

TRANSCRIPT: [Healthcare Leaders Break Down Hospice Reform, Medicare & Quality Care | Part One](#)

Leadership With Cause And Purpose

Melody King 0:00

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 0:22

Hello and welcome. I'm so excited today. On the podcast, we have two special friends, Tom Koutsoumpas and Carole Fisher. So, Tom and Carole, so good to have you. Thanks for being here.

Tom Koutsoumpas 0:32

Hi, Chris. Thank you for having us. We're uh equally excited.

Carole Fisher 0:35

Great to see you. Thank you, Chris.

Chris Comeaux 0:37

Yeah, great to see you as well. And so in just a moment, we'll jump in. We've been using Dr. Byock's strategic framework for the top news stories of the month, and thought you guys would be two incredible guests for a multitude of reasons. Um, one of which we're going to talk even about your podcast, but just most of the listeners know who you guys are. But just in case, so let me introduce Tom and Carole. So Tom Koutsoumpas is the founder and CEO, the National Partnership for Healthcare and Hospice Innovation. Many of us know them as NPHI, where he leads a national community of nonprofit providers, advancing high-quality hospice, palliative care, and serious illness care. Tom's a longtime health care policy leader. He's spent decades of his life shaping national conversations around Medicare, elderly care, advanced illness care, including helping develop the Medicare hospice benefit. He's also the founder and president of Health sperien, a DC-based healthcare policy consulting firm, widely recognized for his work advancing compassionate, patient-centered care across the United States. And also Tom was one of the people very instrumental in actually creating the hospice benefit. So, in many respects, many of us are even here today in this doing this amazing work because of Tom and many of the other patriarchs and matriarchs in the space. So, Tom, again, welcome. I told you I was going to ask you this question. What's your superpower?

Tom Koutsoumpas 1:51

Well, first of all, thank you, Chris, for that really uh lovely introduction. I really appreciate it. I, as you said, have been involved since 1981, actually, uh, in working in and developing

the hospice benefits. So, you know, how many years later and still working in it? And it's just been an extraordinary experience. I think probably my superpower would be connectivity, connecting people, bringing people together, uh both like-minded and diverse thoughts to come up with ideas, solutions, innovations. That's what I really enjoy, and I continue to do that today.

Chris Comeaux 2:28

Yeah, I totally see that, Tom. If if you would ask me to mirror back, if I would guess, I've definitely said that's one of your superpowers. You have relationships and connections unlike anyone else I've met in my life. And I love how you've used that just to further this amazing field that we have in hospice and powered care, amongst other passions and areas that you have. So thank you for doing that.

Tom Koutsoumpas 2:49

Thank you.

Chris Comeaux 2:49

Let me introduce my good friend, Carole Fisher. She's the president of the National Partnership for Healthcare and Hospice Innovation, NPHI, where she leads the day-to-day operations of the nation's only alliance, exclusively representing nonprofit, community-based hospice and powered care providers. Carole was a longtime healthcare executive and former president and CEO of Nathan Adelson Hospice in Las Vegas, Nevada. Carole spent several decades advancing mission-driven care and leading organizations through growth and transformation. Notably, Carole served as the host of the Girlfriends Podcast for two seasons, where she won several awards, including an Ambies Award for the Best True Crime Podcast, which was number one, I think, like in six countries. And then I'm also have the privilege of just calling Carole a longtime friend. So welcome, Carole. So good to have you.

Carole Fisher 3:34

Oh my gosh. Thank you, Chris. We are longtime friends. We go way back, and I definitely appreciate and value our friendship.

Chris Comeaux 3:41

Yeah, I do as well. So, Carole, what's your what's your superpower?

Carole Fisher 3:44

Oh my gosh. I, you know, I like to use my sense of humor in everything I do. I probably my my my superpower is my ability to take personal experiences and share them and further and advance kind of cause and purpose. So I really enjoy that. And and the girlfriends is a great example of that. Yeah.

Tom Koutsoumpas 4:06

Well, she's also a pro at podcast, Chris. So it's a little unfair because I'm fairly new at it and she's a pro. And, you know, comparing the two of us here is challenging.

Chris Comeaux 4:16

Well, like I've said before, in fact, you don't know that my commercial that I did to kick off your latest NPHI meeting, um, we had to edit it down to two minutes. But in my three-minute version, I said, now I'm going to hand it to Tom and Carole, who've got this whole Regis and Kathy Lee thing kind of going on. And so so you might say that, Tom, but you guys got a really cool energy. And I love how you kind of just feed off of one another and use comedy. And um it just it just makes what this work, this work is heavy and purposeful enough. You guys make it light and fun.

Tom Koutsoumpas 4:47

Well, thank you. We really enjoy it. We we must say we work together for a long time now, and we uh I think we enjoy uh every day. Yeah, it really is uh an honor to be working with Carole and we have such fun doing it, but we also obviously feel that we're making good, meaningful uh progress in advancing our cause.

Chris Comeaux 5:07

Well, I think Cordt was actually able to get on Cordt. Can you hear us?

Cordt Kassner 5:10

Now I apologize for some tech problem, but great to see you, everybody. Hi, Cordt. How are you? Good morning, Carole. Hi, Tom. Chris, great to see you again. Good morning.

Building A Podcast For Healthcare

Chris Comeaux 5:18

Good to see you too, Cordt. All right, well, let's jump in. So, Tom and Carole, you guys are actually launching a podcast. And so talk about it a little bit. This is our real, I was able to catch your first one. And so, what's kind of your vision, the things you guys see talking about in your podcast?

Tom Koutsoumpas 5:32

Yeah, Inside View, uh, which where there's a little bit of a uh poster right behind us. And a mug and a mug. We're very decked out. Yeah. Um, you know, we we really believe strongly that communication is one of the most important elements in conveying uh ideas, issues, innovations, and also hearing diverse views from others to understand where the healthcare system is going, what's going to be happening in the future, how we fit into the healthcare system. And so we really view this as an opportunity to have a you know really diverse group of guests that can inform our members and others about what's happening, where it's going, and how, particularly how we fit in going forward. I think that's really the key.

Carole Fisher 6:17

Yeah. I mean, we're looking at thought leaders, you know, people of influence in um not just the hospice space itself, but the the you know, continuum of care that touches end-of-life care. So we're excited.

Tom Koutsoumpas 6:30

Our first guest, as you know, was Kim Brandt, the COO of CMS, and she's one of the most important people at CMS and in the health, in our entire healthcare arena. So having her help to our members and others know what's going on and be informed is really uh a huge opportunity.

Carole Fisher 6:48

And thank you to both of you, Cordt, Chris, for allowing us to do kind of a special shout out about Inside View. We're excited, and we're in the studio today filming. So we're excited.

Chris Comeaux 6:58

And I also love the in your first one, you had the guy from Second City, which Carole, if you remember when you and I were working on our masters in leadership, that actually was one of my field trips, which was so amazing. And so that was such an informative section. Love Kim Brandt anytime that you have Kim Kim around you guys, but that was also awesome as well.

Tom Koutsoumpas 7:16

And they're gonna be at the summit uh in April in Chicago, Second City. Yeah. So perfect.

Chris Comeaux 7:21

I know we're excited.

Carole Fisher 7:21

Well, look, there's a real role for improvisation in healthcare and especially in end-of-life care. So we're excited to bring that forward and have experts come in and talk with our members.

Chris Comeaux 7:31

Yeah, actually, we're gonna put a link to that podcast in our show notes. Um, I love that, you know, Carole, Carole, you and I learned that leadership is very much improvisation, as much as maybe to our chagrin, we don't want to admit it, but really great leadership is. But the fact that he took it into caregiving, that was brilliant.

Carole Fisher 7:48

Yeah.

The Challenge Of Hospice Language

Chris Comeaux 7:48

That was such a powerful segment. And and Tom, I'd you just kind of riffed off of that, but that was just an amazing, just whole montage there. So we'll include an actual link to that show. Um, that was really great. Well, let me kind of set the table. And so we've been using Dr. Byock's framework. We've given a lot of airtime last year, and it's such a good strategic framework to challenge our whole field and how we move forward. And so he talked about zero tolerance for waste, fraud, and abuse. And this is gonna be a great segue because there's so much you guys are doing in each of these areas. Clinic, clinical

and programmatic standards, making meaningful data readily available, driving competition based on quality, and then embracing and promoting our authentic brand. And so, Cordt, so that's kind of our setting the table. In a second, I'm gonna let Cordt ask a question. But I thought the authentic brand, I wanted you guys maybe to just riff on that because there's so much work that you've done in that area. Um, you know, we've struggled for years how to talk about this. And the way I sometimes I will use it a little bit of a joke, but it's not a joke that, you know, everybody wants to go to heaven, nobody wants to die. It's a way of framing that we're up against a big challenge. We we know this care is beautiful, but most of the caregivers say they wish they knew about it sooner. But yet when we use the word hospice, they're like, oh, I'm not quite ready for that yet. In fact, I have a family member who just got a pretty serious diagnosis. And I myself was like, you know, probably some health care would be helpful. Um, and hospice will be further along. But even me thinking about how to talk to that family member about that, it's hard to have the words. And I think that's what Dr. Byock is poking on related to embracing our authentic brand. So can you guys talk about some of the work you've already done in that space?

Tom Koutsoumpas 9:34

Well, you know, it's interesting as you describe that. Um that that really is one of the great challenges we've had since the very beginning. And that's really having people embrace the care delivery model. Uh, yet the fact that they're thinking about or embracing a loved one dying is really hard to accept. And so that's been an ongoing problem since the the very beginning and continues to be as well. I think it goes back to appropriate communication. You know, we still have challenges in the field uh where doctors don't talk to patients honestly. They don't really describe the situation honestly. We still often are the ones who have to tell a patient and a family member what's going on, right?

Carole Fisher 10:21

Yeah, yeah. And you know, we've done a lot of work. Um, we did a lot of research. We came up with people over profits, which was really uh some one a wonderful body of work. And we did a lot of research and and people really struggle with the word hospice. And we also know that people really ch are challenged with health care, and there's a lot of um of lack of trust, if you will, when it comes to health care. A matter of fact, I think the research was like close to 20% of people are the only ones that trust their physician. So can you imagine when you extend that into end-of-life care and you have to talk about death and dying, um the the um, you know, the the mistrust, distrust really increases and elevates.

Tom Koutsoumpas 11:04

And yet it's interesting because often after the death of a loved one, the family member, the first thing they'll say is, you know, thank you. It was just extraordinary care. We couldn't have done it without you. And gosh, we wish we had heard about it sooner. So you have that really interesting dichotomy of of um thought.

Chris Comeaux 11:21

Yeah. Yeah, Tina Gentry, who Carole knows in our team, she used to have this great talk that she'd do whenever we were working together at Four Seasons Hospice, and that she would talk about that, you know, you you understand hospice and she would point to her head. In other words, we intellectually understand the care model. But then once people experience it, and she would kind of wrap her hands around her heart and say, then you understand. And I think that's a very maybe visual way of depicting the challenge of kind of getting beyond that. In fact, Tom, you were a member, um, you got an amazing group of us to go together to England, um, and which we need to do that again. That was such a great thing.

Tom Koutsoumpas 11:58

And we talking about that, Chris. Absolutely.

Chris Comeaux 12:00

And we were there together in Oxford, and we had the folks from St. Christopher's in London who created what we've all now inherited and moved forward in this great you know field of hospice in the States. But they were talking about like we need to educate people. And I remember just sitting there going, but I think we have educated them, maybe not deliberately, and unfortunately it's just become synonymous that hospice equals death. And we know that's just one small event compared to the beautiful journey. And it's like, how do we use words to describe that journey where people will accept it earlier and utilize it? They do once they understand it, but you can't go back and change the past. Therein lies the quandary.

Palliative Care Earlier In Illness

Tom Koutsoumpas 12:39

Right. And you know, it's interesting, a little personal story on the side. My my own mother had the same issue, and she became uh she was years of really having multiple chronic illness and you know, 85 to or 82 to 87 was a really challenging period. But she was not ready to accept the hospice, and she, you know, knew exactly what I did, and we had the hospice people come in, and but it was still challenging for her. And I think that leads us to the discussion again that we've had for years, but I think we're making progress. You know, how do you connect Palliative Care then to begin to care for people earlier in the trajectory of terminal advanced illness so that they can move into hospice, they can get care for a longer period of time during that continuum, right?

unknown 13:29

Yeah.

Tom Koutsoumpas 13:29

But that, you know, you can sort of save the hospice part uh if they if they're not accepting. Yep. I think conversation is different.

Chris Comeaux 13:37

Yeah, that's well said. In fact, that's exactly the work that we do, Tom, with in Teleios is really chassis and try to make high world-class really palliative care chassis to hospice, and then you're their trusted partner, and then you have a better chance that you can help kind of bridge that care whenever it's appropriate because you've built that relationship and that trust with them. Plus, you're providing really good clinical care, um, good pharmacotherapy, medication reconciliation. My um wife's dad recently has been going through some health issues, and man, med reconciliation is so much at the forefront. Elderly Americans have so many, every time you go to the doctor, they're gonna prescribe something to you. Um, back two years ago, I went on a um a palliative care visit with one of our TCN member nurse practitioners, and um we visited this wonderful lady. She was just such a sunshine, and she had a broken dishwasher. And I kid you not, for an hour straight, she was pulling meds out of that dishwasher. And amazingly, that nurse practitioner reconciled all the meds and got her on a good regimen going forward. And it's yeah, I saw of you cringe, but so many of our elderly Americans, that's exactly what they're experiencing. Because every time you go experience something in healthcare, they got to do something. They're gonna write a script and they go get it, and then they have all these meds, and no one's really looking at holistically, which is where our palliative care teams are amazing.

Tom Koutsoumpas 14:57

I think that's where we have such an extraordinary opportunity, our programs do. And, you know, we have the experience of caring for people at this point in life and use that expertise to provide this uh care pro pre the very end of life, the hospice part of it, it really creates that continuum. But also think about what that does for the patient who and the family who often struggle when they get the news of terminal illness. If they've already got a pre-existing relationship with people that have cared for them for a period of time, it makes everything easier.

Carole Fisher 15:31

Makes it so much easier. And you know, we come in, our our members um come in and they create calm in a in a place of great uncertainty. So I think that really is helping um with medication reconciliation and that overwhelm of feelings. But I like where you're headed in the conversation. Yeah really helping people earlier in the continuum of care is so important. And we're seeing so many of our members in different ways do that.

Tom Koutsoumpas 15:57

Yeah, you know, we're really proud of our members, uh Chris and Cordt. Almost uh almost everyone provides uh palliative care. Uh many are getting into home-based primary care as well. Uh, many are getting into PACE programs. I mean, they are really using their expertise to uh to you know put their arms around patients and families. And it really is uh uh with great pride that we talk about that.

Fraud Abuse And Benefit Manipulation

Cordt Kassner 16:20

Well, I'm so glad that you started talking about the authentic brand when Ira and I have talked about his strategic framework. That's the one that I wrestle with the most. I uh like I I sort of understood conceptually the other uh principles in his framework, but I I wrestled with the authentic brand. I and I think an example that kind of echoes what you what you all are talking about was last night I was watching the news and there was a story about President Trump came on and said, you know, I have a friend, I think, in Florida who had serious illness, and and he wouldn't have gotten the care that he needed if I hadn't intervened. And my first thought was, I had three thoughts. My first thought was, that's great. Like, I'm glad you intervened and and that your friend got the care that he needed. My second thought was, is our health care system so broken that the president of the United States has to intervene to assure that appropriate care is given, right? The right care at the right time, at the right place. Right. And then my third thought was every one of us on this podcast, every NPHI member, every Teleios member, we are the president. We've got we have probably a hundred years of experience around the table, around this podcast right now in end-of-life care. We are the ones who help connect people to make sure they get the appropriate palliative and hospice care at the right time. That's our charge. And I just thought, gosh, that's what Ira was talking about. So I do have another question because we wanted to spend a minute talking with each of you around NPHI's work in the areas that that IRA has laid out. Um once we get beyond the the no tolerance for waste, fraud, and abuse and collegiality ends at criminality, uh the next standard, the the first really building block in his framework is publishing clear clinical and programmatic standards. And how is NPHI working around clear pro clear and uh clear clinical and programmatic standards for your members?

Tom Koutsoumpas 18:35

First of all, just comment and on on what you said, Court. I think, and I know what you were gonna say. Carole and I probably every week work with a family that needs care. Uh you've just looked what just happened yesterday.

Carole Fisher 18:48

I'm flying out here yesterday, and in the seat next to me is a woman who actually was high up in the Trump first administration and at a loss for how to help her stepmother navigate the healthcare system. And sh and the woman is receiving hospice, thank goodness, with one of our members up in Northern California. Um but just that overwhelm she had of what to expect, what to anticipate, how to help her father, um the diagnosis happened quickly, they're in their 70s. Um, and so, you know, we forget sometimes that people get stuck where they are in the processing of what's happening because it's not just a focus on the death itself, it's the focus on all the uh aspects that are

happening. It just creates great chaos and overwhelm. You know, Ira did a good job of talking about um the fact that we're losing our way. I'd like to say that I think that NPHI members are not losing their way. I think that we are redefining um what got us here to get us there, don't you think?

Tom Koutsoumpas 19:52

Oh, totally.

Carole Fisher 19:52

Yeah. You want to talk a little bit about that?

Tom Koutsoumpas 19:55

I think we're redefining, and we also have really centered on the importance of quality, particularly given the issues that you touched on, Cordt, a minute ago. And with respect to fraud and abuse, it's clearly there are serious fraud and abuse issues, and you know, we're proud to say we've worked with the administration, both the last one and this one, to identify uh those fraudulent actors. And in fact, recently uh had Dr. Oz at one of our programs, Nathan Adelson in Las Vegas, personally, along with um the head of Medicare uh and along with Kim Brandt with you and Karen Rubel to really walk through the issues of fraud and abuse that they're uh seeing and identifying. And then they went on to California where they identified, you know, 140, I think, programs all listed at one address in a strip mall that was vacant. I mean, think about that. Those are those are clear fraud and abuse issues, and we are really working hard uh to it to address those. But I think there's middle ground in fraud and abuse that we don't talk about as much that I think um I'd like to get more word out there about it, and that's uh benefit manipulation. I think that when you look at the profiteering going on in the uh in the uh industry, um there are a lot of programs, I'm proud to say not at NPHI, but others that are manipulating the benefit to maximize the profits. To me, that's equally fraudulent, although under the definition of fraud, it's not quite the same as putting up a you know a program in a vacant strip mall. That is clear. This to me is equally fraudulent, uh, but it also allows these huge margins that are also eskewing the way people look at us. And manipulation means not providing all the levels of care, uh, discharging patients when they become too costly, uh, giving uh bereavement to the not for profit community. Programs instead of providing a real support program beyond a letter. I mean, all of those things are ways to maximize profits, and that's an issue that we are really concerned about, right?

Carole Fisher 22:14

Well, just the live discharge rates in overall outside of our membership is really scary. It you know is really concerning that we're seeing patients be admitted for non-hospice reasons. So there's a lot of manipulation of benefit, a lot of fraud and abuse. I'm concerned about the fact that we have uh medical directors that are representing a hospice and also representing the facility where a patient may be. You know, there's just clear conflicts of interest. And we're starting to bring those to light and really creating awareness. And you know, it's a journey to get everyone's attention. But as we're seeing,

this administration's been very receptive to hearing the stories, not just about fraud and abuse, but about benefit manipulation, to your point. Trevor Burrus, Jr.

Tom Koutsoumpas 23:00

And these are all consistent with uh with IRA's book and his writings. Uh, because as he talks about being uh true to the brand, to true to our mission, yeah, uh these are all components of that that I think he feels very strongly about as well.

Carole Fisher 23:16

Aaron Powell Well, Ira talks about quality of care being tied and linked to you know the outcomes of good quality of care being tied to the ownership status of a hospice. And he really did a great job outlining that in his paper.

Chris Comeaux 23:28

Yeah, actually he has said he's kind of gotten pot shots or or maybe criticism from nonprofits and for-profits, because really what he's saying is, you know, tech status aside, you should be providing a high quality product. It's it's almost like weird saying that out loud, right? Like we were running a car or car wash or any business, high quality, good cost, good service is what a business differentiates themselves themselves on. But who would have thought in end-of-life care, one of the most sacred times in someone's life, to your point, Tom, you'd see all of this profiteering. Um, recently we actually were interviewing a guy for one of our TCN members. And um, he was working for a private equity uh backed hospice, really great guy. And he told us straight up, he said, we were making basically 30% margins, and they called us and said we need 15% more. He's just like, that's impossible. But that's how they treat this like it's a vending machine in one of the most critical times of people's lives. I mean, it is horrible what we're seeing from that perspective. And Tom and Carole, I don't know if you looked at the MedPack report on one level, kind of alarming, right? It actually said now 82% are for profit. But um, but the interesting thing, I didn't have a chance to dig in. I would wonder, yes, okay, so the volume of providers is 82% or for profit. But I wonder who provides the most patient days of care. Like in other words, the most volume of people being served. We had talked about that at one MPHI meeting. And even though the volume, the the depth and breadth of most of those MPHI members was such where still the vast majority of hospice care was being provided by nonprofits. I don't, is that still true, or do you guys know?

Tom Koutsoumpas 25:11

It is true, and we have a lot of uh uh and we are ongoing, we look at this on on an ongoing basis, but we have we have real statistics around the difference between uh the work of our members, the not-for-profit community programs. Uh you know, they employ more skilled clinical staff, they provide a broader range of patient and family services. They are clearly much less likely to discharge patients prior to death. There are fewer complaints and serious deficiencies. The number of days of care, we have data with respect to all of that. And in every category, we are substantially different. We are substantially better. We've we've made quality the real core of our work this year,

particularly with our summit coming up in April. The title is about quality. And I think that you know, we can complain about fraudulent activity and all those sorts of things, but where we really can show the difference is just statistics and quality. And if we can differentiate ourselves, uh, then that's a critical part of I think the message that gets out.

Carole Fisher 26:16

We also have a yeah, totally. And I we have a lot of demographical, you know, information that we're caring for the most vulnerable in the country. You know, we're not caring for the easiest patients, we're caring for the most difficult at the most challenging times. So our members really stand out in all those areas.

Tom Koutsoumpas 26:34

I think it also is great because it provides a playing field uh where people can actually see the numbers, see the statistics. And if you're uh if you're a community based or a for-profit in a community or a part of an private equity group, um, you still have to look at the at the statistics. And you know, we are challenging every one of the programs out there to meet the same quality level.

Chris Comeaux 27:00

Well said. See what happens. And that's exactly what I think Dr. Byock is poking on. And interestingly, um, I get probably more comments from there are a lot of for-profit people listen to our TCN Talks podcast. Which is great because, you know, because what it comes down to is what you just said, is that, you know, tech status should not matter, but yet we can't shy away from what the data shows. It should not matter because if everybody was trying to do the best job possible to serve patients and families, it shouldn't matter. But yet when you look at the data, that is not the current reality, which then you can't argue with that fact.

Cordt Kassner 27:33

Right, exactly. Tom, I'm wondering if you can unpack that a little bit more in terms of making meaningful quality data readily available. How are NPHI members doing that, say, beyond care compare the Medicare room?

Tom Koutsoumpas 27:50

Well, we we are so uh proud that we've created a quality index, and we actually, for all of our members, go into very, very, very detailed quality measures so they can actually all see one, how they're doing, uh, in a blinded way, see how everybody's doing, and then we can work with folks who may want to improve in a certain area, um, which we're really also pleased to be working on and doing. But we what we believe is that we need to make sure that everybody, everyone who's a member knows exactly where they are from a quality perspective and where they need to go. And then also then how do we help each other to make sure that you know every program is meeting the same high uh level of high quality. Again, we're pleased to say all of our members really are doing well, but I think that we can keep looking at the statistics and say, how do we, how do we do a little

more over here or how do we do a little more over there? But it's a great opportunity for them.

Part Two Tease And Closing

Carole Fisher 28:50

Yeah, taking a look at quality and making sure that you can differentiate yourself from a quality perspective is where payers are headed and it's where consumers are headed. And so we're really making sure that we're equipping our members with this information. We have a great um collaborative that focuses on quality, the sharing of best practices. Hey, what am I doing really well to improve my scores? What did I try that didn't work? And so we see this great information exchange happening. So we're really proud of that work on behalf of our members and with our members.

Jeff Haffner / Producer 29:22

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