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#### REGIONAL LOCATIONS

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Philip L. Van Every  
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Center for Palliative Care  
Advancement

##### South Carolina

Fort Mill  
Clinton  
Greenville

#### Inpatient Care Facilities

Levine & Dickson Hospice House  
at Southminster  
Levine & Dickson Hospice House  
at Aidersgate  
Levine & Dickson Hospice House -  
Huntersville  
Testa Family Hospice House  
Hospice Cleveland County  
Wendover Hospice House  
Hospice of Laurens County  
Hospice House

August 8, 2023

DHSR SMFP.Petitions-Comments@dhhs.nc.gov  
Ms. Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee  
Mr. J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health  
Committee  
State Health Coordinating Council  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2701

RE: Heart and Soul of the Carolina's, LLC  
Petitioner Requesting Adjusted Need Determination  
Proposed 2024 SMFP

Dear Ms. Jarvis and Mr. Linton,

Hospice & Palliative Care Charlotte Region dba VIA Health Partners (HPCCR) is submitting this document in response to the petition from Heart and Soul of the Carolina's, LLC for an adjusted need determination in Mecklenburg County for an additional Hospice Home Care Office.

Heart and Soul Hospice, LLC is a for-profit limited liability company formed on March 24, 2020, and is headquartered in Nashville, Tennessee. According to the Joint Annual Report of Hospice, provided to the Tennessee Department of Health, for the reporting period July 1, 2021, through June 30, 2022, Heart and Soul Hospice, LLC served 49 unduplicated patients and provided 2,711 days of care. Of the patients served, 34 (69.4) percent were white, 14 (28.6) percent were black, and 1 (2.0) percent were classified as other.

The basis of the adjusted need petition is that the petitioner believes, "culturally competent providers, particularly those with potentially similar life experiences, can serve in reducing health disparities and improving quality of life for terminally ill patients and their loved ones. The petition goes on with the assertion that "the existing hospice home care agencies in

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Mecklenburg County are limited given the population of Mecklenburg County and are not driven by a focused mission to provide culturally competent care.”

In our response, we do find it interesting that the petitioner appears to present that it is the makeup of the ownership of the for-profit corporation that determines cultural competence as opposed to the demographics of staff, organizational culture, and historical performance. We also note in the petition a reference to a provider named “Hospice and Palliative Care.” There is no licensed provider in Mecklenburg County by that name, so we assume the petitioner is referring to Hospice & Palliative Care Charlotte Region (HPCCR). In the petition, it is stated that “Hospice and Palliative Care” provided 251,763 days of care in Mecklenburg County or 81 percent of the total hospice days of care in Mecklenburg County. The actual number of days of care provided by HPCCR was 204,079 which equates to 66.19 percent of total days of care provided in the county. The petition also states there are two inpatient units in Mecklenburg County when, in fact, there are five. Three are operated by HPCCR and two are by Novant.

On pages 4 through 7 of the petition, there are several tables comparing historical Black and minority utilization of hospice services as a percent of a projected population. We believe using population as a basis for determining the appropriateness of hospice utilization is inherently flawed. To be eligible for hospice services, a physician or medical director must certify that the individual’s prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course. Determining disparities in hospice utilization by using population data alone, as opposed to applying a death rate to the population figure in order to project the expected deaths, exaggerates the need by including people who may not meet the six month terminal illness prognosis for hospice eligibility. It is a key point that county deaths are the best identifier of an eligible hospice population, and patients who do not meet hospice eligibility criteria cannot be deemed to be under served for hospice services. In addition, comparing historical hospice utilization with projected population data also inflates the need. It is for this very reason that the state hospice homecare methodology includes a two-year growth adjustment for deaths in Column F of Table 13B.

On page 6 of the petition, in the table footnotes, it states that “hospice admissions data for Mecklenburg County is based on the volume reported by HOS3121, HOS1445, HOS1702 and HOS4436, which represents the four existing hospice home providers in Mecklenburg County. Two hospital-based agencies, H0010 and H270, are also based in Mecklenburg County but did not

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have publicly available data regarding the racial composition of their admissions”. In the 2022 North Carolina SMFP data there were 23 hospice providers that reported admitting a hospice patient in Mecklenburg County and 24 providers reporting serving a hospice death. By only including those providers who have a licensed office in Mecklenburg County, the data presented in the petition is incomplete and approximately 10 percent of the hospice deaths in the county have been omitted in the petition’s analysis. Based upon the most recent data, 56.6 percent of Mecklenburg County deaths are served by hospice, as compared to the state average of 46.8 percent. In examining the data table included on page 6 of the petition, the number of Mecklenburg County admissions is stated as 4,561 compared to the admission total of 4,681 presented in the proposed 2024 SMFP. The table also presents that 22.5 percent (4,561 \* .225) or 1,028 of the total county admissions were black. HPCCR accounted for 49.54 percent of the 4,681 Mecklenburg County hospice admissions in the 2022 data period yet accounted for 629 black admissions in Mecklenburg County or 61.3 percent of the table’s reported total.

If the data presented in the petition is believed to be accurate, it would mean that the remaining 22 hospice providers who served Mecklenburg County only admitted 397 Black patients or 16.8 percent of the remaining 2,362 admission. Given that most of the patients not admitted by HPCCR were admitted by either the Atrium Health Care system or the Novant Health Care system, we do not find that such a low percentage of black admissions, as presented by the petition, is credible.

We know from Medicare’s Calendar year 2021 data, that 95.42 percent of Medicare beneficiaries who utilized hospice services were 65 years of age or older. We also know from HPCCR’s own data, that from hospice utilization by all payers, 85 percent of patients who received hospice services were age 65 years of age or older. When analyzing the most recently available county death data for Mecklenburg County from the 2020 North Carolina Department of Health and Human Services 2020 Volume 1 Vital Statistics, we see that Black deaths make up 29.6 percent, 1582, of all deaths for residents age 65 and older. In looking at HPCCR’s internal data for 2020, conservatively using an 85 percent utilization factor, HPCCR alone served 31.6 percent, (592 \* .85)/1582) of the Mecklenburg County Black deaths in the age 65 years and older category. This compares to the 22.5 percent figure for “2022 Total Hospice Admissions that were Black” as is presented at the bottom of the petition’s page 6 table. We believe this can be explained by the table’s figure for 2022 of Black admissions which does not reflect admissions from all

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providers and that a comparison to population figures is not a valid or useful reference.

Equivalent results are found in the table on page 7 when minority admissions are presented as a ratio of population as opposed to deaths. The last line of the table reports a ratio of 68.5 percent between the county's minority population compared to minority hospice admissions. Of the Mecklenburg County deaths for the age category of age 65 and older, 35.94 percent of them, or 1,920 deaths, were minority. Based upon our own internal data, again using the more conservative 85 percent utilization factor, HPCCR alone served 31.35 percent (708\*.85)/1,920) or 602 of the minority deaths over age 65. The table on page 7 suffers from the same issues as the table on page 6 since the admission data does not include all admissions for Mecklenburg County and makes a comparison to an entire population age category and not one that represents a population of hospice eligible patients.

Given that HPCCR only serves approximately 50 percent of the county deaths, our own data builds the case that the incumbent providers are doing an excellent job in serving minority populations and it is unreasonable to assume that the data presented in the petition reflects an accurate portrayal of black and minority utilization of hospice serves in Mecklenburg County. Using incomplete data and creating comparisons between age group populations as opposed to deaths, the petitioner has presented an understated picture of hospice utilization in Mecklenburg County.

Hospice and Palliative Care Charlotte Region (HPCCR) was incorporated on March 8, 1978. Outside of the state of Florida, HPCCR is the largest free-standing hospice provider in the Southeastern United States. In 2022, HPCCR served 6,104 unique hospice patients and provided 419,187 days of patient care. HPCCR is an organization that was created by the citizens of the community to serve the citizens of the community with a special focus on vulnerable and underserved communities.

HPCCR is a diverse organization with 35 percent of our employees identifying as a minority. We have minority representation in our corporate leadership team and our Chief Medical Officer, Dr. Bridget Hiller, is a female minority. Other key leadership roles currently held by minorities at HPCCR include, but are not limited to:

- Director Staff Education and Training – responsible for annual education and all new hire orientation
- Director of Intake – responsible for all new hospice and palliative referrals to the organization

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- Lead Nurse Practitioner – responsible for coaching and mentoring all nurse practitioners in the organization
- Senior Director of Clinical Shared Services – responsible for all admission and after-hours operations and outcomes
- Clinical Director for the Levine & Dickson Hospice House at Southminster – responsible for all operations and service at our 10-bed in-patient unit in southern Mecklenburg County
- Senior Director of Human Resources & Chief Diversity Officer – responsible for guidance and assistance with employee matters and developing annual diversity training material for staff
- Medical Director of Lake Norman office – responsible for physician leadership of the Lake Norman team

HPCCR is committed to minority outreach. We accomplish this through educational activities that promote a better understanding of the hospice benefit and by building relationships and trust in those communities. Despite COVID and the restrictions of the last few years, HPCCR engaged in numerous initiatives aimed at cultural competency and minority outreach. Just a few examples include:

- Helping start a support group at First Mt. Zion Missionary Baptist Church in Charlotte
- Attending and keynoting a session at the annual ‘Coping with Grief’ workshop at Unity International Church in Charlotte
- Attending a training session on African American Spirituality at the End of Life by Dr. Vergel Lattimore, President of Hood Theological Seminary
- Holding National Healthcare Decision Day events throughout our region
- Participating in the Juneteenth Festival of the Carolinas 2023
- Paneling a discussion about Healthcare at Tabernacle Baptist Church

A substantial investment to impact minority hospice access and utilization was the intentional decision to build our third hospice house in the east side of Mecklenburg County. The zip codes just east of uptown Charlotte have some of the most diverse and lowest income populations in the county. Levine & Dickson Hospice House at Aldersgate was purposely built in the heart of this area to offer a convenient, recognizable hospice facility that can help build trust with minority populations.

In terms of quality of care and patient satisfaction, HPCCR scores well with minority populations. HPCCR’s Consumer Assessment of Healthcare

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Providers and Systems (CAHPS) Hospice survey results exceed national averages, as found on the Medicare Hospice Compare site. However, for Mecklenburg County residents who identify as non-white on their survey, we analyze those surveys to help ensure cultural competence and that care is being provided in alignment with the beliefs of those minority populations. The fact is, 88 percent rated HPCCR a score of 9 or 10. The question of “treating the patient with dignity and respect” yielded a 94 percent response for “Always”. Finally, 97 percent answered ‘Right Amount’ when asked about “support for your religious and spiritual beliefs”. All these scores are in line with overall HPCCR averages and better than national averages.

#### SUMMARY

In summary, the petitioner states support for the methodology used in the SFMP - which does not yield a need. However, the petitioner justifies the request for an additional hospice home care agency focused on minority populations through inaccurate data analysis and comparisons. Heart and Soul also claims a narrative of expertise with no evidence or outcomes. By contrast, HPCCR has outlined numerous facts and a long-standing record of a commitment to diversity, minority outreach and increased access to all levels of hospice care. We respectfully request this petition be denied.

Respectfully,



Peter A. Brunnick  
President & Chief Executive Officer  
Hospice & Palliative Care Charlotte Region  
Dba VIA Health Partners

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