

ah HA! News and Updates from



Research and Analytics to Improve Hospice Care

August 2015

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FREE InfoMAX Demo
Webinar, Sept 9

Attend a **FREE, half-hour** webinar to learn more about the power of

Kids are headed back to school, and, incredibly, the final quarter of the year is within view. Many organizations are starting to assess the past year and budget and plan for the new one. **Hospice Analytics has all the tools you need to know where you are and plan where you are going.** Our online, interactive, on-demand *InfoMAX* reports, Executive Summaries, and Cost Reports put essential business intelligence at your fingertips. **In September, we'll release our new Physician Referral reports** (see below). Cost Report data is updated weekly, and we're expecting 2014 Medicare data in October. If you haven't already, **subscribe NOW to ensure you have access to the most current information without delay!**

—Cordt, Jennifer, Cathy, and Joy

Essential Tools for Budgeting and Planning
*Your Competition Has Access to Your Information.
Wouldn't You Like to Have Theirs?*

1. **InfoMAX Hospice, Hospital, Home Health, and SNF utilization reports**

Our online, user-friendly *InfoMAX* reports translate Medicare claims data into **strategic knowledge of all the hospice and other agencies and facilities in your service area.** *InfoMAX* allows you to pull just the data you need, when you need it.

In just a few clicks you can produce 25+ report formats on pre-set variables

(such as utilization, patient and market demographics, discharge status, levels of care, admissions and mortality, Medicare reimbursements, etc.) or you can customize reports across counties or years. 2014 data will be available in late October, early November.

Subscribe now to be first in line for updated information! Just \$500 set-up plus \$150/county for an annual account!

Discounts negotiable for regional, statewide, or national accounts. [Click here](#) to view our easy demo.

InfoMAX, Executive Summaries, and Cost Reports in your 2016 planning!

Sept 9, 4:00PM EDT
(1:00PM Pacific).

To register, send an email to [Jennifer Ballentine](mailto:jballentine@hospiceanalytics.com)

Hospice Analytics Info

Our Mission

Hospice Analytics is an information-sharing research organization whose mission is to **improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets.**

Collaboration with State Hospice Orgs

More than 50 percent of the State Hospice Organizations participate in Hospice Analytics' Market Reports Project. These State Hospice Organizations represent over 60% of the hospices serving over 70% of the hospice patients in the country. Substantial revenue is shared with participating non-profit State Hospice organizations.

Our Staff

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2. Hospice Cost Reports for Individual Purchase!

Cost Reports are the complete, itemized reports as submitted by hospice agencies to Medicare,

providing details on what hospices are spending on professional salaries and contract services; drugs, supplies, and equipment; patient and staff transportation; program features such as volunteer services

or bereavement; fundraising; and so on. **For just \$150.00 per cost report,** you can gain access to vital business intelligence and competitive data for your service area in a few clicks. [Click here](#) to access a sample.

3. Executive Summaries Display Key Metrics

For your hospice side-by-side with state and national averages and your choice of 10 competitive agencies: mean and median lengths of stay; % beneficiaries died within 7 days, after 180 days, discharged alive; location of service; mean Medicare reimbursement, mean cost per diem; % net margin; payer mix; level of care; diagnosis. At a glance, you can see how your services and market penetration measures up, **all for only \$500 per summary.** [Click here](#) to access a sample.

Executive Summaries and Cost Reports are **included in our Premier InfoMAX subscriptions**, but now any visitor to our Web site can select individual freestanding hospice Cost Reports or an Executive Summary for hospices nationally for immediate, automated purchase. [Click here to buy now!](#) Or, join our **FREE Webinar** on September 9, 4:00PM EDT (see sidebar to RSVP).

Did You Know? Physicians are the greatest influencers in hospice decision!

A recent article in [Health Affairs](#) presents results of a study into how patients make decisions about their end-of-life care. Using a novel method for measuring the relationship between physician characteristics and hospice enrollment, researchers focused on a nationally representative sample of Medicare patients with poor-prognosis cancer between 2006 and 2011. They found that **"the proportion of a physician's patients**

Generate InfoMAX Report

Report Name:

Data Year:
Hold down the control button (or command if on a mac) to select multiple years.

Data County:
Hold down the control button (or command if on a mac) to select multiple counties.

Reporting Data: By Provider County By Beneficiary County

Report Format: Excel PDF

Detailed Excel Spreadsheet: [10 Hospice Info by Provider County](#)

General Report Graphs: (each opens in a new window)

1. Hospice Market Share of Admits
2. Hospice Admits
3. Hospice Deaths
4. Hospice Days Total
5. Hospice Days Mean
6. Hospice Days Median

Hear What Our Clients Are Saying!

We have really come to appreciate you and the service you provide. It's been invaluable to our work!

–Hospice CEO (TX)

This is really wonderful data! The report . . . has really helped our Board to picture where we are and where we need to go as an organization.

–Hospice Executive Director (NY)

I like your reports and find them invaluable to our business development work. Keep up the good work!

–Hospice Business Development Manager (WA)

Speaking & Teaching by Hospice Analytics

Hospice Analytics has offered workshops and plenary sessions on data analysis and utilization, strategic planning, and other topics at numerous state and national conferences. To arrange an engagement in your state or agency, contact [Jennifer Ballentine](#).

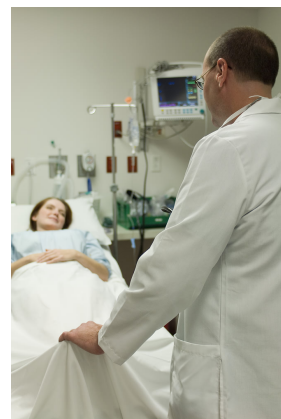
September 10
Virginia Association for Hospice & Palliative Care, [7th Annual Leadership Forum](#)
 Charlottesville, VA
 Cordt Kassner

September 15, 16
Illinois Hospice & Palliative Care Organization, [Future Forum and 2015 Conference](#)
 Springfield, IL
 Cordt Kassner

who were enrolled in hospice was a strong predictor of whether or not that physician's other patients would enroll in hospice."

Furthermore, patients cared for by medical oncologists and not-for-profit hospitals were more likely to enroll in hospices than other patients.

What does this mean for you? Very simply, **you need to know which physicians in your area are referring the most patients to hospice! And not just your hospice, but all your competitors, too.**



Coming in September, Hospice Analytics will make available Physician Referral Reports, detailing:

- Which physicians saw patients within 30 days of admission to your hospice
- Which physicians saw patients within 30 days of admission to another hospice
- What percentage (and number) of patients from a particular physician were admitted to your hospice
- The diagnosis mix of patients seen by that physician who were admitted to hospice
- And more . . .

[Sign up here](#) to receive the first notice that the Physician Referral Reports are ready!

More Great Tools Coming Soon!



Here's a preview of some other great tools scheduled for release for Sept/Oct:

- **Reports modeling the new Medicare two-tiered payment structure** based on your patient history for budget projections.
- **Reports offering projections of ADC**, based on your hospice actual data and history, for budgeting and staffing plans.
- **Home Health Analytics**, offering functionality and rich data similar to what Hospice Analytics provides but for the burgeoning Home Health sector.

"Since You Asked . . ."

The Hospice Analytics team is available to answer questions at any time. It's occurred to us that your questions--and our answers--might be interesting to others in the field. So we're adding this new feature to our newsletter. Each month we'll share a question and an answer. Let us know what you think!

We're hearing a lot about the new Medicare Choices

September 28, 29
 The Carolinas Center,
[2015 Annual
 Conference](#)
 Columbia, SC
 Jennifer Ballentine

concurrent care program. Who are the participants and what are they like?

The Medicare Choices concurrent care demonstration project was authorized in the 2010 Affordable Care Act, but has just now gotten underway. According to the [CMS Web site](#), the model represents a "new option for Medicare beneficiaries to receive palliative care services from certain hospice providers while concurrently receiving services provided by their curative care providers. [Through this demonstration project] CMS will evaluate whether providing hospice services can improve the quality of life and care received by Medicare beneficiaries, increase patient satisfaction, and reduce Medicare expenditures."

Hospice and palliative care providers were invited to apply to the program, and 141 successful applicants were selected. Providers in all but 10 states (AL, AK, AR, MS, ND, NE, NM, RI, WV, & WY) were selected; in some, only 1 agency was selected, in others quite a few. Here's a list, showing the number of Medicare Choices "MCC" providers in each state, the total number of hospice programs in that state, and the percentage of hospices represented by MCC participants if greater than 10. Note the whopping percentage of participants in Vermont!

State	#MCC	#Total	%Total	State	#MCC	#Total	%Total
AZ	1	93		MO	4	111	
CA	5	406		MT	3	27	11%
CO	2	61		NC	8	79	10%
CT	1	32		NH	1	23	
DE	2	8	25%	NJ	5	54	
FL	10	41	24%	NV	2	28	
GA	1	184		NY	3	48	
HI	1	9	11%	OH	8	132	
IA	9	86	11%	OK	1	126	
ID	1	42		OR	1	48	
IL	3	115		PA	3	197	
IN	3	86		SC	1	97	
KS	3	68		SD	1	15	
KY	3	24	13%	TN	5	59	
LA	3	142		TX	3	429	
MA	3	71		UT	1	85	
MD	3	27	11%	VA	5	88	
ME	1	20		VT	10	11	91%
MI	10	110		WA	3	31	10%
MN	3	67		WI	4	72	

In terms of agency features compared to national averages, the participating agencies are older and more nonprofit, whereas the rural/urban distribution is not too far off the national norm:

Year Founded	MCC	%	National*	%
1983-1990	76	54%	683	17%
1991-2000	44	31%	1103	28%
2001-2010	16	11%	1557	40%
2011-pres	4	3%	571	15%
*includes territories				

	MCC*	%	National**	%
Urban	14	10%	628	16%
Metro	116	83%	2,959	76%
Rural	9	6%	319	8%
For-Profit	33	23%	2,307	59%
Nonprofit	108	77%	1,607	41%
*2 missing metro/rural/urban classifications				
**4 missing metro/rural/urban classifications; includes territories				

Looking at key metrics of the participating agencies, compared to national averages, participants tend to be much larger (ADC Mean, 196 vs. 65), which is likely an indication of the organizational infrastructure required to take on an innovative program with some risk. Several other metrics are generally "spot on" the national averages: ALOS (average length of stay), MLOS (median length of stay), ALOS <7 (% of patients with ALOS less than 7 days), ALOS >180 (% of patients with ALOS greater than 180 days), and %RHC (% routine home care). The percentage discharged alive (%DC) and average reimbursement (Pay Mean) are both slightly lower in MCC participants than typical.

All this suggests that CMS did a good job in identifying MCC participants who are currently providing services well within national norms and benchmarks, large enough to sustain the program, and well enough rooted in their communities to enjoy support and deliver meaningful benefit. We'll just have to see how it all turns out!

Opportunities and Announcements

Yelp Adds Quality Metrics to Consumer Reviews of Healthcare Facilities

In an [innovative partnership](#) with ProPublica, Yelp is adding selected quality metrics collected and reported by Medicare to its consumer reviews of healthcare facilities. Here are some of the data items that will be reported:

- Hospitals: quality of doctor communication versus state average; if the rooms are quiet at night versus state average
- Nursing homes: number of beds; fines paid during the last three years; number of serious deficiencies
- Dialysis clinics: number of dialysis stations; rate of hospital readmission versus standard; rate of patient

survival versus standard

Hospice Analytics' CEO Cordt Kassner Joins Palliative Care Research Collaborative

The [Palliative Care Research Cooperative Group](#) (PCRC) was established in 2010 to develop scientifically-based methods that lead to meaningful evidence for improving quality of life of patients with advanced and/or potentially life-limiting illnesses, and their caregivers including family members and providers of care. The network creates a community of palliative care providers who can engage in research discovery.

Lower Hospice Utilization Among African Americans--Why?

In 2013, hospice utilization was 47.4% among Caucasians, but only 34.8% among African Americans. Why would rates be 10% lower among African Americans? Kim Johnson, MD, a geriatrician researcher at Duke University, has obtained NIH funding to explore how to increase hospice utilization among African Americans. Dr. Johnson is seeking to interview (by short online and telephone survey) hospices in AL, AR, CA, DE, FL, GA, IL, IN, LA, MD, MI, MS, NY, OH, OK, PA, TN, TX, VA, and DC. Participants will receive a small honorarium and free access to two webinars, on outreach to African Americans, informed by the results of the study. **In addition, three hospices who complete the study before October 2 will be selected from a drawing to receive \$1000.00!** If your hospice would be interested in participating, please contact Dr. Johnson at (919) 660-7531 or e-mail kimberly.s.johnson@dm.duke.edu.

Pediatric Hospice and Palliative Care: A Little Knowledge Goes A Long Way

Lisa C. Lindley, PhD, RN, Assistant Professor at the College of Nursing, University of Tennessee, writes that the traditional hospice patient is not a 4 year old with multisystem diseases, technology dependence, and complex medication regimens. And yet, a hospital discharge planner, social worker, or nurse may contact your hospice on any given day and ask if you and your staff could care for this child. Although 15% of Colorado hospices have a designated pediatric program with trained clinical staff, a majority of organizations may find it difficult to provide this level of care (Hospice Analytics, 2015). Pediatric hospice and palliative care provides physical, emotional, social, and spiritual support services to children with a prognosis of 6 months to live and to their families. It is different from adult care in several important ways. [Read more...](#)

Resources to Oppose Physician-Assisted Suicide

Physician-assisted suicide (aka "physician aid in dying," "physician-assisted death") bills have been introduced in **22 states and the District of Columbia**. Several other states have proposals or drafts in process, and lawsuits challenging laws prohibiting PAS have been filed in New York, Tennessee, and California. (As of this writing, however, **bills have been defeated or tabled in 16 states; both lawsuits in California have been dismissed, and an appeal of a lawsuit which legalized PAS in New Mexico overturned the ruling.** See updated [map of legal status of PAS](#) as of August, 2015.) **If it hasn't already, this issue will soon come to you,** and every

hospice professional and agency will be called upon to provide accurate information, distinguish hospice from assisted death, and reassure patients and families that relief of suffering is both our specialty and our top priority. **Hospice Analytics has been following this issue very closely** and has assembled copious fact-based information as well as model position statements and legislative recommendations. Because there appears to be no national clearinghouse or centralized organization opposing PAS, we have **assembled opposition resources on our [Web site](#)**. For more information, contact **Jennifer Ballentine**, 303-521-4111.

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