

**Testimony Submitted to the Committee on
Health on Behalf of Capital Hospice**

By Jade Gong, MBA, RN

Hearing on the Long Term Care Reform Act of 2006

Bill 16-704

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Good Morning Council Member Catania and Members of the Committee on Health. Thank you for the opportunity to offer my comments before this Committee on long term care reform in general and hospice care in particular to the residents of the District of Columbia.

My name is Jade Gong, and I am speaking here today on behalf of Capital Hospice, an organization on whose Board of Directors I have served for 8 years (until 2005). Capital Hospice is a non-profit hospice that has served the Washington metropolitan area, including the District of Columbia, Prince Georges County, and Northern Virginia since 1977. In a professional capacity, I have focused my consulting practice on assisting hospital and nursing home providers, communities, and states to develop and expand home- and community-based programs, including hospice, Programs of All Inclusive Care for the Elderly (PACE), case management programs, and other components on an integrated care delivery system for the disabled, chronically ill, and frail elderly in our communities. Thus, I am deeply committed to seeing that hospice and home- and community-based services are fully and widely available in the District of Columbia.

Capital Hospice supports the goal of the Long Term Care Reform Act of 2006 to promote the delivery of long term care services in the least restrictive setting. The Report of the Long Term Care Task Force of 2006 provides an excellent roadmap for rebalancing the long term care delivery system in the District of Columbia. We further believe that the provision of hospice services is integral to offering a full continuum of care. Ultimately, the provision of hospice services in the community and in nursing homes will improve the quality of care for all residents and reduce health care utilization at the end of life.

Every day, our dedicated hospice teams serve over 600 people in private homes, assisted living facilities, hospitals, and nursing homes across our region. Of this total, we care for about 55 people every day in the District of Columbia, and 11-12 of these people reside in nursing homes. Capital Hospice also has contracts with 15 area nursing homes in the District of Columbia.

The Need for Hospice Care in the District of Columbia

Although we serve the District of Columbia, Capital Hospice sees a tremendous unmet need for providing hospice services to the residents of the District of Columbia, and especially in collaboration with nursing home providers. The Dartmouth Atlas of Health Care 2006 reports that only 18.9 % of decedents in the District of Columbia are enrolled in a hospice program during their last six months of life as compared to 27.2% in the U.S.

The following statistics from the Dartmouth Atlas of Health Care 2006 illustrate that opportunities exist to reduce health care utilization in the District of Columbia at the end of life:

- ◆ Decedents in D.C. spent an average of 15.8 days in the hospital during the last 6 months of life as compared to an average of 11.7 days in the U.S.
- ◆ 24.8% of deaths in D.C. were associated with an admission to intensive care as compared to 18.5% in the U.S.
- ◆ Medicare spending during the last two years of life was \$39,637 for decedents in D.C. as compared to \$29,199 for decedents in the U.S.

We also know that there is a great need to improve pain management for nursing home residents who are terminally ill. Research undertaken by Brown University and funded by the Robert Wood Johnson Foundation (Facts on Dying.com) offers the following findings:

In 2001, more D.C. residents died in the hospital and fewer died at home or in nursing homes:

- ◆ 12.0% of D.C. residents died at home as compared to 23.2% in the U.S.
- ◆ 66.4% of D.C. residents died in hospitals as compared to 49.2% nationally.
- ◆ 17.0% of D.C. residents died in nursing homes as compared to 23.7% nationally.

In addition, almost twice as many D.C. residents reported having excruciating pain as compared to the nation (7.7 % rather than 3.7%).

Similarly, on many other indicators, DC fell below others in the nation in providing advanced directives.

Our Services

As a Medicare certified hospice, we provide expert and compassionate end of life care to hospice patients regardless of the setting in which they live and their ability to pay for that care. Hospice is a Medicare benefit as well as Medicaid benefit in most states, including the District of Columbia.

- ◆ As such, all hospice service, medications, supplies, equipment, and therapies related to the hospice plan of care are completely covered by the hospice program.
- ◆ Hospice offers a multi-disciplinary approach to end of life care that includes nurses, social workers, pastoral counselors, etc., to allow the patients and their families to be included in the hospice plan of care.
- ◆ Our expert pain and symptom control allows patients to remain where they live rather than be sent to a hospital or other setting to die unless absolutely necessary.
- ◆ When our hospice staff works with a hospice enrolled patient in a nursing home, we also help to improve pain and symptom management throughout the facility. Expert pain and symptom management by the hospice team not only means a good quality of life for the patient, but collaboration of the nursing home staff with the hospice staff and subsequent learning also translates into improved symptom management for all patients regardless of whether or not they are enrolled in hospice.
- ◆ Hospice staff also offers educational programs to facility staff on topics such as grief and loss, pain management, advance directives, hospice in long term care, and the care of patients with dementia.

There is a great need for pain management and hospice services for patients in nursing facilities. Research has shown that many patients in nursing homes suffer in pain, and improving this situation will go a long way towards improving the quality of care and quality of life for nursing home residents everywhere, and particularly in the District of Columbia.

Our Recommendations

Capital Hospice is committed to working closely with every hospice eligible patient and every nursing home to ensure that high quality, compassionate hospice care is available to residents of the District of Columbia wherever they live. Not only will hospice improve the quality of life for hospice patients and their families, but the costs of end of life care are reduced.

Capital Hospice offers the following recommendations to the Committee on Health and it seeks to increase the provision of home- and community-based services as well as improve the quality of care in nursing homes.

- ◆ We urge the D.C. Council to make every effort to ensure that only hospice certified providers offer care to residents of the District of Columbia in all settings of care. **A hospice provider can be sponsored by a variety of organizations, including, long term care providers, home health agencies, or hospitals. However, all certified hospice providers must meet federal conditions of participation and provide the full range of hospice benefits to dying patients and their families.**

- ◆ We urge the D.C. Council to ensure that hospice benefits are available through the Medicaid state plan as well as for any Medicaid waived programs that are now available or developed in the future. **In addition to improving the quality of life for dying patients and their families, utilization of the hospice benefit is shown to reduce health care utilization at the end of life and, in turn, Medicaid expenditures for those recipients.**

- ◆ We urge the D.C. Council to encourage nursing homes to contract with certified hospice providers and to ensure that the hospice benefit is fully available to residents of nursing homes. **When hospice benefits are provided to dually-eligible residents of a nursing home, the Medicare programs pay for hospice benefits that in turn improve the quality of care and quality of life of nursing home residents.**

Capital Hospice is committed to ensuring that hospice benefits are available to every district resident, including those who reside in nursing homes. Thank you again for this opportunity to address the D.C. Council on Health on the provision of hospice services in the District of Columbia. Capital Hospice looks forward to being of assistance to the D.C. Council as it moves forward on long term care reform.

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Jade Gong, MBA, RN, is a Senior Advisor of the Health Dimensions Group. Ms. Gong has almost 25 years of experience at the interface of policy, strategy and reimbursement. Ms. Gong has considerable expertise in understanding the financial and operational impact of Medicare and Medicaid reimbursement policy on post acute providers and identifying new program opportunities. Her practice focuses on the development of home- and community-based systems of care.

Ms. Gong is currently undertaking feasibility studies and operational reviews for Programs of All Inclusive Care of the Elderly (PACE), an innovative program delivering integrated and comprehensive care for the frail elderly. She assists numerous hospital and long term care clients in developing post acute strategic plans, business plans and market assessments for a variety of Home and Community based programs including PACE, hospice, and care management for high risk populations. Most recently, Ms. Gong has developed a Primer on Medicare Special Needs Plans for organizations interested in serving Dual Eligibles and persons with chronic conditions.

She began her career in Washington, DC as a consultant with Lewin and Associates, a nationally recognized policy consulting firm, where she focused on undertaking projects for state Medicaid agencies, the Health Care Financing Administration (now CMS) and other federal healthcare agencies. From 1989-1994, Ms. Gong was the director of reimbursement and finance for the American Health Care Association (AHCA), the national association representing subacute and long term care providers on Medicare and Medicaid issues. She represented AHCA before federal agencies including CMS and MedPAC.

Prior to earning her MBA, Ms. Gong worked as a critical care nurse in the cardio-thoracic intensive care unit of New York Cornell Medical Center. She received an MBA from the Yale School of Management in 1984 and a Bachelor of Science degree in Nursing, cum laude from New York University in 1980.

Ms. Gong is also active in national and local organizations. She serves on the congressionally mandated Geriatrics and Gerontology Advisory Committee of the Veterans Administration. She is currently on the Public Policy Committee of the National PACE Association.

In 2005, Ms. Gong was an at large delegate to the White House Conference on Aging. In her capacity as an advisor to the VA, she testified before Congress on how expanding the provision of home and community based care to the nation's veterans. She served on the Board of Directors and the Finance Committee of Capital Hospice, one of the nation's largest nonprofit hospices from 1998-2005 and on the Board of Directors of the Foundation of the American Society of Consultant Pharmacists.