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Family Hospice program reaches out to area African Americans

BY KRIS B. MAMULA

The biggest is poised to get bigger still in the Pittsburgh region with Family Hospice & Palliative Care's plans to take its message to the city's African American community.

Medicare pays for end of life services at little or no cost to the patient, but, historically, far fewer blacks than whites enroll. Family Hospice wants to change that with a program called Transitions, an education and outreach initiative in the city's predominantly black neighborhoods,

according to Maureen Haggarty, vice president of development.

"Ours is really a grass-roots effort, in the homes and with the people," Haggarty said. "The African American population is underserved."

Family Hospice is the biggest provider in a crowded Pittsburgh-area market, which has 38 agencies that offer end of life care, experts say. The Mount Lebanon-based nonprofit stands to increase its market share through the program, which is partly underwritten by grants and contributions totaling \$202,326 from

the Buhl Foundation, Highmark Foundation and the William V. and Catherine A. McKinney Charitable Foundation.

Also participating in the outreach is North Side Christian Health Center, which has offices in North Side and Northview Heights.

The program already has enrolled three patients since being launched last month, and the goal is to draw at least 15 patients during the first year, said B. DeNeice Welch, pastor of Bidwell Presbyterian Church in Manchester. Over four years, the program hopes to enroll between 60 and 65

patients in a self-sustaining initiative.

"We have an overwhelming need in our congregations," said Welch, a former Family Hospice board member who is Transitions' program coordinator. "There's just no telling how far and wide the spread can be."

Although blacks represent more than 12 percent of the population nationwide, fewer than 10 percent use hospice. But Family Hospice, which serves Allegheny and eight other counties in western Pennsylvania, found that fewer than 5 percent of its patients are black.

Hospice services are available to people with less than six months to live, and the Transitions program is being launched as the number of hospice agencies has grown in the region and government reimbursement changes loom on the horizon. The government pays hospice providers a daily base rate of \$147, regardless of how much medical attention the patient needs, but the Medicare Payment Advisory Commission has recommended changes to the formula by 2013, which could lower overall payments.

The prospect of lower reimbursement hasn't deterred hospice expansion in the region. In recent years, Excelsa Health and St. Barnabas Health System have announced program expansions, and VITAS Innovative Hospice Care, a for-profit Tampa-based company with offices in O'Hara, wants to open a 12- to 16-bed inpatient hospice unit in the Pittsburgh area, according to Mark Katich, general manager.

"We have aggressive growth plans," said Katich, whose company operates 46 programs in 17 states. "Our plan for 2011 is to identify and open a hospital inpatient unit."

Last year, VITAS opened a six-physician palliative care medical practice to complement the company's hospice services, Katich said.

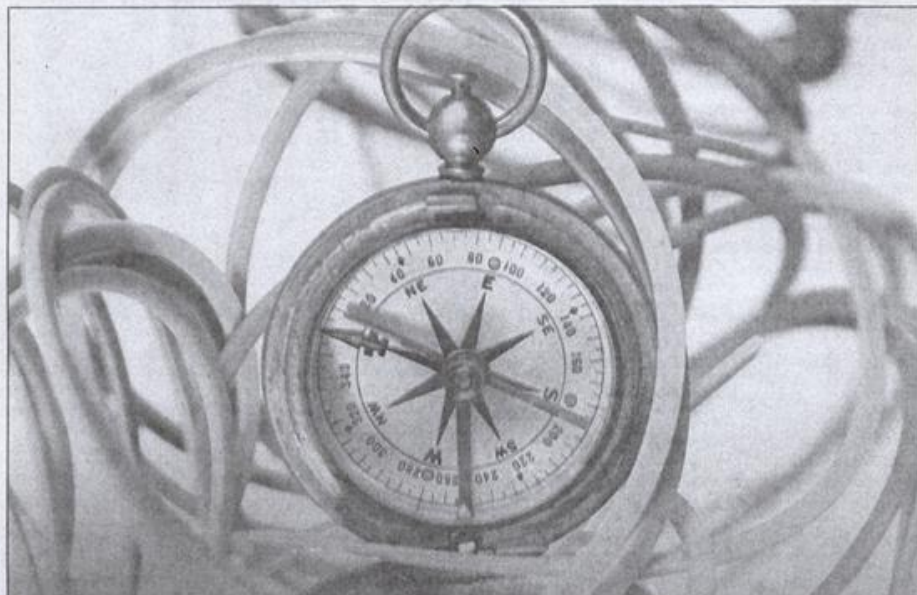
The number of Americans using hospice doubled between 2000 and 2008, when beneficiaries exceeded 1 million people, according to Medpac, and the growth trend is expected to continue. Spiraling health care costs and budget constraints are prompting doctors to take another look at end of life issues, including hospice, said Keith Frndak, president and CEO of Concordia Lutheran Ministries, a Sarver-based senior residential care community in Sarver, which offers home care and hospice care.

"There is a dynamic that is still being worked out in the marketplace," he said. "Every doctor and every hospital gets paid to continue treatment — and society is blessed."

"But as government reimbursement problems continue, doctors and hospitals are more incented to have those difficult conversations" with patients.

"We have an overwhelming need in our congregations. There's just no telling how far and wide the spread can be."

B. DeNeice Welch, a pastor and program coordinator for Transitions.



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