

ah HA! News and Updates from



Research and Analytics to Improve Hospice Care

Summer 1 2015

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FREE InfoMAX Demo Webinar, July 23

Attend a **FREE, half-hour** webinar to learn more about the power of data in your management and planning processes.

July 23, 3:00PM EDT

Summer used to be all about lazy days under the maple trees, tall cold drinks, and taking it easy (in someone's universe). For Hospice Analytics, we're all heads-down working on bringing you an **exciting array of new products and streamlined services**. There's good news/bad news in this . . . the good news is the robust array of new reports and data sources you can use to strengthen your programs; the bad news is, we'll have to make some adjustments in our pricing models later this year. More on that later. Read on for details of the new products!

--Cordt, Jennifer, Cathy, and Joy

New Products and Services

Hospice Analytics Web site and data processing soon to be hosted on Amazon Cloud server!

This is one of those really Big Deals for the backroom crowd, but for the rest of us, think of it as the 'Bionic Server' - better, faster, stronger, and more reliable generation of your InfoMAX reports!

Hospice Cost Reports and Executive Summaries Now Available for Individual Purchase!

Executive Summaries and Cost Reports are included in our Premier *InfoMAX* subscriptions for specific service areas, but now any visitor to our [Web site](#) can select individual freestanding hospice Cost Reports or an Executive Summary for hospices nationally for immediate, automated purchase. **Cost Reports are the complete, itemized reports as submitted by hospice agencies to Medicare**, providing details on what hospices are spending on professional salaries and contract services; drugs, supplies, and equipment; patient and staff transportation; program features such as volunteer services or bereavement; fundraising; and so on. **For just \$150.00 per cost report**, you can gain access to vital business intelligence and competitive data for your service area in a few clicks.

Executive Summaries display key metrics for your

(12:00PM Pacific).

To register, send an email to [Jennifer Ballentine](mailto:jballentine@hospiceanalytics.com)

Hospice Analytics Info

Our Mission

Hospice Analytics is an information-sharing research organization whose mission is to **improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets.**

Collaboration with State Hospice Orgs

More than 50 percent of the State Hospice Organizations participate in Hospice Analytics' Market Reports Project. These State Hospice Organizations represent over 60% of the hospices serving over 70% of the hospice patients in the country. Substantial revenue is shared with participating non-profit State Hospice organizations.

Our Staff

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Hear What Our Clients Are Saying!

We have really come to appreciate you and the service you provide. It's

hospice side-by-side with state and national averages and your choice of 10 competitive agencies: mean and median lengths of stay; % beneficiaries died within 7 days, after 180 days, discharged alive; location of service; mean Medicare reimbursement, mean cost per diem; % net margin; payer mix; level of care; diagnosis. At a glance, you can see how your services and market penetration measures up, *all for only \$500 per summary.*

From the Hospice Analytics home page, select "[Purchase](#)"; then select the item you wish to buy; select state and counties and/or provider agencies by name; then pay with a credit card.

Four steps and done. You'll be emailed a link to download your selected reports with the credit card receipt. (We update cost report information from CMS every weekend, so if you don't see a report you need or want, just check back periodically.)



More Great Data Coming Soon!

Here's a preview of some other projects and offerings we're working on, scheduled for release later this summer and fall:

- **Physician referral data** -- reports on physicians in your service area and their record of referral to your hospice and your competitors. (See "Since You Asked" below for more detail.)
- **Reports modeling the new Medicare two-tiered payment structure** based on your patient history for budget projections.
- **Reports offering projections of ADC**, based on your hospice actual data and history, for budgeting and staffing plans.
- **Home Health Analytics**, offering functionality and rich data similar to what Hospice Analytics provides but for the burgeoning Home Health sector.

Hospice Analytics Partners with Moses Altsech, PhD, to offer marketing expertise

Dr. Altsech has a proven track record in providing marketing expertise to the hospice industry. He authored the Strategic Marketing Toolkit: Success Strategies for Hospice. Dr. Altsech will facilitate the session on marketing strategy at our upcoming [Basecamp](#) gathering in Denver. Here, he offers wisdom on using data effectively in decision making.

been invaluable to our work!

–Hospice CEO (TX)

This is really wonderful data! The report . . . has really helped our Board to picture where we are and where we need to go as an organization.

–Hospice Executive Director (NY)

I like your reports and find them invaluable to our business development work. Keep up the good work!

–Hospice Business Development Manager (WA)

Speaking & Teaching by Hospice Analytics

Hospice Analytics has offered workshops and plenary sessions on data analysis and utilization, strategic planning, and other topics at numerous state and national conferences. To arrange an engagement in your state or agency, contact [Jennifer Ballentine](#).

July 18, State Hospice Organizations Executive Roundtable annual meeting, Washington DC (Cordt Kassner & Jennifer Ballentine)

July 28-30, Louisiana-Mississippi Hospice & Palliative Care 2015 Leadership Conference, New Orleans (Cordt Kassner)

July 31, Hospice Analytics Basecamp, Denver (Cordt Kassner and Jennifer Ballentine)

Data-Driven Decisions? Not So Fast!

If you think everyone must be making data-driven decisions, chances are you're sorely mistaken! Yes, we talk a lot about data—collecting data, analyzing data, using data to make decisions—but not every organization actually makes the investment it should in data. Don't you dare think of that as a problem; it's actually someone else's problem, and it's your opportunity!



The hospice across the street, or across town, or in the next county makes ad hoc decisions based on the "word on the street," or national trends that may have little local relevance, or the idea du jour? Geat; let them! You, in contrast, can make smart, fact-based, data-driven decisions (thanks, in no small measure, to Hospice Analytics—but also thanks to patient satisfaction data or other data you actually collect).



But here's a point of caution: Having data, interpreting data, and using data are not the same thing! Data is vital. It's like fuel for your car: Without it, you're not going anywhere. But making sure you put the right fuel in the tank, having a driver's license, and a roadmap to where you're going are just as important: Without those, a full tank won't do you any good.

So how do you use data? You create systems that allow you to do so in a deliberate, purposeful manner: You create a Marketing Plan, you assess your brand and those of your competitors, you conduct a competitive analysis, you ensure you measure employee engagement within your organization, and more; in short, you ensure that you can make better data-driven decisions precisely because you act armed with strategic marketing know-how.

In fact, not only will your decisions be more effective, but they'll be more cost-effective as well. Investing some time and resources in the right kind of marketing program tailored specifically to your hospice is exactly what will add value to the data you collect, and ultimately leave your competitors in the dust.

"Since You Asked . . ."

The Hospice Analytics team is available to answer questions at any time. It's occurred to us that your questions—and our answers—might be interesting to others in the field. So we're adding this new feature to our newsletter. Each month we'll share a question and an answer. Let us know what you think!

Does Hospice Analytics provide information about physician "referrals" to hospice?

We will soon! Historically, CMS has clearly stated that any use of Medicare claims to identify individuals (including physicians—via NPI numbers used in

"Attending Physician" fields) is a violation of Data Use Agreements. However, CMS recently changed their position on this issue and now provides crosswalks from their de-identified NPI numbers to actual NPI numbers. While "referral" isn't quite the right term (because "referrals" are not captured in the claims), perhaps "shared services" is more accurate. Combining actual NPI numbers in the claims with the publically available NPI database opens up tremendous opportunities. For example, have you wondered:

- Which physicians saw patients within 30 days of admission to your hospice?
- Or, which physicians saw patients within 30 days of admission to another hospice?
- What percentage (and number) of patients from a particular physician were admitted to your hospice?
- What was the diagnosis mix of patients seen by that physician who were admitted to hospice?



Hospice Analytics already works with Hospice, Inpatient Hospital, Home Health Agency, and Skilled Nursing Facility Medicare claims. We recently acquired Medicare Outpatient Claims to deepen your understanding of information available to improve care for those near the end of life. Because *we* work directly with these files, *you* will be able to answer the questions above and much more. **Hospice Analytics Physician Reports are expected to be available this fall.** Please contact us with any questions or suggestions.

Opportunities and Announcements

Hospice Analytics and State Hospice Organizations

Hospice Analytics has "memoranda of understanding" in place with 33 state hospice organizations. These MOUs have several purposes, including sharing revenue with participating state hospice organizations. ***Since 2011, HA has contributed over \$21,000 to 30 state hospice organizations. HA is proud to support state hospice organizations through information as well as financial contributions.***

Your Input Requested--Planning for an Online Palliative Care Masters Degree Program

A taskforce at the University of Colorado Anschutz Medical Campus is considering offering a new degree program: Master of Science in Palliative Care. An interprofessional executive Masters, it would entail a three-week-long on-campus intensive combined with interactive on-line education. This program will

be designed for clinicians (physicians, nurses, PAs, and pharmacists) who are working but need or desire more training in Palliative Care. Those completing the program would be designated "Palliative Care Community Specialist." To gauge the interest in the Masters Program, the taskforce has prepared a brief survey. If you are a physician, nurse, or PA, please consider completing this 2-3 minute [survey](#).

Resources to Oppose Physician-Assisted Suicide

Physician-assisted suicide (aka "physician aid in dying," "physician-assisted death") bills have been introduced in **21 states**. Several other states have proposals or drafts in process, and lawsuits challenging laws prohibiting PAS have been filed in New York and California. (As of the end of June, however, **bills have been defeated or tabled in 12 states**: Maine, Connecticut, Rhode Island, New York, Maryland, Delaware, Tennessee, Iowa, Colorado, Wyoming, Utah, and Nevada. See updated [map of legal status of PAS](#) as of today.) **If it hasn't already, this issue will soon come to you**, and every hospice professional and agency will be called upon to provide accurate information, distinguish hospice from assisted death, and reassure patients and families that relief of suffering is both our specialty and our top priority. **Hospice Analytics has been following this issue very closely** and has assembled copious fact-based information as well as model position statements and legislative recommendations. Because there appears to be no national clearinghouse or centralized organization opposing PAS, we have **assembled opposition resources on our [Web site](#)**. For more information, contact **Jennifer Ballentine**, 303-521-4111.

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