Pennsylvania Hospice and Palliative Care Network
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Week of March 15, 2021

PENNSYLVANIA HOSPICE AND PALLIATIVE CARE NETWORK

Promoting Excellence in Palliative and End-of-Life Care

Calendar of Events

March 16, 2021 (3:00pm), ***Using POLST/MOLST to Engage in Meaningful Conversations in Pediatric Palliative Care,*** This webinar will offer an overview of using POLST/MOLST in pediatric care, and is applicable to both seasoned and novice POLST users. The presenters will focus on how a POLST can be used as a tool to speak with parents about goals of care and what different states are doing with POLST, across different settings of care. Please visit: https://ppcwebinars.org/

March 25, 2021 (12:00pm – 1:00pm), ***Racism in Palliative Care Practice: We are Not Immune,***
Tammie E. Quest, MD, FAAHPM, Chief, Palliative Medicine, Division of Palliative Medicine, Professor, Department of Emergency Medicine, Emory University,School of Medicine, Hosted by, Penn Medicine Palliative Care, Berkman Lectureship in Palliative Care, Virtual Lecture, please visit: https://primetime.bluejeans.com/a2m/live-event/qejvgeer

April 9, 2021 - (8:00am - 2:15pm), ***Oncologist in my Pocket What the Palliative Clinician Needs to Know about Hematology/Oncology and Radiation Oncology*****,** This Internet Live Course is designed to provide training for clinicians to provide upstream palliative care to patients with advanced cancer. Hosted by Penn State College of Medicine, For registration and a list of speakers, please visit: https://ce.med.psu.edu/palliative-oncology/

COVID-19 RELIEF BILL MAKES IMPORTANT PROVISIONS FOR SERIOUSLY ILL PATIENTS

The Coalition to Transform Advanced Care (CTAC) posted “Congress Passes COVID-19 Relief with Important Serious Illness Provisions.” The article reviews the American Rescue Plan Act of 2021, “the latest round of COVID-19 relief legislation which includes several key provisions affecting people with serious illness and those who care for them.”

CTAC identifies key measures in the Act that positively impact the care that seriously ill patients receive. Some of these measures are noted here.

*Significant financial help for rural health providers is provided. This includes care offered by home health, hospice and long-term care. $8.5 billion is provided for this assistance.

* Medicaid home-and-community based support (HCBS) received $12 billion additional funding.

* To support the mental and emotional health of healthcare providers, the bill includes $140 million.

*Another $1.4 billion is included to support programs of the Older Americans Act, and nutrition and community-based support for programs of the National Family Caregiver Support Program.
* Extend FEMA funeral assistance for deaths during the pandemic and during the public health emergency is included.

Other areas of funding noted includes money for Community Health Centers; resources for purchasing reserve medical equipment and supplies; support for low-income seniors via the Commodity Supplemental Food Program; providing the COVID-19 vaccines and diagnosing and tracing infections; and, direct payments to individuals and couples. (CTAC, 3/10, https://www.thectac.org/2021/03/congress-passes-covid-19-relief-with-important-serious-illness-provisions/)

CMS'S PRIMARY CARE FIRST-SERIOUSLY ILL POPULATION MODEL IS FURTHER DELAYED

In June 2020, CMS announced that its Primary Care First-Seriously Ill Population (PCF-SIP) physician payment model would not begin as planned on 1/1/2021. Instead, CMS announced then that it would begin 4/1/2021. Now, though, CMS has further delayed the program and has not announced a new starting date.

Recently, the National Coalition for Hospice and Palliative Care and CMS's Center for Medicare and Medicaid Innovations (CMMI) met together and they say they want to move forward in addressing the operational challenges associated with the model. These issues include a better understand of "issues related to attribution of beneficiaries and ensuring the manner in which they solicit beneficiaries for involvement does not create confusion or create potential risk for beneficiaries given the many scams targeting Medicare beneficiaries that have proliferated during the COVID-19 public health emergency."

An article in HomeCare examines the situation. With a change in the nation's administration, CMMI wants to be sure that the new leaders fully understand the goals of the model. The goal of this model, says the article, "is to provide coordinated care that leads to stabilization of a patient's condition(s) and over time to move them to a more traditional group practice model for continuing treatment." There has been much interest in this model by palliative care providers, and "CMS created an an opportunity for hospice clinicians to participate in the model by way of association with a medical practice that is a direct participant in the model." (HomeCare, 3/12, https://www.homecaremag.com/news/cms-announces-further-delay-primary-care-first-seriously-ill-population-model)

HONORING THE VALUE OF PATIENT TRANSITIONS

Betty Ferrell, PhD, writes in the April Issue of Journal of Hospice and Palliative Nursing, about patient transitions. She opens her article by sharing about two patients who are questioning the value of continuing their treatment plans. These patients are in transition says Ferrell, and "transitions are difficult." "Transitions often involve moving toward the unknown." And patients are deeply sensitive to, and aware of, the weighty consequences of this choice of "not going in for the next treatment." Ferrell adds, "Transitions are also a time of deep emotion and existential awareness—'this change means my life is ending.'"

Hospice and palliative care nurses serve as navigators of these transitions. When patients enroll in hospice, or ask for a palliative care consultation, they are fully immersed in a meaningful life transition. Ferrell discusses the importance of these transitions and notes that accepting these transitions may create significant barriers to embracing hospice and palliative care. It is no wonder then, when patients are offered hospice or palliative care, the answer is often "not yet."

Ferrell shares about a recent study that she and her colleagues completed. The median survival of the 479 patients was 10.1 months. The patients were at transition points. They had exhausted their therapies and were seeking to participate in a phase 1 trial. Ferrell was alarmed that "only 16.5% [of the patients] were seen by palliative care, and only 30.7% received hospice care. In this population of very ill patients clearly in transition, only 39% had an advance directive and 65% remained full code status."

When these very ill patients were interviewed, most believed that there would still be another treatment available to them. And they did not think about death. Patients spoke of their faith and believe in God. The most important lesson from this, Ferrell says, is, "Patients and families do not receive the full extent of palliative care and hospice that could greatly improve symptoms, address quality of life concerns, and offer psychological and spiritual support."

Ferrell asserts that "Nurses are transition specialists." Nurses "listen to fears, we assist patients as families as they face the unknown, and we sit with the silence." Ferrell foresees the management of these transitions as "one of the greatest challenges of our field in the decades ahead." Why? With the growing options for cure and extension of life, transitioning to palliative and hospice care become even more avoidable. But there is evidence-based learning that demonstrates the value of palliative care and hospice. And palliative and hospice care nurses are the best resources to help patients through their transitions. And this, Ferrell says, is something "that we must do better." (Hospice and Palliative Nursing, April 2020, https://journals.lww.com/jhpn/Fulltext/2021/04000/TRANSITIONS.1.aspx)

HOSPICE NOTES

* Industry leaders are urging Congress to delay a planned two percent federally mandated Medicare cut to its payments. Medicare hopes that the cuts will save more than a trillion dollars by fiscal year 2021. Five groups are asking Congress to pass legislation to delay the cuts. The American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, National Hospice and Palliative Care Organization, and the Association for Clinical Oncology wrote a letter on March 11, explaining that "the payment cut 'would be devastating' to providers who are still responding to the pandemic." Leaving current funding as it currently is supports providers as they already face additional costs related to COVID-19. (Becker's Hospital Review, 3/13, https://www.beckershospitalreview.com/finance/5-healthcare-groups-urge-congress-to-halt-2-medicare-sequester-cut.html)

* Hospices report that physician referrals to hospice are their biggest source of referral. Hospice News reports that in their 2021 Hospice Industry Outlook Report, 41% of hospice reported this referral pattern. This is a significant increase from just 20% in the 2020 survey. Reduced access to nursing homes and congregant living facilities has lowered those referrals. (Hospice News, 3/10, https://hospicenews.com/2021/03/10/physician-offices-an-engine-for-hospice-referral-growth/)

* Nebraska Hospice and Palliative Care Association announces their new executive director Marilee Malcom. Malcom has more than 20 years of experience in home health and hospice. Malcom says, ""I believe hospice is the single most important gift we can give our loved ones. I am honored and excited to represent this esteemed group in Nebraska and look forward to meeting with our members." (Media release via email from info@nehospice.org, 3/15)

PALLIATIVE CARE AND ADVANCE CARE PLANNING NOTES

Palliative Care Always is an online course offered by Stanford Medical School. The online course started in 2016. With the pandemic, course developers are offering the course as "a virtual palliative medicine clerkship to provide Stanford medical students with the training they need." (Scope, 3/12, https://scopeblog.stanford.edu/2021/03/12/reimagining-palliative-care-learning-during-a-pandemic/)

* NYU'S Langone Health, has "expanded its institutional initiatives promoting patient-centered end-of-life care" by developing an "artificial intelligence-based system that identifies patients at high risk of dying within 2 months." When doctors open a medical chart of a high-risk patient, they receive an alert that tells the risk for the patient's death. When the physician agrees, the system encourages the physician to "conduct and document an advance care planning discussion." (NEJM Catalyst, March/2021, https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0655?&query=EDP&cid=DM111772_Catalyst_Non_Subscriber&bid=392687865

* Jeff Gardere, writing for The CT Mirror, says, "I can tell you unequivocally that there is no comparison" between dying patients choosing physician aid in dying and those who end their lives via suicide. The American Association of Suicidology created a position statement in 2017 that also holds this position—that suicide and medical aid in dying are not the same. A number of other groups have adopted similar policies. "The American Academy of Hospice and Palliative Medicine, American College of Legal Medicine, American Medical Women's Association, and American Public Health Association have adopted policies opposing the use of suicide and assisted suicide to describe medical aid in dying." The Journal of Palliative Medicine, Gardere notes, published "clinical criteria for physician aid in dying, not physician-assisted suicide." And, he adds when terminally ill people use medical aid in dying, their death certificates list the underlying disease. Gadere notes other developments that address these issues. He urges Connecticut lawmakers to make medical aid in dying a reality for Connecticut residents. "Pass this compassionate legislation as soon as possible. So no more terminally ill Connecticut residents have to suffer needlessly at life's inevitable end." (The CT Mirror, 3/15, https://ctmirror.org/category/ct-viewpoints/psychologist-why-suicide-and-medical-aid-in-dying-are-truly-different/)

* Marijuana Moment reports on the action of states regarding the legalization of marijuana. The publication recently reported on updates in Hawaii, Mississippi, and New York. In Hawaii, the Senate approved a bill to legalize marijuana. And the bill would "significantly expand the state's existing decriminalization law." Adults would be able to possess up to an ounce of cannabis and grow the plant for personal use. The legislation now goes to the House. In Mississippi, a medical marijuana bill is in jeopardy. Voters supported this action in November. If the issues is not settled, says the article at the second link below, the bill will go to the Supreme Court. In New York, advocates for medical marijuana are working to secure cannabis reform. (Marijuana Moment, 3/9, https://www.marijuanamoment.net/hawaii-senate-approves-marijuana-legalization-bill-and-separate-decriminalization-expansion-proposal/; Marijuana Moment, 3/10,https://www.marijuanamoment.net/mississippi-house-kills-senates-alternate-medical-marijuana-proposal-leaving-issues-fate-up-to-courts/; Marijuana Moment, 3/10, https://www.marijuanamoment.net/top-new-york-lawmaker-says-legal-marijuana-talks-with-governor-reached-point-of-screaming/)

* A Seattle doctor has filed a lawsuit against the Drug Enforcement Administration (DEA) for its "recent denial of an application to legally use" psilocybin with terminally ill cancer patients. Dr. Sunil Aggarwal specializes in end-of-life care. Aggarwal notes that psilocybin is "a naturally occurring substance that we can cultivate safely, we know how to dose it and there's really good reason to believe it can help." A key argument is that psilocybin should be allowed under state and federal right-to-try laws. DEA rejected the plea from Advanced Integrative Science (AIMS). The article also explores efforts in other states to use psilocybin. (Marijuana Moment, 3/10, https://www.marijuanamoment.net/dea-sued-by-therapists-who-want-permission-to-give-psilocybin-mushrooms-to-patients/)

PENNSYLVANIA HOSPICE AND PALLIATIVE CARE NETWORK

Promoting Excellence in Palliative and End-of-Life Care

PHPCN CAREER CORNER

Position Available:We are seeking enthusiastic BC/BE Hospice Medicine Physician who has exceptional clinical and interpersonal skills to join our team at **Leighigh Valley Health Network** in beautiful Allentown, PA.

Practice Overview: This physician will be part of the OACIS (Optimizing Advanced Complex Illness Support)/Palliative Medicine practice, a nationally recognized, innovative palliative medicine service, as a hospice designated team member. Fellowship training and board certification in Hospice and Palliative Medicine is preferred, but not required. The chosen candidate must complete Hospice Medical Director Certification within 2 years of the hire date.

Join a well-established hospice program started in 1987. Teach medical students, residents and HPM fellows. Enjoy the stability of a financially sound health network.

Job Qualifications:

A network champion for hospice medicine and a passion for the clinical work Must be Board Eligible or Board Certified
A valid PA Medical License or ability to obtain one is required
Benefits & Perks:

Attractive Work Schedule
Highly Competitive compensation with a superb benefits package Low-cost health insurance for employees and their families Generous CME allowance and time
Top-tier retirement programs
Malpractice Insurance with Tail Coverage
Relocation Assistance

Contact name: Karen Fay, Physician Recruiter,Karen_R.Fay@lvhn.org, 484-862-3206

Positions Available: Delaware Hospice is hiring!

1. Admissions RN – Newark, DE
2. 2nd Shift RN – Newark, DE
3. Hospice/Palliative Social Worker – Newark, DE
4. RN Quality Outcomes Specialist – Statewide
5. RN Associate Director – Newark, DE

Delaware Hospice is an equal opportunity employer. We celebrate diversity and are committed to creating an inclusive environment for all employees.

Since 1982, Delaware Hospice has provided the highest quality hospice and healthcare services, and serves as a trusted community partner in end-of-life education and support. Our mission is to support every individual, family, and community with compassionate and expert care for serious illness.

Contact: Holly McKenna, HR Generalist. Phone: 302-746-4504; Email: hmckenna@delawarehospice.org

PHPCN CAREER CORNER

Position Available: St. Luke's University Health Network, the region's largest, most established health system and a Truven Top 100 Hospital is seeking an experienced and collaborative **Hospice Medical Director** to oversee **St. Luke's Hospice**, and serve as Medical Director for the agency's Home Health program.

The Hospice Medical Director will oversee a growing and dynamic home hospice program in addition to oversight of our free-standing 14-bed in-patient hospice facility on Black River Road in Bethlehem, Pennsylvania. (The St. Luke's Brian D. Perin Hospice House). This position requires clinical and administrative responsibilities.

This position will play a key role in advancing the mission, operations, and services of the Visiting Nurse Association of St. Luke's Home Health/ Hospice, Inc. (DBA- St. Luke's Hospice) / (DBA- St. Luke's Home Health). Our multi-disciplinary team consists of 3 Board-Certified Hospice & Palliative Care physicians, 1 Nurse Practitioner, Social Workers, Registered Nurses, Chaplains, Hospice Aides, Volunteers and 2 ACGME Fellows per year.
Qualifications:
Candidates must be Board-Certified in Hospice and Palliative Medicine and be able to demonstrate clinical, administrative and educational leadership. Candidates should have an aptitude for mentoring and staff development.In addition, candidates must have:
A minimum of five years of clinical experience in Hospice/Palliative Care
Two years in a leadership role
PA State medical license (at the time of employment)

If you are interested in learning more about this position, please contact:
Jillian Fiorino, Physician Recruiter, Jillian.Fiorino@sluhn.org

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Position Available: Director of Hospice, RN (for Hanover, PA)

VNA of Hanover & Spring Grove is seeking a Registered Nurse to fill our Director of Hospice position.
Job Description / Job Qualifications:

The Director of Hospice is responsible for the overall direction of the hospice services. As a member of the Senior Leadership Team, the Director of Hospice is responsible for coordinating quality patient care and leadership to the interdisciplinary team and provides direct supervision to the Hospice Department. The Director of Hospice facilitates staff development, provides feedback to staff regarding their performance, validates the appropriateness of patient care management, oversees the QAPI Process and responds to ADRs. This professional demonstrates flexibility in meeting the agency's needs, assumes delegated responsibilities from the President and CEO for operational activities that relate to quality, cost, and outcomes of patient care and is clinically in charge of the hospice department.

REQUIRED EDUCATION & EXPERIENCE:
- Bachelor of Science in Nursing, equivalency, or candidacy preferred
- Minimum of three (3) years clinical nursing experience in hospice preferred with a sound knowledge base. Supervisory experience strongly preferred.
- Current license as a Registered Nurse in the Commonwealth of Pennsylvania.
- Hospice Certification within two (2) years is recommended
- Excellent verbal and written communication skills.
- Excellent interpersonal and problem solving skills.
- Knowledge of regulatory and accrediting agency requirements.
- Ability to work with patients, families and staff of diverse backgrounds.

Job Type: Full-time

Please contact:
Jennifer L. Harris, PHR, SHRM-CP
Director of Human Resources
jharris@vnahanover.org

Position(s) Available: Hospice & Community Care is hiring!

From a generous paid time off package to continuing education credits, from a team oriented environment to appreciation activities, apply today and reap the benefits of working for Hospice & Community Care.

Mission: To provide personalized care and comfort to help patients and families live better with serious illness through end of life.

Various Shifts and FT/PT/PRN Opportunities
* Chaplain
* Hospice Aide (CNA)
* LPN
* Physician
* Physician Executive/ Chief Medical Officer (CMO)
* RN
* Vice President, Patient Care

Please visit: www.hospicecommunity.org for more information. EOE

Position(s) Available: Delaware Hospice is hiring!

1. Hospital Liaison/Admissions RN – Milford, DE
2. RNs (Various shifts: PRN, PT and FT) – all counties
3. RN Quality Outcomes Specialist – Statewide
4. RN Clinical Informatics Analyst - Statewide

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Position Available: The Division of Palliative Care Medicine at Penn State Health Milton S. Hershey Medical Center, Penn State College of Medicine (Hershey, PA) seeks an experienced Palliative Care physician. This is a fixed- term position for a board-certified/board eligible Hospice/Palliative Medicine. Rank and pay commensurate with experience. Candidates will join an academic department, dedicated to education, innovation, leadership and work among highly qualified, friendly colleagues who foster excellent networking opportunities.

While the primary focus of this position is to provide inpatient and outpatient consultation services in palliative care, the successful candidate will also facilitate access to appropriate supportive care services, and clarifications of patient and family goals of care and assist in the development of standards of care. This position will have weekly participation in interdisciplinary team meetings to review active cases and will consult with Interdisciplinary Team to establish a written plan of care intervals. Faculty will have teaching responsibilities for medical students, residents and fellows.

Located in a safe family-friendly setting, Hershey, PA, our local neighborhoods boast a reasonable cost of living whether you prefer a more suburban setting or thriving city rich in theater, arts, and culture. Known for home of the Hershey chocolate bar, Hershey's community is rich in history and offers an abundant range of outdoor activities, arts, and diverse experiences. We're conveniently located within a short distance to major cities such as Philadelphia, Pittsburgh, NYC, Baltimore, and Washington DC.

Appropriate candidates must possess a MD, DO, or foreign equivalent, BC/BE Hospice/Palliative Medicine, and must have or be able to acquire a license to practice in the Commonwealth of Pennsylvania.

For additional information please contact: Heather Peffley at: hpeffley@pennstatehealth.psu.edu