



Hospice News **VOICES**

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This article is sponsored by Axxess. As the hospice industry prepares for the rollout of the HOPE assessment, providers face a major shift in how they collect data, manage processes and engage patients and families. From internal training to workflow adjustments, HOPE will bring both operational challenges and new opportunities for improving care delivery. In this Voices interview, Hospice News speaks with Raianne Melton, Director of Clinical Services, Professional Services at Axxess, about how organizations can garner stakeholder buy-in, prioritize key investments, and get ahead of the curve before HOPE takes effect.

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

Adjusting to the new Hospice Outcomes and Patient Evaluation (HOPE) tool is easy with Axxess. Resources to help prepare providers for the transition are available right now on <https://www.axxess.com/hope>.

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Q: Hospice News:
What is your background, and how did it lead to your role today?

Raienne Melton: I'm a registered nurse, and over the years, I've worked in a variety of clinical settings, including on government grants. About 25 years ago, my husband, who's also a nurse, transitioned into hospice. Eventually, I followed him there and quickly developed a passion for it. Since then, I've held nearly every role in hospice: admission nurse, hospice house manager, clinical director, executive director, and administrator. I've truly done it all.

After COVID, I found myself asking, "What can I do that will really support end users?" Having been that person in the field, and having led teams where I fought for work-life balance, I felt called to focus on something bigger. A legacy project, if you will. I wanted to improve patient outcomes and caregiver satisfaction, but also help care for the people doing the frontline work.

That's when I started looking at EMRs. I chose the one I believed in, and fortunately, they believed in me too. That's what brought me to Axxess.

Q: Hospice News:
Why do you think CMS is transitioning from the current HIS assessment to HOPE?

Melton: There are a couple of key reasons behind this shift. First, HIS was a static snapshot only collected at admission and discharge, and it didn't truly assess the patient or help shape the plan of care in a meaningful way. As we focus more on improving patient outcomes and caregiver satisfaction, HOPE is the natural next step.

CMS is also working to consolidate documentation across service lines and create more alignment. As Jennifer Kennedy from CHAP often says, "Hospice is the caboose of the CMS train." Now, it's our turn to move toward those OASIS-like questions that will produce more consistent and actionable data.

Q: Hospice News:
What sort of impact will the new HOPE reporting changes have on an organization's process management, and where should they consider making investments and changes?

Melton: There are two major shifts that I think will impact hospice organizations as we move to HOPE. First, we've always thought in terms of benefit periods, but now we'll need to focus on specific time points within the first 30 days. With HOPE, there are two new required update visits, plus a symptom follow-up visit, each with specific timing requirements—some within just two calendar days. That change in mindset and scheduling will be a big adjustment for many teams.

The second challenge is meeting submission deadlines. If you're admitting 30 patients a month, you're now tracking more than just admission and discharge. You have to complete documentation, submit it, and have it accepted by iQIES within 30 days. That's a lot of time points to manage, and honestly, it's where I see many organizations running into compliance issues.

To manage this well, you need the right tools. I'm passionate about Axxess because we've built our HOPE Center to support this process. It shows when visits are due, flags incomplete assessments, and helps ensure submissions are accurate and on time so you don't miss a visit or a deadline.

Training is just as important. Through our digital consulting and learning management system, we help organizations educate staff on best practices and keep that training going beyond onboarding. That's what it takes to stay compliant and confident under HOPE.



Q: Hospice News:
In your conversations with providers about the upcoming HOPE assessment, what question do you get asked the most?

Melton: At our recent AGILE, we held an immersive HOPE workshop with about 150 providers in the room, all talking through it. One of the biggest areas of confusion we heard was around the timing of data collection. CMS counts the day of admission as "day zero," and then gives five additional days to complete the initial assessment. But if you go out to do HOPE Update Visit One and think the patient has been on service for six days without accounting for that zero day, you're already off track. That's been a recurring point of confusion, and we talk about it a lot.

Another common question is around the difference between regular clinical visits and HOPE data collection visits. There's still going to be a lot of clinical activity in those first 30 days, but the focus right now is figuring out the best timing for those structured HOPE assessments. That's where most of the questions are coming from—just understanding how to layer in the required data collection without disrupting patient care.



Q: Hospice News:
How do you anticipate the HOPE assessment will improve patient and family engagement and hospice care decisions?

Melton: One thing I really love about HOPE is how the new assessment areas like symptom impact, skin integrity, and elevated pain assessments at different time points will directly influence the plan of care. It's going to bring more structure and intention to how we assess and respond to patient needs.

When I speak to hospice providers across the country, my message is clear: HOPE will help staff conduct more focused assessments that truly inform care planning. That leads to better patient outcomes and greater caregiver satisfaction. In hospice, we only get one chance to get it right, and I believe HOPE will help us get it right more often for the families we serve.



Q: Hospice News:
What is Axxess doing to prepare staff for the adoption of HOPE?

Melton: We've been working on this since last July. We've already hosted several HOPE-focused webinars with industry experts and led a three-hour immersive workshop where providers not only learned about HOPE, but also participated in tabletop exercises. And I'll tell you—once those exercises started, you couldn't hear a thing in the room. The engagement was that high. It was loud, it was energized, and it was fun.

Soon, we'll be releasing all the materials from our HOPE workshop, including three new eBooks. One of those is "A Manager's Guide to Training Your Staff for HOPE."

I was very intentional in writing these resources, drawing from my own experience in the field. One of the tools I created is a timeline that breaks down what agencies should be doing week by week from May through October 1st. For example: "The first week of May, focus on this. The second and third week, shift to this." It's a step-by-step approach to help agencies stay on track.

We've also invested in our own staff at Axxess, and every single team member has completed training courses on HOPE so that they understand the intent behind it, what it's going to look like, and what kind of outcomes to expect. We do this so everyone in the organization understands the challenges our clients face to better address their needs now and into the future.



Q: Hospice News: Finish this sentence:

In the hospice industry, 2025 will be defined by...

“...HOPE.

**HOPE assessment, HOPE for better patient outcomes, and
HOPE for increased caregiver satisfaction..”**