



Hospice News Voices

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This article is sponsored by Axxess. In this Voices interview, Hospice News sits down with Amy Rose, Senior Product Director at Axxess, to explore the impact of CMS's HOPE assessment on hospice and other home-based care operations. Rose shares insights on early challenges, lessons learned, and how Axxess is helping providers navigate new regulatory requirements while maintaining high-quality care. She also discusses the future of the home-based care landscape and the growing importance of cross-continuum collaboration.

Editor's note: This interview has been edited for length and clarity.

Ready to simplify your HOPE transition and ensure compliance without compromising care? Axxess is here to help. Learn how our purpose-built hospice solutions and expert guidance can make HOPE implementation seamless for your organization:

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Q: Hospice News:

What life and career experiences most shape your work today?

Amy Rose: I feel like I could go on and on about this, but I got into hospice care kind of by chance. I was doing some volunteer work and just completely fell in love with it. I had never even thought about being a nurse before that, but I was so enamored by the staff and the kind of care they gave to their patients.

I was volunteering in an inpatient unit at the time, so I really had a frontline view of just how incredible that specific level of care was. It felt like they were truly getting care right, and it's what sparked me to want to become a nurse and focus on end-of-life care. That was easily the most pivotal, career-defining moment for me and the start of my passion for hospice.

Q: Hospice News:

What do you think CMS is trying to do by implementing HOPE?

Rose: I think every large regulatory change is always spurred by a mix of Medicare recipient feedback and what's emerging as evidence-based care. When CMS is hearing from Medicare constituents and their family members, especially in hospice where family voices are so important, and that feedback aligns with the data, that's where change happens.

To me, HOPE is CMS recognizing that there's an opportunity to improve hospice care, and aligning that opportunity with best practices. If you look at most major regulatory updates CMS has made, they're always searching for that kind of pinnacle moment where feedback and evidence point in the same direction.

Specifically with HOPE, I think CMS is trying to move the needle on a few things—most notably, timely and effective symptom management. That came through really clearly in the guidelines. Another big one is wound care. The added questions around wounds didn't surprise many of us, because the data has been pointing to that for a while now. There's been an opportunity in this space to improve how we manage wounds in hospice, and I think CMS is putting a spotlight on that with HOPE.

Q: Hospice News:

What were some of the biggest challenges providers faced during the transition to HOPE? And how did your team help them overcome those hurdles?

Rose: I think one of the biggest challenges with HOPE is that it's really just asking for good hospice care, but it's trying to capture that care in a specific snapshot or moment in time, which can be difficult.

Take symptom impact assessments, for example. As a hospice nurse, every single time you walk into a patient's home, you're doing a symptom assessment, whether that's casual or formal. Symptom management is at the heart of what we do. So to suddenly say, "Providers need three distinct symptom impact assessments in the first 30 days of care, and each of those could trigger a required 48-hour follow-up," you're taking something that was already routine and turning it into a very defined, regulated task.

That's where it gets tricky. What was once second nature now becomes a formal compliance process. So the challenge is: how do you align regulation with what's already part of everyday hospice care?

That's where technology comes in. Axxess helps address those challenges by creating more flexible environments for clinicians while keeping the organizations in control. For example, every time a nurse answers those HOPE questions, we're able to capture that data—then give the organization the control to decide what they want to submit to CMS and what makes the most sense.

We also implemented what I call "forced functions," which are essentially built-in reminders or hard stops that guide clinicians when a regulatory action is required. It's a way to support compliance while still allowing nurses to focus on doing what they've always done: providing great care.

Q: Hospice News:

Can you share some immediate takeaways or lessons learned from early HOPE implementations?

Rose: One of the biggest immediate takeaways is the sheer volume of work—and I'd even say the administrative burden—associated with processing HOPE records.

Before HOPE, the folks responsible for processing those records were only reviewing and submitting documentation at admission and discharge. Now, in the first 30 days of care alone, they have three separate records to submit. So their workload has essentially tripled, if not more.

That was a major shift, and it became clear pretty quickly that we needed to make the process easier for them. Thankfully, Axxess had already built a strong foundation within our platform to support this, but I think across the industry, it highlighted something important: the people managing these submissions aren't always clinicians. In some organizations, they may even be volunteers. But the role they play is critical, and it directly impacts quality outcomes.

So for me, a key takeaway has been recognizing how significant that workload really is, and looking for every opportunity to streamline it, so those individuals can succeed without being overwhelmed. Especially when the outcomes matter as much as they do here.



Q: Hospice News:
How is Axxess proactively supporting clients to ensure compliance and success with HOPE moving forward?

Rose: I think the biggest thing is giving them visibility into the care that has already been delivered, and just as importantly, the care that still needs to happen but hasn't yet.

That kind of proactive visibility helps prevent things from slipping through the cracks. For example, if a symptom follow-up is due and it hasn't been completed yet, a clinician might not realize it's a regulatory requirement. So, in our software, when you go to submit your HOPE record and realize you're missing a piece of critical data or missed a timeline, we can help clients identify those needs in advance.

It's not just about what's been charted, it's also about what hasn't happened yet that needs to happen. That level of visibility is how we're really trying to support clients. We're making sure they're equipped to stay compliant and successful.



Q: Hospice News:

What advice would you give to hospice leaders who are still navigating HOPE adoption today?

Rose: I would challenge them to look back at the last couple of months and ask, how have you really done? Have you missed any HOPE records or symptom follow-up visits?

Right now, we're in a unique window with less regulatory scrutiny since CMS isn't publicly reporting this quarter. They're giving organizations time to learn and get comfortable with HOPE. It's a safe space to evaluate and adjust. So take advantage of it. If you spot any gaps, lean into those opportunities. Don't shy away from them. Use this time to do some targeted team trainings.

One area worth focusing on is your symptom impact data. Are there any patterns in how your clinicians are asking and answering those questions?

One of my big fears is that some clinicians might unintentionally under-assess symptom impact just to avoid triggering a symptom follow-up visit. So start looking at those trends and make sure they're accurate and appropriate.

Another great strategy is to bring HOPE into your IDG conversations. Use that space to talk through the logistics in real time with your newly admitted patients. That kind of collaboration helps bring it all into practice.

Q: Hospice News: Finish this sentence:

Fill in the blank. In 2026, the home-based care industry will be defined by...

“...Cohesion and our ability to communicate across the continuum.

I'd even extend that beyond care at home to include inpatient care too. We're seeing renewed interest in individuals receiving more care at home. Gone are the days where everything had to happen in a hospital or institutional setting.

If we can truly nail cohesion across the continuum, that's what's going to define success. Not just for hospice, but for all of us—whether it's hospice, home health, home care, or palliative care. We need to collaborate better within our own corner of care-at-home and with inpatient providers. The goal is to create a seamless experience when someone transitions from a hospital stay into hospice care, or even the other way around.”