

# Hospice Compassus Launches Industry Quality Care Initiative

By MELANIE  
KILGORE-HILL

End-of-life issues typically aren't the focus of healthcare reform, but one local company is hoping to change that. Brentwood-based Hospice Compassus, which operates a nationwide network of 50-plus community-based hospice programs, has launched a national campaign to improve quality care and patient outcomes for the 1.5 million Americans in hospice care each year.

## "Keeping the Promise 2012"

"Keeping the Promise 2012" is a national effort to achieve delivery of the highest possible quality care to hospice patients. Launched in September, the initiative calls for healthcare professionals to actively measure and collect data as it relates to patients' pain levels and the education they receive regarding medication, treatment and symptoms. Hospice Compassus voluntarily began tracking these and other indicators in January 2011 to measure its performance against self-imposed quality standards.



Corina Tracy answers questions during the Sept. 24 "Keeping the Promise 2012" launch in Scottsdale, Ariz.

"This is a really important step in the industry," said Corina Tracy, senior vice president of Clinical Services for Hospice Compassus. "However, it's only effective if we're willing to look at gaps in the system and take it one step further. We're asking everyone to step up to the plate, not only by educating their staff but by reaching out to the community and to other healthcare professionals."



## Hospice Leaders at the Launch of Keeping the Promise 2012 (L-R):

Toni Cutson, MD, Medical Director, Duke HomeCare & Hospice, Duke University Medical Center; Bruce Ferrell, MD, Professor of Clinical Medicine, Division of Geriatrics, Geffen School of Medicine at UCLA; Sean Morrison, MD, Hermann Merkin Professor of Palliative Care at the Mount Sinai, School of Medicine, Director of the National Palliative Care Research Center, and immediate past president of American Academy of Hospice and Palliative Care; Louis J. Lux, MD, Chief of Hospital Medicine at St. David's Round Rock Medical Center, Vice President and Co-Founder of Central Texas Hospitalists, Medical Director of Hospice Compassus in Austin, Texas, and Clinical Assistance Professor and an Internal Medicine Clerkship Director at Texas A&M Health Science Center, Department of Internal Medicine

## Hospice and Medicare

"Keeping the Promise 2012" comes months before the release of hospice quality measures set by the Centers for Medicare & Medicaid Services (CMS) — the predominant source of payment for hospice care. Beginning in 2014, hospice programs, like other managed care industries, will be required to publicly report on their measures. In 2012, hospices will voluntarily be able to enter Quality Assessment and Performance Improvement data on a CMS website. Patient care indicators will include symptom management, care coordination, patient safety and patient preferences.

Under the current Medicare Hospice Benefit, patients eligible for Medicare Part A (hospital insurance) can receive hospice care when certified terminally ill with a life expectancy of six months or less. Patients who live longer than six months can receive hospice care for an unlimited number of 60-day periods, assuming recertification is provided. Patients can stop the service at any time or in the event of remission and can recertify for hospice care if the illness returns.

Hospice also has been shown to reduce a patient's Medicare costs by \$2,300.

"Most Medicare dollars are spent on a patient in the last year of life," Tracy said. "By improving the quality of hospice, people will start to ask more questions and really begin to understand and rely on the service."

## By the Numbers

In 2009, an estimated 1.56 million Americans received hospice care. According to The National Hospice and Pal-

lative Care Organization, approximately 41 percent of all deaths in the U.S. were under the care of a hospice program. And patients who choose hospice live an average of one month longer than those without.

Still, it's estimated that the service goes unused by nearly 50 percent of those who qualify. And with a national senior population of 40 million, it's more important than ever that families understand the options available to aging loved ones.

## Busting Hospice Myths

Nearly four decades after the nation's first hospice opened, Tracy said physicians and families often are unaware of the many benefits of hospice care or the advantages of early enrollment in the service. In fact, surveys conducted by Hospice Compassus found that most families wish they had ac-

cessed hospice care sooner.

"We're not about the last few days of life," said Tracy, a former hospice nurse. "Physicians need to know they have a resource in hospice medical directors, not only for pain control but for when they see patients who might not be here a year from now. It's tough to have that conversation, but hospice medical directors can be a resource for that."

Physicians also may delay hospice care for fear of losing control of a patient's care. "Hospice really is a patient- and family-driven plan of care, and attending physicians are a large part of that," Tracy said. "Patients also can get hospitalization while in hospice care, whether they're in an assisted living center or at home."

While the service often is associated with terminally ill cancer patients, it's now a welcome option for those living with lung disease, heart disease, Alzheimer's and other irreversible illnesses.

## Strengthening the Industry

Tracy's hope for "Keeping the Promise 2012" is that hospices will begin to mandate quality before government regulations require it, and that it will give consumers something besides a brochure to consider when choosing a hospice provider.

"Changes to hospice measures are coming down the pipe for everyone," Tracy said. "What we're trying to get across is that hospices need to embrace a spirit of achieving quality as opposed to just collecting data. It's much more about patients, their families and their care."

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