

TRANSCRIPT: The Path to the Future May be the Un-obvious Top News Stories, July 2025

Chris Comeaux: 0:02

I just continue to be astounded by the Amazon One medical commercials. You know they're really slick in marketing, and we've raised a generation of people that click that button for Amazon. And will we do that for our health care? Yes, people live longer. They live longer on hospice care. Dying can be one of the most defining seasons of someone's life and it's a beautiful model of care. To help facilitate that, Federal law enforcement recently announced a \$14 billion fraud takedown, largest ever healthcare fraud action in US history, involving many crimes orchestrated by foreign nationals.

Cordt Kassner: 0:37

What caught my attention was this was the Los Angeles Times. This was Secretary Mehmet Oz, and his opener for Medicare fraud was hospice.

Chris Comeaux: 0:52

Reimagining hospice in an AI world. In a digital age, how should technology and humanity coexist? Do we really know what makes this special and different?

Cordt Kassner: 1:03

We can either sit and wait and see what Medicare or other payers tell us to do, or we can participate in crafting that next iteration of what hospice is.

Chris Comeaux: 1:15

One of my favorite quotes is the best way to predict the future is to create it.

Melody King: 1:19

And now here's our host, Chris Comeaux

Chris Comeaux: 1:23

Hello and welcome to TCNtalks. I'm excited. This is always my favorite time of the month and it's also summertime. This is our top news stories of the month. This is for the month of July. I've got Cordt Kastner with me. Cordt, how are you.

Cordt Kassner: 1:35

I'm doing great, Chris. Thanks for having me back. I appreciate it.

Chris Comeaux: 1:38

How's your summer going, man, did you do anything fun this summer?

Cordt Kassner: 1:41

You know, the best part of summer is being in Colorado, right, and that's my favorite season out here and playing pickleball and kayaking and hiking and just the activities that we can do every day, every evening. I love it. How about you?

Chris Comeaux: 1:55

Yeah, we actually. We always have a family beach trip, probably like a lot of families. Our beach is on the Gulf Coast and a special week my oldest son. We had a wedding shower for him because we have lots of family at the beach area where we went. Second son actually proposed to his girlfriend, who's now his fiancée, on that same beach trip and we played a lot of pickleball every night. Actually, it was the coolest place we stayed. I'd never played pickleball on a clay court before. That was a whole different kind of experience, and they had lights so we would stay until like 10:30 at night and play pickleball. So got a lot of great steps, came out, rested and felt like I did a lot of good activities. So, and now it feels very far in the rearview mirror as we're back at it.

Cordt Kassner: 2:30

Yeah, I understand, that sounds fantastic.

Chris Comeaux: 2:38

All right, you ready to jump in? Absolutely All right. Well, I'll go first this month and kind of, I'm going to take from you. Always remember I have my categories. I'm going to take from my Chris category first and then I'd love to hear the ones that you want to highlight. So, I actually had 10 in the Chris category. There are eight that I'll highlight, and so there's just some concerning signs, and that would be the theme of why I want to point these out. First one was in Becker's six health care layoffs in one week. Those were all basically health care systems, but a lot of layoffs, and the reason why I'm calling them out.

Chris Comeaux: 3:07

I do think hospitals are really wrestling with their go-forward business model. Heads and beds is not the right go-forward business model. That move from that to population health has been challenging and yet they've not seen the reverberations of which we're going to probably highlight several times in this podcast of the big, beautiful bill and its impacts on Medicaid. So, they're navigating tough things before even hitting that. And then you see a lot of disruptive innovations. I just continue to be astounded by the Amazon One medical commercials. They're really slick in marketing, and we've raised a generation of people that click that button for Amazon, and will we do that for our healthcare? They're making a bet on that, and so that's another interesting disruptive

innovation. That kind of nips at the hospital feeder program, which is primary care, to feed their healthcare systems. I think it's still 60 something percent of primary care owned by healthcare systems, at least present day. So, I think a lot of ominous signs for them as we go forward.

Chris Comeaux: 4:07

And Mark used to always say if the hospital catches a cold, do we catch the flu? I always felt the opposite, like I do think it reverberates in our community, but it's not 100% certainty that that means well, it's awful for them and it's disastrous for us. I think you have to understand the systemic implications. So that's the first one I wanted to call out.

Cordt Kassner: 4:26

Yeah, you know. Speaking of Mark Cohen and some of his previous comments, I also remember his comments around. If there are layoffs in healthcare systems, on one hand that may be problematic for hospices. On the other hand, maybe that's an opportunity to seek staffing and to look for the silver lining in that cloud.

Chris Comeaux: 4:49

Yep, absolutely, I agree. Well, the next one, Cordt, is you have been so great kind of highlighting these. It's unfortunate we have to, but the title of the article from the American Academy of Hospice and Palliative Medicine so AHPM Natural Disasters, Climate Change and the Impact on Hospice and Palliative Medicine. So AHPM, natural disasters, climate change, and the impact on hospice and palliative care teams and their patients. You know, I would have thought maybe three years ago, yeah, very isolated, but we think of Hawaii, of course, North Carolina.

Chris Comeaux: 5:14

Now, in the Texas Hill Country, I mean there have been just devastating situations, and you know, we lived it firsthand here in Western North Carolina. You could have your great Our wonderful friends at CCWNC in Yancey County, which is north of Buncombe County, Asheville, North Carolina, I mean, they basically lost their office. plan and, man, it is nothing like a disaster like that that upsets the apple cart in a major way. And then you're pivoting. They have a river. They had a river going through their office. They're just finally back in their office. In the last, yeah, I think, probably a couple of months or so, and I wasn't on anybody's dance card as far as what they were going to be seeing. So, I love the fact that AHPM is calling this out. We actually did a national webinar at the Hospice Foundation of America about what we experienced and just the feedback related to that. I think it is in the forefront of people's minds, just the feedback related to that.

Cordt Kassner: 6:05

I think it is in the forefront of people's minds. It really is the emergency preparation, disaster preparedness conversations that are going on. I actually raised this on one of the boards that I have the opportunity to sit on. What are your disaster preparedness plans? What does this look like? Can we talk about this at a board meeting? And it seems very timely, given I was asking this during the Texas flooding, and so we've queued this up for discussion on a future board meeting and, as I told the hospice CEO in an email, there's probably a better time to talk about this and think about it than in the middle of it.

Chris Comeaux: 6:44

And she was like absolutely.

Chris Comeaux: 6:45

Yeah, in fact we're doing. We're upping our game from what we learned and so doing that reflective practice afterwards and then making sure you're better prepared the next time around. But be a hell of a lot better. Be prepared the first time you actually go through it. I know our friends in Florida have gotten really skilled because of the number of hurricanes they've navigated year in and year out and because of the number of hurricanes they've navigated year in, and year out and just want to give you and Joy again just major kudos. It shows your heart and passion for the people that do this work and the organizations. You have taken a lot of real estate in your hospice and palliative care today to highlight these, to give people resources. A lot of people won't know behind the scenes, joy taking her own time trying to connect people, and that's just out of care and love for this whole field, and so I just want to give you guys props.

Cordt Kassner: 7:28

Thank you. Yeah, Joy's been doing an amazing job covering this and reaching out to leaders and, prospectively, looking for articles and information to put in front of readers to equip them to be able to help.

Chris Comeaux: 7:43

All right. Next one was in hospice news. Hospice programs shutter amid financial strains and it's interesting it says concerns have also mounted amid federal Medicaid cuts. And then there goes on the list four organizations I won't name them on air but basically are closing their hospice houses. So, the title is a bit is definitely catchy, but it's hospice houses and Medicaid has not hit yet and so this is not closing because of that. So, I just want to kind of just cut through it and say, yeah, hospice houses for a while have been losing money. It is not a financial winning proposition. Our nursing ratios are much smaller compared to you. Look what have hospitals done. You know they flex on, flex off because labor is your biggest cost. And so, we've wrestled with that as hospices, figuring out what is that right ratio, and then the systems and processes that help staff be present

in those facilities. You know we do a lot of assessments of hospices. We call them discoveries, just to help them kind of plot a course to the future. And if they want to work with us, we can actually help them plot that course. And quite often we see big losses within those facilities. So, then it puts a ton of strain on. Can you fundraise that? Can you backstop that? So, the other parts of your organization, and you run it as a diversified portfolio. So, I think really this has been building for a while.

Chris Comeaux: 9:05

Our mutual friend, Andrew Reed, Cordt, years ago, Andrew did a fascinating message. I look back and go. It was prophetic. I have no idea if it was, like date-wise, totally accurate, but it was the biblical story, the seven years of plenty with the seven years of famine. And so, he's kind of saying, look, these are the years of plenty with a very rich reimbursement, which is when many of these facilities were built. And then now we've gone into a declining reimbursement era and some of you may go well, not compared to others, like, let's say, home Health, totally agree with that but yet major increases 4% or 5% on a consistent basis has not been the case. And you have inflationary pressures, and a lot of our programs have.

Chris Comeaux: 9:42

This is such heart-centered work. Doing the hard work of how to make it a sustainable business and balancing the mission is so dang hard and I think that's the core issue and I get the article. I mean people are having to write a lot of stuff, but from a very knowing place of how up and close and personal, we get to a lot of programs. That's the real issue and there's no silver bullet solution and it breaks my heart that then the solution is close these down. Now we do have fascinating conversation that will be happening later this year.

Chris Comeaux: 10:12

One of the CEOs we work with has a fascinating idea of a benefit add-on to what we do that I think if it could ever become basically part of the benefit package, say which is not an easy road to hoe it could actually help backstop this. And part of the theory behind that is, I believe baby boomers want these facilities. They're like resorts of sorts and the most crucial time of your life, and so, given that, wouldn't you want to preserve it and then figure out how do you rediscover this? And I think this is going to be a theme throughout today. Cordt, you know I grew up in this and I inherited the Mary Labiaks, the Carolyn Casons, the Gretchens, the people that were the matriarchs and patriarchs, the Ira Byocks of this whole. You know I want to keep saying industry, no, it's a field and a beautiful movement and there was no benefit, and so they just saw something that was wrong. And then we've inherited that, and I think we're at an interesting crossroads of.

Can we relook at that with new eyes, rediscover it and forge a path of how that goes forward?

Chris Comeaux: 11:23

And I think there's a lot of different opinions of the best way to do that, which to me is those are the rich conversations. The not so rich conversations are sit down, shut up. We don't want to talk about the stuff. This is just the. You know, this is the cell phone basically replacing the landline which a well-known consultant uses. That that's not exactly it. On I get creative destruction, disruptive innovation. I could teach it for an hour long. This is an interesting inception point that most industries face and it's like rediscovery phase. They teach this in business school and so it doesn't necessarily mean throw the baby out with the bathwater, but it also doesn't mean you can't relook at things or have these tough conversations. So, I'm not sure if you have any comments on that one.

Cordt Kassner: 12:10

You know, I think there's some. I've had some questions from readers around. You know, how many inpatient units do we have and are they the same, and how long have they been in existence and are they closing down? This article mentions four that closed. Well, we've also seen articles VITAS, some other hospices that are newly opening inpatient units, nonprofits as well. We had a couple of those in the last two months celebrating the opening of inpatient units, and so I think there's opportunity here to, as you say, let's take a look at the data, let's understand what are the trends with these inpatient units, because they are really, really important for patient care, and what is happening. I think there's a lot of questions, not so many answers, and this is a great opportunity, as you say, to reflect on this and how can we fine tune the role and opportunities that inpatient units provide.

Chris Comeaux: 13:14

You just gave me a good word Like this is probably the question and reflection and wrestling stage. But very quickly, we're going to get to and out of that, what will you do? How do you plot the course to the future? Because there is a lot of change culminating at the same time. So, I'm not giving everyone a freebie that oh well, then I could just sit back and kind of be contemplating. You kind of got to build, building the airplane while you're flying at the same time, while you're hypothesizing what plane needs to be built. But it does feel like this is a really smart time to step back and look at these macro trends and go. What path will we forge and what does that mean locally for our community or organization? But then also, where do I need to be working with my state association, my national association, to be laying the regulatory tracks to being congruent in I N congruent in congruence, I should say, with those strategies? So, I think it's a great time to

be alive. If you're, what is that Chinese proverb? May you live in interesting times. Yeah, that to like probably the third power right now.

Chris Comeaux: 14:16

Speaking of which, so Los Angeles Times, Medicare fraud has gone global. It'll take a nationwide effort to stop it. Again, kudos to you and Joy, because you've done a great job. There was a lot of articles this month pointing this out. I'll just read a little bit from it. Federal law enforcement recently announced a \$14 billion fraud takedown largest ever healthcare fraud action in US history, involving many crimes orchestrated by foreign nationals. And then it goes on to talk about some challenges within Los Angeles. I was actually sharing this with my wife the other night and she said what I said. There are national syndicates we'll just leave it at that that have been involved in hospice fraud. If you'd have told me that when I came into this movement in 1995, I'd have been like that's crazy, no possible way. What kind of time warp have you gone into? But yet here we are.

Cordt Kassner: 15:08

You know, Sheila Clark sent me this article offline one evening, and so I'd set it up and ran it the next day as a headline in the newsletter. Sheila, of course, is the president and CEO of the California Hospice and Palliative Care Association, and so this is her backyard, right? All of this activity in California. She's very hands-on and involved in it. What caught my attention was this was the Los Angeles Times, this was Secretary Mehmet Oz, and his opener for Medicare fraud was hospice. And I just thought, oh my gosh, what world are we living in, that? National government leaders, when they think about waste, fraud, and abuse, the first thing they think about is hospice.

Chris Comeaux: 16:03

Like as you said, 20, 20, 30 years ago, that never happened yeah, that makes me uncomfortable, because then it's the few bad actors that are painting the whole broader movement field in a negative light, which means you can't bury your head in the sand. We got to play offense at some level. Kudos to you guys and we're going to get to ara's article. But I think the first he really stopped me in the podcast. If our listeners have not listened to the podcast we just dropped a couple of weeks ago with Dr Ira Byock. First thing he said wait, we got to go back. First thing is collegiality is out of the window when it comes to fraud. We've got to call it out, basically name it what it is, and I thought that's hard for us. Wonderful caring hospice people, but yet the zero tolerance. I think he's really onto something with that.

Cordt Kassner: 16:48

Absolutely.

Chris Comeaux: 16:49

All right. So, the next one I loved because we do live in interesting times politically, right? You know, the joke around Thanksgiving is leave politics at the door, so that way you can still have a good family. Well, this is an opinion piece in the Washington Post. My health and my politics walk into a doctor's office, and there was a beautiful story about a Christian palliative care physician and Jewish daughter of Holocaust survivors, who is basically in a lifelong vocation of social justice and two completely world views, and I would say they together had a beautiful palliative care experience and then had a beautiful op-ed about it.

Chris Comeaux: 17:25

And the reason why I want to highlight that one is, by golly, that is the road less traveled these days, but we need more of that, and so the beauty of understanding each other's perspectives. I love this Stephen Covey quote. None of us see the world as it is. In other words, my viewpoint, I don't have the corner in the market. All of us see the world as we are, not as it is. So if I have a great friend like yourself that looks at the world in a different way, I would want your perspective, because your perspective plus my perspective gets closer to what the reality is, but yet we live at a time where go to your corner, go to your echo chamber Let me give you Skinner's rat, ring the bell just over and over again. In other words, just keep getting fed the same thing. So then people get deeper and deeper, entrenched in kind of those places, as opposed to you know good friends that used to be on different sides of political beliefs, et cetera with the collision of ideas I think that's what makes Elon Musk fairly brilliant is he eliminates the silos that traditionally are in manufacturing and forces them to come together, and they create synergy in ways that we haven't seen.

Chris Comeaux: 18:31

I just got my first Tesla. It's an amazing experience, and so I think there's some cool through lines in that, and the reason why I won't bring it back full circle that is always what made Hospice special is the IDG team, the magic of the team that we'll call it, and so that wisdom, I think, is an interesting wisdom that's portable in a lot of parts of our society and we can't lose it at this time, as we're in that reflection stage of where does this thing go, in fact, how are we kind of the light a little bit of bringing that to other places, just like this palliative care physician was a bit of a light, but also both of them together from a deep appreciation for one another.

Cordt Kassner: 19:09

When this article came out, Joy and I had a conversation about it before we ran it in the newsletter and one of her comments was, we would be negligent not to run this story Like this is popping everywhere.

Cordt Kassner: 19:24

It was all over our media feeds, so I read through it, she read through it, we talked about it and really this article was from the patient's perspective having a clinician who had a different political belief. And we ran an article back in November last year of a hospice clinician who was driving up to a patient's house who had a different political belief and that wrestling internally like can I do this? And in both articles, really, I think the bottom line was that call back to common ground that humanity, that we can hold different perspectives and care for each other and help each other and accept others, help from each other, and it really was a cool article. I thought both of them were very interesting. I just saw Ira had posted on his LinkedIn page a link to this article and kind of promoting conversation around it, I think for many of the same reasons.

Chris Comeaux: 20:35

Now the key word jumps out. I mean, everything you just said, Cordt, all of it was great, but that word common ground, I think that that is the road less traveled these days, even in organizations. You know, leadership is my passion and that's so foundational. If we don't go back to a common ground, you can't get people pulling in the same direction. So how do we get everybody pulling in the same direction? Let's start with what's our common ground. Can we get agreement on that? Because everybody pulling in the same direction, let's start with what's our common ground. Can we get agreement on that? Because we get agreement on that, then you've got a foundation to work through challenges and differences. But if all we do is focus on the challenges and the differences, you just keep chasing your tail and it gets worse and worse and more, more animus, et cetera, et cetera. And certainly, it's not how you lead an organization, a department, a group, much less an entire country or even this experience of humanity. So again, kudos to you guys for calling that one out. I knew you would like this next one being the fellow tech friend that you are A CIO's tech Wishlist. Brilliant framing actually by Becker's what IT leaders would buy with a blank check. That is just brilliant framing, and so if you've not read this article, you need to go back.

Chris Comeaux: 21:44

I don't think it actually hit Cordt's top ones of this month, and so here are some of the key things ambient listening for clinical documentation. The cool thing is Cordt and I are in a future council together around technology, and we're seeing some of these same themes emerge An Ai healthcare platform that predicts, prevents and personalizes care before patients even realize they need it. A la Amazon kind of technology, adaptive, responsible

AI infrastructure that spans the full healthcare enterprise clinical, operational and financial. And then, of course, you can't have a great party without someone trying to spoil AI-powered cybersecurity platforms. I've actually spent time talking to a few chief technology officers in healthcare, and what always concerns me when I walk away is how much cybersecurity concerns them. It is kind of the challenge of our time, as we have these amazing advances. This is the shadow side of it and a lot of us as leaders I don't understand cybersecurity. I just know someone's got to get our back related to that, and I think that's true of a lot of healthcare leaders.

Cordt Kassner: 22:53

You know, we're so busy on a day-to-day basis with patient care, with surviving, with keeping the doors open. You know, those, those everyday challenges that when we step back and try to think about this bigger picture and what's coming next, I always think that's, that's fascinating to do. But I I always kind of return back to encouraging pilot studies and like how can, how can we, how can I, how can, how can my sphere of influence, my, you know the circle of people that I'm around how can we participate in that? How can we participate in the pilot testing? You know, and it might be AI focused, it might be participating in a technical expert panel for Medicare hospice regs Like don't just wait for stuff to come down the road. But how do we participate in the conversation to shape it and participate in the pilot projects to develop it?

Chris Comeaux: 23:48

That's so good, cord Gosh, that's so good we're. Actually. That came out of a different future council than the one that you're in, and it reminded me of two articles I'd read years ago. Number one Kaiser at one point in time had like an experiment lab where they would test a hypothesis and they had a way and a very scientific method to try new things. Like they literally had physician offices like a studio set up and what they would try is basically just new ideas.

Chris Comeaux: 24:16

To me, the most beautiful movie that shows that if you ever watched the Founder about Ray Kroc and about McDonald's, it was with Michael Keaton. It's a great movie. And so, the flow of the very first McDonald's they drew it. They went to like a park, and they had a concrete pad, and they drew it out and they kept erasing it, trying to get the optimal flow. That's a beautiful visual to me of what you're poking on. We don't do that well in healthcare. It's like I got an idea. Okay, well, let's just roll that out organization-wide.

Chris Comeaux: 24:47

And years ago, Jim Collins came up with a great adage First fire a bullet before you fire a cannonball. Try the experiment, use some scientific rigor around it. You got to measure. What's your hypothesis, what are you actually testing? And then rapid cycle it.

Chris Comeaux: 24:56

And then years ago I had read Subway actually had a method to do this, like they would try new stuff, and they had like a lab kind of set up with customer focus groups and it would then cascade new ideas throughout the whole organization. I'd never read someone being that deliberate about it, because reality is most of the time, we're doing that stuff on the fly and I'm not so sure we are as successful. We're sometimes creative to a fault, and then those ideas get more diffuse as they get to our organizations and we, well, okay, that was a bad idea. Well, no, maybe it was actually just we threw too many variables at the situation at once. So, yeah, you're really getting me started on something. AI is going to bring a whole new game, because you theoretically could do that via technology. You literally could war game it via technology, depending on how good you build your scenarios, et cetera, et cetera.

Cordt Kassner: 25:48

Yeah, I love the analogy that you mentioned with Collins, and you know, before you fire a cannonball, fire a bullet, and where my mind goes is but fired a bullet and where my mind goes is but fired a bullet. We've had several today's encouragement quotes in the last couple of weeks that are along the line of in order to do something great, do something. Like just start, do something, get involved and make a difference.

Chris Comeaux: 26:22

Well said, all right, just a couple more, and then I'd love to hear the ones that you wanted to point out Rural hospitals, eye service expansions to weather federal cuts. Of course, the challenges of the big, beautiful bill on Medicaid have not washed upon the shores of our rural hospitals yet. They've already been dealing with a lot of challenges. What I loved about this modern healthcare one, it's kind of painting a picture of where they could expand services so, and also where they can make some potential cuts to renegotiating vendor contracts, beefing up, coding, billing, freezing new hires, standardizing daily tasks. All that was on the cuts side, of course, talking about philanthropic dollars as well, but they're also talking about some interesting ideas of where they could grow via surgery, infusions, other complimentary services, creating more of a continuum within these rural hospitals, and so I love that we're actually working on a TLS consulting group project with a fascinating group that's working on some interesting models to take into rural hospital America. And again, Mark Cohen, our mutual friend. He had pointed out something I never knew that the whole Burton Act is it was a public-private partnership, and a lot of these hospitals got built because of these government grants. And you think of 50 years

of economic positive consequences. Some of these rural hospitals are the biggest employer in small town America and they're on the brink, and so some type of rejuvenation. Obviously, we're getting a theme here today, cord right, trying to contemplate where are you and what's that path going forward to the future. Maybe that's always been true, but it feels like we're in a very interesting hinge point right now in a lot of parts of our economy, especially healthcare economy, and I just want to point that out because I think rural hospitals it's going to take that for them to be able to survive.

Chris Comeaux: 28:00

And then the last one, and I want to give you the last word on this one wisdom and leadership. Do we have time to be wise? And so, there's just talking about the pace that we live, and I feel it right. Ai is only accelerating what was already a breakneck pace. I use this a lot in the training that I teach that Stephen Covey would use the analogy of the white-water rapids of life in 1990. 1990. Here we are. What is that? Almost 40 years later, and so 35-ish going into 40 years later. And if that was class four or five, I don't actually think in the world there are class six or seven rapids, but I think that analogy would be somewhat applicable.

Chris Comeaux: 28:47

So, do we have time for wisdom? And I'm getting this sense for my personal self as a leader, the pathway is countercultural, like stepping out of the crazy. Maybe it is the time. No, it is the time for wisdom. Not maybe it is the time for wisdom. Not maybe it is the time for wisdom.

Chris Comeaux: 29:02

But how the hell do I take time to be wise when I have 150 emails and 50 Teams messages and every back-to-back meeting and I have time to go to the bathroom and you want me to be wise, but yet maybe that countercultural move is exactly what is needed during this time. And I feel like, in some respects, countercultural move is exactly what is needed during this time. And I feel like, in some respects, my podcast with Daniel Pink I feel like he was kind of saying that the road to the future is countercultural, it's different. It's not more left-brain stuff, it's more right brain superpowers, and I think wisdom is actually kind of much more head and heart, kind of whole self, stepping out of the crazy, getting quiet, et. Etc. So what are your thoughts on that one?

Cordt Kassner: 29:41

You know, I thought the title of this article was brilliant Because my title was was using the double negative. We don't have time to be unwise. We have to pause and think and reflect. And in the green room before the show, we were talking about the backgrounds of being very passionate in pursuing a cause. And while I love the passionate pursuit of a

cause, we also have to be wise about it and sometimes we have to temper that. And that is only me speaking from lived experience.

Chris Comeaux: 30:23

That's very well said, all right, so those are the ones I want to highlight. How about you?

Cordt Kassner: 30:28

You know, I, I had a few and I, I know every, every podcast. When we do this, you, you have a framework of X number of categories and how do the articles fit into the categories that you've designed? Which is always a challenge to me, because I think about okay, well, these are Teleios categories. I think about Enneagrams, the personality test thing, right, the numbers one through nine. I think, well, what articles would appeal to a one? What articles would appeal to a five? It's a different grouping. So last night I was listening to your podcast with Dr Ira Byock and I listened to the whole thing. I thought it was fantastic, one of the best podcasts I've listened to, probably in a couple of years, because I resonate with the message that you're both trying to drive forward. And so when I was preparing for today, I thought, well, what were Ira's categories in his white paper, a Strategic Path Forward for Hospice and Palliative Care and I think we're going to talk about that again a little bit more in the masterclass at the end of the show today but how do our articles fit into his categories in this sense? So, to walk through it quickly, he begins with zero tolerance for waste, fraud and abuse. So, I went looking.

Cordt Kassner: 31:55

How many stories did we run? We have primary tags, secondary tags. We categorize and you know we categorize and look at reports and run all this stuff behind the scenes. We ran 24 stories this month about waste, fraud and abuse that we had categorized that way. Some of these included really egregious examples of what was happening in hospice. You mentioned one earlier, the one with Dr Oz in the LA Times. As Ira stated you mentioned as well, collegiality ends at criminality. We've got to identify this and put a stop to it. So, I thought, well, we're on pace here.

Cordt Kassner: 32:31

Jim Parker at Hospice News wrote a story that caught my eye titled Healthcare Attorneys Hospice Investigations Coming from All Sides. That story received over one thousand clicks, which was cool. We also ran a story featuring several OIG investigations that received like 20 clicks each, which was surprisingly low for how important I thought those stories were. He then outlines Ira then outlines four calls to action. Clinical and programmatic standards is the first, in addition to calling out the bad.

Cordt Kassner: 33:05

He said in the podcast it's important to differentiate between good and excellent, and so I'm going to mention Carolina Caring a lot today. But one of the reasons is they had a very highly read story high clicks on it, talking about a deficiency-free CHAP survey article. We're going to talk about that in a few minutes because it's one of the top read stories. I'll just point out, with the background working with CHAP, that less than 5% of CHAP surveys are deficiency-free. This is very unique and, to be part of a hospice that has a deficiency-free survey, I liked that Carolina Caring put that out there and made a big deal because it is a big deal.

Chris Comeaux: 33:52

So proud of them.

Cordt Kassner: 33:54

Yeah, demonstrating that excellence.

Chris Comeaux: 34:00

I love where you're going with this Cordt, Like this framework. I think you should stick with this framework for a bit, thinking about my framework and yours and how complimentary they are, but just the importance of what I laid out. I think you're onto something and I want to give you props. I mean you guys have done a great job this past month highlighting the ways, fraud and abuse and I think I'm actually going to tattoo that somewhere in my office. Collegiality ends at criminality. That is such a brain tattoo way of actually framing that, and you guys have done a beautiful job this month.

Chris Comeaux: 34:30

Pointing those out,

Cordt Kassner: 34:30

thank

Chris Comeaux: 34:30

as well as the positive, like a Carolina Caring.

Chris Comeaux: 34:33

What a juxtaposition of the crappy versus the really good. I'm stuck at night. We always at our family thing at night is one happy and one crappy, and so we do that. So you've got a lot of great examples of the bad, but what a beautiful example to give with the Carolina Caring team.

Cordt Kassner: 34:51

Yeah, they did a remarkable job. Ira's second call to action making meaningful data readily available and this was actually the first article that came to mind. It was actually I skimmed through the 300 articles that we ran this month and actually the one that came to mind that best illustrated this was a recent New England Journal of Medicine Catalyst article that was titled Successful Strategies for Operationalizing Goals of Care Documentation. The lead author is Dr Matthew Gonzalez, who succeeded Ira, leading Providence's Institute for Human Caring, and this article talks about how they improved from 7% of ICU patients having documented goals of care conversations to 85% having documented goals of care conversations between 2016 and 2024. In fact, I just saw a Jerry Powell podcast dropped this morning talking about this article. So very cool, I thought, in terms of using meaningful data to improve patient care and make a difference.

Chris Comeaux: 36:03

I was just going to put a highlight on that Cordt because we've been challenging all the hospices, we work with is do you really know what makes hospice and palliative care special and different? Like, do you really know? And so, what are the things in our organizations or in the model that produce, like we'll call it magic? Unfortunately, magic makes it feel like an unobtainable. So if you actually get down to the things that make it really special, I would say actually care planning, goals of care, care planning is one of those things, and the more we push for efficiency, which is going to be more of the gravitational pull, if you lose those things that produce the magic, in fact it's the opposite. You got to go deeper on those things. Like, how do you empower people to do that at even higher levels when the gravitational pull is cut, cut, cut less with more with less, which actually we have an article about that a little bit later.

Cordt Kassner: 36:51

Oh, that's cool, very cool, and I'll just give a teaser for readers around the meaningful data piece. I just ran finished running all of the 2024 calendar year claims and the first thing that I look at when I sift through all of that is hospice utilization rates, and so I'm getting ready to write a paragraph, or maybe a page very short, that we're going to run in the newsletter about the 2024 national hospice utilization rate came in at 50.6%. This is the highest percentage of Medicare deaths on hospice we've ever had. Very, very cool. I think that's really exciting. I think that's coming out of COVID. I think there's a number of reasons for that, but look for more details on that to come because I haven't written that up yet, but I'm getting ready to.

Chris Comeaux: 37:40

One thing to keep in mind when you're at it Cordt, because we've actually seen this in one of the states where we work. It's no doubt our people are doing a better job. I think we're getting better at how we reach people that need care. But I also think one thing that's

driving that statistic is the death pull forward that happened during COVID. So, the percentage of people eligible right now like we would be serving people today that died in COVID and so that population is a little bit less. So, I think it's creating a little bit of an artificial.

Chris Comeaux: 38:07

I do think we're getting more sophisticated. I know the ones we're working with, so I think it's a both and it's not just that one thing. The other thing I always kind of think about is Joan Tino, and I think she said a third. You would probably know better than me that there's about a third that will never choose hospice. So, does that mean basically that 70% is like generally what's totally possible? It's really good to know that and the interesting thing and I don't know if you know that but as we go forward, is that going to become less or is that going to become maybe a little bit more, because the baby boomers just look at the world differently. I think that statistic has been a little bit based on the rear-view mirror of the baby of the greatest generation, as now we're going into the baby boomers.

Cordt Kassner: 38:51

Yeah, you know I think Joan has said that Stephen Connor comes to mind for me, the former research lead at NHPCO, who's been president of the World Palliative Care Congress for probably a decade now. Stephen had always said that as well, with the understanding that about 25 to 30% of people die in their sleep, die in a car accident, die when hospice isn't even an option on the table. There are sudden deaths that hospice would not be able to reach anyway. So, the suggestion there is 70% would be the highest attainable goal in a country like the United States. We've already seen states like in 2024, Utah came in at 66%, like they're almost that's the highest in the country. Utah is the highest in the country and they're almost at that 70% mark. I think nationally we'd probably top out more, around 60%. So, we're working in that direction, and the reason is not every state is going to, you know, is comprised like Utah, so we're going to have states that are at, you know, 40%. So, it's going to be interesting to see.

Cordt Kassner: 40:15

The third point that Ira drives home is driving competition based on quality, and we ran several stories this month that I would highlight around emphasizing quality. We ran a story about impact health integrating end-of-life care into PACE programs about impact health, integrating end-of-life care into PACE programs, several stories around children's grief programs and expanding healthcare options for children living with serious illness. Carolina Caring not only the CHAP survey but a specialized program supporting patients with dementia. And Big Bend Hospice I thought was really interesting. Launched a new

mobile medical unit. I thought how many hospices have something like that. I thought it was a really creative idea. His last I don't know if you have any thoughts around those.

Chris Comeaux: 41:03

Actually, you're right, because it is actually the road less traveled. But I do know of a few other nonprofits like them that have basically created like mobile palliative care units to take into rural areas. Because it's really hard you know all that windshield time of taking palliative care in the community to people. So then trying to create a general space where then they could come to them, because then sometimes a palliative care clinical office space is hard to pull off and that space can kind of move and be in different communities along the way. So, I've seen it in a few places.

Chris Comeaux: 41:32

I think the people that have done it they've learned a whole bunch. Like a lot of those people in those areas are very frail so you would think, okay, brilliant, it's coming to them, but then they can't even get in the mobile RV unit and so then handicapped accessible. So, there's been a lot of devils in the details that they've learned by they deployed it. But like you, I love the innovative thinking of, hey, we're going to do something like that and know the folks at Big Bend are great people. They do have a lot of that rural area outside of Tallahassee, so I could see why they would do that.

Cordt Kassner: 42:02

I'd love to learn more about that. Ira's final point was embracing and promoting our authentic brand. So, I thought, well, what articles have we run around this? And, Chris, I think your category for this is more around the mission moments and the unique things that hospice and palliative care providers do that maybe we don't always think we're unique in doing it.

Cordt Kassner: 42:24

We ran several articles this month highlighting compassion and caring and expertise of hospice and palliative care providers. Some of those included Hope Hospice. This is the Hope Hospice in Texas. They hosted a community vigil that drew hundreds of people after the deadly Texas floods. Again, more articles around children's grief camps, which happened during the summertime, so there's a bit of coverage there. A research study on serious illness conversations in the emergency department and another one exploring palliative care knowledge, attitudes and self-confidence of nurses in hospitals. And lastly, I'll just mention, because it caught my eye, a story that ABC News ran in Cincinnati where the reporter did a ride-along with Hospice of Southwest Ohio's CEO, Veronica Sterling, and the title of the story was something like she knows a lot about death. I mean, it was clever, it was cute and I thought how cool would that be to have our hospice CEOs doing

ride-alongs with media, but we talk about inviting a legislator to your hospice. What about inviting a reporter? Just opportunities.

Chris Comeaux: 43:40

That's what I have. High five. That is brilliant framing them on those categories. I would encourage you to stick with that for a bit, and I think it's going to be. If we could try to do that, maybe for at least another quarter, and then we'll compare our notes across each other. So, I'd love to now. So let me go to my categories now, Cordt, if that's okay. So obviously I dropped down in the beginning to my last category was kind of Chris's category.

Chris Comeaux: 44:05

So, Mission Moments is first. I highlighted six articles. I'll try to keep it to just one for most of these. So, mission, as you call them, mission moments or, as I love the way I framed it, our authentic brand. So out of the six, I love this one. It was actually an aging care. Okay, please help me calm my anxiety.

Chris Comeaux: 44:26

My mother has drastically improved in the last couple of days since going on hospice. It just it was such a great article because there's nothing that frustrates us the most. But instead of being frustrated, think about how do we talk about what we do in such a way that we could get past this. Well, I thought mom was going to die immediately when she came on hospice. She got better. I'm like blown away by that. Yes, people live longer. They live longer in hospice care. How can we do a better job embracing the authentic brand so that becomes more of people understand that?

Chris Comeaux: 44:59

I give Tina Gentry all the credit, our chief operating officer. She used to have this brilliant way in community presentations, and she would say you know about hospice and our listeners I'm pointing to my head she would point to her head and say you know about hospice. Then you experience hospice, and she would cross her heart and say now you know hospice. And it's a brilliant framing of trying to illustrate that. All of these fallacies, these myths, that we have the natural human instinct to survive at all costs, which is beautiful. I mean. It's why we're here, you know, millennia later doing what we're doing upon the face of the earth, but yet dying can be one of the most defining seasons of someone's life and it's a beautiful model of care to help facilitate that. But quite often, 50% of people in America are getting two weeks of that, when it is an actual benefit for them for six months, and so I know when I go on vacation it sucks that it's only a week and so the end of your life you only get to do that one time around, and what it does for

the family as well as the patient. I think that's what Dr Byock is poking on with the Authentic brand, and so I think this article is in that realm, all right.

Chris Comeaux: 46:12

My next category was reimbursement challenges, which is an interesting month for that. There were four articles. Only one I want to point out. This is actually from the Alliance.

Chris Comeaux: 46:21

Medicaid provisions threaten home and community-based services for millions of vulnerable Americans, and so I think there's a lot of consternation of the big beautiful bill that was just passed. I think I saw an article like already this place closed? Well, not actually because of the passage of the big beautiful bill that was just passed. I think I saw an article like already this place closed? Well, not actually because of the implications of the bill yet, because it's not actually happened yet. It's going to be in the future, and so that feels a little bit of hyperbole, but you would be foolhardy not to be thinking about how is this going to impact us Now?

Chris Comeaux: 46:48

I do think for us in end-of-life care hospice-powered care. Now I do think for us in end-of-life care hospice powder care we stand better than most of what it's going to mean for us Now there's going to be ripple effects, but there are also going to be first-order magnitudes for hospitals and other people. Home health is looking at a pretty major cut, not necessarily directly related to the Big Beautiful Bill, but also because their payer mix is they have traditionally more Medicaid than we do within hospice. So that wasn't a very clicked on article, so just want to call that one out.

Cordt Kassner: 47:18

Yeah, you know I've received several questions around. You know, where are the stories discussing the impact of the big, beautiful bill or the home health rule, that proposed rule that just came out? Where are the articles discussing the impact on hospice from these things? And so, I went through both of those. I did searches for hospice and palliative care and serious illness and goals of care Kind of common terms that might get at hospice, and it's not directly mentioned in either of these. You know the big, beautiful bill or the proposed home health rule. So, to your point, I don't think there are any direct impacts on hospice, to alleviate some anxiety around this, but there could be indirect. If home health gets hit, if nursing homes get hit, how would that impact hospice? As you say, ripple effects that we need to pay attention to. But the only articles I've seen I think we ran one of them is there's really not that much of a direct impact. I agree.

Chris Comeaux: 48:29

I think that's actually the way to land the plane. I do predict that you and I we're going to see more and more as we get into the year, as people start like the probably the most poignant this wasn't an article, it's actually a very influential person in the country who you would know, and he said hey, my prediction is, the first place you're going to see it is hospital based palliative care programs that are funded or co-funded by the hospital with the local hospice. Like, oh, that are funded or co-funded by the hospital with the local hospice. I'm like, oh, that is dead on, and so if that's majorly strategic to your local strategy, then that would be something that you probably want to be aware of. So, my next category, Cordt, was competition, to be aware of only had one article this month.

Chris Comeaux: 49:04

It was fascinating to me. Humana agrees to purchase bankrupt Florida provider, The Village's Health, for \$50 million, and so that's interesting. Now it's actually more of like their kind of insurance product. But you may go what Humana and The Villages? And so, I just wanted to point it out for this reason.

Chris Comeaux: 49:23

I read recently one of our team members pointed out that Toyota has basically built a city of the future, because the way Toyota sees technology and how we utilize vehicles today is going to change significantly. So, they may be more renting us space and time in a transportation vehicle than selling us a vehicle today, and you may go. That's fascinating. What's the application for us? And so, we have gotten more calls from senior living communities thinking about how to partner with hospice and palliative care in the last two years than a long time, and so I think that's an early indication that there's going to be interesting innovations in our space as well. And so how can we?

Chris Comeaux: 50:07

I love the quote that the best way to predict the future is to create it. So how do we create that future, as opposed to just stepping back? And I think you're going to see a lot of interesting partnerships like this, some that are going to be like we're going to go that was brilliant and many of which are going to fail. We've already seen that with a lot of like Best Buys foray into healthcare, et cetera, so you can have a bit of a mixed bag. I don't think the takeaway is don't try. I think it's maybe thoughtfully try, or some of the things you're alluding to is how to be set up smart experiments and fire that bullet before you fire the cannonball.

Cordt Kassner: 50:41

Next category. Oh sorry, Cordt, I was just gonna say real quick it was probably 15 years ago now. I served as a dissertation committee member for my first PhD student that I was working with. So, I was one of her committee members and her goal when she finished

her doctorate her PsyD doctorate in psychology was to move into a community like The Villages to be the paid gerontological psychologist. Wow, okay, so 15 years ago, and I'm thinking that's really an interesting idea. And what's the parallel for hospice? And I don't know that we've really unpacked that, but how interesting to think about all of the 55-plus communities that are out there now and how do hospices partner in those settings.

Chris Comeaux: 51:35

Yeah, well, said Well. Next category is workforce. I know this is top of the mind for many people. Just one article I was going to point out this month from Becker's 51 healthcare leaders takes on doing more with less. So that kind of gets to what I was saying earlier. There's no doubt this is going to be part of our yes, guys, we're going to have to walk and chew gum at the same time. How do you do more with less, but how do you not throw the baby out with the bath water or throw things overboard of the ship that you need for the journey? There's going to be some wisdom back to that other article. So, you see how all these themes are coming together, and so I think just cutting which you know this is the article was just unpacking just how challenging this is as we go forward into the future.

Chris Comeaux: 52:17

It's a buzzword do more with less. Our hospital colleagues are doing it in spades, and I don't know how well they're doing it. I could only judge it based upon how many of us are experiencing healthcare, and so can we take a cautionary tale from that. I did see a manufacturing, you know, chainsaw. Al Dunlap was a very popular figure for a bit, and he would just go in with a chainsaw and these manufacturing facilities and wrote a book and was kind of popular. I'd say that's the extreme example and I think what we learned in that circumstance was a chainsaw, non-discerning, gutting a company and trying to flip it. Are you really creating value? And you think in healthcare, the sacred trust we have, a people's care? So, yes, you're going to have to cut costs, but how do you do it thoughtfully? It is just really difficult, right?

Chris Comeaux: 53:06

The next one was patient, family, customer demographics and trends. I had 12 articles this month on this one. Cordt just want to point out four of them just in title the Grave Outlook for Hospice Family Caregivers. We know, as we go forward to the baby boomers, we're going to have more and more of a challenge of admitting people that don't have readily available caregiver or a family support system around them. What are we going to do with that? And the answer can't be well, we just don't admit them because someone's going to serve those folks. So that's what I wanted to call out. KFF did a great study, a look at nursing facility characteristics between 2015 and 2024. An interesting study

confirmed that Medicaid is the primary payer for 63% of these residents, followed by 24% private other payers and only 13% from Medicare. That's a great study.

Cordt Kassner: 54:00

I don't think it was clicked on quite a bit, but kudos to you guys for pointing it out. Yeah, and just a brief comment on this article. Judi Lund Person has joined our group as a guest editor, which means hey, Judi, if you see something that you like and you think it's interesting and want to highlight it for our readers and make a comment, like, please. Ira Byock has also joined us as a guest editor. Mark Cohen is doing that. We have some other folks that we're talking with and just really appreciate people taking an interest in the newsletter and sharing their expertise with readers. So, thank you, Judi, for highlighting this for us and offering some comments on it.

Chris Comeaux: 54:36

Yeah, I love that you guys added that. I actually pay special attention to all of their comments. Well, next one was how PACE is jockeying for position amid Medicaid cuts. So, PACE is certainly, I think, something that maybe STOR is continuing to wane and that people and it is a Medicaid diversion program as far as getting people out of nursing facilities. So, it's going to be interesting to watch PACE programs. The next one is changing funeral preferences and FDA's first of its kind generational report, now available, Cordt. I've bumped into very smart hospice leaders that are asking the question again should we think about being in the funeral home business complementary to our business? And so it's an interesting thought as we go forward, because the preferences around funeral homes is actually changing real time. Baby boomers and then the multiple generations below them quite often are them making the decisions are just much different than the greatest generation. A lot of those traditions are being thrown off, if you will. So, there's a lot of disruption occurring in that funeral home industry right now.

Cordt Kassner: 55:38

A lot to learn there.

Chris Comeaux: 55:40

Yep. Next category was regulatory and political, so they had 10 articles in this category this month. We really encourage our listeners. We always include a link to all of those.

Chris Comeaux: 55:49

I'm not going to take your time this month, but it was a very busy month, regulatory and political. All you have to do is turn on your news at night. And so, there were 10 that were you at least want to look at the titles and they'll give you a gestalt of what happened. Of course, the big, beautiful bill, but there also was some stuff around trying to empower

nurse practitioners. We know we have the hope coming, and so there was a great blog from our TCN team. Carter Brewer introduced a bill to strengthen palliative care and hospice workforce, and then Kathy Hochul in New York has got on her desk and so, Cordt, you were 100% correct. I had misread it last month, and so it's still sitting on her desk about a medical aid and dying bill. So, there's a lot going on in the month of July on the regulatory political side, and if you're a C-suite leader, this is exactly why we do this show and we include the links afterwards. Don't miss.

Dragonfly Health Ad: 56:37

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Chris Comeaux: 57:24

Last couple categories technology there are five this month. One I'll point out reimagining hospice in an AI world, in a digital age. How should technology and humanity coexist? And Cordt I was smiling because I felt like that future council you and I are part of. One of the maybe key phrases that jumped out at me is keeping humanity at the center as you think about how to apply AI. And it's almost like they were listening in, in some of our discussions you and I have been a part of, and that was in home care, so that was a great article, All right. And it's almost like they were listening in in some of our discussions you and I've been a part of, and that was in home care, so that was a great article, All right.

Chris Comeaux: 57:56

And then just last couple article, or last category. So, the speed of change, resiliency. There were two articles, only one I want to point out Leaders shouldn't try to do it all. Many important tasks can be done by other people. Focus on what you can do a lot better than anyone else. That was a Harvard Business Review article. It's a great article.

Chris Comeaux: 58:13

I struggle with this every day. There's so much coming at us and so the paradox is well then, I just need to do it all. No, as we go forward, how do you do more of what you're great at? How do you keep increasing your skill set? So then the actual toolbox of tools, of what you can do well, expands. But then also, how are you making sure you're not

owning problems you shouldn't own? This is something I'm constantly turning the mirror on myself.

Chris Comeaux: 58:36

And then the last category is the human factor, and so there are three. Only one I want to point out. This is almost like a cringe. And so, hospice nurse who amputated patient's foot without permission for use in a sickening taxidermy display escapes jail sentence. And this was a Wisconsin nurse. Just horrible article. But this is the type of stuff that, when we think about our authentic brand, that this is the type of stuff so, unfortunately, the perverse kind of sometimes sells, like the John Oliver series that Dr Byock called out appropriately so. But I'm just like reading this going. Really, I can't believe this actually happened.

Cordt Kassner: 59:13

That was my thought. You can't make this stuff up and we had a few readers that emailed and texted Joy and myself offline about this article. We posted it in the ethics section and, as a former co -chair of the University of Colorado Hospitals Ethics Committee, I'd say these kinds of outlandish cases are not isolated. I've seen more and different and worse than this in a hospital ethics committee and really my take home for this is it illustrates one more reason why I encourage hospices to have ethics committees and to partner with their local hospital and other ethics committees to have that insight, that reflection and an opportunity, a group of people, to bounce ideas by. I would say every other year I see in the national organization email threads how many hospices have ethics committees, how do they work, what kind of cases do you talk about? It's like we reinvent this conversation every other year. There hasn't been an ongoing like who's the resource for ethical deliberation.

Cordt Kassner: 1:00:29

That's a great point I don't think there is one right now.

Chris Comeaux: 1:00:32

That's actually a great point, Cordt. Actually, we have one for seasons and interestingly, we tried to establish one at the TCN level early on and I've kind of lost sight. So I think that actually really does poke on something great, and you would be an incredible resource for people, because I know how passionate you are in this area. Well, a lot of stuff this month, so July was a very interesting month. I have a feeling that our prediction at the beginning of the year a predictably unpredictable year is going to only get more interesting as we go forward in future months. Do you want to talk about the data side? It's always interesting to look at it from that perspective.

Cordt Kassner: 1:01:04

Sure, I'll be brief with this, it. We analyzed the click-through rates for all of the stories in Hospice and Palliative Care Today's newsletters. In July we published 302 articles that received a total of 107,000 clicks or reads. Notably, 21 of these stories surpassed 1,000 clicks. That's one of our thresholds that we look at. All of these stats are lower than previous months and I'll just share with you and listeners. This is in part because of summer trends and not as much relevant material being out there, but it's also we're piloting new things. We have decreased the daily number of stories from 15 down to 12. We're trying to focus on more relevant stories and respect readers' time and how long it takes to skim through the newsletter each day. But we are continuing to monitor all of these trends.

Cordt Kassner: 1:02:01

In terms of top-read stories the number one story I said we look at those with over 1,000 clicks. The top-read story this month had 4,400 clicks and that was our awards and recognitions, which we run monthly. And this month we featured several winners at the several award winners from the Florida Hospice and Palliative Care Association Annual Conference Carolina Caring's achieving their deficiency-free survey from CHAP, as well as a certification for age-friendly care, and a friend and colleague of mine, Kim Mooney, longstanding Colorado end-of-life care leader, was recognized by the End-of-Life Options Organization, which she founded and got rolling forward. So, I'm very excited that the number one most read story was really our tip of the hat, our thank you to the outstanding work that our colleagues are doing around the country. The second most read story was the Alliance's Caring Info Program launched a new planning for in-home care section and this is an outgrowth for folks who remember NHBCO's Caring Connections and their caringinfo.org website. The third most read story was the Hope Summer School and this was a little bit of a surprise nearly 3,900 clicks.

Cordt Kassner: 1:03:27

Listeners in our Western states might remember Annette Lee. She was an educator with Cahaba Mac back in the early 2000s that's when I got to know her, and she has since left the Mac world and founded. Provider Insights is her company, and she has developed a series of online webinars around a hope. She's titling it a hope summer school webinars around a hope. She's got titling at a hope summer school, thrilled that our readers are wanting to learn more about the hope tool and quality that's out there. I will just pause there from a time perspective, because there has been a tremendous amount going on this month.

Chris Comeaux: 1:04:06

Thank you, Cordt. Well, again, it's always fascinating to look at the data. And then, of course, you know my perspective. Your perspective is just so much good stuff to talk

about, actually, even despite maybe a little bit of a slower overall, as people take summer vacation, but a lot that they should miss. Well, let me just end with this Masterclass. We would be remiss not to talk about the Masterclass again.

Chris Comeaux: 1:04:26

Dr Byock's article. I have it here. So, A Strategic Path Forward for Hospice and Palliative Care, a white paper on the potential future of the field. Just two weeks ago, we dropped that actual podcast by the same name with Dr Bayak. I would strongly encourage our listeners go back and listen to that podcast and the framework in there and Cordt, just used it for his the standards, the data, quality-based competition, authentic branding. And, to be honest with you, when Cord brought it up in our top news stories of June and he said something I hadn't considered like, we need to take this into the boardroom. We need to take it into our leadership meeting, our associations need to take this up. I strongly encourage you, Dr Byock.

Chris Comeaux: 1:05:09

Put his heart and soul into this and you may go. Who cares this guy has? He's one of the patriarchs of this whole movement. He actually I was kind of embarrassed because I had read Dying Well, love Before Things Matter Most, two of my favorite books. I asked him his magnum opus and he mentioned the Best Care Possible. So, I immediately purchased it. I've been going back to this book, and he said this is his magnum opus. He put his heart into this book.

Chris Comeaux: 1:05:33

About this is the beautiful mission moments, or hospice-empowered care, and we live at a time this theme has gone through our show today. Do we really know what makes this special and different? Like, do you really know that and then how do you recast this thing that's hospice-impacted care under your own brand, whenever you have a new customer washing upon the shores of your organization? as a leader? And how do you double down on that while you're actually cutting costs which may sound paradoxical but yet they may be exactly congruent? I think he gives us a framework to at least call the whole movement the field.

Chris Comeaux: 1:06:15

Some people call it an industry. Maybe that's the cautionary tale that. Does it devolve into an industry because we don't do these things? He's giving a framework and like do you agree with the framework? And you may not agree with him tactically, but that wasn't his point. He put so much thought into this. There's so much heart and years of experience. Someone who's been by the bedside, who's got great credentials and has probably thought more about these care models, not just hospice, hospice and palliative care. You

got to pay attention and so don't dismiss this. Pay attention. I'm practicing what we preach. We're bringing this into several meetings on the TCN side. Cordt and I were brainstorming before we started of other ways maybe to get this out there.

Chris Comeaux: 1:06:57

I don't think Dr Byock is saying I have figured it all out. I think he's saying, like great movements, can we agree on this as a common ground and can we together then forge what that looks like together? Because if we just ignore some of the macro trends, the John Oliver articles, the things that are just like the horrible, the criminality, collegiality ends in criminality type stuff. There's enough warning signs on the dashboard and what I said according to my podcast with him that haunts me is an Eric Hoffer quote that things start off as a beautiful movement and then they go to a business and then they deteriorate into a racket. There are some racket lights on the dashboard that are flashing and you may go well, that's just such a. Well, you know, look how it's painting all of us. And we already have a hard enough problem helping people understand our authentic brand.

Chris Comeaux: 1:07:54

So, the Masterclass is listen to that podcast, go and read his white paper, but don't let it stop there. My call to action to you is what I'm trying to walk myself. What do I do with this? I have to do something. If I'm going to ignore it, well then that's at least a deliberate choice. I think that's hard to do because of everything we've talked about today and all these other things. Are there something you're going to do with it? And I think that's what's going to create a fascinating future. Is what do you choose to do with it?

Chris Comeaux: 1:08:23

And I'm thinking of a prior podcast, Cordt, where a great consultant out there we were debating, he and I, a little bit of the disruptive innovations of hospice. Like you know, pace is a substitute for hospice. Is it just as good? I don't think it is. But the person basically said is what data do you have to prove that? You know hospice is this great quality thing? Now, I know that gets your dander up, because you spend a lot of your life trying to help us beef up the quality. We're on the precipice of hope being initiated. That is going to be a potential mechanism vehicle, Trojan horse to really up our game potentially of what does quality mean within? So I think there's a lot converging here. And that was my aha on that podcast. I'm always kind of a sense of the timing of things, so it feels like this is a really interesting timing of things converging and what are you going to do with it? And that's my call to action I'll give you the last word on it.

Cordt Kassner: 1:09:21

We agree completely on this. He's outlined a fantastic methodology. We have the most skin in the game for this. We can either sit and wait and see what Medicare or other payers tell us to do, or we can participate in crafting that next iteration of what hospice is. And we're, of course, nudging listeners to get involved and to participate and to not just take what's given to us but to actually shape it, craft it and participate.

Chris Comeaux: 1:10:01

Yeah, I think that that's so well said. One of my favorite quotes is the best way to predict the future is to create it, and I think maybe the byline on this one is at multiple levels your local organization level, your community level, the region you serve, and then your state and national level. And if all those rivers are converging and then helping to create a way amongst this framework in a positive light, like moving us to a new good place as a movement, as a field, then wouldn't that have been like the result of our life's work? Just like we look back in the late 70s and 80s when this thing came to fruition. You know, it's not like they had a box, and they walked in and said, hey, congress, can you pass this for us? Thumbs up, good, thank you. We're going to go now create a multi-billion-dollar industry that you're going to love. How this thing turns out. It was not like that whatsoever industry that you're going to love. How this thing turns out. It was not like that whatsoever. It was very messy, and this feels like it's our time for a similar type. Messiness and the beauty of a framework is it gives you a framework to further that as we go forward.

Chris Comeaux: 1:11:02

Cordt, I always appreciate our time I know this one went a little bit longer and to our listeners, I always want to leave you with a quote. Cordt actually alluded to these. They were actually on the 23rd and 22nd of July. First one is Eleanor Roosevelt quote "You must do the thing you think you cannot do, and this one with Toni Cade Bambara, "The most effective way to do it is to do it." Thanks for listening to TCNtalks