

## **International Conference on Hospice and Palliative Care (Palliative Care 2015)**

**Theme :** *“Supporting the Spirit of Life”*.

### **About the Conference:**

Palliative Care-2015 welcomes attendees, presenters, and exhibitors from all over the world to Florida, USA. We are delighted to invite you all to attend and register for the “International Conference on Hospice and Palliative Care (Palliative Care-2015)” which is going to be held during August 24-26, 2015 in Florida, USA with a theme of “Supporting the Spirit of Life”

The organizing committee is gearing up for an exciting and informative conference program including plenary lectures, symposia, workshops on a variety of topics, poster presentations and various programs for participants from all over the world. We invite you to join us at the Palliative Care-2015, where you will be sure to have a meaningful experience with scholars from around the world. All members of the Palliative Care-2015 organizing committee look forward to meeting you in Florida, USA.

For more details please visit- <http://palliativecare.conferenceseries.com/index.php>

### **Importance and Scope :**

According to some surveys by 2020, the number of people living with at least one chronic illness will increase to 157 million. Today, seven out of 10 Americans die from chronic disease.

Approximately 68 percent of Medicare costs are related to patients with four or more chronic conditions — the typical palliative care patients.

The costs of critical care for patients with chronic disease and multi-organ failure — mainly the elderly and those for whom death is a common but not an immediate outcome — are exceedingly high. The top 5 percent of such patients account for nearly half of health care spending and the cost per capita for 1 percent of such patients is \$90,000 compared with \$236 per capita for the bottom 50 percent.

Ref: <http://www.nahc.org/news/why-hospice-is-more-important-today-than-ever-before/>

In many chronic and progressive conditions such as cancer, heart disease, or dementia, the natural disease process can ultimately reach an end stage. Most of the time, as a disease progresses to an advanced stage, its symptoms become more intolerable and difficult to control. As a result, an end-stage condition can significantly impair a person's functional status and quality of life.

At this point, often there is no further cure or treatment to control the progression of the disease. Furthermore, aggressive treatment may only offer little benefit while posing significant risk and jeopardizing the patient's quality of life.

In such late stages of diseases, especially when there is "nothing left to do," hospice can offer help for patients and families. There are many aspects of a patient's well-being that can be addressed. Hospice can

play a key role in managing physical symptoms of a disease (palliative care) and supporting patients and families emotionally and spiritually.

Hospice care promotes open discussions about "the big picture" with patients and their loved ones. The disease process, prognosis, and realities are often important parts of these discussions. More importantly, the patient's wishes, values, and beliefs are taken into account and become the cornerstone of the hospice plan of care.

Hospice and palliative-care philosophy encourages these type of discussions with treating physicians early on in the course of a terminal disease. Patients can outline their preferences before they become too ill and incapable, thereby relieving some of the decision-making burden from family members.

Ref : <http://www.medicinenet.com/hospice/article.htm>

### **Why Florida:**

Florida is a state in the southeastern region of the United States, bordered to the west by the Gulf of Mexico, to the north by Alabama and Georgia, to the east by the Atlantic Ocean, and to the south by the Straits of Florida. Since the first European contact was made in 1513 by Spanish upon landing there during the Easter season, Pascua Florida— Florida was a challenge for the European colonial powers before it gained statehood in the United States in 1845.

It was a principal location of the Seminole Wars against the Indians, and racial segregation after the American Civil War. Today, it is distinguished by its large Hispanic community and high population growth, as well as its increasing environmental concerns. Its economy relies mainly on tourism, agriculture, and transportation, which developed in the late 19th century. Florida is also known for its amusement parks, the production of oranges, and the Kennedy Space Center.

Florida culture is a reflection of influences and multiple inheritance; Native American, European American, Hispanic and African American heritages can be found in the architecture and cuisine. Florida has attracted many writers such as Marjorie Kinnan Rawlings, Ernest Hemingway and Tennessee Williams, and continues to attract celebrities and athletes. It is internationally known for golf, tennis, auto racing, and water sports.

In 1819, by terms of the Adams-Onís Treaty, Spain ceded Florida to the United States in exchange for \$5 million and the American renunciation of any claims on Texas that they might have from the Louisiana Purchase. The free blacks and Indian slaves, Black Seminoles, living near St. Augustine, fled to Havana, Cuba to avoid coming under

US control. Some Seminole also abandoned their settlements and moved further south. Hundreds of Black Seminoles and fugitive slaves escaped in the early nineteenth century from Cape Florida to The Bahamas, where they settled on Andros Island.

Florida alone has a number of 42 Governments recognized Hospice or Palliative Care Centre

Hospice and Palliative care program that is currently used throughout USA. The Program has been supported by the country and the government. In fact USA does have their Own association of Hospice and Palliative Care totally looked after by the Government of USA.

According to the current figures Florida itself has as many as 133 Hospice care and palliative organizations.

### **Conference Highlights:**

- Hospice Care
- Hospice Care for Special Situations
- Palliative Care
- Palliative Care Services
- Hospice and Palliative Care Models
- Research in Care and Medicine
- Clinical Studies
- Pediatric Hospice and Palliative Care
- Care of Children & Young People (CYP)
- Medications in Hospice and Palliative Care
- Major Symptoms
- Spirituality in Hospice and Palliative Care
- Ethical and Legal Issues
- Cost of Care and Benefits

### **Why to attend:**

Conduct demonstrations, workshops and symposiums, distribute information, meet with current and potential national & international experts, make a splash with a new product line, and receive name recognition at this 2-day event. World-renowned speakers, the most recent techniques, tactics, and the newest updates in maternal healthcare fields are hallmarks of this conference.

It is our greatest pleasure to welcome you to the International Conference on Hospice and Palliative Care (Palliative Care 2015), that aims at bringing together the professors, physician researchers, surgeons, health educators, nurse researchers and students working in the relevant field and to provide an international forum for the dissemination of original research results, new ideas, innovations and practical development experiences which concentrate on both theory and

practices. Palliative Care-2015 focuses on “*Supporting the Spirit of Life*”. Our aim is to aggregate researchers, academicians and scientists from the Hospice Care community and the Palliative Care Community to create an avenue towards robust exchange of information on Hospice Care advancements, new scientific achievements and the effectiveness of various regulatory programs towards Hospice and Palliative Care.

## **Major Associations and Societies around the Globe :**

- Family Healthcare Association
- National Organization for Palliative Care and Hospice Institutions
- Österreichische Palliativgesellschaft
- Fédération Bruxelloise Pluraliste de Soins Palliatifs et Continu
- Croatian Society for Palliative Medicine
- The Cyprus Association of Cancer Patients and Friends
- Czech Society of Palliative Medicine
- Danish association of nurses in palliative care
- Danish Society of Palliative Medicine
- Danish association of psychologists in palliative care and oncology
- The Finnish Association for Palliative Care
- The Finnish Association for Palliative Medicine
- Deutscher Hospiz- und PalliativVerband e.V.
- Hellenic Association for Pain Control & Palliative Care
- Hellenic Society of Pain Management and Palliative Care
- Greek Society for Pediatric Palliative Care
- Irish Association for Palliative Care
- All Ireland Institute of Hospice and Palliative Care
- Israel Palliative Medicine Association
- Israel Association of Palliative Care
- Società Italiana di Cure Palliative
- Palliatief for Terminally Ill Patients
- Association of Palliative Care Social Workers
- International Observatory on End of Life Care
- Independent Association of Nurses in Palliative Care
- Association for Palliative Medicine of G B & Ireland
- Association of Palliative Care Social Workers
- Palliative Care Australia

## **Major Associations and Societies in USA:**

1. [American Academy of Hospice and Palliative Medicine](#)

2. [National Hospice Organization](#)
3. [International Association for Hospice and Palliative Care \(IAHPC\)](#)
4. [National Hospice and Palliative Care Organization \(NHPCO\)](#)

### **How many patients receive care each year:**

In 2012, an estimated 1.5 to 1.61 million patients received services from hospice . This estimate includes:

- Patients who died while receiving hospice care
- Patients who received care in 2011 and who continued to receive care into 2012 (known as “carryovers”)
- Patients who left hospice care alive in 2012 for various reasons including extended prognosis, desire for curative treatment, and other reason

The percent of U.S. deaths served by hospice is calculated by dividing the number of deaths in hospice (as estimated by NHPCO) by the total number of deaths in the U.S. as reported by the Centers for Disease Control and Prevention. NHPCO estimates that approximately 1,113,000 deaths occurred in the U.S. while under the care of hospice. However, currently CDC data on the number of U.S. deaths in 2012 is not available.

### **Organizational Tax Status**

Hospice agencies are organized into three tax status categories:

1. Not-for-profit [charitable organization subject to 501(c)3 tax provisions]
2. For-profit (privately owned or publicly held entities)
3. Government (owned and operated by federal, state, or local municipality).

Based on analysis of CMS’s Provider of Service (POS) file, 32%<sup>2</sup> of active Medicare Provider Numbers are assigned to providers that held not-for-profit tax status and 63%<sup>2</sup> held for-profit status in 2012. Government-owned programs, (e.g., hospices operated by state and local governments), comprise the smallest percentage of hospice providers (about 5%<sup>2</sup> in 2012.).

The number of for-profit Medicare-certified hospice providers has been steadily increasing over

the past several years (Figure 8). In contrast, the number of Medicare-certified not-for-profit or government providers has begun to decline over the same period.

The [Hospices and Palliative Care Centers](#) industry has grown rapidly for more than a decade, aided by continued Medicare and Medicaid reimbursement support, an aging US population, rising healthcare costs and a general trend toward at-home end-of-life care. “The industry continued growing straight through the economic downturn as relevant funding grew and the number of facilities offering hospice and palliative services did as well,” said IBISWorld industry analyst Brian Bueno. IBISWorld estimates 7,789 facilities will operate in the industry in 2012, generating \$18.9 billion in revenue. In 2012 alone, revenue is expected to jump 8.4%, marking an annualized rate of growth of 9.8% since 2007.

Over the past decade, the number of Americans seeking hospice care has continued to increase dramatically. According to the National Hospice and Palliative Care Organization, approximately 41.9% of all 2010 deaths in the United States were under the care of a hospice program. Furthermore, of all Medicare decedents in 2001, 18.8% accessed hospice for three or more days. By 2007, the proportion of Medicare decedents accessing three or more days of hospice services had increased to 30.1%. Aiding such growth has been the rising number of Americans aged 65 and older that are Medicare eligible. Over the five years to 2012, funding for Medicare is projected to increase at an average annual rate of 4.4% to \$761.4 billion. Similarly, over that period, the share of US population aged 65 and over jumped from 12.6% to 13.6% as that age group grew faster than the general population.

The [Hospices and Palliative Care Centers](#) industry is anticipated to continue growing strongly through 2017. According to Bueno, demand will escalate along with the acceleration in the proportion of the population aged 65 and older, and the subsequent rapid growth in the number of Medicare recipients. The popularity of hospice care centers will also grow as healthcare costs continue to mount and hospitals and physicians increase their recommendation of hospice and at-home end-of-life care. Nevertheless, growth is expected to remain below its potential over the next five years because of impending cuts to hospice reimbursement rates.

### **Major Companies :**

Vitas Healthcare Corporation:

Financial Performance:

VITAS Healthcare Corporation reported earnings results for the third quarter and nine months ended September 30, 2014. Net revenue was \$265 million in the third quarter of 2014, which is an increase of \$11.4 million, or 4.5%, when compared to the prior-year period of \$254 million.

This revenue increase is comprised of an average Medicare reimbursement rate increase of 1.4% and a 2.8% increase in average daily census. Net income was \$21,593,000 compared to \$14,608,000 a year ago. Adjusted EBITDA was \$38,339,000 compared to \$37,314,000 a year ago. Income from operations was \$33,320,000, compared to \$22,394,000 a year ago. Income before income taxes was \$34,736,000, compared to \$23,650,000 a year ago. For the nine months, total revenue was \$789.822 million, compared to \$788.896 million a year ago. Net income was \$60,645,000 compared to \$55,237,000 a year ago. Adjusted EBITDA was \$109,756,000 compared to \$112,567,000 a year ago. Income from operations was \$94,030,000, compared to \$85,615,000 a year ago. Income before income taxes was \$97,806,000, compared to \$89,288,000 a year ago. Full-year 2014 revenue growth, prior to Medicare Cap, is estimated to be in the range of 1% to 2%. Admissions in 2014 are estimated to increase 2% and full-year adjusted EBITDA margin, prior to Medicare Cap, is estimated to be 14.5% to 15.0%.

#### **References:**

- <http://www.bloomberg.com/research/stocks/private/snapshot.asp?privcapId=36378>
- <http://www.prweb.com/releases/2012/2/prweb9224863.htm>
- <http://www.medicinenet.com/hospice/article.htm>