

# Annual Report of the Oregon Hospice & Palliative Care Association

Years 2019-2020

**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 1970s. In 2015 the name of the organization changed from the Oregon Hospice Association to the Oregon Hospice & Palliative Care Association.

### **Status**

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

As of October 2020, 61 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 statewide 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 organizations that provide care. The Oregon Hospice & Palliative Care Association's services include public and professional education, advocacy, research, consultation 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**

- To build and facilitate a strong cooperative network of providers and other existing resources at the state, national and international level.
- To provide a steady flow of relevant information and communication among existing and evolving hospice and palliative care groups.

### **Research**

- To promote research to improve the care of terminally-ill Oregonians and their families.
- To participate in the collection of data on end of life care on a national basis.

### **Education**

- To encourage the completion of POLST forms for all hospice and palliative care patients at the time of admission or enrollment.
- 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 to hospice and palliative care programs.
- To establish OHPCA as a leadership organization in the realm of end-of-life education.

### **Quality Assurance**

- To keep all member providers of hospice & palliative care services aware of new developments in standards.
- To provide education and support for programs to remain compliant with standards and quality measures.

### **Advocacy**

- To maintain a position of advocacy for highest quality of hospice & palliative care.
- To monitor, respond and provide input into health care legislation and regulation relevant to hospice & palliative care.

### **Resource Development**

- To provide adequate funding for maintenance and growth of the organization.

## 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 past two years. 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 a "normal" year, the OHPCA presents its Annual Report for the previous calendar year as part of the "Annual Meeting" which is held during our fall conference, the Professional Practices Exchange (PPE). In 2020 we were scheduled to have the PPE conference in late September and we would have presented the 2019 Annual Report at that time.

As we all know, 2020 has been anything but a "normal" year. Because it has been such an extraordinary year, the OHPCA staff and Board members have decided to do a "Biennial Report" which covers two years: 2019 and 2020.

In February of 2019 and again at the end of January of 2020, the OHPCA Board of Directors met to work on strategic plans for the year. During each of the meetings the Board held robust discussions about the challenges faced by hospice and palliative care programs around the state. We strategized how the OHPCA could view these challenges as opportunities for our association to provide support to its member programs as well as for Oregon residents who face a terminal illness.

2019 was a successful year for the OHPCA. We facilitated two conferences, the annual two-day "Spring Intensive: Regulatory Update" held in March at the Heathman Lodge in Vancouver and the two-day PPE held in September at the Eagle Crest Resort in Redmond. Both conferences were well attended and received positive evaluations from attendees.

The greatest success the OHPCA achieved in 2019 took place in Salem during the Oregon legislative session. In 2018 the OHPCA engaged the services of Gallant Policy Advisors, an experienced lobbying firm, to assist us in preparing for the next legislative session. The OHPCA public policy committee began meeting in the summer of 2018. Under the guidance of lobbyists Scott Gallant and Karen Mainzer and with the backing of our legislative champions State Senator Sara Gelser and State Representative Rachel Prusak, the OHPCA public policy committee worked with hospice and palliative care providers all over the state to rally support for three bills during the legislative session:

- Senate Bill 177: Permits licensed hospice program to provide palliative care without obtaining in-home care agency license.
- Senate Bill 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.
- Senate Bill 179: Requires Oregon Health Authority to administer program to provide palliative care services and support provision of home- and community-based end of life care.

We were so pleased to have SB 177 and SB 178 pass during the 2019 legislative session and be signed into law by Governor Kate Brown. SB 179 also received excellent bipartisan support and the session simply ran out of time before this bill could receive a floor vote. We plan to try again with a bill similar to SB 179 during the 2021 legislative session!

2020 was a very different year for our association and for our country. We had to cancel both our spring Intensive regulatory and Fall PPE conferences. Although we did not get to meet with our members and colleagues in person, we continued to offer frequent virtual networking opportunities. We also provided several educational webinars which were complimentary for our members. Our focus during all of 2020 has been to support palliative care and hospice providers with the education and regulatory guidance they need in order to be able to serve patients and families.

Accomplishments toward our goals for 2019 and 2020 have been:

**Building a Network:**

- Continued outreach to palliative care programs and participation on the Palliative Care and Quality of Life Interdisciplinary Advisory Council
- Continued participation in the Cambia-sponsored Oregon Coalition for Living Well with Serious Illness
- Continued offering of monthly regulatory/QAPI networking meeting
- Continued offering of monthly inpatient hospice networking meetings
- Continued offering of bi-monthly volunteer coordinator networking meetings
- Transitioned to the name change from “Me, Too – Supporting Children and Families in Grief” to “In This Together”, as well as the format change from in-person groups to virtual groups during the pandemic

**Research:**

- Continue to review requests for participation in research

**Education:**

- Provided education via email and virtual meetings on pandemic-related topics, including CMS waivers, federal and state regulatory changes, PPE-related topics, COVID-19 testing, CARES Act funding issues and state COVID-19 vaccine planning
- Educational webinars facilitated by OHPA staff
- Sponsor and promote Hospice Education Network and NHPCO webinars
- Continued participation in the Oregon POLST Coalition

**Quality:**

- Monthly regulatory/QAPI call with regulatory updates
- Participation in the NHPCO Education, Regulatory and Council of States committees
- Weekly educational and networking meetings from August through October 2020 to assist hospices in dealing with new CMS regulatory requirements
- Sponsor and promote national webinars regarding compliance and quality

**Advocacy:**

- Continued contract with Gallant Policy Advisors – state legislative lobbying support
- Participation in the Nurse Staffing Inpatient Hospice meetings, serve on the Advance Directive Adoption Committee and the SB 1606 Rules Advisory Committee

**Resource Development:**

- Continue to work with philanthropic foundations who support the activities of the OHPCA
- Received a PPP loan provided through COVID-Relief funding legislation

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 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*

## Treasurer's Report

### Jad Hamdan, Treasurer

I am pleased to present the 2019 and 2020 Treasurer's Reports 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 remains financially sound.

The Oregon Hospice & Palliative Care Association was again the recipient of several large as well as many other smaller donations during 2019 and 2020. In July of 2019, 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 OHPCA was notified in March of 2019 we were chosen to receive an award for \$49,843 and in March of 2020 we were again notified of an award for \$50,686. Both awards came from the Walter G. and Marija C. Kuzman Fund of the Oregon Community Foundation. 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.

2020 was a very challenging year for almost every business and the OHPCA was no exception. Both the Spring Intensive Regulatory conference and the fall "Professional Practices Exchange" conference had to be cancelled, resulting in the loss of conference revenue. Fortunately, the OHPCA was able to secure a Paycheck Protection Program loan in the amount of \$45,740 in May of 2020. We received confirmation in early January 2021 that the entire PPP loan amount we received in 2020 qualifies for forgiveness. The OHPCA has applied for a "Second Draw" PPP loan in 2021.

The Statement of Position as of December 31, 2020 demonstrates the Oregon Hospice & Palliative Care Association has sufficient cash and investment reserves to fund ongoing operations. The 2020 Total Liabilities and Equity totaled \$691,199.

The 2020 Statement of Activities also demonstrates that the Oregon Hospice & Palliative Care Association continues to monitor expenses. The 2020 total expenses were \$376,474, which was \$81,315 less than was budgeted. The lower expense and lower revenue were due to the cancellation of both conferences in 2020, as mentioned above. Despite this challenge, with bequests, donations and effective oversight, we completed 2020 with a net loss of (\$9,040), compared to a budgeted expected net loss of (\$14,576). This compares to a net loss of (\$4,440) for 2019 compared to a budgeted expected net loss of (\$64,346).

Our 2019 and 2020 budget continued to include the revenue stream from our Services Agreement with the Washington State Hospice & Palliative Care Organization (WSHPCO). This contracted amount was increased in 2019 and again for 2020 to include cost-of-living increases. This Services Agreement remains in place for 2021. The proposed budget for 2021 is expected to be realistic. In general, we will budget revenue consistent with 2020 actuals. We expect to again be unable to have a Spring Intensive conference in 2021 and we also may not be able to have a fall PPE conference. Revenue also reflects continued donations. Expenses reflect salaries, wages, benefits and contractor hours. Our 2021 budget may again reflect a projected net loss. It is our hope to achieve a positive balance by the end of 2021. Our plan is to continue to work hard to achieve and maintain a balanced budget going forward.

*Jad Hamdan & Barb Hansen, CEO*

## Statement of Position as of December 31, 2019

### ASSETS

Cash and Cash Equivalents \$ 701,422

Accounts Receivable \$ 333

Other Assets \$ -

Investments - Long Term \$ -

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**TOTAL ASSETS \$ 701,755**

### LIABILITIES & EQUITY

Accounts Payable \$ 3,839

Accrued Payroll and Related Liabilities \$ 29,699

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**TOTAL LIABILITIES \$ 33,538**

**NET ASSETS \$ 668,217**

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**TOTAL LIABILITIES AND NET ASSETS \$ 701,755**

## Statement of Activities as of December 31, 2019

### Support and Revenue

4000 · Contributions	\$ 160,113
4200 · Conferences/Meetings	82,192
4300 · Services	2,410
4400 · Membership	75,460
4390 - WSHPCO - Services	118,016
4800 · Investment Income	2,556
4990 · Other Revenue	50
<b>Total Support and Revenue</b>	<b>440,797</b>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	287,858
6005 - Awards	300
6005 · Bank Charges/Checks	659
6015 - Board Expenses	199
6007 · Credit Card Charges	2,925
6022 - Conferences	2,040
6025 · Dues and Memberships	795
6030 · Library/Education	1,012
6035 · License, Fees, Permits, Taxes	1,017
6040 - Lobbying/Advocacy	36,482
6045 · Meeting Expenses	62,641
6075- Operating/Program Supplies	4,739
6080 - Postage/Delivery (Direct)	745
6090 · Printed Materials	5,075
6100 · Professional Services	19,388
6110 - Telephone and Internet (Direct)	-
6200 - Travel Expenses	8,271
6300 - Volunteer Expenses	-
6900 - Miscellaneous Expense	-
<b>Total Direct Operating Expenses</b>	<b>434,146</b>

### Overhead Expenses

7000 - Audit Expenses (tax acctnts)	-
7005 - Depreciation Expense	-
7010 · Insurance	2,745
7020 · Occupancy Expenses	1,299
7040 · Office Expense	3,198
7050 · Postage/Delivery	-
7060 - Photocopy Expense	.
7070 · Telephone	3,849
<b>Total Overhead Expenses</b>	<b>11,091</b>

Total Expense	445,237
<b>Change in Net Assets</b>	<b>\$ (4,440)</b>

## 2020 Proposed Budget

### Support and Revenue

4000 · Contributions	\$ 130,950
4200 · Conferences/Meetings	97,385
4300 · Services	2,000
4390 - WSHPCO - Services	120,379
4400 · Membership	90,000
4700 · Special Events	
4800 · Investment Income	2,500
4990 · Other Revenue	
Total Support and Revenue	<u>443,214</u>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	289,020
5500 · Payroll Fees	1,950
6005 - Awards	300
6010 · Bank Charges/Checks	650
6015 - Board Expenses	1,000
6007 · Credit Card Charges	3,000
6022 - Conferences	2,040
6025 · Dues and Memberships	1,940
6030 · Library/Education	1,050
6035 · License, Fees, Permits, Taxes	500
6040 · Lobbying/Advocacy	37,000
6045 · Meeting Expenses	62,000
6075- Operating/Program Supplies	5,000
6080 - Postage/Delivery (Direct)	900
6090 · Printed Materials	5,650
6100 · Professional Services	20,585
6110 - Telephone and Internet (Direct)	
6200 - Travel Expenses	9,650
6900 - Miscellaneous Expense	
Total Direct Operating Expenses	<u>442,235</u>

### Overhead Expenses

7000 - Audit Expenses	5,000
7005 - Depreciation Expense	
7010 · Insurance	2,800
7020 · Occupancy Expenses	1,404
7040 · Office Expense	2,500
7070 · Telephone	3,850
7090 · Miscellaneous	
Total Overhead Expenses	<u>15,554</u>

Total Expense	<u>457,789</u>
<b>Change in Net Assets</b>	<u><b>\$ (14,576)</b></u>

## Statement of Position as of December 31, 2020

### ASSETS

Cash and Cash Equivalents	\$ 691,199
Accounts Receivable	\$ -
Other Assets	\$ -
Investments - Long Term	\$ -
<b>TOTAL ASSETS</b>	<b>\$ 691,199</b>

### LIABILITIES & EQUITY

Accounts Payable	\$ 844
Accrued Payroll and Related Liabilities	\$ -
<b>TOTAL LIABILITIES</b>	<b>\$ 844</b>
<b>NET ASSETS</b>	<b>\$ 690,355</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 691,199</b>

## 2020 Statement of Activities

### Support and Revenue

4000 · Contributions	\$ 121,655
4200 · Conferences/Meetings	-
4300 · Services	2,831
4400 · Membership	89,700
4390 - WSHPCO - Services	106,950
4800 · Investment Income	509
4990 · Other Revenue	45,790
Total Support and Revenue	<u>367,435</u>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	290,624
6005 - Awards	100
6005 · Bank Charges/Checks	650
6015 - Board Expenses	192
6007 · Credit Card Charges	1,680
6022 - Conferences	115
6025 · Dues and Memberships	810
6030 · Library/Education	1,262
6035 · License, Fees, Permits, Taxes	267
6040 - Lobbying/Advocacy	36,000
6045 · Meeting Expenses	4,725
6075- Kids Grief Group Op/Prog Supplies	2,599
6080 - Postage/Delivery (Direct)	851
6090 · Printed Materials	3,687
6100 · Professional Services	15,460
6110 - Telephone and Internet (Direct)	-
6200 - Travel Expenses	2,471
6300 - Volunteer Expenses	-
6900 - Miscellaneous Expense	2,500
Total Direct Operating Expenses	<u>363,993</u>

### Overhead Expenses

7000 - Audit Expenses (tax acctnts)	3,500
7005 - Depreciation Expense	-
7010 · Insurance	2,194
7020 · Occupancy Expenses	1,454
7040 · Office Expense	1,554
7050 · Postage/Delivery	-
7060 - Photocopy Expense	.
7070 · Telephone	3,779
Total Overhead Expenses	<u>12,481</u>

Total Expense	<u>376,474</u>
<b>Change in Net Assets</b>	<u><b>\$ (9,039)</b></u>

## 2021 Proposed Budget

### Support and Revenue

4000 · Contributions	\$ 130,950
4200 · Conferences/Meetings	-
4300 · Services	3,000
4390 - WSHPCO - Services	123,388
4400 · Membership	90,000
4800 · Investment Income	2,500
4990 · Other Revenue	
Total Support and Revenue	<u>349,838</u>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	283,655
5500 · Payroll Fees	1,950
6005 - Awards	300
6010 · Bank Charges/Checks	700
6015 - Board Expenses	750
6007 · Credit Card Charges	2,750
6022 - Conferences	2,040
6025 · Dues and Memberships	1,940
6030 · Library/Education	1,050
6035 · License, Fees, Permits, Taxes	500
6040 · Lobbying/Advocacy	36,000
6045 · Meeting Expenses	-
6075- Kids Grief Group Op/Prog Supplies	3,000
6080 - Postage/Delivery (Direct)	900
6090 · Printed Materials	4,000
6100 · Professional Services	20,585
6200 - Travel Expenses	2,500
Total Direct Operating Expenses	<u>362,620</u>

### Overhead Expenses

7000 - Audit Expenses	3,500
7010 · Insurance	2,400
7020 · Occupancy Expenses	1,524
7040 · Office Expense	2,000
7050 · Postage/Delivery	
7060 - Photocopy Expense	
7070 · Telephone	3,850
Total Overhead Expenses	<u>13,274</u>

Total Expense	<u>375,894</u>
<b>Change in Net Assets</b>	<u><b>\$ (26,056)</b></u>

## CEO's Report

### Barb Hansen, CEO

This report will cover 2019 and 2020.

The primary regulatory challenge Hospice providers faced in 2019 related to the CMS Final FY 2020 Wage Index Rule, which proposed to modify the election statement by requiring an addendum that includes information aimed at increasing coverage transparency for patient under a hospice election. CMS allowed a delay in the implementation of this new addendum until October 1 of 2020. The FY 2020 Final Wage Index Rule also proposed changes to the Hospice Quality Reporting Program.

Every challenge that Hospice and Palliative Care Providers could have imagined for 2020 paled in comparison to the many challenges created by the COVID-19 pandemic. Beginning in March of 2020 Hospice and Palliative Care programs experienced shortages of Personal Protective Equipment. Long-term care facilities began to refuse to allow Hospice staff to visit patients who resided in facilities. In some cases, patients and family members of patients declined to allow Hospice staff to come into their homes. Health care workers, including Hospice staff, had to undergo two-week quarantines after exposure to someone who had tested positive for COVID-19, regardless of whether anyone had shown symptoms.

In late March CMS issued 1135 Waivers which eased many regulatory requirements for Hospice and Palliative Care programs during the Public Health Emergency. The OHPCA endeavored to ensure that providers were educated about which regulations were waived during the PHE and how and when "Telehealth" could be utilized for virtual visits. Sharing updates about changes to CMS and state regulations and regarding updates to CDC and state infection control guidance was an ongoing activity after March of 2020.

In August of 2020, CMS mandated that Hospice staff be included in mandatory COVID-19 testing and screening prior to being allowed entry into facilities. The State of Oregon also issued testing mandates for "Associated Staff" which include Hospice staff. Hospice Programs then experienced challenges in obtaining testing supplies or locations for their staff. Getting timely test results back was another challenge. Many hospice programs had to expend great resources to pay to have COVID-19 testing done—and still reported that many long-term care facilities were denying their staff access to see patients. Late in 2020, as the state confirmed that Hospice staff were indeed part of "Phase 1a" as frontline health care workers, many Hospice programs experienced challenges in finding COVID-19 vaccination sites for their staff.

The OHPCA has worked diligently to obtain information from CMS, the Oregon Health Authority and NHPCO to be able to provide information and resources to our members. We were able to preview draft versions of state Provider Alerts to ensure that the needs of Hospice programs were included. We also communicate with our members whenever there is an opportunity to provide comments to CMS or the state regarding pending regulations.

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. In 2020 I began to serve as a member of the NHPCO Regulatory Committee and will continue in this role in 2021 as well.

In 2019 the OHPCA began working with Gallant Policy Advisors, an Oregon consulting firm, and our "Public Policy Committee" members to advocate 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 of 2019 both SB 177 and 178 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 2021 legislative sessions.

I continue to serve as a member of the statewide "Palliative Care and Quality of Life Interdisciplinary Advisory Council" and the "Advance Directive Adoption Committee", both of which operate 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 continue to have several networking groups which meet regularly via conference call and the computer-based "Go-to-Meeting" application. In 2020 we began a networking group for Hospice Medical Directors; this group now meets with colleagues from Washington's Hospice programs as they discuss the unique challenges they face.

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.

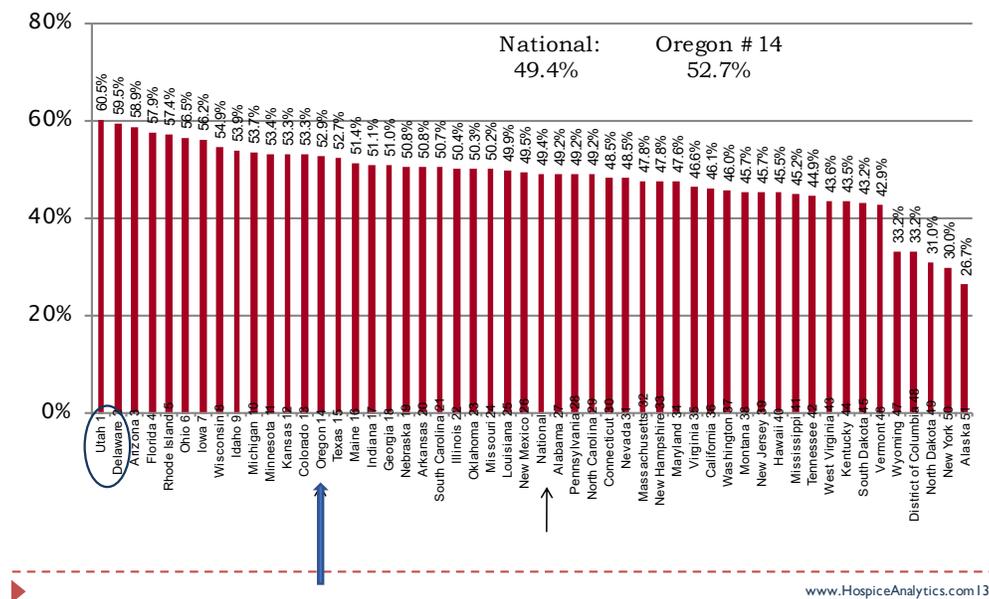
In addition to the regulatory and compliance challenges which are ongoing, our industry continued to change in the nation and here in Oregon. Below are some slides which provide some "snapshots" about how Oregon compares to the rest of the country for 2018 and 2019, the most recent years for which data is available in measures of hospice utilization (with thanks to Cordt Kassner and Hospice Analytics for providing the 2018 utilization slides below.)

Oregon ranked 14<sup>th</sup> in the country for Hospice Utilization in 2018. For the same year, Oregon ranked 37<sup>th</sup> for Mean Days of Care at 64 days and 18<sup>th</sup> for Median Days of care at 26 days. However, Oregon ranked 3<sup>rd</sup> in 2018 for the percentage of Medicare patients who were on Medicare Advantage plans.

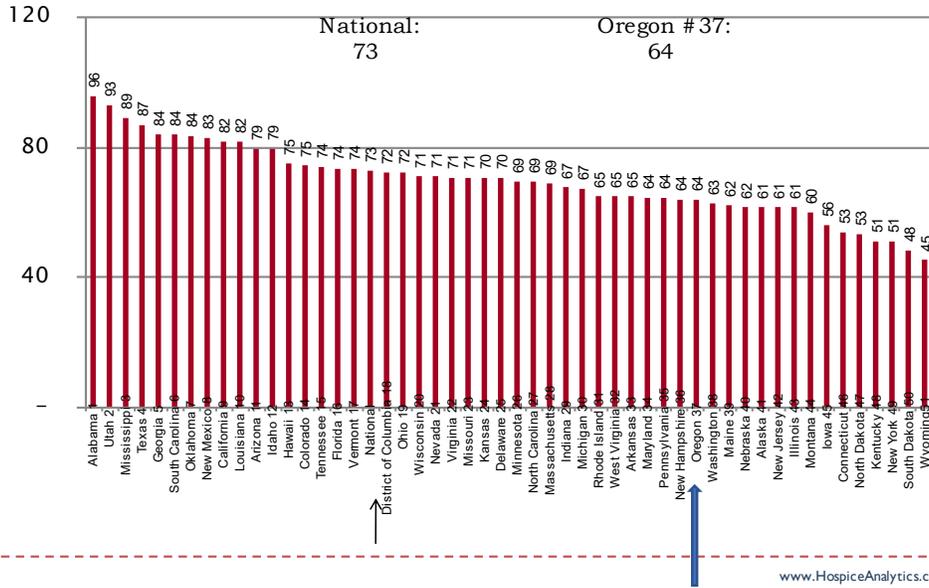
This has implications for Oregon’s Hospice programs as CMS pursues “VBID” (Value-Based Insurance Design) plans in the future. MA Plans already have the option to include Hospice care in the future and it will be in every Hospice program’s interest to develop relationships with MA Plans in their services areas.

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 75%, which means that 25% of hospices in the state are *not* reviewing their results. This compares well to the national retrieval rate of 55% but falls behind Washington’s retrieval rate of 87%. 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.

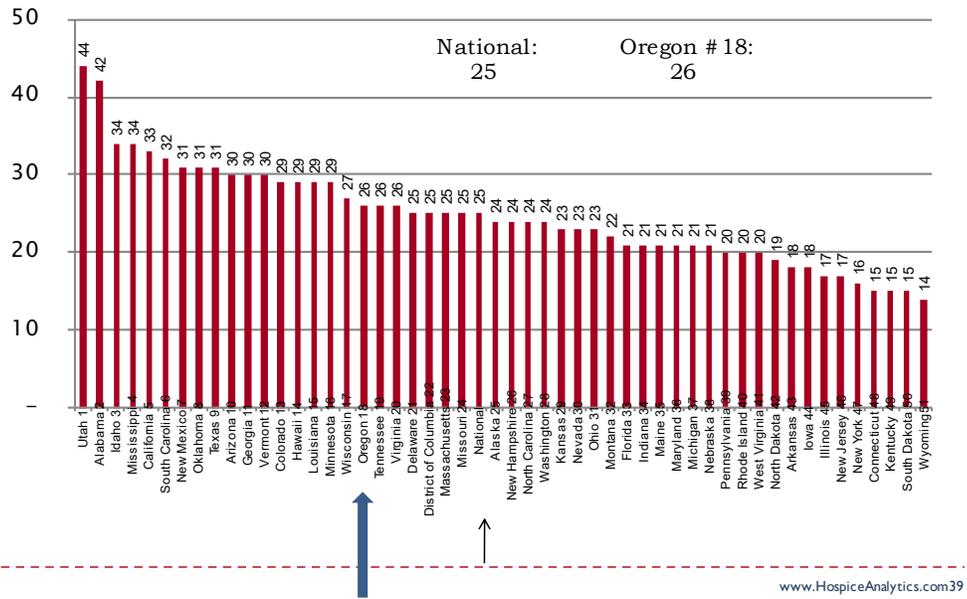
## 2018 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



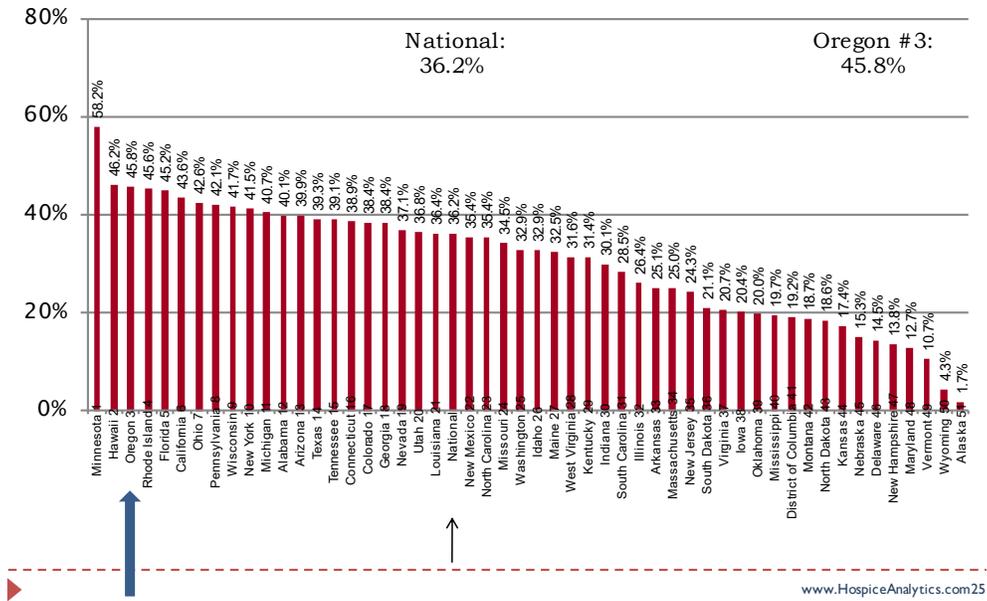
## 2018 Medicare Hospice Mean Days of Care / Beneficiary



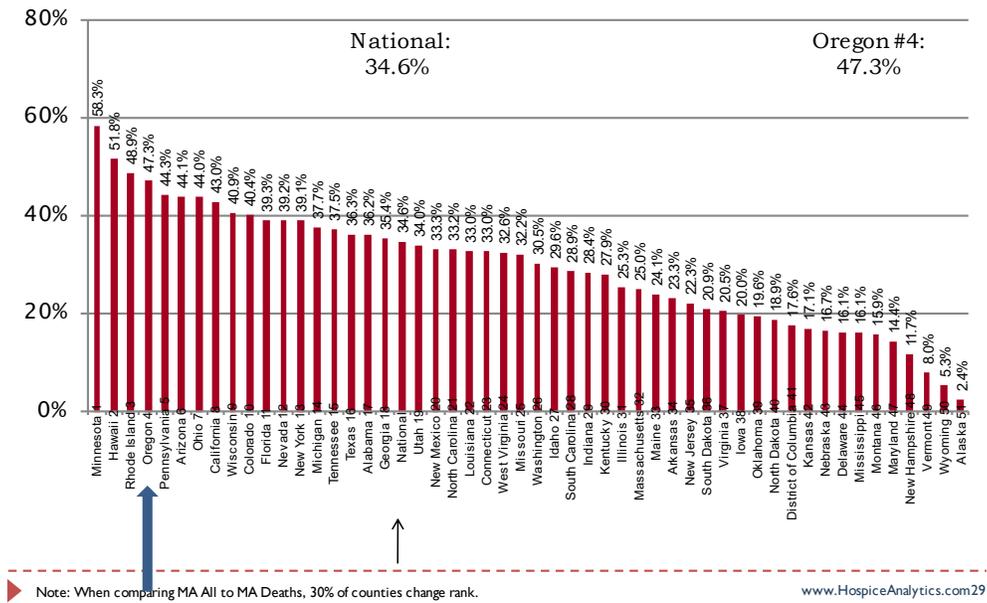
## 2018 Medicare Hospice Median Days of Care / Beneficiary



## 2018 Medicare Advantage – All Percentage of All Beneficiaries



## 2018 Medicare Advantage – Deaths Percentage of All Beneficiaries



**State-Level Hospice Q4FY19 Top Terminal Diagnoses  
Oregon  
54 Hospices  
Decedents for most recent four quarters ending Q4 FY 2019  
In Descending Order by Total Decedents**

Terminal Clinical Classification System (CCS) Diagnosis Category	Total Decedents for Each Category	Proportion of Decedents for Each Category	State Average Length of Stay for Category
Cancer	4,618	28.7%	47.9
Circulatory or heart disease	2,963	18.4%	62.7
Dementia	2,697	16.8%	77.2
Stroke	1,652	10.3%	62.4
Respiratory disease	1,386	8.6%	70.1
<b>Top Terminal CCS Category</b>	<b>13,316</b>	<b>82.9%</b>	<b>61.2</b>
<b>All CCS Categories</b>	<b>16,063</b>	<b>100%</b>	<b>59.3</b>

**State-Level Hospice Q4FY19 Live Discharges by Type  
Oregon  
54 Hospices  
In Descending Order by Total Episodes**

Type of Live Discharge	Total Episodes	Proportion of Live Discharge Episodes	State Average Length of Stay (in Days)
No longer terminally ill	3,651	59.3%	168.8
Revocation	1,394	22.6%	79.0
Beneficiary transfer	737	12.0%	98.3
Moved out of service area	285	4.6%	84.4
Discharged for cause	89	1.4%	89.7
<b>All Live Discharges</b>	<b>6,156</b>	<b>11.4%</b>	<b>135.0</b>

**State-Level Hospice Q4FY19 Target Area Summary**  
**Oregon**  
**54 Hospices**

75

Statistics are only displayed when there are 3 or more hospices in the state and the numerator count is 11 or greater.

Target Area	Data for four quarters ending	Q4 FY 2017	Q4 FY 2018	Q4 FY 2019
Live Discharges Not Terminally Ill	Beneficiary episodes d/c alive	1,205	1,170	1,276
	All beneficiary episodes	17,905	17,712	18,280
	Proportion of Target to Denominator Discharges	6.7%	6.6%	7.0%
	Average Length of Stay for Target	163.9	173.5	169.1
	Average Medicare Payment for Target	\$28,629	\$30,751	\$30,060
	Sum of Medicare Payments for Target	\$34,498,040	\$35,978,902	\$38,356,751
Live Discharges Revocations	Beneficiary revocation episodes	448	449	497
	All beneficiary episodes	17,905	17,712	18,280
	Proportion of Target to Denominator Discharges	2.5%	2.5%	2.7%
	Average Length of Stay for Target	92.6	70.0	74.8
	Average Medicare Payment for Target	\$16,362	\$12,838	\$13,850
	Sum of Medicare Payments for Target	\$7,330,282	\$5,764,205	\$6,883,376
Live Discharges LOS 61-179	Beneficiary episodes d/c alive w/ LOS 61-179 days	766	759	840
	All beneficiary episodes d/c alive	1,963	1,976	2,217
	Proportion of Target to Denominator Discharges	39.0%	38.4%	37.9%
	Average Length of Stay for Target	109.3	109.2	112.4
	Average Medicare Payment for Target	\$20,103	\$20,406	\$21,147
	Sum of Medicare Payments for Target	\$15,398,678	\$15,488,425	\$17,763,789
Long Length of Stay	Beneficiary episodes with 180+ days of service	1,787	1,735	1,875
	All beneficiary episodes	17,905	17,712	18,280
	Proportion of Target to Denominator Discharges	10.0%	9.8%	10.3%
	Average Length of Stay for Target	344.7	339.3	345.0
	Average Medicare Payment for Target	\$57,762	\$58,333	\$59,599
	Sum of Medicare Payments for Target	\$103,220,585	\$101,208,286	\$111,748,311
Routine Home Care in Assisted Living Facility	RHC days in an ALF	344,075	373,099	413,174
	All RHC days	1,230,122	1,261,075	1,331,330
	Proportion of Target to Denominator Discharges	28.0%	29.6%	31.0%
Routine Home Care in Nursing Facility	RHC days in a NF	94,829	91,805	81,149
	All RHC days	1,230,122	1,261,075	1,331,330
	Proportion of Target to Denominator Discharges	7.7%	7.3%	6.1%

Data Source: Medicare PPS Claims  
For Target Area definitions, please see PEPPER User's Guide.  
Date prepared: 29APR2020

**State-Level Hospice Q4FY19 Target Area Summary  
Oregon  
54 Hospices**

Statistics are only displayed when there are 3 or more hospices in the state and the numerator count is 11 or greater.

Target Area	Data for four quarters ending	Q4 FY 2017	Q4 FY 2018	Q4 FY 2019
Routine Home Care in Skilled Nursing Facility	RHC days in a SNF	19,952	28,674	43,691
	All RHC days	1,230,122	1,261,075	1,331,330
	Proportion of Target to Denominator Discharges	1.6%	2.3%	3.3%
Claims with Single Diagnosis Coded	Claims with one diagnosis coded	1,021	1,263	1,062
	All claims	56,924	57,752	61,270
	Proportion of Target to Denominator Discharges	1.8%	2.2%	1.7%
No GIP or CHC	Episodes with no GIP or CHC	16,678	16,566	17,071
	All episodes	17,905	17,712	18,280
	Proportion of Target to Denominator Discharges	93.1%	93.5%	93.4%
	Average Length of Stay for Target	68.7	67.4	70.5
	Average Medicare Payment for Target	\$12,435	\$12,465	\$13,096
	Sum of Medicare Payments for Target	\$207,396,402	\$206,493,374	\$223,564,929
Long GIP Stays	GIP stays > 5 days	306	237	243
	All GIP stays	1,320	1,233	1,287
	Proportion of Target to Denominator Discharges	23.2%	19.2%	18.9%

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 Hansen, MA, RN, CEO*

## 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 two years.

The goals for education include:

- To encourage the completion of POLST forms for all hospice and palliative care patients at the time of admission or enrollment.
- 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 to hospice and palliative care programs.
- To establish OHPCA as a leadership organization in the realm of end-of-life education.

The 2019 Professional Practice Exchange was attended by 125 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 Dr. Janet Bull, MD, MBA, Director of the Four Seasons Center for Excellence in North Carolina to be our Keynote speaker. Dr. Bull's presentation "Hospice and Palliative Care—2019 and Beyond!" was very well received by conference attendees. In addition to her Keynote speech, Dr. Bull volunteered to give two additional presentations during the PPE! The 2019 PPE also featured "Kindness Catalyst" Linda Cohen as the Plenary Presenter. Linda spoke on "The ROI of Kindness" and shared how the "Economy of Kindness" can impact everything. Ms. Cohen also presented one of our "breakout" sessions during the conference. The 2019 PPE had so many excellent breakout sessions that several attendee evaluations again commented 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 2019 Hospice Foundation of America's annual Living With Grief Program. The 2019 program, "Aging America: Coping with Loss, Dying, and Death in Later Life" occurred June 9 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 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 was scheduled to speak at our conference in April of 2020. Of course, we had to cancel the 2020 Spring Intensive conference due to the pandemic and that is also the case for the spring of 2021. We hope to be able to host Judi again in April of 2022. 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 June of 2019, the OHPA and WSHPA 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.

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 Hansen, MA, RN, CEO*

## Director of Association Management Report

### Meg McCauley, Director – Association Management

The duties and responsibilities of the Association Management Director include management of day to day operations of the Oregon Hospice & Palliative Care Association: management and maintenance of the organizational website, management and maintenance of all organizational mailing and distribution lists, management of Professional Provider, Associate and Individual memberships, distribution of weekly newsletters, daily response to inquiries through the OHPCA website and voicemail, development and planning of all OHPCA meetings, events and conferences.

In addition, the Association Management Director develops and maintains organizational fundraising campaigns and resource development.

#### Membership Update

- 2019: OHPCA had a solicited Professional Provider membership of 44 programs representing 34 licensed hospice/palliative care providers in Oregon. OHPCA also has *unsolicited* memberships for non-hospice businesses and individuals; there were 40 of these members in 2019.
- 2020: OHPCA had a solicited Professional Provider membership of 42 programs representing 36 licensed hospice/palliative care providers in Oregon. *Unsolicited* memberships for non-hospice businesses and individuals were 45 in 2020.

#### Meetings & Conferences

In 2019, OHPCA hosted 4 educational programs for hospice and palliative care providers and staff:

- January 15: Envisioning the Future of Hospice and Palliative Care Alternative Payment Models with Joan Teno and Zinnia Harrison; 35 people attended.
- March 18-19: Spring Intensive: Regulatory Update “Changing Our Care Delivery Model While Meeting All the Regulations”, jointly supported with Washington State Hospice & Palliative Care Organization (WSHPCO); 114 people attended. Nursing CEs and social work CEUs were offered.
- June 6, 2019: Hospice Foundation of America’s annual “Living With Grief” program, jointly supported by Dignity Memorial, Kaiser Hospice, Legacy Hospice & Providence Hospice; 70 people attended. Social work CEUs were offered.
- September 23-24: Professional Practices Exchange “Exchanging Ideas, Sparking Inspiration”; 125 people attended. Physician CME, nursing CEs and social work CEUs were offered.

In 2020, OHPCA canceled all regularly scheduled conferences—Spring Intensive: Regulatory Update (co-supported with WSHPCO), HFA’s “Living With Grief” program and the fall Professional Practices Exchange—due to COVID-19. Instead, a number of virtual programs were offered:

- May 5 & 21: “Spreading Kindness, Not Corona” with Linda Cohen; 200 people attended over both webinar dates (jointly supported with WSHPCO).
- June 2: “A Conversation with Barbara Karnes, RN about Providing End of Life Care During Covid-19” webinar (jointly supported with WSHPCO).
- September 22: “Regulatory Priorities for 2020 and Beyond” with Judi Lund Person; 139 people attended and nursing CEs + social work CEUs were offered (jointly supported with WSHPCO).

- November 17: “Driven by Data: Understand How to Meet Your Community’s Needs” with Jay Cushman, HealthPivots; 55 people attended.

Also, The OHPCA continues 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 cover topics such as compliance, COVID-19, HIPAA, Hospice 101, Board management, topics for Volunteer Managers, Billers, etc.

### Fundraising Update

The Oregon Hospice & Palliative Care Association received a number of unsolicited grants and contributions in years 2019 and 2020. There were many Employee/Employer Matching Gift contributions, special gifts, bequests and memorial donations, revenue generated through educational webinars and OHPCA’s silent auction:

#### 2019

- LeBaron Estate through Lovejoy Hospice: \$57,556
- Kuzman Fund of The Oregon Community Foundation: \$49,844
- General contributions, memorials: \$17,727
- Conference Sponsorships & Exhibitors: \$16,300
- Hospice Assistance Fund of The Oregon Community Foundation: \$3,456
- Essential Education Webinar Network revenue: \$1,960
- United Way + Combined Health Charities contributions: \$957
- 2019 Silent Auction: \$850

#### 2020

- Kuzman Fund of The Oregon Community Foundation: \$50,687
- General contributions, memorials: \$16,860
- Robert Altman donation: \$10,000
- Hospice Assistance Fund of The Oregon Community Foundation: \$3,508
- LeBaron Estate through Lovejoy Hospice: \$3,611
- Essential Education Webinar Network revenue: \$2,831
- Nicole Elovitz gift through The Oregon Community Foundation: \$2,000
- United Way + Combined Health Charities contributions: \$389

Sadly, a networking and fundraising gathering scheduled in fall 2019 was canceled as the venue unexpectedly shut down and there wasn’t time to reschedule the event by the end of 2019. Plans were underway to schedule the event in 2020, then COVID-19 happened.

In May 2020, the Taiwanese Community in Oregon & Vancouver donated 2,000 surgical grade face masks to hospice provider programs in need. All masks and a limited number of hand sanitizers were distributed quickly to 15 OHPCA member hospice programs in Oregon & Washington who identified a need to receive the donated masks. OHPCA’s appreciation to the Taiwanese Community is invaluable.

The Cambia Fund of The Oregon Community Foundation provided OHPCA granting in the amount of \$9,500 in April 2020 for technology support to help Oregon’s hospice programs with delivering services during the COVID pandemic, providing qualifying programs with tablets and other technology devices to aid in delivering care virtually to patients and family.

The Wildfire Relief Fund for Hospice Staff was established and solicited in fall 2020 to aid hospice caregivers from OHPCA member programs who were severely affected by the wildfires that swept communities throughout Oregon in September 2020. A GoFundMe page was established online and shared through social media; response was immediate and \$2,500 was raised to help those in need. Checks were distributed by the end of the year to those identified in need of assistance.

Also in September 2020 the Oregon Health Authority donated 800 KN95 masks to OHPCA for hospice programs in need. Masks were distributed quickly to 8 OHPCA member hospice programs in Oregon & Washington who identified a need to receive the donated masks. This generous gift was greatly appreciated by OHPCA and the member programs in need.

The Oregon Hospice & Palliative Care Association's annual holiday Light Up a Life campaign, sponsored by Moda Health since 1996, has been OHPCA's largest fundraising campaign of the year. Appreciation is given to *Moda Health*, for sponsoring this statewide campaign since 1996, and Tim Bergmann of *Bergmann Design Studio*, who has provided pro bono design work for the campaign for 21 of the past 23 years. *Alpha Graphics* has generously supported the Light Up a Life campaign providing discounted printing and mailing services since 2018.

- 2019: A net total of \$11,500 for the OHPCA in 2019. There were 132 individuals who contributed to this winter holiday direct mail campaign.
- 2020, a net total of \$15,382 was raised, with 181 individuals contributing.

In 2021, OHPCA looks forward to the possibility of having in-person conferences and social and networking events.

A handwritten signature in black ink that reads "Meg McCauley". The signature is written in a cursive, flowing style with a large, prominent "M" and "C".

## In This Together – Supporting Children & Families in Grief Report

### Meg McCauley, Program Director

In This Together 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 are held twice annually and alternate between east- and west-side locations (Providence Portland Hospice, Portland First Church of the Nazarene and Legacy Hopewell House).

The program officially went through a name and branding change at the end of 2019 to launch in 2020, with help from design intern Henry MacEachern. What was once “Me, Too – Supporting Children and Families Grief” became “In This Together”, with the tagline Supporting Children and Families in Grief.

In March 2019, a late winter/early spring group was held at Portland First Church of the Nazarene. There were 10-12 families participating in this session, with a strong Teen group. A fall session began at Providence Portland Hospice in October.

In February 2020, an abbreviated winter session began at Legacy Hopewell House, and was shortened after 4 sessions due to CDC recommendations surrounding COVID-19. After much deliberation, a first ever abbreviated fall virtual group was scheduled in November. Success and appreciation of this virtual group came as somewhat of a surprise; there were minor “hiccups” to overcome (helping families get logged in to their personal devices and assigning virtual “rooms” to participants) but volunteers put together supply boxes and delivered them to families prior to group and families outside the Portland-metro area were more easily able to attend the virtual session, making for a large fall group with over 20 family members participating. Families very much appreciated this session and plans for more virtual sessions are on the table for the future.

Legacy Hospice and Providence Portland Hospice continued their financial and clinical support through 2019-2020, and the Oregon Hospice & Palliative Care Association provided administrative coordination of In This Together throughout the 2 years. 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 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 2019-2020 included 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 2019 groups.



## Hospice Directory

### **OHPCA Provider Member Hospice & Palliative Care Programs - 2019**

Adventist Home Care Services	Portland
Asante Rogue Regional Medical Center Hospice	Medford
Blue Mountain Hospice	John Day
Bristol Hospice - Oregon LLC	Clackamas, Springfield
Care Partners	Hillsboro
Cascade Hospice	Eugene
Coastal Home Health & Hospice	Brookings
Grande Ronde Hospital Hospice	LaGrande
Harney County Hospice	Burns
Hospice Care of the Northwest	Portland, Salem
Hospice of Redmond	Redmond
Housecall Providers	Portland
Kaiser Permanente Hospice & Palliative Care	Portland
Klamath Hospice, Inc.	Klamath Falls
Lakeview Home Health & Hospice	Lakeview
Legacy Hospice Services	Portland
Lower Columbia Hospice	Astoria
Lumina Hospice & Palliative Care	Corvallis
Mt. Hood Hospice	Sandy
Partners In Care, Inc	Bend, LaPine, Redmond
PeaceHealth Hospice of Sacred Heart & Life Passages Palliative Care	Eugene
Pete Moore Hospice Hospice	Eugene
Pioneer Memorial Home Health & Hospice	Heppner
Providence Hospice	Mt. Angel, Portland, Hood River, Medford
Samaritan Evergreen Hospice	Albany, Newport
Signature Healthcare at Home	Central Point, Eugene, Tigard
South Coast Hospice & Palliative Care Services	Coos Bay
St. Charles Hospice	Bend
St. Charles Hospice Prineville	Prineville
Walla Walla Community Hospice	Walla Walla
Willamette Valley Hospice	Salem

**OHPCA Provider Member Hospice & Palliative Care Programs - 2020**

Adventist Home Care Services	Portland
Asante Rogue Regional Medical Center Hospice	Talent
Blue Mountain Hospice	John Day
Bristol Hospice - Oregon LLC	Clackamas, Springfield
Care Partners	Hillsboro
Cascade Health Hospice	Eugene
Coastal Home Health & Hospice	Brookings
Harney County Hospice	Burns
Heart 'n Home Hospice	Fruitland
Hospice of Redmond	Redmond
Housecall Providers	Portland
Kaiser Permanente Hospice & Palliative Care	Portland
Klamath Hospice, Inc.	Klamath Falls
Lakeview Home Health & Hospice	Lakeview
Legacy Hospice Services	Portland
Lower Columbia Hospice	Astoria
Lumina Hospice & Palliative Care	Corvallis
Mt. Hood Hospice	Sandy
Partners In Care, Inc	Bend
Pete Moore Hospice House	Eugene
Pioneer Memorial Home Health & Hospice	Heppner
Providence Hospice - Benedictine	Mt. Angel, Hood River, Medford, Portland
Sacred Heart Hospice	Eugene
Samaritan Evergreen Hospice	Albany, Newport
Seasons Hospice & Palliative Care of Oregon, LLC	Portland
Signature Healthcare at Home	Central Point, Eugene, Tigard
South Coast Hospice & Palliative Care Services	Coos Bay
St. Charles Hospice/St. Charles Palliative Care	Bend
Vange John Memorial Hospice	Hermiston
Walla Walla Community Hospice	Walla Walla
Willamette Valley Hospice	Salem

## Board of Directors & Staff

### 2019

- Katie Adkison, RN, CHPN, Manager, Asante Hospice, Medford
- Heidi Berkman, Founder & President, The Bloom Project, Portland
- Paula Edwards, RN, BSN, Director of Hospice and Palliative Care, Kaiser Permanente Hospice and Palliative Care Services, Portland
- Nicole Elovitz, MBA, Director of Marketing, Cambia Health Solutions, Portland
- Jessica Fishman, MSW, LCSW, Social Work Supervisor, Providence Hospice, Portland
- Jon JJ Furuno, PhD, Associate Professor and Interim Chair, Department of Pharmacy Practice, OSU, College of Pharmacy, Portland
- Jad Hamdan, Northwest Funding Group, Portland
- Bob Macauley, MD, FAAP, FAAHPM, OHSU Doernbecher Bridges Program, Portland
- Laura Mavity, MD, St. Charles Health System, Bend
- Gail Mueller, RN, BSN, CHPN, Administrator, Legacy Hospice, Portland
- Melinda Papen, Samaritan Evergreen Hospice, Albany
- Rev. Canon Raggs Ragan, Trinity Episcopal Cathedral, Portland
- Katie H. Stowers, DO, Physician, OHSU, Portland Veterans Healthcare System, Portland
- Margaret Thornburg, Senior Director, Claims, Customer Service & Configuration, Moda Health, Portland

### 2020

- Katie Adkison, RN, CHPN, Manager, Asante Hospice
- Nicole Elovitz, MBA, Director of Marketing, Cambia Health Solutions, Portland
- Jessica Fishman, MSW, LCSW, Social Work Supervisor, Providence Hospice
- Jon JJ Furuno, PhD, Associate Professor and Interim Chair, Department of Pharmacy Practice, OSU, College of Pharmacy
- Jad Hamdan, Northwest Funding Group, Portland
- Theresa Karlik, BSN, RN, Manager, Samaritan Evergreen Hospice, Newport
- Bob Macauley, MD, FAAP, FAAHPM, OHSU Doernbecher Bridges Program, Portland
- Gail Mueller, RN, BSN, CHPN, Administrator, Legacy Hospice, Portland
- Katie H. Stowers, DO, Physician, OHSU, Portland Veterans Healthcare System, Portland
- Margaret Thornburg, Senior Director, Claims, Customer Service & Configuration, Moda Health, Portland

### Staff

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