Top News Stories of the Month, March 2026

Article Summary			
	Category	**#**	**%**
A1	Mission Moments	1	3%
A2	Reimbursement Challenges, Warning Signs, and Implications	2	5%
A3	Competition to be Aware of	7	18%
A4	Workforce Challenges	7	18%
A5	Patient, Family, and Future Customer Demographics and Trends	3	8%
A6	Regulatory and Political	6	15%
A7	Technology and Innovations	2	5%
A8	Speed of Change, Resiliency, and Re-Culture	0	0%
A9	The Human Factor	0	0%
A10	Highlighted Articles of Interest	11	28%
	Totals	**39**	**100%**

A10 Highlighted Articles of Interest

29 **The measure isn't wrong. The story is incomplete.**

McKnights Long-Term Care News; by Steven Littlehale; 2/27/26

Not long ago, I was sitting across from a nursing home leadership team as they stared at a quality measure report that didn't make sense to them. ... So we did what more facilities should do when a QM score feels off: We stopped looking at the rating and started looking at the math. That's where the real story surfaced. It wasn't about poor care, but about exclusions not captured, covariates not fully coded, and pieces of the clinical picture that never made it into the structured data fields the Centers for Medicare & Medicaid Services reads.

30 **Our hospice system subverts the very point of hospice care**

The New York Times; Opinion | Guest Essay by Sandeep Jauhar; 3/2/26

When my siblings and I decided to put our father in hospice care at his home in the spring of 2021, his Alzheimer's was near end-stage. He could barely get out of bed or dress or feed himself. Hospice care seemed to be the best way for him to end his life with dignity. ... We soon encountered a harsh reality, however. Dying at home isn't easy, even with hospice care. ... The main problem was funding. In 2024, the average per-patient Medicare payment to hospice agencies was about $200 a day, with an annual cap of $33,500. That outlay would barely pay for a part-time aide, yet it is also needed to cover medications, medical equipment and nurse visits.

31 **3 strategies to improve care access: McKinsey**

Becker's Hospital Review; by Kristin Kuchno; 3/3/26

With the U.S. physician shortage projected to surpass 137,000 by 2037, improving patient access cannot rely on pushing physicians to see more patients, according to a Feb. 26 McKinsey article. In McKinsey's 2025 Physician Survey, 83% of physicians said they have seen patients delay care, with access barriers ranking among the top reasons. ... McKinsey outlines three additional strategies that when implemented together and in sequence — alongside efforts to reduce waste — can improve patient satisfaction and retention.

1. Redesign care delivery models. ...
2. Integrate patient preferences into operations. ...

3. Expand capacity strategically. ...

32 **The US health spending problem is still about prices**

Health Affairs; by Irene Papanicolas, Jonathan Cylus, Luca Lorenzoni; 2/18/26

For more than two decades, debates about why US health care spending is so high have been shaped by the insight articulated by Gerard Anderson, Uwe Reinhardt and Peter Hussey: that the United States does not use more health care than other high-income countries but pays much higher prices for it. The original "It's the Prices, Stupid" argument was fundamentally about price levels, not price growth. That central insight remains as true today as when it was first articulated: across services, drugs, and inputs, the United States consistently pays substantially higher prices than its peers for comparable services, drugs, and inputs.

33 **C-TAC report: From metrics to momentum - accelerating the spread of community-based palliative care**

The John A. Hartford Foundation, Washginton, DC; 3/4/26

The Coalition to Transform Advanced Care (C-TAC) and The John A. Hartford Foundation (JAHF) have released a report, "From Metrics to Momentum: Accelerating the Spread of Community-Based Palliative Care." The report summarizes discussion from a September 2025 C-TAC national convening of clinical, policy, payer, and delivery system leaders that was focused on accelerating the spread of community-based palliative care and identifying meaningful approaches to measuring access.

34 **Hospice News 50: Hospice News Provider Rankings and Annual Trends Report**

Hospice News; 3/10/26

Second Annual Hospice News Provider Rankings and Trends Report

The hospice sector continues to evolve rapidly, driven by shifting ownership structures, demographic demand and new approaches to caring for seriously ill populations. For

the second annual Hospice News 50 report, we partnered with Hospice Analytics to rank the largest hospice chains by 2024 Medicare claims. Drawing on proprietary data — including Medicare payments, corporate disclosures, acquisition activity and SEC filings — the report provides a detailed view of how consolidation, investment patterns and emerging players are reshaping the industry. Explore the latest data and analysis to understand the market forces driving hospice transformation — and what they mean for providers in 2026 and beyond.

35 **Why post-merger integration matters**

The Bloom Organization; 3/9/26

Most healthcare practice owners spend their time thinking about the front end of a transaction: valuation, deal structure, buyer selection, and closing. But for practice owners who will remain involved in their business after closing, whether through an employment agreement, earnout, or rollover equity, what happens after the deal closes can be just as important as the terms on the letter of intent. Post-merger integration determines whether the transition is smooth or disruptive, whether earnout targets are achievable, and whether the day-to-day experience of running your practice improves or deteriorates under new ownership.

Editor's Note: Pair this with "What Actually Happens to Your Healthcare Workers After Acquisition?," which we posted on 12/22/25 and 12/28/25 (our Sunday's "Most Read" edition). It states that "47% of employees leave within the first year following an acquisition, climbing to 75% by year three."

36 **"Black box" artificial intelligence for mortality prediction: a mixed-methods study of palliative care team, patient, and caregiver perspectives**

Annals of Palliative Medicine; by Beatrice Bridge, Ahmed Y Alasmar, Lauren Gunn-Sandell, Regina M Fink, Stacy M Fischer, Elizabeth Juarez-Colunga, Eric G Campbell, Matthew DeCamp; 2/26/26

Background: New artificial intelligence (AI)-based mortality prediction algorithms could

support both patients' prognostic awareness and person-centered palliative care. ... Results: Among 53 interviewees, 18 expressed only concern about black box AI-based prognostication, 17 expressed only unconcern, and 18 interviewees expressed mixed sentiments. Reasons for concern related to: data transparency, mistrust of machines or their creators, patient-clinician communication, bias, and accuracy. Reasons for unconcern related to: inexplicability not unique to AI, greater accuracy, not using AI in isolation, trust in science, and being evidence-based. Notably, "accuracy" and "trust" appeared in both.

Editor's Note: Pair this with today's post, "Nursing's moral agency cannot be outsourced to AI, study warns."

37 **MedPAC: March 2026 Report to Congress**

MedPAC Reports; 3/12/26

Medicare Benefit: National health care spending grew rapidly in 2023 and 2024, by 7 percent in each of these years. By 2024, national health care spending totaled $5.3 trillion. Health care spending has made up an increasing share of the country's gross domestic product (GDP) over time, rising from about 13 percent of GDP in 2000 to 18 percent in 2024. Medicare spending grew more rapidly than national health care spending in 2023 and 2024 (by 9 percent and 8 percent, respectively), in part due to changes in Part D financing that shifted more of the cost of prescription drug coverage from beneficiaries to the federal government. By 2024, Medicare spending totaled $1.1 trillion—equivalent to 21 percent of national health care spending and 3.8 percent of GDP. (Please see the **full report here** for additional detail.)

Hospice Chapter here. Highlights include:

- For fiscal year 2027, the Congress should eliminate the update to the 2026 Medicare base payment rates for hospice.

- In 2024, more than 1.8 million Medicare beneficiaries (including more than half of decedents) received hospice services from about 6,700 providers, and Medicare hospice expenditures totaled $28.3 billion.
- The share of decedents using hospice increased to 52.9 percent in 2024, up from 51.7 percent in 2023, reaching a new high.
- The aggregate FFS Medicare margin for 2023 was 8.0 percent, down from 9.8 percent in 2022. In 2024, cost growth slowed, with hospices' average cost per day increasing by 1.1 percent. The projected 2026 FFS Medicare margin is 9 percent.
- Calculations based on Tables 10-1, 10-8, and 10-9 (based on 6,706 total hospices in 2024):
- **For profit hospices** accounted for 82% of hospices (N= 5,497) in 2024; average total cost per day= $147; FFS margin= 13.7% in 2023.
  Nonprofit hospices accounted for 16% of hospices (N= 1,070) in 2024; average total cost per day= $214; FFS margin= -1.3% in 2023.
  Government hospices accounted for 2% of hospices (N= 130) in 2024.
  Urban hospices accounted for 88% of hospices (N= 5,877) in 2024; average total cost per day= $170; FFS margin= 8.3% in 2023.
  Rural hospices accounted for 12% of hospices (N= 829) in 2024; average total cost per day= $156; FFS margin= 5.3% in 2023.

38 **"I don't get to feel this good very often:" Virtual reality intervention for veterans receiving end-of-life care**

Journal of Palliative Medicine; by Megan E Gately, Steven D Shirk, Anastasia Canell, Alexandra Laffer, Melanie Corle, Kristen Dillon; 2/26

We explored the use of VR [virtual reality] with patients receiving inpatient HPC [hospice and palliative care]. Twenty-five veterans with complex medical and psychiatric comorbidities at a Veterans Affairs hospital participated. Data related to self-reported pain and well-being, as well as session feedback, were gathered. Despite some challenges with setup, 91% reported enjoyment, and 90% would participate again.

Travel experiences were most popular, allowing reminiscence and touring of bucket-list destinations. Program feedback suggested improvements in anxiety, mood, and boredom.

39 **AMGA calls for total-cost-of-care model for end-of-life care**

Healthcare Innovation; by David Raths; 3/20/26

Among the recommendations of a value-based care task force of the American Medical Group Association (AMGA) is that CMS should establish a total-cost-of-care model for end-of-life care. AMGA is a trade association representing multispecialty medical groups and integrated systems of care. More than 175,000 physicians practice in its member organizations.

Editor's Note: Download the AMGA's 44-page Task Force Recommendations. It details these six foundational pillars they identified:

1. *Enhance Patient Engagement: Empower patients to take an active role in their healthcare decisions.*
2. *Improve Health Outcomes: Address disparities to ensure all populations receive high-quality care.*
3. *Protect Patient Dignity at End of Life: Promote compassionate care that respects patient preferences.*
4. *Remove Regulatory and Statutory Barriers: Reduce administrative burdens that impede care delivery.*
5. *Support Practices Serving Rural and Underserved Populations: Ensure equitable resources and support for all providers.*
6. *Ensure the Long-Term Sustainability of High-Value Care: Establish a payment model that ensures long-term viability for providers.*

	Total	**11**