

# Corridor hospices adapt to changes in patient needs, new laws

Sequestration is hitting closer to home, and effects of federal spending cuts are now being seen at Corridor hospices.

“For services provided on or after April 1, 2013, hospices face two percent cuts from Medicare. For Iowa City Hospice, this will be a substantial cut as almost 90 percent of our patient days are Medicare,” said Maggie Elliott, executive director of Iowa City Hospice since 1995.

The 30-year-old hospice reports up to 700 patients each year. Each day, its staff cares for approximately 100 patients and families in a seven-county region — including Johnson, Linn, Cedar, Iowa, Louisa, Muscatine and Washington counties.

To handle this stream of patients, Iowa City Hospice has 70 staff members, and also relies on a large network of volunteers. Ninety-two percent of its staff are certified in hospice and palliative care, Elliott said.

While adapting to budget cuts, the organization is also being proactive in facing the needs of an aging population.

“A growing number of American adults will serve as caregivers for loved ones who are disabled, frail or suffering from a chronic condition,” Elliott said.

Iowa City Hospice, in collaboration with Elder Services, the Iowa City Public Library, CarePro Home Medical and Pathways Adult Day Health Center, presented a family-caregiver education series that included a community book read and author presentation this past Wednesday.

It also recently added an online family caregiver resource site and a caregiver support group.

“One of the bigger changes to the hospice industry as a whole is the introduction of a physician face-to-face visit for recertification,” added Tammy Buseman, director of Hospice of Mercy in Cedar Rapids.

There are two 90-day certification periods, and in each of those a doctor is required to have a visit to see if they still meet hospice criteria,” she said.

“Like a lot of hospices, we were already doing that — but this move just standardized the process.”

Hospice of Mercy was only the second hospice organization in the state when it began operations in 1980.

“When hospice started, it was really a service for cancer patients. That has definitely changed over time,” Buseman said.

“We now take care of any patient with any life-limiting disease — that’s often misunderstood. That shift has required of us to continue to learn about other diseases and their trajectories and diversify our services.”

One of the major additions to their portfolio of services has been the start of the Hospice House, which is the only one of its kind in the community.

“It’s a 12-bed hospice house for patients who need a little more intensive care around the clock,” Buseman said. “Other organizations have in-patient units within hospital walls, but our house creates a home-like setting for patients in this area.”

Among all services offered at Hospice of Mercy, it treated 697 patients in 2012.

The organization staffs 85 employees, made up of an interdisciplinary group of people, including doctors, nurses, massage therapists and music therapists, among others.

“We also have a group of about 170 active volunteers. Medicare requires us to have at least 5 percent of our patient care hours to be volunteer hours,” Buseman said. “Hospice was started by a volunteer movement, so we’re always actively looking to recruit volunteers.”

The other regulatory change Buseman said has affected area hospices is a new requirement to begin collecting quality data and records.