



Top News Stories of the Month, June 2026

Article Summary		
Category	#	%
A1 Mission Moments	7	11%
A2 Reimbursement Challenges, Warning Signs, and Implications	6	10%
A3 Competition to be Aware of	9	15%
A4 Workforce Challenges	4	7%
A5 Patient, Family, and Future Customer Demographics and Trends	7	11%
A6 Regulatory and Political	15	25%
A7 Technology and Innovations	3	5%
A8 Speed of Change, Resiliency, and Re-Culture	0	0%
A9 The Human Factor	0	0%
A10 Highlighted Articles of Interest	10	16%
Totals	61	100%

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A10 Highlighted Articles of Interest

52 [**Rigorous assessment of leadership development programs in health care**](#)

NEJM Catalyst; by Amanda Woods Herron, Katelyn J. Cavanaugh, Courtney L. Holladay; 4/26

Effective leadership is increasingly recognized as a critical determinant of organizational performance within health care systems, but funding for such programs is frequently in jeopardy as revenues fail to keep up with other expenses. Therefore, the managers of such programs should adopt rigorous methods for evaluating the impact of their work. Despite the proliferation of leadership development programs, few institutions systematically evaluate these initiatives. This article presents a comprehensive framework for the evaluation of leadership development, grounded in implementation science and organizational research, as applied within a large academic health care institution. The framework emphasizes the necessity of clear eligibility criteria, integrated data sources, and alignment with institutional strategic priorities to assess program effectiveness and support continuous improvement.

53 [**How to transform a health system's organizational culture and hardwire it for the future**](#)

NEJM Catalyst; by Brian Carlson, Nancy M. Lorenzi, Paul Sternberg, Jr., Cassandra Hennessy, Dandan Liu; 4/26

Organizational culture is a critical driver of workforce and patient experience, yet health care institutions often struggle to sustain their desired culture over time. In 2017, Vanderbilt Health identified inconsistencies in expected workforce behaviors through patient feedback, prompting the creation of a strategic cultural renewal initiative. The resulting program, Defining Personalized Care, had a 4-year road map of seven e-learning modules designed to reinforce core values and improve interpersonal behaviors across the workforce. This single-center pre-post study revealed statistically significant improvements in patient experience scores, particularly in the communication and courtesy domains. The initiative demonstrated that engaging, relevant content combined with visible support from leadership can drive voluntary participation and generate measurable outcomes. This case study offers a replicable framework for health care organizations seeking to hardwire their cultural expectations and align workforce behaviors with patient-centered care goals.

54 [**New Iowa law allows 'adult close friend' to make end-of-life medical decisions**](#)

KCRG-9 ABC, Iowa City, IA; by Lacey Reeves; 5/28/26



Starting in July, a close adult friend can make end-of-life medical decisions for someone who is unable to make them themselves under a new Iowa state law. When a patient can't make medical decisions for themselves, a hierarchy establishes who can make the decisions for them. Typically a spouse, adult child or adult sibling of the patient can make those decisions. "Not everybody has a family member who is available, willing, capable to make decisions for them," said Sara Krieger, CEO of Iowa City Hospice. Iowa City Hospice said it has been working for years to add "close adult friend" to that list through legislation.

55 **Is AI better for patients?**

KFF | This Business of Health; podcast hosted by Chip Kahn and with guest Patrick Conway, MD, MSc; 6/2/26

Is AI Better for patients? What is changing on the ground? Chip talks with Dr. Patrick Conway, Chief Executive Officer of Optum, a health services and technology business under parent company, UnitedHealth Group. They discuss how to ensure the health care industry's use of AI serves patients first, particularly when the same company bears financial risk and builds the AI that decides who gets care. They also discuss whether use of AI can make value-based care the dominant payment framework, after two decades of policymaker support for the model.

56 **FBI Public Service Announcement: Emerging hospice fraud targeting Medicare recipients**

Federal Bureau of Investigation (FBI); Public Service Announcement, Alert Number I-060326-PSA; 6/3/26

The Federal Bureau of Investigation (FBI) is issuing this Public Service Announcement to warn the public of an emerging hospice fraud scheme that targets vulnerable Medicare recipients who are not in need of hospice services. Scammers are enrolling Medicare patients in hospice care for services they do not need or for services that are not



provided. ...

Tips to Protect Yourself:

- Never give out Medicare or other insurance information to anyone who is not your doctor.
- Never accept incentives like gift cards or money in return for hospice services and be wary of too good to be true offers.
- Use Medicare's Hospice Compare site to look up provider ratings; avoid providers with low star ratings.
- Always review your explanation of benefits statements and Medicare Summary Notices for unknown providers and services

Report It: If you believe you have been a victim of a similar fraudulent activity, please file a report with the FBI's Internet Crime Complaint Center at www.ic3.gov. Be sure to include as much information as possible, such as identifying information about the company or health care provider including name, phone number, address, email address, and website.

57 **The impact of assisted dying legislation on nursing practice in palliative care: a scoping review**

Journal of Advanced Nursing; by Marlene Werner, Christiane Kreyer, Sabine Pleschberger; 6/5/26

Aim: To review the literature on the state of research on the impacts of assisted dying on nursing practice within specialized palliative care.

Results: Fifteen studies published between 2019 and 2024, all from Canada or the United States, met the inclusion criteria. Three themes were identified: (1) positioning and meaning, describing how nurses are required to position themselves and to renegotiate their values; (2) impact on core competencies, capturing changes in key



nursing responsibilities; and (3) challenges in interpersonal relationships, referring to increased team conflicts and shifts in relationships with patients and their families.

58 What a CMS fraud chief learned by caring for her parents in hospice

Forbes; by Wes Kilgore; 6/11/26

The realization came to Dara Corrigan in late August, when she and her younger sister had to place both of their parents into hospice care within days of each other. Corrigan was not a typical stressed relative, navigating end-of-life care. She'd worked for decades in senior federal service, serving as the Acting Inspector General for the Department of Health and Human Services (HHS) and directing the Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS). Her career was built on protecting Medicare from fraud. Yet, sitting by the bedside as a daughter, the benefit looked entirely different from how it appeared on a regulatory spreadsheet. ...

A New Model for Dignity: Corrigan thinks a completely different approach could be the solution: a new, dedicated federal palliative care benefit tailored to the reality of long, slow neurodegenerative declines. She envisions a system built from day one with modern anti-fraud controls.

59 CMS moratorium could spur hospice, home health M&A

Hospice News; by Jim Parker; 6/12/26

A current moratorium on home health and hospice Medicare enrollment could increase demand for mergers and acquisitions in the short term. ... The pause is intended to address concerns about a surge in new providers that regulators have linked to fraudulent activity in the hospice sector. ... Rumors have circulated that the moratorium could be extended beyond the six months, though to date CMS has given no indication that will be the case. The moratorium could limit provider growth via de novos, so some companies may turn towards more M&A, according to Cory Mertz, managing partner of the M&A advisory firm Mertz Taggart.



60 Medicare’s Part A Trust Fund is projected to run short in 2033: 6 costs seniors should watch

SavingAdvice; by Drew Blankenship; 6/16/26

... Recent reports project that Medicare’s Part A Trust Fund could start to run short in 2033, meaning it will be unable to cover 100% of its obligations by that time. ... While Medicare isn’t going to disappear, here are six costs seniors should keep a close eye on.

1. Higher Hospital Cost-Sharing Could Become a Reality ...
2. Skilled Nursing Facility Expenses May Receive More Scrutiny ...
3. Supplemental Insurance Premiums Could Rise ...
4. Hospice Care Costs Deserve Closer Attention ...
5. Access to Certain Providers Could Become More Challenging ...
6. Long-Term Care Planning May Become Even More Important ...

61 Left behind: Why small-town Americans are waiting longer for healthcare

The Brandenton Times; by Stacy Pur, MBA, BSN, RN; 6/18/26

Somewhere in America, a woman with a late-stage cancer diagnosis is sitting in a nursing home on a Friday afternoon. She has chosen to stop active treatment. All she wants now is comfort, seamless pain relief, and the dignity of a gentle, supported care plan. The skilled nursing facility produced a thick paper packet of discharge information. But missing from that package is the one instruction that matters most: an order for hospice care coming from her oncologist. Because hospice and the advance directive were not arranged before the transfer to a hospice wing, and because the paperwork was incomplete, the nursing staff could not coordinate pain management over the weekend. Everything is closed. The patient spends two days without the medication she needs. That is not a hypothetical.

Total	10
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