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Friends of Hopewell House  
6164 Capitol Highway  
Portland OR 97239  
September 29, 2021

Dear Friends of Hopewell House,

**Portland residents deserve the option of residential hospice care.** I am writing this letter giving my **absolute support** to the Friends of Hopewell House in their effort to re-establish residential hospice care for the city of Portland and surrounding areas. Although I am currently an Associate Professor of Medicine at Harvard Medical School and a Senior Scientist at Ariadne Labs (founded by Atul Gawande) in Boston, prior to that I spent 15 years practicing, teaching and leading palliative care at Oregon Health & Science University.

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. *I can say unequivocally that reviving Hopewell House is vital to the well-being of Portland residents, who despite their admirable self-reliance still sometimes end up needing residential care at the end-of-life.* 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.

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.<sup>1</sup> 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 financially treacherous, unstable, and non-viable for most hospices.

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<sup>1</sup> May, 2021 "Journal of Pain and Symptom Management," which is the professional journal of The American Academy of Hospice and Palliative Medicine, has a lead article entitled "Providing End-of-Life Care for Patients with Left Ventricular Assist Devices: Experience of a Hospice Agency." The article is co-authored by Dr. Russell K. Portenoy,

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401 Park Drive  
Landmark Center  
Floor 3 East  
Boston, MA 02215

Tel: (617) 384-6555  
Fax: (617) 384-8727  
Email: [info@ariadnelabs.org](mailto:info@ariadnelabs.org)  
Web: [ariadnelabs.org](http://ariadnelabs.org)

**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.

Legacy Hopewell House was a General Inpatient (GIP) model and closed down due to the requirements of operating a GIP facility including a Medical Director's salary, two 24/7 RNs, pharmacy, a full interdisciplinary team, and other JACHO requirements. Working under restrictive admission criteria and obligation to discharge before death resulted in shorter lengths of stay, increased turnover and reduced census. *While I was dismayed that Hopewell House had to close its doors under Legacy-Good Samaritan's ownership, the reality is that no single health organization should be responsible for ensuring access for the entire city, and the new business model makes a lot more sense and should be able to serve patients well regardless of which health system they receive care.*

**Decreased Cost:**

"Friends of Hopewell House," (FHH), is a not-for-profit entity whose goal is to reopen Hopewell House. Hopewell House cared for many thousands of patients between its opening in 1986, and its closure in 2019. FHH is emulating a model of a dedicated hospice residential care facility that was begun in Medford Oregon in 2018, demonstrating both clinical and financial stability.

**Efficient, Collaborative Staffing:**

The model is one of a specialty residential care facility, accepting only hospice patients. Such a model already exists for clients with traumatic brain injury, Autistic Spectrum Disorders, etc. 24-hour bedside nursing care, in collaboration with local hospice programs, provides a far more robust nurse/patient ratio than would be found in standard nursing homes. And the nursing staff at the hospice residential care facility (Celia's House in Medford, and, the planned Hopewell House in Portland), are professionals who are both trained and committed to providing patients and families with compassionate and competent end-of-life care. CNA licensed caregivers at 4 to 1 ratios and bed-side hospice trained volunteers maintain dignity and life enrichment of patients and loved ones. Hospice care plans, medications, supplies and medical equipment will be funded by collaborating with Portland's non-profit Medicare certified hospice programs.

**Sustainable Business Model - Broad Revenue Sources:**

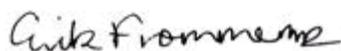
Revenue will include private pay and long-term care insurance, bed day agreements with non-profit health systems, specialty rates from Medicaid and the Veteran's Administration and philanthropic support.

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

Residential hospice is a preventative strategy to identify in advance situations which often result in ER visits or hospitalizations of hospice patients, due to caregiver breakdown or symptom crisis.

**The bottom line: Portland residents deserve the option of residential hospice care. It's critical that we support this model.**

Sincerely,



Erik Fromme, MD, MCR, FAAHPM

PALLIATIVE CARE PHYSICIAN, DANA-FARBER CANCER INSTITUTE & BRIGHAM AND WOMEN'S HOSPITAL  
ASSOCIATE PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL  
SENIOR SCIENTIST, SERIOUS ILLNESS CARE PROGRAM, ARIADNE LABS