

Press Clips

ABMS

“In the News”

October/November 2009



American Board
of Medical Specialties

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Press Clips, Media & Releases

October/November 2009

Part of ABMS' strategic mission is to communicate to appropriate external stakeholders that board certification is known as a major marker of quality for physician practice performance and that ABMS is recognized as the organization that establishes standards and criteria.

Shown in this book are the numerous mentions that ABMS has received in the press and media from October/November 2009.

If you have any questions or come across other mentions of ABMS in the media, press or on the Internet, please direct all copies to Lori Boukas, Director of Marketing and Communications so this information can be published back to the boards.

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Relevant Media

- 1) "Innovation Networks: A Strategy to Transform Primary Health Care" *Journal of the American Medical Association (JAMA)* – October 7, 2009
- 2) "Disruption and Innovation in Health Care" – *Journal of the American Medical Association (JAMA)* – October 7, 2009
- 3) "Steps to Greater Accountability in Medical Education" – *The New York Times* – October 21, 2009
- 4) "Reform of Continuing Medical Education: Investments in Physician Human Capital" - *Journal of the American Medical Association (JAMA)* – October 28, 2009
- 5) "Payment Reform for Safety-Net Institutions – Improving Quality and Outcomes" - *New England Journal of Medicine (NEJM)* – November 5, 2009
- 6) "Primary Care Visit Duration and Quality: Does Good Care Take Longer?" *Archives of Internal Medicine* – November 9, 2009
- 7) "Entering the Second Decade of the Patient Safety Movement: The Field Matures Comment on Disclosure of Hospital Adverse Events and Its Association With Patients' Ratings of the equality of Care" - *Archives of Internal Medicine* – November 9, 2009
- 8) "Shared Medical Regulation in a Time of Increasing Calls for Accountability and Transparency: Comparison of Recertification in the United States, Canada, and the United Kingdom" - *Journal of the American Medical Association (JAMA)* – November 11, 2009
- 9) "The Purpose and Limits to Professional Self-regulation" - *Journal of the American Medical Association (JAMA)* – November 11, 2009

Press Clips

- 1) October 2009
- 2) November 2009

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Press Clips



**American Board
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ABMS Monthly Media Report October/November, 2009

Following is a summary of media coverage identified during the months of October and November related to the American Board of Medical Specialties (ABMS). A brief description of each story, along with an excerpt is provided as well as available links for complete articles. For other articles contact lboukas@abms.org.

ABMS Mentions

Story #1

Modern Healthcare

“Hospitalists Score”

Andis Robeznieks

Oct. 5, 2009

This article is about a five-year pilot program to test a plan for recertifying internists as practitioners of hospital medicine--rather than general internal medicine--to be launched next year. According to Dr. Robert Wachter, who coined the term “hospitalist” in 1996, “...it is one of the final steps of legitimizing a field for those of us who were there in the very beginning and who had hopes and dreams for this idea.”

ABMS Specialty Member Board Mention: “The program, called Recognition of Focused Practice, will be used by hospitalists who are completing their **American Board of Internal Medicine** 10-year maintenance of certification requirements.”

““This is unique in that it's not a new certification per se,” said **Eric Holmboe, chief medical officer and senior vice president of the ABIM**. ‘It’s some subtle terminology. It will say ‘maintenance of certification in internal medicine with a focused practice in hospital medicine.’”

<http://www.modernhealthcare.com/apps/pbcs.dll/article?AID=/20091005/SUB/910029992>

Story #2

Consumer Reports

“Laser Surgery Survey: The Eyes Have It”

Picked up by the *Washington Post*

Nov. 3, 2009

This article is about the benefits and risks of vision-correction surgery. Tips offered in the article for consumers who may be considering laser surgery include how to find a good surgeon.

ABMS Mention: “The choice (of surgeon) should be based on more than just the surgery center's reputation, so be sure to ask for recommendations and inquire about the surgeon's experience. Look for a board-certified surgeon (visit <http://www.abms.org>) who does the procedure that you want at least 250 times a year.”

http://www.washingtonpost.com/wp-dyn/content/article/2009/11/02/AR2009110203101_pf.html

Story #3

The following media picked up information from the ABMS press release, distributed today on Business Wire, about convening its first Board Congress to encourage alignment of healthcare quality improvement efforts (list organized by date, then alphabetically):

Ad Hoc News
Nov. 24, 2009

<http://www.ad-hoc-news.de/medical-abms-convenes-healthcare-stakeholders-to--/de/Unternehmensnachrichten/20737455>

Business Weekly.co.uk
Nov. 24, 2009

<http://www.businessweekly.co.uk/2009112335882/life-sciences/east-of-england-healthcare-innovations-receive-government-funding.html>

dBusinessNews
Nov. 24, 2009

<http://chicago.dbusinessnews.com/viewnews.php?article=bwire/20091124005663r1.xml>

Earth Times
Nov. 24, 2009

<http://www.earthtimes.org/articles/show/abms-convenes-healthcare-stakeholders-to-align-quality-improvement-goals,1061514.shtml>

Story #4

The following media picked up information from the ABMS press release, distributed yesterday on Business Wire, about convening its first Board Congress to encourage alignment of healthcare quality improvement efforts (list organized by date, then alphabetically):

BehavioralHealthCentral.com
Nov. 24, 2009

<http://behavioralhealthcentral.com/index.php/20091124139979/Business-News/abms-convenes-healthcare-stakeholders-to-align-quality-improvement-goals.html>

EuroInvestor.co.uk
Nov. 24, 2009

<http://www.euroinvestor.co.uk/news/story.aspx?id=10754724&bw=20091124005663>

Individual.com
Nov. 24, 2009

<http://www.individual.com/story.php?story=110688696>

PR-Inside.com
Nov. 24, 2009

<http://www.pr-inside.com/abms-convenes-healthcare-stakeholders-to-r1599932.htm>

Story #5

Associated Press

“Clock is Ticking on 2010 Health Care Plan Choices”

Eileen AJ Connelly

Nov. 27, 2009

This article is about the open enrollment period that allows Medicare participants to choose or make changes to their Medicare Advantage plans and prescription drug coverage. According to the article, the open enrollment period for Medicare will end on the last day of 2009. The article lists tips for those new to Medicare and those who wish to make changes, including where to check on doctors' credentials.

ABMS Mention: “Sites that rely on commercial data bases for background information may also have incorrect details, like whether a doctor is board certified, said Dr. John Santa, director of the Consumer Reports Health Ratings Center...Santa recommended checking state Web sites to make sure doctors are licensed and see if they have been disciplined. For specialists, check the **American Board of Medical Specialists site**, <http://www.abms.org>, to see if they are board certified in their specialty.”

http://www.google.com/hostednews/ap/article/ALeqM5gpRCIA6gYWLrm7iMS_mFJNTTOlugD9C803GG0

Story #6

Associated Press

“At 35, Hospice is Now Common for End-of-Life Care”

Katie Neslon

Nov. 29, 2009

This article looks at the evolution of hospice care over the past 3 1/2 decades from a medical fad to a common practice for end-of-life care. “The conversation about death and dying and grief and loss is much more part of the mainstream,” said Don Schumacher, president and CEO of the

National Hospice and Palliative Care Organization.

ABMS Mention: “The medical community helped further legitimize the industry recently by offering certifications in hospice care for doctors, nurses and nursing assistants. The **American Board of Medical Specialties** first issued doctors certificates in hospice care in 2008, when it handed out 1,272 certificates.”

http://www.seattlepi.com/local/6420ap_ct_hospice_35th_anniversary.html

The Washington Post

Laser surgery survey: The eyes have it

Tuesday, November 3, 2009

If you get annoyed by the hassles that accompany wearing glasses or contacts, you've probably at least thought about having vision-correction surgery. But what about the risks? The Consumer Reports National Research Center recently surveyed 793 adults who had laser eye surgery in the past eight years and talked to experts to answer some common questions about the procedure:

What are my options? There are two laser surgery options: Lasik (laser in situ keratomileusis) reshapes the cornea and has a quick recovery time. PRK (photorefractive keratectomy) is often recommended for people with thin corneas.

Make sure that you know your choices and that you understand why you're choosing one technique over the other: Twenty-eight percent of the people in the survey couldn't name the surgery they had. This could be a problem if side effects occur in the future or other questions about the procedure come up.

Who's a good candidate? First, you must be at least 18 years old, and you shouldn't be pregnant or breast-feeding. Also, your vision should have been stable for the past year, meaning you shouldn't

have fluctuated wildly in your prescription for glasses or contacts. If you meet those criteria, it's sensible to get a thorough preoperative exam to further determine if you're a good candidate. The exam will test for dry eye and glaucoma, and the doctor will look at your corneas, pupils and retinas.

Although four out of five people in the survey said they were highly pleased with the outcome, it's worth knowing that, according to the survey, people who were nearsighted (rather than those who were farsighted or had astigmatism) were slightly more satisfied with the results of their surgery. Also, if you have dry eyes, you may be a poor candidate because this condition can get worse after laser surgery.

Will insurance cover it? Probably not. Prices vary widely for this mostly consumer-paid surgery, with costs varying from less than \$499 per eye to more than \$4,000 per eye; nationally, the average price is about \$3,300 for both eyes.

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http://www.washingtonpost.com/wp-dyn/content/article/2009/11/02/AR2009110203101_pf.html

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The Washington Post

Laser surgery survey: The eyes have it

If your health plan doesn't cover the procedure, you might be entitled to a discount, however. For example, some Lasik providers have negotiated discounts with large insurance carriers and vision networks. So plan ahead, and, if possible, use your health plan's flexible spending account to sock away dollars tax-free to pay for it.

But think twice about using "interest-free" health-care-specific credit lines, such as ChaseHealthAdvance or GE Money CareCredit. If you're late with even a single minimum payment, the zero-percent-interest deal might suddenly turn into a 25-percent-or-so deal.

How do I find a good surgeon? Choose carefully: Satisfaction with the surgeon, even more than the place of surgery, predicted overall satisfaction. The choice should be based on more than just the surgery center's reputation, so be sure to ask for recommendations and inquire about the surgeon's experience. Look for a board-certified surgeon (visit <http://www.abms.org>) who does the procedure that you want at least 250 times a year. For more information on finding a reputable surgeon, go to <http://www.geteyesmart.org>, <http://www.aoa.org/corneal-modifications.xml> and <http://www.eyesurgeryeducation.com>.

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For further guidance, go to ConsumerReportsHealth.org. More-detailed information -- including CR's ratings of prescription drugs, conditions, treatments, doctors, hospitals and healthy-living products -- is available to subscribers to that site.

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ABMS Convenes Healthcare Stakeholders to Align Quality Improvement Goals

Posted on : 2009-11-24 | Author : American Board of Medical Specialties
News Category : PressRelease

CHICAGO - (Business Wire) Brought together by the American Board of Medical Specialties (ABMS) to encourage alignment of healthcare quality improvement efforts, key stakeholders spoke at the first ABMS Board Congress: "MOC That Matters," to discuss the evolving and envisioned role of the ABMS Maintenance of Certification® (ABMS MOC®) program. Speakers emphasized that the continual evaluation of physician competency that is at the heart of ABMS MOC is crucial and that initiatives must be flexible enough to reflect the diversity of physician practices and healthcare entity needs, while meeting a common standard.

Speakers representing The Joint Commission, a New York-based hospital system and a credentialing consultant discussed how they envision ABMS MOC providing the most benefit. Representatives of ABMS Member Boards showcased some of their best practices in implementing MOC Parts II and IV, noting that their physician members' (diplomates) practices differ significantly.

"Alignment of the various entities and efforts is the key to healthcare quality improvement, and bringing different stakeholders together is the most efficient way to continue the conversation and make progress," said Kevin B. Weiss, MD, ABMS president and CEO. "At this forum, credentialers learned about the progress that ABMS Member Boards are making that will benefit them, and Member Boards heard that their efforts are valued and that continued progress is necessary and will benefit everyone."

ABMS is the not-for-profit organization that coordinates and assists its 24 Member Boards in their efforts to develop and implement educational and professional standards for the evaluation and certification of U.S. physician specialists. For more than 75 years, ABMS and its Member Boards have been a leading and trusted resource for consumers and healthcare professionals seeking information on physician qualifications, first by establishing board certification and then recertification. To keep pace with continuous advances in the field of medicine, ABMS and its Member Boards evolved their recertification programs to one of continuous professional development, called ABMS Maintenance of Certification (ABMS MOC). ABMS MOC assures that the participating physician is committed to lifelong learning and on-going self-assessment along six areas of competency. Measurement of these competencies happens in numerous ways, some of which vary according to the specialty. This is carried out by all Member Boards using a four-part process that is designed to keep certification continuous.

Paul M. Schyve, MD, senior vice president of The Joint Commission, said MOC can be most beneficial to credentialers if it helps them determine what privileges – the authorization to provide specific clinical services at a hospital – physicians should be granted by providing assessment of the physician's training and competence in new procedures, as well as providing ongoing performance data, and evidence of effective teamwork and interpersonal

skills.

"At hospitals, we're often challenged in determining how to know if and when someone is competent to do something new. Hospitals want standards that are sufficient for regulatory agencies, relevant, consistent and reproducible, transparent and that minimize additional work," said Laura L. Forese, MD, chief medical officer and COO of New York-Presbyterian/Weill Cornell. "There is an excellent opportunity for the Boards to take a more active role."

Representatives of several Member Boards discussed the diverse initiatives they have created for two of the four-part MOC process: Part II (Lifelong Learning and Self-Assessment) and Part IV (Practice Performance Assessment).

For Part II, the American Board of Family Medicine (ABFM) created a Web-based self-assessment module (SAM), a clinical simulation that creates a unique "patient" with each iteration. The diplomate is provided the patient's history, as well as access to diagnostic studies, panels and counseling interventions. The diplomate treats the patient, with the ability to go through several cycles until he or she feels the patient has been treated satisfactorily, and then ends the simulation. The program provides feedback, including whether the diplomate's actions were appropriate and the level of evidence supporting them. "Simulation is the way of the future, the best way to hone your skills without exposing real patients to risk," said Michael D. Hagen, MD, senior vice president of ABFM.

The American Board of Medical Genetics (ABMG) created a variety of modules based on literature review, in which diplomates take a Web-based test without preparation. They are then given five to seven articles to review, and retake the test as an open book. "Diplomates commented that "it made me focus on what my peers think is important, made me read, made me think," said Karla J. Matteson, Ph.D., executive director of the ABMG. Diplomates must complete three modules during the course of 10 years and new modules are regularly created and old ones discontinued.

For Part IV, the American Board of Internal Medicine (ABIM) developed more than a dozen practice improvement modules (PIMs) helping physicians develop plans to improve the care they deliver in their practices around common conditions faced by internal medicine physicians, such as asthma, diabetes, hypertension, or to improve their communication skills with patients and peers. The PIMs incorporate patient surveys, chart review and practice system surveys. "PIMs help physicians not only improve their care delivery but better understand the interaction of the physician, system and patient, the three important elements of care delivery," said Eric S. Holmboe, MD, chief medical officer of ABIM. ABIM is engaged in ongoing research and analysis of the PIMs with 11 peer-reviewed studies published or in press.

As a procedure-based specialty, the American Board of Plastic Surgery (ABPS) offers Web-based practice assessments in various plastic surgery (PA-PS) modules addressing a variety of procedures, from cleft palate to carpal tunnel surgery. Diplomates must complete PA-PS modules in years three, six and nine of the 10-year MOC cycle. For each module, diplomates review 10 consecutive patient charts for a given procedure and complete questions for related to specific aspects of surgical care. For example, the PA-PS module focus on operating time, outcomes, complications and surgeon as well as patient satisfaction. Diplomates are then compared to their peers and provided an action plan for improvement, including a link to a relevant CME

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About ABMS

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The 24 Member Boards that make up the ABMS Board Enterprise, cover over 145 medical specialties and subspecialties, and include: American Board of Allergy and Immunology, American Board of Anesthesiology, American Board of Colon and Rectal Surgery, American Board of Dermatology, American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, American Board of Medical Genetics, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Obstetrics and Gynecology, American Board of Ophthalmology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Pathology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Plastic Surgery, American Board of Preventive Medicine, American Board of Psychiatry and Neurology, American Board of Radiology, American Board of Surgery, American Board of Thoracic Surgery and American Board of Urology.

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2009-11-24 16:55:35 -

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Clock is ticking on 2010 health care plan choices

By EILEEN AJ CONNELLY (AP) – 6 days ago

NEW YORK — The holidays may be starting to crowd your to-do list, but one thing you shouldn't get buried under the tinsel is your health insurance coverage.

Open enrollment period, the annual window when people get to update their health insurance choices, is winding down. The opportunity to change coverage under some employer- and union-sponsored plans has already passed, but many will continue to accept updates for a few more weeks. Medicare participants have until the end of the year to choose or make changes to their Medicare Advantage plans and prescription drug coverage.

Picking from the options available can be confusing. There's an alphabet soup of HMOs, PPOs, HSAs, FSAs and other choices to decipher, so learning the terms is an important first step. Knowing what sort of care you've used in the past year is also key, because that should play a part in your choices for 2010.

Another factor is the doctors and hospitals you'll have access to. Doctors accept payment from different insurance plans, so if you are considering switching plans, make sure you know if you'll also have to switch doctors, or pay out-of-pocket for care that's not covered.

Learning the terms

Most insurance programs offer two kinds of managed care plans, health maintenance organizations, or HMOs, and preferred provider organizations, or PPOs. Premiums tend to be lower for HMOs, while PPOs typically offer a wider choice of participating doctors.

In addition, a growing number of companies are trying to contain costs by offering a type of plan that can chop premium payments by nearly 20 percent. But the plans, called consumer-directed health plans, or CDHPs, come with a big tradeoff in the form of high deductibles — up to \$10,000 a year for family coverage.

Also growing fast are options like health savings accounts (HSA) and flexible savings accounts (FSA), both of which allow a person, and sometimes an employer, to set aside money before taxes to cover health-related expenses. These accounts are usually offered alongside a high deductible plan to help people pay out-of-pocket costs, and may also be available with more traditional plans.

Each plan has pros and cons, many of which depend upon the way you and your family use health care. High deductible plans, for instance, may not be the best choice for those with tight budgets and little savings to tap if there is a medical emergency, or for large families making frequent visits to the pediatrician.

Once you understand your choices, you should take a look at what sort of medical care you've used in the past year. Adding up your spending on co-payments, over-the-counter medications and treatments that are not covered by your current plan can give you a target for funding an HSA or FSA. If you have a chronic condition and have grown to trust a certain doctor, you'll want to make sure that doctor participates in any plan you're considering.

And if you think you might switch plans, doing some research about the doctors and hospitals in the available plans can help you decide.

Checking up on doctors

There are a number of Web sites that rate health care providers, and it's clear people are hungry for more information. The busiest eight sites focusing on doctor ratings saw usage spike 20 percent in the past year, to more than 8.6 million individual visitors, according to Compete Inc., which tracks online behavior.

User demand drove the 2008 decision to add health care provider reviews to Angie's List, a site better known for its customer opinions about household contractors and services. "It was one of the most requested additions to the list in our 14 years," said founder Angie Hicks, estimating that about a quarter of all reviews collected each month are now health care related.

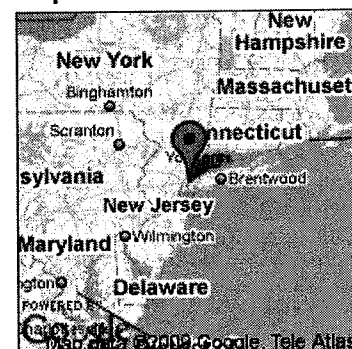
Unlike many free sites, users who post to Angie's List cannot do so anonymously, and the number of times they can report on a particular provider is limited.

But just like sites that don't require membership, the information available is inconsistent. With most consumer-based ratings sites, you'll find some that some doctors have dozens of reports, while others have a handful. Fewer patient reviews can skew the ratings. And often, the people posting comments have had very positive or very negative experiences, making it hard to assess overall care.

Sites that rely on commercial databases for background information may also have incorrect

AP Associated Press

Map



details, like whether a doctor is board certified, said Dr. John Santa, director of the Consumer Reports Health Ratings Center. Consumer Reports offers hospital and health plan ratings on its site, but does not yet rate doctors. Santa said that's because details about the nation's 800,000 physicians in the country is scattered, sometimes unreliable and sometimes hard to compare because definitions of certain terms can vary by state.

Santa recommended checking state Web sites to make sure doctors are licensed and see if they have been disciplined. For specialists, check the American Board of Medical Specialists site, <http://www.abms.org>, to see if they are board certified in their specialty.

Another source for information for people in 14 states is a project sponsored by the Robert Wood Johnson Foundation that brings together information provided by doctors, insurance companies and employers to measure performance.

The project uses scientific standards measuring good care, explained Anne Weiss, director of the foundation's Quality/Equality health care team. Their approach takes into account more than just personal experience and looks at issues like cost and health results, in some cases for specific illnesses like diabetes or breast cancer.

Several of the foundation's sites, particularly the ones for Wisconsin and Maine, see spikes in usage during open enrollment season. In some communities, employers are using the information to chose health care plans to offer to workers, Weiss said. The Aligning Forces for Quality project sites can be accessed through the foundation's Web site, <http://www.rwjf.org>.


"What's the most exciting thing about this developing online information is that people understand that in every community and in every doctor's office, good care and bad care is provided," said Weiss.

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At 35, hospice is now common for end-of-life care

By KATIE NESLON
ASSOCIATED PRESS WRITER

WATERBURY, Conn. -- Three-month-old Eliesse Tosado has a middle name that means forget-me-not: Myosotis (mee-uh-SOH-tis), like the small blue field flower.

Yet, it's doubtful anyone in her family or church will ever forget her.

Eliesse was diagnosed with a deadly genetic disorder, Trisomy 18, while still in her mother's womb. Fewer than 10 percent of children diagnosed with the condition live to celebrate their first birthday.

Eliesse's parents have been preparing for her death by enlisting help from the nation's oldest hospice. Nurses from Connecticut Hospice, which turns 35 this year, check on Eliesse at her home, or care for her at a nearby Connecticut Hospice center.

"It has been very comforting, that at least we have some kind of support and guidance on how to proceed while we're going through this," said Eliesse's mother, Dawn Marie Tosado.

An increasing number of families like the Tosados are using hospice, which has evolved during the past 3 1/2 decades from a medical fad to a common practice for end-of-life care. It's now considered an essential, if not core, coping mechanism for families dealing with death and dying, and it's covered by public and private health insurance.

"The conversation about death and dying and grief and loss is much more part of the mainstream," said Don Schumacher, president and CEO of the National Hospice and Palliative Care Organization.

The number of Medicare hospice patients almost doubled between 2000 and 2007, to nearly 1 million. During the same period, Medicare hospice spending jumped 250 percent because of increased enrollments and longer lengths of stay, according to a committee that advises Congress on Medicare.

The medical community helped further legitimize the industry recently by offering certifications in hospice care for doctors, nurses and nursing assistants. The American Board of Medical Specialties first issued doctors certificates in hospice care in 2008, when it handed out 1,272 certificates.

Other major shifts have taken place over the years. Initially, hospice organizations largely took care of cancer patients. But in 2008, cancer cases made up less than 15 percent of patients, according to the National Hospice and Palliative Care Organization. Now hospice groups care for large numbers of heart disease, lung disease, stroke and Alzheimer's patients.

The quality of hospice care varies. Both industry insiders and public and private watchdogs say there's an urgent need for surveys that monitor quality.

The first hospice was started in 1965 outside London by Cicely Saunders, a physician, nurse and social worker. The concept spread to the U.S. about a decade later.

Florence Wald, a former dean of the Yale University nursing school, studied hospice care in England during the late 1960s. In 1974, she led the team that founded the first U.S. hospice, The Connecticut Hospice, in Branford.

Hospice quickly graduated from a grassroots movement to an accepted practice in the medical mainstream, bolstered by a 1982 decision by Congress to add hospice to optional Medicare services.

Hospice assistance made the death of Ladell Black's husband, father and mother "bearable," she said.

Black, 75, of Chewelah, Wash., is a retired elementary school teacher. Her parents and husband led active, healthy, outdoors-oriented lives, but all died recently. Black was the primary caretaker for each of them.

Hospice workers helped her give baths and monitor medications. They also gave her breaks from providing care so she could leave the house to do grocery shopping and other chores.

"For me it was the grace with which their help happened, the assurance that it was the best possible care and all these resources were available to me through all of this," Black said. "It gave me an enormous amount of peace of mind."

Meanwhile, little Eliesse is growing, despite having a hole in her heart. When she was born Aug. 14, doctors resuscitated her frail 2 pound-body with chest compressions. Today, she weighs 4 pounds and gets care each day from a hospice nurse who comes to her home.

"It's day by day for us," Dawn Marie Tosado said. "We are living - just trying to have a normal life. We don't forget what is happening, what she has gone through. We know about today, and we are thankful. But we don't know about tomorrow."