
Bill Musick Hospice networks are seemingly popping up all over. Learn more about why, and what some recent research tells us about their impact, by joining me for this Hospice Governance Academy Spotlight Interview with Gloria Brooks, Principal Consultant at G. Brooks and Associates. We'll be discussing what hospice board members should know about networks.

Narrator Welcome to this edition of the Hospice Governance Academy Spotlight Interview Series where we take a closer look at topics that help support engaged, informed and high-impact hospice boards.

Bill Musick In this edition of the Hospice Governance Academy Spotlight Interview Series, my guest is Gloria Brooks of G. Brooks and Associates and we're discussing what hospice board members should know about networks.

Now, Gloria, in our last segment, you shared your research that you've done on hospice networks, and part of that pointed to needing to achieve a level of scale that most of these networks haven't reached yet. But let's talk a little bit more about what you see as implications for hospice boards and that they should take into account as they're doing strategic planning.

Gloria Brooks I think one of the things that really confounds a lot of boards of directors is anticipating change. Everybody at some point in their life has a challenge with change. And I find that interesting because clinically, if you think about a hospice and palliative care organization who's supporting patients and families with probably the most significant change that they're ever going to experience, the loss of a loved one, we know how to do that and we know how to also help them during their grief journey.

And again, we also often get stymied about how we navigate change within our own hospice organization. So, I believe we need to use that same skillset and apply it in both situations, leverage that strength during the strategic planning process.

I think boards need to acknowledge that hospice organizations have fundamentally changed. And it's similar to the experience when a person

receives a life-limiting diagnosis. You go through the stages of grief and an organization must acknowledge that, celebrate what it's accomplished as I referenced earlier, and then transition to the new very thoughtfully. There can be grief during this step recognizing that things aren't the way it used to be when the hospice benefit was instituted 50 years ago, but there can be excitement for what that change can bring.

And I think a board needs to recognize that hospices have the resiliency to move forward in that new environment, because there's been other changes that they've had to adapt to and succeed in.

I also think during the strategic planning process the board needs to address the elephant in the room and that is, "What's in it for me?" There's a different impact to patients, family members our employees, our staff group, our board members and the community at large. And I think boards of directors and CEOs need to accept that part of their role is to prepare the organization for success at a time when they may no longer be at the helm. That may lead them to look at models, these network models that we've referenced today, and acknowledge that what ensured the success of this hospice in the past often will ensure that they won't be successful in the new healthcare environment if they just refuse to change.

Waiting to make decisions often leads hospices into a hurried deal with little negotiating power if they end up looking at a network model. And so, addressing the models now when an organization is thriving and knowing that a partnership network model may take two to three years to complete and implement, is really what every non-profit hospice board should be doing right now.

Bill Musick

Gloria, I'm curious if in your research or your other experience as a hospice executive, you found that there are any factors that help facilitate the creation of a network?

Gloria Brooks

I do. I think for a board of directors and a CEO leader who recognizes that the future is about the mission and taking care of patients in that continuum of care, it's not about their own role or their own position, is one of the defining factors. I have seen that now in my consulting practice but certainly

saw that when I was a CEO executive. The folks that were most collaborative who understood their role as a change agent and knew that that was uncertain on what that future looked like, but still were willing to develop the relationships, learn about what was coming in the future, and be engaged in that future, were more likely to consider network models.

Those that were concerned that somehow if their hospice joined a partnership network that they fail, that they fail to keep the hospice independent, those are ones that I think are really more focused on what their legacy is versus what the hospice organization's legacy is. And it's difficult. Having been there and led an organization to make that decision, I often would say to my board and to my staff it's really not about my role as the CEO. It's really about how do we make sure the legacy of the amazing care that we have provided continues, because people will still need it.

And I think that leads to why at the start of any strategic planning process the board needs to identify the “why behind the what,” just as we did at the top of this interview. You know, hospices were founded 50 years ago as a disruptor to the healthcare system because there was a desperate need for compassionate comprehensive care at the end of life. And it didn't exist at that time. And that was the “why behind the what” of creating hospice organizations. Now, hospice boards have an opportunity to do the same thing. It's just a different environment.

Again, competition and reimbursement and staffing are all requiring hospices to make this change. And this isn't the time to stick to a hospice board's or CEO's comfort zone, wanting to remain independent and autonomous or practice the way they always have. Because when you think about it, nothing has stayed the same in healthcare over the last 50 years. Our country's needs and expectations about healthcare have changed dramatically. So, why would hospice be any different?

I think the opportunity is redesigning clinical care models and setting those expectations for a new group of consumers. You know, today's patients and their family are very different than they were 50 years ago, and hospices should be at the forefront of creating these new models of care that, for instance, include telecare as a central component of the service delivery

model. Families need it to stay connected as everybody learned during the pandemic, and most patients can benefit from telecare models. And given the staffing shortage, clinicians can also benefit when they're incorporating telecare into their practice. Oftentimes, a patient will have more clinical care touches with telehealth than they do when it's not provided.

And that speaks to, given 90% now we're hearing of all new Medicare beneficiaries selecting a Medicare Advantage plan, we hospices must change the often self-imposed limitations that we say what hospice care is, go back to the drawing board, look at the philosophy of care, translate it to the new healthcare environment, and you can do that while ensuring quality and compliance.

Bill Musick	Well, thanks, Gloria. One of the things that's coming up in my mind is do you see or envision that hospices will become parts of multiple networks? They might be at different network models, but they might be in an ownership model with another hospice but also then in a messenger or some other contracting type of model?
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Gloria Brooks	Well, personally, given the network partnership models that Husch Blackwell identified, I think an organization shouldn't spread itself thin by participating in multiple networks. I don't know that that's advantageous.
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Once the network comes together, let's say it's a common ownership model, and you've got five different entities that are all part of the network, that new network may look at engaging with a variety of insurance payers, for instance. So, you're talking about an insurance network, but I don't think being a part of multiple hospice partnership networks makes sense.

I really think the strategic planning process should help a board determine its priority goals and then they can ascertain which network model would best help them achieve those goals. And I also think a non-profit hospice governance work needs to recognize what these other hospice providers have already acknowledged, these multiple threats that are impacting hospices.

And I think most importantly, some hospices I talked to say, "We just want to do hospice." And we've got to recognize that home health services, senior living communities and even PACE ultimately will reduce access to the traditional hospice benefit. And therefore, we really have to consider expanding the continuum of care, not staying over here in the corner.

I think hospices must adapt, and their services need to adapt along with what communities need now. We shouldn't be content with serving patients just in the last really two months of life. That's the reality given the national median length of stay for hospice patients.

So, looking at scale, being the key driver of a network, and that can be measured by geography, service lines and lives covered, I think is the key determinant of the future health and success for a hospice program.

Bill Musick	Well, Gloria, I want to thank you for your insights into this whole topic of networks. Any final thoughts or comments you'd like to leave with our viewers before we close out?
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Gloria Brooks	Yes, Bill, I'd really want to underscore for non-profit hospice board members, it's critical that they start a strategic planning process now to determine their priority goals and assess if a network partnership model would benefit their community to ensure that provision of hospice care in the future. I think legacy hospices can't assume that reimbursement changes won't impact their state or their town, or that if they have a foundation that raises donations, that the foundation could fund the reimbursement cuts that are anticipated.
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I think future survival's going to require substantive change and there are resources available to help hospice boards navigate the organization through a successful strategic plan process, and I hope they'll avail themselves of that.

Bill Musick	Great. Well, Gloria, I want to thank you again for all of your insights and contributions during today's interview. I'm sure there'll be of great interest to hospice boards everywhere.
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Gloria Brooks Thanks for the opportunity, Bill.

Narrator Thanks for joining us for this edition of the Hospice Governance Academy Spotlight Interview Series. Please refer to the discussion guide to see how you can continue a conversation with your fellow board members on this important topic, and check out the handout section if you want to dive deeper into this area.

Finally, I want to salute you for your role in ensuring that high-quality end-of-life-care is available everywhere across this country.
