



HOSPICE & PALLIATIVE CARE  
ASSOCIATION OF ARKANSAS

December 1, 2016

Dear Administrator,

2017 is quickly approaching! HPCAA continues our work throughout the state and nationally to educate, advocate and improve access to quality hospice and palliative care. On January 9, the 91<sup>st</sup> General Assembly will begin at the Capitol. HPCAA will be there watching and working on issues that may affect our industry.

In 2016, HPCAA

- ✓ Began distribution to Members of the Quality & Compliance News
- ✓ Worked with the Arkansas State Board of Pharmacy to revise hospice inpatient Ekit content
- ✓ Continued to work with stake holders on proposed POLST (physician order for life sustaining treatment) legislation – plan to support in the 2017 Legislative Session
- ✓ Continued development and coordination of the state’s “hospice veteran partnership”, HAVEN, through NHPCO’s We Honor Veteran’s program
- ✓ Presented on hospice and palliative care to community groups and UAMS medical students
- ✓ Facilitated a Palliative Care Roundtable discussion during the AR Cancer Summit
- ✓ Chaired the Arkansas Cancer Coalition “Palliative Care Work Group”
- ✓ Advocated in Washington DC to federal legislators for hospice and palliative care
- ✓ Continued serving on the NHPCO Council of States and its Steering Committee
- ✓ Partnered with multiple organizations to offer educational (CE) webinars throughout the year
- ✓ Offered multiple in-person educational events including the Palmetto 2016 Hospice Medicare Workshop, Leadership Event, RN Certification Review Course, and the Partners in Care Conference
- ✓ Held the first Partners in Care “Pre-Conference” day on palliative care
- ✓ Reestablished HPCAA Region Meetings to provide education and support
- ✓ Developed promotional materials and tips for National Hospice & Palliative Care Month and met with Members throughout each region to educate on promotion

HPCAA’s Membership comes with rewards such as discounted registration fees, members only education and resources, HPCAA newsletters, the monthly Quality & Compliance News, regulatory updates, assistance with questions/issues, ability to serve on the Board and Committees, access to the HPCAA website members only area including many resources, and most importantly the benefits of having a state level association that is working to educate legislators, increase community awareness and knowledge, and improve access across the state to hospice and palliative care.

Thank you, in advance, for your support to ensure efforts continue to ensure all in need receive the care they deserve when facing a serious illness.

Your support through membership is needed to continue our work!

Sincerely,

Lisa Vaden  
HPCAA Executive Director

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**HOSPICE & PALLIATIVE CARE  
ASSOCIATION OF ARKANSAS**

**2017 PALLIATIVE CARE MEMBERSHIP APPLICATION**

Membership is effective January 1 through December 31 annually.

**Note: Palliative care programs owned by a HPCAA member hospice organization are not required to complete a separate palliative care membership.**

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**Palliative Care Program/Provider Name (Individual's name if Associate Member application)**

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**Phone Number**

**Toll-free Number**

**Fax Number**

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**Address**

**City**

**State**

**Zip**

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**Name of Governing/Voting Member**

**Title**

**Email Address**

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**Agency Web Address**

**Name of Affiliated Hospital or Hospice if Applicable**

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**Name of Contact Person for this Application**

**Contact Person's Phone Number**

**Please check type of membership:**

**Governing** (Palliative Care Program/Department/Organization)

**\$250.00**

**Individual** (excludes voting privilege)

**\$50.00**

**Governing Members:**

**Please check all services provided:**

Outpatient Palliative Care Service

Adult

Pediatric

Inpatient Palliative Care Consultation Service

Adult

Pediatric

Inpatient Palliative Care Unit

Adult

Pediatric

Other (Please specify) \_\_\_\_\_

**Governing Members:**

List contacts from your palliative care program you would like to add to the HPCAA general distribution list (alerts, announcements, newsletters, etc.). Please print clearly

Name	Title	Email Address

Please complete and return application with check payable to HPCAA by January 13, 2017.

**Thank you for your support!**

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