



Top News Stories of the Month, July 2025

Cordt's Notes

Part 1: Welcome and discussion of key articles this month

Cordt's key articles

Last night I listened to the TCNtalks podcast featuring Dr. Ira Byock and his recently published white paper *A Strategic Path Forward for Hospice and Palliative Care*. Chris, you and Ira had a great discussion and I really encourage listeners to tune into that podcast, as well – great job! We discussed his paper last month and I believe plan to continue that discussion with today's Master Class. Anyway, with that context, I'd like to highlight articles this month in alignment with Ira's strategic paper.

1. **Zero tolerance for WFA.** We ran 24 stories this month about waste, fraud, and abuse. Some of these included pretty egregious examples. As Ira stated, collegiality ends at criminality – we must identify and put a stop to this.
 - a. Jim Parker at Hospice News wrote a story titled Health care attorneys: hospice investigations coming from all sides. This story received nearly 1000 clicks.
 - b. We also ran several OIG investigation stories that received surprising few clicks – like 20 each.
2. Ira then outlines **4 calls to action**:
 - a. **Clinical and programmatic standards.** In addition to calling out the bad, it's important to differentiate between the good and the excellent.
 - i. I'll highlight Carolina Caring's deficiency-free CHAP survey article in a few minutes because it's one of our most read stories this month. The point I'll highlight here is that <5% of CHAP surveys are deficiency-free. This is a remarkable accomplishment and illustrates excellence.
 - b. **Making meaningful data readily available.**
 - i. This reminds me of a recent NEJM Catalyst research article we ran titled Successful strategies for operationalizing goals-of-care documentation. The lead author was Dr. Matthew Gonzales, who succeeded Ira leading Providence's Institute for Human Caring. This article discusses how they improved from 7% of ICU patients having documented GOC conversations to 85% between 2016 – 2024.
 - ii. I'll also put out a teaser for our readers. I'm about to run a story I'm writing about the 2024 national hospice utilization rate – 50.6%! This is the highest percentage of Medicare deaths on hospice we've ever had. Look for more details and how states compare in that story.
 - c. **Driving competition based on quality.**



- i. We ran several stories this month emphasizing quality, including Empath Health integrating EOL care into PACE, children grief programs and expanding healthcare options for children living with serious illness, Carolina Caring's specialized program supporting patients with dementia, Big Bend Hospice's new mobile medical unit, among others.
- d. **Embracing and promoting our authentic brand.**
 - i. Several articles this month highlighted the compassion, caring, and expertise of hospice and palliative care providers. Some of these included Hope Hospice's vigil draws hundreds after deadly Texas floods, the children's grief camps already mentioned, a research study on serious illness conversations in the emergency department, and another study exploring palliative care knowledge, attitudes, and self-competence of nurses in hospitals.
 - ii. Lastly, I liked a story we ran from ABC News in Cincinnati where the reporter did a ride-along with Hospice of Southwest Ohio's CEO Veronica Sterling.

Chris' key articles (See his document)

Part 2: Cordt's review of article stats

Analyzing the click-through rates for *Hospice & Palliative Care Today's* July news stories, we published 302 articles that collectively received 107,000 clicks (or *reads*). Notably, 21 of these stories surpassed 1000 clicks. These stats are all lower than previous months, in part because this month we're piloting running 12 stories / day rather than 15. We're trying to focus on the most relevant content and recognizing fewer stories being run over the summer and click rates may be lower due to summer vacations. Let's take a closer look at the key trends:

Our top categories this month include: Hospice Provider News, Research News, Today's Encouragement, Headlines, and Regulatory News. These are consistently the most read categories in the newsletter, although the order shifts around month-to-month.

Top read stories this month included:

1. Awards & Recognitions with over 4400 clicks. This month we recognized several award winners at the Florida Hospice & Palliative Care Association annual conference, Carolina Caring achieving a deficiency-free survey from CHAP as well as their certification for Age-Friendly Care, and Kim Mooney, a long-standing Colorado leader recognized by the End of Life Options organization.
2. The Alliance's CaringInfo Program launches new "Planning for In-Home Care" section with nearly 4000 clicks. This is an expansion of what listeners might remember as NHPCO's Caring Connections program and it's CaringInfo.org website.



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3. The HOPE Summer School story had nearly 3900 reads this month. Listeners in our Western states might remember Annette Lee. She was an educator for the Cahaba MAC back in the early 2000's that changed to CIGNA and now CGS. Anyway, I knew Annette back in the Cahaba days and she continues to be an amazing resource for providers. She left the MAC world and established the consulting company Provider Insights. Their HOPE Summer School, a web-based set of videos, has proven to be of great interest to our readers.
4. The 4th most read story was Hosparus Health plans to create end-of-life care center. This is an exciting development for Louisville Kentucky-based Hosparus Health. And I would be remiss not to mention Joy Berger's – our Editor in Chief – long history with Hosparus.
5. Lastly, some of our other top read stories included attention and support for hospices and communities impacted by the Texas and New Mexico floods and our Social Media Watch posts.

Part 3: Chris' review of articles by his categories

(See his document)

Part 4: Master Class

Chris: Ira's Strategic Path Forward for Hospice & Palliative Care



Our 2025 Predictions (for reference each month, per podcast transcript):

Mark:

1. There will be at least **one shocking M&A event** in 2025. That likely will not be the federal government rejecting the UnitedHealthcare Optum acquisition of Amedisys. It may be two large regional or national for-profits getting together. It may be another not-for-profit being swept off the table, like VITAS acquiring Covenant Care in northwest Florida and Alabama last spring.
2. Hospices, both for-profit and not-for-profit, will begin to feel the effects of the **demolition of Roe vs Wade** and the consequent statewide bans on procedures essential to women's reproductive care. We'll continue to see fewer med school graduates applying for residencies and fellowships in states where legislatures inhibit the practice of evidence-based medicine. Fewer senior executives, particularly women and women dominate the ranks of hospice executives. Fewer senior executives will be eager to relocate to those states that insert legislators and policymakers in the exam room with their OBGYN. Hospice staff with LGBTQ plus children will be looking for opportunities in states where their kids can get the care they believe their kids need. It's still relatively early in the post-Dobbs, in the Dobbs era, but the anecdotal evidence is certainly mounting that its impact is being felt in ways unintended by those who voted for these draconian laws.
3. State associations working in the hospice sector will be caught by surprise at least once by some **policy initiative** announced, probably via social media, probably in the middle of the night, by the Trump administration. Still, what that means is that more environmental scanning for hospice executives is needed, not less.
4. In the current political environment, and despite the recent action in Britain to legalize medical aid political environment, and despite the recent action in Britain to legalize medical aid in dying, I suspect the **medical aid in dying movement will not make much progress at the state level** over the next year. On the other hand, we may see reinvigorated efforts in Republican-dominated states to loosen or abolish certificate of need laws, a movement that is led by libertarian interests on the Republican side.
5. Advocates like the Lown Institute looking to hold health care providers both for profit and not for profit, hold them **accountable for their community service obligations**. They will keep up the pressure. The UnitedHealthcare case showed how much animosity there is toward for-profit healthcare, but advocates like the Lown Institute will continue to focus on the perceived failures of the not-for-profit sector to return a tangible community benefit greater than the tax exemption benefits not-for-profits receive.
6. Any for-profit that bemoans the demonization of for-profit hospice, any not-for-profit that markets itself in whole or in part by denigrating for-profit hospice. Both types, at some point during the year, will refer to the **hospice industry** in their messaging and they will have no clue as to the irony, let alone the shoot-yourself-in-the-foot idiocy, of the embrace of the phrase hospice industry.



Our 2025 Predictions (continued)

Cordt

1. An important focus on **hospice quality**. That's going to be a foundational aspect of the conversation in 2025. This is a dual-edged sword, that is, high quality will be discussed in relationship to hospice reimbursement and low quality will be discussed in relationship to waste, fraud and abuse through the Special Focus Program nationally, the Enhanced Oversight Project in Arizona, California, Nevada and Texas, as well as others.
2. **Hospice utilization** will continue to increase. We saw this hiccup, we saw this bump in utilization the first decrease in hospice utilization ever during COVID and now we're starting to see that rebound come back, which I think is both very positive and somewhat predictable. We're going to surpass previous rates, perhaps up to 53% in 2025. Due to the baby boomer generation. We expect an increase in the raw numbers of deaths between now and 2050. And we generally expect hospices to serve higher percentages of them year over year.
3. **Staffing** is going to continue to be challenging, both in terms of filling open positions and retirement of many of our seasoned hospice leaders.
4. **Hospice philosophy of care**. Chris, you use the term hospice mission to be determined. Like. We're going to monitor this very closely in 2025. Monitor this very closely in 2025. This is a difficult one to measure, but the question that I'm posing is really, using Ira Byock's terminology, is whether hospice and palliative care patients will receive the best care possible. Unquestionably, in some cases, the answers are resounding yes, and we will highlight those stories in hospice and palliative care today. However, in the balance of mission versus money, the scale appears to be weighted towards money and, to be clear, I believe this has more to do with leadership than profit status or private equity ownership. But there's a lot to unpack around this and more questions to be asked. More research needs to be done to fully understand how we can have hospice organizations that are profitable financially to keep their doors open, to expand services, to serve vulnerable populations. While meeting the mission of hospice, you have to have money. It's just where that balance is going to be.
5. The use of **AI** will increase exponentially in 2025. This will be in terms of communications written, so email kind of communications as well as verbal meaning automated phone calls going out to patients. That may be disaster planning oriented. They might be just general follow-up questions, weekend check-in calls, that sort of thing. AI is going to increase in documentation, prognosis, wearable devices, the use of wearable devices by patients and how that can help hospice clinicians, as well as virtual health care. Chris, I'm sensing you're going to head towards the holograms. I was headed towards robotics and how robotics might help fill the staffing shortages.



Our 2025 Predictions (continued)

Chris

1. The first is kind of like the **unpredictable, like maybe surprises**, if you will. I kind of surprised myself with these, and so here's my overall. I think that a key phrase this is going to be a year of the unexpected, a key phrase that you're going to hear over and over again is man, I didn't see that coming. Just a lot of unexpected is going to happen, and so that's just a broad theme A lot more innovations in this serious illness space. I think you're going to see a lot of that.
2. I do think **UnitedHealthcare's problems are going to continue**. This one's a little bit I wouldn't say controversial, but again, maybe a little unpredictable.
3. **Less labor disputes** coming up this year. The baby boomers are really going to start shaping and asking for their version of healthcare. Yeah, yeah, you people, this is what you do. I'm the customer, this is what I want, and I think you're going to start seeing the voice of that.
4. And then one that Mark has been kind of a leading-edge person, our mutual friend Drew Mihalyo. But **pharmacy deserts** are going to get to a crisis point and the outcry is going to be so great the government's going to have to do something, and in that you're going to get the whole shining the light on what are PBMs really, and you're going to see analogies like paying off. It's like paying off the mob, it's like a middleman that adds no value whatsoever to that whole chain. So, I think the whole pharmacy desert thing is going to get to a head and it's going to be really interesting as they start to unpack it to figure out what's the actual solution.
5. **Human composting** as a burial alternative is really going to start to take off in 2025. And so those are my kind of unpredictable, if you will, or just a little bit out there.
6. The more predictable ones is the **continued staffing shortages**, the **continual financial pressures, technology integration and fast pace of advancements, especially in the Ai** realm. And yes, Cordt, you'll see that manifest as holograms and robotics. Those are going to be kind of like the last five yards of the implications of the technology. But the whole Ai and how quickly it's going to move and then how it's going to then show up by the bedside is going to be really interesting.
7. **Medicare Advantage**, as it continues, is going to be in the headlines this year. You're going to see supply chain challenges continue.
8. **Cyber threats**, unfortunately, are going to really continue this year.
9. The **private equity debate** is going to probably reach some type of crescendo this year. M&A and Mergers and Acquisitions is going to be sought after as a panacea.
10. And then just the last one **more innovative, creative collaboration and partnerships** is my last prediction.