



Top News Stories of the Month, April 2026

| Article Summary | | |
|---|-----------|-------------|
| Category | # | % |
| A1 Mission Moments | 7 | 10% |
| A2 Reimbursement Challenges, Warning Signs, and Implications | 9 | 13% |
| A3 Competition to be Aware of | 3 | 4% |
| A4 Workforce Challenges | 9 | 13% |
| A5 Patient, Family, and Future Customer Demographics and Trends | 7 | 10% |
| A6 Regulatory and Political | 15 | 21% |
| A7 Technology and Innovations | 5 | 7% |
| A8 Speed of Change, Resiliency, and Re-Culture | 1 | 1% |
| A9 The Human Factor | 1 | 1% |
| A10 Highlighted Articles of Interest | 13 | 19% |
| Totals | 70 | 100% |

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A10 Highlighted Articles of Interest

58 **[Official statement from NPHI on recent hospice fraud media coverage and ongoing federal enforcement efforts](#)**

National Partnership for Healthcare and Hospice Innovation (NPHI); Press Release; 3/20/26

... NPHI is actively engaged with federal leaders to advance targeted solutions that root out bad actors while safeguarding the integrity of the hospice benefit. It is important to underscore that these issues are not representative of the majority of hospice providers, who are focused every day on delivering high-quality, compassionate care to patients and families.

Official Statement by Tom Koutsoumpas, Founder & CEO of NPHI: "... It's important to be clear — this is not a failure of the hospice model of care. It is the result of a subset of providers exploiting the healthcare system, and that must stop. ..."

Carole Fisher, President of NPHI, added: "At its core, hospice care is about trust — trust from patients and families during some of the most vulnerable moments in their lives. That's why NPHI is committed to supporting decisive action to address bad actors, while continuing to uphold and protect the high standards that define this field."

59 **[Keys to reinvigorating hospice quality](#)**

Hospice News; by Holly Vossel; 3/24/26

Health care disparities across a swelling aging population are driving a need for evolutionary change in hospice quality standards. ... Staffing shortages are playing a more significant role in the push for regulation changes, Hospice Analytics CEO Cordt Kassner said. Keeping pace with rising demand and fewer staffing resources has hospices seeking creative avenues, Kassner indicated. Leveraging technology has helped some hospices to improve clinical capacity and staffing ratios. However, more regulatory change that supports expanded hospice and palliative care education and greater transparency around staffing could go a long way in quality improvement, he said. "We can create these staffing ratios, but if they aren't publicly reported and available how helpful are they?" Kassner said in the assembly. "It makes sense that we would want the experts, the people with the most experience in this field, to be helping to craft the regulations. ..."



Editor's Note: Cordt Kassner, PhD, is also the [owner and publisher for Hospice & Palliative Care Today](#).

60 **The limits of efficiency in home health's cost-cutting era**

Home Health Care News; by Morgan Gonzales; 3/24/26

With reimbursement pressures, rising inflation and rampant workforce shortages, efficiency has become a top priority for many home-based care providers. But efficiency initiatives carry certain risks if not executed with precision. The home-based care industry must retain a long-range view when looking to improve efficiency, according to Zac Long, CEO of Well Care Health, a family-owned and operated home health and hospice provider. ... "What AI does is just basically pour gasoline on an existing process," Long said. "So if that process isn't 100% buttoned up and compliant, it can create a lot of risk when you pour gas on it. ..."

61 **Mass AI job replacement? Not in healthcare, CIOs say**

Becker's Health IT; by Giles Bruce; 3/18/26

While some doomsayers predict that AI will replace human workers en masse, health system CIOs told *Becker's* that healthcare, so reliant on the human touch, is safe. But that doesn't mean duties won't change dramatically. In late February, an investment analyst [scenario](#) outlining economic cataclysm caused by AI momentarily [jolted](#) the stock market. The authors, from Citrini Research, imagined white-collar job openings "collapsing" in late 2026, with blue-collar hiring staying "relatively stable." While healthcare may be best described as "gray-collar," the sector is still the nation's largest employer, driving much of the country's job growth over the past few decades. Could AI change that equation? ...

62 **Changes in RI hospice utilization and quality of care with increase in number of hospice programs**

Journal of Pain and Symptom Management; by Joan Teno; 3/26



The number of licensed hospice programs in Rhode Island increased from four prior to 2017 to eleven by 2025, with many new providers being for-profit entities, some backed by private equity. Using public data, I analyzed trends in hospice use and quality, hypothesizing that the growth in providers may increase health care costs and raise concerns about the quality of care. Using public data, I analyzed trends in hospice use and quality, hypothesizing that the growth in providers may increase health care costs and raise concerns about the quality of care... Compared to not-for-profit hospices, for-profit providers showed significant differences in several measures, including a higher focus on enrolling patients with dementia—a population that may be more profitable because of their long length of stay and higher live discharge rates. A four-point difference in bereaved caregiver willingness to recommend for profit hospices indicates a moderate effect size and raises concerns about quality.

63 **Accountable Care Organization savings—Hard to measure, hard to find**

JAMA Health Forum; by Adam A. Markovitz, Andrew M. Ryan; 2/26

The MSSP [Medicare Shared Savings Program] stands at the center of Medicare’s shift toward value-based payment, making it critical to understand whether the program delivers real savings. As the program has matured, evaluating its impact has become increasingly complex: small underlying effects, layered selection patterns, and changes in diagnostic coding create challenges even for the most rigorous analyses. These dynamics help explain why MSSP evaluations vary widely and why modest positive findings warrant caution. The present study offers a transparent attempt to estimate net savings but ultimately relies on fragile savings estimates shaped by selection and risk upcoding. Despite widespread enthusiasm for the MSSP, the evidence to date offers little indication that the program has delivered meaningful savings to Medicare.

64 **HHS and CMS announce Healthcare Advisory Committee members to improve patient care and modernize the U.S. healthcare system**

CMS Newsroom; Press Release; 3/26/26

The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare



& Medicaid Services (CMS) announced the members of the [Healthcare Advisory Committee](#), a new federal advisory body comprised of leaders from across the healthcare system to provide expert advice on improving, strengthening and modernizing U.S. healthcare. The Committee will advise HHS Secretary Robert F. Kennedy Jr. and CMS Administrator Dr. Mehmet Oz on ways to improve how care is financed and delivered across Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace. [\[Access the list\]](#)

65 **Joan Teno’s SOS Hospice Substack**

Dr. Joan Teno is a health services researcher and practicing hospice physician. She started SOS Hospice as a space to share insights, data, and reflections about hospice care in the U.S. She seeks to connect research, policy, and real world experience to help make hospice care more transparent, understandable, and person centered.

Guest Editor Note by Dr. Ira Byock: *Joan Teno has been a prolific health delivery and policy researcher. She creatively mines public health and health services data to reveal patterns and trends of hospice use – and identifies opportunities to expand access and improve quality of care. Now she is bringing her skills and insights to this new Substack. To the data works among us, SOS Hospice is a compelling read. I subscribed immediately!*

Publisher’s Note: *I subscribed immediately, too!*

66 **Finding rare agreement on fixing the health care affordability crisis**

Penn LDI - Leonard Davis Institute of Health Economics; by Hoag Levins; 4/7/26

In a rare display of bipartisan alignment, former Obama administration advisor [Ezekiel Emanuel](#) and Trump policy architect [Brian Blase](#) declared that the U.S. health care system is being choked by “perverse incentives” and monopolistic practices. ...

- Top Cost Driver: Hospitals ...
- Fragmented Payment and Perverse Incentives ...



- Rapid-Fire Discussion Topics ...

The Second Panel: Plans, Paperwork, and Prior Authorization ...

The Third Panel: Consolidation, Corporatization, and Price ...

67 **U.S. AI boom could cause health care costs to soar without changes to payment policy**

Penn LDI - Leonard Davis Institute of Health Economics; by Julia Hinckley, JD; 4/8/26

... AI is already affecting health care delivery, and the choices policymakers make about payment will define its future trajectory, says LDI Senior Fellow Amol Navathe. AI is already more scalable and varied in its actions than human services. But without policies that create financial incentives to improve care, we risk driving up costs without improved outcomes or stifling innovation, writes Navathe in a recent [perspective piece](#) in *Health Affairs*.

68 **Stakeholders fear 'chilling effect' of heightened hospice scrutiny**

McKnights Home Care; by Liza Berger; 4/9/26

Advocates and experts, by and large, are supportive of the federal government's intense efforts to root out fraudulent hospice providers. But they are also concerned that the laserlike focus on fraud could have unintended consequences for high-quality providers. "We're certainly hearing from members that they want to know whether policymakers and lawmakers truly see the value of hospice and that, yes, there are bad things going on in California and it's getting a lot of publicity, but people are concerned that this could have a chilling effect," Scott Levy, chief government affairs officer for the National Alliance for Care at Home, told *McKnight's Home Care Daily Pulse*. "Hospices around the country at large are good people doing incredible work for meaningful periods of time for meaningful periods in their beneficiaries' lives. And we want to make sure that that doesn't go backwards."



69 **Nonprofit granted property tax exemption**

SWVA Today / Richlands News-Press, Richlands, VA; by Jim Talbert; 4/13/26

Legacy Hospice and Palliative Care will not pay property taxes, the Board of Supervisors unanimously decided following a public hearing at its Apr. 7 meeting. Several citizens spoke in support of the move, which will save the organization about \$7,094 annually. ... A nonprofit serving the counties of Tazewell, Bland, Dickenson, Buchanan, and Russell, Legacy [Virginia] was granted a tax exemption for its recently acquired property in Cedar Bluff on the basis of providing a "benevolent service" to Tazewell County. Previously, Legacy had rented a building. At the meeting, citizens provided personal testimonies of their experiences with Legacy.

70 **Hospice fraud: the \$530m surge and the new era of "zero tolerance"**

Lund Person & Associates Hospice Consulting; by Judi Lund Person; 4/16/26

The landscape for hospice care in the United States has shifted dramatically. As of April 15, 2026, federal and state enforcement data signals a pivotal moment: the "light-touch" era is officially over. With over \$530 million in alleged losses tracked in the last 12 months, providers are now under the most intense scrutiny in the history of the Medicare hospice benefit.

- The Enforcement Epicenter: California’s Billion-Dollar Crackdown ...
- The "Non-Terminal" Epidemic and Dominant Fraud Schemes ...
- The High Cost of Non-Compliance: Dr. Rajiv Bhuvra ...
- Looking Forward: A Warning for Providers ...

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| Total | 13 |
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