



Top News Stories of the Month, September 2026

Article Summary		
Category	#	%
A1 Mission Moments	3	6%
A2 Reimbursement Challenges, Warning Signs, and Implications	3	6%
A3 Competition to be Aware of	6	13%
A4 Workforce Challenges	8	17%
A5 Patient, Family, and Future Customer Demographics and Trends	3	6%
A6 Regulatory and Political	7	15%
A7 Technology and Innovations	2	4%
A8 Speed of Change, Resiliency, and Re-Culture	0	0%
A9 The Human Factor	3	6%
A10 Highlighted Articles of Interest	12	26%
Totals	47	100%

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A10 Highlighted Articles of Interest

36 [**The Medicare Hospice Benefit's origins: Lessons on end-of-life caregiving**](#)

Journal of General Internal Medicine; by Helen P Knight, Richard E Leiter; 8/26

Legislation in 1982 formalized hospice care as a Medicare-reimbursed service. In the years that have followed, while many Americans have benefited from hospice's holistic, comfort-focused care, Medicare reimbursement frequently prevents hospices from providing the degree of caregiving support that patients and their informal caregivers need. Prior to the Medicare Hospice Benefit, leaders of the hospice movement emphasized that informal caregivers need significant support at the end of life, including custodial support through options for facility-based care for dying patients. The Medicare Hospice Benefit was designed to contain healthcare spending, resulting in a structure of care that curtailed caregiving support. This history illustrates key themes that remain relevant to public discourse today, including the extent to which payers should provide caregiving support and the role of facilities in providing custodial care at the end of life.

37 [**CMS recalculating 2027 hospice payment rates due to error**](#)

Hospice News; by Jim Parker; 9/8/26

The 2027 hospice payment rates likely will change based on a technical error by the U.S. Centers for Medicare & Medicaid Services (CMS). The agency made a mistake that affected the Fiscal Year 2027 hospice wage index and has recalculated those numbers. CMS is in the process of developing a correction notice to update the wage index and hospice payment rates for all four levels of care. This will not require another proposed rule.

38 [**Don't let 'bad actors' sour the value of caring for California seniors at home**](#)

The Press-Enterprise; by John Fund; 9/8/26

We're hearing a lot about fraud in federal programs lately. The new Ground Zero for fraud is in California, where a perfect storm of bad government has formed in the last few years. The worst cases involve Medicare and Medicaid. ... I've felt personal pain and anger over these types of scandals. A few years ago, my 87-year-old father in Sacramento mistakenly and prematurely went into hospice which meant Medicare payments for his ailments were foregone. ... Legitimate hospice remains important for people who actually need it. The fraud problem puts that care at risk.



39 **Inspiring a culture of ownership through mutual accountability-A health care system's approach to connecting bedside expertise with boardroom strategy**

Nursing Management; by Torry Robinson, Stuart Downs; 8/26

A health care system's approach to integrating the American Association of Critical-Care Nurses Healthy Work Environment (HWE) standards across organizational levels demonstrates a replicable pathway for aligning bedside expertise with boardroom strategy, an essential linkage in organizational strategic planning. This article describes one health care system's 3-year journey in embedding the HWE framework throughout the deployment of the nursing strategy. Following operationalization of HWE as a component of the nursing strategic framework, the health care system achieved sustained improvement across all domains of the Healthy Work Environment Assessment Tool (HWEAT), bolstering an organizational commitment to continuously improve and measure practice-environment health. This transparent, high-visibility approach emphasizes accountability from the Chief Nurse Executive to frontline nurses, underpinning a shared commitment that aligns clinical practice with organizational strategy. Organizations that embed HWE into their nursing strategic plan empower nurses at every level to shape and share ownership of the practice environment.

40 **Medicare moments: The scarcity of Medicare caregiver benefits**

Allied News; by Joel Mekler; 9/14/26

... AARP and the National Alliance for Caregiving released the 2025 Caregiving in the U.S. report, their newest update since 2020. This comprehensive document offers an in-depth look at the evolving landscape of family caregiving for adults, highlighting key trends, challenges, and potential reforms. A key discovery is the swift growth in family caregiving. Almost 25% of adults — 63 million Americans — spent the last year caring for an adult (59 million) or a child (4 million) with complex medical needs or disabilities, marking a 45% increase since 2015. This trend underscores the essential role of family



caregivers and exposes systemic shortcomings that place significant burdens on them, highlighting the pressing need for reforms.

41 How nurses fit into the modern healthcare team

World Business Outlook; blog; 9/15/26

... Care is rarely delivered by one expert acting alone. It is built through constant coordination, quick decisions, and a steady flow of information between professionals. In that shared space, nurses often become the people who connect everyone else. ...

- Nurses as the Team's Real Time Connectors ...
- Working With Physicians as Clinical Partners ...
- How Nurses Coordinate With Pharmacists ...
- The Link Between Nursing and Rehabilitation ...
- Advocates for the Patient Experience ...
- Nurses and the Human Side of Clinical Efficiency ...
- Preparing for a Role That Keeps Expanding ...

42 The role of hospice and palliative care in addressing climate change

American Journal of Hospice & Palliative Medicine; by Erik S. Carlson, Nisha Shah, Jill Denny, Aldebra Schroll, Daniel Mahoney, Sarah Shear, Kate Jennings, Collins Uzuegbu, David Harris, Bhargavi Chekuri, Cecilia Sorensen, Janet Bull, Chris Jones; 8/26

Climate change is a defining global health challenge of our time, acting as a threat multiplier that erodes decades of health gains and worsens social inequities. People living with serious illness, the population served by Hospice and Palliative Care (HaPC) professionals, are particularly vulnerable to these impacts. While leading health organizations have acknowledged the public health implications of climate change, HaPC has remained largely absent from this discourse. This narrative review and framework proposal situates the field's competencies within the growing climate and health literature and identifies avenues through which HaPC can contribute to



addressing climate change. We argue that HaPC professionals — drawing on strengths in serious illness communication, interdisciplinary collaboration, and person-centered care — are uniquely positioned to advance equitable climate adaptation and mitigation at the individual, organizational, and societal levels.

43 **2027 trends to watch: Distributed care will drive the next phase of healthcare delivery**

Definitive Healthcare; by Ethan Popowitz; 9/17/26

Healthcare delivery has never been confined to a single setting. But the number of places where patients can receive care, and the range of services available outside the hospital, have grown in recent years. Today, a single patient journey might include a primary care visit, diagnostic imaging at an outpatient center, a procedure at an ambulatory surgery center (ASC), a virtual follow-up, and remote monitoring from home. ... This more distributed model of healthcare delivery is being shaped by several forces at once, from advances in medical technology and economic pressures to work force shortages and more.

44 **4 in 5 doctors now work for 'corporate entities' as autonomy erodes**

Forbes; by Bruce Japsen; 9/8/26

Corporate entities now employ 82% of U.S. physicians, a trend eroding doctor autonomy, according to a new Physicians Advocacy Institute report. The survey reveals nearly half of doctors feel pressured to prioritize patient volume over optimal care. Furthermore, 63% encounter corporate barriers to out-of-network referrals, and 59% feel compelled to keep patients within their health system. PAI's CEO, Kelly Kenney, asserts that corporate owners' primary allegiance is to profits, not patients, directly restricting physicians' ability to ensure the best care.

45 **Healthcare doesn't need forward deployed engineers. It needs forward deployed operators.**

HIT Consultant; by Frederik Mueller; 9/22/26

The forward deployed engineer model, embraced across enterprise technology, is built on a seductive assumption: that the gap between a technology's potential and its adoption is primarily a technical gap. A missing integration. A misconfigured workflow. A feature not yet built. Fix the code, and the organization will follow. In most industries, that assumption is partially right. In healthcare, it is almost entirely wrong. In part, healthcare organizations contribute to the problem because most evaluate technology vendors the same flawed way. They audit the roadmap, assess the integrations, and negotiate the contract. They rarely ask enough how the vendor will be embedded in their operations after go-live, and what discipline that ongoing partnership requires.

46 **Congress weighs how, not whether, to rein in private equity in health care**

HealthAffairs; by Yashaswini Singh and Jared Perkins; 9/24/26

Six pending federal bills would regulate private equity in health care, from an outright ban to disclosure, licensing, and antitrust tools. Rather than a categorical ban, federal policy makers could learn from states' transparency-first approach. ...

- How PE Landed On Congress's Agenda ...
- Summary Of The Congressional Proposals ...
 - Exclusion ...
 - Disclosure And Guardrails ...
 - Restrictions On Sale-Leaseback Arrangements ...
 - After-The-Fact Accountability ...
 - Prohibitions On Vertical Integration ...
 - Provider Ownership Disclosure Requirements ...
- Weighing The Different Approaches ...
- A Debate About Tools, Not Just Targets ...



47 **What hospitals need to change before data catches up**

ICD10 monitor; by Penny Jefferson, MSN, RN, CCDS, CCDS-O, CCS, CDIP, CRC, CHDA, CRCR, CPHQ, ACPA-C; 9/29/26

Medicare Advantage has traditionally occupied a familiar space in hospital operations: prior authorization, utilization management, denials, risk adjustment, and reimbursement. With the FY 2027 Inpatient Prospective Payment System final rule, healthcare organizations need to add another significant area to that list—hospital mortality performance. The Centers for Medicare & Medicaid Services (CMS) finalized modifications to five existing 30-day, all-cause, risk-standardized mortality measures to include eligible Medicare Advantage beneficiaries ...: acute myocardial infarction (AMI), heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), and coronary artery bypass graft (CABG) surgery.

Total	12
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