

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

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Welcome And What Leaders Miss

Jeff Haffner 0:40

Thank you, NetSmart, for sponsoring this podcast. Welcome to TCN Talks, and Anatomy of Leadership. We continue the conversation in Part Two, Hospice at a Crossroads. The Top News Stories Leaders Can't Ignore. And now here's Chris Comeaux and Cordt Kassner.

Chris Comeaux 1:06

All right, well, as we go to this next segment, it's my turn. And so, you know, yeah, my perspective, as we mentioned on top of the show, is what are the articles that I hope C-suite leaders did not miss? And quite often it is so fun to do this with Cordt because then I look at the actual most clicked-on articles and they don't perfectly align. Some of mine are like at the very bottom of Cordt's list, which another way of saying that is you C-suite leaders are missing some pretty important articles that they have. So kudos because Cordt and Joy just do all this amazing scouring to produce hospice and powdered care today. Um, every morning is the first thing that I do. So here I thought it'd be interesting. So I use some AI tools because I create this summary. Um, every time, by the way, in this podcast in the show notes, we have Cordt statistics and we have the articles that I highlight that are in my Chris category. If you're ever interested in the full, um, Cordt and I did a

podcast, I think it was in April. We did seven years of research. There are eight challenge categories facing every hospice and palliative care program. I organize out of all the articles that I flag that I want to make for C-suite leaders don't miss by those categories. If you're ever interested in that full document, just reach out to me. Of course, we make it available to our TCN network, but we always in the show notes make the crisp ones um kind of have a catch-all category quite like Cordt. But I

Macro Trends Shaping Hospice Care

Chris Comeaux 2:27

went back, and here's some trends and all the articles that I was flagging. It was so fascinating to look at it from this perspective because I basically am reading every day, popping them into these categories. First one, and this is no surprise, Cordt, the fraud, compliance, regulatory scrutiny. And I love that Dr. Byock just started with zero tolerance for waste, fraud, and abuse. It's almost like he was prophetic. Um, or he's the leader that he is, and he influenced kind of where we're at. And so just the building problems that like what was going on in California, you know, more hospices and their Starbucks, all that. So, of course, that's probably a category not surprising to folks. But this next one we alluded to in yours uh earlier, caregiver support is becoming the next major policy battlefield. I love that actually. And so um, hopefully it shouldn't be a battlefield. Actually, to me, it's a very logical thing that we're gonna have to think about. And I'm sure Cordt, you and I are such like big students of AI and technology and where it's going. And you know, universal, I think they call it universal um to acronym, universal something income, that if the AI eliminates jobs, you're gonna have to have universal income. Wonder if the caregiver thing is gonna be in there because as you have the baby boomers aging, you're gonna have more caregivers ever in the history of our country. They're gonna be needed. And but what do you do when you have to leave your job? And maybe you don't have these great kind of leave policies, et cetera. So anyway, the trend is caregiver support is becoming the next major policy battlefield.

Cordt Kassner 3:59

The next one is if I can jump in on that, Chris. The we've been tracking a lot of articles of late of physicians. I just saw an article yesterday, uh University of Colorado physician, who's a as I recall, uh a cancer, uh lung cancer maybe specialist who was diagnosed with lung cancer. And and the article was how ironic that his life work, he's now, you know, a patient of his own expertise, if you will. And it's it's you know, gosh, how hard it is when it's actually you, uh not not a unknown anonymous patient, but but when it's you uh who becomes the patient. And we're also seeing a lot of articles that are saying, you know, when your loved one is the one dying and you're the caregiver, it's incredibly time

consuming and emotionally taxing and challenging. It's just hard. And and we you know, we provide end-of-life care every day and we we get used to it when somebody else is carrying that strain. And often we can go home and kind of not think about it till the next day. But when it's you, it really is that hard. And I, I think you're right on point with caregiver support. I as as the baby boomers are aging, we have more and more of these folks in this category. Uh, I, I'm I I'm on the caregiver team for a couple of people right now who are being challenged, not necessarily in hospice, but uh it there's a lot to it, and uh you're right on point.

Chris Comeaux 5:37

Well, and the other thing it just occurred to me, listen to you too, Cordt. There are some um some great people who have gone through some caregiver experiences and then experiencing it, going, if I had this technology solution, it's not out there, let me go create it. And so that's also producing some really cool tools that I think we're gonna be talking about probably more into next year. Um, so here's the next one. Palliative Care continues its slow shift towards mainstream healthcare, which makes me smile. Um, I got to work at four seasons a lot of my career. Dr. Janet Bull, Dr. John Morris were kind of joked that they're grandfather and grandmother of um community-based palliative care, and now to see that it's uh shifting. Cap C taking a bit of a victory lap. Remember Diane Meier having this vision. Every hospital in America having palliative care. I think the statistic now is 83%. Um, so in many respects, wow. But then also, wow, we have a whole lot more work to do as we go forward. Hence the word slow shift towards mainstream health care.

Cordt Kassner 6:38

Yeah, I think that's 83% of hospitals with 500 beds or more. So large hospitals. Um, but when you get into the rural dynamics and smaller providers, there's uh hence the slow shift. But but absolutely, it's really interesting to see how this continues to grow.

Chris Comeaux 6:58

Well, thank you for correcting that. And we actually have a podcast with Brynn Bowen. So she probably said exactly the way you did 83% is what's stuck in my brain. Um, the next one is the workforce crisis has shifted from recruitment to sustainability. We've got a couple of podcasts coming out after yours and mine, Cordt with un Ron Hetrick. He is phenomenal. He's an economist. And so we get into a lot of the data. You're gonna definitely want to. There's several times I kind of wish you were with me on that podcast. A lot of great, interesting statistics. And it was so good in the first one. He's coming back. We're doing a second one to get more into the solutions because he really does a good job of laying out the case. Like it's almost like, you know, they keep saying the hurricane's coming and you know, the hurricane warnings are out, but the hurricane hasn't hit yet. Well, when you're talking about something that's been talked about for 10 years, but yet

it act that the outer bands are just starting to hit. But once the hurricane hit, then you're like, holy crap, where did this come from? Well, you've been watching on the news for two weeks, but yet in this case, it's something we've been talking about literally for over a decade. So that's another interesting kind of trend. Another is consolidation and scale continue relentlessly. Um, of course, we know we have to just to deal with all the challenges. You alluded to this one. Private equity remains a defining strategic questionslash quandary. And then you'll love this one. AI has officially moved from experimentation to some level of implementation and then wrestling with what does the governance of it look like? Um, that feels very accurate. Um, hospice is being pulled into larger healthcare ecosystems. Um, that's why I did two podcasts with uh one with Dr. Bethany Snyder, another with Dr. Jessica Hubbs, with these kind of broader macro trends, are they competition, substitution, competition, uh cooperation, collaboration? What does it mean? And then the last one is consumer expectations are indeed rising. So those are just macro trends just within my articles. Um, so if it's okay, Cordt, I'm gonna actually share my statistics just real quick, and then I'll highlight the specific articles. Um, again, all of this comes from Hospice and Palliative Care Today. So in July, I flagged 57 articles. 18 are in my Chris category, so I'm gonna pull from those. In August, I flagged 64, and then in my Chris category, there were 16, and then in September there was about 40, and I flagged eight. And Cordt, you said earlier there were 900. So what was the total in almost a thousand articles? You said 984 or something. It's amazing. So that's kind of out of that thousand, these are the ones as a C-suite leader. I hope that you didn't miss.

CMS Interoperability And AI Agents

Chris Comeaux 9:43

So going back to July, there was an article about CMS creates new health tech office to lead interoperability efforts in digital products. I was on the phone with someone yesterday and they said something about now if you go into CMS, it it's like there's a tagline about they're an AI first organization. And like, I want to go check that. And so the reason why I flagged that article, Kim Brandt, when I had her on my podcast, you can tell like she was having a chili cook-off. They weren't cooking chili. There were just basically it was like like a speed dating opportunity for all these high-tech organizations, AI enabled. So CMS has taken some giant leap forward. Maybe this is something when you and I get in the 27 predictions Cordt. We're getting into AI war. Like my AI is coding the patient. Your AI is calling my coding out and saying, well, you miscoded, and then the AI is fighting. Who would have thought? I don't think that was on you and I's bingo card for 2026 predictions, but um, it's getting really interesting there.

Cordt Kassner 10:47

Yeah, the use of agents and AI to, you know, you have a model that takes a particular position. And maybe it's academic, right? Well, you have the economists who are who are duking it out with the psychologists who are duking it out with the, you know, whoever. And we can we can think about that from a hospice interdisciplinary team as well. And and the banter, the back and forth between AI created agents can can be very interesting.

Predicting Hospice Length Of Stay

Chris Comeaux 11:19

Well said. Well, this next one, I love this title, survival variation and predictors of length of stay in U.S. hospice patients. And so I think that we are on the eve, although there actually was an organization that had 92% accuracy on predicting the actual patient's hospice length of stay based upon multiple data points. You know, throughout time, I think even in with Dr. Jessica Hubbs, we talked about physicians have been pretty poor as far as prognosis. Well, we now have multiple data tools. And so that is going to become much more and more prolific as we go forward. What we do with that data, I think, is going to become really interesting. And at first organization that didn't make it, um, I think that's actually probably where it struggled. It's like, wow. But then what do we do once we have that data? And I've got lots of ideas about that. That I'm I'm starting to get ideas of my predictions for 2027 court as we're going through some of these articles. Well, the next one is the corporatization of medicine in salaries and beds. And so it's interesting. It said in the 70s, the American hospital was an industry's own language, an open workshop. Doctor made the medical decisions. And then it goes on to talk about now 85%, I believe, somewhere in there of physician practices are now either owned by private equity, a larger healthcare system, and insurer someone. And so there's really no independence left. And of course, you have still have corporate practice and medicine law. And so I think, you know, there was uh forgetting which podcast it was, but like, you know, will AI replace attorneys? Attorneys are going to be more busy than they've ever been because there's some fascinating things that are probably going to get litigated as we go forward. And corporate practice and medicine is gonna be one that's gonna be interesting to see as they go back in, because of 83% are actually owned now via organizations. And of course, there are ways that they've been able to navigate that, but I think that'll be one really interesting as we look forward. Now, this was a Forbes article. And I love this one. This is like major flag here. Lessons, and I think it was not very well clicked on. Lessons from 70 triathlons about why enterprise software projects fail. Man, there were some pearls in there. It's not a discipline problem. The mismatch is almost always upstream. What does good implementation actually look like? And honesty is harder than discipline. That was an awesome article. And I am actually passing it around because we have a lot of members looking at new EMRs, et cetera. But kudos, because that was an awesome

article. It's like, feels like that one could almost go on like the state presentation circuit or something. Absolutely.

Cordt Kassner 13:59

You know, there's a one of our colleagues, Jason Bring, an attorney out of Atlanta, uh, who's been presenting on AI recently. Uh, but he's been in our circles for decades. A great guy. And I was reading up on him. I see him at conferences, we chat. And uh one of his presentations is lessons I've learned from running ultra marathons. And it was at that point that I thought, I'm not sure, Jason, you and I can be friends because like ultra marathons, holy cow, that's amazing. So uh of course, in jest, because he's a great guy, but it this article reminded me of him and some of those lessons that I think we can reflect on from our hobbies, our passions, our interests, and apply them into the hospice world.

Chris Comeaux 14:49

And especially one that's been so problematic. So here's another

[Strategy Lessons From Netflix And Branding](#)

Chris Comeaux 14:52

one. This is in hospice news. What hospices can learn from Netflix? And our good friend Lynn Section wrote that article. I think that's a whole nother one that I actually love to do a debate discussion with Lynn about it because she makes some great points. There's some other interesting points just from my business background and kind of having lived in corporate America that I think would add some interesting color commentary. But I love the fact that she's almost kind of ringing the clarion call to go, we don't want to go the way of Blockbuster. And nor should we, by the way. It's not like if it, I think the Netflix thing almost kind of feels like, oh, well, then something shiny is going to be better than hospice. I don't agree with that, but I think that the bell she's trying to ring is a really good bell.

Cordt Kassner 15:33

Sounds like a future podcast with Lynn.

Chris Comeaux 15:35

Oh, that oh, that's such a cool idea, Cordt. I'm writing that one down. Next one is why most healthcare brand strategies fail, the first time leadership gets tested. It's a really good article, and it actually reminded me like the key there is the first time leadership gets tested. When like Cracker Barrel was a perfect example of just all the blowback and then

they kind of retreated. And so, whereas my uh learning lesson, so we went from Four Seasons Hospice to Four Seasons many years ago, kind of some of the early folks like hospice be another good example where getting hospice out of the name so we could help people understand what we do without them going, hey, I'm not I'm not ready for your services, I'm not dying tomorrow. And we had major blowback from the amazing volunteers that have been part of our organization for 35 and 40 years. And everything within me was like, oh my God, they're like going, you know, we're done with you. And did we make a horrible mistake? But instead of overreacting the first time leadership gets tested, we leaned in and we leaned in with those wonderful volunteers. And one of those poignant moments in my life, I loved our matriarch who started our hospice. About four months afterwards, she called me and she said, I want you to know you're right. And it's not that I was right, it's because she understood that what we were trying to do was further the mission. Her original interpretation was we were running away from what hospice is. And so I love that article because I do think you know, doing a whole brand is a risky proposition and you put all this money, time, and effort. And it doesn't mean everybody's gonna go, oh, best thing I've ever seen, you're gonna potentially get some blowback, but what do you do with it? It was the whole gist of that article. All right. Victor, another one, Victor Frankel, Carl Young, Alan Watts all discovered the same five rules for living. In fact, I want to almost end with this one. Almost nobody lives by them. This is almost like a mission moment one. Rule number one, stop searching for happiness, search for meaning. Number two, everything you refuse to face eventually controls you. Boy, that's profound. Your identity is more flexible than you think. Life begins to change when you stop trying to control everything. The greatest prison is the one you can't see. That was a phenomenal article. It was a it was a substack by Science and Soul. And the fact that you guys picked that up for it, I'm like, how do you guys catch some of this stuff? This is like finding the like diamond in the rough, so to speak. But great job. That like we do a whole podcast just on that one right there.

Cordt Kassner 18:04

Yeah, I, I've spent a lot of time reading Victor Frankel and Carl Jung and uh holy cow, I less familiar with with Alan Watts, but um certainly uh some teaching points in here for for personal as well as professional reflection.

[Fraud Crisis And Reputation Damage](#)

Chris Comeaux 18:21

So that was just from July. So in August, and I think we don't have to chase this one too far, but the title was in U.S. News and World Report: Hospices Bad Reputation Amid Fraud Crisis Will Hurt Patients, industry experts warn. And just kind of lamenting that what's

happening in California, I remember years ago, um, I think his name was Mike Bell. He worked for Suncoast when the whole Terry Shivo situation. And this line in his presentation stuck with me. This was probably two or three years afterwards. And he said, you know, there were days I dreamed about CNN being camped out in our campus, but it was not for the reason they were camped out at our campus. Like, you know, we all like, oh, we want people to understand what we do more. And then something like this that gains national attention that is not even in the realm of what 90% of the people within this space are actually organizations, although I guess it depends upon you. And so there are people carrying that name that are not really hospices. But the people, great organizations, for-profit, nonprofit alike, tech status aside, they're doing this great work. And you get these fraudsters in California, and then it paints the whole industry in a bad light. And it's hard enough for people to understand what this care is, and then you make it even that much harder.

Cordt Kassner 19:39

Yeah, I, I may have mentioned the last time we were we were bantering like this, but I was playing pickleball a couple of months ago. And you know, I sat down, you know, I was I was in between games, and and somebody came next to me. She sat down and, you know, what do you do? What do you do? You know, we were just kind of chatting. And I said, Well, I, I kind of work in hospice, I do stuff with hospice and trying to improve access to eye quality, end-of-life care. And she goes, hospice, isn't there a lot of fraud there? And I mean, that was like the knee-jerk reaction. Like, we're used to, oh, you all are angels, and oh, it must be so difficult the work you do. And you know, we're used to those kinds of responses. I was not used to, oh, there's a lot of fraud there. Well, that's I'm like, you know, and I looked at her and I said, there is, and and we we need to get a a tap on that. And and actually that's you know, there are many of us in the field that are trying to absolutely get that under control and return back to the reputation that we've had of expert end-of-life care.

Chris Comeaux 20:45

You know, the the analogy we drew in the podcast with Dr. Kim Brandt, that um there's a guy in the NBA who apparently was basically betting against his team and then going out on the court and throwing the game. And like comparing that to like a LeBron James, you know, of course, my hero's grown up or Michael Jordan and those guys who were working on trying to be the best athlete ever. And here you got a guy who's like literally trying to throw the game. They're not playing the same game. Oh my God, you guys in the NBA, you're you're you're all like, you know, cheaters. Well, no, they're actually people working on becoming world class. And it that felt very appropriate to this whole

discussion of these people that are doing fraud, they're not even in the same game that we're talking about. They're playing a whole different game, but it's unfortunate. Yeah.

Wound Graft Network And Outside Spend

Chris Comeaux 21:30

So um, this was an interesting Cordt. So, who worked with Brian Rowan? Sales representatives and medical providers allegedly joined nationwide wound graft network. You probably saw what I saw. What jumped off the page on me and SSVI is what's going on in the whole wound care world. Like billions and billions of dollars. They've created these interesting machines that they're going into facilities and what they're doing with wound care. Now, no, again, not everything is probably fraudulent, but when you look at the The numbers in that one. And I had the S SVI was my second clue. I was having a discussion with someone who's an entrepreneur in healthcare. Like, what's interesting trends were dollars going or fast growing companies? And that was the number one response. Two weeks later, this whole thing about SSVI. So obviously the government's looking into this area because now they're getting really good with data and they've seen that kind of spike in the expenditures as well.

Cordt Kassner 22:25

And I think this one's actually kind of tricky. I, I was talking with a hospice CEO uh kind of about this. It wasn't wound care specifically, but it was related. And he was like, these people came in and said, you know, just hand over all of this area of care to us and we will take care of it. And and we're not gonna bill you, we're gonna pay you to let us take care of this. And he's like, who wouldn't want to do that? Right. And then SSVI comes out and he's like, Hey, why are my outside of hospice spend numbers so high? Like, mm-hmm.

Chris Comeaux 22:59

Yep. Yep, exactly.

Kubler-Ross Legacy And Palliative Policy

Chris Comeaux 23:02

But this one, this is almost kind of a feel good, but also like, wow. Elizabeth Kubler Ross at 100, a legacy that changed how the world faces death. And on July 8th, the world marked the 100th anniversary of the birth of Dr. Ross. I had the privilege at an NPHI conference in the spring. Um, I got introduced to Ken Ross and just got to hang out with him for like 30 minutes. And he told me some cool stories of his mom. That was just such a, you know,

someone like me who's grown up in this space, and we've all, you know, this is our livelihood. We get to do this. She created what we now know as this amazing field. And so anyway, I just had to call that out. It was an article by Ken Ross and Stephen Connor. So love that you guys highlighted that.

Cordt Kassner 23:46

Two great leaders in our field. And and I, I was always when I saw the names on it, I'm like, oh, this this is going to be a good article. And you know, my reflection on Elizabeth Kubler Ross is a little bit different. Uh, I've I used to walk through the halls at uh University of Colorado School of Medicine where Elizabeth Kubler Ross graduated from. And I like I walked through, I was just randomly, you know, going through the basement or whatever, and and here I saw her name listed as one of the graduates of blah, blah, blah. Wow. Yeah, very cool. Awesome.

Chris Comeaux 24:18

Well, this one was a bit of a I don't say it's a nothing burger, but it definitely was. So hospice news, hospice leaders, palliative care through home health, a limited prospect. Although they had an earlier headline with like the palliative care benefit under home health. There is no dollars attached to it. I can't tell you how many emails I fielded from concerned leaders like, why does home health get the palliative care benefit? That's not what that was. It actually is you could probably do a whole podcast. I've yet to find exactly an experienced person who could actually explain to us, wait a minute, why did this come out? Because there's no reimbursement. And uh Torrie Fields did say something, I call I'd love to go back to her, that it was literally 10 years in the making and it was untangling some things within home health, but it is not creating a pallicare benefit under home health. That's not what it's doing. Um, if you've heard otherwise, that's not correct. Maybe that'd be another good show for us to do next year to untangle that some more. That would be good.

Cordt Kassner 25:18

I think Judi Lund Person has made the point that uh you have to be bedbound for a home health agency patient and and what that means for providing palliative care. And it it just it kind of puts a different angle on on what all of that means. But you're right. This would be a standalone topic.

[Moratorium Politics And Caregiver Benefits](#)

Chris Comeaux 25:36

Um, another lump window. We did one you and I, this is we did with Jennifer Kennedy, but can a short-term moratorium strengthen the hospice sector? It was a great article by uh Katie Smith Sloan from Leading Age. Um many of us were way too bait at breath because we thought they were gonna give us a 60-day notice. And then they said, no, we actually don't have to give you a 60-day notice, which means I hate to say it out loud, but I think it's gonna be a bit of a political pawn in the upcoming um midterms. And so it's gonna be interesting to see how that plays out because I do think um I'm not gonna make any political statements, but one party is kind of using it as like this is what we've done. And I think that's one reason why they're holding that chip. And whether they throw the chip on the table before the election or after the election probably depends upon week-to-week polling. That's my prediction. I hope I'm wrong, but unfortunately, I think it's probably playing a little bit into this.

Cordt Kassner 26:24

I hope you're wrong too. I would like to think that CMS is focused on patient care, but I don't think it was their decision, actually.

Chris Comeaux 26:34

I would agree with you, but unfortunately, because of all the people involved, you know, unfortunately politics are part of life this day and age. So again, I'm not criticizing anybody. I think they probably were gonna make the decision and and announce it. And that's why they actually did not announce it and said, we don't actually have to tell you. Well, wait a minute, you were on record saying you had to give us a 60-day notice. And well, who's gonna go litigate that when you got a 60-day window? Let's see, we talked about this one Medicare moments, the scarcity of Medicare Caregiver Benefit. Again, it's about ARP National Alliance for Caregiving release of 2025 Caregiving in the U.S. report. I think all of this is laying a good track that we're going to see more and more discussion about caregivers next year. And Cordt, I believe that is it, man. There's a lot, a lot going on, a lot of interesting stuff. Thank you again for the work that you guys do. The fact that there is this resource that we could go through this and say these are articles you shouldn't have missed. Um, I couldn't do this work if I didn't have the amazing resource that you enjoy put out there with Hospice and Palliative Care Today.

Cordt Kassner 27:35

Wow. Thank you so much for your time and effort and and expertise walking through all of this information. And of course, we appreciate uh Teleios and TCN being one of the sponsors for the newsletter that helped make it possible. So uh thank you so much.

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Chris Comeaux 27:50

Well, to our listeners, we want to thank you. Again, Cordt and I, we take our hats off. We do this because you do what you do. Many of you are leaders, you're leading the people by the bedside. One of my favorite articles that we actually use in orientation at TCN, it's a Chick-fil-A article, said you're either serving chicken or you're serving someone who's serving chicken. So it's a funny way of saying that we're here to serve you, who are actually serving the patients and families. So please pay this show forward. We want you to be a subscriber. We don't want you to miss an episode of TCN Talks / Anatomy of Leadership. We always, in of each episode, we always leave a quote, a visual. The idea is to create a brain bookmark, a thought prodger about our podcast subject. So that way it'll further your learning and growth. I know we went through a lot of stuff. We're going for like a brain tattoo. Like, what are the core things we want you to walk away with? This is always a fun one to do at the end of the show. Again, be sure to subscribe to our channel, tell a lot of other folks about it. You know, a lot of us can rail against the world and be frustrated by things. Let's be the change that we wish to see in the world. So thanks for listening to TCN Talks and the Anatomy of Leadership. And here's our Brain Bookmark to close today's show.

Jeff Haffner 28:53

"Your brand is more than a logo." by Court Castner. Everything you refuse to face eventually controls you.