



# 2021

## A year in review



National Partnership for  
Healthcare and  
Hospice Innovation



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# Letter from the CEO and President

Dear friends and partners,

2021 was another challenging – yet inspiring and productive – year for the serious illness and hospice care movement.

From COVID-19, to changing competitive landscapes, to workforce issues, our movement has seen its fair share of obstacles. And yet, our not-for-profit hospice programs have not only persevered but thrived, which was evident from the listening tour sessions we held with members and discussions at our virtual annual Summit.

Over the course of the year we welcomed eleven new members from across the country, increasing our membership to more than eighty innovators in thirty-five states.

Considered together, NPHI has become one of the largest hospice groups in the country.

And while the pace of change in hospice industry has accelerated, driven by an influx of for-profit players backed by private equity, our members' reputation for care quality and whole-person support has helped us compete effectively, while innovative payment models, state-level policies and partnerships among not-for-profits have extended our reach to more people than ever.

While we've lost several pioneers this year, we're more certain than ever that our organization possesses the expertise, vision and resources to ensure that all patients and their families experience advanced illness and end-of-life care consistent with their goals, values, and preferences.

Thank you all for your contributions to our movement and we look forward to making 2022 another historic year.

Sincerely,

A handwritten signature in blue ink that reads 'Tom Koutsoumpas'.

Tom Koutsoumpas  
Chief Executive Officer

A handwritten signature in blue ink that reads 'Carole A. Fisher'.

Carole Fisher  
President



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# Meet Our New Members



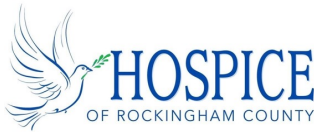
Alivia Care, FL



Arkansas Hospice, AR



Snowline Hospice, CA



Hospice of Rockingham County, NC



TRU Community Care, CO



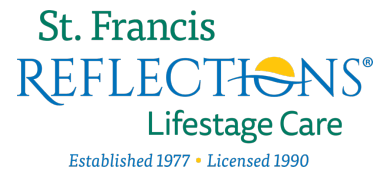
Texas Non-Profit Hospice Alliance, TX



Rockbridge Area Hospice, VA



Faith Presbyterian Hospice, TX



St. Francis Reflections Lifestage Care, FL



Alivia Care, Jacksonville, FL



Houston Hospice, TX



## Meet Our Members\*

Agrace Hospice and Palliative Care, Madison, WI    Gilchrist, Baltimore, MD

Arkansas Hospice, North Little Rock, AR    Good Samaritan Hospice, Roanoke, VA

Alivia Care Inc., Jacksonville, FL    Good Shepherd Community Care, Newton, MA

Amorem, Lenoir, NC    Heartlinks Hospice and Palliative Care, Sunnyside, WA

Avow Hospice, Naples, FL    Hinds Hospice, Fresno, CA

Big Bend Hospice, Tallahassee, FL    HopeHealth, Brockton, MA/Providence, RI

Bluegrass Care Navigators, Lexington, KY    Hope Healthcare, Fort Myers, FL

Capital Caring Health, Falls Church, VA    HopeWest, Grand Junction, CO

Care Dimensions, Danvers, MA    Hosparus Health, Louisville, KY

Carolina Caring, Newton, NC    Hospice Alliance, Pleasant Prairie, WI

Chapters Health Systems, Temple Terrace, FL    Hospice and Palliative Care Buffalo, Cheektowaga, NY

Collabria Care, Napa, CA    Hospice Care of the Lowcountry, Bluffton, SC

Community Healthcare of Texas, Fort Worth, TX    Hospice of Acadiana, Lafayette, LA

Community Hospice, New Philadelphia, OH    Hospice of Central PA, Harrisburg, PA

Community Hospice & Palliative Care, Jacksonville, FL    Hospice of Chattanooga, Chattanooga, TN

Cornerstone Health, Tavares, FL    Hospice of Cincinnati, Cincinnati, OH

Emmanuel Hospice, Grand Rapids, MI    Hospice of Lansing and Ionia Area Hospice, Lansing, MI

Faith Presbyterian Hospice, Dallas, TX    Hospice of Marion County, Ocala, FL

EveryStep, Des Moines, IA

Four Seasons, Flat Rock, NC



## Meet Our Members\*

Hospice of Rockingham County, Reidsville, NC

Hospice of San Joaquin, Stockton, CA

Hospice of Santa Cruz County, Scotts Valley, CA

Hospice of Southern WV, Inc., Beckley, WV

Hospice of the Chesapeake, Pasadena, MD

Hospice of the East Bay, Pleasant Hill, CA

Hospice of the Piedmont, Charlottesville, VA

Hospice of the Red River Valley, Fargo, ND

Hospice of the Valley, Phoenix, AZ

Hospice of the Western Reserve, Cleveland, OH

Hospice of Washington County, Hagerstown, MD

Hospice Savannah, Savannah, GA

Housecall Providers, Portland, OR

Houston Hospice, Houston, TX

JourneyCare, Glenview, IL

Lightways, Joliet, IL

Mission Hospice & Home Care, San Mateo, CA

MJHS Hospice & Palliative Care, New York, NY

Mountain Valley Hospice & Palliative Care, Mt. Airy, NC

Nathan Adelson Hospice, Las Vegas, NV

Northstar Care Community, Ann Arbor, MI

Ohio's Hospice, Dayton, OH

Rainbow Hospice, Jefferson, WI

Rockbridge Area Hospice, Lexington, VA

Samaritan, Marlton, NJ

Sharon S. Richardson Community Hospice,  
Sheboygan, WI

Snowline Hospice, Diamond Springs, CA

St. Francis Reflections Lifestage Care, Titusville,  
FL

Teleios Collaborative Network, Flat Rock, NC

The Connecticut Hospice, Branford, CT

The Elizabeth Hospice, Escondido, CA

The Hospice of Baton Rouge, Baton Rouge, LA

The Watershed Group, Gainesville, FL

Tidewell Hospice, Sarasota, FL

Texas Non-Profit Hospice Alliance, Austin, TX

Trellis Supportive Care, Winston-Salem, NC

TRU Community Care, Lafayette, CO

Unity Hospice, DePere, WI

Valley Hospice, Inc., Rayland, OH

VNSNY Hospice and Palliative Care, New York, NY

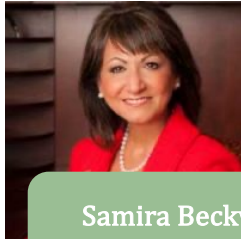
YoloCares, Davis, CA



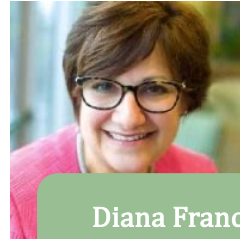
# Meet Our Board of Directors



Tom Koutsoumpas  
CEO



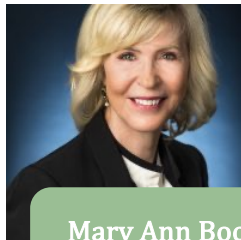
Samira Beckwith  
Chair



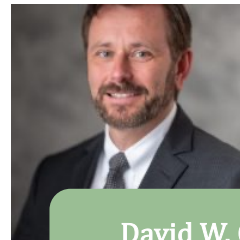
Diana Franchitto  
Vice Chair



Debbie Shumway  
Secretary



Mary Ann Boccolini  
Treasurer



David W. Cook  
Director



Bill Finn  
Director



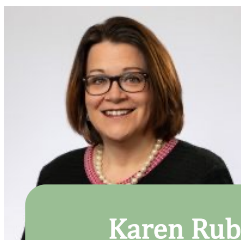
Chuck Lee  
Director



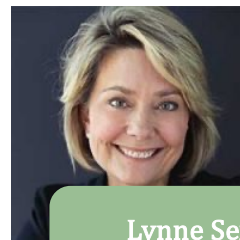
Andrew Molosky  
Director



Patti Moore  
Director



Karen Rubel  
Director



Lynne Sexten  
Director



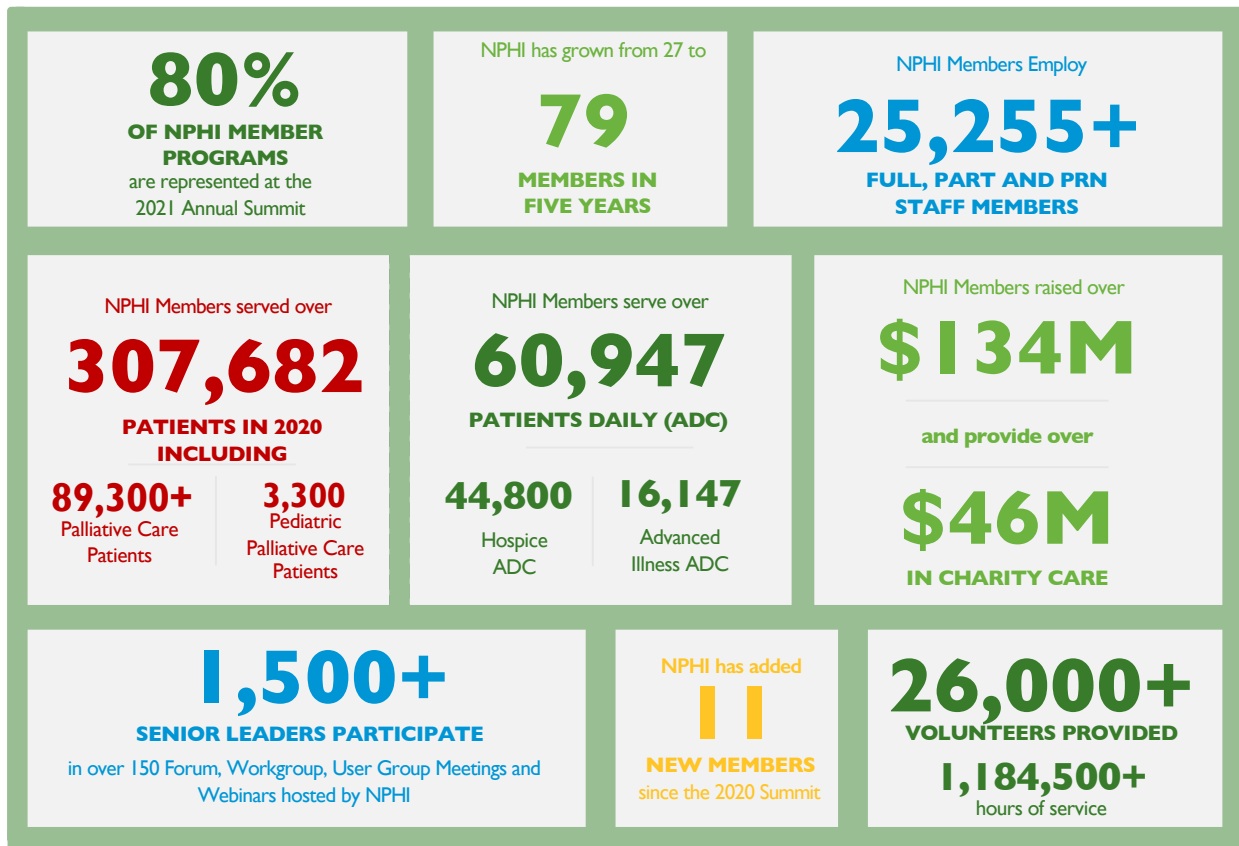


# NPHI by the Numbers

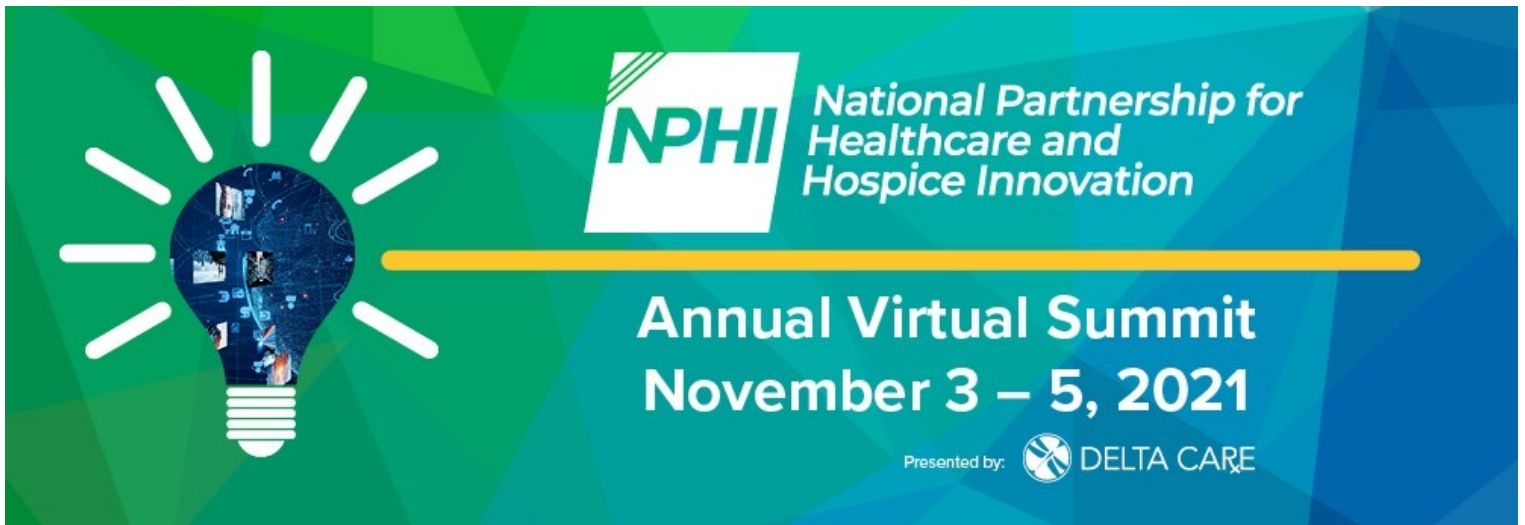
Since our inception, NPHI has grown to be the single largest not-for-profit membership organization of hospice and palliative care providers in the United States.

**As a group, we rival even the largest for-profit provider.**

Numbers don't lie, and these paint a picture of a uniquely powerful model of care of which we can all be proud.



Share these on Twitter (<https://bit.ly/3BocGlp>) and LinkedIn (<https://bit.ly/354vPTG>).



# Recap: NPHI’s 2021 Summit Set the Agenda for Hospice Care Innovation

In November 2021, the National Partnership for Healthcare and Hospice Innovation (NPHI), the US’ largest collaborative of not-for-profit, community-integrated hospice and palliative care providers, virtually gathered more than 240 leaders from across the country at its fifth annual summit, *Leading into the Future – the Road Ahead*.

“NPHI serves as the national voice for the future of hospice, palliative, and advanced illness care, in-step with and on behalf of our not-for-profit, mission-driven membership,” said Tom Koutsoumpas, CEO of NPHI. “As deaths caused by COVID-19 continue to surge, our mission to ensure that everyone dies with dignity, respect, and the best quality of care has never been more important.” Keynotes included:

- Jay Bhatt, DO, MPH, MPA, Chief Clinical Product Officer & Medical Director, Medical Home Network
- Amitha Kalaichandran, MD, MHS, CPH, epidemiologist, physician, writer, and health-tech consultant
- Cheryl Woodson, MD, FACP, AGSF, CHCQM, Geriatrician
- Bruce Pyenson, Principal and Consulting Actuary, Milliman/Commissioner of the Medicare Payment Advisory Commission (MedPAC)
- Senator Sherrod Brown (D-Ohio)

“Hospice is a part of a larger integrated thinking approach about population health, performance improvement, diffusion of proven innovation, and workforce capacity,” said Dr. Jay Bhatt, Chief Clinical Product Officer and Medical Director, Medical Home Network. “Thanks to organizations like NPHI, resources are available to help organizations provide better care to patients with the dignity and respect they deserve.”



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Clockwise from top left: Timshel Tarbet, VP, Business Excellence & Diversity Strategy, SCAN Health Plan; Altonia Garrett, VP of Diversity & Equity, Capital Caring Health; Elena Rios, President & CEO, National Hispanic Medical Association; Tom Koutsoumpas, CEO, Capital Caring Health; Carole Fisher, President, NPHI; Jay Bhatt, Chief Clinical Product Officer & Medical Director, Medical Home Network.



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# Thank You to our Sponsors For Their Incredible Support in 2021

PRESENTING



DELTA CARE  
INNOVATION IN HOSPICE & SERIOUS ILLNESS

HAPPY HOUR



BREAKOUT



Morgan Lewis

LUNCH



COFFEE



BREAK



GENERAL





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## Tom Koutsoumpas Honored by Hospice News as a “Changemaker”

Tom Koutsoumpas, president and CEO of Capital Caring Health, has worked in the hospice field since the beginning. He advocated in the 1970s and 80s for the establishment of the Medicare Hospice Benefit, which now covers about 98% of the hospice care provided in the United States.

In addition to his work as a provider, Koutsoumpas is president and CEO of the National Partnership for [Healthcare and] Hospice Innovation (NPHI), a consortium of more than 70 nonprofit hospice and palliative care providers that collaborate to identify best practices and spur innovation. NPHI provider members serve a combined 121,000 patients daily.

**Can you speak to some of the most significant changes that you’ve seen impact end-of-life and serious illness care in recent years?**



**Hospice News**

“At the start, there’s the acceptance and the growth of end-of-life care and palliative care. I call it “advanced illness care,” because it’s sort of more encompassing. What we’ve seen over the years has been an extraordinary shift from what was kind of a very small end-of-life focus. People were less informed, less knowledgeable and less educated about the availability of hospice, and it was often used just at the very end.”

Read more: <https://bit.ly/3uNoLph>



## Meet Our New President

In January 2021, NPHI announced that Carole Fisher had been appointed as the new President of the organization. Tom Koutsoumpas, who co-founded NPHI in 2014 and has since been President and CEO of NPHI continues to serve as CEO.

Fisher has more than 35 years' experience leading and transforming for-profit and mission driven healthcare organizations. She is a recognized advisor, innovator and public policy advocate and previously served as Chief Strategy Officer at NPHI as well as President and CEO of Nathan Adelson Hospice in Las Vegas.

"At a time when our country is facing unprecedented grief and loss as well as increasing preference to receive care for advanced illness at home in light of overwhelmed hospitals and limited visitation policies, Carole's transformation and clinical background are an important asset to hundreds of thousands of patients," said Koutsoumpas. "She is uniquely poised to advance the priorities of our nation's not-for-profit hospice palliative and advanced illness care. "



"Every individual deserves to experience exceptional care that matches their goals, values, and preferences, particularly during the last stages of life, and NPHI is a recognized voice for the future of hospice, palliative, and advanced illness care," reflected Fisher. "As we – along with not-for-profit hospice organizations nationwide who provide exceptional care in their communities – continue to advocate for improved access to quality care at home, our focus is on ensuring our healthcare providers have the resources they need to deliver it."

Under Fisher's leadership in her previous role at Nathan Adelson Hospice, the organization was recognized eight times by Modern Healthcare Magazine as one of the 100 Best Places to Work in the country.



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## Meet Our New Chief Policy Officer



“Larry’s uniquely rich experience is going to be key as we enter this new phase of our work,” said Tom Koutsoumpas, CEO of NPHI. “With numerous legislative efforts maturing, we’re going to be better positioned than ever to ensure our member programs are empowered to continue serving more than 130,000 people every day.”

Dr. Atkins will work on behalf of NPHI’s mission-driven community-based hospice programs to advance numerous policy priorities nationwide, including supporting the CMMI Value-Based Insurance Design (V-BID) model’s hospice benefit component, reforming audit and enforcement mechanisms to redistribute the burden of reviews away from providers who consistently meet standards, enabling hospice and palliative care providers to ensure smooth transitions of care for “upstream” patient populations, and, more broadly, modernizing the Medicare hospice benefit to reflect clinical realities of a larger and more diverse patient population.

Dr. Atkins brings more than 30 years of experience in health and social policy analysis, policy development, and legislative representation to NPHI. He previously served as the Executive Director of the Long-Term Quality Alliance and the National MLTSS Health Plan Association and is a Board member and former President of the National Academy of Social Insurance. He was also Staff Director of the federal Commission on Long-Term Care and served as Executive Director of U.S. Public Policy at Merck. In the 1990s, Dr. Atkins served on two quadrennial Social Security Advisory Commissions.

“I’m honored to be joining NPHI at this critical juncture,” said Dr. Atkins. “I look forward to working with our members to ensure that every individual has access to high-quality palliative, advanced, and end-of-life care that reflects their personal needs.”



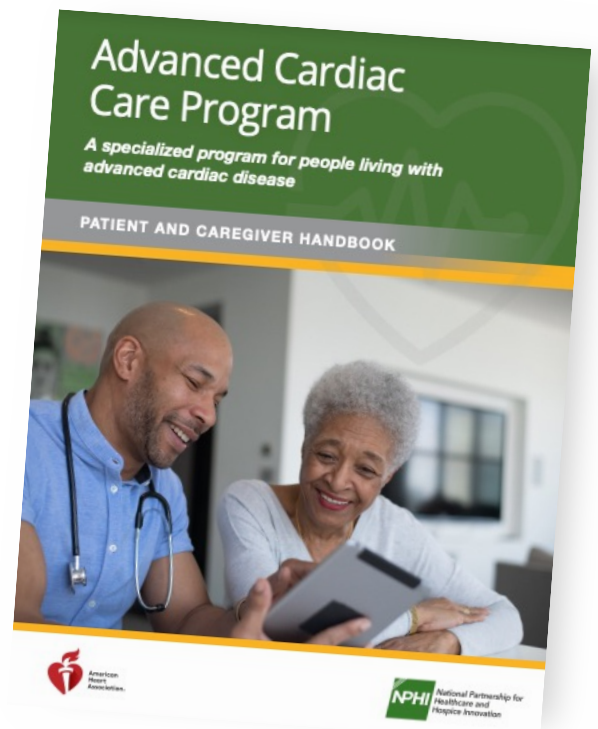
# High Risk Heart Patients Underuse Hospice Care Options

In 2021, the National Partnership for Healthcare and Hospice Innovation (NPHI), the largest collaborative of not-for-profit hospices in the United States, launched the Advanced Cardiac Care (ACC) Program to support the home-based palliative care of patients with serious cardiovascular disease. Since then, top performing NPHI programs have seen nearly 30% increases in cardiac patient admissions and improved clinical outcomes, even in the face of COVID-19 restrictions.

“The ACC has demonstrated that community-based hospice providers are uniquely suited to bridge treatment gaps in cardiac care: Patients enrolled in our programs lived much longer, saw fewer hospitalizations, emergency visits, and were more likely to die at home – all at a lower average cost of care,” said Cameron Muir, MD, Chief Innovation Officer, NPHI. “Serious cardiac illness can be daunting for patients, families, and caregivers, which is why our programs never turn anyone away, regardless of ability to pay.”

Palliative care is valuable for heart failure patients and – according to research published in the Journal of the American Heart Association – can lower risk of repeated hospitalization and minimize the need for invasive procedures such as mechanical ventilation or defibrillator implantation. This is key because the prevalence of heart failure is expected to grow, increasing the need for families to consider long-term care options.

Initial national baseline data from NPHI members enrolled in the ACC was compelling. Compared to those without hospice and palliative care, patients in said member programs were: 23% less likely to be re-hospitalized; 13% less likely to visit the emergency department in the last 30 days of life; and 33.7% more likely to die at home.







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# Launch of the NPHI Institute for Health Equity

In 2021, we officially launched our program to promote healthcare equity.

Our mission: To address racial disparities in access to high quality end-of-life care by establishing practices and standards that ensure fair treatment, equality of opportunity, promote justice and fairness in access to information and provide resources for the nearly 80 NPHI member programs. We employ a dual approach:



## Care Access

Equitable access to high-quality healthcare is a key social determinant of health.



## Workforce Development

An effective care system must employ a workforce that reflects the diversity of those they serve.

After an initial assessment of 25% of our membership and 10 external healthcare partners, NPHI will create a comprehensive action plan. Long term, we aim to transform how the hospice and palliative care system functions, to support the development of new professional roles with expanded scope of practice, and to empower patients and families.



“Healthcare equity is key not only for social justice, but for care quality as well. A workforce that reflects the demographics of those they serve is uniquely positioned to support patients.”

Elena V. Rios, Board Member



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# Meet the Advisory Board of the Institute for Health Equity



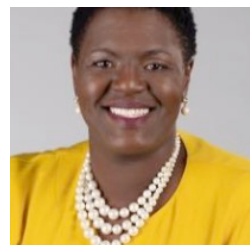
**Licy M. Do Canto**  
Managing Director  
APCO Worldwide  
*Washington, DC*



**Marie Cleary-Fishman**  
Vice President of Clinical Quality  
American Hospital Association  
*Lake Forest, Illinois*



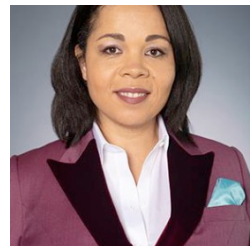
**Punam Mathur**  
Executive Director  
Elaine P. Wynn & Family  
Foundation  
*Las Vegas, Nevada*



**Tawanda Owsley**  
Senior Vice President / Chief  
Development  
Officer, Hosparus Health  
*Louisville, Kentucky*



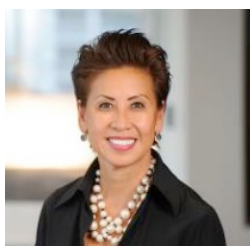
**Faatima Khan**  
Diversity and Inclusion  
Manager  
Agrace  
*Belgium, Wisconsin*



**Timshel Tarbet**  
VP, Business Excellence &  
Diversity Strategy  
SCAN Health Plan  
*Long Beach, California*



**Andrew Molosky**  
President and CEO  
Chapters Health System  
*Tampa, Florida*



**Fawn Lopez**  
Publisher and Vice President  
Modern Healthcare  
*Chicago, IL*



**Elena V. Rios**  
President & CEO  
National Hispanic Health  
Foundation  
*Washington, DC*



**Karen Monts**  
Practice Manager, Counseling  
Services  
Hospice of Michigan  
*Royal Oak, Michigan*



# Findings: Member Listening Tours

In 2021, we completed Member Listening Tour calls with 73% of our members. NPHI President Carole Fisher led one-on-one interviews with member programs to learn more about each program and gain a better understanding of the accomplishments, market dynamics and challenges our members face.

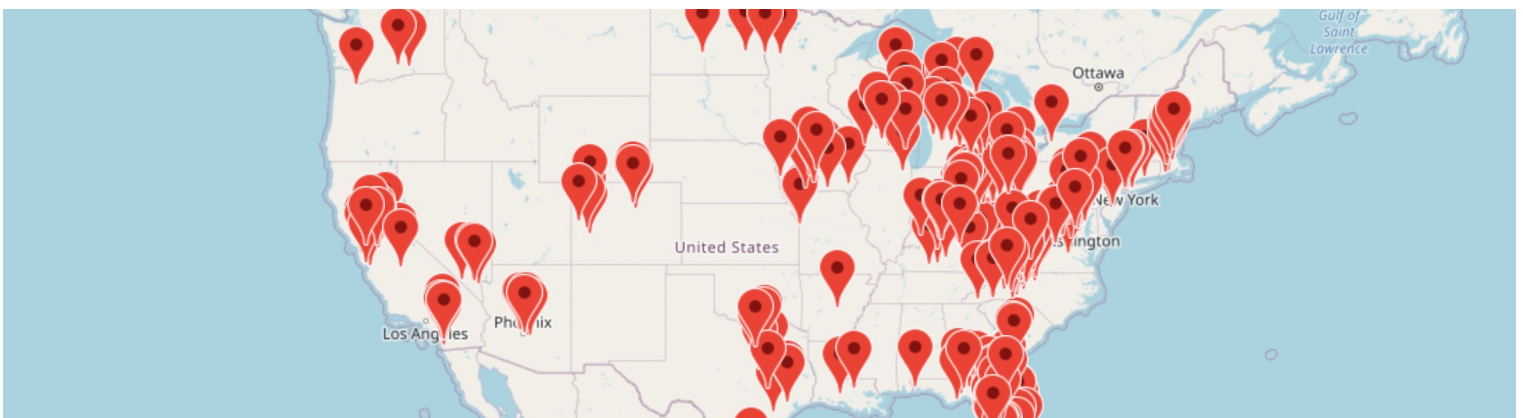
Despite the differences in state regulations and competitive landscape, one thing was clear: NPHI members showed unique determination while maintaining the highest standards of care in the midst of a global pandemic. Additional themes included:

- Strength of commitment to member teams, patients' families and communities during COVID
- Innovative strategies employed to implement new programs
- Increased collaboration with community partners and relationships with payers
- High level of philanthropic engagement

Challenges continued, especially in the areas of:

- Staffing recruitment and retention
- Influx of for-profit and private equity
- Decreasing LOS
- Reimbursement
- Audit activity

We know the past year has not been easy and we still have great deal of work to do together. Yet, we couldn't be prouder of our members for their commitment to excellence and innovation.





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## +60 NPHI CEOs Gather for High Level Discussions on Key Issues in Hospice and Palliative Care

In September of 2021, NPHI held its Fall CEO Member meeting, attended by more than 60 CEOs and delegates from the majority of our member programs. In addition to numerous member leaders, speakers included Erin Richardson, Chief of Staff in the CMS Office of the Administrator, and Senator Mark Warner (D-VA)



Our CEOs engaged in discussion on key issues in the space, including geography and density challenges, market surveillance and competition, evolving value propositions and reputations, and audit and compliance obstacles.

“We need to instill a sense of urgency,” said Deb Shumway, CEO of Hospice of the Valley. “People care about the nonprofit model so if we tailor our marketing, hold our teams accountable, and tell our story on the local level, we can seize an important opportunity to highlight our mission-driven approach.”

“There’s a great deal that money cannot buy,” added Christy Whitney, CEO of HopeWest. “It’s frustrating to see for-profits mimic our message without doing the work.”

Of particular importance was the burdensome nature of OIG and CMS audits, which disproportionately impact the work of not-for-profit providers like those represented by NPHI. NPHI and its members agreed that additional work needs to be done to present a unified front to combat the overreach of audits.

“Where are the audits to pay us for all the patients we served that didn’t live long enough? You can’t audit programs on long stays if they lose money on short stays,” said Dave Cook, CEO of Hosparus Health. “Audits should be focused on those who have long tails and don’t serve short term patients.”

CEOs planned to reconvene in early 2022 to continue developing a broad strategy to support the unique work of not-for-profit providers.



# FY22 Hospice Wage Index Proposed Rule

In June 2021, NPHI submitted [comments](#) to CMS regarding the proposed changes found [here](#). The final rule took effect on October 1, 2021. Key themes of NPHI’s comment letter can be found below:

NPHI welcomed CMS’s assessment of the hospice industry as one that is rapidly changing both in terms of the providers offering the benefit and the Medicare beneficiaries making use of it. Below we highlight potential areas of concern between how and to what degree the benefit is being offered by different types of providers. More specifically, we agreed with CMS’s concerns regarding increasing costs to the Medicare program outside of the MHB, increasing live discharge rates, and the differences in beneficiary characteristics by provider type. We believe CMS should continue to explore the potential inputs that lead to these outcomes.

NPHI is pleased that CMS proposed making permanent two regulatory flexibilities initiated due to the ongoing COVID-19 public health emergency (PHE) and we support these proposals. Furthermore, as CMS considers how to address other regulatory waivers put in place due to the PHE, we encouraged them to create a unified and aligned timeline for their removal or modification so that hospice programs can transition operations and patient care in a smooth and efficient manner.

NPHI supported the development of composite measures that reflect the holistic patient and family experience of hospice care. That said, we are concerned that the Hospice Care Index (HCI), as proposed, may not provide patients and families with an accurate or accessible level of differentiation between the quality of different hospice programs.



“NPHI member programs, grounded as they are in their mission-driven pursuit to provide all individuals and their families with the highest quality care, enter 2022 positioned to excel in their role as the end-of-life care experts in their respective communities. This is in no small part thanks to their commitment to innovation in care delivery, expansion in upstream service offerings, and dedication to the fundamental integrity of the Medicare hospice benefit and care model. NPHI stands enthusiastically ready, willing, and able to support them in this journey and ensure that they have the resources necessary to carry out this mission.”

Ethan McChesney, Policy Director, NPHI



# NPHI Applauds the Senate Finance Committee for Opening Inquiry into the Impacts of Private Equity Investment in the Hospice Industry

In August 2021, the National Partnership for Healthcare and Hospice Innovation (NPHI) declared its support for a recently announced Senate Finance Committee investigation, led by Chairmen Ron Wyden (D-OR), Elizabeth Warren (D-MA), and Sherrod Brown (D-OH), into the impacts of private equity investment in the hospice industry and resulting reductions in quality of care for Medicare beneficiaries. Specifically, the investigation focuses on Kindred at Home and their history of private equity-driven growth.

NPHI joins the Senate Finance Committee in being troubled by the dramatic rise of new entrants into the hospice industry – a growth almost entirely driven by for-profit providers. Moreover, NPHI is pleased that the Committee has taken note of evidence suggesting that hospices with the lowest quality scores are most likely to be for-profit in nature. These providers display an apparent disregard for the original intent of the Medicare hospice benefit in favor of an increasingly profit-driven approach that is incompatible with the purpose of end-of-life health care. Like the Committee, we find this to be an unacceptable option for patients and their families as they experience the tragedy of losing a loved one.

“It will come as no surprise to those with personal hospice experiences that the best care is provided by those focused on patients and not profits,” said Tom Koutsoumpas, CEO of NPHI. “That is why the \$20 billion for-profit hospice industry and the declining quality outcomes associated with these providers is so worrisome. NPHI believes the data clearly indicates that these trends are negatively impacting patients and are worthy of both careful examination and appropriate condemnation.”

NPHI’s community-based, mission driven members know that the highest-quality care is delivered by those organizations focused on meeting patient needs at whatever the cost rather than making decisions solely based on increasing their profit margins. Consequently, we are proud to represent the non-profit hospice and palliative care community at large, who primarily serve as safety-net providers offering end- of-life care to the sickest and most vulnerable patients. To this end, NPHI recently commissioned a study by the actuarial and accounting firm Milliman<sup>1</sup>, to document the specific characteristics and differences between our non-profit members and other providers.

Read more: <https://bit.ly/3sFVM3V>



# US' largest collaborative of not-for-profit hospices voices support for expanded vaccine mandates

NPHI applauded the Biden Administration's announcement of expanded vaccine requirements for health care providers in 2020. The plan outlined six points of focus, including: vaccinating the unvaccinated; further protecting the vaccinated; safely keeping schools open; increasing testing and requiring masking; protecting economic recovery; and improving care for those with COVID-19.

"[This] announcement is a much-needed step in the right direction to help keep our communities healthy," said Tom Koutsoumpas, CEO of NPHI. "Perhaps most encouraging is the expansion of CMS' vaccine requirements to workers in all health care settings that receive reimbursement from Medicare or Medicaid. We are pleased to see the Administration take these additional steps to improve patient, family, and provider safety."

The expanded mandate builds on CMS' August [announcement](#) that it would require staff in Medicare and Medicaid participating nursing homes to be fully vaccinated, citing the more than eightfold rise in COVID-19 cases driven by the Delta variant between June 27 and August 8. The Agency has required Long-Term and Intermediate Care facilities to educate residents, clients and staff on vaccination [since](#) May, though it had stopped short of mandating vaccines at the time.

This development meant that more than 17 million health care workers in hospitals, dialysis facilities, home health agencies, and palliative and hospice care facilities will be required to receive the vaccine. Moreover, the requirement covers not only clinical staff, but volunteers and client care staff at more than 50,000 providers across the country.

"Despite rightfully prioritizing worker and patient safety, we recognize that these policies come with a significant financial burden for providers," said Carole Fisher, President of NPHI. "We are nevertheless encouraged by the steps taken by the administration to provide financial relief to healthcare providers and other small businesses."

In addition to Friday's [infusion](#) of more than \$17 billion into the Provider Relief Fund, a program created by last year's *CARES Act*, yesterday's announcement also outlined numerous options for small businesses to receive flexible, low-cost loans via the COVID Economic Injury Disaster Loan (EIDL) program.

Learn more about the White House's COVID-19 action plan [here](#).



# NPHI Applauds California Legislators on New Hospice Reform Laws

Last year, against the backdrop of an [extensive investigation](#) into fraud in end-of-life care, Governor Gavin Newsom of California signed two bills into law which established a moratorium on new hospice licenses beginning on January 1, 2022. Additionally, the bills instituted several other reforms aimed at curbing widespread fraud in end-of-life care.

NPHI applauds the state of California for taking these critically important steps. For decades, not-for-profit, community-integrated providers have suffered due to [unchecked for-profit growth](#) in the state's hospice industry.

“We remain wholly committed to supporting high-quality, not-for-profit end-of-life care providers and are pleased that the state of California is addressing these issues by targeting bad actors,” said Tom Koutsoumpas, CEO, NPHI. “We look forward to supporting these and similar efforts in the future.”

The moratorium — which includes exemptions for pending applications and those in geographic areas with a documented need for additional providers — will remain in effect for 365 days after the audit report is published, which is projected to be in March, according to the auditor's office. Officials say the wide-ranging audit will:

- Evaluate the growth of hospice providers in California over the last decade, as well as factors that led to it, and determine whether other states have experienced similar expansion and taken steps to address it
- Assess the scope of hospice fraud and abuse in California and the impact on the Medicare and Medi-Cal programs
- Identify the most prevalent types of hospice fraud and whether state regulators could do more to protect older Californians
- Evaluate the effectiveness of California's systems to identify, address, prosecute and deter hospice fraud and whether more resources are needed
- Assess the effectiveness of state systems that screen and license new hospice providers

Read more about the audit report's scope and objectives [here](#).





# NPHI urges Congressional leaders to extend moratorium on Medicare sequestration through 2022

In September 2021, NPHI sent Congressional leaders a letter recommending extension of the moratorium on the 2% reduction in Medicare sequestration payments through the end of 2022.

“The ongoing public health crisis has placed immense burdens on too many community-based, non-profit providers in the Medicare program,” said NPHI President Carole Fisher. “Extending the moratorium will allow our members to avoid interruptions in their delivery of high-quality, person-centered care to communities devastated by COVID-19.”

In 2013, *the Budget Control Act* effected a 2% reduction in payments to Medicare providers. This sequestration was suspended in 2020 with the passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, citing the unprecedented pressures placed on providers by the pandemic. Earlier this year, H.R 1868 extended the moratorium through the end of December.

NPHI applauds Congressional leaders for supporting community-based, not-for-profit providers thus far. Nevertheless, given the emergence of COVID-19 variants, the Partnership urges the extension of the moratorium to ensure the financial viability of Medicare providers delivering vital health care services to patients across the country.

“In many parts of the country, especially rural and underserved areas, one provider may be the difference between life and death,” said NPHI Senior Advisor Ray Quintero. “Let’s make sure they have every tool they need to continue their work.”

Read the letter [here](#).





## Veteran healthcare leader, policy maker and clinician takes the helm at Center for Medicare

In May 2021, the Centers for Medicare and Medicaid Services (CMS) announced the appointment of Meena Seshamani, MD, PhD, as Deputy Administrator and Director for Medicare. According to a CMS press release, Dr. Seshamani will lead the Center’s efforts in serving those who are 65 years or older, people with End-Stage Renal Disease that rely on Medicare coverage, and people with disabilities.

“We congratulate Dr. Seshamani on her well-deserved appointment and look forward to collaborating with both her and the Biden-Harris administration on our shared policy priorities,” said Tom Koutsoumpas, CEO of the National Partnership for Healthcare and Hospice Innovation (NPHI) and co-founder of the Coalition to Transform Advanced Care (C-TAC), where until recently Dr. Seshamani served as Board Director.

A former policy maker and health system leader, Dr. Seshamani held a leadership position with the Biden-Harris Transition HHS Agency Review team. Most recently, Dr. Seshamani served as Vice President of Clinical Care Transformation at MedStar Health, where she led the development and implementation of multiple value-based initiatives. Her work has since been recognized by the Institute for Healthcare Improvement and other thought leaders. Prior to that, Dr. Seshamani was Director of the Office of Health Reform at the US Department of Health and Human Services, where she headed up strategy and implementation of the Affordable Care Act.

“Dr. Seshamani’s record speaks for itself,” said Carole Fisher, President of NPHI. “At this critical juncture, her experience caring for some of the most vulnerable people in our healthcare system will be instrumental in ensuring no one is left behind.”

Dr. Seshamani earned her BA with Honors in Business Economics from Brown University, her MD from the University of Pennsylvania School of Medicine, and her PhD in Health Economics from the University of Oxford, where she studied under a Marshall Scholarship, among the most selective programs for American students in the world. She would go on to complete her residency training at Johns Hopkins University School of Medicine before going on to practice head and neck surgery at Kaiser Permanente in San Francisco.





# NPHI members head to the Hill for two days of meetings with Congressional Representatives

In early 2021, the National Partnership for Healthcare and Hospice Innovation (NPHI), the United States' largest collaborative of not-for-profit hospices, held its annual CEO Hill meetings. Due to the ongoing Covid19 pandemic, NPHI swapped in-person meetings for virtual events with both member CEOs and congressional representatives.

“Doing this virtually is a good alternative to not doing this at all,” said Tom Koutsoumpas, CEO of NPHI. “You just can’t overstate the importance of interacting with our Congressional colleagues. It’s critical.”

The two-day event featured remarks from several keynote speakers, including Senator Jacky Rosen (D-NV), Congressman Earl Blumenauer (D-OR), Amy Bassano, Deputy Director of Center for Medicare and Medicaid Innovation (CMMI), and Marvin Figueroa, Director of Intergovernmental and External Affairs at the Department of Health and Human Services (HHS). Member CEOs also heard from NPHI’s leadership on the organization’s policy agenda, which includes modernizing the Medicare hospice benefit, promoting opportunities for hospice providers to move “upstream” in the care continuum, and reforming the audit system to de-prioritize providers who consistently meet program integrity standards.

“I’d like to thank the National Partnership for Healthcare and Hospice Innovation for hosting its annual fly-in virtual gathering,” opened Senator Jacky Rosen on Thursday, before going on to thank NPHI member Nathan Adelson Hospice for their exceptional work in her home state of Nevada.

Senator Rosen also discussed the Comprehensive Care Caucus she founded, which works to expand access to palliative care, address the health needs of both people and families living with advanced or serious illness, and raise awareness of the importance of high-quality hospice and palliative care for healthcare in general. Megan Thompson, Senator Rosen’s Senior Policy Advisor, would later expand on Senator Rosen’s policy priorities, which include expanding the Medicare benefit and expanding access in rural and underserved areas.

“I appreciate the opportunity to have this conversation,” said Congressman Blumenauer later in the session. “We’ve gone down this path together.”

In a question-and-answer session with member CEOs, Rep. Blumenauer addressed several important issues, including the financial incentives of early access to hospice, the value of telehealth innovation in addressing health disparities, and bipartisan legislation to expand access to high-quality hospice and palliative care, most notably the *Patient Choice and Quality Care Act*. If enacted, the legislation would require CMMI to create and test a new payment model targeted at advanced illness populations



National Partnership for  
Healthcare and  
Hospice Innovation

## NPHI members head to the Hill for two days of meetings with Congressional Representatives

“An extra week or two of hospice care greatly improves the quality of life for patients and their families under the most difficult circumstances,” Congressman Blumenauer said. “This is a matter of justice.”

Member CEOs also heard from Amy Bassano, Deputy Director of CMMI, who discussed the payment model innovation underway at CMMI, providing updates on the Value-based Insurance Design (V-BID) model, the Global and Professional Direct Contracting (GPDC) Model, and the Medicare Care Choices Model (MCCM). She also emphasized the importance of groups like NPHI and its members in driving innovation that supports equitable access to care for patients and families regardless of background or ethnicity.

Finally, Marvin Figueroa, Director of Intergovernmental and External Affairs at the HHS, spoke to members about navigating COVID-19 vaccinations, preserving telehealth flexibilities, promoting health equity, the role of community-based hospice and palliative care organizations in grief support, and suggested greater engagement with the Substance Abuse and Mental Health Services Administration (SAMHSA) on behavioral health issues.



For more information, please view the [meeting](#) and follow us on [LinkedIn](#) and [Twitter](#).



# NPHI Outlines Healthcare Priorities for Biden Administration with Not-For-Profit Hospice CEOs

Last year, the National Partnership for Healthcare and Hospice Innovation (NPHI) a private meeting among the organization's member CEOs to highlight the Biden administration's key healthcare policy priorities. The discussion took place as part of the organization's Winter CEO Meeting and featured insight from health policy expert Lauren Aronson, former policy director in the Office of Health Reform under President Obama and former director in the Office of Legislation at the U.S. Centers for Medicare and Medicaid Services (CMS).

During the meeting, Aronson described how the Biden Administration is focused on creating a plan to distribute the COVID-19 vaccine and building a robust supply chain infrastructure to support the roll-out. Aronson also highlighted how the Biden administration is expected to announce the nominee for CMS Secretary who will work to advance many of the priorities outlined during President Biden's campaign, including building on and expanding the Affordable Care Act, reducing the price of prescription drugs, and lowering the age of Medicare eligibility from 65 to 60.

Aronson noted that key lawmakers on Capitol Hill, congressional committee staff, and those overseeing the Biden Administration's health policy portfolio are very familiar with the "clear difference between profit and non-profit hospice providers." She also predicted that the administration will look at innovative models of delivery reform which could include hospice.

"Now is the time to distinguish ourselves," said Tom Koutsoumpas, CEO of NPHI. "Now is the time to double down more than ever about our passion for the mission we all play in serving our communities when no others will. We must make sure that the future of care our members are providing isn't diluted by those getting into hospice care simply for profit, which is happening all too often."

In addition, Aronson also outlined how senior executives in the hospice industry should continue engaging in existing conversations with CMS while the agency waits for its next administrator, noting the Biden Administration has an "immense amount of respect for civil servants [at the agency]" and agency staff being "viewed as a partnership."





# Chapters Health & Cornerstone Hospice create the US' largest not-for-profit hospice provider

“We could not be prouder of this partnership,” said NPHI CEO Tom Koutsoumpas. “These leaders represent the unique value of not-for-profit, community-based hospice providers and their collaboration will bring comprehensive, high-quality care to thousands of patients and families.”

“Our affiliation with Chapters Health will support the Cornerstone Hospice legacy, and I am confident our common, not-for-profit mission will guarantee more patients coping with serious illnesses will have opportunities to access compassionate care at a challenging time in their lives,” said Cornerstone CEO and NPHI Board Member Chuck Lee in the [announcement](#). “We will retain our long-established identity, foundation and connection to the communities in all the counties we serve.”

With a combined staff of 2,250 and another 1,620 volunteers, this affiliation agreement makes Chapters and Cornerstone the largest not-for-profit hospice provider in the country. Together, healthcare services will reach 58,860 residents annually in 29 counties in Florida and 4 in Georgia. Critically, the affiliation will allow Cornerstone to continue its charitable work in the Hardee, Highlands, Lake, Orange, Osceola, Polk and Sumter counties in Florida, and Cherokee, Cobb, Fulton and Gwinnett counties in Georgia.



“The most exciting part about this is that it really represents the tip of the iceberg when it comes to elevating not-for-profit legacy hospice care,” said Chapters Health CEO and NPHI Board Member Andrew Molosky in the [release](#). “If your organization wants to learn more about securing its future, we stand ready to assist. Let’s talk about what could be.”

“We are so grateful for the leadership of Andrew and Chuck’s teams,” said NPHI President Carole Fisher. “Chapters and Cornerstone will serve as a model for other community-based not-for-profits looking to expand their footprint and counter large for-profit providers.” Learn more:

<https://bit.ly/3Bmqgfp>



# Remembering Senators Bob Dole and Johnny Isakson

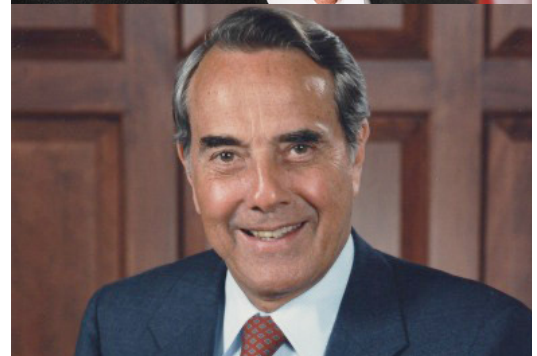
We gratefully remember former U.S. Senators Bob Dole, who passed on December 5, 2021, and Johnny Isakson, who passed on December 19, 2021.

After overcoming devastating injuries in World War II, Senator Dole represented Kansas in Congress for more than 30 years, notably serving as the Republican leader of the U.S. Senate from 1985 to 1996. He is commemorated as a congressional advocate of the hospice model of care.

“I’m deeply saddened by the death of my dear friend, Senator Bob Dole,” said NPHI CEO Tom Koutsoumpas. “He is remembered by NPHI members and millions across the country as one of the leaders in the initial creation of the Medicare hospice benefit, which has given millions of Americans and their families the support of hospice care at the end of life. We worked tirelessly together to establish the Medicare hospice benefit in 1983, and without him we might not have the MHB. To this point, we honor his decades of advocacy and service that have played an integral role in our health care system today.”

Mr. Isakson served 17 years in the Georgia Legislature before serving in both the U.S. House of Representatives and the U.S. Senate as a member of the Republican Party. Having devoted more than four decades to Georgia political life, Senator Isakson was known as a consensus-builder in Congress, who prioritized the lives of his constituents in areas including veterans’ issues, disaster relief efforts, and health care. Notably, in 2017 Senator Isakson co-authored and co-introduced the *Patient Choice and Quality Care Act*, bipartisan legislation that empowered the choices of individuals with advanced illness.

“NPHI remembers Senator Isakson with great appreciation and admiration,” said NPHI CEO Tom Koutsoumpas. “His work to introduce the *Patient Choice and Quality Care Act* – legislation that set out to ensure individuals with advanced illness and their families receive high-quality, comprehensive care – aligns wholeheartedly with NPHI’s advocacy efforts. I admire his push for end-of-life care planning, and of course his utmost dedication to his state and country. To this point, we honor his decades of service, bipartisan cooperation, and ability to advance person-centered care for all Americans.”





# Strategies for Hospice Agencies Given Acquisitions by Private Equity and Public Companies

In June 2021, NPHI welcomed Dr. Robert “Tyler” Braun to our monthly engagement call series. Dr. Braun is a health services researcher and instructor at Weill Cornell Medical College. His research is focused on the organization of health care systems, with a particular interest in financing long-term care and the physician practices, the evolution of changes in the organization, and how this influences patient quality and cost of care.

Over the past three decades, the hospice industry has transitioned from a not-for-profit sector to one where nearly two-thirds of all agencies operate on a for-profit basis. The session also provided members with an opportunity to discuss issues relevant to their organizations with Dr. Braun and NPHI staff.

“We are thrilled to hear from recognized expert and researcher, Dr. Braun on strategies for hospice agencies to navigate the current climate of growing mergers and acquisitions by private equity firms,” said Tom Koutsoumpas, CEO of NPHI. “The relationships organizations like NPHI help craft coupled with the unique benefits not-for-profit care offers are more important now than ever to highlight. Stand-alone hospices, like many of our members, must differentiate themselves from the growing for-profit spaces; we look forward to continuing to engage with evidence-based research, like the recent study we conducted with Milliman, to best support our members and their patients.”

The conversation, titled “NPHI Member Call: Economic Outlook and Strategies for Hospice Agencies Given Acquisitions by Private Equity and Public Companies,” was part of a biweekly series of NPHI-hosted discussions to address today’s pressing hospice topics through engagement with health policy experts, thought leaders, and other industry innovators.

The discussion was meant to present and educate NPHI’s membership on the current growth of large for-profit hospice chains and the role of private equity (PE) investment in this sector.

Dr. Braun discussed the “explosion of private equity firms,” especially in the southeast region, the implications of financing hospice care, and how the unique needs of the aging U.S. population affect market trends, among other topics.



**Weill Cornell  
Medicine**





# Hurricane Ida's impact on the healthcare landscape

The National Partnership for Healthcare and Hospice Innovation (NPHI) is deeply saddened by the destruction wrought by Hurricane Ida across the Gulf Coast. Our thoughts are with the thousands of people who have been affected by the storm, as well as the brave first responders whose actions have already saved countless lives.

Ida's impact on the Gulf Coast complicates an already difficult situation: Not only has the hurricane inflicted tremendous damage on community infrastructure, much needed evacuation efforts also risk accelerating the spread of the COVID-19 Delta variant at a time when many providers are stretched thin by the pandemic. Therefore, we encourage our members to support the recovery of Louisiana, Mississippi and the rest of the Gulf Coast.

For those looking to donate, we wish to highlight the American Red Cross, the United Way of Southeast Louisiana, The Greater New Orleans Foundation, Imagine Water Works, Relief Gang, and The Partnership for Inclusive Disaster Strategies. For those wishing to volunteer, Mutual Aid Disaster Relief, NOLA Ready and Culture Aid NOLA are looking for both in-person and virtual volunteers to help with relief efforts.



# Reflections on Pride month: We've come far, but not far enough

The National Partnership for Healthcare and Hospice Innovation (NPHI) always celebrates Pride Month, a time to uplift LGBTQ+ voices and reflect on ways to increase awareness and cultural sensitivity to the unique needs of this population.

"At NPHI, our programs serve as a safety net, where no one is turned away from care," said Tom Koutsoumpas, CEO of NPHI. "Thus, as a collaborative of community-integrated organizations committed to access, it is more important than ever to ensure we are acting with equity at the forefront of all our activities."

While more data is needed, study after study reflects the LGBTQ+ community faces barriers to quality hospice, palliative, and end-of-life care. In 2018, [AARP](#) found that 57% of the LGBTQ+ community is concerned about healthcare providers not being sensitive to their needs as they age. One out of ten LGBTQ+ patients have been denied healthcare or provided inferior care, and 15% fear receiving health services outside the LGBTQ+ community.

"We must be active in the conversation about what high-quality, person-oriented end-of-life care for members of the LGBTQ+ community should look like," said Carole Fisher, President of NPHI. "No one should have to hide who they are out of fear of receiving inadequate hospice, palliative, or long-term care."

Unfortunately, those fears are often warranted.

According to a 2020 [survey](#) of care providers by Gary L. Stein of Yeshiva University, 53.6% thought that lesbian, gay, or bisexual patients were more likely than non-LGBTQ+ patients to experience discrimination at their institution; 23.7% actually observed discriminatory care; 64.3% said transgender patients were more likely than non-transgender patients to experience discrimination; 21.3% observed discrimination to transgender patients; 15% observed the significant other of an LGBTQ+ patient having their treatment decisions disregarded or minimized; and 14.3% observed the partner or surrogate of an LGBTQ+ patient being treated disrespectfully.

Ensuring that hospice staff are educated and aware of the unique challenges faced by the LGBTQ+ is essential, especially given that older LGBTQ+ adults sometimes contend with economic insecurity, a lack of caregiver support, and persistent myths about everything from gender identity to sexual orientation. Considering this, NPHI's staff and membership work continuously to educate themselves with the goal of expanding access for all traditionally underserved communities like the LGBTQ+ population.

## Reflections on Pride month: We've come far, but not far enough

“Person-centered care includes being self-aware of implicit biases and making the commitment to hold a space for populations like LGBTQ+ communities,” said Edward Garcia, Executive Director of the Foundation for Social Connection. “Providers need to look beyond what’s in electronic health records and strive to understand how elements of the LGBTQ+ experience – whether pronoun preference or gender identity – impact care quality for those who identify with this population.”

But as industry thought leader Kimberly Acquaviva writes in her 2017 [book](#), *LGBTQ-Inclusive Hospice and Palliative Care: A Practical Guide to Transforming Professional Practice*, “[t]hese issues are not unique to LGBTQ+ individuals, and you should be aware of them as you begin working with any new patient and family.”

So, in summary, while we celebrate the successes thus far, we are under no illusions that we are where we need to be to achieve equal access to quality care. As such, we thank the LGBTQ+ community, our incredible colleagues, and our partners for their work and look forward to continuing to collaborate to ensure care equity.

*For everyone.*

If you or a loved one are struggling to access inclusive care, please call 844-GET-NPHI to be connected with a not-for-profit provider.





# Seven NPHI Member Organizations Recognized by Modern Healthcare as the Best Places to Work in Healthcare in 2021

“While we believe all our members offer terrific places to work, we extend a special congratulations to these seven,” said Tom Koutsoumpas, CEO of NPHI. “We also thank Modern Healthcare for their thoughtful recognition of the unique contributions of not-for-profit hospice and palliative care providers.”

- **Care Dimensions** started as a small volunteer program and has flourished into the largest, most highly skilled hospice in Massachusetts. Care Dimensions is led by CEO Patricia Ahern, recognized as a pioneer in the nation’s hospice movement
- **Carolina Caring** is led by CEO David Cook and was established during the early stages of formalized end-of-life care. Carolina Caring has been recognized by Modern Healthcare in 2019 and 2020, as well as acknowledged regionally due to their use of technology, maintenance of industry standards, and satisfied family surveys.
- **Four Seasons Hospice**, led by Millicent Burke Sinclair, is a nationally respected, award-winning palliative and hospice care non-profit organization. Currently serving more than 10,000 patients in Western North Carolina, Four Seasons is committed to serving the community through its mission of “co-creating the care experience”.
- **HopeWest** serves western Colorado with a community-wide vision that is made possible with their staff of 375 and more than 1,300 committed volunteers. HopeWest is led by CEO Christy Whitney.





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# Seven NPHI Member Organizations Recognized by Modern Healthcare as the Best Places to Work in Healthcare in 2021

- **Nathan Adelson Hospice** is the oldest, largest, and only not-for-profit hospice in Southern Nevada. It offers inpatient care, homecare, counseling, and palliative care to the more than 4,000 patients that receive care during a typical year. Nathan Adelson Hospice is led by CEO Karen Rubel. Former CEO Carole Fisher now serves as President of NPHI.
- Founded in 2017, **Teleios Collaborative Network (TCN)** is a not-for-profit organization and integrated network that shares industry best practices, information, and resources with its member organizations. TCN is led by CEO Chris Comeaux. Currently serving members in North Carolina, South Carolina, Virginia, Louisiana, and Texas, TCN was founded by NPHI members Four Seasons, Carolina Caring, Caldwell Hospice and Mountain Valley Hospice & Palliative Care.
- Finally, **Yolo Hospice (now YoloCares)**, led by CEO Craig Dresang, is a champion of providing expert and compassionate hospice care, bereavement support, and educational initiatives while supporting diverse cultures within their community since 1995.

All organizations included in Modern Healthcare's ranking on the Best Places list were celebrated at the 2021 Best Places to Work in Healthcare awards gala on September 16 at the Radisson Blu Aqua Hotel Chicago.





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