
Friends of Hopewell House

Board of Directors

Joan Strong Buell
President

Sarah Newhall
Vice President

John Larkin
Treasurer

Peter Schubert
Secretary

John Callahan

Stefan Clayton

Marci Donaldson, RN

Rev. Michael Ellick

Keesha Ewers, PhD,
ARNP-C

Connie Larkin

Elizabeth Layton, RN

Eriko Onishi, MD, MCR

Carla Starrett-Bigg

Eric Walsh, MD

Scott MacEachern
Co-Executive Director

Susan Hearn
Co-Executive Director
Ex-Officio

Friends of Hopewell House

6141 SW Capitol Hwy.
Portland, OR 97239

501(c)(3)

EIN # 84-3380179
Inquiries@fhhpdx.org

FHHpdx.org

Fall 2021

Letter of Support for Friends of Hopewell House

We, the undersigned, are clinicians who have spent a part, or all, of our careers caring for patients and their families in Portland, Oregon. We have worked in primary care, geriatrics, pediatrics, palliative care, hospice care. We are united, through the act of signing this letter, in advocating for a residential hospice facility in Portland. With a metropolitan area of about 2.5 million people, Portland currently has no such dedicated facility, whereas, Bend, Medford, Salem, Albany, Eugene, and Vancouver, WA do.

A residential hospice is a resource for dying persons whose care is too complicated to be done at home and for those whose home-based caregivers are unable, for reasons of age, debility, lack of competence, or the paralysis of anxiety, to care for loved ones at home.

As medical science has improved, people now live with advanced disease states which would have been terminal just a generation or two ago. And deaths from complicated diseases, requiring complicated interventions, have become more complicated deaths. A recently published medical journal article documented that 38% of patients dying with Left Ventricular Assist Devices were unable to be cared for at home (Portenoy, RK, Jnl. Pain and Symptom Management, May 2021). One would think that they could be managed in a hospital for end-of-life care; but changes in the CMS interpretation of rules for Hospice "General Inpatient" (GIP) care have made this pathway less financially viable, less stable, and hence less available for all hospices.

Why the new Hopewell House is sustainable:

The new Hopewell House will accept hospice patients whose care needs are unstable or accelerating. Hopewell House will work financially due to reduced costs, (via collaboration and efficient hospice trained staffing), while earning revenue from multiple sources. Revenue will include private pay and long-term care insurance, bed day agreements with non-profit health systems, specialty rates from Medicaid and the Veteran's Administration and philanthropic support.

Unmet Community Needs - Matching the Right Service for the Right Hospice Patients:

Residential hospice is a preventative strategy to identify in advanced situations which often result in ER visits or hospitalizations of hospice patients, due to caregiver breakdown or symptom crisis. This is a model worth supporting. We, the undersigned, urge your support of this innovative project, which draws on the deep roots of hospice care, while responding to the changes in modern healthcare: longer lives, more complicated deaths, and the evolving nature of the standard CMS model of regulation and reimbursement.