TRANSCRIPT: The Hospice Technology Conversation Leaders Need to Have—with Hannah Patterson | Part One

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Chris Comeaux 0:00
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Melody King 0:05
Everything rises and falls on leadership. The ability to lead well is fueled by living your cause and purpose. This podcast will equip you with the tools to do just that. Live and lead with cause and purpose. And now, author of the book The Anatomy of Leadership and our host, Chris Comeaux.

Chris Comeaux 0:27
Hello

Meet Hannah Patterson

Chris Comeaux 0:28
and welcome. I'm so excited today. We have with us Hannah Patterson. Hannah's the VP and General Manager of Care at Home Provider Markets at Netsmart. Good to have you, Hannah. Welcome.

Hannah Patterson 0:39
Thanks, Chris. Happy to be here

Resilience And Speaking Truth

Chris Comeaux 0:40
Yeah, it's good to have you. So I told you I was going to ask you this question. What's your superpower?

Hannah Patterson 0:45
My superpower would be um being resilient at a super-fast pace. I don't know if that's over-productive or being able to multitask, but um being a working mother in this industry, it feels like you got to do more with less on a very quick amount of time. So, uh I kind of pulled my friends and family, and they were unanimous in their state of saying, you're a really good multitasker. And I feel like you got to make a lot of pivots and moves. So, I'll take that as my superpower.

Chris Comeaux 1:12
That's a really cool superpower. And my hat's off to you. Um, we raised five kids, and I always say my wife had a much harder job, but to do what you do in your job and raise kids at the same time, that's a superpower. I also gotta tell you, I think you have another one. And so um, I think you have an interesting gift to bring truth or be transparent and like speak truth in a situation in a way that it gets heard, which I admire because I tend to when I speak truth, sometimes it's almost like hitting people with a two by four. And so you have a graceful way of bringing truth and transparency to a conversation.

Hannah Patterson 1:46
Thank you. I appreciate that. I feel like sometimes when I'm too transparent, that's not a good thing. So, I appreciate the uh compliment there.

Chris Comeaux 1:53
Well, and that's why I wanted to have this conversation with you about kind of the EMR space. Now, let me go ahead and introduce you to our audience and so just tell a little bit more about your background. So, Hannah, as we said, is VP General Manager of Care at Home at Netsmart, but she's been there since October 24. She's like probably been doing this since she's 12, because she has over 20 years of post-acute experience. She leads their strategic direction, service delivery, and growth initiatives that help care at home agencies advance their services beyond technology, which we're going to kind of get into that concept a little bit later. But her background spans healthcare operations, product management, implementation, consulting to assist agencies in digital transformation excellence. She has led cross-functional teams focused on scaling services, improving clinical outcomes, integrating technologies to address the needs of aging populations and individuals' complex care requirements. So, she's been doing that over the last 20 years. She's a member of the Alliance, MPHI, the National Council, and ADVON. And through these affiliations, she advocates on behalf of community providers to support the Post-Acute Continuum. So, Hannah, anything I left out in that background that you think will be relevant for our listeners?

Hannah Patterson 3:01

I would just say I've grown up in this career. I've been always been on the technology software side, on the vendor side, but I empathize with uh all of the listeners that are providers and the work that you do. So, appreciate you taking the time and having me on the podcast today, Chris.

Chris Comeaux 3:14
You bet. I I still remember the first time you and I met, it was at Home Care 100. And I we both felt like we knew each other, like, and I think we knew each other by reputation. Remember you coming up to me, and it was such a cool, just initial conversation. So, um let's go ahead and you ready to jump in?

Hannah Patterson 3:29
I'm ready.

Chris Comeaux 3:30
All

Grading The Hospice EMR Industry

Chris Comeaux 3:31
right, cool. Well, wanted to talk to you specifically just about the state of EMR. So, when EMRs first emerged, the promise was better clinical care, improved efficiency, and more time with patients. Yet I think many people would say nothing feels further from the truth. How would you grade the hospice EMR industry today, where we have succeeded and maybe where we've fallen short?

Hannah Patterson 3:53
Yeah, uh, I think you hit the nail on the head. I really, I believe the EMR vendors, you know, were really built initially for compliance and payment and reimbursement, right? You think about what the paper medical record was, we really just automated that into medical records electronically. So to answer your first question, I think I would give our hospice industry a B minus, but I'll give the reason why. Um, I think as we've evolved even the last 15 years, if you think how rapidly technology and software development has come from the initial launch of an EMR, right? Many of our listeners are probably or have been on their EMR for 20 or 30 years when you think about when the initial EMR first launched, um, you know, we we automated it, but then did we go further than just automating what we were doing in a paper medical record from what was happening in the hospice industry? So, you know, I give ourselves a B minus. And the reason why I do that is, you know, there we've raised the bar from a table stakes perspective. So as all the listeners on

the line that are providers as an industry, interoperability is table spake, table stakes in my mind, right? You think about how you're referring patients into the industry and into your programs for hospice, you need transactional level data from your referral partners, whether that's an assisted living facility, whether that's a skilled nursing facility, it's your health system provider. You need that information real time so you can make clinical judgments of what level of hospice or palliative is your patient coming on board. So, you know, for a majority of the vendors in the industry, I'm gonna give ourselves a B minus. I think I was a little bit conservative potentially, but you know, if you think about, I feel like most hospices that have implemented the EMR, there's a study that's been out there that says, you know, 20% of these providers are thoroughly using the EMR in its totality, regardless of the time that they've implemented the software, they've had turnovers. So all of those things play into effect that you've got to make sure that you're optimized. You've got to make sure that all disciplines, I know with my, you know, history of doing implementations and being on the product management team and now having the responsibility as the GM over the care at home division, many agencies that I go and visit on site, they have shared Excel spreadsheets that their teams are actively going in. And so I'll start asking questions. I'm not trying to ask why, you know, why aren't you doing this in the EMR? Somebody built a workaround or they liked a view better, but they didn't partner with their vendor to make that automated in part of the technology evolution. So, I said B minus, depending on the vendor, again, might be a little bit lower, might be a little higher. But as an industry, I'm gonna give ourselves a B minus.

Chris Comeaux 6:31
Okay.

How Complexity Broke The Promise

Chris Comeaux 6:32
Well, you know what? I'll be transparent too in response. And I think our listeners would fuss at me if I didn't. I think it's probably more like a C, but I also want to kind of maybe defend you guys a little bit. So let me go through my perspective and I want you to push back if you disagree. I've got 30 years now, so I've kind of grown up in this space and kind of seeing the early EMRs, which actually weren't bad, but because they were very non-complex databases. But back then you didn't have to drop the pharmacy, the DME, all the visits, all the stuff on the bill. So it was a whole lot less complex. And then you saw some organizations go back to paper as the complexity increased. And then you just had some kind of system we're able to bill. But that's when it really got challenging is that all the complexity, the increased regulations, et cetera, the EMRs got more complex. And I think they were trying to stay ahead of that. And ultimately, if you don't have a bill, you don't

have cash, you have no cash, you can't stay in business. So that's the problem they were solving for. And then I think there's another interesting angle. There's an adage, if you've seen a hospice, you've seen a hospice, which here we are 40 years from now. It's some of the beauty of our space and also some of the frustration. And then I think that played out in EMR vendors. So, some of those early EMR um, I don't want to call them vendors, but just solution providers, um, to sell to the customer, the customer's like, but hey, I want it this way. So, then these EMR vendors did it multiple ways because they were trying to tailor to the actual way this hospice did things. And then then great providers like yours that had more financial backing to bring more complex solutions, but then you might have inherited those prior solution providers as you've acquired them and brought on more customers. But then the challenge is that makes a really hard scalable business. So then you're trying to take that into some new future, and it's all created this crock pot of a bit of a mess, which is why we're probably a C to C minus currently. Would you push back on any of that kind of commentary?

Hannah Patterson 8:33

I wouldn't. I think you're you're aligned. I think where we've grown as an industry, you're really doing care coordination. And I agree 100%. You know, the statement and the theme that you hear in the industry is you've seen a hospice, you've seen a hospice. It's not the way that works, right? You have many agencies that are delivering services in very rural communities. Their providers, like the pharmacy, the DME, they may not have the technology to be able to share that information in real time. So, staff from a provider are having to log into different systems. But I think that's where we as an industry have to level up. You know, if I think about the acute settings and I think about some of the other, even service lines in post-acute, there are standards from an integration standpoint that we can level up our industry to really be able to share standard integration data points to improve and streamline this integrated care that we're doing in hospice and palliative.

Chris Comeaux 9:23

Well, and we're going to come back to what that what you're poking on there. Um, let me ask this question then, because I do think this is a whole nother kind of angle that makes this space much more complicated, which is the interdisciplinary approach to care for these multiple disciplines, which is part of the beauty of this model.

Hannah Patterson 9:40

Yeah.

Chris Comeaux 9:40

But it does

Interdisciplinary Care Versus Billing Needs

Chris Comeaux 9:41
make it more complex. So, have the MR companies truly built technology that supports like the interdisciplinary approach, keeping the care plan first and foremost? Or do you feel like they've been mostly solving for the regulatory billing complexity? Or do you feel like, well, they've done both and we've brought it together? And if you're going to say that last part, one of the things I want to give listeners hope. I have this sense that the next three years, partners like you are finally going to bring true solutions that are going to bring care back to the bedside. And you may, I hope you say you're 100% right, Chris, on that one. Um, but can you weave all that together in an answer?

Hannah Patterson 10:22
Yeah, I I believe vendors in our space are really successfully achieving the uniqueness and complexity of hospice. I do believe that we are functioning at an interdisciplinary level. I think we can, there's always room for improvement. I think there's always room to ensure that regardless of the discipline that you are at an agency, so whether you're the intake coordinator, you're the scheduler, you're the clinician in the field, you're the supervisor, you're the QA manager, you know, you need the information about that patient or about your caseload in a consumable fashion to be able to make the best decisions for that patient's care and oversight to improve the outcomes or for the goals of the patient for their outcomes. And I do think, you know, you let in with for care plan dependencies. And then obviously you have the revenue cycle component to it. But I do believe that we are at a place where we are moving the needle from an interdisciplinary perspective and ensuring the quality of life that's being delivered through the technology is enabled by the clinician. The clinician still needs to practice at their license, right? But I think the technology needs to be able to supplement them to do that, not make the decisions for them, but be able to supplement and assist them in those decision making. So I think, you know, the uniqueness that each agency has, right? You have communities or members that are part of the network that have service delivery in very rural areas. And it requires the technology vendors that they work with to be very nimble and flexible and allow those organizations to continue delivering the quality of care, but removing the barriers that exist. And I think you have to partner with your providers to do that successfully.

Chris Comeaux 12:05
And do you would you say, Hannah, that probably there has been some aspect of the tail wagging the dog in terms of the regulatory complexity and the regul revenue cycle management that has kind of created some of the friction that clinicians have felt, or do you feel like that's not quite fair?

Hannah Patterson 12:20
I think that's a fair statement. I believe that, you know, when in hospice, you know, even as a per diem as a reimbursement, right? Depending on the service, you're still looking to track all of this information because you still need to understand the total cost of care at the end of the day to actually advocate and take on more patients under service based on the program. So, I think it's I do think that.

Chris Comeaux 12:43
And do you also believe that our best years are probably ahead of us where yeah. And so now would you have said that, let's see, you 2020, would you have said that two years ago, that within the next two to three years we're gonna see amazing solutions, or would you have been a little bit more hesitant two or three years ago?

Hannah Patterson 13:00
I think two, three years ago, we were coming out of the COVID fog. So I think there was a lot of hesitancy as to where the reimbursement was gonna be shaping up. Obviously, there's been an extreme focus from a CMS lens on the value-based care initiatives. How do providers take on more at risk? How do they partner with payers in their, you know, in their network to be able to deliver those services? So, I would, I would say there was opportunity, but I also think providers championing for what that looked like successfully and claiming that we have confidence in our industry to do that was important.

Chris Comeaux 13:32
Okay.

Technology As An Accelerator

Chris Comeaux 13:33
So so we really are about ready to go into an interesting space, which leads to, I've been wanting to actually have this conversation with someone. Um, I'm a huge, you know, kind of a leadership geek, always reading, researching, hence the name of our podcast, TCN Talks Anatomy of Leadership. I have a lot of heroes out there. Jim Collins was one of them. And what I love about Jim Collins is he's so data-oriented. If our listeners don't know, everybody's heard the book, Good to Great, but you may not know what made that book so unique. So, Jim would like have this army of MBAs and they would crank through all of this data and the organizations that rose to the top. It was all data based upon data. But then he would go and he would dissect those companies and he has a very interesting way to do that. And his superpower is he would figure out these principles and he would label them in very sticky ways in our brains. We all know get the right person on the right

seat on the bus. Well, that comes from Joan Collins, the hedgehog concept. Well, there's a chapter that I want to call the lost chapter of Good to Great, Hannah. And the reason why is this. So when he wrote Good to Great was during the dot-com bubble. So think about, you know, we're we're living in the next version of that now in AI. And so one hypothesis, but what I love about him is like, you know, the whole point of the scientific level of thought is you test the hypothesis and you may be wrong. So the hypothesis he had when he was writing the book is that this whiz-bang technology within a company would have actually been the thing that separated them from the top. But he said, that's not what we found. What we found is these companies used technology as an accelerator. Okay, what does that mean? That means that they understood what they did at such a fundamental level, they only applied technology as an accelerator. And I'll give you a couple examples. A friend of mine many years ago called me and said, hey, you need to go check out PALS in eastern Tennessee. It's a fast-food joint that won the Malcolm Baldridge Award. What? That doesn't compute. That makes no sense. He's like, that's why you got to go look at it. So, I actually went to that organization and it was so fascinating. It had like a center of excellence or you could go study there. It was just so cool. Um I love a just go study a high performance organization. Well, guess what? They actually took the orders on a piece of paper, but then they had a way that it got into their technology system because they had done the research that your order accuracy is actually better in that case where you actually handwrite it. But yet they had technology within the business. So, they were kind of modeling that concept of they had studied enough to know where to apply technology and where not to. Another place where I went and studied was at Toyota. And one of the things that fascinated me in the Toyota factory in Kentucky, they had a paper manifest that's almost like the instructions or like the like the ingredients on the actual hood of the Toyota. Think about Toyota. But yet, of course, they had technology everywhere. They were modeling not technology as a panacea, technology as an accelerator. But yet, myself and some of my peers will go and go, hey, Netsmart, you're gonna solve all of my problems. And then I implement your system. And I'm like, I didn't know you were gonna change my processes. You need to go back and I want this process in place. That is not technology as an accelerator, that's me buying it as a panacea. So I want you to react to that, Hannah. And that principle is just stuck with me. In fact, we're working on trying to get Jim actually next year on the podcast because I want to have this discussion with them to make sure I'm kind of reading it right, but I think I am. And I see where me and many other leaders over the years, we've not approached technology that way. I would love for you to react in to have a follow-up question related to that. Does that principle sound right to you? And do you see a mismatch of even where your customers might be coming to you like, save me? You're we want your product to save us. And then later you see it that causes all this interesting friction.

Hannah Patterson 17:26
Uh, one, I love the book from good to great. I'm pretty sure it's on my uh shelf. And uh I love Jim Collins' uh concepts and how he applies them to every day. So I adore his leadership trends and our it's very meaningful. So I would say, you know, we everyone, when technology in the dot-com era had started, everyone was very hesitant, right? Because it no one likes change. I think at the end of the day, as humans, we we really emphasize on being comfortable and knowing how to do things that aren't abnormal or don't get us out of our comfort zone. It's just easier. I think technology, because of how quickly it is innovative even over the last 20 years, we have to think about it in a different lens of how does it enable us to do better, greater things with the sophistication. So, whether, and I'll I'm gonna kind of separate the two because I think it's an important factor of where we're gonna go from an industry perspective because of all the wearables, but you have to think about the technology as one piece, as a driver. And then

Wearables And The Future Of Care

Hannah Patterson 18:28
you also have to think about from a device standpoint because devices are being built with embedded functionality as part of its uh use case or its um benefit to the to the consumer. So I'll use like those metaglasses, right? I don't own them. My nine-year-old son wants them, no chance. However, if you think about what those glasses could potentially do, let's say, for a clinician that has technology embedded into it, but it also could assist a clinician of assessing a patient. If you look, if you're an Apple user, you look at there are new things that are coming out just on the standard operating system of the device itself that have spatial recognition. It's tracking your health-related data. I think there is he's on to something, right? Otherwise, he wouldn't be publishing books. But I think we have to be thinking about it from an industry leader perspective of how do we envision the way hospice and palliative care in the future is going to be able to be delivered? You know, for those of us that have had loved ones receiving our care in this industry, you think about all the things that what could you have done differently or how could this have experience been better for every user that, and I use the provider users that had, you know, the interactions with the patient, what could we have done differently?

Chris Comeaux 19:52
Yeah, because that's a perfect example of applying technology as an accelerator. But again, I think quite often that I love your answer because I'm sitting here unpacking it, because there's a lot of sometimes the tail does wag the dog. I mean, would we all have envisioned an iPhone, but yet our world has been transformed by it? And but yet many of

us adopted it because it was such a useful tool to accelerate things that we were doing on a day-to-day basis. So, it's a bit of a both and. But I would imagine, and I'm not trying to lead you on this, but I would love for you to push back if you disagree. The more thoughtful that an organization is trying to become at just being masterful at providing great care, they're probably the funnest clients for you to work with because then your technology should be additive and accelerant. His point, technology is an accelerator. Is that true? And how do we get kind of more of that going forward?

Hannah Patterson 20:51

I do think it's true. I think, you know, you bring up the iPhone. So the first iPhone started in I think it was 2006. So, we've approached 20 years. But if you think about the original iPhone, it was baby. Like it was almost like a little um the nano or whatever it was called. And then remember the evolution where the iPhone had the little button on the bottom and it had a frame. And then when they converted, Apple had converted, it re we they removed the button and it just became full screen, but it allowed more landscape on that. And then if you look at what's coming in 2027, there's this nano. So I'm already thinking about from the GM lens, there may be provider agencies that want to provide these types of devices for their clinician because it's a dual. It's kind of a phone and it's an iPad mini, just a little bit of a smaller perspective. But the device itself already has all of these health related data points that could be leveraged if I was the consumer of that device. Take out that I'm the clinician. If I was the consumer and I had one of those or I'm wearing my watch, how do we get that information about that patient to the agency, to the hospice organization to make better decisions outside of? The case manager calling the family, confirming the appointment, confirming the visits, the clinician going and doing their routine visit, their assessment. There's data that's being collected, right? You as a human wearing a wearable device today. That data actually impacts how whatever type of program of healthcare you're delivering or receiving, it could really contribute to the outcomes of what's needed because you could start to predict gate-related issues as a physical therapist and a home health organization. I think that is, we have to be thinking very forward stretched, but it and it appears to be a leap because we're, I think, stuck in this this is how a hospice agency delivers services. But at the end of the day, everyone that's delivering hospice and palliative care knows that you're you're getting the patient and family comfortable in the most vulnerable areas of their life. And I think leveraging technology to do that and assist the clinicians, you know, in an uncontrolled environment, meaning they're coming into a patient's home, they don't know what they're going to anticipate. This is a very high stress time. We have to think about that as a developer of software and technology and solutions. Those are things that I think about, and especially going through it in my personal life. There's some things that I think, oh my gosh, I'm appalled that why would this clinician just ask that question, you know, during the visit and it's on the form. It's on the assessment. It was there for a reason, some care plan or

some, you know, TPE, something got raised as to why this was questioned. But I think kind of go back. I think we have to be rethinking the way we're delivering health care through the innovation of what is transpiring as fast as it possibly can. And we need to be at the forefront of that and at the top of that to be able to be doing more with less because baby boomers coming into this industry and being the latest patients. You know, there's studies that have already been shown that we aren't we're going to run out of the caregivers and the staff to be able to provide for the patients that are going to be entering in our markets as as quickly as five years.

Chris Comeaux 23:55
Yeah, we actually we just dropped a podcast with Ron Hetrick, one of the best podcasts we've done, because he's just an incredible guy. He's advised the White House and he just paints the picture of the coming storm. He uses analogy as a cat five, but it's been offshore for like 10 years, and then we kind of tune it out, but now we're just starting to get the outer bands. But between now 2030, 2035,

Hannah Patterson 24:15
yeah,

Chris Comeaux 24:15
it's gonna get rough from that perspective, which means we're gonna have to rely a lot more on technology, which I'm gonna go there a little bit further into the future, but you said something in the green room, and I hope you're okay if I go there. You lost

A Family's View Of Hospice Tech

Chris Comeaux 24:27
you lost a family member, a loved one, and not too distant past. And first off, our condolences uh from us and our team. You have such a unique perspective doing what you do, but then you're on the other side.

Hannah Patterson 24:38
Yeah.

Chris Comeaux 24:38
Um, anything that came out of that that just was very profound to you as far as applying the technology when you were sitting in that other role as a family member of someone going through a really tough time of healthcare and hospice.

Hannah Patterson 24:51
Yeah, thank you for your condolences. So I lost my father four years ago. Um, it's kind of a blissful time. I know that sounds uh a little bit awkward saying that I lost my father, but um, as a daughter, right? And we're all a daughter of parents of some kind, um, you know, my father never really understood what I did for a career. He knew he didn't have to pay my bills anymore after I graduated college. He knew I could pay for my insurance on my own. Um, but when anyone would ever ask him, what does your daughter do? She's like, oh, she works in healthcare. And then immediately everyone assumed that I work in a hospital system and I did nothing of that nature. So, when he took on, um, we, you know, we made the decision as a family that he would uh stop receiving treatment and we went to palliative and then officially uh hospice. Um, I became really a uh the patient advocate, you know, and I was um, I didn't live where my parents did. So I was, you know, four hours away, but I also wanted to be involved in every one of the visits. So, this is four years ago. So fast forward, but the the agency that provided the services for him uh was associated to a health system. Um, and so they were all on the Epic system. So

Chris Comeaux 25:55
mmm

Hannah Patterson 25:55
health system, his primary care physician, and the hospice agency was all on Epic. And I um I knew when the clinician was coming to the home because they had an alert that as part of the care team, I got a text on my cell phone that said, you know, nurse Melissa was arriving in 22 minutes. So, I would um strategically FaceTime my mother uh and be sitting on the lamp uh as the clinician would enter the home and just be part of the visit as part of the uh conversation. That way I didn't lose any of the transitions or, you know, like at that point we weren't in um, you know, daily visits. But, you know, part of that, every single time we had a conversation with any provider, they would ask the same questions. And I inevitably got extremely frustrated because I had ensured that every single consent, we checked the box for him to share information, we checked all of the information that he could exchange between the primary care physician, the hospice organization, and the hospital because he was in and out of the hospital for a variety of things throughout the time. And um, it was frustrating. And I would just immediately before he could even say his answer, I'm like, it's in your system. Go click out of whatever screen you're in. We've already provided that information and he doesn't need to share it. And it was that it candidly, it was his last 30 days that I think he finally real he actually finally realized what I did for a living. And it was really a full circle moment, and it was just really powerful to me that finally he understands what I do for a living. After I try to explain it to him for, you know, the 20 years I've been doing this in my career, because I did start in college as an intern, but you know, I kind of it was just oh my gosh. But until he really understood what

hospice was, you know, and how meaningful it can be for, you know, him as a patient and then also for my mother going through it as bereavement now, you know, she's like, This agency is still calling. I'm like, yeah, that's their job.

Chris Comeaux 27:43
Wow.

Hannah Patterson 27:44
It was a beautiful moment and a full circle moment. But I if I were to think through the experience that he had, even that quick text message, because many of us are delivering, you know, agencies are delivering services to patients who don't have family that are close by, right? Like their children often move off and go do their own thing. And that's a hard way of keeping the, you know, patient's family up to speed. But I think active communication, and I talk to my dad every day. So if I could have had an open line of communication with that organization of how he was feeling and knowing that he hadn't gotten out of bed for three days, like that would have been vital information before that nurse walked into his house, outside of him having to come down the stairs for the first time in three days and be disgruntled because we made him go downstairs to sit in his chair when she came. But those things are important. And I think the the actual head-to-toe assessment and his care would have been delivered a little bit differently had we been able to give that information, you know, real time before the clinician arrived at the home.

Chris Comeaux 28:41
So if I'm reading you right, Henna, this it's almost like now I understand because you made the comment of like a positive experience. Like you often we hope people have a positive experience, but you used a word I can't remember now, just profound, impactful, something. But it I get the life closure of because my mom's been the same way all these years. I don't know, he does something in hospice.

Hannah Patterson 29:01
Yeah.

Chris Comeaux 29:01
So, for your parents to feel the weight of what you do, that's awesome.

Hannah Patterson 29:05
Yeah.

Chris Comeaux 29:06

And I also am hearing like you had some good things that I also understand now you're working on those, but then you saw some opportunities for improvement. Am I picking up all of it? It's like it felt like it was all of that, is what you're describing.

Choosing Providers With CMS Compare

Hannah Patterson 29:18
Yeah. I mean, when we had, so you know, every hospice or every patient who's getting discharge from an acute setting for a hospital. So you get a sheet of paper from the discharge planner, right? Here's the agencies that you can select. And of course, they have their referrals. You got your top referral partners, and all of us on the line know if you're in the top or not. And I selected a hospice that was in the second column, about six down, because I had access and I knew what CMS Compare is and I know that the five-star ratings are. And my mom looked at me and she's like, why aren't we picking one of the top three? I'm like, We're not, right? I mean, I'm just we're not going to. And I, you know, law, I could show her, I logged on to the internet and I showed her everything about why. And she's like, How do you know all this? You know, and dad's just listening over here, like, I don't know, you know, grew disgruntled that he's going on a hospice and all these things, you know. I'm like, just listen, I finally, I finally get to teach you something of what I do. And but it was just, it was a full circle moment. And I was, you know, it was as the daughter of a loved one. Obviously, my father was like my number one cheerleader champion. You know, there wasn't a day that went by that we didn't talk. I still pick up the phone and try and call him or text him, you know, and it's four years later. But it was such a blissful time for me to really have that closure of, oh, he knew I was doing a great job building my career and doing great things, but he really didn't have the understanding until he became a patient in the industry that I love so dear and near to my heart.

Chris Comeaux 30:43
That's so cool, Hannah. Well, I know he'd be incredibly proud. And also, I'm getting this sense. Now I know where your fire comes from. I'm so glad. Thank you for letting me ask you that.

Hannah Patterson 30:53
Yeah.

Chris Comeaux 30:53
Because now I feel like I understand better and also why I knew you'd be the one I want to have this conversation with. Well, all right, we kind of set the table.

AI Teaser And Part Two

Chris Comeaux 31:01

So, as we go to this next segment, I really want to start doing a little bit more of that look forward. So, we talked about the concept of technology as an accelerator. So, as we look at AI and just all the things that are happening right now, are we gonna be just adding some capabilities to existing EMRs? Or are we on the verge of fundamentally maybe reinventing electronic medical record? And then maybe at the end, Hannah, can you weave in what will this maybe look like five years from now?

Jeff Haffner 31:29

Don't miss part two of this episode coming this Friday.