



Top News Stories of the Month, January 2026

Article Summary		
Category	#	%
A1 Mission Moments	2	4%
A2 Reimbursement Challenges, Warning Signs, and Implications	8	14%
A3 Competition to be Aware of	7	13%
A4 Workforce Challenges	7	13%
A5 Patient, Family, and Future Customer Demographics and Trends	5	9%
A6 Regulatory and Political	8	14%
A7 Technology and Innovations	6	11%
A8 Speed of Change, Resiliency, and Re-Culture	0	0%
A9 The Human Factor	1	2%
A10 Highlighted Articles of Interest	12	21%
Totals	56	100%

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A10 Highlighted Articles of Interest

45 [From laggard to leader: Why health care in the United States is failing, and how to fix it](#)

Health Affairs; by Donald M. Berwick, Elaine Batchlor, Dave A. Chokshi, Patricia Gabow, Richard Gilfillan, Frederick Isasi, Arnold Milstein, Len M. Nichols; 1/22/25

Health care in the United States is among the most technologically advanced in the world, but it is largely failing to meet the needs of the nation. The US can claim international excellence in important areas of care, such as cancer treatment, and it leads the world in biomedical innovation and building a well-prepared and dedicated clinical workforce. The Affordable Care Act was a major step forward in expanding access to health care in the US. However, Americans are faced with staggering health costs, inadequate access to care, pervasive health inequities, and lagging life expectancy compared with other developed nations. In this article, ... we present a partial road map for transforming the US health care system. We propose bold national goals: affordable and equitable care for all, an additional decade of healthy birthdays after retirement, elimination of racial and ethnic disparities in health, substantial reduction in health care expenditures, and, most important, improved health outcomes.

Publisher's Note: This article was featured in Health Affairs' year in review.

46 [ACCESS \(Advancing Chronic Care with Effective, Scalable Solutions\) Model](#)

U.S. Centers for Medicare & Medicaid Services (CMS)

The ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model tests an outcome-aligned payment approach in Original Medicare to expand access to new technology-supported care options that help people improve their health and prevent and manage chronic disease. The [voluntary model](#) focuses on conditions affecting more than two-thirds of people with Medicare, including high blood pressure, diabetes, chronic musculoskeletal pain, and depression. It will run for 10 years beginning July 5, 2026.

- [ACCESS Model Request for Information ...](#)
- [Model Details ...](#)
- [Participant Information ...](#)
- [Frequently Asked Questions ...](#)
- For additional information and updates specifically about the ACCESS Model, complete the [Model Interest Form](#).

47 **Trends in private equity acquisitions of assisted living facilities**

JAMA Network Open; by Jennifer N. Bunker, Yashaswini Singh, Gauri Gadkari, John Bowblis, Lindsey Smith, Paula Carder, Sean Huang, Momotazur Rahman, Kali S. Thomas; 11/25

Assisted living (AL) is a widely used long-term care option, serving nearly 1 million older adults across more than 32,000 US facilities. While growing private equity (PE) investment in nursing homes raises concerns about staffing and quality of care, the role of PEs in AL is unknown. Because states license, certify, and refer to AL differently, no public national list of facilities exists. Additionally, states may not require licensees to report ownership information. The rise in acquisitions during the past decade parallels trends in other care settings and likely reflects anticipated growth in long-term care demand driven by the aging population. The total reported transaction value of AL acquisitions was \$17.3 billion in inflation-adjusted 2023 dollars.

48 **How private equity is ruining hospice care in the U.S.**

Halifax Examiner; by Philip Moscovitch; 12/29/25

... In a recent [study](#) for the [Law and Political Economy Project](#), Elle Rothermich, a senior research fellow at Yale's Solomon Center for Health Law, looks at how for-profit and private equity firms have come to dominate ... hospice ... in the U.S. Of some 6,000 Medicare-certified hospices in the country, about 4,400 are for-profit affairs. Rothermich writes:

[Compare d with nonprofit hospices](#), for-profit hospices offer fewer services, employ staff with less training, and are more likely to enroll patients with less intensive care needs. Some for-profit hospices use their business relationships with nursing homes and other care providers to [recruit](#) stable patients who may not even qualify for hospice. Meanwhile, high-need patients who do qualify for hospice may find themselves [disenrolled](#).

Editor's Note: Ownership alone does not define hospice quality. While this reporting highlights troubling patterns tied to private equity and for-profit models, hospice



performance varies widely across all ownership types. CMS quality scores—imperfect but consistent—remain the most reliable benchmark. Examine hospice quality scores throughout your service areas by using the [National Hospice Locator](#).

49 More services at Central Missouri hospital fall victim to economic pressures

News Tribune, Kansas City, MO; by Meg Cunningham; 1/4/26

Fitzgibbon Hospital, a Central Missouri health care system, announced recently that it would shutter some services effective Dec. 31, citing mounting financial pressures. The nonprofit hospital said the closures will affect about 30 employees and hundreds of patients. Fitzgibbon, located in Marshall, operates several primary and specialty care clinics in Central Missouri. Services that are closing include the Grand River Medical Clinic in Brunswick, Fitzgibbon Family Health in Fayette, the hospital's inpatient behavioral health unit, a home health and hospice agency and a pain management clinic.

50 NPHI welcomes CMS leaders Dr. Mehmet Oz, Kimberly Brandt, and Chris Klomp for on-the-ground listening tour at Nathan Adelson Hospice

National Partnership for Healthcare and Hospice Innovation (NPHI), Washington, DC; Press Release; 1/9/26

The National Partnership for Healthcare and Hospice Innovation (NPHI) welcomed leadership from the Centers for Medicare & Medicaid Services (CMS) on Thursday to [Nathan Adelson Hospice](#), Las Vegas, as part of an on-the-ground listening tour focused on hospice program integrity and the real-world challenges facing patients, families, and nonprofit providers. As part of the visit, [Dr. Mehmet Oz](#), Administrator of CMS, [Kimberly Brandt](#), CMS Chief Operating Officer, and [Chris Klomp](#), Director of the Center for Medicare met with hospice clinicians, staff, community stakeholders, and NPHI leadership to hear local patient and provider stories that illustrate broader national concerns related to fraud, waste, and abuse in hospice care.

51 **What to expect in US healthcare in 2026 and beyond**

McKinsey & Company; by Neha Patel and Shubham Singhal with Ankit Jain; 1/12/26

The healthcare industry faces successive waves of challenging trends, with glimmers of opportunity in select segments. US healthcare system continues to face considerable financial strain, although there are pockets of opportunity. ... Payers and providers have borne the brunt of the decline to date and will continue to feel financial pressure in the immediate future. ... Meanwhile, providers could experience an increase in uncompensated care and loss of reimbursement. ... Post-acute care is positioned for stronger performance over the next several years, with continued growth in home health and hospice but stagnation in skilled nursing facilities. ...

52 **2026 Healthcare Private Equity outlook & trends**

JD Supra; by Shayan Ahmed, Justin Brown, Emily Burrows, Bryan Bylica, Laura Carrier, Meredith Edwards Collins, Krista Cooper, Jeffrey Davis, Lara Flatau, Michael Hess, Angela Humphreys, Tatjana Paterno, Dawn Perez-Slavinski, Scott Reid, Danielle Sloane, Jonathan Stanley, Ryan Thomas, Shannon Wiley; Bass Berry & Sims PLC; 1/13/26

As we step into 2026, the healthcare private equity landscape is defined by both powerful momentum and meaningful constraints. Record levels of dry powder and a growing pipeline of high-quality assets suggest increased deal activity, while stabilizing macroeconomic conditions and the potential for interest-rate relief offer real tailwinds.

- Mixed Signals: Navigating the Crossroads Ahead in 2026 ...
- Steady on the Rails: Infusion Platforms Continue Their Forward Momentum ...
- Life in the Fast Lane: AI Poised to Transform Healthcare PE in 2026 ...
- [More] ...

Editor's Note: [Go the source link](#). Click on their gold button "View PDF" to download their 12 page report with JD Supra's PE outlook, by Bass, Berry & Sims PLC.

53 **Alliance responds to MedPAC vote on home health and hospice payment recommendations**

National Alliance for Care at Home, Alexandria, VA and Washington, DC; Press Release; 1/15/26



The National Alliance for Care at Home (the Alliance) is alarmed by the Medicare Payment Advisory Commission's (MedPAC) vote today to approve draft recommendations that would significantly reduce home health payment rates by 7% for calendar year 2027 and eliminate payment updates for hospice care in fiscal year 2027. ... For hospice, the elimination of payment updates would reduce spending by \$250 million to \$750 million over one year and between \$1 billion and \$5 billion over five years.

Editor's Note: Pair this with another post in our newsletter today, "[AMA 'disappointed' in MedPAC for backing off deeper Medicare pay reform.](#)"

54 **US health expenditures rapidly accelerating**

Hospice News; by Jim Parker; 1/14/26

... Rising health care utilization is the most significant driver of the spending increases, according to CMS. One key factor is that utilization is bouncing back from declines that occurred during the COVID-19 pandemic, according to Micah Hartman, a statistician in the National Health Statistics Group with the Office of the Actuary at CMS. Population growth was also a factor. ... By payer type, private health insurance saw the largest rate of spending growth at 8.8%, followed by Medicare at 7.8% and Medicaid at 6.6%. Out-of-pocket spending rose by 5.9%. ... Hospice care saves Medicare roughly \$3.5 billion for patients in their last year of life, according to a [joint report](#) from the National Hospice and Palliative Care Organization (NHPCO), the National Association for Home Care & Hospice (NAHC) and NORC at the University of Chicago.

55 **What is palliative medicine and why is it so misunderstood?**

MedPage Today's KevinMD.com; by Patricia M. Fogelman, DNP; 1/16/26

After years of leading palliative medicine departments, as a Fellow of the American Academy of Hospice and Palliative Medicine, I've had countless conversations that start the same way. A colleague in the hallway says, "Oh, palliative care—that's so important. You all are so nice." Or a hospital administrator tells me, "We wish we could give you



more, but resources are tight right now.” Or my personal favorite: “Palliative care is great, but this patient isn’t ready for that yet.” Each time, I smile and nod, but inside I’m thinking: I used to say the same things before I came into palliative medicine, because once upon a time, I also had no idea what we actually do.

56 **Agrace announces revolutionary dementia village: America's first Hogeweyk-inspired community redefining memory care**

PR Newswire, Madison, WI; by Agrace; 1/20/26

[Agrace](#) ... today announced plans to build the Ellen & Peter Johnson Dementia Village at Agrace, the first Hogeweyk-inspired dementia care community of its kind in the United States. ... Breaking ground this spring, the \$40 million project represents a complete reimagining of dementia care in America, drawing inspiration from the Netherlands' internationally acclaimed Hogeweyk Dementia Village—a model that has set a new global standard for supporting people with Alzheimer's disease and related dementias. ... Traditional memory care has long focused on safety and clinical oversight—priorities that matter deeply to families and caregivers alike. Yet many of these settings—shaped by institutional design and medical frameworks—can unintentionally narrow autonomy, spontaneity, and connection to ordinary life.

Total	12
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