Hospice News VOICES

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This article is sponsored by KanTime. In this Voices interview, Hospice News sits down with Jeri Vaughan, Director of Product Management at KanTime, to explore the diversification of hospice and palliative care services. She breaks down the key benefits of hospice service expansion and the role staff training plays in this process. She also addresses the most pressing financial and operational challenges providers face when expanding their service lines, and the steps they can take to overcome them.

Editor's note: This interview has been edited for length and clarity.

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Q: Hospice News:
What life and career experiences do you most draw from, in your role today?

Jeri Vaughan: I have experience as a consumer of hospice benefits, as a leader of a hospice agency, and now as a vendor in the post-acute care industry, which provides me with a unique perspective. My mother had pancreatic cancer, and I served as her primary caregiver while also managing a hospice agency. Starting my journey with hospice, knowing I would eventually be a consumer of the benefits, profoundly influenced how I led our agency. It's been enlightening to experience both sides of the benefit.

In my current role with KanTime, I interact with providers across the post-acute care spectrum throughout the United States. This allows me to draw from their industry knowledge as well as my personal and professional experiences to help shape and refine our EMR solution to better meet the needs of clinicians.

Q: Hospice News:
What are the benefits of expanding hospice services to include palliative care and other specialized programs?

Vaughan: Ultimately, it's about meeting patient needs across the care continuum. We know that the hospice benefit is clearly defined to cover just the last six months of life, while home health is designed for recovery and rehabilitation. This creates a major gap between benefits, as many patients with complex care needs don't fit neatly into either category.

Medicare offers professional services that help fill this gap with benefits like chronic care management and palliative care, and continue to innovate with newly structured programs such as Guide. Over the last 20 years, we've seen a shift from acute to post-acute care. For agencies considering service line expansion, this shift means they must be equipped to meet the demands of referral sources. Expanding services not only draws clients to the practice, but also improves patient care by ensuring patients are in the right setting, at the right time, with the right caregivers who understand the fluidity of end-of-life care.

By placing patients at the appropriate level of care and transitioning them to professionals who understand the benefits, agencies can avoid the costly callbacks common in hospice today. This approach helps maintain continuity of service while managing patient transitions more effectively.

Q: Hospice News:
What are the key challenges providers face with service line expansion?

Vaughan: Understanding the details of each of the service delivery models is critical. For hospice, there is a specific set of participation conditions and a clear playbook for delivering the hospice benefit. In contrast, services like physician driven services at home and palliative care are more loosely defined. The real challenge is translating each Medicare benefit to meet the market needs.

Palliative care is a professional service with relatively gray guidelines, which can vary depending on the payer or the setting. Agencies also need to consider the rules of their own certifying body. Many providers struggle with delivering services, adapting them to their market needs, and accurately coding and billing for them while meeting medical necessity guidelines.

Q: Hospice News:
What strategies can hospices employ to ensure the financial sustainability of new service lines such as palliative care and bereavement support?

Vaughan: In many instances, hospices fail to realize that the building blocks for these ancillary services and programs are already embedded in their existing care teams. Financial sustainability requires the examination of cost-to-profit ratios, so providers must consider how expensive it will be to create a new business line, whether from a staffing perspective or other resources. Agencies should conduct an internal survey and consider the potential reimbursement they could receive by exploring these alternative models.

Q: Hospice News:
What role does staff training and development play in the successful diversification of hospice and palliative care services?

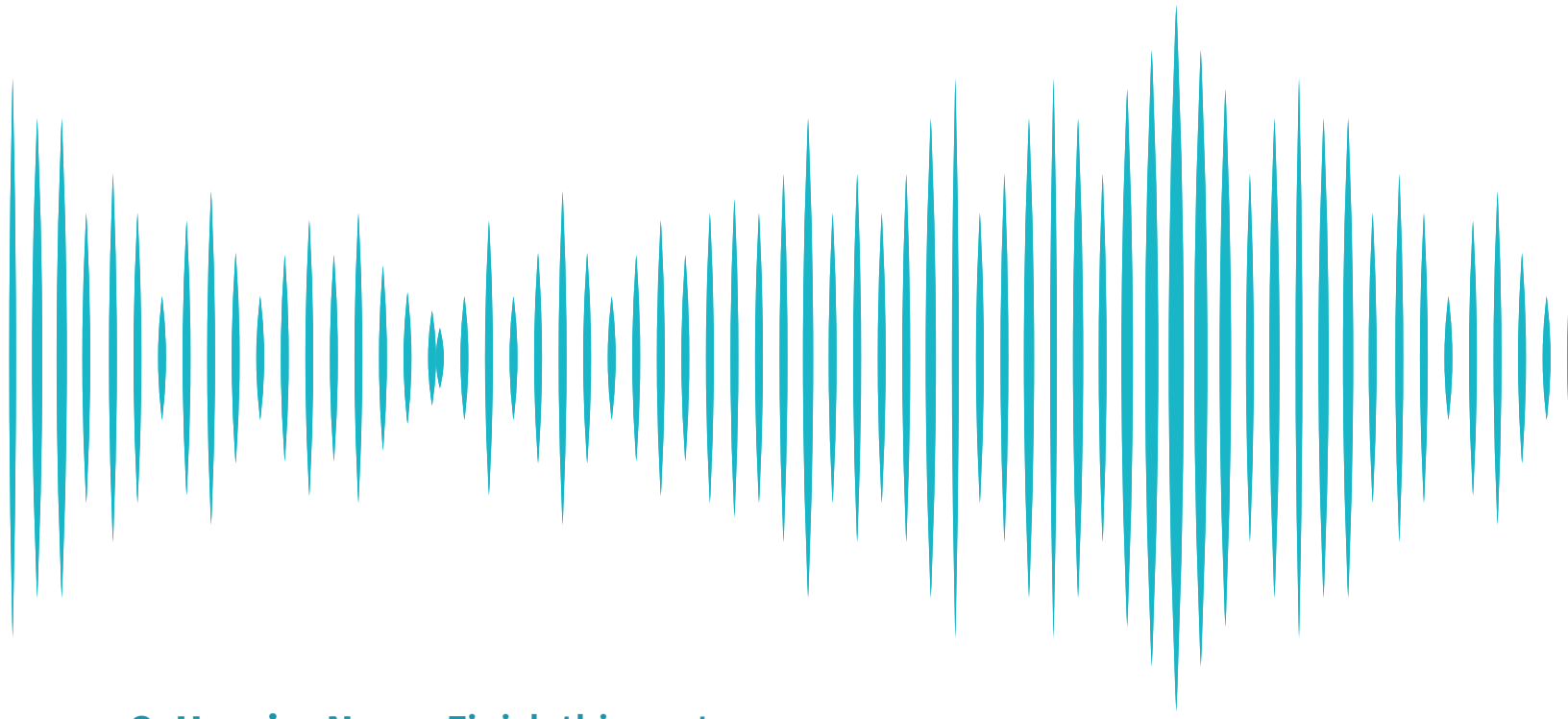
Vaughan: It begins with understanding the carve-outs for the types of services being offered. Whether you are delivering hospice, palliative care, or any other ancillary service, medical necessity and terminal prognosis must be documented. Specialized training to understand both the benefit being delivered and the documentation criteria is essential.

To train someone effectively, the agency must first understand these intricacies themselves. When agencies focus on professional provider-driven services, medical necessity is crucial for every element being delivered to the patient.

Q: Hospice News:
How can hospices collaborate with other health care providers to broaden their scope of services and improve patient outcomes?

Vaughan: Many delivery settings can benefit from the expertise of a hospice or palliative care provider. The industry knows that end-of-life care is a sensitive subject, and providers are often not well-versed or comfortable discussing death and dying.

Hospices have a specialized skill set for navigating this delicate subject that can benefit other settings within the care continuum. For example, palliative care consults in hospital settings can be valuable, especially when curative outcomes are no longer realistic and providers struggle with having the right conversation. Hospices, with their specialized skills, can support these settings effectively and should explore partnerships in their markets to deliver these valuable skill sets.



Q: Hospice News: Finish this sentence:

In the hospice space, 2024 will be defined by...

"The regulatory scrutiny of the hospice industry, forcing providers to explore alternative revenue streams that will fill the population needs between the hospice and home health models."