

ah HA! News from . . .

Hospice Analytics

Never Underestimate the Power of Data!



Winter 3 2015

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Hospice Analytics has started the new year with a bang, introducing significant enhancements for InfoMax subscribers. Last month we announced the addition of Hospice Cost Reports FREE to existing accounts. This month we're delighted to introduce our new **Executive Summary--key stats every hospice leader needs to know**. The Executive Summary is also FREE to existing accounts. For new clients, all these features are also available for a modest increase to our previous pricing. Details below. --*Cordt, Jennifer, Cathy, and Joy*

NEW -- Executive Summary: What Every Hospice Leader Needs to Know

The Executive Summary, the newest enhancement for InfoMAX subscribers, **gathers key indicators from your hospice and puts them side-by-side national and state averages and competitor agencies of your choice**. It puts essential data you need to know to survive and thrive in one place when you need it.

From the Executive Summary tab on the InfoMAX page, select year (2006-2013 currently populated; more to come), counties, and specific competitors. Your report generates in seconds:

FREE InfoMAX Demo Webinar, March 10

Attend a **FREE, half-hour** webinar to learn more about the power of data in your management and planning processes. See the new Executive Summary and InfoMAX in action:

March 10, 12:30PM EST

(9:30AM Pacific).

To register, send an email to **[Jennifer Ballentine](#)**.

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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Hear What Our Clients Are Saying!

We have really come to appreciate you and the service you provide. It's

Page 1 of the summary report assembles data for your hospice compared to state and national averages on:

- ALOS, MLOS
- % Beneficiaries died/dc <7 days
- % Beneficiaries on service >180 days
- % Beneficiaries dc alive
- Beneficiary location of care (%s for home, NH/SNF, hospice inpt unit, other)
- Mean Medicare payment per admission
- Mean cost per diem
- % Net margin (estimated)
- Payer mix (% for Medicare, Medicaid, other)
- Utilization at each of the 4 levels of care (% routine home, GIP, continuous, respite)
- Diagnosis Mix (% cancer, circulatory, mental, respiratory, nervous, other)

Pages 2 and 3 explore and explain the importance of these numbers. Page 4 compares your hospice data to the competitors you selected on ALOS, MLOS, % on service <7 days and >180 days, % dc alive, location of care, revenue per patient day, cost per patient day, and % margin.

If you are a current client, the Executive Summary is available NOW for your selected counties. If you have not yet subscribed to InfoMAX, give the summary a whirl: **[Executive Summary Demo](#)**. (Use Premier Account demo username and login. Hint: Select 2013 for best results.) OR, **[RSVP](#)** to our FREE Webinar on March

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](#).

Cordt Kassner Wins Award

10 (details in the sidebar) for a guided tour.

In case you missed it:

Hospice Cost Reports Now Available in Your InfoMAX Account -- FREE!!

Full freestanding hospice cost reports back to 1999 are live in current InfoMAX accounts and no additional charge! This brings tremendous added value to your subscription.

Cost Reports will be refreshed every week, so you'll always have the most current data available. Hospice Analytics is the **ONLY** source for comprehensive hospice Cost Report data.

If you are a current client, details on how to access your InfoMAX Cost Reports can be found on your login page. Once your download is generated, **you'll find all 17 freestanding cost report worksheets populated with all cost report detail reported for all the hospices in your selection of counties.** If you are not a current subscriber, try out the cost reports, login to **[InfoMAX demo](#)**. (Hint: only a few dozen agencies nationally have submitted 2014 cost reports, so 2013 or earlier will yield the most results.)

What's (Where's) the Beef with CON?

In a [recent blog](#), Heather Wilson of Weatherbee Resources observed that it may be time for a paradigm shift in hospice. Her insights generated a fair amount of discussion on her blog and also in the myNHPCO CEO/Executive Director forum.

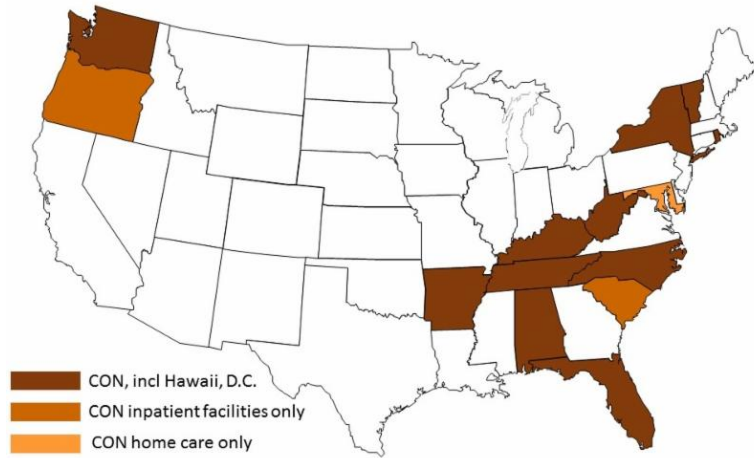
Commenting on the seeming quality divide between (generally speaking) for-profit vs. nonprofit hospices, one forum participant wondered about comparative quality data and costs per Medicare beneficiary in CON [Certificate of Need] vs. non-CON states, noting that community nonprofit hospices have "been able to survive in CON states." The assumption seemed to be that because nonprofit hospice has remained stronger in CON states, quality might (should?) be higher in these states, too.

We love this kind of discussion, because we can actually get into the data and see what it says! Spoiler alert: it's a mixed bag. Here's what the data show:



Dr. Cordt Kassner poses with "**Heart of Hospice Visionary Award**" received from the Missouri Hospice and Palliative Care Association this month. Details below in "Opportunities and Announcements."

Fifteen states plus the District of Columbia are CON for hospice: Alabama, Arkansas, Florida, Hawaii, Kentucky, Maryland (for home care only), New York, North Carolina, Oregon (for inpatient facilities only), Rhode Island, South Carolina (for inpatient facilities only), Tennessee, Vermont, Washington, and West Virginia.

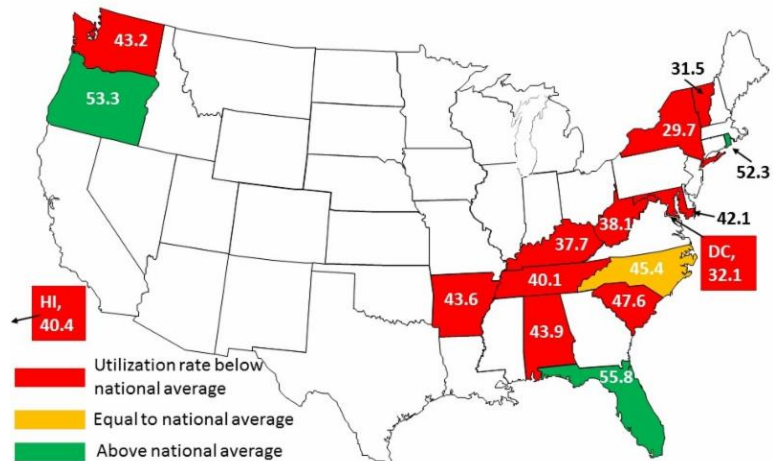


The average Medicare payment per beneficiary in CON states is \$11,205 vs. \$11,585 for non-CON states. In *most*, but not all CON states, nonprofit hospices are in the majority; in *most*, but not all, average and median lengths of stay are at or below national averages; in *most*, but not all, discharged alive rates are below the national average; in *most*, but not all, percentages of GIP care are at an appropriate level (within +/- 2x of the national average), but in *more than half*, hospices are providing no continuous home care at all.

State	ALOS (days)	MLOS (days)	% DC alive	%GIP	% CHC	% For Profit
Nat'l Avg	70	24	12.8	1.8	0.3	66
AL	91	43	22.0	0.7	0.1	70
AR	61	16	11.1	3.1	0.0	45
DC	71	29	20.0	1.3	0.3	60
FL	70	20	11.3	3.8	1.8	22
HI	67	25	12.3	0.4	0.0	22
KY	56	17	8.9	3.7	0.2	25
MD	56	18	9.8	2.4	0.1	26
NY	52	17	11.0	3.7	0.2	4
NC	69	25	12.6	3.3	0.0	34
OR	58	24	10.6	0.6	0.0	46
RI	59	16	9.9	3.0	0.0	14
SC	90	40	21.4	1.7	0.0	73

TN	67	22	10.1	1.4	0.1	63
VT	60	24	11.9	1.6	0.0	18
WA	58	23	12.5	1.2	0.0	26
WV	67	24	12.0	0.5	0.0	35

Also concerning, in terms of access if not quality, the **overall hospice utilization rates** (Medicare beneficiary deaths in hospice/all Medicare beneficiary deaths) **in only four CON states match or exceed the national average of 45.4%:**



So what does this blizzard of numbers mean? One clear conclusion is that the **mere fact of a state having a CON for hospice is no guarantor of high-quality care**, at least as measured by these indicators. CON is just a tool, which must be used effectively, and the CON models in some of these states may not be working well and could use some revision (a project on which Hospice Analytics is currently working with several states).

More to the point, however, and circling back to one of the points made in Wilson's blog, we may need to get away from a simple dichotomy of good and bad along dividing lines of for/nonprofit or CON/non-CON. At Hospice Analytics, **we're coming around to a distinction between "mission-driven" and "money-driven,"** regardless of corporate tax status.

A return to hospice roots, which some see as the way (ironically) forward, can philosophically guide us toward the "mission-driven" side of that divide, but it will not be enough. While re-embracing compassion, patient- and family-centered care, and holistic approaches to symptom management and suffering, we must also embrace data. **Just as evidence guides clinical practice,**

it must also guide leadership.

Opportunities and Announcements

Kassner Wins "Heart of Hospice Visionary" Award

Hospice Analytics' CEO Cordt Kassner was honored to receive the "Heart of Hospice Visionary" award from the **Missouri Hospice and Palliative Care Association** at their recent State Day At the Capital and Awards Luncheon. The award is designed to recognize an individual "who, through their vision and leadership has provided collaboration that has improved hospice/end-of-life care through influence and impact on public policy; advancing consumer education; or improving services to their community/state, or at a national level." Dr. Kassner provided data and background research demonstrating the value in cost-effectiveness and quality of care of hospice for Medicaid beneficiaries in Missouri. The state was considering dropping hospice from its Medicaid benefit; Dr. Kassner's work was instrumental in preserving the benefit and educating legislators and policymakers about the value of hospice care.

Resources to Oppose Physician-Assisted Suicide

Physician-assisted suicide (aka "physician aid in dying," "physician-assisted death") bills have been introduced in **14 states: California, Connecticut, Colorado, Iowa, Kansas, Missouri, Maryland, Massachusetts, Montana, New Jersey, New York, Oklahoma, Utah, and Wyoming**. The Colorado bill was defeated in committee and the Wyoming and Montana bills have been tabled. Several other states have proposals or drafts in process, and lawsuits challenging laws prohibiting PAS have been filed in New York and California. **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.

National Task Force Releases 10 Measures of Quality Palliative and Hospice Care

Patients are less likely to experience unnecessary physical and emotional suffering if they receive palliative or hospice care that meets 10 key quality indicators, according to the findings of a two-year national project led by School of Nursing Independence Foundation Chair for Nursing/Palliative Care, Sally A. Norton. A recent project, Measuring What Matters, is a joint initiative of the American Academy of Hospice and Palliative Care Medicine (AAHPM) and the Hospice and Palliative Nurses Association (HPNA). The project's findings and recommendations were published online on February 16 in the *Journal of Pain and Symptom Management*. To read more, **[click here](#)**.

Save the Date: GWISH Summer Institute

The George Washington Institute for Spirituality & Health will hold its annual summer institute July 8-11, in Washington, DC. Details can be found on the [GWISH Web site](#).

Health and Aging Policy Fellowship

Applications for this year's Health and Aging Policy Fellowships are due April 16. The year long, residential (in Washington, DC) or nonresidential fellowship offers an unique opportunity to enrich any career in healthcare services, administration, policy, or advocacy. Details on their [Web site](#).

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