7005 - Depreciation Expense	
7010 · Insurance	2,500
7020 · Occupancy Expenses	1,182
7040 · Office Expense	2,000
7050 · Postage/Delivery	
7060 - Photocopy Expense	
7070 · Telephone	3,850
7090 · Miscellaneous	
Total Overhead Expenses	14,532

Total Expense	456,221
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<b>Change in Net Assets</b>	<b>\$ (64,346)</b>
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## CEO's Report

### Barb Hansen, CEO

This report will cover all of 2018 as well as the first 8 months of 2019.

For hospice and palliative-care providers, many challenges remain virtually static from year to year. Regulatory changes, quality reporting, short lengths of stay, staffing challenges and billing issues continue much the same as in past years. What is different in the past couple of years is an increased focus on regulatory and compliance issues, more than perhaps ever before noted by hospice providers.

Both 2018 and the first part of 2019 have continued to be busy in the hospice and palliative care field. As has been mentioned in past reports, CMS (the Center for Medicare and Medicaid Services) continues to issue annual new regulations for Hospices to follow. The FY2019 Final Hospice Wage Index Rule came out in August 2018 and was discussed in last year's Annual Report.

The more pressing news in 2019 are the reimbursement changes which will go into effect as a result of the FY2020 Wage Index Rule. (Link: <https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16583.pdf>) The FY2020 Hospice Wage Index Final Rule, published on August 6, 2019, will establish significant changes in the reimbursement for all four levels of hospice care. At first glance, the Hospice rates were announced to be increased by 2.6%. The General Inpatient, Inpatient Respite and Continuous Home Care Levels of Care reimbursement will be all be "rebased" for FY 2020, which begins on October 1, 2019. Because the overall hospice rate changes must be budget neutral, these increases are being balanced by a 2.7% decrease in the Routine Home Care reimbursement rate. Oregon's Hospice programs, like the rest of the country, provide 98% of hospice care at the RHC level, so the impact of this 2.7% decrease in reimbursement for this level of care will be felt by every provider.

The other big news from the FY2020 Final Rule is the requirement that all hospices will need to make changes to the hospice election form in an effort to keep patients and families better informed about care decisions. Hospices will also need to begin using an election addendum form as of October 1, 2020. Hospice will be required to issue the addendum detailing non-covered items, services and drugs when the patient or representative requests it, either at admission or later in the course of care. This new signed addendum will also serve as a new condition for payment.

The FY2020 Wage Index Rule references possible future changes to the Hospice Quality Reporting Program (Hospice QRP), but no new Hospice Quality Measures were mandated. This was welcome news. The 2020 Final rule did provide some information as well as a new name for the Hospice Assessment tool, which is still in development. The new Hospice Assessment tool, formerly called "Heart", is now called "HOPE": Hospice Outcomes and Patient Evaluation.

Compliance continues to be an area of concern in the health care arena and Hospice and Palliative-Care providers are not being left out of the discussion. Hospices are being bombarded with information and reports about compliance issues. Many hospices across the country and in the northwest, including some in the Oregon, continue to undergo audits conducted by Medicare contractors as well as by staff from the Office of the Inspector General. In July of 2019, just as they did last year, the Office of the Inspector General issued a hospice-related report—except this year it was two special reports entitled: "Hospice Deficiencies Pose Risks to Medicare Beneficiaries" (link: <https://www.oig.hhs.gov/oei/reports/oei-02-17-00020.asp>) and "Safeguards Must Be Strengthened To Protect Medicare Hospice Beneficiaries From Harm" (link: [https://www.oig.hhs.gov/oei/reports/oei-02-17-00021.pdf?utm\\_source=summary-page&utm\\_medium=web&utm\\_campaign=OEI-02-17-00021-PDF](https://www.oig.hhs.gov/oei/reports/oei-02-17-00021.pdf?utm_source=summary-page&utm_medium=web&utm_campaign=OEI-02-17-00021-PDF)). An additional report was released by the OIG on August 27, 2019: "MEDICARE PART D IS STILL PAYING MILLIONS FOR DRUGS ALREADY PAID FOR UNDER THE PART A HOSPICE BENEFIT" (Link: <https://oig.hhs.gov/oas/reports/region6/61708004.pdf>).

To briefly summarize the three OIG reports, here are some key conclusions:

- When surveyed, 74% of all hospices had at least one deficiency and twenty percent of hospices had serious, “condition-level” deficiencies.
- There are cases of poor hospice care, resulting in harm to patients and a lack of oversight, reporting and consequences to hospice providing poor care.
- Hospices are responsible for providing virtually all of the medications a patient should need, yet Medicare Part D spending for drugs for patients on hospice continues to increase every year.

In Oregon, our hospices are “vulnerable” because our hospice providers continue to be challenged in providing all four levels of hospice care. We are especially lacking in the provision of the “Continuous Home Care” level of hospice care. Oregon’s hospice programs have in the past been viewed to be “vulnerable” in the area of providing of visits in the last week of life. In August of 2019, the quality measure of the percentage of patients getting at least one visit from an RN, a physician, an NP or a PA in the last 3 days of life was added to “Hospice Compare” results. It remains to be seen whether Oregon’s hospices will be higher than the current national average for this measure of 82.3%.

Although we would perhaps like to believe that all the “bad hospice care and questionable hospice practices” occur in *other* parts of the country, the OHPCA continues to hear from consumers and from hospice and palliative-care providers with questions and concerns about compliance issues. Family members sometimes ask what services and medications should be provided by their hospice or why their loved one is not being visited more frequently by hospice staff. Hospice providers inquire about the perceived aggressive marketing practices of other providers as well as about the apparent “preferred provider” arrangements some long-term care facilities may appear to have with a specific hospice.

The OHPCA fulfills an important role in this challenging realm of compliance. Although our Association has no regulatory oversight responsibilities, (i.e. we are not the “hospice police”), we *can* be a clearinghouse for airing complaints and concerns. We can provide regulatory guidance and reference information for what the regulations say, where to find them and how and to whom a complaint may be submitted. It is of vital importance for us to continue to provide education—both to providers and to consumers--about regulatory, compliance, coverage and payment issues.

The OHPCA also hears from consumers who are interested in understanding how someone might qualify for “Palliative-Care services”. Inquiries are made about what the services entail, how to access the services and how the services are covered. The availability of palliative care varies greatly across the state, from inpatient consultation services to outpatient clinics and/or home-based programs to no services at all. One of our goals continues to be to improve access to and coverage for palliative care. We are working with the state, with national organizations and more locally with regional coalitions to network and explore options for improving access to “non-hospice palliative care”.

In August of 2018 the OHPCA signed an agreement with Gallant Policy Advisors, an Oregon consulting firm, which provides government relations services for clients. We have continued this agreement through 2019. Our “Public Policy Committee” was actively engaged this year as we met weekly during the 2019 Legislative Session as we advocated for passage of three bills we sponsored:

- SB 177: Permits licensed hospice program to provide palliative care without obtaining in-home care agency license.
- SB 178: Permits health care representative to make election for hospice treatment on behalf of incapacitated principal with terminal condition who does not have valid advance directive.
- SB179: Requires Oregon Health Authority to administer program to provide palliative care services and support provision of home- and community-based end of life care.

In March of 2019 we had our first ever “Lobby Day” at the Capitol and had participants from hospice and palliative care programs all over the state advocating with their respective Senators and Representatives. State

Senator Sara Gelser championed our bills in the Senate and State Representative Rachel Prusak was our champion in the House. In late May both SB 177 and 177 were passed by the House (having already passed in the Senate) and they were each signed by Governor Kate Brown into law in early June. While SB 179 did not pass during this legislative session--primarily due to time constraints--we were told there was good bipartisan support for the bill. We remain hopeful for the possibility of getting the bill passed in the 2020 or 2021 legislative sessions.

I continue to serve as a member of the statewide "Palliative Care and Quality of Life Interdisciplinary Advisory Council", which operates under the Oregon Health Authority. The OHPCA also continues to be a member of the Oregon Coalition for Living Well with Serious Illness, created under the auspices of the Cambia Health Foundation. We look forward to participating in activities to support improved access to serious illness/palliative care.

The OHPCA continues to look for opportunities to improve networking and the exchange of information among our providers and with the public. We continue to work to improve the information available on our website: [www.oregonhospice.org](http://www.oregonhospice.org). We have begun several networking groups which meet regularly via conference call and the computer-based "Go-to-Meeting" application.

Our organization continues to have a management agreement to run the Washington State Hospice and Palliative Care Organization. This agreement began in 2015 and it continues to be mutually beneficial to both states' Hospice and Palliative Care organizations and providers. We have taken advantage of the opportunity to share speakers for both state conferences and continue to co-sponsor the annual Spring Intensive Regulatory Conference.

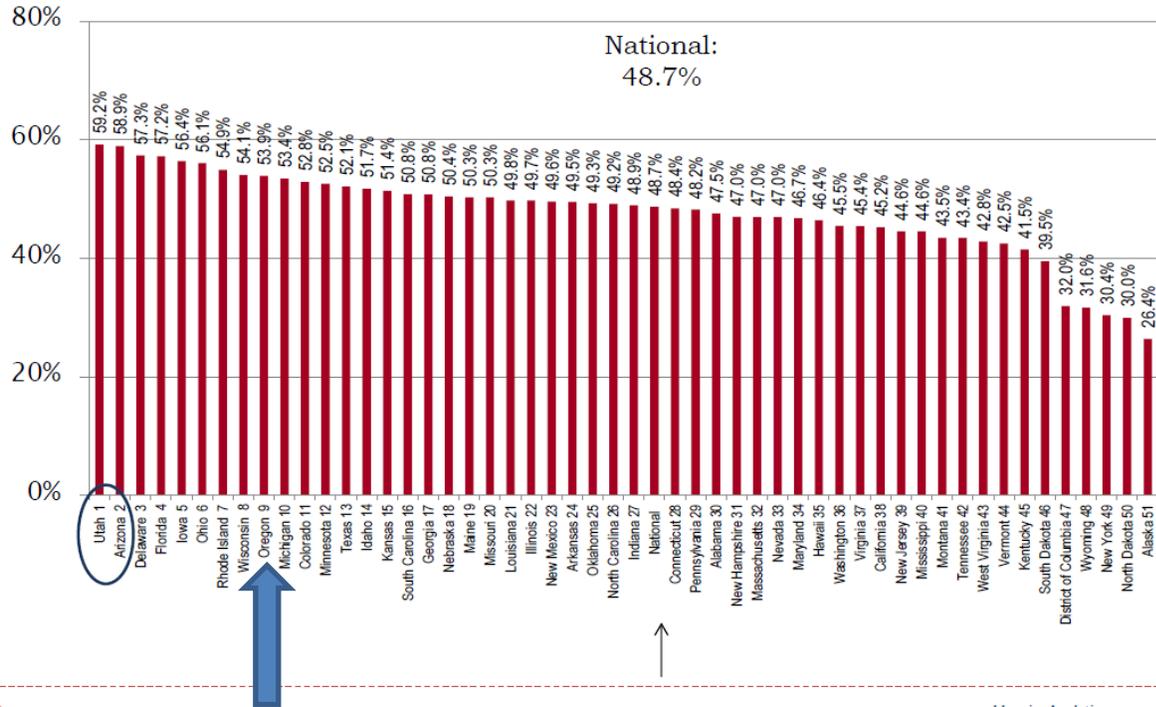
In April of 2019, CMS announced that Oregon was included in the 26 states who will be participating in the "Primary Care First Model Options". Primary Care First Model Options is a set of voluntary five-year payment options that reward value and quality by offering an innovative payment structure to support delivery of advanced primary care. Hospice and Palliative Care programs may elect to participate in the "Seriously Ill Population" Option. CMS will attribute Seriously Ill Population (SIP) patients lacking a primary care practitioner or care coordination to Primary Care First practices that specifically opt to participate in this payment model option. Practices must demonstrate in their applications that they have a network of relationships with other care organizations in the community to ensure that beneficiaries can access the care best suited to their longer-term needs. Hospice and Palliative Care programs will be uniquely positioned to be ready apply to participate in this new care model. It remains to be seen how many programs will apply to begin participation in 2020.

In addition to the regulatory and compliance challenges which are ongoing, our industry continued to change in the nation and here in Oregon. Here are some slides which provide some "snapshots" about how Oregon compares to the rest of the country and to Washington state for 2017, the most recent year for which data is available in measures of hospice utilization (with thanks to Cordt Kassner and Hospice Analytics for providing many of the slides below.)

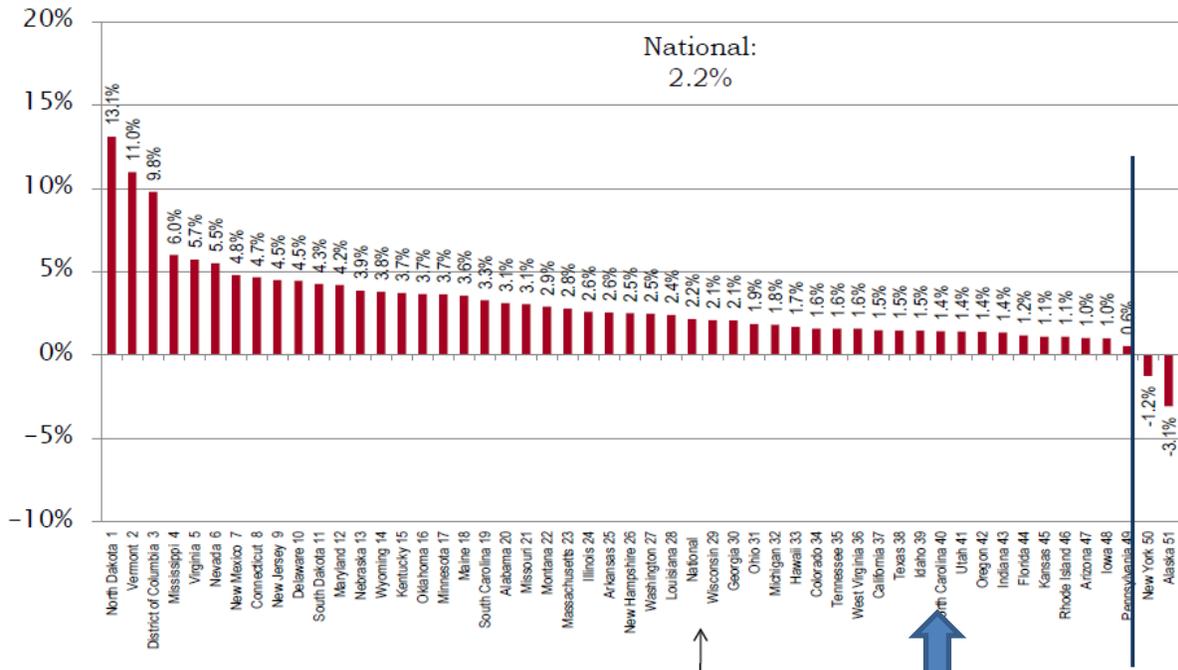
I have also included information from the "Pepper Resources" website (link: <https://pepper.cbrpepper.org/Data>). As stated on their website: "PEPPER provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER can support a program or facility's compliance efforts by identifying where it is an outlier for these risk areas." The Pepper Resources data is updated quarterly; the provider-level report is accessible to every hospice in the country. Oregon has a current Pepper Report retrieval rate of 60%, which means that 40% of hospices in the state are *not* reviewing their results. Knowledge can be a powerful tool in any compliance plan and benchmarking information is always useful for implementing quality improvement activities. It remains one of our goals to work with all hospices in the state to increase our average retrieval rate.

# 2017 Hospice Utilization

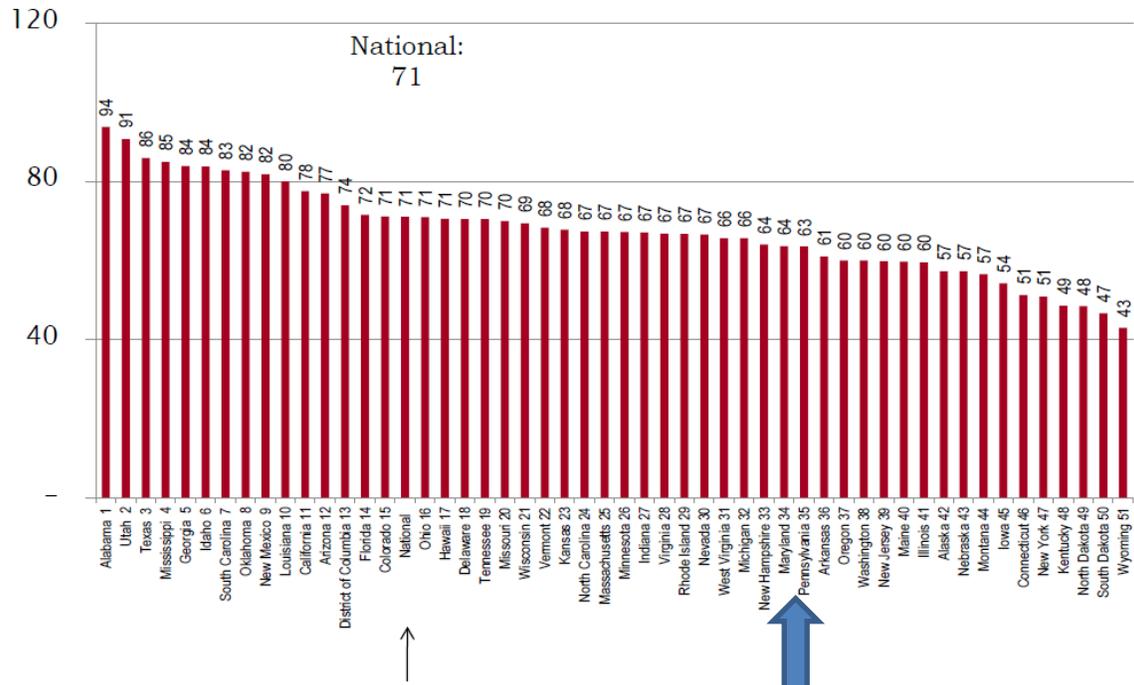
(Medicare Hospice Deaths / Total Medicare Deaths)



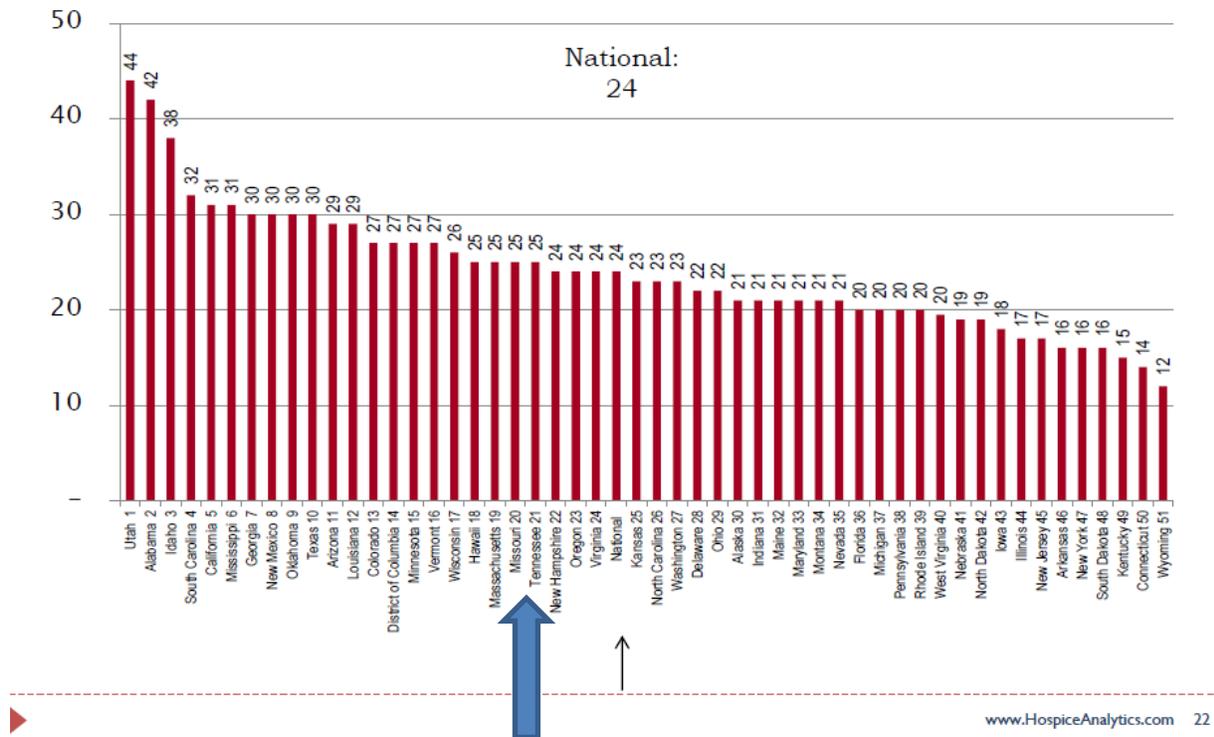
# Change in Hospice Utilization 2016-2017 (Medicare Hospice Deaths / Total Medicare Deaths)



# 2017 Medicare Hospice Mean Days of Care / Beneficiary



# 2017 Medicare Hospice Median Days of Care / Beneficiary



## Hospice Q4FY18 Report State-Level Top Terminal Diagnoses Oregon 51 Hospices

Terminal Clinical Classification System (CCS) Diagnosis Category	Total Decedents for Category	Proportion of Decedents for Category	State Average Length of Stay for Category
Cancer	4,658	29.9%	49.1
Circulatory or heart disease	2,720	17.5%	61.5
Dementia	2,569	16.5%	73.0
Stroke	1,564	10.0%	63.1
Respiratory disease	1,317	8.5%	62.2
<b>Top Terminal CCS Category</b>	<b>12,828</b>	<b>82.3%</b>	<b>59.6</b>
<b>All CCS Categories</b>	<b>15,578</b>		<b>57.5</b>

**Hospice Q4FY18 Report**  
**State-Level Live Discharges by Type**  
**Oregon 51 Hospices**  
**Live Discharges by Type, Three Fiscal Years**  
In Descending Order by Total Episodes

<b>Type of Live Discharge</b>	<b>Total Episodes</b>	<b>Proportion of Live Discharge Episodes</b>	<b>State Average Length of Stay</b>
No longer terminally ill	3,656	60.9%	163.8
Revocation	1,378	22.9%	79.6
Beneficiary transfer	593	9.9%	80.6
Moved out of service area	276	4.6%	82.2
Discharged for cause	103	1.7%	101.0
<b>All Live Discharges</b>	<b>6,006</b>	<b>11.3%*</b>	<b>131.4</b>

**Hospice Q4FY18 Report**  
**State-Level Target Area Summary**  
**Oregon 51 Hospices**

**Statistics are only displayed when there are 3 or more providers in the state and the numerator count is greater than 10.**

<b>Target Area</b>	<b>Four Quarters Ending</b>		
	<b>Q4 FY 2016</b>	<b>Q4 FY 2017</b>	<b>Q4 FY 2018</b>
<b>Live Discharges Not Terminally Ill</b>			
Beneficiary episodes discharged alive	1,144	1,224	1,288
All beneficiary episodes discharged	17,332	17,916	17,671
Proportion of Target to Denominator Discharges	6.6%	6.8%	7.3%
Average Length of Stay for Target	161.2	162.0	167.8
Average Medicare Payment for Target	\$27,401	\$28,237	\$29,815
Sum of Medicare Payments for Target	\$31,347,261	\$34,562,494	\$38,401,355
<b>Live Discharges Revocations</b>			
Beneficiary revocation episodes	480	448	450
all beneficiary episodes	17,332	17,916	17,671
Proportion of Target to Denominator Discharges	2.8%	2.5%	2.5%
Average Length of Stay for Target	75.2	92.6	71.4
Average Medicare Payment for Target	\$13,221	\$16,362	\$13,072
Sum of Medicare Payments for Target	\$6,346,040	\$7,330,282	\$5,882,623

<b>Live Discharges LOS 61-179</b>			
Beneficiary episodes d/c alive w/ LOS 61-179 days	797	770	806
All beneficiary episodes d/c alive	1,931	1,982	2,093
Proportion of Target to Denominator Discharges	41.3%	38.8%	38.5%
Average Length of Stay for Target	107.6	109.3	109.0
Average Medicare Payment for Target	\$18,793	\$20,091	\$20,398
Sum of Medicare Payments for Target	\$14,977,869	\$15,470,363	\$16,440,528
<b>Long Length of Stay</b>			
Beneficiary episodes with 180+ days of service	1,682	1,787	1,737
All beneficiary episodes	17,332	17,916	17,671
Proportion of Target to Denominator Discharges	9.7%	10.0%	9.8%
Average Length of Stay for Target	342.0	343.5	339.7
Average Medicare Payment for Target	\$57,435	\$57,513	\$58,398
Sum of Medicare Payments for Target	\$96,606,137	\$102,774,938	\$101,436,924
<b>Continuous Home Care in Assisted Living Facility</b>			
Beneficiary episodes with 8+ hours CHC in an ALF	.	.	.
All beneficiary episodes in ALF	.	.	.
Proportion of Target to Denominator Discharges	.	.	.
Average Length of Stay for Target	.	.	.
Average Medicare Payment for Target	.	.	.
Sum of Medicare Payments for Target	.	.	.
<b>Routine Home Care in Assisted Living Facility</b>			
RHC days in an ALF	312,758	344,348	369,661
All RHC days	1,190,979	1,229,702	1,247,512
Proportion of Target to Denominator Discharges	26.3%	28.0%	29.6%
<b>Routine Home Care in Nursing Facility</b>			
RHC days in a NF	95,724	94,829	90,961
All RHC days	1,190,979	1,229,702	1,247,512
Proportion of Target to Denominator Discharges	8.0%	7.7%	7.3%
<b>Routine Home Care in Skilled Nursing Facility</b>			
RHC days in a SNF	13,188	19,952	28,388
All RHC days	1,190,979	1,229,702	1,247,512
Proportion of Target to Denominator Discharges	1.1%	1.6%	2.3%
<b>Claims with Single Diagnosis Coded</b>			
Claims with one diagnosis coded	3,483	1,019	1,244
All claims	55,813	56,968	57,482
Proportion of Target to Denominator Discharges	6.2%	1.8%	2.2%
<b>No GIP or CHC</b>			
Episodes with no GIP or CHC	16,133	16,686	16,541
All episodes	17,332	17,916	17,671
Proportion of Target to Denominator Discharges	93.1%	93.1%	93.6%
Average Length of Stay for Target	67.9	68.5	67.6
Average Medicare Payment for Target	\$11,883	\$12,402	\$12,511
Sum of Medicare Payments for Target	\$191,709,384	\$206,941,144	\$206,949,905

<b>Long GIP Stays</b>			
GIP stays > 5 days	291	304	233
All GIP stays	1,232	1,317	1,219
Proportion of Target to Denominator Discharges	23.6%	23.1%	19.1%

Data Source: Medicare PPS Claims  
 For Target Area definitions, please see PEPPER User's Guide.

As I have stated before, we know—even without seeing the financial, quality or OIG compliance reports—that palliative care and hospice continue to make a difference in the lives of patients and their families. We all have a passion for caring for people at the end of life, because it is work that does make a difference. The Oregon Hospice & Palliative Care Association has a mission to assist you in doing this important work. We continue to look forward to working with you as we move forward in these challenging times.

*Barbara Hosen, MA, RN*

## Professional Education Report

### Barb Hansen, CEO

Education has always been one of the key elements included in the Oregon Hospice & Palliative Care Association's goals and that has continued over the past year.

The goals for education include:

- Provide education to promote a clear understanding of hospice and palliative care to the public and to stakeholder groups including academic institutions, businesses and other entities.
- Provide information and respond to requests about end-of-life choices.
- Provide professional education to hospice and palliative care providers and other practitioners of medicine.
- Encourage the completion of Physician Orders for Life-Sustaining Treatment (POLST) forms for all hospice and palliative care patients at the time of admission.
- Offer consultation services to hospice and palliative care agencies and to programs developing end-of-life care.
- Provide bereavement education and support for children and families through the Me, Too partnership.
- The Oregon Hospice & Palliative Care Association strives to present trainings that meet the ever-changing and comprehensive needs of hospice members. A summary of the 2018 professional education is included in the Annual Report.

The 2018 Professional Practice Exchange was attended by 132 hospice professionals, exhibitors and sponsors who gathered in Redmond to network, learn, and inspire us in our work. Our faculty was once again stellar from start to finish as evidenced by your comments and evaluations. We invited 2017 PPE Keynote Speaker Miguel Valenciano back and he gave a talk entitled "Build and Renew Your Energy in Developing Cultural Agility". Once again it was a truly wonderful presentation!

We also had an excellent plenary session on the second morning of the PPE when Dr. Katrina Hedberg, Oregon State Health Officer and State Epidemiologist spoke on the topic of "How Oregon is Addressing the Opioid Crisis and How Hospice and Palliative Care Can Help". The 2018 PPE had so many excellent breakout sessions that several attendee evaluations had this request that we once again heard comments about how difficult it was to choose which breakout session to attend!

The Oregon Hospice & Palliative Care Association in partnership with Dignity Memorial, Providence Hospice, Legacy Hospice and Kaiser Permanente Continuing Care Services sponsored a site for the 2018 & 2019 Hospice Foundation of America's annual Living With Grief Program. The 2018 program, "Transforming Loss: Finding Potential for Growth" was held May 17 at the New Hope Community Church in Happy Valley. The 2019 program, "Aging America: Coping with Loss, Dying, and Death in Later Life" occurred June 9, also at New Hope Community Church. We thank our partners for their ongoing support which enables us to provide this education annually at no charge for attendees.

Based on input from hospices, the Oregon Hospice & Palliative Care Association again partnered with the Washington State Hospice & Palliative Care Organization to host a two-day *"Spring Intensive: Regulatory Update"* in March of 2018 and again in March of 2019. The 2019 two-day conference featured nationally known expert and NHPCO Vice President for Regulatory and Compliance Judi Lund Person, MPH. We also had Dr. Joan Teno, Physician Assistant Jeff Myers and Corrinne Ball from NGS speak on the first day of the conference. Because not many hospice staff from the Northwest can make it back to Washington, D.C. to hear her speak, Judi Lund Person from NHPCO is already scheduled for our conference in April of 2020! You have told us this conference meets your needs for regulatory information *and* you want us to continue providing this kind of training here in the Northwest.

In November of 2018 the OHPCA co-sponsored the "All City Palliative Care" Talk for the second time. The "All City" talks are a series of monthly presentations given in the Portland area to Palliative Care and Hospice providers. Dr. Susan Tolle from the Center for Ethics in Health Care at OHSU gave a presentation about recent significant changes to the format of the POLST form. The presentation was both very well attended and very well received.

In June of 2019, the OHPCA and WSHPCO partnered with Weatherbee Resources to host a three-day compliance "Boot Camp" conference in Seattle. This was the first time in over ten years that Weatherbee had decided to have one of the compliance "Boot Camps" in the northwest. It was well attended and also received excellent evaluation comments.

In addition to professional education, the Oregon Hospice & Palliative Care Association provides public education to community members and colleagues from within Oregon, across the country and even from Great Britain and Australia last year! We shared the experience of Oregon's hospice programs have had in the past 21 years since Death with Dignity became legal. We are also a source of education for people who call us with a specific, real-time need for personal help with an end-of-life issue. We are happy to be a place in a busy world where there is time to listen, empathize, and problem solve.

The Oregon Hospice & Palliative Care Association has been a member of the Oregon POLST Coalition (formerly "Task Force") since its convening over twenty years ago. We continue to work with stakeholder groups from around the state to ensure that Oregonians' end of life wishes are known and respected.

The Oregon Hospice & Palliative Care Association will continue to offer a wide range of educational services that are available, accessible and affordable to hospices serving Oregonians. We are grateful to all of you who contributed in the planning, execution or attendance at our educational offerings.

*Barbara Hosen, MA, RN*

## Professional Education Events

<b>REGIONAL TRAININGS “LET’S READ THE TEA LEAVES” &amp; “HOSPICE INPATIENT CARE – WHAT’S THE DEAL?”</b> 1 CE hour/session	
<b>11/5/18</b>	<b>Partners in Care – Bend</b> 2075 NE Wyatt Ct. - Bend, OR 97701
<b>11/5/18</b>	<b>Partners in Care – Bend</b> 2075 NE Wyatt Ct. - Bend, OR 97701
<b>8/22/18</b>	<b>Samaritan Evergreen Hospice House - Albany</b> 4600 Evergreen Place SE – Albany, OR 97322

## Additional Education Events - 2018

<b>Date</b>	<b>Title</b>	<b>Location</b>	<b>Hours</b>	<b>Attendance</b>
11/15	<b>Discovering Mindful Caregiving with Zen Hospice Project</b>	Touchmark in the West Hills Portland	4 CE	27
9/24-25	<b>Professional Practices Exchange</b>	Eagle Crest Resort, Redmond	11 CE	132
5/17	<b>Hospice Foundation of America Living with Grief Program: “Transforming Loss: Finding Potential for Growth”</b>	New Hope Community Church Clackamas	CE via HFA	108
3/19-20	<b>“Spring Intensive: Regulatory Update” (In partnership with WSHPCO)</b>	The Heathman Lodge, Vancouver, WA	11.25 CE	133

## OHPCA Webinar Series - Essential Webinar Network Partner

The OHPCA has continued its partnership with the Hospice and HomeCare Webinar Network to offer a variety of educational webinars on regulatory, compliance, billing and clinical issues to our members. The webinars are offered weekly with nationally-known speakers and typically last 90 minutes. Topics include HIPAA, Hospice 101, Board topics; there are also a series of topics designed for Volunteer Managers, Billers, Hospice Managers, etc.

## Director of Association Management Report

### Meg McCauley, Director – Association Management

In addition to overseeing Oregon Hospice & Palliative Care Association fundraising, Meg continues to manage day to day operations of the Oregon Hospice & Palliative Care Association; managing the organization's website, editing and distributing the weekly Hospice News Network and working on development and planning of all OHPCA meetings, events and conferences.

#### Fundraising Update

The Oregon Hospice & Palliative Care Association had an increase over budget for general contributions in 2018. There were a number of Employee/Employer Matching Gift contributions, and special gifts and donations throughout the year included:

- \$50,435 from the Kuzman Fund of The Oregon Community Foundation
- \$15,000 from the former Lovejoy Hospice
- \$3,500 from the Cambia Fund of The Oregon Community Foundation
- \$1,500 from Cambia
- \$1,806 from Essential Education Webinar Network, our webinar education company the OHPCA partners with for hospice employee education
- \$3,470 from the Hospice Assistance Fund of The Oregon Community Foundation
- \$1,233 from the Silent Auction held at the 2018 Professional Practices Exchange, with proceeds going toward scholarships for the Zen Hospice Project conference

OHPCA Board Treasurer Jad Hamdan hosted a business networking event with ConnectPDX in the fall to introduce members of the business community to OHPCA board members for an opportunity to learn about hospice and palliative care and raise funds for OHPCA. For a first-time event, it was well-attended and many new hospice friends were made. Plans to do this event in 2019 are underway!

The Oregon Hospice & Palliative Care Association's annual Light Up a Life campaign, sponsored again by Moda Health, raised a net total of \$14,450 for the Oregon Hospice & Palliative Care Association in support of this winter holiday direct mail campaign, with 170 individuals contributing. Again, we thank *Tim Bergmann* for his time designing the campaign mailing materials and *Alpha Graphics* for their printing and mailing services.



## Me, Too Report

### Meg McCauley, Program Director

Me, Too is an 8-week grief support program for children and families, co-sponsored by Legacy Hospice Services, the Oregon Hospice & Palliative Care Association and Providence Portland Hospice Programs. Groups alternated between east- and west-side locations (Providence Portland Hospice and Portland First Church of the Nazarene Center, respectively).

Me, Too held 2 groups in 2018, a spring group at Portland First Church of the Nazarene and a fall group at Providence Portland Hospice. Between 5-15 families receive support at each 8-week session.

Legacy Hospice and Providence Portland Hospice continued their financial sponsorship and clinician support, and the Oregon Hospice & Palliative Care Association provided administrative coordination of Me, Too throughout the year. Petya Pohlschneider continues to serve as clinical coordinator representing partner agency Legacy Hospice and Carrie Kilpatrick-White continues to serve as clinical coordinator representing partner agency Providence Hospice. In 2018, the Operations Committee began reviewing new names for the program with a goal to have a new name/brand in 2019-2020.

In addition to the sponsoring agencies and Portland First Church of the Nazarene, thanks are also extended to Me, Too Governing Board and Operations Committee members *Gail Mueller, Christiana Curtis, Jane Brandes, Barb Hansen, Carrie Kilpatrick-White* and *Petya Pohlschneider*. Professional facilitators assisting with groups in 2018 included Sally Giles, Wendy Tucker, Paula Backas, Cayla Panitz and Marianne Kabur, and the program is also supported by a long-standing group of seasoned volunteer facilitators. We thank both our professional and volunteer facilitators for their time and commitment to this important program. Finally, a very special thank you to the Pohlschneider family, whose support provided meals for families during 2018 groups.

A handwritten signature in black ink that reads "Meg McCauley". The signature is written in a cursive, flowing style.

## Oregon's Hospice Directory

- Samaritan Evergreen Hospice & Hospice House in Albany
- Lower Columbia Hospice in Astoria
- Heart 'n Home Hospice & Palliative Care, LLC in Baker City, Bend, Fruitland, LaGrande, LaPine
- Coastal Home Health & Hospice in Bandon, Brookings, Gold Beach
- Partners in Care in Bend
- St. Charles Hospice in Bend, Madras, Prineville
- Harney County Hospice in Burns
- Bristol Hospice - Oregon LLC in Clackamas
- Pacific Home Health & Hospice in Coos Bay, Springfield
- South Coast Hospice in Coos Bay
- Lumina Hospice Service, Inc. in Corvallis
- Cascade Health Solutions in Eugene
- Hospice of Sacred Heart in Eugene
- Signature Hospice in Central Point, Eugene, Tigard
- PeaceHealth Peace Harbor Hospice in Florence
- Pioneer Memorial Home Health & Hospice in Heppner
- Vange John Memorial Hospice in Hermiston
- Care Partners in Hillsboro
- Heart of Hospice in Hood River, The Dalles
- Providence Hospice of The Gorge in Hood River, The Dalles
- Blue Mountain Hospice in John Day
- High Desert Hospice in Klamath Falls
- Klamath Hospice in Klamath Falls
- Grande Ronde Hospital Hospice in LaGrande
- Gentiva/Kindred Hospice in Lake Oswego, Salem
- Lakeview Home Health & Hospice in Lakeview
- Samaritan North Lincoln Hospice in Lincoln City
- Community Home Health & Hospice in Longview, WA, Vancouver WA
- Legacy Hospice Services in McMinnville, Portland
- Asante Hospice in Medford
- Providence Hospice Medford
- Legacy Hospice in Meridian, ID
- Encompass Home Health & Hospice in Nampa, ID
- Samaritan Pacific Hospice in Newport
- Northwest Hospice, DBA XL Hospice, Inc. in Payette, ID
- Hospice of St. Anthony Hospital in Pendleton
- Adventist Health Hospice in Portland
- Comfort Hospice & Palliative Care in Portland
- Connected Hospice & Palliative Care in Portland
- Hospice Care of the Northwest in Portland, Salem
- Housecall Providers in Portland
- Kaiser Hospice & Palliative Care in Portland
- Portland VA Medical Center Community Health Office in Portland
- Providence Hospice in Portland
- Seasons Hospice & Palliative Care of Oregon, LLC in Portland
- Hospice of Redmond in Redmond
- Amedisys Hospice of Roseburg in Roseburg
- Mercy Hospice in Roseburg
- Serenity Palliative Care & Hospice in Salem, Tigard
- Willamette Valley Hospice in Salem
- Mt. Hood Hospice in Sandy
- PeaceHealth Hospice Southwest
- Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, WA
- Walla Walla Community Hospice in Walla Walla, WA

### End of Life Care – Correctional Institutions:

- Eastern Oregon Correctional Institution in Pendleton
- Oregon State Penitentiary Hospice Program in Salem
- Two Rivers Correctional Institution in Umatilla
- Coffee Creek Correctional Facility in Wilsonville

## **Board of Directors**

- Heidi Berkman, Founder & President, The Bloom Project, Portland
- Jane Brandes, RN, MSN, Providence Hospice, Portland
- Nicole Elovitz, MBA, Director of Marketing, Cambia Health Solutions, Portland
- Jad Hamdan, Northwest Funding Group, Portland
- Bob Macauley, MD, FAAP, FAAHPM, OHSU Doernbecher Bridges Program, Portland
- Jason Malcom, Department of Veteran Affairs, Portland
- Laura Mavity, MD, St. Charles Health System, Bend
- Melinda Papen, Samaritan Evergreen Hospice, Albany
- Rev. Canon Raggs Ragan, Trinity Episcopal Cathedral, Portland
- Margaret Thornburg, Senior Director, Claims, Customer Service & Configuration, Moda Health, Portland

## **Hospice Providers' Council**

- Emma Ward, Seasons Hospice & Palliative Care, Portland (Chair)

## **Oregon Hospice & Palliative Care Association Staff**

- Barb Hansen, MA, RN, CWON, CEO
- Meg McCauley, Director – Association Management
- Larlyn Fitzpatrick, Controller