



## Top News Stories of the Month, September 2025

Article Summary		
Category	#	%
A1 Mission Moments	7	10%
A2 Reimbursement Challenges, Warning Signs, and Implications	6	8%
A3 Competition to be Aware of	5	7%
A4 Workforce Challenges	13	18%
A5 Patient, Family, and Future Customer Demographics and Trends	10	14%
A6 Regulatory and Political	8	11%
A7 Technology and Innovations	3	4%
A8 Speed of Change, Resiliency, and Re-Culture	1	1%
A9 The Human Factor	1	1%
A10 Highlighted Articles of Interest	17	24%
Totals	71	100%

### A1 Mission Moments

1 [\*\*A hospice volunteer has a fascinating new take on people's most common deathbed regret\*\*](#)

*Upworthy; by Cecily Knobler; 8/1/25*

... Over the years, many hospital and hospice workers have paid close attention to what people who are on their deathbeds say. What they're most proud of, and yes, what are their main regrets. ... [This author refers to] Jancee Dunn's *New York Times* article, "[3 Lessons for Living Well, from the Dying.](#)" In it, she discusses her friend who is a hospice volunteer. "She hears one regret over and over from patients: letting relationships wither. They wish that they had made more plans with good friends, or they thought about getting back in touch with an old buddy, and talked themselves out of it." ... One wrote, "My mother always told me, 'Your friends will get you through life.'"

*Editor's Note: What friend do you want to reach out to, today?*

2 [\*\*Monastery dig uncovers details about 8th century end-of-life care\*\*](#)

*Care Home Professional; by Stephen Hall; 8/4/25*

Archaeologists have picked up their trowels to learn more about how people lived, died



and were cared for at the site of an 8th-9th century monastery in Cookham. The remains of the monastery were first discovered in 2021 in a test excavation by staff from the University of Reading's Archaeology Department and volunteers from local archaeological societies. ... Thomas Hayes, director of the university's field school, told the BBC this year they had found evidence of illness and treatment in human remains, including bedsores, suggesting [palliative care](#) may have taken place.

*Editor's Note: These findings [echo the history of hospice care in the European Middle Ages, when nuns and monks in monasteries often cared for the sick and dying](#). Do you know? The word hospice comes from the Latin hospitium and hospes, meaning both "guest" and "host"—the roots of words like hospitality, hotel, and hospital. Important for the Hispanic families you serve: in Spanish, "hospice" translates to "asylum," so the term "paliativo" is often used instead.*

3 **[My wife of 52 years just died. My grief is so overwhelming, I can barely cope.](#)**

*HuffPost; by Ronald Paxton; 8/11/25*

... March 1, 2022, was the day our lives changed forever. ... My spouse, my wife of 52 years, my high school sweetheart was going to die, and there was nothing I or anyone else could do about it. ... The house is quiet now. I'm trying to move forward, but it's hard. I thought we would grow old together. We did, but not nearly old enough. Diane's death has taught me that no matter how much we love someone, we all have our own lives to live. The best way for me to honor the life Diane and I had together is to live the rest of my life the best way I know how. It's late. I should try to sleep, but I think I'll turn on the television. I need something to cover the sound of crying.

4 **[Have a question about death? A new project may have answers.](#)**

*The New York Times; by John Otis; 8/5/25*

A new Times series examines the topic of death and dying in 2025. Ms. Pisapia, an editor on The Times's Projects and Initiatives team, pitched a series to her team titled "Death in the Modern Age." It would focus on end-of-life issues and serve as a resource for readers who might be grappling with their own mortality or coping with the loss of someone close to them. ... The cornerstone of the project is an F.A.Q. titled "Let's Talk About Death," compiled from several hundred submissions from Times readers who either asked questions related to death and dying or shared personal experiences.



5 **Hospice was meant to offer dignity in death - but it fails the most marginalized.**

**We need hospice programs that go to the streets, into shelters, behind bars**

*STAT; by Christopher M. Smith; 8/26/25*

I've spent more than a decade in hospice care, sitting at the bedsides of people facing the final days of their lives. I've held hands in hospital rooms, in tents, in prison cells, and in homes that barely qualify as such. And over time, I've come to see that dying in America is not just a medical event - it's a mirror. It reflects everything we've failed to do for the living. Hospice was created to bring dignity to the dying - to manage pain, provide emotional and spiritual support, and ease the final passage for people with terminal illness. But the systems surrounding hospice care are riddled with inequity. The very people most in need of compassion - the unhoused, the incarcerated, people of color, LGBTQ+ individuals, and people with disabilities - are systematically excluded, underserved, or erased. Access to a good death is too often reserved for the privileged, while everyone else is left to navigate a system that wasn't built for them - or worse, actively works against them... The truth is, hospice care cannot achieve its mission unless it actively addresses the inequities built into the structures around it. We need hospice programs that go to the streets, into shelters, behind bars. We need training rooted in cultural humility, in antiracism, in trauma-informed care. We need to reimagine what it means to offer dignity to someone whose life has been defined by abandonment. That work won't come from quarterly board meetings or compliance audits. It will come from listening - really listening - to those most affected. It will come from rethinking how we define "home," "caregiver," and "worthy." It will come from a shift in focus: from profits to people, from efficiency to empathy, from "standard of care" to standard of justice... Because dying is universal. But justice, even at the end of life, is still not.

*Publisher's note: STAT also references Dr. Ira Byock's article ["The hospice industry needs major reforms. It should start with apologies, 8/22/23"](#).*



**6 Redefining hospice: Living life to the fullest is not about giving up**

*Forbes; by Wes Kilgore; 8/25/25*

Discussions about end-of-life care in America are often met with silence, confusion or fear. Yet millions of families face it every year, often without the support, clarity, or resources they need. Tom Koutsoumpas, CEO and founder of the National Partnership for Healthcare and Hospice Innovation (NPHI), argues that it's time we redefine hospice not as a last resort, but as a profound opportunity for quality, dignified living until the end. [Discussion includes:]

- Dispelling myths about hospice
- Hospice innovations and technology
- Equity and disparity in hospice care
- Redefining the conversation

**7 Teleios announces fourth annual Care As It Should Be award winners**

*Teleios press release; by Tina Gentry; 8/21/25*

Teleios Collaborative Network (TCN) announced the fourth annual recipients of the Care As It Should Be Awards during the August Board of Directors Meeting. The purpose of the Care As It Should Be Awards is to recognize those individuals who make an extraordinary impact on the patients and families who they serve daily. "We know that each of the staff members who are on the front lines provide excellent care to patients, so these awards are to recognize those who take care to the next level – those who go above and beyond to make a patient's experience the best that it can be during such vulnerable and challenging times," said Chris Comeaux, President and CEO of TCN. The award recipients are:

- Jennifer Long, MSW, LCSW, Carolina Caring
- Dawn Gray, Certified Nursing Assistant, Hospice of Eastern Idaho
- Brittany Walters, Care Access Manager, Four Seasons



*Congratulations award recipients! See the press release for all award nominees and additional information.*

	<b>Total</b>	<b>7</b>
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 8 [CMS plans hiring spree ahead of new payment models](#)

*Becker's Hospital Review; by Alan Condon; 7/22/25*

The [CMS Innovation Center](#) plans to hire a string of new employees as it plans to roll out several new payment models. The move comes four months after HHS, CMS' parent department, [cut](#) about 5% of the agency's workforce, [Politico](#) reported July 21. Four things to know:

1. CMS laid off about 300 employees earlier this year as part of a broad HHS restructuring. The overhaul, part of the Department of Government Efficiency initiative, aimed to reduce the department's headcount from 82,000 to 62,000 full-time employees.
2. The restructuring included early retirement and buyout incentives and affected employees across HHS, including the FDA, CDC, National Institutes of Health and CMS.
3. The CMS Innovation Center was not directly affected by the layoffs and is now [hiring](#). Current and former CMS workers told [Politico](#) the center plans to fill about 100 positions, focusing on candidates with expertise in economics, clinical services and data.
4. The Innovation Center, established under the ACA in 2010, has tested about 50 payment models aimed at improving preventive care, according to the report. The hiring spree will occur in phases and aims to support the development of new payment models, including those centered on chronic disease prevention.

#### 9 [HHS sets its sights on \\$50b in cost savings: Medicare payments to nonhospice providers potentially under fire](#)

*JD Supra; by Taylor Henderson, Callan Stein, Rebecca Younker; 7/31/25*

In May 2025, the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) published a review, titled " [Potential Cost Savings HHS](#)



[Programs – HHS Actions](#)," which provided some insight into the OIG's direction to accomplish the Trump administration's stated goal of cutting federal spending. This review spans 35 reports, adding up to \$50 billion in potential cost savings — including a reported \$6.6 billion in potential savings by preventing Medicare payments for nonhospice items or services furnished to active hospice beneficiaries (nonhospice payments). When a beneficiary qualifies for and elects hospice benefits, the beneficiary signs a statement choosing hospice care over other Medicare-covered treatments for their terminal illness, and the hospice provider is paid a daily, per diem rate to provide these comprehensive services. With nonhospice payments accounting for a significant portion of HHS's potential savings, providers across the health care industry — including nursing and long-term care facilities, hospice and home health agencies, hospitals, individual providers, pharmacies, and medical equipment distributors — will need to be ready for the OIG's possible next steps.

### ***B. Medicare Advantage***

#### **10 [Humana renews challenge to downgrade of US Medicare 'star' ratings](#)**

*Reuters; by Daniel Wiessner; 7/21/25*

Humana ... filed a new lawsuit over the U.S. government's reduction in the health insurer's star ratings for government-backed Medicare plans, after an earlier challenge was dismissed on technical grounds. Humana, in the lawsuit in Fort Worth, Texas, federal court, says the lower ratings could cause it to lose customers and potentially billions of dollars in bonus payments from the government, which would have been used to reduce premiums and increase benefits for its members. U.S. District Judge Reed O'Connor in Fort Worth [dismissed those claims](#) last week, finding Humana had failed to exhaust all of its out-of-court options to challenge the ratings. In the new lawsuit, Humana says it has in recent months exhausted an administrative appeals process, giving the insurer standing to sue.

#### **11 [Where UnitedHealthcare, Humana rule the Medicare Advantage market](#)**

*Modern Healthcare; by Tim Broderick; 7/22/25*

Medicare Advantage competition was meager in 97% of counties last year, where beneficiaries could choose among just a handful of dominant insurers. The health policy research institution KFF analyzed Centers for Medicare and Medicaid Services data on the plans available across the U.S. and Puerto Rico in 2024. The findings indicate that Medicare enrollees have few options in most areas. Market share was "highly concentrated" in 79% of counties and "very highly concentrated" in another 18%, KFF found, using metrics similar to those the Federal Trade Commission and the Justice





Department employ to measure competitiveness. ... Ninety-three percent of Medicare-eligible people lived in “highly concentrated” or “very highly concentrated” counties. ... [\[Click here and scroll down for the national map with\] the level of Medicare Advantage market concentration for each county and the market share for each county's top insurer.](#)

12 **National Alliance CEO Dr. Steve Landers: Hospice reform should mean more care, not less**

*Hospice News; by Jim Parker; 7/28/25*

Hospice reform efforts should focus on allowing for “more care, not less,” according to National Alliance for Care at Home CEO Dr. Steve Landers. Key elements of this should include home-based respite care and a payment system for high-acuity palliative services that hospice patients often lose out on due to the costs. ... “It means innovation in care, home-based respite services, better payment models for people that need things like dialysis or palliative radiation,” Landers said at the Alliance’s Financial Summit in Chicago. “That is that reform we’re talking about.” ... Landers also said that attempts at hospice reform should not “carve-in” hospice into Medicare Advantage. Bringing hospice under Medicare Advantage would undermine patient choice, adversely impact timely access to care and leave providers with lower reimbursement rates, according to the Alliance, the National Partnership for Healthcare and Hospice Innovation (NPHI) and LeadingAge.

13 **Medicare Advantage growth drives changes in post-acute care**

*Managed Healthcare Executive; by Briana Contreras; 7/28/25*

A new report released today by Trella Health revealed major shifts are underway in post-acute care as Medicare Advantage (MA) enrollment grows, care transitions evolve and providers navigate the challenges of value-based care. The Post-Acute Care Industry Trend Report looked at [national and state-level trends in home health](#), hospice and skilled nursing using the latest Medicare claims and enrollment data. One of the most significant shifts is the continued rise of MA enrollment. The report shared that as of February 2025, more than half of Medicare beneficiaries (55.4%) are enrolled in MA



plans, with 30 states reporting MA enrollment over 50%. This shift is changing how patients access care—more so in home health.

	<b>Total</b>	<b>6</b>
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### A3 Competition to be Aware of

14 **[BetterRX receives strategic investment from BVP Forge to transform hospice pharmacy care nationwide and appoints Tim Tannert as CEO](#)**

*Businesswire press release; 7/25/25*

[BetterRX](#), the leading hospice pharmacy platform, today announced a strategic growth investment from [BVP Forge](#), to accelerate its future growth. BetterRX also announced the appointment of Tim Tannert as its new CEO.

15 **[Chapters Health System expands care in Richmond, VA and surrounding counties](#)**

*PR Newswire; by Chapters Health System; 7/31/25*

Chapters Health System, the nation's leading chronic illness innovator and largest nonprofit hospice provider, announces the opening of its newest program offering comprehensive hospice services and grief support to Richmond, VA – and the surrounding counties of Chesterfield, Goochland, Hanover, Henrico and Powhatan. Operating under Chapters Health Hospice, this new program will leverage the resources, infrastructure, and best practices of the nation's largest nonprofit network, while remaining grounded in the leadership of a team that is deeply rooted in the Richmond community. ... The opening of Chapters Health Hospice in Richmond, VA expands the Chapters Health System presence in the state following the 2023 affiliation of Capital Caring Health, which serves the Northern Virginia Region.

#### A. Mergers & Acquisitions

16 **[Following Hugh Chatham deal, county takes control of hospice](#)**

*The Daily Reflector, Greenville, NC; by Ryan Kelly; 7/23/25*

A special meeting of the Northern Hospital District was called as part of Monday night's regular meeting of the Surry County Board of Commissioners. As there has been ongoing effort to find a suitable partner, investor, or buyer of the hospital, some hoped the special meeting may address the matter; that was not the case. The board did, however, unanimously approve a resolution allowing the Northern Hospital District,





which is comprised of the Surry County Board of Commissioners, to exercise its contractual right to become the sole owner of Hospice of Surry County, Inc., which operates as Mountain Valley Hospice. This action ended a 20-year partnership with Hugh Chatham Health and was triggered by a change in control at the Elkin-based hospital. ... "Northern wishes to timely exercise its contractual right to become the sole member of Hospice due to the change of control of Hugh Chatham," the resolution states.

17 **[\[Updated\] DOJ files proposed final judgment on Amedisys, UnitedHealth Merger](#)**

*Home Health Care News; by Morgan Gonzales; 8/7/25*

On Thursday, Amedisys (Nasdaq: AMED) announced that the U.S. Department of Justice (DOJ) and Attorneys General of Maryland, Illinois, New Jersey and New York filed a proposed final judgment regarding the UnitedHealth Group's (NYSE: UNH) planned acquisition of Amedisys. UnitedHealth and Amedisys agreed to the proposed final judgment, which, if approved, would resolve the DOJ's and states' opposition to the merger. The proposed judgment would require UnitedHealth and Amedisys to divest at least 164 home health and hospice facilities, including one affiliated palliative care facility, across 19 states, worth approximately \$528 million in annual revenue. It would also impose a \$1.1 million civil penalty on Amedisys for falsely certifying that it had provided "true, correct and complete" responses under the Hart-Scott-Rodino (HSR) Antitrust Improvements Act of 1976, according to a DOJ announcement.

18 **[Attorney General Bonta conducts first-ever review of proposed hospice affiliations, conditionally approves transactions to ensure continued access to hospice services](#)**

*California Department of Justice, Rob Bonta - Attorney General, Oakland, CA; Press Release; 8/20/25*

California Attorney General Rob Bonta today announced conditionally approving the affiliations of Chapters Health System, Inc., a Florida not-for-profit hospice provider, with two nonprofit hospice providers in California. Chapters Health System, Inc. is seeking to expand its current operations, which are largely based on the East Coast, through the creation of "Chapters West Region," a nonprofit hospice network covering California, Nevada, and Oregon. Specifically, in California, Chapters Health System, Inc. proposed affiliations with East Bay Integrated Care, Inc. (doing business as Hospice East



Bay) and Hospice of Santa Cruz County. Both Hospice East Bay and Hospice of Santa Cruz County are longstanding providers of hospice and palliative care in their respective communities. Under California law, any transaction involving the sale, or transfer of control and governance of a nonprofit health facility, must secure the approval of the Attorney General's Office. Today's conditional approval represents the first-ever review involving nonprofit hospice providers by the Attorney General's Office; the overwhelming majority of hospice providers are for-profit entities.

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## A4 Workforce Challenges

### A. Paints the Picture

#### 19 [6 health systems that faced worker strikes this month](#)

*MedCity News; by Katie Adams; 7/22/25*

Healthcare workers at six health systems across the country have launched strikes in July so far. These healthcare employees cite unsafe staffing levels, low wages and retaliation against union organizers as their main reasons for going on strike. From hospice centers to emergency rooms, frontline healthcare workers across the country have been striking this month to protest what they say are unsafe patient care conditions and poor bargaining behavior. Below are six examples of union activity resulting in a strike — all of which occurred in July.

- Ascension Saint Agnes Hospital (Baltimore, Maryland) ...
- Essentia Health (Northeast Minnesota and Wisconsin) ...
- University Medical Center New Orleans ...
- HealthPartners Clinic (Stillwater, Minnesota) ...
- McLaren Macomb Hospital (Mount Clemens, Michigan) ...
- Hospice of Petaluma (Petaluma, California) and Memorial Hospice (Santa Rosa, California) ..

*Editor's Note: These trends and reasons for healthcare worker strikes are consistent with previous strikes and ongoing articles about nursing shortages, caseloads, patient safety/quality of care, pay, work-life balance, and workplace violence. Examine these issues within your workplace and regularly evaluate your employee satisfaction.*



## B. Implications of the issue

### 20 **Post-acute care faces labor shortage amid immigration scrutiny**

*Modern Healthcare, Post-Acute Care; by Diane Eastabrook; 7/23/25*

Nursing homes and home care operators are scrambling to find replacements for foreign-born workers no longer eligible to work in the U.S. due to changes in immigration policy. Providers in Boston, Atlanta and other cities with large populations of immigrants, and Haitians in particular, say the loss of foreign-born workers in an already [tight job market](#) is making it increasingly difficult to meet the growing demand for care — and will likely drive up care costs. Last month the Homeland Security Department began notifying more than 500,000 Cubans, Haitians, Nicaraguans and Venezuelans that it terminated a Biden-era program that allowed them to live and work in the U.S. It said those who have not attained legal status to remain in the U.S. outside of the program must leave immediately. Despite court challenges, the federal government also aims to end another program in early September that grants temporary protected status to Haitians and Venezuelans who have lived in the U.S. for more than a decade. *[Full access might require subscription.]*

### 21 **Dignity at risk: hospice care faces critical worker shortage amidst policy challenges**

*ABC WCIV-4 News, Charleston, SC; by Webb Wright; 7/23/25*

Officials are giving dire predictions for the future of palliative care and hospice care. There's a rapidly growing need for nurses and healthcare workers in those areas, including home healthcare and nursing home workers. Educators and facilitators in those areas of care are working to prevent a crisis that's expected to peak in less than a decade. By 2033, the number of new projected jobs in this area of healthcare is expected to be more than 820,000, according to the [Bureau of Labor Statistics](#). With a median starting salary of under \$35,000, recruiters and workers are scrambling to fill the void sooner rather than later.

### 22 **Hospice East Bay workers to strike Tuesday**

*KRON-4, Bay Area, CA; by Bay City News; 7/29/25*

Hospice East Bay workers say they will strike Tuesday to protest spiking caseloads.



Nearly 80 nurses, social workers, chaplains and bereavement counselors at Hospice East Bay joined the National Union of Healthcare Workers in 2023. The group said they're still seeking their first contract after about 18 months of negotiations. The group said Friday in a statement they "are fed up with a severe understaffing of nurses and frustrated that management is bargaining in bad faith and refusing to enshrine existing patient care protocols into a contract before the hospice turns over control to an out-of-state chain."

*Editor's Note: [View an updated NBC News video report, 7/29/25.](#)*

### 23 **Private equity in hospice care spurs workers to strike**

*Capital & Main; by Jesse Baum; 7/30/25*

When hospice nurse Kristina Nauheimer joined the growing unionization [push](#) among end-of-life care workers in 2022, she knew there was a fight ahead. But she and her coworkers at two Bay Area hospices in California didn't expect to be at the negotiating table with Providence, their hospice operator, for more than two years — or that their employer would merge with a private-equity-owned firm. "I didn't think it would take this long to achieve this little," said Nauheimer, who joined about 100 workers from the company's Hospice of Petaluma and Santa Rosa Memorial Hospice in a two-day strike with their union, the National Union of Healthcare Workers, on July 2 and 3. They struck, said Nauheimer, because contract negotiations with Providence, their operator, have been at a standstill.

### 24 **Statement from MNA President on Essentia supervisor's threats to workers**

*Minnesota Nurses Association (MNA), Duluth, MN; Press Release; 8/20/25*

The following is a statement released by Minnesota Nurses Association President Chris Rubesch, RN:

Nurses and healthcare workers at Essentia Health deserve a safe workplace where they can care for patients without fear of intimidation or retaliation. During MNA's strike in



July, clinic nurses and APPs on the picket line [received threats from their direct supervisor](#) at Essentia's Superior and 3rd Street Urgent Care Clinics. He threatened to run them over with his car and shoot them with a paintball gun while they exercised their legal right to strike. Instead of holding the supervisor accountable, Essentia conducted a flawed investigation, ignored key witnesses, and has now reinstated the supervisor to oversee the very workers he threatened.

This decision sends a dangerous message: that Essentia does not take threats against employees seriously. No healthcare worker should ever be supervised by the very person who threatened their safety. No patient should ever wonder if their caregiver is working under intimidation. ...

## 25 **Why more doctors can't make ends meet**

*Axios; by Tina Reed; 8/12/25*

America's doctors are working harder and getting paid less. And that could soon translate into less access for some patients. The big picture: A new report from consultancy Kaufman Hall shows primary care physicians and specialists are delivering more services since the pandemic. But they're not making more money because of stagnant reimbursements from public and private insurers and inflation. The data helps explain why medical practice bankruptcies hit a six-year high last year — and why some providers are shifting to pricey procedures for cash-paying customers to boost their bottom lines.

## 26 **States with the most, fewest licensed nurses**

*Becker's Clinical Leadership; by Mariah Taylor; 8/13/25*

The [National Council of State Boards of Nursing found](#) Washington, D.C., has the most licensed nurses per capita, while Utah is the state with the fewest... The data found Wyoming and Vermont had the fewest licensed nurses in their states overall, at 9,440 and 12,957, respectively. Meanwhile, California and Texas had the most licensed nurses



at 578,043 and 526,812, respectively. Becker's used 2024 Census data to calculate how many nurses are in each state per 100,000 population. Here are [states] with the most and fewest nurses:

**Most [licensed RNs per 100,000 population]**

- District of Columbia — 7,056.03
- New York — 2,975.79
- Alaska — 2,955.82

**Fewest [licensed RNs per 100,000 population]**

- Utah — 1,377.44
- California — 1,465.95
- Louisiana — 1,480.92

### C. Solutions

#### 27 [Your secret weapon: How simple recognition fuels success](#)

*HR Daily Advisor; by HR Daily Advisor Staff; 7/23/25*

In today's fast-moving work world, the key to winning isn't just about cool tech or smart processes. It's about truly putting people first. Dr. Meisha-Ann Martin, VP of People Research at [Workhuman](#) and speaker at SHRM 25, recently showed us just how powerful this can be. She highlighted that when done right, recognition isn't just a nice gesture – it's a game-changer for your entire company.

- Why Recognition Matters More Than You Think ...
  - The 5 Building Blocks of Great Recognition ...
  - Be Intentional: ...
  - Embed it in Culture: ...
  - Make it Personal: ...
  - Recognize and Recognize Again: ...
  - Create a Fair System: ...
- Make Check-Ins Count: 5 Tips for HR Pros ...
  - Start with the Human: ...
  - Make Time; Just Do It: ...
  - Show Up Fully & Be Present: ...





- Make it Quality Time, Not a Waste of Time: ...
- Compliment More Than You Critique: ...

28 **Burnout eases for doctors at every career stage as support rises**

*American Medical Association (AMA); by Sara Berg; 7/22/25*

Physician burnout is showing promising signs of decline, according to exclusive survey data from the AMA. [Measures] of job satisfaction and feeling valued in the workplace are on the rise—an encouraging shift that suggests meaningful progress in efforts to support physician well-being. ... Nearly 18,000 responses from physicians across 43 states were received from more than 100 health systems and organizations that participated in the [AMA Organizational Biopsy](#)® last year. The AMA national physician comparison report—which is exclusive data to the AMA that is not published anywhere else—reflects 2024 trends on [six key performance indicators](#)—job satisfaction, job stress, burnout, intent to leave an organization, feeling valued by an organization and total hours spent per week on work-related activities ...

29 **Bipartisan bill offers 'meaningful' immigration reform that could help address senior living workforce needs, leaders say**

*McKnights Senior Living; by Kimberly Bonvissuto; 7/1/25*

A bipartisan immigration reform bill proposing a pathway to legal resident status for certain undocumented immigrants — including direct care workers — is earning the support of the senior living and care industry. The recently re-introduced [Dignity Act of 2025](#) “offers the solution to our immigration crisis: secure the border, stop illegal immigration and provide an earned opportunity for long-term immigrants to stay here and work,” sponsor Rep. Maria Elvira Salazar (R-FL) had said in introducing the bill. [Its co-sponsor is] Rep. Veronica Escobar (D-TX).

30 **Over half of older employees plan to work 'indefinitely' and never retire**

*Money Magazine; by Amd Hardy; 8/11/25*

Many retirement-age Americans are planning to continue working — forever. Some 51% of employed Americans 65 or older say they expect to work “indefinitely,” according to a recent report from Asset Preservation, a financial advisory firm.

Meanwhile, about 6 in 10 respondents say they plan to work “at least five more years” before retiring, putting the earliest age they would consider retiring at 70. ... Why older Americans are working so late in life seems to be a fairly even split between necessity and choice. About one half works to cover basic living expenses, like food, health care and housing, while the other half chooses to work to stay mentally and physically active.

**Guest Editor’s Note, Mark Cohen:** *As many hospices are still trying to rebuild the ranks of their volunteers to pre-pandemic levels, this report indicates the challenges may continue to grow. It’s worth noting that half of the Boomers who say they will continue working past normal retirement age would do so out of choice and not economic necessity. That opens the door to demonstrating the value and rewards of volunteer service. And for those volunteer managers younger than Boomers, it’s important to keep in mind that, more than any other generation, Boomers define themselves and measure their success in life in large part by their work.*

### 31 **Is Gen Z changing the culture of medicine?**

*Medscape; by Kelly K. James; 7/9/25*

... In the workplace, Boomers are often assumed to have strong work ethics, while Millennials tend to value their free time more than preceding generations. While generational generalizations have shortcomings (as do all generalizations), the incoming crop of Gen Z doctors will likely affect the culture of medicine in significant ways. ...

- The Shift Is Already Underway ...
- Work-Life Balance ...
- Emphasis on Technology ...
- Challenge to Traditional Hierarchies ...
- Greater Focus on Transparency, Personalized Medicine, and Mental Health ...
- Changing Values, Changing Medicine ...

	<b>Total</b>	<b>13</b>
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## A5 Patient, Family, and Future Customer Demographics and Trends

### 32 [10 questions to help you plan for the end of life](#)

*Time; by Angela Haupt; 7/21/25*

Talking about death doesn't have to be morbid. If you approach the conversation the right way, "it makes us more awake to our lives," says Dr. Shoshana Ungerleider, founder of End Well, a nonprofit that aims to change the way people talk about and plan for the end of life. "When we avoid this discussion, we rob ourselves of one of life's most clarifying forces—and that's the awareness that our time is finite." There are other benefits to planning ahead. ... We asked experts to share 10 essential questions to ask yourself—and your loved ones—to plan for the end of life.

- "Who is your decision maker?" ...
- "What's your guidance for life support?" ...
- "What makes you physically comfortable?" ...
- "Where are the important documents?" ...
- "What would a good day look like for you?" ...
- "What possessions matter the most to you, and what do you want to happen with them?" ...
- "What do you want your funeral or memorial to be like?" ...
- "When you think about the future, what worries you the most?" ...
- "What kind of interactions do you want to have?" ...
- "What do you want your loved ones to know?" ...

*Editor's Note: For a related article in Time, [see "10 questions to ask your parents while you still can"](#)*

### 33 [Why more seniors are going broke in the last 5 years of life](#)

*SavingAdvice.com; by Riley Jones; 7/27/25*

... According to recent data, more seniors than ever are entering the last five years of life with little to no savings, and some are accumulating serious debt. Despite years of work, careful budgeting, and modest living, the final chapter of life is becoming one of the most financially devastating. ...

- Medical Costs Skyrocket in the Final Years ...
- Long-Term Care: The Financial Sinkhole No One Plans For ...
- Inflation Is Eating Away at Fixed Incomes ...
- Downsizing Doesn't Always Save Money ...
- Family Support Is Dwindling ...
- Financial Scams and Exploitation Target the Elderly ...
- Poor Legacy Planning and Asset Mismanagement ...

- Emotional Spending in the Face of Decline ...
- Medicare and Social Services Are Falling Behind ...
- What Can Be Done to Prevent This? ...
- The Final Years Shouldn't Be Financially Devastating ...

*Editor's Note: Share this with your social workers. Healthcare conflicts among families often stem from underlying financial stress. When that stress is combined with inadequate financial literacy about hospice services, it creates a vulnerable environment—especially for older adults. These can lead to:*

- *scams involving hospice admissions;*
- *unexpected live discharges that cause emotional and logistical turmoil;*
- *fraud and abuse that harms patients, families, and the integrity of our hospice and palliative field.*

#### 34 **Hearing loss, loneliness may contribute to cognitive decline in older adults**

*McKnights Senior Living; by John Roszkowski; 7/28/25*

Hearing loss and loneliness can contribute to dementia in older adults, and simple interventions to address hearing loss, such as hearing aids, may reduce cognitive decline in some cases, new research finds. ... Results of the study showed that higher levels and worsening self-reported hearing impairment were associated with steeper decline in episodic memory issues and executive functioning (verbal fluency). Further, the researchers found that individuals who were not socially isolated but still felt lonely saw their cognitive decline accelerate if they were deaf.

*Editor's Note: Do you assess and train your interdisciplinary teams and volunteers on their communication skills with persons who have hearing loss? Do they simply speak louder at the patient? Ignore them and talk to the caregiver? Or do they all know--consistently across all direct care roles--how to sensitively, creatively communicate with the person?*

*Note the differences between "talking to" and "communicating with." [Click here for excellent "Do's and "Don'ts" to teach, \*\*Communicating with seniors who are deaf or hard of hearing\*\*](#), by SeniorLiving.Org.*



35 **Terminally ill nursing home patients face needless ER visits, hospital stays**

*HealthDay; by Dennis Thompson; 7/28/25*

Terminally ill nursing home residents are being hounded to their graves with needless trips to the hospital, a new study says. About 80% of ER visits by terminally ill nursing home residents are potentially avoidable, researchers report in the [Journal of the American Medical Directors Association](#). Likewise, nearly one-third of hospitalizations among these residents were needless, the study says. Pneumonia, urinary tract infections (UTIs) and sepsis commonly resulted in needless trips to the hospital for terminally ill patients, but better health care and management at nursing homes could have kept these people out of the hospital, researchers argue.

36 **How one man's dying wish was denied by the health care system**

*Synopsi, from MedPage Today; by Caitlin E. Morh, MD; 8/5/25*

"This is Dr. Mohr." I answered a number I didn't recognize. "It's Irving," said the frantic voice. "He collapsed. The paramedics are working on him now." "They're doing compressions? Stop! Put the paramedic on the phone!" My father-in-law, Irving, the stoic Danish-American Navy veteran, had been on hospice for 3 months. His POST (physician order for life sustaining treatment) form was on file with the hospice agency and his custodial care facility: DNR/DNI, comfort measures only. ... "I'm Irv's daughter-in-law. I'm a physician. He's a DNR, he's on hospice. Stop doing compressions." 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ... I listened to the ACLS algorithm unfold in the background. ...

37 **Amazon documentary exposes 'neglect and pain' in many nursing homes. It's only going to get worse.**

*Morningstar; by Jessica Hall; 8/9/25*

Susie Singer Carter's mom, Norma Pecora, suffered from Alzheimer's disease for 16 years and spent the last five years of her life in a nursing home. She died at age 89 after enduring sepsis, urinary-tract infections, bed sores and dehydration at a five-star facility in Los Angeles. ... In a new three-part documentary streaming on Amazon Prime



(AMZN) called "No Country for Old People: A Nursing Home Expose," Carter walks viewers through her mom's early life, including her time as a singer for Capitol Records, as well as her final months - when she suffered from infections and other complications that required emergency hospitalizations while being cared for at a nursing home.

38 **2 factors fueling disparities in home-based deaths**

*Hospice News; by Holly Vossel; 8/11/25*

Having a limited understanding about end-of-life care options can hinder patients' ability to die in the home, recent research has found. This trend is fueling disparities in home-based hospice care. Access to respite care more than doubles the odds of patients having a home death, a recent [study](#) found, which was published in the BMC Palliative Care journal. ... Additional significant factors included timely access to community-based nursing services, home health and hospice, as well as the integration of a palliative care approach, the study found.

39 **Blindsided: Some nursing homes across the country aggressively pursue friends and relatives for a loved one's unpaid bill**

*14 News; by Jill Riepenhoff and Chris Nakamoto; 8/11/25*

Toni Cook opened the letter from her mother's nursing home and cried in horror. Lynn Marie Witt dropped to her knees and sobbed when she read the letter from her mother's nursing home. Both women — stiff and grief-stricken over the loss of their beloved mothers — learned from those letters that the nursing homes intended to collect their mothers' unpaid debts from them. Neither had any financial control over their mother's bank accounts or assets after their deaths, court records say. They simply were loving daughters who signed paperwork to have their mothers admitted to a nursing home.





40 **Do you care about your legacy? 54% of Americans want to leave mark on the world**

*Study Finds, New York, NY; by StudyFindsAnalysis, reviewed by Steve Fink; 8/15/25*

Getting older changes everything, including what we care about most. A new survey of 2,000 Americans reveals ...

- What matters most: 80% of Americans care more about their impression on loved ones than leaving a mark on the world (54%)
- Mental shifts with age: 82% notice changes in how they think as they get older, focusing more on relationships and making each day count
- The conversation problem: Only 50% have discussed end-of-life wishes with loved ones, despite deep family focus

*Editor's Note: Pause. Imagine that you are receiving hospice care. What would matter most to you then? Would that change how you choose to live today?*

41 **Exploring virtual reality as an intervention to improve symptom severity in hospice-eligible patients**

*American Journal of Hospice and Palliative Care; by Hannah Maciejewski, Kathryn Levy, Catherine M Mann, Suzanne S Sullivan, Gina Schuster, Christopher W Kerr; 7/25*

Virtual reality (VR) as an intervention has appeared in the literature and in clinical settings across many different populations. To expand the use of this care option, it is worth considering the ways in which a VR application may benefit individuals with life-limiting illness in hospice and palliative care settings. The incorporation of VR as a therapy option may aid in symptom management and support people nearing the end of life in focusing on aspects of their overall well-being.

	<b>Total</b>	<b>10</b>
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## A6 Regulatory and Political

### 42 [Be on the lookout for this new Medicare scam](#)

*Las Vegas Review-Journal; by Toni King; 7/24/25*

Dear Toni: A hospice agent recently came knocking on the doors in my neighborhood saying he represented Medicare. He was giving away hospice gifts and told me that I could receive these Medicare services at no charge for me and my husband. I told him that I did not give out personal information to anyone that I do not know. Now, I'm concerned that I could have made a mistake. Should I call and ask if this Medicare service is still available? —Deidre, Katy, Texas

Dear Deidre: Medicare is not giving away anything free! This is a new scam that is targeting America's Medicare population. ...

*Editor's Note: Though we've addressed this topic repeatedly in recent months, ongoing awareness and community education remain essential. Please continue seeking opportunities to collaborate with media outlets in your service areas to help inform and protect vulnerable populations. Use the following articles—previously featured in our newsletter—as reference points:*

- [For Public Awareness: If you think you may have experienced Medicare hospice fraud, call 1-800-Medicare to report it; Posted in our 6/6/25 newsletter](#)
- [Experts warn of scams during Medicare Fraud Prevention Week; 6/5/25](#)
- [3 major tactics used by hospice scammers; 4/21/25](#)
- [Fraud alert: HHS-OIG telephone numbers used in scam; 4/4/25](#)
- [You heard that correctly: Scammers are committing hospice fraud; 12/16/24](#)
- [CMS ramps up efforts to root out 'door knocker' hospice schemes; 11/18/24](#)
- [Hospice fraud prevention toolkit; 9/29/24](#)
- [Fraud losses among older adults reached \\$3.4 billion last year; 9/24/24](#)
- [Stay ahead of Medicare fraudsters ... Watch out for Medicare fraudsters, 8/19/24](#)

### 43 [Georgia may be next for enhanced hospice oversight, regulatory affairs expert predicts](#)

*McKnights Home Care; by Adam Healy; 7/29/25*

Warning, hospice providers in Georgia. Your state may be the next target for the Centers for Medicare & Medicaid Services' Provisional Period of Enhanced Oversight (PPEO). "If you are from Georgia, do not be surprised if something like this comes to your town soon," Katie Wehri, vice president of regulatory affairs, quality and compliance for the National Alliance for Care at Home, said on the closing day of the Alliance's Financial Management Summit Tuesday. "The reason is that the Medicare Payment Advisory Commission and CMS have both mentioned Georgia as an area



where there's a high number of new hospices." [Four states](#) are currently the subject of PPEO: California, Arizona, Nevada and Texas. California — and specifically Los Angeles County — has been a hotbed of hospice fraud in recent years.

#### 44 **CMS FY 2026 Hospice Wage Index FINAL Rule posted in Federal Register**

*Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS); released 8/1/25, 4:15pm EDT*

At 4:15 pm on Friday, August 1, the Federal Register posted CMS-1835-F, the [FY 2026 Hospice Wage Index final rule](#).

- **Payment Update:** The final FY 2026 payment update is **2.6%**, 0.2% higher than published in the proposed rule.
- **Wage Index Values:** These values have been updated, based on the third quarter information. The FY 2026 FINAL hospice wage index values can be found here: [2025-14782.pdf](#).
- **Cap amount:** The FY 2026 cap amount is **\$35,361.44**, equal to the FY 2025 cap amount (\$34,465.34) updated by 2.6%.

#### **Other regulatory clarifications:**

- **Physician member of the IDG** language is now standardized throughout § 418.25(a) and (b) to indicate that the physician member of the IDG may also determine admission to hospice care.
- **Face-to-face attestation:** We are finalizing a modification to the regulation text at § 418.22(b)(4) to clarify that the attestation requirement may be fulfilled by not only a clearly titled section of or an addendum to the recertification form, but also by a signed and dated clinical note within the medical record that documents clear indication that the face-to-face encounter occurred and includes the date of the visit, the signature of the practitioner who conducted the face-to-face encounter, and the date of the signature."



More details and rate charts for the FY 2026 FINAL rule can be found at your national and/or state hospice membership organization.

**FOR FURTHER INFORMATION CONTACT:** For general questions about hospice payment policy, send your inquiry via email to: [hospicepolicy@cms.hhs.gov](mailto:hospicepolicy@cms.hhs.gov). This document is scheduled to be published in the Federal Register on 08/05/2025 and available online at <https://federalregister.gov/d/2025-14782>, and on <https://govinfo.gov>.

*Editor's Note: We thank **Judi Lund Person--Guest Editor--**for providing us with this crucial, time-sensitive information.*

45 **Amedisys pays \$1.1 million for HSR compliance lapse amid pending UnitedHealth deal**

*Lexology - Triage Health Law Blog; by Squire Patton Boggs; 8/12/25*

Amedisys, a major provider of home health and hospice care, has agreed to pay a \$1.1 million civil penalty to settle allegations that it violated the Hart-Scott-Rodino (HSR) Act during the antitrust review of its pending \$3.3 billion acquisition by UnitedHealth's Optum division. ... In December 2023, while responding to a DOJ "Second Request" for information, a mandatory step in large merger reviews, Amedisys filed a sworn certification that its production was "true, correct, and complete." In reality, the company knew that its email archiving system had malfunctioned, causing the loss of a month's worth of emails from May–June 2023, a critical period in the merger negotiations. ... The DOJ emphasized that this was not a "minor paperwork glitch" but a material omission in a sworn filing.

46 **350 health groups urge Congress to extend Medicare telehealth**

*MedCityNews; by Marissa Plescia; 8/14/25*

A group of 350 organizations, including the American Academy of Hospice and



Palliative Medicine, are urging Congress to make Medicare telehealth flexibilities introduced during the COVID-19 pandemic permanent, or at least extend them for two years. In a [letter](#) to congressional leaders, the organizations emphasize the importance of telehealth for Medicare beneficiaries, particularly those with chronic conditions or in rural areas, and highlight the potential impact on health care access and infrastructure.

**Guest Editor's Note, Judi Lund Person:** *Unless there is Congressional action after the August recess to extend the hospice face-to-face requirement through telehealth, that option will conclude on September 30, 2025.*

#### 47 **The Medicare Advantage, ACA and No Surprises Act lawsuits to watch**

*Modern Healthcare; by Bridget Early; 8/18/25*

Legal challenges to Medicare Advantage marketing, health insurance exchange regulations and the No Surprises Act are working their way through the courts with major implications for the healthcare sector. Here are some key cases that could change how health insurance companies sell Medicare plans, how insurers and providers resolve out-of-network billing disputes, how consumers sign up for health insurance exchange plans, and how preventive healthcare is covered.

#### 48 **CMS Opens HOPE Registration Portal for iQIES**

*CMS.gov; Information below summarized for hospice leaders by Judi Lund Person; 8/20/25*

All hospice providers who will be submitting data from the HOPE tool will be submitting it through the iQIES portal. CMS recently opened up the portal, which requires a two-step process. CMS has set a deadline of **September 10, 2025** for applications to be submitted and approved. **If a hospice does not complete this process and have an approved iQIES log in by the deadline, it is possible that HOPE data will not be able to be submitted effective October 1, 2025.**



1. Create a HARP account by creating an account at <https://harp.cms.gov/register>. A [quick start guide can be found here](#).
2. Identify the employees in the organization that will be designated as Provider Security Official(s). Those individuals that will be registered in HARP -- preferably at least two but could be more based on your hospice organization.
3. After Identity proofing and your MFA (Multi-Factor Authentication) is complete, you can access iQIES at the following URL: <https://iqies.cms.gov/> using your HARP ID and password (completed in step 1 above) to initiate your Provider Security Official role request for YOUR specific provider CCN. A YouTube video is helpful in understanding this process - [HARP Registration](#).
4. Once the PSO role request has been submitted AND approved, you will receive notification via email. At this point you will be one of the designated PSOs for your CCN and have the authority to approve/deny subsequent requests for access of various role types to your provider's CCN.
5. When you have approval, you can begin submitting HOPE data.

49 **Navigating the Wage Index: Insights from industry experts**

*Teleios Collaborative Network (TCN); podcast by Chris Comeaux with Annette Kiser and Judi Lund Person; 8/20/25*

The healthcare landscape is transforming before our eyes, shifting away from hospital-centered care toward home-based models. This fundamental change raises urgent questions about Medicare's outdated reimbursement systems, particularly for Hospice providers facing a mere 2.6% rate increase while battling significant inflation. Join us in this illuminating conversation and in-depth discussion with industry experts Annette Kiser, Chief Compliance Officer with Teleios, and Judi Lund Person, Principal, Lund Person & Associates LLC, as they sit down with Chris and explore the complexities of the final 2026 Hospice Wage Index and its impact on Hospice organizations.

Total	8
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## A7 Technology and Innovations

### 50 [Telehealth use in palliative care has declined since pandemic, study finds](#)

*McKnights Home Care; by Adam Healy; 8/5/25*

Medicare beneficiaries are generally using less telehealth during palliative care than during the COVID-19 pandemic, but some patient cohorts continue to have high rates of virtual care use, according to a new [study](#) published in *JAMA Network Open*. ... "Since the COVID-19 pandemic, telehealth use for palliative care has declined slightly but continued to play a sizable role in outpatient palliative care, accounting for 18.2% of specialist encounters in 2023," the researchers said. [Telehealth](#) may be best suited for patients with certain conditions, they noted. For instance, the study indicated that patients with poor-prognosis cancers — meaning cancers that commonly cause death, rare cancers with high mortality rates or solid tumors with concurrent nonlymphatic metastasis — may benefit the most from telehealth. Virtual care use was also high among psychiatry patients, the study found.

### 51 [CIOs' top 16 emerging technologies](#)

*Becker's Health IT; by Giles Bruce; 8/4/25*

Emerging technologies such as [AI](#) continue to command CIOs' attention. Here is the emerging tech prioritized by IT chiefs, according to a global [survey](#) of more than 200 CIOs by market researcher Futurum published July 28:

1. AI/machine learning-enabled technology (subresponses): 86%
2. Cloud modernization: 36%
3. Applying AI-augmented systems to expedite customer/internal processes (e.g. expense reports, travel, returns): 29%
4. Modern cybersecurity: 27%
5. Using AI process automation and app generation: 25%
6. [\[Continue reading\]](#)

### 52 [Estimating the number of services & patients receiving specialized palliative care globally in 2025](#)

*Journal of Pain and Symptom Management; by Stephen R Connor, Eduardo Garralda, Vilma A Tripodoro, Carlos Centeno; 7/28/25 online ahead of print*

... In 2025, the estimated number of specialized palliative care service delivery teams

worldwide reached approximately 33,700 - representing a 32.7% increase from the 25,000 identified in 2017. Service delivery expanded across all WHO regions except Africa. The estimated number of patients served rose from 7 million in 2017 to approximately 10.4 million in 2025. This figure represents roughly 14% of the total global need for palliative care. . . . Despite notable growth in service availability, significant disparities persist, particularly in low- and middle-income countries. While over half of the need appears to be met in high-income countries, only 4.4% is addressed by specialist provision in low and middle-income countries.

*Publisher's note: An interesting study based on the most recent Global Palliative Care Mapping Study covering 201 counties. Findings suggest ~1/3 of palliative care services worldwide are provided in Europe and ~1/3 in the US.*

	<b>Total</b>	<b>3</b>
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## A8 Speed of Change, Resiliency, and Re-Culture

### 53 [Top 5 leadership shifts to watch after the summer break](#)

*Hunt Scanlon Media; by Scott A. Scanlon and Dale M. Zupsansky; 8/4/25*

... Drawing on insights from its global network, the International Executive Search Federation (IESF) has identified five key leadership transitions that are gaining momentum. These changes promise to redefine how executives think, adapt, and drive impact as organizations head into the latter half of 2025 and beyond. ...

1. From Strategic Planning to Scenario Thinking ...
2. From High IQ to High EQ ...
3. From Global Reach to Local Impact ...
4. From AI Curiosity to AI Accountability ...
5. From Sustainability to Regenerative Leadership ...

	<b>Total</b>	<b>1</b>
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## A9 The Human Factor

### 54 [The hidden leadership threat draining workplace productivity](#)

*Forbes; by Julian Hayes II; 7/27/25*

If speed is a premium currency in modern business, friction is the hidden tax. It doesn't appear on your balance sheet or get highlighted on the org chart. Yet, it compounds daily through missed deadlines, disengaged employees, decision bottlenecks, various leadership issues, and a tech stack that overwhelms more than it empowers. ... Perhaps the most revealing (and to some surprising) insight: executives reported the highest levels of friction. The very individuals tasked with solving complexity are often the most affected by it. This discovery underscores a deeper truth: friction isn't merely an operational issue. It's also a [leadership](#) issue. ... [The] following four categories of friction offer a diagnostic window into the health of an organization's leadership infrastructure. ...

Total	1
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## A10 Highlighted Articles of Interest

### 55 [Andwell Health Partners CEO: Medicare Advantage becoming 'failed policy,' jeopardizes home health access](#)

*Home Health Care News; by Morgan Gonzales; 7/21/25*

The rise of Medicare Advantage (MA) has reshaped the home-based care landscape, but it's putting home health providers in precarious positions while increasingly failing to deliver for beneficiaries. That's according to the leader of Lewiston, Maine-based nonprofit provider Andwell Health Partners, which has significantly changed the way it cares for patients, including adjusting care plans, to adjust to increased penetration of MA. Andwell Health Partners' CEO Ken Albert said MA is rapidly becoming a "failed policy," on a recent episode of Home Health Care News' Disrupt podcast. Formerly known as Androscoggin Home Healthcare + Hospice, Andwell Health Partners offers home health care, palliative care, hospice services and a slew of other services across Maine. Albert sat down with HHCN to discuss how the nonprofit will survive industry

headwinds, the new service lines and innovations he has plotted for the organization, the future of Medicare Advantage and how nonprofit providers have to innovate to survive.

56 **System wide goals of care implementation: A podcast with Ira Byock, Chris Dale, and Matt Gonzales**

*GeriPal podcast; by Eric Widera, Alex Smith, Ira Byock, Chris Dale, Matt Gonzales; 7/24/25*

Most health care providers understand the importance of goals-of-care conversations in aligning treatment plans with patients' goals, especially for those with serious medical problems. And yet, these discussions often either don't happen or at least don't get documented. How can we do better? In today's podcast, we sit down with Ira Byock, Chris Dale, and Matthew Gonzales to discuss a multi-year healthcare system-wide goals of care implementation project within the Providence Health Care System. Spanning 51 hospitals, this initiative [found] an increase from 7% to 85% in goals of care conversation documentation for patients who were in an ICU for 5 or more days. How did they achieve this? Our guests will share insights into the project's inception and the strategies that drove its success, including:

- Organizational Alignment: Integrating GOC documentation into the health system's mission, vision, and strategic objectives.
- Clinical Leadership Partnership: Collaborating with clinical leaders to establish robust quality standards and metrics.
- Ease of Documentation: Upgrading the electronic health record (EHR) system to streamline the documentation and retrieval of GOC conversations.
- Communication Training: Conducting workshops based on the Serious Illness Conversation Guide to equip clinicians with the skills needed for impactful GOC conversations.

[Hospice & Palliative Care Today covered this *NEJM Catalyst* source article 5/24/25: [Successful strategies for operationalizing goals-of-care documentation.](#)]

57 **Doctors' own end-of-life choices defy common medical practice**

*Medscape; by Cristina Ferrario; 7/29/25*

A [new survey](#) revealed that most doctors would decline aggressive treatments, such as cardiopulmonary resuscitation (CPR), ventilation, or tube feeding for themselves if faced with advanced cancer or Alzheimer's disease, choosing instead symptom relief and, in many cases, assisted dying. ... The researchers conducted a cross-sectional survey of



1157 physicians, including general practitioners, palliative care specialists, and other clinicians from Belgium, Italy, Canada, the US, and Australia. ... Over 90% preferred symptom-relief medication, and more than 95% declined CPR, mechanical ventilation, or tube feeding. Only 0.5% would choose CPR for cancer and 0.2% for Alzheimer's disease. Around 50%-54% supported euthanasia in both cases.

## 58 **Medicare and Medicaid: 60 years of health care reform**

*Medicare Rights Center; by Jisoo Choi; 7/30/25*

On this day 60 years ago, **Medicare and Medicaid** were signed into law, creating a national health insurance program for older adults, people with disabilities, and people with limited incomes. In the first three years, Medicare and Medicaid enrolled nearly 20 million beneficiaries; today, Medicare has an enrollment of **over 68 million** and Medicaid, **over 71 million**. The programs, established amidst sustained **public pressure and organizing** by labor unions and older adults, have been and remain very popular: recent polling shows **82% of American adults hold a generally favorable view of Medicare**, and **97% consider Medicaid to be** important to people in their local communities.

- Context and Passage ...
- Expansions and Related Legislation ...
- Medicare and Medicaid Today ...
- [For more history, <https://www.cms.gov/about-cms/who-we-are/history>]

**Guest Editor's Note, Judi Lund Person:** *We celebrate the 60<sup>th</sup> anniversary of Medicare and Medicaid, providing health care coverage for millions of Americans. While it is not the official anniversary date for the Medicare Hospice Benefit (**hospice was added and passed by the Congress on September 3, 1982**), we celebrate Medicare's coverage of hospice services and the more than 28 million Medicare beneficiaries that have received hospice care since 1983.*

59 **The effects of private equity ownership in U.S. nursing homes quality and financial performance: A systematic review**

*Health Policy; by Gregory N. Orewa, Aizhan Karabukayeva, Rohit Pradhan, Itopa Jimoh, Robert Weech-Maldonado; 7/25*

Private equity (PE) investment in U.S. nursing homes has increased significantly over the past two decades. The emergence of this novel ownership model has prompted concerns regarding its effects on nursing home performance, especially quality... Across studies, PE ownership was linked to higher number of deficiencies, increased hospitalization rates, and higher mortality, although some improvements in care processes were noted. Financial outcomes showed initial financial gains but long-term challenges, primarily due to high debt loads... Findings suggest that PE strategies may prioritize short-term profitability, which may compromise quality of care in some instances. These findings highlight the need for financial transparency, and reimbursement models that incentivize long-term quality.

60 **Combining clinical insight and data-driven expertise: The case for morning huddles in primary care**

*HEAL Security; by Becky Trotter and Aliya Ali; 7/1/25*

The daily huddle, also called a morning huddle, is a brief standup meeting commonly associated with inpatient and surgical care. In these settings, safety is the predominant focus of the meeting. However, the same idea can be used in primary care settings to get care teams ready for the patients scheduled for that day. Morning huddles are an opportunity to merge clinical knowledge with data and analytics to help ensure primary care teams are aligned and specific care needs are recognized before patients walk into the practice.

*Editor's Note: In hospice, various forms of morning huddles are not new. In the 1990s at Hospice & Palliative Care of Louisville, we began each day with voicemail communications among the entire team—critical for responding to overnight deaths or*





*urgent patient needs. Today's tech improves the process, but the goal remains: timely, coordinated care. Is your hospice keeping up?*

61 **How proposed home health cuts could impact hospices**

*Hospice News; by Jim Parker; 8/1/25*

Proposed cuts to home health payments for 2026 could have somewhat of a ripple effect on hospices. The U.S. Centers for Medicare & Medicaid Services has called for a 6.4% aggregate cut to home health payments for 2026 in a proposed rule. The total reductions amount to \$1.135 billion. This is the fourth straight year in which CMS has cut or proposed to cut home health payments. Due to this proposed rule, the agency has "failed" providers, according to Dr. Steven Landers, CEO for the National Alliance for Care at Home.

62 **Hospitals accused of hiding deaths, storing bodies for months, and not telling families**

*Nurse.org; by Brandy Pinkerton, RN; 7/25/25*

Families in the Sacramento area say they spent months, and in some cases years, desperately searching for loved ones who had vanished—only to discover that their remains had been left to decompose, unidentified and forgotten, in an off-site morgue operated by Dignity Health hospitals. Now, a series of lawsuits and regulatory audits allege that one of California's largest healthcare systems demonstrated "callous, reckless, and outrageous failure" by neglecting to notify families of patient deaths, withholding death certificates, and consigning bodies to languish in storage, compounding the anguish of those left behind.

63 **Attorney General Bonta launches public awareness campaign to protect Californians and prevent abuse within hospice care system – says, “Our message is simple: hospice care should be about compassion, not corruption”**

*Sierra Sun Times, Oakland, CA; 8/6/25*

California Attorney General Rob Bonta today announced the launch of a new initiative aimed at educating the public and providing vital reporting resources to individuals and families who may have been impacted by hospice fraud. This initiative includes a comprehensive suite of resources to empower individuals and families with the knowledge and support they need to protect themselves from hospice fraud. Its goal is to ensure that individuals and families understand their rights, recognize red flags in hospice care, and know where and how to report if they suspect fraudulent activity.

*Publisher's note: We appreciate Sheila Clark, President / CEO of the California Hospice and Palliative Care Association (CHAPCA) calling this article to our attention.*

64 **Simulation, flipped classroom, and reflective dialogue in socioemotional training in end-of-life care: Perspectives of nursing students**

*Journal of Hospice & Palliative Nursing (HPNA); by María Lanza, Rebeca Abajas, Mar Aparicio Aparicio, Ángeles Melero, Carmen Ortego; 8/1/25*

The implementation of active methodologies in end-of-life education can play a crucial role in stimulating participatory learning and facilitating the acquisition of socioemotional competencies. ... From the students' perspective, simulation, reflective dialogue, and flipped classroom enhance the conceptual learning process and facilitate students' socioemotional preparation to face this complex and challenging professional situation.

*Editor's Note: Today's tech-savvy nursing students show that simulation, reflective dialogue, and flipped classrooms build the person-centered qualities hospice and palliative care need. Use these methods—inside and outside the classroom—to improve patient/family care, teamwork, and self-care. For more information:*

- [Simulation](#)



- *Reflective dialogue*
- *Flipped classroom*
- *Socioemotional learning.*

65 **CU School of Medicine receives \$64 million NIH award to establish palliative care research consortium**

*University of Colorado School of Medicine press release; by Kara Mason; 8/7/25*

The University of Colorado School of Medicine has been selected as the prime award institution for a [5-year] \$64 million award from the [National Institutes of Health \(NIH\)](#) to establish a consortium focused on palliative care research... "This consortium will serve as a springboard for filling gaps and offering resources to researchers who will ultimately improve the field," says Jean Kutner, MD, MSPH, distinguished professor of medicine and chief academic officer of UCHHealth, who will serve as a principal investigator of the **Advancing the Science of Palliative Care Research Across the Lifespan (ASCENT) Consortium**... The consortium includes principal investigators from the CU School of Medicine and four other academic centers across the country - [New York University Rory Meyers College of Nursing](#), Duke University School of Medicine, Icahn School of Medicine at Mt. Sinai, and the Children's Hospital of Philadelphia and Perelman School of Medicine at the University of Pennsylvania... The ASCENT Consortium's creation comes at a critical juncture for palliative care research, as two vital programs - the National Institute of Nursing Research-funded Palliative Care Research Cooperative, which Kutner led at the CU School of Medicine for 13 years, and the National Palliative Care Research Center - have been expected to sunset in 2025... "We've gone from publishing observational and cross-sectional work to where we are today with demonstrating effective and innovative interventions," Kutner says.

*Publisher's note: WOW - congratulations Jean and team! What a tremendous accomplishment building on decades of work! To receive information and updates from the ASCENT Consortium, [click here](#).*



66 **We need a care revolution: Victor Montori**

*GeriPal podcast; by Eric Widera, Alex Smith, Victor Montori; 7/31/25*

In his book, "[Why We Revolt](#)," Victor Montori decries the industrialization of healthcare. We've become a healthcare factory, beholden to health systems motivated by profit. In particular, he laments the loss of the "care" aspect of healthcare.

67 **How to estimate your EHR implementation cost: Factors that impact your budget**

*Joyrulez; by RickD32; 8/14/25*

Implementing an EHR (Electronic Health Record) system is one of the most significant investments a healthcare organization can make. Beyond the obvious benefits of digital recordkeeping—such as improved patient care, streamlined workflows, and regulatory compliance—the financial implications of [EHR implementation](#) are considerable. Understanding the factors that influence costs is essential for accurate budgeting and successful project execution. This guide will break down the key considerations, providing insights into an EHR implementation cost breakdown, the roles involved, and hidden expenses that organizations often overlook.

68 **Everyone deserves a dignified death. But will everyone get one?**

*U.S. News & World Report; Commentary by Tom Koutsoumpas; 8/18/25*

Before [hospice care first](#) came to the United States in the 1970s, the experience of dying in America was often a cold and lonely one. ... Nonprofit hospices that are grounded in their communities deliver comprehensive support to patients and families and reinvest every dollar back into mission-driven services. They have consistently delivered some of the highest-quality outcomes for patients and families. ... The National Partnership for Healthcare and Hospice Innovation [supports nonprofit hospices in upholding high standards](#) and making sure end-of-life care is delivered with compassion – not profit – in mind. We have advocated for policies that put patients first, strengthen hospice regulations and advance quality, community-based care.

69 **Do you care about your legacy? 54% of Americans want to leave mark on the world**

*Study Finds, New York, NY; by StudyFindsAnalysis, reviewed by Steve Fink; 8/15/25*

Getting older changes everything, including what we care about most. A new survey of 2,000 Americans reveals ...

- What matters most: 80% of Americans care more about their impression on loved ones than leaving a mark on the world (54%)
- Mental shifts with age: 82% notice changes in how they think as they get older, focusing more on relationships and making each day count
- The conversation problem: Only 50% have discussed end-of-life wishes with loved ones, despite deep family focus

*Editor's Note: Pause. Imagine that you are receiving hospice care. What would matter most to you then? Would that change how you choose to live today?*

70 **CMMI's new strategic direction: Three priorities for success**

*Health Affairs; by Joshua M. Liao; 8/18/25*

The Center for Medicare and Medicaid Innovation (CMMI) recently released a new strategy to "Make America Healthy Again." Broadly, this direction seeks to emphasize prevention, patient engagement, and empowering people to achieve their health goals. [These goals include:]

1. Increase patient engagement
2. Leverage data and technologies / tools
3. Protect taxpayers

71 **Why physician strikes are a form of hospice**

*KevinMD; by Patrick Hudson; 8/24/25*

I have only recently started thinking about strikes. They seemed like something other



people did: railway workers, bus drivers, teachers, dockworkers. People with contracts. People who clocked in and out. Not doctors. Not surgeons. Certainly not me. You and I were supposed to absorb and adapt. To advocate from within. And we did, for a long time. We bent ourselves into shapes that did not fit. Worked around all the broken processes. Made phone calls after hours. Took the extra shift. Rewrote the notes to satisfy a system that did not understand the work. Until, eventually, some of us stopped. Not because we wanted to burn it all down, but because we could not keep pretending. And that is what a strike is, sometimes. Not rebellion. Not rage. Just a line and a refusal. And an end to the performance. Is it not strange how long you can work inside a system that is eating itself? ... You do not strike because you have stopped caring. You strike because you remember when it mattered.

*Publisher's note: An interesting analogy for our fractured healthcare system...*

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