Centers for Medicare & Medicaid Services
COVID-19 Call with Home Health, Hospice & Palliative Care
June 9, 2020
3:00 p.m. ET

Operator: This is Conference #: 7359947

Alina Czekai: Good afternoon, thank you for joining our June 9 COVID-19 call with Home Health, Hospice and Palliative Care providers.

This is Alina Czekai leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma.

Today we are joined by CMS leaders as well as providers in the field who have offered to share best practices with you all.

I'd first like to turn it over to Jean Moody-Williams, Acting Director at the Center for Clinical Standards in Quality for and update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Great. Thanks Alina and hello everybody. Thank you so much for joining the call today.

Always great when we have this opportunity to come together to give you a few updates and more importantly to share information on best practices and really what's happening in the field from colleagues that are on the front line.

So, just a couple things before I turn it over, we have two wonderful speakers this afternoon that we want to hear from. As I always do, first I always don't want to take your time and you work for granted. And so, I continue to thank you for all you're doing for the patients and the family members, the caregivers that you work with on a day-to-day basis. It is indeed so important.

And we have put out – we are now going to twice a week gatherings now so that we can ensure that we have fresh information to give you. There have been a number of events that have occurred between the last time we've talked as far as guidance. So, I hope that you are checking in on our website to see what's there.

We – I think I mentioned to you before that we were starting to collect, for the first time, information from nursing homes through the National Healthcare Safety Network System of the CDC on COVID-19 in nursing homes as far as the number of cases and the number of deaths as well as the staff and what the status was. That data was collected, they are now available on the CMS website.

So, I do encourage you to go and see what's happening in your surrounding communities because obviously that impacts those particularly in hospice that may need to go and provide services in the nursing home. But also, even in the home setting as people consider what options are available to them.

Today, we did post just not too long ago some new guide for patients and beneficiaries as they consider their in-person care options for returning for the various places as people begin to reopen.

During the height of the pandemic many healthcare systems and patients postponed non-emergency in-person care in order to keep themselves and their family members safe as well as the providers and to ensure capacity to care for those that were in need of being in hospital beds or in other healthcare settings.

So, as we now begin to kind of shift as to the more availability of the services, we have posted considerations for the states and again patients and providers to consider as recommendations to ensure that non-emergency healthcare services can resume and that they can resume safely and that patients are receiving that necessary in-patient treatment that they may have postponed due to the health emergency.

So, please go on and take a look there the kind of suggestions that are made as people begin to go back into the offices and – or have those surgeries or things that may have postponed.

We're also looking in the offsetting to see what additional guidance's we need to put out over the next couple of weeks. And appreciate any feedback that you have there.

I also want to bring to your attention that hospices can now access CMS recordings about HQRP, the Hospice Quality Reporting Program Development, with the Hospice Outcome and Patient Evaluation or HOPE tool. And as a reminder, the HOPE tool provides Hospice with real time patient assessment to better understand care needs through the Hospice stay and contribute to the patient's care with the ability about – needed for outcomes and quality measures.

So, you can start to download that from that particular website and we have released the updated Hospice QRP provider preview report and this also allows providers to review quality measures data prior to displaying them in our Hospice Compare Site in August.

So, you now have in the midst of the 30 day preview period which began on May 28th and it will end at the end of the month on June 29. So, we do encourage you to please take advantage of that and go in and review your data from that – from that period.

And so with that, I would like to transition to our two guest speakers for the afternoon and upon completion of their presentations we will take any questions that you may have for CMS or for our speakers.

So, it really is my pleasure to introduce first Tarrah Lowry who is the President and Chief Executive Officer at Sangre de Cristo Community Care and she has a passion for expanding access (inaudible) in rural and frontier communities. And so, we would certainly like to welcome you and I'll turn it over to you.

Tarrah Lowry: Thank so much. I am the President and CEO of Sangre de Cristo Hospice and Community Care. We provide Hospice, Home Health and Palliative care to 22,000 square miles of Southern Colorado. That does include a lot of rural and frontier communities.

Some of our patients are 80 miles one way from our nearest office. So, the way that we deliver care sometimes is different due to those patients being way out in the middle of nowhere.

So, when I was asked to speak today I was trying to think of something that would be beneficial as far as insights and best practices, and something that might be a subject that some people have not touched on, so I thought I'd focus on the importance of relationships. And I mean relationships with our hospitals, our facilities during this time.

I know in some of our rural communities, we have become a very trusted partner during this time because of the way that we have been able to help each other through COVID, whether that's sharing best practices, sharing ideas on where we can PPE, how we can help in our communities that we're serving and then being able to come along side them and follow the rules and regs that they have in place to try to keep their staff and their patients safe during this time and go along with that.

We've been able to work together, whether it's weekly calls with their COVID response teams, sharing best practices and then, of course, when we have had facilities that have had outbreaks, being able to have a COVID specific team that has went into those facilities to be able to take care of any the patients that are not wanting to seek aggressive treatment.

Some of them may not have even done test, but have – they're presumed positive based on what their symptoms are. And to be able to go in as hospice providers and provide that care during that time.

In some facilities, it also means that the staff all get sick. So sometimes the COVID hospice team is really doing a lot of work in those facilities. And when we come out the other side of that and the facility is not COVID positive anymore, our relationship with that facility has sure grown a lot based on us really truly being a partner and a team member for them during those hard times.

Some of the things that we have done to just be a better partner are having a specific COVID teams. So we have a team – and they were – they go in and take care of COVID positive or presumed positive patients only.

They're going into facilities or into homes where we either suspect COVID or they have a positive test they have been given. We're also doing regular testing on staff that are going into facilities because the facilities are very worried about having staff come in that could possibly be asymptomatic and coming in and sharing that with their residents.

So we are providing up to date testing at the same rate that the facilities are for any staff that they are letting into their facilities. One of the things that has really helped our organization is expanding the virtual visits and telehealth visits.

By reducing the regulatory burden and expanding telehealth use, we've been able to continue to meet the needs of patients and families that we might not have been without this. So I'm really thankful to the administration for what they did for us with the expansion of telehealth.

Relationships in regards to nursing facilities – I know that the administration has tried to help allow us to – for them to allow us to go in and care for our patients. And we're making some good strides in that area.

It's not perfect yet. But we have seen some facilities relax a little in regards to either blocking admissions or not allowing our staff in. And part of that – the ongoing communication that we have with their leadership and their staff on what we are doing to keep our staff safe.

Which a lot of times is even more or at least what they are doing with their own staff. And we've seen some of them relax and let us come in and do more than what they did before.

For the ones that haven't, they have allowed us to do a lot more telehealth visits, so that we can still provide the full gambit of what hospice is to the patients and the families. And we're starting to see some referrals coming from facilities.

It's starting to pick up a little bit more than it was before. And I think one of the important things that we bring to the table especially in hospice is that we are so much more than just nursing care.

We can help families during this crisis in a way that no one else can. I know of patients that we've cared for and where they have COVID or even some that didn't and they are in a facility and it's – the facility's locked down.

These patients are spending all of their hours in one room. Their families are not able to see them. And it's not only stressful on the patients but it's absolutely heartbreaking to the families as well.

So being able to provide that full care that we are able to provide in hospice makes a big difference. Social workers, Chaplains – they play a huge role right now in what we're doing.

We've been able to expand our bereavement and offer it more to the community because there are a lot of people hurting right now and needing help. And I just love that hospices are able to do that.

So I'm just thankful for CMS and the administration for seeing the importance of home based care and end of life care – not only during COVID, but in general because home health, hospice and palliative care are very important.

And we have so much to offer during this time and in regular times as well. So thank you for letting me speak.

Jean Moody-Williams: Thank you for speaking, and you certainly have a great deal to offer during all times. And I think all providers have really stepped up to the plate as we deal with this emergency situation.

So with that I'd like to move to Carolyn Flietstra who is the Executive Vice President in Home and Community Services for Christian Living Services. Carolyn?

Carolyn Flietstra: Thank you. And thank you so much for this opportunity to share today. Our organization does serve seniors across a continuum of care that includes home health, hospice, palliative care, some state funded programs, and pace as well as some residential services.

And we serve West Michigan which was fortunate to be one of the later regions to experience the same COVID transmission. So we did have the benefit of having more preparation time.

I want to talk today – and Tarrah touched on some of this – but about the benefit that we've seen in some of the waivers for use of platforms like Zoom for virtual check-ins for hospice and home health patients.

Telehealth visits for our palliative patients. It really has become a spring board for a number of helpful innovations for us and that's kind of what I'm going to focus on.

Like Tarrah also mentioned we have or are using the DO technology to increase or supplement communications and virtual support for our home health and hospice patients and their families.

We have also used it in combination with in person visits. So we find that our older patients really have a lot more difficulty hearing us during in person visits when we must – we are wearing masks when we visit.

And that can really muffle our voices. Many of our patients are – have some hearing deficits and so they depend on lip reading to help their understanding of our articulation. So in some cases we'll actually use the video call from the driveway to start the history part of the visit.

And then the clinician adds their PPE and goes into the home and performs the physical parts of the visit and fills in the gaps. So that has been an unexpected thing that was really helpful – that combination.

The video capability also very helpful for urgent after hours calls. So nurses can assess the situation more quickly than driving to the home. And in some cases, that makes the difference between being able to avert an emergency department visit.

And we also use it for those patients who are afraid to allow us to visit in person because they fear contracting COVID-19. And certainly we are also

using it for bereavement visits with hospice families and those who need those services but are uncomfortable being in person.

Second, we use this technology to rapidly implement physician telemedicine visits for our palliative care clinic population. And our patients love the telemedicine option.

They love not being required to physically come to the clinic, which is really hard for some of them – especially those who are really fragile. In our palliative care practice, our EMR categorizes almost a 100 percent of our patients as fragile meaning due to factors like immunosuppression or advanced age or COPD, cardiac disease, that kind of thing.

We also use that same technology for – the video technology – for hospice and home health staff meetings. It's just a really efficient way for us to push out changes quickly to our field base, clinical staff and it allows more time with patients because they don't have as much travel time.

That communication is just – with our staff during this time – is so important, I think CMS has done a great job giving us a lot of flexibility, but that means that's a lot of communication that we need to do with our staff to make sure they understand how they can use that as well.

And last we are using that video meeting platform to hold weekly physician update and services for our management teams and our clinical staff.

So the format of this is just 20 to 30 minutes of content followed by Q A, not terribly unlike this call. They are presented by our medical directors for our home health agencies, our hospice and our skilled nursing facilities.

We record them in Zoom and then upload them to our internal website and our staff's know that it's curated information. Our physicians research in advance for anything that's new and reliable that week that's related to treatment or medical knowledge around SARS-CoV-2.

They cover local hospital inpatient statistics as well as local regional trending, diagnosis, death rates, that kind of thing.

And they've identified some really good sources of truth from the perspective of a researcher, like certainly the CDC sites, the Johns Hopkins dashboard, that of our state and local health departments.

They have covered the science of screening and distancing and mass – and preventing further transmissions and then these recordings are available to all of our staff across the whole continuum.

And the thing that's done for them is given them the confidence that they have a very current knowledge base as well as the courage to know that their practice is based on science and not what they might be hearing other places.

So it really has helped our clinical team's confidence and comfort and caring for COVID patients, COVID positive patients on ongoing basis, but also – really all their patients.

So that's something we really hope that we continue to have this flexibility to use in a variety of ways, going forward we think it is really an excellent solution to continue to care for patients even when there's times of nursing shortages, whether it's due to geography or pandemic.

So as well as really continue to deliver some good care interaction that patients prefer. So with that, thank you again for the opportunity to share how we are working differently to better care for COVID positive, but also for all of our patients during this pandemic.

Jean Moody-Williams: Yes, thank you. I think that is a good point, that there are some things that we're learning that are going to be useful if we should have a phase twoh the pandemic where as we continue to manage through.

But many of the things we are learning are really things that we should be carrying through for all of our patients in patient care, so appreciate you bringing that point up.

I would like to – if I could ask the operator if we could please check to see if there are any questions on the line for CMS and for our speakers.

Operator: As a reminder, if you would like to ask a question please press "star" followed by the number "1" on your telephone keypad.

Once again, to ask a question please press "star," "1" on your telephone keypad. Your first question comes from the line of Kristen Plumvick, your line is open.

Kristen Plumvick: Thank you, I'm just wondering how close is Congress to changing the laws for CMS to be able to reimburse the use of telehealth in both home care and hospice.

Jean Moody-Williams: Wow, I cannot predict anything about Congress, but thank you for the question.

I do know that it is being widely considered – you're voices, of course, are the most important ones when it comes to being able to make change at – from the legislative perspective.

Generally, when CMS is consulted it's to give technical assistance on how things operate or – unless we're making a proposal ourselves.

So I can't give you an exact timeline, but we continue to look to see what we can do within our own regulatory authority to meet some of the needs that have been requested.

Kristen Plumvick: Thank you for that and the other question I wanted to ask is I did read in a release from Seema Verma that in the interim here with the PHE, that for telehealth you were able to write off administrative and general costs related to COVID on your cost report. Is that information correct?

Jean Moody-Williams: Let me check to see if I have my CM colleagues on the line that can speak to the telehealth.

I don't think they are. We do have Office Hours today. That would be a great question to – I think it's today, correct Alina?

Alina Czekai: That's correct, at 5:00 p.m. Eastern today.

Jean Moody-Williams: Yes. Yes, that would be a great question, they have all the payment experts on that call.

Kristen Plumvick: And may I have that number please.

Jean Moody-Williams: Sure, we'll give it at the end and how you can connect. And I encourage any of you that have really technical questions to call into that, because they do a really good job of explaining things that you might be facing on a day to day basis, thank you. And we'll give the number out at the end.

Kristen Plumvick: Great, thank you.

Female: Yes.

Jean Moody-Williams: Any other questions?

Operator: Once again, if you would like to ask a question please press "star," "1" on your telephone keypad.

Jean Moody-Williams: So if no other questions, let me turn to Alina and perhaps she could give out that information for office hours.

Alina Czekai: Sounds great, thanks Jean and thanks everyone for joining our call today.

As Jean mentioned we have our CMS COVID-19 Office Hours later today at 5:00 p.m. Eastern and that's where we'll have all of our CMS subject matter experts on the line.

I think the easiest way to find the dial in for that call, rather, is by going to CMS.gov/outreach-education-partner-resources.

Or you can simply Google "CMS COVID-19 partner toolkit" and that is our webpage where we list all of our calls, the dial in information, the links and again, that call is later today at 5:00 p.m. Eastern.

And in the meantime you can continue to direct email questions to our COVID mailbox, which is COVID-19@CMS.hhs.gov.

And again, we appreciate all that you are doing for patients and their families around the country as we address COVID-19 as a nation. This concludes today's call, have a great rest of your day.

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