



# The Bridge

Fall 2008, Volume 4, Issue 2

... *improving access to quality care for New Hampshire residents with life-threatening conditions*

## Distribution List

Hospice Directors, please PRINT and route to:

- Clinical Care Coordinators
- Social Work Coordinators
- Volunteer Coordinators
- Bereavement Coordinators
- Chaplains
- Administration
- Staff

## Inside this issue:

President's Note	2
ED's Update	4
CoP's Education	5
NHPI News	6
Christakis Article	7
Networking Group News	8
Committee Updates	10

## Health Care in a Web

The Care We Give One Person Can Have Positive - or Negative - Consequences on for the Health of Others Around Them

Consider an example: a factory making widgets pollutes the environment. This cost is born by people who are downstream or downwind. The cost is not born by the faraway consumers who purchase the widgets; nor is it reflected in the factory's balance sheet. In social science parlance these costs are "externalities"—they are consequences that affect parties other than those engaged in a transaction.

Another example is this: you make an investment to improve your garden, and your neighbor not only enjoys a better view but also benefits because the value of his home rises. Strictly speaking, according to economic theory, you should tax your neighbor to recover some of the value created.

This idea of externalities can be extended to health and health care. The care we give to one patient can have adverse health consequences (negative externalities) but may also have beneficial health implications (positive externalities) for others to whom a patient is connected and to whom they are in turn connected.

People are embedded in a vast and complex social network of ties to their friends, family, coworkers, and neighbors and, through those individuals, in turn, to their friends, family, coworkers, and neighbors, and thence on outwards, endlessly, into a vast fabric of humanity. This kind of structural perspective is crucial for

a better understanding of medicine and public health.

Treating women for postpartum depression may mean that they are likelier to vaccinate their children or treat their asthma, thus saving some children's lives. Replacing an elderly man's hip or fixing his cataract may reduce not only his disability but also his wife's. Preventing a woman's stroke may benefit not only her but also her friends. Providing better care at the end of life may reduce the risk of the surviving spouse dying during bereavement. Getting one person to quit smoking, lose weight, or become less depressed may improve the lives of numerous others connected to that person.

Patients care about such externalities too, of course, and have always acted accordingly. Think of patients who choose one form of chemotherapy over another because it imposes less hardship on their spouse, even if it means slightly more hardship or even a slightly smaller chance of survival for themselves.

These are very basic ideas, but they can have profound and complicated implications. Taking seriously the embeddedness of our patients in social networks has numerous consequences for clinical care and health policy.

Firstly, it means that clinical and policy interventions may be more cost effective than we have previously supposed and that some interventions may gain more than others in the accounting. Interventions that have greater positive externalities may rise in our estimation. If it costs, say, \$25,000 to replace a man's hip, and he gains four quality adjusted life years (QALYs) from this intervention, and if his spouse also gains one QALY as a result of having a more



Nicholas A. Christakis, MD, MPH, PhD

see *Health Care in a Web* on page 12

## From the President...



**“ The NH Pain Initiative link with the Senior Moments performers has been an excellent educational partnership ”**

NHHPCO has held fun events that create opportunities for networking across disciplines and geographic areas recently and provide continued support for our program priorities. If you missed the annual meeting, our theater event or the annual golf tournament please consider participating next year. Golfers and those who don't golf were all invited to support this fun and important fundraiser for NHHPCO on August 22. Many thanks to the Committee led by Mary Kazanowski and DeeMarie Pinfield for another successful year that included many wonderful donors and 60 golfers.

Members of NHHPCO enjoyed a new time and format for our annual meeting in May. It was great to meet many new hospice and palliative care professionals and other supporters who attended the annual meeting for the first time. There was an opportunity for informal networking as well as the official business, a national update on hospice care and terrific educational entertainment with Senior Moments performing 'I Haven't Got Time for the Pain'. The NH Pain Initiative link with the Senior Moments performers has been an excellent educational partnership and Kelly Doherty, ARNP,

has been delivering valuable information to complement the entertainment.

NHHPCO members and our supporters enjoyed an evening of wonderful theater with the Peterborough Players on July 1. We saw an Irish comedy with two very talented actors. This fun, networking event was made possible by Anne Hebert and many other NHHPCO volunteers. In opening remarks before the performance, our own talented executive director, Janice McDermott, briefly described the value of quality hospice and palliative care and the efforts of NHHPCO to make access to this care available throughout New Hampshire.

Please contact me ([slafrance@healthynh.com](mailto:slafrance@healthynh.com)) if you have any ideas or suggestions on new NHHPCO opportunities for networking and fun.

*Shawn LaFrance  
President, NHHPCO Board of Directors*

## 5th Annual Golf Tournament and New Raffle Raise Over \$10K

Friday, August 22<sup>nd</sup> was a simply spectacular weather day for our 5th Annual Golf Tournament at Canterbury Woods Country Club. Our 60 golfers had a wonderful time. The cigars were lit at the 8:30 am "shot gun" start!

Mary, Glen and Sarah Kazanowski, along with DeeMarie and Jim Pinfield led a very enthusiastic committee

again this year. Dr. O'Connell was our lead sponsor once again and all committee members donated much in time, talent and materials such as printing and trophies. We are very lucky to have these people devoted to NHHPCO.

Raffle ticket sales were brisk as usual and the live auction was handled by a professional auctioneer who volunteers his time. The prizes were great and included Patriots tickets and a football

signed by Doug Flutie.

This year the Fundraising Committee added a TV raffle to the festivities of the day.



NHHPCO Board members helped to pre-sell raffle tickets.

We raised almost \$1,500 with the raffle of the TV which was donated by Walmart in Amherst thanks to the efforts of Board member Anne Hebert. Wonder of wonders - Shawn LaFrance, our NHHPCO President, was the winner of the TV!

The entire event raised over \$10,000 which is essential to the annual budget for NHHPCO. Thanks to all for making this event so successful again this year!

## Welcoming New Additions to the NHHPCO Board of Directors and Honoring Past Service

NHHPCO is indeed fortunate to have a dedicated and an active Board of Directors representative of the variety of professional disciplines involved in the practice of hospice and palliative care as well as geographical and community representation.

In May the membership elected Michael Lehrman and Madeline Gerken, MD to first terms and re-elected Yvonne Corbeil, Hospice/Palliative Care Program Manager; Inga Johnson, Hospice Program Manager; Tanya Prather, Hospice Volunteer Coordinator; and Anne Hebert, Community/Payer Representative. Kelly Doherty, ARNP-C fills the board seat reserved for the President of the NH Pain Initiative.

Michael Lehrman is VP of Healthcare Services for NH Catholic Charities and has 14 years previous experience in acute care hospital operations. He brings understanding of all aspects of long term care including SNF & ALF operations, regulations and reimbursement as well as future trends and needs of elderly. Michael recognizes the importance of good relationships between LTC providers and hospice providers in enhancing the care of the elderly and certain nursing home residents. He foresees continuing challenges in Medicare reimbursement and securing and retaining appropriately trained professional staff as ongoing issues. Michael is the Vice Chairman of the NH Healthcare Association and Chairman of the Long Term Care Foundation.

Madeline (Meg) Gerken, MD, a Hospice and Palliative Care Certified Oncologist is no stranger to NHHPCO as she previously represented the NH Pain Initiative on the board and brings over 35 years of expertise in palliative care. She left her Oncology practice many years ago to serve as Medical Director and Hospice Staff physician to several hospice programs throughout NH. She is a founding member of the NH Cancer Pain Initiative as well as a founding member of the National Academy of Hospice Physicians. Meg sees a role for NHHPCO in promoting the integration of hospice into mainstream care and in joining with other facets of health care to promote whole person care with a multidiscipline approach to care. Dr. Gerken currently is Hospice & Palliative Care Director for VNA Home Health and Hospice Services, Inc., in Manchester and foresees the financial and regulatory challenges facing hospice as having a significant impact on patient care. She is Immediate Past Chair of the NH Pain Initiative and a member of the NH Comprehensive Cancer Collaboration.

Kelly Doherty, RN-C, MSN, CRNH, ARNP-C comes to the board in the capacity of Chairperson of the NH Pain Initiative. Kelly is a Pain Management Nurse Practitioner in the Seacoast area. She is experienced in the management of pain medications for geriatric populations in nursing homes, as well as oncology, cardiac and neurology patients with chronic pain and at end of life. Kelly began working with the NH Pain Initiative in early 2007 and has been instrumental in creating clinical content for a new pamphlet, a website devoted to pain issues for professionals and persons living with pain and the creation of humorous skits performed this year by the Seacoast Repertory "Senior Moments" players in over 24 locations throughout New Hampshire.

Welcome aboard as we continue our progress toward the vision that all people in New Hampshire will have access to excellent care that is valuable and meaningful to them when facing life-threatening conditions.

Special thanks go to Patrick Clary, MD who leaves the board after serving two terms on the NHHPCO Board and two years as board President! Dr Clary has worked tirelessly expanding the understanding of hospice and palliative care throughout NH and especially in providing education to professionals in long term care settings. We owe a special thanks to Dr. Clary for the work that he did in his terms on the Board and as President in guiding the Board and membership in the establishment of the strategic direction for the organization and in forging the contractual relationship with NHHPCO. These were essential components for NHHPCO to maintain its independence. Dr. Clary also volunteered to serve an extra year on the Board to assure a smooth transition for our current President, during a time when we were working through finalizing our relationship with NHHPCO and hiring a Deputy Director and then a new Executive Director.

Thankfully, Dr Clary continues to be a dedicated member of NHHPCO's Conference Committee, Public Policy Committee, NH Pain Initiative and co-chair of the Fundraising Committee. We know he won't be far away from our calls for assistance.

*Sue Fortier, Chair, NHHPCO Nominating Committee*

***Consider becoming an individual member of NHHPCO. For just \$35/year, individual members receive benefits (such as member reduced-rate conference fees) and help to sustain the organization's work throughout the state.***

**[www.nhhpco.org/join.htm](http://www.nhhpco.org/join.htm)**

## From the Executive Director...



**“Life forces us to witness despair while at the same time it hands us incredible joy and beauty. The balance is essential.”**

Enjoy today! As we grapple with the economic woes of our nation, the intense political season and the increasing pressures on our hospice and palliative care industry, it is more important than ever to savor the warm fall days of 2008. Isn't that what we learn in this journey of end of life care? Life forces us to witness despair while at the same time it hands us incredible joy and beauty. The balance is essential.

You may have heard that there are some big things happening in the world of hospice. The federal government has asked for a freeze on increases to the annual Medicare budget for hospice and the National Hospice and Palliative Care Organization has taken the extraordinary step of suing CMS to prevent this action. The impact of this proposed cut to hospice funding would surely result in compromises to the care provided. Our hospices are all experiencing increased costs in program delivery and increasing numbers of families needing care.

NHHPCO has been working hard to provide members with professional support and resources while also promoting a presence in the community to make sure that the residents of New Hampshire know where to find help when they need end of life services. We have been given many opportunities for collaboration this year in these endeavors.

The new, Medicare *Hospice Conditions of Participation (CoPs)* were released at the end of May and take effect on December 2<sup>nd</sup>. Hospice Providers through out our state have come together for several training sessions to prepare their programs for compliance. While many of the regulations did not change, there is increased emphasis in certain areas and a higher demand for accountability to report the scope of services offered by programs and the quality improvement efforts being made. There is definitely emphasis on increased oversight and participation by hospice physicians and administrators. The goals of care remain patient centered with expectations for individualized care plans that the patient and family take part in creating.

An initiative by the state Bureau of Licensing, Department of Health and Human Service to

update the licensing regulations for home hospice and hospice house providers in New Hampshire has been a year long project that is almost complete and has dovetailed with the new Conditions of Participation. Many thanks to our hospice managers and CEO's who have participated in reviewing and making recommendations on the wording of the revised rules. The staff of the Licensing Bureau, including and under the direction of John Martin, have been a pleasure to work with. Both sets of rules are in the final stages of review and should be approved for use by the end of October.

Community education partnerships have been created this year with the Seacoast Repertory Theater and our Pain Play Project, the NH Technical Institute, The Oncology Nurses Society, the Council on Aging, the NH Comprehensive Cancer Collaboration, the Amherst Lion's Club, the Concord Unitarian Church, the American Cancer Society and the NH Healthcare Association to name a few.

The *13<sup>th</sup> Annual Pain and Beyond Conference* is in the final days of preparation and promises to be a quality offering once again. I hope to see you there! I extend sincere thanks to committee chairperson, Laurie Farmer for calmly and skillfully co-coordinating this large and impressive event once again. Lisa Rocheford also deserves special thanks and recognition for her help and expertise which is invaluable to the success of this annual conference. I think possibly Lisa has been on this committee all 13 years..... that is true dedication. As you can imagine it takes many volunteers and many months of planning to provide this conference. In addition to Laurie and Lisa, please join me in thanking Sherri Brochu, Paula Caron, Patrick Clary, Linda Hotchkiss, Andrea Huertas and Tanya Prather for their time and efforts.

Please also thank NHHPCO Board of Directors for all their time and dedication this year. These caring professionals are giving time and resources to keep our voice for end of life care strong in New Hampshire. Increased efforts are being made in the areas of Public Policy, Palliative Care, education, communication with

....

members and fundraising. Office space at 125 Airport Rd and associated support for phones and mail has been a huge help. Volunteers are being recruited for clerical support. Thanks to all who are reading this for support through membership, supporting the mission through care of families in our communities, donations and helping with specific projects or committees. I am proud to be working for with and for all of you.



Janice McDermott  
Executive Director, NHPCO

## New Music Program Developed to Stimulate Memory in People with Alzheimer's Disease

NHPCO member Charlene Ledoux recently completed the development of an interactive program to stimulate memory sensory function. Ledoux has completed the training as a Certified Music Practitioner through the Music for Healing and Transition Program ([www.mhpt.org](http://www.mhpt.org)). The program is not only beneficial to the patient suffering with Alzheimer's disease, it also creates a soothing and nostalgic atmosphere for end of life care patients and their families. For more information please call Charlene M Ledoux, CMP,BA 603-878-9169 or email [clledoux@localnet.com](mailto:clledoux@localnet.com)

## NHPCO Assists Programs in Preparing for New Hospice CoPs through Education

In early June, NHPCO Board Members, Peg Gilmour and Linda Hotchkiss participated in a two-day intensive training on the new Medicare Hospice Conditions of Participation (Hospice CoPs), which were officially published in the *Federal Register* on June 5.

This is the first time that the guidelines have been significantly revised since they were created in 1983 and, at the same time, reflects a significant shift in focus for the Centers for Medicare and Medicaid Services (CMS), the federal agency tasked with developing and enforcing them.

The two-day intensive, which was organized by the National Hospice and Palliative Care Organization (NHPCO), brought together more than 300 hospice leaders, representing 46 states. "The purpose of the meeting was to give hospice leaders a more in-depth understanding of CMS's intent behind the revisions so they, in turn, can help educate providers in their states about what is now expected—and why," said Judi Lund Person, NHPCO's vice president of regulatory and state leadership. Key presenters at the event were two CMS staff members who were involved in the nine-year project from its very beginning: Captain Mary Rossi-Coajou and Danielle Shearer from the Office of Clinical Standards.

The new Hospice CoPs focus on providing quality patient-centered care and putting the needs of the patient and family first. Moreover, they give providers flexibility with meeting many of the new requirements in recognition of the varying challenges hospice programs face. On the other hand, providers are also being required to perform more thorough and ongoing assessments of the patient's and family's needs—and document their actions (and inactions) in accordance with the plan of care.

Medicare-certified hospices have until December 2, 2008 to meet the new requirements. In terms of the QAPI component, hospices have until January 31, 2009 to collect data on their operations, assess where improvements are needed, and get appropriate improvement projects under way. Peg and Linda, along with Andrew Martin of Weatherbee Resources provided a full day of training to NHPCO provider members on Sept. 12<sup>th</sup>. Those who are members of NHPCO can also benefit from a range of resources available through the Quality Partners program and the Regulatory and Compliance Center on NHPCO's web site: visit [www.nhpc.org/regulatory](http://www.nhpc.org/regulatory).

Janice McDermott, NHPCO Executive Director

"A CONVERSATION WITH THOMAS MOORE:  
CARING FOR OUR SOUL AND SPIRIT"

Thursday, October 30, 2008

Sponsored by:

Havenwood-Heritage Heights Clinical Pastoral Education Program  
Havenwood Campus, 33 Christian Avenue, Concord NH 03301

Discussion 2:00 - 4:00 pm.

Reception 4:00 - 5:30pm.

Call 603-229-1103 or email [tgoodsell@hhinfo.org](mailto:tgoodsell@hhinfo.org) with questions.

## New NHPI Chair Honored as “Pain Initiative Champion”

It is my pleasure to announce that the NH Pain Initiative Steering Committee met on September 10, 2008 and voted to accept Kelly Doherty as their official Chair Person. Kelly had previously agreed to act as Interim Chair but with a little encouragement agreed to a one year term. Kelly has brought much energy and accomplishment to NHPI since she joined as Clinical Specialist in 2007. She is a Nurse Practitioner with many years of experience treating people

with chronic pain, as well as working as a hospice nurse. She is uniquely qualified to lead the mission of NHPI.

It is also my extreme pleasure to announce that Kelly has received notification from The Alliance of State Pain Initiatives that she has been selected as one of this year's recipients of the "State Pain Initiative Champion Awards". I felt compelled to nominate Kelly for all her work this past year on the Pain Play project, the new website and new pamphlet

that resulted from her participation with NHPI.

The award reads: *It is my very special pleasure to inform you that you have been selected as one of this year's recipients of these prestigious awards. Your work has greatly benefited people in pain, increased awareness of the issues surrounding pain management, and been of inestimable value to the New Hampshire Pain Initiative. You are truly a "State Pain Initiative Champion!"*

*The award will be pre-*

*ented on Saturday, November 1, 2008 during the luncheon at the ASPI 19<sup>th</sup> Annual Meeting in Austin, Texas. We greatly hope you can join us there. Please accept the congratulations of the ASPI Advisory Council and National Office staff—we all deeply appreciate your special service and dedication to the New Hampshire Pain Initiative.*

Please join me in Congratulating Kelly on both of these honors and Thank her for her contributions to our organization!

*Janice McDermott, NHPCO*

## The Role of the Hospice Clinician: A Reflection

I am a complete stranger to you and yet you let me in your house, into your bedroom and sit beside your bed while you are sick and unable to get up. You hold in your heart and prayers a hope that I will bring something to you that will make a difference to your life.

I bring only a nursing license and yet I am catapulted immediately into the inner circle of your life. I flash past the doorbell, for often if there is no answer, I open the door straight into your life calling out to you “Hello, it’s the nurse”. There is relief that I am here, eager relatives usher me straight into the “chair”. The chair, positioned next to your bed so I can look into your eyes and see your heavy anticipation of my next move.

After an introducing “Hello” I swiftly delve deep into your bodily functions and you reply to inquiries with open answers of things you would not have even spoken to your mother about. I am concerned about your pain; I make notes of how the pain is not only sharp and stabbing but cuts deep into your relationship with your wife. How your nausea is not only the rejection of homemade chicken soup but interpreted as the rejection of your love.

But bodily functions are only the surface. As you talk of becoming weaker our conversation shifts into peeling and sifting back the

layers of your emotions. What do you know of how serious your illness is? Are you prepared for how drastically it will change your life? Questions that should at least be saved for our second date but beg urgency in my mind. I read the story between your truth that tells me how limited your knowledge is.

I have not come here to be a savior or to turn your chair into a pedestal but I feel honesty that perhaps only a stranger can voice. Your doctor felt there must be something else he could do and wouldn't give up your fight, so he only spoke of slim possibilities dressed up in Sunday best to look like an optimistic opportunity. Your wife sees a change in you with her eyes but not her heart, and her voice of reality stays silent. Your colleagues and friends skim the surface of hospitality, focusing on you getting back to work.

Nobody wants to face with you the fear that things are getting worse and that there is less and less time to do the things that should be done.

I test the waters of the truth and share with you the hopeful ending. Where instead of the constant voice of pain and nausea is quality time with friends and family. Memories are stamped with laughing approval, plans are made to strengthen your independence, focus on the things you can do, and to support you to live your life the way you want to live.

*Dawn Jelley, RN, Seacoast Hospice*

## Our Shared Stake in the Healthcare System

From time to time an intense flurry of media attention is given to an extraordinary case of a particular dying patient: someone in a persistent vegetative state; a family torn apart by disagreement about withdrawal of life support; a shocking case of a poor person dying neglected on the street or, worse, on the floor of an emergency room.

What these cases really should do is highlight a much more thoroughgoing and worrisome reality. For every heartbreaking end of life story like these, there are more than two million others every year (in the United States) that should be just as much a matter for concern. The fact is that the everyday reality of death in the US—and elsewhere in the developed, let alone developing, world—is abysmal.

Our best estimate is that 40% to 70% of Americans die in pain. A large minority of these have other symptoms, such as shortness of breath, nausea, or depression, that are often even more distressing to patients than pain. More than 80% of Americans die in institutions. And roughly 25% to 55% of Americans place a significant burden on family caregivers in the course of their death. For example, about 35% of Americans use up all or most of their life savings in the course of their terminal illness, leaving no money for other family members who go on living and who will themselves need resources for care at the end of their own life.

This reality contrasts sharply with what Americans say they want at the end of their lives and with what the healthcare system should plausibly be able to deliver. Not surprisingly, more than 90% of Americans consider good death to include such basic elements as being free of pain and other worrisome symptoms, having the opportunity to die at home or another venue of their own

choosing, being kept clean, having loved ones nearby so as not to die alone, and not burdening family members unduly.

There are many reasons for this mismatch between reality and expectations. Explanations include the poor (albeit improving) training in medical schools and in hospitals regarding end of life care; suboptimal decision making by patients and families near the end of life; lack of knowledge about, or restrictive access to, opioids and other drugs in the healthcare system; incomplete use of hospice and palliative care services; and a failure to anticipate the imminence of death in the case of most patients.

Yet one of the most compelling explanations for this sorry state of affairs is that those in our society who are dying constitute a particularly disempowered, even if numerous, group. It may be fashionable in medicine to think about “vulnerable populations,” but it is hard to imagine a more vulnerable population than the dying, nor one that is more neglected or more invisible.

Although extraordinary cases garner tremendous attention, the quiet bad deaths that occur everywhere every day are unnoticed except by shocked family members who are caught off guard by the indignity of death and who may not even realize that a better way to die is possible. There are no court cases, no media spotlight, no candlelight vigils, and certainly no emergency local interventions to affect the terminal care of the hundreds of thousands of patients who die in pain, in hospital rooms, every year.

And the dying people themselves, obviously preoccupied as they are, are not able to band together to advocate effectively for their interests to improve this state of affairs. We do not see marches of terminally ill people demanding recognition of their rights to

more resources and more attention do not see marches of terminally ill people demanding recognition of their rights to more resources and more attention. This may help to explain why Americans do not get better care at the end of life.

But another part of the problem is that seriously ill people often do not know that they are in the vulnerable group at risk of having a bad death, and neither do their families. In fact, their doctors often do not know. To be able to deliver better care to people who are dying we have to be able to identify them. This is fundamentally a problem of prognosis in medicine. The recent development of new statistical and clinical tools that help predict when the end is near should help improve care at the end of life.

In short, one of the reasons that terminal care is so poor is that most Americans never see the end coming, never have a chance to prepare, never have a chance to make decisions about which kind of medical care they would like to receive when they die, and never have doctors who are able to formulate, let alone communicate, a reliable prognosis to them.

The poor quality of dying should concern all of us because we spend vast sums every year caring for people in the last year of their lives (in the US alone, the sum is roughly \$100bn dollars a year), and we may not be getting the best value for our money. But, more importantly, it should concern all of us because we will all eventually die, and therefore we all have a stake in improving the state of affairs.

*Nicholas A. Christakis, MD, MPH, PhD*

*Article previously appeared in BMJ, August 9, 2008. Reprinted here by permission of the author.*

## Networking Group News

### New Partnership between Palliative Care Workgroup and NHHPCO

The Palliative Care Workgroup and the NH Hospice and Palliative Care Organization (NHHPCO), has agreed to partner more closely due to overlapping objectives and many members belonging to both groups. The NHHPCO board of directors voted at their June 2, 2008 meeting to recognize the NHCCC Palliative Care Workgroup as a task force within the NHHPCO. This will enhance support for the Palliative Care Workgroup and still provide opportunities for anyone interested in this work to participate through either the NHCCC or the NHHPCO. The Work Group is focused on the priority objective that "every NH health care system will offer people living with cancer timely information and access to palliative care". A current priority strategy for the Workgroup is a survey of hospitals and their activity related to palliative care. The Foundation for Healthy Communities provided staff support over the summer to develop the survey. The Palliative Care Workgroup is co-chaired by Yvonne Corbeil and Don McDonah, MD.

*Yvonne Corbeil*  
Co-Chair, Palliative Care Workgroup

### Hospice Administrators Group

The Hospice Administrators Networking Group continues to meet every other month in Concord, on the 2nd Tuesday at 125 Airport Rd in Concord. Many of us attended the workshop presented by Peg Gilmour and Linda Hotchkiss on the new COP's on September 12th. Meetings in the future will be focused on the new COP's, with specific topics such as: what is the difference between the Initial Assessment and the Comprehensive Assessment at the start of care; QAPI and

IDT. The next meeting is November 4th from 9 AM – 11 AM. The focus of that meeting will be the Initial Assessment and the Comprehensive Assessment.

If you have any questions please contact: Susan Herrmann at 1-800-541-4145 or [sherrmann@hcsservices.org](mailto:sherrmann@hcsservices.org).

*Susan Herrmann, RN, CHPN*  
Chair, Hospice Administrators Group

### Spiritual Care Networking Group

The Spiritual Care Networking Group meets on the 4th Tuesday of each month (thanks to Gary Andy for his email reminders), for mutual edification, clinical exchange, mutual support - and stories. As this group moves into the fall and winter, we plan to continue to alternate between a case presentation and topical meeting for our sessions. This networking group maintains a group email list to share thoughts, questions, experiences etc. in an electronic format for "mutual edification." This list is open to both people who attend the meetings and to those who don't.

In the past the networking group has provided the participants with:

- a lot of good peer support
- case presentation and discussion with focus on what we can learn about ourselves as we work with clients
- reading a relevant book - or at least one chapter of it - for discussion
- time to share resources for spiritual care
- time for presentations and discussion on specific topics
- discussion of changing CoP's regarding spiritual care.

The next meeting is scheduled for October 28<sup>th</sup>, 10 AM – 12 PM. Contact John Davies for more information.

*John Davies*  
Chair, Spiritual Care Networking Group

### About Pain in America According to the National Center for Health Statistics National Household Survey:

- More than one-quarter of Americans (26%) age 20 years and over - or, an estimated 76.5 million Americans - report that they have had a problem with pain of any sort that persisted for more than 24 hours in duration. [NOTE: this number does not account for acute pain].
- Adults age 45-64 years were the most likely to report pain lasting more than 24 hours (30%). Twenty-five percent (25%) of young adults age 20-44 reported pain, and adults age 65 and over were the least likely to report pain (21%).
- More women (27.1%) than men (24.4%) reported that they were in pain.
- Non-Hispanic white adults reported pain more often than adults of other races and ethnicities (27.8% vs. 22.1% Black only or 15.3% Mexican).
- Adults living in families with income less than twice the poverty level reported pain more often than higher income adults.

## Networking Group News cont.

### Seacoast NHHPCO Networking Group

The Seacoast Networking Group is the longest running group of its kind in the state. We meet on the first Thursday of the month from 8:00 – 9:00 am., primarily for information networking, education, peer support, and hospice advocacy in our communities. Our members include:

- Amedisys Derry Home Health & Hospice
- Amedisys Portsmouth Home Health & Hospice
- Rockingham Visiting Nurse & Hospice
- Seacoast Hospice
- Wentworth Homecare & Hospice

Our major activity is the Annual Flatbread Pizza Fundraiser. This year our fundraiser will be held on Tuesday, November 25 from 5:00-9:00 pm at the Flatbread Pizza Company in Portsmouth. A portion of all Pizza sales that evening will be donated to NHHPCO. In addition we raffle off holiday baskets throughout the night.

At our September meeting we discussed a number of issues that we may want to take up this year including:

- COP Training
- Developing a Memorial Service Workshop to exchange ideas
- Organizing a cross-agency volunteer meeting to allow volunteers to share their collective wisdom with one another and staff
- Identifying ways to minimize LNA isolation from other staff
- Dealing with staff bereavement issues

If anyone has had experience with any of the above, we would love to hear from you.

*Ed Vaeni, Facilitator  
Seacoast Networking Group*

### Bereavement and Volunteer Coordinators Networking Group

Bereavement and Volunteer Coordinators met Wednesday, August 20th in Concord and discussed a number of topics including the impact of the new CoP's on our disciplines, how volunteer evaluations are handled, and community bereavement referrals. Meetings are held quarterly, with the next one being on Wednesday, November 12th. For more information contact Tanya Prather at [tanya.prather@hhhc.org](mailto:tanya.prather@hhhc.org).

*Tanya Prather, Chair  
Bereavement and Volunteer Coordinators Networking Group*

### Hospice Administrators Meetings

Meetings are held every other month at the NH Hospital Association, 125 Airport Rd, Concord.  
Contact: Susan Herrmann  
603-352-2253, ext. 192  
[sherrmann@hcsservices.org](mailto:sherrmann@hcsservices.org)

### Hospice Bereavement and Volunteer Coordinators Meetings

Meetings are held quarterly at the NH Hospital Association, 125 Airport Rd, Concord, 12 noon to 3 p.m.  
Contact: Tanya Prather  
603-424-3822  
[tanya.prather@hhhc.org](mailto:tanya.prather@hhhc.org)

### Home Health and Hospice Social Work Committee Meeting of the NH-NASW

Meetings are held at Prescott Park, the NASW office in Building 4, 105 Loudon Road, Concord, 8:30am to 10:00am.  
Contact: Laurie Farmer  
603-224-4093  
[lfarmer@crhc.org](mailto:lfarmer@crhc.org)

### Spiritual Care Meetings

The Chaplain group is co-facilitated.  
Contact:  
John Davies  
603-524-8444, x321  
[jdavies@commhlth.org](mailto:jdavies@commhlth.org)  
Gary Andy  
603-622-3781  
[GAndy@Elliot-HS.org](mailto:GAndy@Elliot-HS.org)

### Seacoast Regional NHHPCO Meetings

First Thursday of every month from 8:00am-9:30am except July and August. Healthcare professionals interested in hospice and palliative care are welcome to attend.  
Contact: June Daigneault  
603-742-7921  
[dgnlts@comcast.net](mailto:dgnlts@comcast.net)

### NHHPCO Palliative Care Clinicians Special Interest Group Meetings

Meetings held twice annually. These meetings are open to physicians, PAs, ARNPs, RNs and clinicians of other disciplines coordinating or otherwise interested in hospice and palliative care programs. Meetings are usually held over dinner at a restaurant. Split checks are the custom.  
Contact: Linda Hotchkiss  
[mlhotchkiss@comcast.net](mailto:mlhotchkiss@comcast.net)

## Committee Updates

### Fundraising Committee

The Fundraising Committee has been actively engaged in soliciting items for our annual silent auction which is held at the Pain and Beyond Conference. This year we will be including several basket raffles as well as items that may be bid on. If you attend the conference, please stop by and check out the tables and meet our committee members, your participation is most appreciated and supports our vital mission.

Another successful event this year was our 5<sup>th</sup> Annual Golf Tournament. This event is spearheaded by a team of dedicated NHHPCO Volunteers including Mary, Glen and Sarah Kazanowski, along with De-Marie and Jim Pinfield (*See related article on page 2.*)

If you aren't a member of the NHHPCO, please consider joining and supporting your state hospice organization, while also reaping the benefits of membership including discounts at educational programs and receipt of the weekly Hospice News Network Publication with vital information on regulatory matters and trends in world of Hospice and Palliative Care.

*Inga Johnson, Chair*

### Professional Education Committee

In May 2008 the NHHPCO offered the Hospice Certification review course for both the LNAs and RNs. We had a total of 25 dedicated hospice staff take an all day course in the Lakes Region. Thanks to their desire and commitment in providing hospice and palliative care we now have several more hospice caregiver certified in hospice and palliative care. Congratulations to all!

On behalf of the Professional Education Committee of the NHHPCO, I would like to thank Kathy Hopkins, RN, M.Ed., CHPN and Linda Hotchkiss, ARNP, MS, BSN, CHPN for sharing their expertise and knowledge with each and every one of you.

*Andrea Huertas, Chair*

## NHHPCO Board of Directors

**Shawn LaFrance, President**  
Executive Director  
The Foundation for Healthy Communities  
Concord, NH  
[slafrance@nhha.org](mailto:slafrance@nhha.org)

**Inga Johnson, MS, Vice President**  
Director of Hospice & Palliative Care Services  
North Country Home Health & Hospice  
Littleton, NH  
[ijohnson@nchha.org](mailto:ijohnson@nchha.org)

**Andréa Huertas, BSN, CHPN**  
Executive Secretary  
Executive Director  
Meredith Public Health Nursing Association  
Laconia, NH  
[andreaHuertas@mphna.org](mailto:andreaHuertas@mphna.org)

**Mary Swanson, Treasurer**  
Executive Director  
Hospice Services of Massachusetts  
Everett, MA  
[maryaswanson@comcast.net](mailto:maryaswanson@comcast.net)

**Janice McDermott, Executive Director**  
Ex-officio Board Member  
[JMcDermott@nhhpc.org](mailto:JMcDermott@nhhpc.org)

**Kelly Doherty, RN-C, MSN, CRNH, ARNP-C**  
New Hampshire Pain Initiative Chair  
Barrington, NH  
[KEDA994@aol.com](mailto:KEDA994@aol.com)

**Yvonne Corbeil**  
Director for Network and Program  
Development for Palliative Care  
Dartmouth-Hitchcock Medical Center  
Lebanon, NH  
[yjcorbeil@nhhpc.org](mailto:yjcorbeil@nhhpc.org)

**Susanne Fortier**  
Vice President of Human Resources  
Granite State Independent Living  
Concord, NH  
[longpondfort@metrocast.net](mailto:longpondfort@metrocast.net)

**Madeline Gerken, MD**  
Medical Director, VNA of Manchester  
Palliative Care Program, Elliot Hospital  
Manchester, NH  
[meg@ahlc.com](mailto:meg@ahlc.com)

**Margaret Gilmour, RN, MS**  
Healthcare Consultant  
Hollis, NH  
[PegGilmour@aol.com](mailto:PegGilmour@aol.com)

**Anne M Pierce Hebert  
RN, BSN, CCM, OCN**  
Specialty Case Manager Oncology and Hospice  
Anthem Blue Cross and Blue Shield  
Manchester, NH  
[Anne.Hebert@Anthem.com](mailto:Anne.Hebert@Anthem.com)

**Susan Herrmann, RN, CHPN**  
Hospice Director  
Home Healthcare, Hospice and Community Services  
Keene, NH  
[sherrmann@hcsservices.org](mailto:sherrmann@hcsservices.org)

**Linda Hotchkiss, ARNP, MS, BSN, CHPN**  
Clinical Operations Officer  
Rockingham VNA & Hospice  
Director, Palliative Care, Exeter Hospital  
[mlhotchkiss@comcast.net](mailto:mlhotchkiss@comcast.net)

**Michael Lehrman, MS**  
Vice President of Health Care Services  
New Hampshire Catholic Charities  
Manchester, NH  
[mlehrman@nh-cc.org](mailto:mlehrman@nh-cc.org)

**Bruce Mast, MA**  
President, Bruce Mast and Associates  
Exeter, NH  
[bmast@bmaleadership.com](mailto:bmast@bmaleadership.com)

**Tanya Prather**  
Volunteer Coordinator  
Home Health & Hospice Care  
Nashua, NH  
[tanya.prather@hhhc.org](mailto:tanya.prather@hhhc.org)

### Public Education Committee

As part of becoming more focused in our education efforts throughout the state, we have created a subset of the Education Committee to focus solely on education that is directed out to the community. This includes more general hospice advocacy and education efforts and we are currently exploring grant opportunities that might support this new education initiative.

We are looking for representation on this committee from regions throughout the state. If you know someone who is passionate

about hospice education in your local area, please have them be in contact so that we may work collaboratively.

The other project this committee is working on is the possibility of re-offering a training in the Spring of 2009 for hospice volunteers around the state to expand their knowledge and skillset in relation to grief and bereavement.

*Tanya Prather, Chair*

*Health Care in a Web*, from page 1 active partner, then the cost effectiveness of the surgery has just gone up by 25%. But if a knee replacement does not benefit a spouse, then its cost effectiveness does not rise. If we spend \$500 to get a woman to quit smoking, and if her quitting in turn results in one in 10 of her social contacts quitting, and if that leads to one of that person's social contacts quitting as well, we can see that three people have quit for the price of one, tripling the cost effectiveness of the intervention.

These kinds of effects are rarely taken into account by policy makers or even by entities with a collective perspective, such as insurers and health

trusts. Yet they should be.

Another implication of social networks is that group level interventions may be more successful than interventions aimed at the individual. We've always known this, and programs like those of Alcoholics Anonymous and weight loss groups are explicitly designed to create social network ties. But a social network perspective also vindicates other kinds of health care, such as family medicine, family or group psychotherapy, and health interventions at the level of community, school, or workplace.

For example, if a firm implements a wellness program, it is likely to see health benefits that accrue beyond the

individuals using the program, magnifying the benefits within the workplace. In fact, the benefits can extend outside the workplace. One study of a health behavior intervention administered to firefighters in the United States found that not only they but also their wives improved their lifestyles.

Finally, a social network perspective suggests that it may be possible to exploit variation in people's social network position to target interventions where they might be most effective in generating benefits for the group. For example, if funds are limited, it may be best to target those people who are most likely to influence others. Teaching the key people in a

village to use treated bed nets against malaria, teaching highly sexually active people to use condoms, or teaching popular children in schools to wear seat belts are all examples that might work. But all this would require that we measure networks in ways we don't at present.

People are interconnected, and so their health is interconnected.

*Nicholas A. Christakis,  
MD, MPH, PhD*

*Nicholas A. Christakis is professor of medical sociology, Harvard Medical School, and attending physician, Mt Auburn Hospital, Cambridge, Massachusetts.*

*christak@hcp.med.harvard.edu*

*Article previously appeared in BMJ, June 28, 2008. Reprinted here by permission of the author.*



125 Airport Road  Concord NH 03301

Phone: 603-225-0900 Fax: 603-863-6780  
[info@nhhpco.org](mailto:info@nhhpco.org)

**... improving access to quality care  
for New Hampshire residents  
with life-threatening conditions**

**We're on the web:  
[www.nhhpco.org](http://www.nhhpco.org)**

**Non Profit Org  
U.S. Postage  
PAID  
Concord NH  
Permit No. 1272**