



## Top News Stories of the Month, December 2025

Article Summary		
Category	#	%
A1 Mission Moments	4	6%
A2 Reimbursement Challenges, Warning Signs, and Implications	10	15%
A3 Competition to be Aware of	3	4%
A4 Workforce Challenges	9	13%
A5 Patient, Family, and Future Customer Demographics and Trends	8	12%
A6 Regulatory and Political	4	6%
A7 Technology and Innovations	4	6%
A8 Speed of Change, Resiliency, and Re-Culture	3	4%
A9 The Human Factor	0	0%
A10 Highlighted Articles of Interest	23	34%
Totals	68	100%

### Want the Full Picture?

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## A10 Highlighted Articles of Interest

### 47 [Agentic AI in digital transformation: Why autonomy won't fix the people and process problems](#)

*Forbes; by Nono Bokete; 11/25/25*

Agentic AI, the buzzy term for autonomous systems that can plan, act and adapt with minimal human input, is being marketed as the holy grail of digital transformation. And don't get me wrong: It's powerful. ... The potential is incredible. But potential means nothing without the people and process infrastructure to sustain it. ... The Common Pitfalls (Why 40% Will Fail): ...

- The data is a mess. ...
- Leaders confuse buying with transforming. ...
- There's no governance. ...
- People aren't ready. ...
- Hype replaces strategy. ...

Agentic AI Needs Leadership, Not Just Code: ... The best projects succeed not because of superior tools, but because the leaders behind them have clarity, courage and communication skills.

### 48 [\[United Kingdom\] Warning issued as palliative care in England is 'failing to meet people's needs'](#)

*Independent; by Ella Pickover; 11/27/59*

Palliative care services in England are "failing to meet people's needs", a new parliamentary report has warned. Commissioned by MPs on the House of Commons Health and Social Care Committee, the findings attribute these shortcomings primarily to "insufficient funds" for services providing end-of-life and life-limiting condition care. The report highlighted that bereavement support for loved ones, while "valuable", is "frequently inaccessible". It also noted that palliative care patients and their families are "too rarely given the opportunity to plan effectively for the future". Painting a picture of services under "significant strain", the document cautions that health and care provisions are "ill-equipped" to address end-of-life needs, citing "insufficient" education and training.

*Editor's Note: Our ongoing distribution of posts from the United Kingdom report financial cuts from the UK government, resulting in insufficient funds to provide adequate staffing, facilities, supplies, and more. Want to learn more? Subscribers can login to your account and use the "Search Articles" field to find other posts, based on keywords you enter.*



49 **'Rehabbed to death': Bringing more palliative, hospice care to SNFs**

*Hospice News; by Kristin Easterling; 11/26/25*

Patients in skilled nursing facilities (SNFs) can become trapped in a "rehabbed to death" cycle that could be prevented with better access to palliative care and hospice. The Patient Driven Payment Model (PDPM) used by SNFs could be harnessed to enable more palliative care and earlier admission to hospice, according to a study published in the Journal of the American Geriatrics Society.

*Editor's Note: Click below for the study and related articles we've posted.*

- [\[Study\] Nursing homes can disrupt 'rehabbed to death' cycle with PDPM-based palliative care](#)

*"Rehabbed to Death" in oncology: Where do we go from here?*

50 **4 'pivot points' for hospice, palliative care growth**

*Hospice News; by Holly Vossell; 12/8/25*

Hospice and palliative care providers have achieved many successes, but are facing an uncertain outlook as patient populations and the loved ones supporting them grapple with unmet needs. Hospice and palliative care services have driven down health care costs while developing interdisciplinary models that address a wide scope of physical, emotional, spiritual and practical needs, Dr. Ira Byock, palliative care physician, author and advocate, said during a recent [GeriPal podcast](#). However, significant gaps exist in the availability and sustainability of these services under current regulatory frameworks, he indicated. ... [His [recently published white paper](#)] outlined four [components] to consider when developing sustainable strategies for hospice and palliative care businesses. These included:

1. Publishing clear clinical and programmatic standards
2. Making meaningful data readily available
3. Driving quality-based competition



4. Embracing the field's authentic brand of expert care that fosters well-being for patients and their families

"We're at a kind of pivot point in the field," [Brynn Bowman, CEO of the Center to Advance Palliative Care (CAPC)] said during the podcast. "We're at a moment of going from palliative care 2.0 to palliative care 3.0. ... How do we really integrate into the fabric of health care while maintaining the spirit of activism and of change-making that launched the field in the first place?" ... Stronger reimbursement and standardized quality measures are crucial to further progress on systemic change, said Dr. Kristi Newport, palliative care physician and CMO at the American Academy of Hospice and Palliative Medicine [AAHPM] and chief of palliative care at Penn State Health. ... "We see that people are not always getting what they need," Newport said. "I am so encouraged by people who are seeing those opportunities and doing work in those areas to try to make the change, but not to lose the ground that we've gained, whether it's in the workforce development and policy."

**Publisher's Note:** We encourage all readers to review the [Hospice News article](#) above, the [GeriPal podcast](#), and Dr. Byock's paper [A Strategic Path Forward for Hospice and Palliative Care: A White Paper on the Potential Future of the Field](#).

#### 51 **The Medicare Advantage question hospitals want answered**

*Becker's Hospital Review; by Alan Condon; 12/4/25*

With Medicare Advantage enrollment [approaching](#) 55% of eligible beneficiaries, health systems across the country are grappling with a question that's gone largely unaddressed in policy circles: What happens if the healthcare providers best equipped to care for seniors can no longer afford to participate?

#### 52 **Medicare's AI prior authorization pilot sparks backlash over incentives to deny care**

*Complete AI Training | Insurance; by Joren Erne; 12/7/25*



CMS will pilot AI prior auth in traditional Medicare across AZ, NJ, OH, OK, TX, WA through 2031. Expect tougher reviews, vendor incentives, and pushback on denials and delays. ... For insurance professionals, this is a signal: CMS is importing private-plan utilization tactics into fee-for-service Medicare, with financial incentives tied to denial-driven cost savings. Expect policy, operations, and provider relations to feel it.

53 **AI 'griefbots' resurrect dead loved ones — healthy or harmful?**

*Medscape; by Maya Ordonez; 12/5/25*

Justin Harrison's mother passed away in 2022, but he still speaks with her every week. While his mother was still alive, Harrison recreated her virtually using generative artificial intelligence (AI) trained on videos, audio recordings, text messages, and basic information about her. This virtual persona, or "versiona," interacts with him and speaks much in the same way his mother did. He calls her after small wins, such as running a mile, or difficult times, such as when he's sick. ...

*Editor's Note: Griefbots may offer comfort, yet they raise deep ethical concerns. These AI recreations are not our loved ones but rather are algorithmic replicas shaped by incomplete data. They make assumptions. They risk distorting what was real, blurring death's finality, and commercializing our most vulnerable moments. As guardians of grief care and human dignity, we must ask: In using AI to "resurrect" the dead, do we honor memory or jeopardize it? First, do no harm. As this technology expands, we must protect the dignity of the deceased and the integrity of the bereaved.*

54 **Volunteers woven into the fabric of Horizon Hospice and Palliative Care**

*The Spokesman-Review, Spokane, WA; by Cindy Hval; 12/11/25*

Ruth Wagley believes home is a profound place. The volunteer coordinator for Horizon Hospice and Palliative Care said her life experience has come full circle. "I had home births. I home-schooled my kids. Now, I work in a place where we value home death," she said. "The heart of hospice is that no one dies alone, or in pain, and everyone can die at home." Although she had managed volunteers throughout her career, she had



never worked for a company where that type of service was essential to the funding and operation of the business. Medicare/Medicaid mandates that hospices provide at least 5% of patient care hours through volunteers. "Volunteers are woven into the fabric of Horizon Hospice," she said.

*Editor's Note: Do you think of your hospice volunteers as being "woven into the fabric" of the services you provide, or as an add-on, an afterthought, just another regulatory requirement? Especially at the holidays, be sure to thank your volunteers in ways that are meaningful to them.*

## 55 **Hospice, heal thyself**

*Health Affairs; by Ira Byock; 12/18/25*

Authentic hospice care is at once highly professional and sophisticated and intimately personal. It can transform patients' experiences and families' lives. We must not lose this level of human caring... It is long overdue for the national hospice and palliative care [professional and trade associations](#) to issue explicit standards for safe and effective hospice programs and practice. Such standards would define the scope of services offered by hospice programs, delineate necessary administrative and clinical processes applicable to case referrals, evaluation and admission, and clinical assessments. They would specify requirements for staffing, minimum qualifications and training, and elaborate the core roles and responsibilities of each clinician discipline within the hospice interdisciplinary team. In addition, program standards would elucidate corresponding structural and administrative capacities necessary for the team to function successfully and maintain staff well-being.

*Publisher's Note: Dr. Byock's article [A Strategic Path Forward for Hospice and Palliative Care: A White Paper on the Potential Future of the Field](#) provided a high-level strategic framework. This framework included four components, the first was publishing clear clinical and programmatic standards. This article ([Hospice, Heal Thyself](#)) provides practical guidance for doing so, addresses common criticisms of such reforms, and issues a*



*strong call to action for boards and leadership to prioritize quality improvement and ethical practices.*

*Clarification:* Dr. Byock reached out to clarify that the fee-for-service performance margins he cited ([Hospice, heal thyself](#)) are from 2020. He regrets not making that clear in the paper. He's been made aware of recently updated figures from 2023 that reflect significantly diminished margins of 13.7% for for-profits and -1.3% for non-profits ([MedPAC 12/5/25](#)). This reflects a serious downward trend that obviously threatens non-profits hospice providers. This dangerous trend highlights the need for strenuous efforts to shift to quality-based competition, making success in the marketplace dependent on demonstrated quality of care and outcomes, particularly patient-family experience.

## 56 **[Hospice News' 10 most-read stories of 2025](#)**

*Hospice News; by Jim Parker; 12/19/25*

Large acquisitions, regulatory headwinds and the fate of COVID-era telehealth flexibilities were top-of-mind issues for hospice providers in 2025, as evidenced by the 10 most-read Hospice News stories of the year. ... The following are the 10 most-read Hospice News articles of 2025.

1. [Trump Administration Suspends Hospice Special Focus Program ...](#)
2. [CMS Proposes 2026 Hospice Payment Rule with Potential 'Unimaginable' Consequences ...](#)
3. [UnitedHealth Group's Acquisition of Amedisys Closes ...](#)
4. [Top Hospice Trends to Watch in 2025 ...](#)
5. [How Optum's Amedisys Deal Could Shake Up the Hospice Market ...](#)
6. [\[More\] ...](#)

## 57 **[Brené Brown and Adam Grant say the best leaders do this. Mediocre managers do the opposite](#)**



*Fast Company; by Inc.; 11/22/25*

Are you a 'learner' or a 'knower'? How can you tell if someone is a [great leader](#)? They always want to know more. They're interested in mastery of a subject or skill. They ask great questions. And, as they find out more, they sometimes change their mind. They're a "learner." But these days, most CEOs and other leaders take the opposite approach. They think of themselves as "knowers." They appear to have all the answers. That's bad for them, their direct reports, and the organizations they lead.

58 **[Bipartisan senators: Keep hospice out of Medicare Advantage](#)**

*Hospice News; by Jim Parker; 11/21/25*

Two U.S. Senators have penned a letter to congressional leadership urging them to oppose any measures to bring hospice reimbursement into Medicare Advantage. Sens. Dr. Roger Marshall (R-Kan.) and Sheldon Whitehouse (D-R.I.) circulated the letter on Thursday, addressed to Senate leaders from both major political parties, as well as the chair and ranking member of the Senate Finance Committee.

59 **[Aging is changing: Three truths that should reshape our strategies](#)**

*McKnights Long-Term Care News; by Charles De Vilmarin; 12/1/25*

For decades, long-term care and senior living were built around a familiar consumer profile: individuals in their late 70s and 80s moving because of health changes or loss of a spouse. Those needs remain, but [the next generation of older adults](#) is reshaping what senior care must become. ...

- Truth #1: Aging is more active, self-directed, and personalized. ...
- Truth #2: The cognitive journey is blurred; dementia inclusion must become a core operating principle. ...
- Truth #3: The continuum is blurring — and senior living is becoming one of many choices. ...

60 **[AARP: 55 percent of family caregivers use tech to coordinate care](#)**

*McKnights Home Care; by Donna Shryer; 12/9/25*

Technology adoption is surging on both sides of the caregiving equation. AARP estimates there are about 63 million unpaid caregivers nationwide, and among those caregivers age 50 and older, 55% now use one or more digital tools to manage



routines, coordinate care or track health. Among all adults age 50+ (unpaid caregivers and care recipients), 78% say they rely on technology to stay connected with friends and family, according to AARP's newly released 2026 Tech Trends and Adults 50-Plus report.

[Guest Editor's Note, by Judi Lund Person](#): As AARP points out, today's caregivers are increasingly likely to use technology to coordinate care for their loved ones. Are hospice and palliative care providers up to the challenge – if your plumber can notify you that they are 15 minutes away, is there technology in place that will alert the caregiver that the hospice nurse or aide is 15 minutes away? How are you equipping your care teams to communicate with caregivers effectively, efficiently, and securely? Remember, a CAHPS Hospice question is, "How often did the hospice team let you know when they would arrive to care for your family member?"

#### 61 [5 leadership trends that could shape 2026](#)

*Forbes; by Sally Percy; 12/8/25*

... [Given] the rapid pace of change, how should leaders prepare for the year ahead? Here are five key trends they should be aware of – leadership trends that could shape 2026:

1. Strategy will be every leader's business ...
2. Rise of the CxO twin ...
3. Human infrastructure will be recognized as the foundation of innovation ...
4. Changing talent trends ...
5. Agentic workforce ...

#### 62 [A dying wish: Man with terminal cancer travels to volunteer in all 50 states](#)

*ABC-7 News, Bay Area, CA; by 4/6/25*

When Doug Ruch was told he had just 12 to 18 months to live, he didn't choose to stay home. Instead, he hit the road - on a mission to help as many people as possible while he still can. "I thought to myself, I have two choices. I can sit at home and wait to die, or I can go out and live," he told ABC7 News. [\[Continue reading ...\]](#)

*Editor's note: For more, visit Doug's website, [www.dyingtoserve.com](http://www.dyingtoserve.com).*



***Favorites from 2025:***

**63 748 hospitals at risk of closure, state by state**

*Becker's Hospital CFO Report; by Molly Gamble; 3/6/25*

Nearly 750 rural U.S. hospitals are at risk of closure due to financial problems, with nearly half of those hospitals at immediate risk of closure.

**64 7 Brutal truths about leadership no one tells you at 29**

*Forbes; by Nirmal Chhabria; 5/29/25*

At 29, I was handed my first leadership role. Six months later, I was drowning—my inbox was overflowing with problems, top performers were quitting and morale was plummeting. "What am I doing wrong?" I asked my mentor. "You're trying to be the hero instead of creating heroes," she replied. That conversation began my real leadership education—years of failures that revealed truths I wish I'd known from day one. Here are seven leadership insights that only experience taught me:

1. Leadership Is Service, Not Authority ...
2. Postponed Conversations Become Poisonous Problems ...
3. Control Suffocates Innovation ...

*[Click on the link above for all seven lessons and additional detail about them.]*

**65 Should an AI copy of you help decide if you live or die? Doctors share top concerns of AI surrogates aiding life-or-death decisions.**

*Ars Technica; by Ashley Belanger; 10/20/25*

For more than a decade, researchers have wondered whether artificial intelligence could help predict what incapacitated patients might want when doctors must make life-or-death decisions on their behalf. It remains one of the most high-stakes questions in health care AI today. But as AI improves, some experts increasingly see it as inevitable that digital "clones" of patients could one day aid family members, doctors, and ethics boards in making end-of-life decisions that are aligned with a patient's values and goals.

**66 Traffic light care model will help generations'**

*BBC News, West Midlands, England; by Chloe Hughes; 10/6/25*

A man with a neuromuscular condition has said that a model of care developed in Shropshire to help patients like him will benefit future generations. ... Part of his care has involved using the Oswestry model developed by Prof Tracey Willis from the Robert Jones and Agnes Hunt Orthopedic Hospital (RJA) and her husband, Prof Derek Willis, Severn Hospice's medical director. It uses a "traffic light system" to help neuromuscular

teams identify key stages in a patient's journey, in which hospice involvement would improve their quality of life. ... Patients are identified as green, amber or red.

- **Green** means the patient does not need any extra care or pain management from the hospice or palliative teams.
- **Amber** indicates there may be a number of issues that would prompt discussing emergency care planning and advanced care planning.
- **Red** means a patient should be offered symptom control clinics with a palliative care team, not necessarily because they are at end of life, but because the palliative care teams have experience helping manage these symptoms.

## 67 **The rise of humble hospital C-suites**

*Becker's Hospital Review; by Laura Dyrda; 10/29/25*

In an era of unprecedented turnover and mounting financial pressure, the most successful healthcare executives are discovering that leadership no longer begins, or ends, in the boardroom but instead lies with those who ask the best questions and learn from the frontlines. "Healthcare is at a pivotal moment," said Erik Wexler, president and CEO of Renton, Wash.-based Providence. "We're navigating what I call a polycrisis, a convergence of economic, policy, technological and societal challenges that are reshaping the landscape. As health system leaders face these complexities and look to the future, fostering innovation, building resilience and leading with values has never been more essential." According to today's revered C-suite executives, the most successful leaders in the next half-decade won't be those with the biggest egos or the most accomplishments but individuals with selflessness, humility and fortitude.

## 68 **Elderly people look at their younger reflections in this beautiful photo series by Tom Hussey**

*Digital Synopsis; photos by Tom Hussey; retrieved from the internet 7/10/25*

'Reflections of the Past' is an award-winning photo series by commercial advertising photographer [Tom Hussey](#). The photographs show an elderly person looking pensively at the reflection of his/her younger self in the mirror. Hussey was inspired by a World War II veteran who said "I can't believe I'm going to be 80. I feel like I just came back from the war. I look in the mirror and see this old guy." It's beautiful, touching ...

*Editor's Note: [Click here to view this touching series](#). The phrases "every photo tells a*



*story" and "a picture is worth a thousand words" come to life. Moments like this occur in nearly every hospice visit, as interdisciplinary team members' gentle questions provide "mirrors" of reflection. This award-winning campaign was used in a marketing campaign by Novartis for a treatment of Alzheimer's disease. [Our newsletter has no disclosures to report.] These photos are under strict copyright laws with rigorous enforcement. They can be shared easily via social media links at the top of its webpage.*

69 **The government shutdown showed why healthcare reform keeps failing**

*Forbes; by Rita Numerof; 11/20/25*

The government shutdown that ended last week exposed a familiar pattern in healthcare policymaking. A dispute over whether temporary ACA subsidies should be extended escalated into a 43-day standoff that snarled air travel, caused millions of federal workers to miss paychecks, disrupted SNAP food benefits and slowed the economy. The shutdown should prompt policymakers and industry leaders to confront why healthcare costs keep rising and why the system remains resistant to reform. Lasting progress demands an honest examination of structural forces that push costs upward.

**Guest Editor's Note, by Chris Comeaux:** *Dr. Rita E. Numerof offers an incredibly clear diagnosis of the root causes of our nation's broken healthcare system. More importantly, she outlines the foundational principles and core tenets required to rebuild it correctly.*

*Listen to our podcast where she details tenets of this essential*

*fix: <https://www.teleioscn.org/tcntalkspodcast/transforming-healthcare-a-conversation-with-rita-e.-numerof>.*

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