Top Six Trends Impacting Hospice Care in 2019
For decades, end-of-life care was routinely overlooked as healthcare professionals focused on curative care. That’s changed in recent years, however, and hospice is now widely recognized as a key part of the overall continuum of care. In response, the industry has seen rapid changes in the regulatory and business landscape, and hospice providers are poised for even more changes in the coming year.

Learn what’s in store for 2019 with six of the biggest trends impacting hospice care, along with tips to help ensure your success.
Trend 1: Increased Focus on End-of-Life Care

There’s a clear cultural shift taking place that’s putting hospice care front and center, driven by policymakers and citizens alike. More people are choosing hospice care, and hospice providers and related services are expanding to meet demand.

Lawmakers bolster training, outreach

Members of both the U.S. House of Representatives and Senate—many of whom have publicly detailed their own families’ experiences—are backing legislation to support end-of-life (EOL) care. In July 2018, House lawmakers passed the bipartisan Palliative Care and Hospice Education Training Act (PCHETA), legislation designed to expand and strengthen EOL care through outreach and training programs. PCHETA, co-sponsored by 285 members of Congress in total, has ubiquitous support and is expected to eventually pass through the Senate and White House.

Expansion of hospice education centers

If PCHETA does become law, the U.S. Department of Health and Human Services (HHS) will be required to lay the groundwork for new awards, grants and contracts for palliative care and hospice education centers. In general, these centers will improve the training and support of interdisciplinary health professionals, including physicians, nurses, social workers and physician assistants, to provide more patient-centered care as individuals approach the end of life.

Growth of alternative approaches

Capitol Hill isn’t the only place where EOL care is being disrupted. The wave of aging baby boomers—a generation known for bucking societal norms and advocating for social change—is taking control of how and where they die. This has, in turn, given rise to organizations such as the International End of Life Doula Association, which offers specialized doula certification.

End-of-life doulas are trained professionals who provide enhanced comfort and support to terminal patients and their families through a variety of non-medical services. While the doula trend is still new, this is expected to change in 2019 as person-centered care becomes increasingly prominent and providers seek out a competitive edge with new services. To learn more about EOL doulas, read “Death Doulas” on the Rise in Hospice Care.
Trend 2: Managing **Opioid Use** in Hospice Care

Hospices have come under scrutiny for their role in the opioid epidemic, given the need for opioids to help manage pain for terminally ill patients and their susceptibility to misuse in the home. However, the industry is not sitting back, as hospice providers and other stakeholders continue to take steps to curb the crises.

**Legislative activity**

The U.S. Drug Enforcement Administration forbids hospice staff from destroying drugs following a patient’s death unless otherwise authorized (by the state, for example). This has led many states to act—Delaware, Ohio, New Jersey, North Carolina, South Carolina and Kentucky are among the states known to have either passed laws or taken legislative action in recent months to combat the opioid crisis by allowing hospice staff to dispose of the drugs following a patient’s death.

**Bipartisan support for opioid package**

The federal government has also responded. Earlier this year, Senator Elizabeth Warren (D-MA) introduced the Hospice Safe Drug Disposal Act of 2018 in April, which would allow hospice providers to dispose of leftover prescription medications. This bill was then wrapped into a larger bipartisan bill, SUPPORT for Patients and Communities Act, which passed both houses of Congress in October and was signed into law by President Trump.

**Stemming the crises**

Aside from legislative changes, there are a number of practical and organizational controls hospices can use to curb misuse, such as the use of lock boxes, education/training and regular reviews of drug practices that can help prevent opioids from getting into the wrong hands.

It will also be important to look at how technology can help. Talk to your EMR provider to find out what controls they have in the software. At a minimum, look for software that allows you to:

- Track the usage and disposal of medications, including opioids
- Integration with a hospice-dedicated Pharmacy Benefit Management (PBM) system
- Ensures accurate documentation of opioid use

For more information and tips on managing opioids in your hospice, read *[Hospice Care and the Opioid Crises]*.
Trend 3: Greater Oversight of Hospice Care

Whenever an industry goes through a boom period, heightened regulatory attention is likely to follow. That’s certainly the case when it comes to hospice care. Federal watchdogs will increasingly shine a spotlight on providers in 2019 to identify instances of fraud, waste and abuse—and hospices will need to be prepared.

Investigations ramp up

OIG already has started to ramp up investigatory efforts, evidenced by a July report synthesizing more than a decade of information. As part of the report, OIG provided a list of 15 recommendations for improving the Medicare hospice program, including strengthening the survey process, establishing CMS remedies for turning around poor-performing hospices, sharing information with the public on hospice performance, educating consumers and closely analyzing claims data. CMS disagreed with several of OIG’s recommendations, suggesting hospice oversight may be a point of contention between the two governmental bodies.

Clinical documentation is vulnerable

According to a recent survey, 46% of hospice providers showed a lack of full confidence in their ability to survive a federal audit without facing potential penalties, fines or loss of productivity that could financially impact their business.

A key issue underlying the problem is the way agencies manage their clinical documentation, which the majority of hospices surveyed said not only needs improvement, but has negative impacts across their organization, including clinician efficiency/productivity (82%), speed of reimbursement (60%) and compliance with regulations (59%). To learn more, access the full survey report here.

Minimizing your risk

Greater oversight will require hospices to evaluate how technology, best practices and other approaches address vulnerabilities in clinical documentation and reduce risk. It can also help to look at where hospices are consistently deficient.

According to CMS, the top citations in 2017 all related to a lack of compliance with sub-parts C and D of the Hospice Conditions of Participation (CoPs), which focus on patient care and the organizational environment. The previous three years had a similar theme, with Plan of Care being the top citation for the last two. For best practices on how to address these areas of concern and get on the path to survey success, read How to Survive a Hospice Survey: 5 Tips.
Trend 4: Fine-Tuning Hospice Compare

In August, 2017, CMS unveiled Hospice Compare, a website designed to help consumers find and compare hospice agencies. The public site empowers consumers and puts pressure on hospices to ensure they are consistently delivering, tracking and demonstrating high-quality care. While Hospice Compare has gone through changes (and technical issues) since it first launched, the site will continue to evolve in 2019 to provide greater transparency and usability.

A look at performance

In 2018, CMS added Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey data to provide details on the patient and family experience. So far, the data has shown that hospices are scoring highest (90% and above) when it comes to treating patients with respect and emotional/spiritual support, and lower in areas related to getting timely help (78%) and pain management (75%).

In terms of quality data, hospices are generally seeing high scores (above 90%), with the exception of “timely and thorough pain assessment when pain was identified as a problem,” which scored an average of 83.4%.

Adding new measures

Unlike Nursing Home Compare and similar sites, Hospice Compare does not currently include a star rating system to help consumers easily identify and compare hospices. However, many in the industry anticipate the site will eventually include them, using one to five stars to denote quality based on HIS and CAHPS metrics.

In the meantime, CMS has finalized two new quality measures to be displayed on Hospice Compare in its final payment rule for 2019: HIS-based Hospice Comprehensive Assessment Measure, a composite measure of the seven original HIS measures, and HIS-based Hospice Visits when Death is Imminent Measure Pair, which assesses hospice staff visits to patients at the end of life. Moving forward, changes to Hospice Compare may also include the development of more claims-based quality measures, something OIG has been pushing for to help support transparency.

Tips to succeed

As more consumers use the site, hospice providers will need to take a close look at the procedures they have in place to collect and report on quality data. For tips on how to improve your standing on Hospice Compare, read Four Ways to Succeed on Hospice Compare.
Trend 5: Hospice Growth in Care Continuum

In the past, hospice care has been somewhat viewed as a smaller, separate post-acute care service. Thanks to growing awareness and outreach efforts, hospice utilization and admissions are on the rise, causing the number of overall providers—especially for-profits—to climb as well.

The numbers clearly show that hospice care has gained a solid foothold within the overall continuum of care. In 2006, there were just over 3,000 hospices in operation across the United States, according to OIG. By 2016, that figure jumped to more than 4,300. During that same period, Medicare spending for hospice care increased 81% to $16.7 billion in 2016.

Additionally, the number of Medicare beneficiaries on hospice care grew from about 930,000 to 1.4 million. Those numbers will likely keep trending upward into 2019.

Hospice care continued to be of interest to prospective buyers in 2018, with deals routinely seeing double-digit valuations. A recent example of this activity was Humana’s acquisition (with equity partners TPG Capital and Welsh, Carson, Anderson & Stowe) of Curo Health Services, a hospice provider with 245 locations in 22 states, for about $1.4 billion. The Curo deal followed on the heels of the same consortium’s acquisition of Kindred’s homecare business, Kindred at Home. According to Humana’s announcement, by combining Curo with the hospice business of Kindred at Home, the consortium intends to create the country’s largest hospice operator.

There’s no doubt that the integration of hospice in the care continuum has the potential to greatly improve care, and enable providers to be more competitive. Aside from M&A activity, greater care coordination is being bolstered by other changes in healthcare reform. As healthcare moves away from volume to value-based care, providers will increasingly look at hospices as an opportunity to deliver more person-centered, integrated care.
Trend 6: Bigger Role for Physician Assistants

With the passage of the Medicare Patient Access to Hospice Act in February 2018, the hospice industry took a step forward in extending care to patients. Whereas in the past only physicians and nurse practitioners could serve as a patient’s attending physician, the law now extends this role to physician assistants (PAs).

In its final payment rule for 2019, CMS indicated that beginning on Jan. 1, 2019, physician assistants will be recognized as designated hospice attending physicians. However, it’s important to note that PAs will not be allowed to perform services required by a medical doctor or hospice nurse practitioner, such as face-to-face encounters or certification of terminal illness for hospice beneficiaries. It will also be important to check the requirements of each state, as PAs may not be allowed to serve as an attending hospice physician in certain states.

Many in the industry have praised the law, saying that it will ensure greater continuity of care by allowing patients to receive hospice care from their preferred PA. According to the National Hospice and Palliative Care Organization (NHPCO), the act will also remove barriers to care, especially in more rural and underserved areas where PAs often act as the primary healthcare professional for their patients.

Now that PAs will be allowed to provide hospice care, the hospice industry stands to benefit from an influx of younger workers. A recent analysis of popular millennial careers showed that “physician assistant” is the sixth most popular job for millennials. More people entering the profession should provide relief for staffing shortages, as baby boomer nurses (the largest segment of the RN workforce) retire and healthcare providers, including hospices, continue to grapple with an aging population in need of care.