

## TRANSCRIPT: Hospice at a Crossroads: The Top News Stories Leaders Can't Ignore | Part One

### [Sponsor And Leadership Frame](#)

**Jeff Haffner** 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

### [Welcome And Quarterly News Plan](#)

**Chris Comeaux** 0:28

and welcome. I'm so excited today. This is my favorite time of the month because I have my good friend with me, Cordt Kassner. Welcome, Cordt.

**Cordt Kassner** 0:35

Thanks, Chris. Appreciate being back. Great to see you.

**Chris Comeaux** 0:38

Yeah, it's great to see you too, man. It's crazy to think. And I love what we've been doing this year, where you and I endeavored uh last around Christmas time, fall, we had Dr. Byock. He did that amazing podcast where he actually came and kind of did a gift for the holidays for all the amazing uh workforce and this great space that Hospice and Palliative Care. And you and I said, you know what? As we think about 2026 and the top news stories of the month, you and I would come together top of the quarter. Then we've brought some special guests that further really the framework that he laid out in his strategic white paper. So, we have some amazing people. And then you and I keep coming together at the top of the quarter. So here we are, beginning of October, where you and I are taping this in late September, and we're doing top stories for July, August,

and September, which means we're in the fall, which is crazy, man. And it just feels like time just speeds up. I don't know if I'm just getting older or grayer or whatever. Um, do you guys have any kind of cool, I don't know, pumpkin spice, fun fall things that you do together as a family?

## Fall Traditions And Life Updates

**Cordt Kassner** 1:41

You know, not pumpkin spice, but fall's my favorite season. And uh every weekend for the last month, we've my wife and I have been getting out, going hiking up in the mountains, and the fall colors right now, the aspens are turning golden. It's just beautiful time in Colorado. And we've discovered that a few of our local towns have river walks. So we go into Buena Vista and uh Canyon City and uh do these river walks right near the town, and it's just been fantastic. How about you?

**Chris Comeaux** 2:13

So that is awesome, man. Well, um, you know, it starts football season, so love watching some. So I've watched a lot of ill issue games, my Alma mater. Um, our family, we love the Apple Fest is huge here in uh western North Carolina. Almost like 200,000 people converge on this beautiful area. Apple Orchards are really big, and so we haven't done them yet. They're coming up the next couple weekends. We love to go walk around apple orchards and they have all sorts of different things, and it's just great family fun. And of course, we've got pictures from each year back as the kids have, and now they've got spouses, and so it's just cool, nostalgic, and it's just a great way to bring in the fall. And like you, it's my favorite time of the year. Living in the mountains, the the leaves just become amazing. Now, they've not done that yet here. Um, it's interesting. Each year it feels like it gets a little bit later. So peak time for us is like mid to late August, beginning in November. That's when the leaves are just in all its brilliance here. So looking forward. That's going to be coming up in the next several weeks. Absolutely.

**Cordt Kassner** 3:12

What a beautiful area you're in.

## Why These Stories Matter To Leaders

**Chris Comeaux** 3:14

Absolutely. Well, you too, man. I was actually in Buena Vista earlier this year, just absolutely gorgeous. So, all right, man, were you ready to jump in? So, in July, we actually

had the 4Ms with um Kelly and Marguerite from IHI. And then we had Jennifer where you and I talked about the moratorium. But this is the time where you and I kind of take the time to look at what were the top news stories for the last quarter. It's always a time for me to tell you and Joy. Thank you for the work that you do. My uh my tradition, cup of coffee in the morning and hospice and paled cure today. It's like every morning. And so I it's so interesting, too, to look at your statistics. Now I've got 30 years now, and the ones that I flag that this is what C-suite leaders should not miss, don't actually align with your top news stories, which tells me what you and I are doing is actually very complimentary. The fact, the fact that there is a Hospice and Palliative Care Today is a huge service to the whole industry, the field that we have. And of course, I try to flag them and say, guys, as a C-suite leader, don't miss these. So that's kind of the spirit that you and I will do this. So, I went last time first. Why don't you go first this time of kind of what jumped out at you?

## **Reading Trends And Bayreck's Framework**

**Cordt Kassner** 4:23

Sure, happy to jump in. You know, the I and I agree. I think the two different angles that we have on looking at the news and the stories that are being covered is really helpful and interesting. Uh, I, I take a look at it more from the data side and what was most read and your perspective from the C-suite, really complimentary. So uh we're taking a look at July through September of 2026. We covered 938 stories and had more than a quarter million reads, which is right in line with our prior quarters. Nearly a hundred stories drew more than a thousand clicks, which is one of the things that I track in terms of stories and what's really being read and what isn't being read. We also look at the stories that have less than 100 clicks to try to get insight into why that might be. Last quarter, we highlighted Dr. Joy Berger's 25-part history of care leading up to July 4 and the 250th anniversary of the country. Readers are continue to talk about that. So, if you've missed a chapter, now's a great time to catch up and take a look. They're all online, and uh, she's assembled them as individual chapters into an online book. So that's been going uh really well. Uh as you said, we're using Dr. Ira Byock's framework as our guide. So, let's kind of jump into what this means for our listeners in terms of leadership and daily practice.

## **Enforcement Focus And Protecting Public Trust**

**Cordt Kassner** 5:52

He starts off with zero tolerance for waste, fraud, and abuse. So that's where we begin. This quarter, we published 76 regulatory and enforcement stories, which is probably twice as many as we did last quarter, and half as many as the quarter before that. So, it this has

been a roller coaster in terms of the coverage of waste fraud and abuse in the media. But we want obviously want to keep our eye on the ball of that, as it has the potential to erode public trust and jeopardize the long-term viability of the Medicare hospice benefit.

## **CMS 2027 Final Rule And SSVI**

**Cordt Kassner** 6:29

Our most read story this quarter was CMS's fiscal year 2027 hospice final rule package, including the SSVI, the wage index, and payment update that had more than 6,000 clicks, which in our newsletter that's a lot of clicks. Uh CMS was not shy. Uh, non-hospice spend under uh a hospice election is still rising. And looking at the service and spending variation index, the SSVI, uh is now live as a nine-metric 0 to 16 score built from claims from fiscal year 2024 and then a separate publicly available free download for fiscal year 25 as well. Higher scores are meant to flag unusual uh utilization or program integrity risk. Uh, this is not intended to be a public quality grade by themselves, although we're keeping an eye on how they're going to use that, right? Well said. Well said. When Pepper reports came out, this is an educational tool. And it's possible that that information gets used in other ways. That's kind of how I'm looking at the SSVI. It's a public education tool, but it might be used in different ways.

## **How To Use SSVI Internally**

**Cordt Kassner** 7:51

So, I encourage our listeners, pull your SSVI information this week. There are different tools and the databases out there if you're looking for it. Um, different tools to look at this information, pull your information, see what's out there, see what your competitors' SSVI scores are. Talk about this with your clinical and billing and compliance folks and ask a couple of a few questions. What metrics do you drive? Because hospices drive some of them. And which metrics are being driven by hospitals and SNPs and Medicare Advantage plans that are outside of your control? You know, kind of pull those apart. And what kind of uh education is needed uh before CMS begins using this for targeted review if they go that direction. So it kind of get different angles from your team on what this information means. Treat the SSVI as a trust tool, not just a form, because it this is going to be important.

## **Clinical Standards Through Pediatric Care**

**Cordt Kassner** 8:55

As we move into Ira's (Ira Byock) four calls to action, the first one is clinical and programmatic standards. Uh, under clinical and programmatic standards, how do we move beyond good enough to consistently excellent compassionate care? The Alliance's Pediatric eJournal on how culture and religion shape care drew about 3,000 reads and uh came out just shortly after uh the 2025 Pediatric Facts and Figures report. So, a lot of a lot of interesting information coming out around pediatric care, and I've been hearing from pediatric researchers uh around the country as well, looking for information and contacts and networking. So, this this information is very timely, but pediatric concurrent care still appears to be very uneven. Many agencies admit children, but the reimbursement models and definitions of concurrent care remain pretty messy and just inconsistent. Families' faith and culture still uh change what good care looks like. We need to be listening and talking with families around uh the diagnosis and who gets told what information and what rituals do they want happening before death.

**Chris Comeaux** 10:16

Yeah, you know, Cordt, just as I'm just as I'm looking at you keep citing his framework. I just it's probably not the comment you thought I was gonna make. His framework is brilliant. Just really, it's just hitting me. You know, I'm so glad we used his framework this year. I know he was, you know, a couple of people are like, well, he's a bit of a lightning rod around this. His passion was coming from a place of just wanting the best for this field, and that this field not to, you know, basically go the way of just uh what's that Eric Hoffer quote? Is that something that starts out as a great mission eventually devolves into a racket, which, you know, that harkens the horrible fraud stuff in California. He was writing this framework as a pathway to the future. You know, sometimes people that are more academic-minded, they create frameworks and it feels more theoretical than practical, but great frameworks actually accomplish something. I think he accomplished a great framework with this as we keep using it as like this uh kind of decoder ring as we're seeing things. I see how people use it in their own organization. Um, got a fascinating podcast coming out in October about what I'm calling the three world views of strategies or emerging to navigate the future. It's like it all has this interesting root in this framework. And so back to, you know, this when you this was under clinical programmatic standards. I worked with a couple of hospices that they wanted to do PEADs because it was the right thing to do. You know, our children just it pulls upon everybody's hearts. But this was the interesting thing that they said is because for us to rise to that level of clinical competency, we think it's going to challenge our whole organization's level of clinical competency. And it just reminded me that. And then that made me start going back into what Dr. Byock was after with this framework. That, you know, PEADS is awesome, but programs are incredible what they do, but it spills over and impacts, I think, at an even broader level, just like Dr. Byock's framework, I think is maybe we're just seeing the

beginning of it, and we may look back 10 years from now and go, man, that was exactly what we needed. Where uh they typically say the life cycle of industries look like a bell-shaped curve, but some do jump the curve. I hope we look back and go, you know what, Dr. Byock's framework was a key to that.

**Cordt Kassner** 12:32

You know, really well said. I, I completely agree. And particularly when we get outside of the Medicare hospice benefit uh and and focus perhaps more on the hospice philosophy of care. And that calls us into areas like pediatrics that can reshape the organization, as well as some of our employees who, you know, like that's their passion. That's what they're really interested in doing. And to open up that opportunity can revitalize the organization. And I would say the same whole, I'm putting on my social work hat. I, I would say the same if hospices reach out into prisons, if hospices reach out into uh homeless populations and and areas that are that are a little bit off the beaten path, it opens up interest and passions in in our employees that that otherwise are untapped. And I think it can really strengthen the services that are provided by hospices uh across the continuum of care.

## [Friend Caregivers And New Caregiver Tools](#)

**Cordt Kassner** 13:36

Ira's second area is making meaningful data readily available. And of course, I get excited about that as a as a data person. The top research piece was Friend Caregivers Among Older Adults that was published in JAMA Open Network, had almost 4,000 reads, which was, again, a very high number for our newsletter. Friends now account for an estimated 2.4 million unpaired caregivers. They rarely uh live with the patient or serve as the sole caregiver. They do more transportation and less hands-on personal care. The older adults who uh have these friends tend to live alone and be unmarried and have higher education rates. So as we design the IDG and caregiver education, often we think about family uh as the only source of unpaid workforce, but this article reminds us how important friends are in caring for our patients, how to expand our outreach to friend circles as well. And that when I was reading this, it made me think of SimPal's MARley tool, caregiver support tool. Uh it's just that there are additional resources being developed right now to really help streamline and improve communications and efficiencies to take care of our patients.

**Chris Comeaux** 15:05

Well, that MARley tool is incredible, by the way. But I also want to comment on this whole point about caregivers. Um, I've got it actually in my section a little bit, but there feels like there's this momentum. First time that I could recollect where the whole caregiving

discussion is spilling over to DC and then asking the question, is there something we could do about this? Is there reimbursement something? Um, you and I could be in DC next week together. And so um I that's gonna be one to watch. You know, you and I, a little bit too early for you and I do our 2027 predictions, given the fact that we're still pre-midterms. I don't think anything would actually land this year. But quite often, you know, like the Hospice Care's Act, we knew when Senator Blumenthal kind of brought it forward, it probably wasn't gonna get across the finish line. But yet it'd be interesting as the vehicle by which broader legislation is now being considered. I think this whole caregiver discussion is actually very similar. So, it's gonna be one to watch. I hope it's not like Pachita that feels like it's been out there forever. Um, maybe this is one that because it feels like there's a lot of uh support across both sides of the aisle for this one. And as the aging of the baby boomers becomes more and more prolific, this is gonna be huge. So, love that you called it out.

**Cordt Kassner** 16:14

Absolutely. Yeah, I mean, those are those are great points and Pachita as well. I know they're doing a rally for some more input and advocacy calls, and I, I sincerely hope this is something we can push over the finish line as well. Um, I it's taken several years to build the support that it has, and I hope that this is uh something that moves quickly.

## [Private Equity In Hospice What's Known](#)

**Cordt Kassner** 16:36

The other research article I wanted to flag was a paper that I co-authored with Denise uh Quigley, Shannon Walsh, and Andy Dick from Rand Corporation, and Laura Dingra from MJHS. Uh the article was published in American Journal of Hospice and Palliative Medicine entitled Private Equity Ownership and Hospice Care: A Systematic Review of Articles Between 2012 and 2026. This had over 1,500 reads on it. And really, it's just I think there's some interest in how private equity is changing hospice care. It has grown, private equity-backed hospices have grown from about 3% to 15%, even closer to 20% of hospices. Uh, and a couple of studies are looking at outcome measures with uh private equity backed versus nonprofits. We're seeing, you know, looking at differences in quality measures and business efficiencies, which has been uh interesting, but the evidence is thin, and that's why we wanted to take a look at this. Uh, this is actually in line with Shannon's dissertation, doctoral dissertation work. Uh, and I was actually reminded of this last night. Uh, I was watching national news and there was a story about private equity-backed hospitals and how that impacts quality of care in hospitals. And, you know, I just kind of thought to myself, well, how interesting. You know, we we do need to keep our focus on what private equity ownership means in hospice care. Maybe it's good, maybe

it's bad. I, I think the point is it's growing and we don't know. So I look for more research to to be coming out on this topic.

**Chris Comeaux** 18:24

Uh what I love about you is you're so research and data based. And so I do have an opinion on this, and I have to uh and you know, you ultimately know what the data says and kind of the jury's out, it feels like, kind of based upon the research that you were involved in, is my understanding. I did a podcast with Dr. Don Berwick this summer, which was amazing. You know, like you talking about we love when you and I get to sit down with Joan Teno was amazing. To get to sit down with Don Berwick was an amazing privilege. And one of the things that stuck with me that he just talked about like, you know, what's the core ethos of any organization? And private equity's core ethos is to create a great return on investment. We all want our 401ks to grow, our investments to grow. The problem is when you bring that to healthcare, it puts perverse incentives in the actual mix. And anytime you have perverse incentives, it's hard to have a clear focused approach. Any business you're running, you want your team to have a clear focused approach. You start diluting that, then you get you get a mess. And his punchline was profit incentive has no place in healthcare. And I have a hard time arguing with that one. You have to have resources as an organization, but ultimately a private equity is designed to create returns. And most people want very large returns.

**Cordt Kassner** 19:41

Philosophically, I agree with the concern that you're expressing. Uh, I'll share with you that some of the some of the colleagues that I work with that uh work in the private equity back hospice space also kind of they push back and they say, look, if we have bad quality, if we have high staff turnover rates, that's not going to lead to higher returns. And so they really do try to balance the quality of care and taking care of their staff against the returns for the investors that they're also striving for. And I think that's maybe a little bit why the data is mixed right now. It's not a clear picture because the incentives and the motivations are are not clear yet. I think it's still a little bit muddy. But again, uh the data is thin right now, and that's why we want to keep our eye on this.

**Chris Comeaux** 20:40

You also remind me, I love your pushback. This something I could do like a whole show probably debating. Um, when I did that podcast with Laura Castleson, who did a ton of research. So, the book was called Ethically Challenged. Part of the challenge is a lot of private equity funds, the data is not publicly available. So, they could kind of hide behind a cloud of secrecy. I agree with your point. I mean, we teach this with organizations. You have to have a balanced approach, quality, people, service, growth. Um, the whole balanced scorecard is what we teach. Um, great. But there are some of those out there

that, and you see the pressure. Like, how many of us, I'm okay with 3% of my 401k growing? No. And you have huge amounts of funds and like state employees and all this stuff, and then they put it with private equity funds because that's the function of what they need. So therefore, it makes it a little difficult. It's that's a hard one. Maybe you and I'll do a future show of like looking at the business of healthcare because it is perverse. Ultimately, you want to do good with your product. Well, in healthcare, it's perverse. The sicker you are, the more money you can potentially make. I'm making broad based statements. Um, and so that therein lies, and that's where I wasn't representing Dr. Berwick well. That's where the perverse incentives come from is that how do you align with doing good? Well, in healthcare, doing good is healing people. Unfortunately, you make more money. The sicker they are. And then that's just at its core, that's a problem.

**Cordt Kassner** 22:04

Yeah. It is an interesting discussion. There are several angles on it. For time's sake, until we do a whole episode dedicated, I'll move on to Ira's third point.

**Chris Comeaux** 22:18

I will give you one more, though, because I think you'll love this one. Adjacent support services to healthcare, however, that is different because that's where you need a lot of, so like, you know, apps and technology and all that sort of thing. And I did ask him that off-air, which he didn't get to say on air. And he goes, Yeah, I agree with you. That's actually the place where you want the free market to work. But that which is by the bedside, that's where it's problematic. I forgot to leave that, put that part in there because I think that probably helps the discussion.

**Cordt Kassner** 22:44

Yeah, that's a good point. That's a good point.

## [AI Search And Quality Reputation Control](#)

**Cordt Kassner** 22:47

So you had mentioned uh Joan Teno, who is amazing. And when we talk about Ira's third point, driving competition based on quality, she had a really interesting Substack post. She has a whole group of them now, which I encourage our listeners to check out. Uh there it typically starts off with SOS. And then she poses a question that she's blogging about, which is a an immediate communication source versus trying to get it published in a peer-reviewed journal, of which she has no lack of articles. Uh, but she's doing these Substack posts, and one that had a lot of reads uh this quarter was what does Google and ChatGPT say about SSVI and quality? And this caught uh I think readers' attention

because many other people are asking this same kind of question and asking you know AI tools to inform. Uh her larger SSVI series argues the index is useful as an internal screen. It's not ready, and I, I think we saw from the other articles, it's not intended to be a public quality score independent of other resources. The thresholds are blunt, small hospice data is noisy, the non-hospice spend is often controlled by somebody else, and utilization is not the same as good care. So, I really encourage our listeners. The take-home here is assume that families will ask Google about you and then ask ChatGPT. And don't let an algorithm narrate your quality story. You need to be in charge of that and have like you need to be asking Google and ChatGPT and Grok and the other large language models, the other AI tools that are out there about your organization and prepare responses for what they have to say because they're just right, they're just computers and we need to have the human side to this. Well said, Cordt.

**Chris Comeaux** 25:00

And I get a call out. Um, you know, I remember years ago, I was with a whole group of hospice leaders, and we met with um Ann Vickery, who was an amazing attorney. And I remember she looked at us and she said, Don't you guys read modern healthcare? And I'm like, note to self, subscribe to modern healthcare. Read modern healthcare. The corollary to today is Hospice and Palliative Care Today and Joan substack. If you're not reading that, and so she has been on fire with these Substack. In fact, you and I were trading emails late last night. We need to have her back because she has been absolutely on fire with that. And love your key point about that. It's interesting. I actually did that on our own organization today, almost like do opposition research and like, you know, to and I'm bringing that into my leadership meeting next week, um, which is your broader point. But also had to make that point that um I just remember you once saying, anytime I get to spend time with Joan Teno is just a gift. I feel that is more and more true. So, I, I think we're gonna have her back before the end of the year.

**Cordt Kassner** 25:59

Well, and and just to highlight the uh the tool of Substack, more and more people are using it as a communication tool. Uh, one of one of my friends and colleagues, Dr. Don Taylor at Duke, uh has a substack platform and he's he's pretty prolific. I mean, Joan puts out a a post, I don't know, every two weeks or so. Don is out there uh every few days with thoughts on this, that, or the other thing. He's still teaching classes at Duke and reflecting on that with his students. And um, what a brilliant minds. Yeah, I mean, it's it's always time well spent to take three or four minutes to take a look at some of the other authors and and writers and contributors on the Substack platform. So, if you're if you're unfamiliar with it, kind of like who reads modern healthcare? Well, like everybody should be reading modern healthcare. Everybody might be might be taking a look at substack too, because

it's a it's a new medium. All said. Ira's fourth point, uh, embracing and promoting our authentic brand.

## [Authentic Hospice Brand Through Community Care](#)

**Cordt Kassner** 27:04

There were two articles that that really stood out to me in in this category over this past quarter. One was in Akron, Ohio. An anonymous donor helped Grace House buy Highland Square's Leonora, I'm sure I'm saying that wrong, hall, uh, which garnered about 4,500 clicks. Grace House is a small comfort care home for people who are unhoused, abandoned, or poor. They went from a six-bed house to a historic campus because someone believed no one should die without an address. And it again, it kind of appeals to that homeless, the Medicaid side of care, the uh charitable care that hospices provide. The other story, which I thought was just uh heartwarming, was in Arizona, Hospice of the Valley's 20-year pet connections program. They have 50-plus teams of dogs, cats, and apparently a miniature horse. It's getting outside of my scope. Um this article drew about 2,000 reads and talking about how pets can make a room feel like life again. So, uh this is this is a topic near and dear to me. We have a rescue in Colorado Springs uh called Safe Place for Pets. And rather than bringing pets into hospice as a as a uh comfort for hospice patients, they foster and adopt out the pets of hospice patients and others who are terminally ill because people who are dying care about the well-being of their pets. And so this organization brings them in, takes care of them, and relieves that stress for hospice patients. Whenever the patient is ready to surrender their pet, there's someone to give it to who's gonna love and take care of their pets. So those kinds of stories catch my attention. Uh, and the take home there, I think, is your brand is more than a logo. I it's whether the community can point to a concrete act, sort of the what have you done for me lately, but a concrete act of dignity that you made possible, which is all about the authentic brand that hospices do, that most other healthcare providers really don't. Um so if you have a if you don't have a comfort care pathway for unhoused or a pet program, steal the idea. Take it and develop one. Again, see if you can ignite some passion, some interest, a spark in some of your staff to uh help take care of patients who are dying from a different angle. That's beautiful. So the my last category is my catch-all, which you know stuff that I think's interesting that that as you said earlier, maybe nobody else thinks is interesting, but I thought this was really interesting. I've

## [Organ Donation After Medical Aid In Dying](#)

**Cordt Kassner** 29:58

thought about this. I I work in some of the ethics circles, and we carried a couple of articles this quarter on the idea of organ donation after medical aid and dying. And so uh the concept here is you have a person who wants to use medical aid and dying, but they also want to be an organ donor. And how do you honor the patient's autonomy for both of those while thinking about if you're at the surgeon and this patient is alive and you're gonna remove their heart and lungs to donate, and when you're done with your day's work, the patient's dead. And uh just the ethical implications around how that works. And Colorado's one of a dozen states where were made is legal. It's not legal everywhere, but it's certainly been growing, and we're seeing a couple of states, one or two states each year kind of pass legislation in this regard. So, this it may feel abstract, but I I would challenge you to think that this is perhaps closer than it seems. So, so this quarter, kind of summing up, uh a new federal scorecard, friends who care for patients when the family cannot, ownership issues that we barely understand, machines that are interpreting our quality, uh, a donor who bought a house for people who have nowhere to live or die, uh, how pets help, uh, and an ethical line to kind of keep us challenged and sharp. So

## [Quarter Summary And What's Next](#)

**Cordt Kassner** 31:38

it's been a really interesting quarter, and I'm excited for the highlights that you have, Chris, and encourage our listeners to tune in for the next quarter uh because there's more coming.

**Jeff Haffner** 31:50

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