

**INTERIM REPORT BY THE
DEPARTMENT OF HEALTH
IN CONJUNCTION WITH THE
HOSPICE ADVISORY COMMITTEE
TO
THE GOVERNOR
AND
THE GENERAL ASSEMBLY OF VIRGINIA
1980**



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**COMMONWEALTH OF VIRGINIA
Richmond, Virginia
1980**

REPORT BY THE
DEPARTMENT OF HEALTH
IN CONJUNCTION WITH THE
HOSPICE ADVISORY COMMITTEE
TO
THE GOVERNOR AND THE GENERAL ASSEMBLY OF VIRGINIA
RICHMOND, VIRGINIA
DECEMBER, 1979

TO: HONORABLE JOHN N. DALTON, GOVERNOR OF VIRGINIA,
AND THE GENERAL ASSEMBLY OF VIRGINIA

The State Health Department has initiated its evaluative study of Hospice Programs in the Commonwealth pursuant to House Joint Resolution No. 252 of the 1979 Session of the General Assembly. The Resolution follows:

HOUSE JOINT RESOLUTION NO. 252

Requesting the Department of Health to study hospice programs and to apply for the waiver of necessary medicaid requirements to facilitate the study.

WHEREAS, "hospice" is a coordinated program of home and in-patient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration; in addition, the program provides palliative and supportive care to meet the physical, psychological, social, economic and other special needs which are experienced during the final stages of illness, and during dying and bereavement; and

WHEREAS, the Joint Subcommittee to study Hospice has concluded that further study of hospice programs throughout the Commonwealth is needed to provide reliable data regarding standards of care, criteria for licensure, reimbursement policies and the appropriateness of various hospice programs; and

WHEREAS, the United States Department of Health, Education and Welfare is administering a similar nationwide study of hospice programs and, upon requests from the states, has agreed to waive certain Medicaid requirements perceived to hinder the provision of hospice care; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Health is requested to conduct an evaluative study of hospice programs in Virginia and to make recommendations regarding standards for the quality of care, criteria for licensure, and reimbursement of both the home care and in-patient components of hospice programs provided in a variety of health care settings and geographic areas of the State. The Department of Health is encouraged to coordinate its study with the evaluation being administered by the United States Department of Health, Education and Welfare; and, be it

RESOLVED FURTHER, That the Department of Health is requested to apply for the waiver of necessary Medicaid requirements by the United States Department of Health, Education and Welfare to assist hospice programs in providing services to Medicaid eligible patients.

The Department of Health is requested to present an interim report to the Governor and to the nineteen hundred eighty Session of the General Assembly and a final report to the Governor and the nineteen hundred eighty-one Session of the General Assembly.

PROCESS

The Department of Health initiated its Evaluative Study of Hospice Programs in April, 1979, with the establishment of a Hospice Advisory Committee. This Advisory Committee is composed of representatives from Certificate of Need approved providers of Hospice programs, third-party payors, local health planning agencies, the Virginia Health Care Association and the Virginia Medical Assistance Program, the Bureau of Medical Facilities Services and the Division of Health Planning and Resources Development of the Virginia Department of Health. (Please refer to Appendix A for a complete listing of the members of the Hospice Advisory Committee.)

The Committee charge is as follows: to formulate recommendations to the 1981 General Assembly of Virginia relating to appropriate standards for quality Hospice programs, the appropriate mechanism for monitoring the quality of Hospice programs, and the necessity of specific reimbursement for both the home and in-patient components of Hospice programs. Initially, the Hospice Advisory Committee identified three major priorities needing committee attention: (1) the development of a working definition of Hospice, including a definition of related terms; (2) the establishment of a data system including the data elements which should be collected from existing Hospice programs; and (3) a recommendation regarding the appropriate mechanism for monitoring the quality of Hospice programs.

The Hospice Advisory Committee has met at least monthly since May, 1979. For information and background purposes, the Committee has performed a review of available literature and studies being conducted in other states across the country as well as extensive discussion of the priority issues. The Department of Health is confident that the efforts of this committee provide the necessary basis upon which final recommendations may be made to the Governor and to the 1981 General Assembly regarding the orderly development of quality Hospice Programs in the Commonwealth of Virginia.

STATUS OF HOSPICE PROGRAMS IN VIRGINIA: UPDATE

As of December, 1979, there are two operational Hospice Programs in Virginia. In April, 1979, Riverside Hospital in Newport News, Virginia was granted a Certificate of Need as a demonstration Hospice program. The Riverside program includes a seven bed in-patient component and home health care services provided in cooperation with the local health departments in the Peninsula Health District. Hospice of Northern Virginia, Inc. has been delivering Hospice Home Health Services since March, 1978 in cooperation with the Visiting Nurse Association of Northern Virginia and was granted a Certificate of Need as a Demonstration Hospice Program in June, 1979. Hospice of Northern Virginia, Inc. received approval to renovate the Woodlawn School in Arlington to include a fifteen bed in-patient component and to provide a basis of operation for the Home Health care component and other Hospice staff. Completion of the renovation is expected in late 1980.

An additional Hospice program at Roanoke Memorial Hospital in Roanoke has been granted a Certificate of Need as a demonstration Hospice program. Roanoke Memorial Hospital proposes a ten bed in-patient component and home health services provided in cooperation with Roanoke and Salem Cities and Roanoke County Health Departments. The program is expected to commence operation in February, 1980.

Additionally, in October, 1979, the U. S. Department of Health, Education and Welfare announced that twenty-six Hospice programs will be eligible to participate in a nationwide study of Hospice and receive waivers for certain Medicare/Medicaid requirements which restrict the reimbursement for hospice services. Two of those twenty-six programs are in Virginia: Hospice of Northern Virginia, Inc., and the Medical College of Virginia Cancer Rehabilitation and Continuing Care Program. The Medical College of Virginia Cancer Rehabilitation and Continuing Care Program is a certified home health program which offers nursing, occupational therapy, physical therapy and speech therapy to cancer patients. It is expected that these waiver provisions and study objectives will be initiated in April, 1980, and will be in effect for two years. An additional six months will be required for the evaluation of the demonstration projects.

The Virginia Medical Assistance Program filed an application with the Department of Health, Education and Welfare for similar waivers of Medicaid restrictions on reimbursement for hospice services. However, as of December, 1979, the Department of Health has not been notified as to whether the Virginia Medical Assistance Program will be eligible to receive the waivers.

INTERIM FINDINGS - PRIORITY ISSUES

A. Working Definitions and Description

The Hospice Advisory Committee recommends that the following definitions and description of Hospice programs be utilized as the basis for development of quality care standards in the Commonwealth of Virginia:

Definition of Hospice

"Hospice shall mean a coordinated program of home and inpatient care under the direction of an identifiable Hospice Administration providing palliative and supportive medical and other health services to terminally ill patients and their families. Hospice shall utilize a medically directed interdisciplinary team of professionals and volunteers. A Hospice Program of Care shall provide care to meet the physical, psychological, social, spiritual and other special needs which are experienced during the final stages of illness, and during dying and bereavement. The care shall be available 24 hours a day, seven days a week and shall be provided on the basis of need."

Definition of Terms

- 1) "Hospice patient" shall mean a terminally ill patient, with a life expectancy of six months or less, who, alone or in conjunction with designated family member(s), has voluntarily requested admission and been accepted into a hospice program for which the Department of Health has issued an operating Certificate of Need.
- 2) "Hospice patient's family" shall mean the hospice patient's immediate relations including a spouse, brother, sister, child or parent. In addition, other relations and individuals with significant personal ties to the hospice patient may be designated as members of the hospice patient's family by mutual agreement among the hospice patient, the relation or individual, and the hospice team.
- 3) "Identifiable hospice administration" shall mean an identifiable administrative group, that has a distinct organizational structure, accountable to the governing authority, either directly or through the governing authority's chief executive officer, for all aspects of the program.
- 4) "Interdisciplinary team" shall mean the patient and the patient's family, the attending physician, and the following hospice personnel: physician, nurse, social worker, patient's care coordinator, and trained volunteer. Providers of special services, such as allied health, clergy, mental health, and pharmacy, shall also be included on the team as the needs of the patient dictate.
- 5) "Bereavement service" shall include counseling and support services to be offered during the bereavement period, which is that period of time before and after the death of a loved one.
- 6) "Palliative care" shall mean that treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient and family as they experience the stress of the dying process, rather than the treatment aimed at investigation and intervention for the purposes of cure or prolongation of life.

In recommending the above definitions, the Hospice Advisory Committee also wishes to recognize that various organizations, including hospitals, nursing homes, or community groups, may serve as sponsors for the development and implementation of a hospice program of care.

Description of Hospice Services

The goal of a Hospice Program shall be:

- 1) To provide support and care for terminally ill patients and their families as they go through the dramatic life experience of progressive disease and ultimately the final stage of death.

Specific Objectives of a Hospice Program shall be:

- 1) To assist the terminally ill patient to live as fully as possible within a dependable support system including family and multidisciplinary team.
- 2) To focus the coordinated efforts of a hospice trained interdisciplinary team (including patient/family) on the control of physical, mental, emotional and spiritual symptoms to allow self management, maximum comfort and optimal living, peaceful death, and the resolution of loss.
- 3) To provide appropriate and less expensive alternatives to prolonged acute care hospital stays through appropriate home health services and flexible back-up inpatient services.
- 4) To supplement, not duplicate, existing services.
- 5) To educate health professionals and lay people relative to appropriate care for the terminally ill patients and family.

The Hospice program of Care shall consist of home care and in-patient components. The emphasis in the program is placed on the home care component. However, temporary in-patient care may be utilized for the following purposes:

- 1) Temporary or intermittent care in order to control symptoms, modify the treatment regime;
- 2) Respite care of a short term duration in order to relieve the family or patient;
- 3) Terminal care when care at home is not possible.

B. Data Systems and Data Elements

By January 30, 1980, the Department of Health and the Hospice Advisory Committee will implement a data system for collection of patient and program information. Monthly reporting of data and a quarterly summary and analysis of the collected data will be part of the data system. The Department of Health will make every effort to coordinate with the data collection system being developed by the Department of Health, Education, and Welfare. The Department of Health has requested

that all Certificate of Need approved Hospice programs in the Commonwealth participate in the data collection effort. All approved Hospice programs, i.e. Riverside Hospital, Hospice of Northern Virginia, Inc., and Roanoke Memorial Hospital, have agreed to participate in this aspect of the study.

C. Quality Assurance Mechanisms

The Department of Health and the Hospice Advisory Committee conclude that although quality assurance is necessary and essential to appropriate hospice program development, the mechanism for assuring such quality is difficult to determine. Hospice is, and should remain, a flexible, innovative concept for delivering care. The appropriate mechanism to ensure quality of care, while preserving flexibility, has not yet been defined. Licensure and (or) certification are among the options being considered to achieve this goal.

The Department of Health and the Hospice Advisory Committee are not prepared to make a final recommendation on the appropriate quality assurance mechanism. However, resolution of this issue will be a continued priority during the second and last year of the Hospice Evaluative Study.

D. Reimbursement

The Department of Health and the Hospice Advisory Committee have recognized the importance of questions regarding reimbursement of hospice services. However, the Department and the Committee concur that definitions, program standards, and data must be available prior to the Department making a final recommendation on reimbursement. The resolution of the issue of reimbursement will be a priority for the second year of the study.

PRIORITIES FOR SECOND YEAR OF STUDY

In addition to addressing issues of quality assurance mechanisms and reimbursement alternatives, the Department of Health and the Hospice Advisory Committee, during the second year of the study, will develop standards relating to the availability, accessibility, acceptability, continuity and costs of the delivery of hospice care.

APPENDIX A

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