



## Top News Stories of the Month, July 2025

Article Summary		
Category	#	%
A1 Mission Moments	6	10%
A2 Reimbursement Challenges, Warning Signs, and Implications	4	7%
A3 Competition to be Aware of	1	2%
A4 Workforce Challenges	5	8%
A5 Patient, Family, and Future Customer Demographics and Trends	12	20%
A6 Regulatory and Political	10	17%
A7 Technology and Innovations	5	8%
A8 Speed of Change, Resiliency, and Re-Culture	2	3%
A9 The Human Factor	3	5%
A10 Highlighted Articles of Interest	10	17%
Totals	60	100%

### A1 Mission Moments

1 [Hospice organizations in Kerr County, TX, per Hospice Analytics' National Hospice Locator](#)

Do you have colleagues in these affected areas? We will be providing ways you can help, as information becomes available.

- Hill Country Memorial Hospice - Fredericksburg
- Hill Country Memorial Country Memorial Hospice - Marble Falls
- Embrace Hospice - San Antonio
- Alamo Hospice - Boerne
- New Century Hospice of San Antonio - San Antonio
- Peterson Hospice - Kerrville

2 [Elderly people look at their younger reflections in this beautiful photo series by Tom Hussey](#)

*Digital Synopsis; photos by Tom Hussey; retrieved from the internet 7/10/25*

'Reflections of the Past' is an award-winning photo series by commercial advertising photographer [Tom Hussey](#). The photographs show an elderly person looking pensively



at the reflection of his/her younger self in the mirror. Hussey was inspired by a World War II veteran who said "I can't believe I'm going to be 80. I feel like I just came back from the war. I look in the mirror and see this old guy." It's beautiful, touching ...

*Editor's Note: [Click here to view this touching series](#). The phrases "every photo tells a story" and "a picture is worth a thousand words" come to life. Moments like this occur in nearly every hospice visit, as interdisciplinary team members' gentle questions provide "mirrors" of reflection. This award-winning campaign was used in a marketing campaign by Novartis for a treatment of Alzheimer's disease. [Our newsletter has no disclosures to report.] These photos are under strict copyright laws with rigorous enforcement. They can be shared easily via social media links at the top of its webpage.*

### 3 [Hill Country vigil draws hundreds after deadly Texas floods](#)

*MYSA, San Antonio, TX; by Nicholas Hernandez; 7/11/25*

... On Thursday, July 10, hundreds gathered downtown for a Candlelight Vigil of Hope to honor those affected [by the "catastrophic flood"] and shine a light on the importance of grief and mental health support in the wake of disaster. Organized by [River City Advocacy](#) in partnership with Hope Hospice and other local nonprofits, the event brought together counselors, community leaders and families. Handheld candles were distributed at the plaza, where people stood shoulder-to-shoulder in silence, prayer and remembrance. ... "If there's one thing that New Braunfels knows, it's how to gather and how to support each other, especially in times of flooding and tragedy," said Heather Harrison, director of development at Hope Hospice and Hope Hospice Foundation.

*Editor's Note: Thank you Hope Hospice for your leadership in providing this crucial way to gather and grieve. Calling all hospice leaders to simply "check in" on employees who have family and friends in affected areas when such crises occur. Other recent examples include Hurricanes Helene & Milton, the Los Angeles wildfires, Kentucky floods, and these Texas / New Mexico floods. Your kind, timely words can make a lasting difference.*

### 4 [Cyclist to ride coast-to-coast for hospice care](#)

*MyMotherLode.com, Calaveras, CA; by Nic Peterson; 7/27/25*

John Silva, a 66-year-old retired Amador County Sheriff's deputy and longtime Calaveras-area resident, is preparing to bike 4,700 miles across the United States to raise money for Hospice of Amador & Calaveras. The journey begins Aug. 1 at Cape Flattery, Washington — the northwesternmost point in the contiguous U.S. — and will end at West Quoddy Head in Lubec, Maine, the nation's easternmost point. ... The trip is



entirely self-funded and performed alone. Silva's route will take him through Washington, Idaho, Montana, a stretch of Canada, North Dakota, Minnesota, Iowa, Indiana, New York, and Maine. More than a test of physical endurance, Silva says the ride is a personal mission. Each week of the ride will honor a community member who received hospice care, transforming every mile into a tribute to those who faced death with dignity.

5 **How to perform a Regret Audit: A simple question that can help you live with purpose and have fewer regrets**

*Psychology Today; by Jordan Grumet, MD; 7/20/25*

As a hospice doctor, I've spent countless hours sitting at the bedsides of dying patients, listening to the echoes of lives well-lived and those haunted by regret. As Bronnie Ware described in *The Five Regrets of the Dying*, many end-of-life reflections center around missed chances to live more authentically, joyfully, and meaningfully. But we don't have to wait until our final moments to face these truths. I've long advocated for the *hospice life review* as a proactive tool. It's a structured set of questions used by hospice professionals to help patients process their lives and find peace. The questions are simple but profound:

- What were your biggest successes and failures?
- What were the most important moments of your life?
- Who were the people who shaped you?
- And perhaps most important: What do you regret?

6 **Ok, please help calm my anxiety. My mother has drastically improved in the last couple of days since going on hospice.**

*Aging Care; by Oedgar23; 7/17/25*

So in the hospital, my mother was in kidney failure. The last couple days after stopping vancomycin for about five days, her GFR had come up to 19. That's the most recent



Number and then they stopped drawing labs because we placed her on Hospice. We consulted with palliative care team. They wanted to do a feeding tube and we said no. They said she had advanced dementia. [Describes improvements since hospice.] ... What if she gets taken off hospice? ... What if she no longer qualifies for hospice, passes as normal cognitively, starts demanding to go home, does not qualify for long-term care, Medicaid, etc. ... But I am super unnerved because she looks a whole lot better than she has been looking. ...

*Editor's Note: Yes, we all know that the person can get better with hospice care, because of holistic person-centered care, caregiver education and support, and many more factors. This can be confusing. The dying trajectory may have been interrupted or simply calmed with better symptom management and quality of life. This daughter is asking normal, crucial questions which the hospice team needs to be addressing with her. Examine your live discharge data, Policies and Procedures, communication practices with the patient and family about recertifications, Incident Reports from upset caregivers/families, and CAHPS Hospice scores.*

	<b>Total</b>	<b>6</b>
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 7 [Medicaid provisions threaten home and community-based services for millions of vulnerable Americans](#)

National Alliance for Care at Home, Alexandria, VA and Washington, DC; Press Release; 7/3/25

The National Alliance for Care at Home ([the Alliance](#)) issued the following statement today in response to the House's passage of the "One Big Beautiful Bill Act," also known as the Reconciliation bill, which now heads to President Trump's desk for his signature. "The Alliance is deeply troubled by the Medicaid provisions within the One Big Beautiful Bill Act, which has passed both chambers of Congress and now awaits President Trump's signature," said Alliance CEO Dr. Steve Landers. "These provisions—including work requirements, reduced provider taxes, and new cost-sharing mandates—prioritize

short-sighted budget savings over the health and wellbeing of our most vulnerable citizens who rely on home and community-based services (HCBS).” The home care community advocated throughout the legislative process for Congress to mitigate these harmful Medicaid provisions.

**8 [Health economic analysis of an all-virtual, at-home acute care model](#)**

*JAMA Network Open; by Brad Spellberg, Christopher Lynch, Hal F. Yee, Josh Banerjee; 6/25*

Hospital-at-home care models send staff, durable medical equipment (DME), and therapeutics (eg, intravenous infusions) to patients’ homes to provide care. In the US, Medicare requires in-person evaluations at least twice daily to receive payment for hospital-at-home services. In the UK National Health Service, virtual wards at home are increasingly being used in lieu of inpatient care. This economic evaluation of ... patients receiving all-virtual, at-home acute care ... found that the virtual program was cost-saving (due to avoided variable hospital costs) only for unfunded patients or patients with Medicaid, but was cost-losing for Medicare and commercially insured patients due to substantial lost inpatient revenue. These findings suggest that current payer rates for inpatient care financially disincentivize development and implementation of novel acute, at-home care models, but a simple reimbursement scheme could enable net savings to both hospitals and payers.

**9 [New bill would extend Hospital-At-Home Waiver through 2030](#)**

*Home Health Care News; by Morgan Gonzales; 7/10/25*

On Thursday, a bipartisan group of lawmakers introduced legislation to extend the hospital-at-home waiver, which has been a source of significant uncertainty for the home health industry. The Hospital Inpatient Services Modernization Act, if passed, would allow hospitals to extend successful hospital-at-home programs for an additional five years. It would also orchestrate a study focusing on the efficacy, quality and patient satisfaction associated with home-based care.

***B. Medicare Advantage***

**10 [Medicare Advantage plan disenrollment: Beneficiaries cite access, cost, and quality among reasons for leaving](#)**

*Health Affairs; by Geoffrey J. Hoffman, Lianlian Lei, Ishrat Alam, Myra Kim, Lillian Min,*



*Zhaohui Fan, Deborah Levine; 6/25*

Medicare Advantage (MA) is growing in popularity, but it is seeing substantial plan disenrollments among high-risk Medicare beneficiaries. Understanding and addressing factors associated with disenrollment are crucial for improving MA access and quality but are complicated by data issues, including the inability to adequately assess beneficiaries' perceptions of access and quality in MA... Difficulty accessing needed medical care was more strongly associated with MA-to-traditional Medicare exits than MA-to-MA plan switching. Dissatisfaction with access, cost, and quality was much more common for enrollees in poor health. These findings renew concerns about access to high-quality care for high-risk and other MA enrollees.

	<b>Total</b>	<b>4</b>
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### A3 Competition to be Aware of

#### A. Mergers & Acquisitions

11 [Humana agrees to purchase bankrupt Florida provider The Villages Health for \\$50m](#)

*Healthcare Dive; by Rebecca Pifer; 7/8/25*

The insurer's bid is preliminary and kicks off an auction for the debt-laden provider, which decided to undergo bankruptcy after discovering it owed Medicare hundreds of millions of dollars.

- Humana has agreed to acquire a debt-laden Central Florida healthcare provider for \$50 million as the insurer continues to build out its medical network nationwide.
- Humana's health services subsidiary, CenterWell, has agreed to acquire The Villages Health as part of the provider's strategic restructuring, which includes a Chapter 11 bankruptcy filing, according to a release. TVH said it decided to pursue bankruptcy after discovering significant Medicare billing errors which put it on the hook for hundreds of millions of dollars in overpayments and penalties to the U.S. government.
- The provider's sale to CenterWell is still subject to court approval. CenterWell could also be outbid by other parties in the bankruptcy auction process for TVH's 10 medical centers.

	<b>Total</b>	<b>1</b>
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## A4 Workforce Challenges

### A. Paints the Picture

*No articles for this category identified this month*

### B. Implications of the issue

#### 12 [Essentia nurses and healthcare workers turned away from bargaining by employer on second day of ULP strike, acute care nurses announce tentative agreement vote results](#)

*Minnesota Nurses Association, Duluth, MN; Press Release; 7/9/25*

On the second day of the ongoing unfair labor practice strike in Duluth and Superior, nurses and healthcare professionals across all six Essentia Health bargaining units arrived at negotiations prepared to make progress — only to be met with rejection and dismissal. ... No meaningful negotiations took place and no progress was made towards resolving the unfair labor practices. Despite Essentia Health's reliance on costly travel nurses and its abrupt closure of essential facilities like the Solvay Hospice House, frontline healthcare workers have consistently proposed clear pathways to resolution. Today alone, negotiating team members offered to consolidate and expedite bargaining across all six contracts and offered 22 additional negotiation dates in July — both of which Essentia flatly refused.

### C. Solutions

#### 13 [How to give physicians autonomy—and protect them from burnout](#)

*American Medical Association (AMA); by Georgia Garvey; 7/1/25*

Almost everyone appreciates having autonomy at work. But when physicians spend more than a decade in high-stakes and grueling medical training, only to enter practice with virtually no control over their work environment, schedule or day, it can lead to the kind of spiraling frustration that often turns into burnout or leaving the profession entirely. "It's one of those things where the more you try to micromanage a physician's schedule, the more a feeling of distrust you give to the physicians ..." said Jill Jin, MD, MPH, an internist and senior physician adviser for the AMA, one of the authors of the [AMA STEPS Forward® "Value of Feeling Valued Playbook."](#) ... Though the percentages of those experiencing burnout have declined from the peak during the COVID-19 public health emergency, 43.2% of physicians still say they have at least one symptom of burnout. ... When physicians feel valued—... as competent professionals who have devoted immense time and energy to becoming experts at their jobs—it is proven to be positively associated with lower levels of burnout.



14 **51 healthcare leaders' takes on doing more with less**

*Becker's Hospital Review; by Allie Woldenberg, Kelly Gooch, Mariah Taylor, Giles Bruce, Kristin Kuchno, and Andrew Cass; 7/17/25*

It's a directive that hospitals and health systems of every size know well — whether sprawling academic medical centers, multistate nonprofit systems or rural, independent 25-bed hospitals. While the phrase isn't new, the urgency behind it is intensifying. The nation's healthcare workforce remains fragile, forcing leaders to distinguish between staffing gaps that are temporary hurdles or structural limitations. Revenue projections for health systems have shifted dramatically ... Against this backdrop, *Becker's* set out to understand how health system leaders across the U.S. are interpreting and enacting the mandate to "do more with less" today. From June 9 to July 15, we spoke with executives across the country, in every type of market, hospital, and health system, to hear how they are navigating this evolving landscape. ...

*Editor's Note: Scan through these with a sharp eye toward improving the quality of patient care while "doing more with less." I applaud many of these leaders for not just focusing on cutting costs, but for using these crucial changes as a vehicle to improve patient care.*

15 **Systems lean into nurse educator initiatives**

*Becker's Clinical Leadership; by Mariah Taylor; 7/18/25*

There is a key driver **behind** the nationwide shortage of nurses: a severe nurse faculty shortage. To solve both shortages, more systems and nursing programs are creating formal venues to enlarge the nurse educator pipeline. Like the nurse shortage, universities and nursing programs are **facing** a nurse faculty shortage that has reduced their capacity to accept and train students. Too few nurses are pursuing advanced degrees and becoming educators in the field, according to the American Association of Colleges of Nursing. So systems are developing programs that boost interest and remove barriers for nurses who want to teach. These programs — many of which launched in the last year — range in commitment and scale. Here are a few examples: ...

16 **Health systems tap into Gen Z's most-desired benefits**

*Becker's Hospital Review; by Kristin Kuchno; 7/14/25*

Generation Z healthcare workers prioritize financial wellness and mental health support





— and hospitals and health systems are responding. Given [changing demographics](#) and labor shortages, organizations across the U.S. are focused on recruiting and retaining the newest generation to enter the workforce. Gen Z employees include new college graduates and those with a few years of professional experience, with the oldest members age 28. *Becker's* connected with human resources leaders from five organizations — ranging from large academic health systems to community hospitals — to learn how they are tailoring benefits to meet workforce demands. ...

- A head start on retirement savings ...
- Financial wellness ...
- Overall well-being ...
- Mental health, paid time off ...

	<b>Total</b>	<b>5</b>
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## A5 Patient, Family, and Future Customer Demographics and Trends

### 17 [Wisconsin author discusses her mother's aging, dying in the American health care system: The long-term care system failed both her and her mother, she writes](#)

*Wisconsin Public Radio; by Colleen Leahy; 6/27/25*

At age 99, Judy Karofsky's mother was kicked out of her Wisconsin hospice facility. Within 48 hours of that decision, Karofsky became her mother's default nurse. "I had to find a wheelchair for her. I had to keep track of her meds. I had to buy all the bandages and supplies that she would [need]," Karofsky told WPR's "[Wisconsin Today](#)." Karofsky is the author of "[Diselderly Conduct: The Flawed Business of Assisted Living and Hospice](#)." In it, she chronicles nightmare scenarios as her mother aged and died in the American healthcare system: making her way through independent living, six different assisted living facilities, memory care, skilled nursing and hospice.

### 18 [Students organize death café to discuss the inevitable](#)

*Fairfield University, Fairfield, CT; by Brad Thomas; 6/27/25*

The annual event gathered more than 50 students and faculty from assorted disciplines for meaningful conversations about death and dying. ... [Student Jillian O'Brien '25] helped organize the second annual Death Café during her final semester at Fairfield. She and her classmates in "End-of-Life Communication," an interdisciplinary course taught by Michael Pagano, PhD, wished to build on the success of last year's event by continuing to create a space for meaningful conversation about death and



dying. At the event, they led thoughtful table discussions about how their perspectives and ways of communicating about death have evolved.

**19 CMS Age-Friendly Measure: Overview for hospitals and health systems**

*Institute for Healthcare Improvement; retrieved from the internet 7/2/25*

Starting with the 2025 reporting period, hospitals will attest to providing age-friendly care through a new measure introduced by the Centers for Medicare & Medicaid Services (CMS). The CMS Age Friendly Hospital Measure advances the Age-Friendly Health Systems movements vision to ensure that all older adults receive age-friendly care that is evidence-based and aligns with what matters most to the older adult and their family caregivers. To date, nearly 5,000 sites of care have been recognized as Age-Friendly Health Systems — Participants and celebrated by IHI and The John A. Hartford Foundation. The measure has five domains that cover all four elements of age-friendly care, known as the 4Ms: What Matters, Medication, Mentation, and Mobility.

**20 What might the past suggest about rural emergency services amidst critical access hospitals' decline?**

*AMA Journal of Ethics, American Medical Association; by Siân Lewis-Bevan, MD, MPH, EMT-B and Stephen Powell, MD; July 2025*

Critical access and other rural hospitals have struggled to remain open, which exacerbates inequity in rural residents' access to routine and emergency health services and strains already-taxed rural emergency medical services (EMS). This article discusses the recent history of rural hospital closures and their effects on rural emergency care. This article also suggests modifications to EMS policy and practice that could improve rural community members' access to health services and bolster EMS services in rural areas.



**21 When a fall becomes a death sentence for nursing home residents**

*Justice News Flash; by Harve J.; 7/8/25*

For nursing home residents, a trip to the hospital can be far more than a temporary setback it often marks the beginning of the end. According to data reviewed in a national nursing home longevity study by Gruber Law Offices, nearly 30% of older adults die within a month of hospital discharge. These figures suggest that transitions in care, rather than stabilizing vulnerable patients, may be accelerating their decline.

... Each year, nursing homes report between 100 and 200 falls, with the average resident experiencing 2.6 falls. These aren't isolated accidents, they're indicators of systemic risk. Many residents already face mobility challenges, and understaffing makes close monitoring difficult. The result is a cycle: a fall leads to hospitalization, hospitalization increases frailty, and frailty increases the chance of further injury or death.

**22 The grave outlook for hospice family caregivers**

*Hospice News; by Holly Vossell; 7/10/25*

The state of family caregiving in the United States has reached a critical tipping point amid rising demand for end-of-life care and insufficient resources. Many family caregivers are ill-equipped to navigate the complexities of supporting a loved one with a terminal illness, according to Dr. Arul Thangavel, CEO of the advance care planning company WiserCare. Thangavel is also an attending physician at the University of California, San Francisco (UCSF). Among the issues is that conversations about the end of life and goals of care are often brought up far too late in a disease trajectory, Thangavel said. This trend leaves families grappling with uncertainty, moral distress, guilt and compounded grief in the decision-making process, he stated.

**23 Hard decisions: Using legal authority over an aging parent**

*Forbes; by Carolyn Rosenblatt; 7/9/25*

The phone call came to Dad's daughter (FD) at 6 AM. Again. This time, it was the night [home] caregiver reporting that her father had fallen while trying to get out of bed. She



had jumped up and tried to stop him but she could only get to him in time to break his fall. ... For months, FD had watched her father's condition deteriorate from 300 miles away, visiting as often as she could. Advanced dementia had robbed Dad of his independence, and multiple physical ailments had left him requiring round-the-clock care. He was on hospice care, . . . FD [daughter and legal authority] felt compelled to make a decision about moving Dad [from home to a facility]. ...

- The Daughter's Legal Authority ...
- Navigating Family Conflict ...
- Hospice Care-Could It Continue? ...
- The Strategy of How to Time the Move ...
- The Takeaways ...

*Editor's Note: This is a common scenario, especially with the daughter living 300 miles away, family conflict, and more.*

## 24 **CDC reports rise in unintentional fall deaths among older adults**

*JAMA; by Samantha Anderer; 7/11/25*

The US Centers for Disease Control and Prevention (CDC) **reported** that deaths from unintentional falls among adults aged 65 years or older increased over the past 2 decades. Falls are currently the leading cause of injury for older adults, reaching 70 per 100 000 in 2023. As age increases, so does the likelihood of death due to a fall. And data from the National Vital Statistics System indicate that from 2003 to 2023, adults aged 85 years or older experienced the greatest increase in fall deaths. Rates for men, who are more likely to die from an unintentional fall, doubled from 178 to 373 per 100 000 people among those 85 years or older. For women in the same age group, deaths from falls increased 2.5 times, from 129 to 320 per 100 000.



25 **Silver tsunami brings new challenges for end-of-life care**

*NPR Network, KANW New Mexico Public Radio; by Jenny Kinsey; 7/16/25*

... Inhora isn't a hospice but it describes itself as a social model hospice house that provides a place to be. The nonprofit opened in April and contracts with several local hospice providers to provide end of life support. ... Inhora gets its support through donations and volunteer help which enables their guests to stay for free. That's the idea behind Inhora, said Miles Gloetzner, RN, Inhora's founder and Executive Director. ... Investigating the idea led him to the Omega Home Network, a national network of comfort care homes, and other communities with the same mission bringing comfort and caring to those at the end of life . That's when he realized his dream was not his alone. A comfort care home or social model hospice house provides free room and board for patient/guests and a family member or friend while they receive hospice care. ... Comfort homes like Inhora are found across Mountain West states, including Colorado, Nevada, Utah, Idaho, and Wyoming. The idea isn't new. For instance, the Omega Home Network was founded in 2003 in Tulsa, Oklahoma. It is a national organization of 50 comfort care homes – and growing rapidly with 79 in development.

26 **A look at nursing facility characteristics between 2015 and 2024 - KFF**

*KFF; by Priya Chidambaram and Alice Burns; 12/6/24*

In a KFF Issue Brief on nursing facility characteristics over time, KFF has described nursing homes and the people living in them. Data is pulled from Care Compare (Nursing Homes) and CASPER (Certification and Survey Provider Enhanced Reports). Data includes the number of certified nursing facilities, hours of care by nurse staff type over years, survey deficiencies in nursing homes, and the share of residents by primary payer. The study confirms that Medicaid is the primary payer for 63% of nursing facility residents in 2024, followed by 24% for private and other payers, and 13% by Medicare. As reported by KFF, "[KFF polling](#) shows that four in ten adults overall incorrectly believe that Medicare is the primary source of insurance coverage for low-income people who need nursing facility care."



*Guest Editor's Note, Judi Lund Person: As we think about the impact of Medicaid cuts on nursing home residents, it is important to note that Medicaid is the primary payer for 63% of nursing home residents as of 2024. In some states, that percentage may be higher. See the KFF article.*

**27 How PACE is jockeying for position amid Medicaid cuts**

*Modern Healthcare; by Diane Eastabrook; 7/16/25*

A federal-state program aimed at keeping older adults out of nursing homes could come out a winner under the new federal tax law. Nevada was the latest state to approve a [Program of All-Inclusive Care for the Elderly](#) ;last month before President Donald Trump [signed the tax law](#). South Dakota is considering PACE as well. The program can save states money by caring for adults at home, rather than in nursing homes. However, PACE is a relatively small and not widely known initiative, which could make it a low priority for states weighing the best way to spend fewer Medicaid dollars.

**28 Changing funeral preferences: NFDA's first-of-its-kind generational report now available**

*National Funeral Directors Association (NFDA), Brookfield, WI; Press Release; 4/2/25*

The National Funeral Directors Association (NFDA), the world's leading and largest funeral service association, has released an unprecedented study examining consumer attitudes toward funeral service across generations. Available to funeral service professionals for download at no charge, [Changing Consumer Preferences: A Generational Perspective on Attitudes Toward Funeral Service](#) provides critical insights to help funeral service professionals adapt to evolving expectations and continue delivering meaningful memorial experiences. ... Key findings include:

- ... While 56% of respondents agree that it is important to commemorate a loved one with a funeral or memorial service, younger generations are more likely to emphasize the importance of viewing the body.



- The preference for cremation remains strong, with 50% of Americans favoring it, though Gen Z shows a greater preference for traditional burial than older generations.
- Nearly two-thirds (62%) of adults have discussed their own funeral plans with family members, yet Gen Z is the least likely to have done so.

[\[Click here for NFDA's free Resources for End-of-Life Professionals\]](#)

*Editor's Note: As noted above, younger generations are increasingly emphasizing the importance of viewing the body after death. If cremation has been chosen, clear communication plans must be in place—**before** the death—about who to notify when the person dies, and **before** the funeral home representative arrives to take the body. Without such planning, that final opportunity for “last presence” can easily be lost. Grief may be further intensified if a Gen-Z (or any) family member is unaware—prior to death—that cremation will occur without a chance to view the body. Share this information with your interdisciplinary teams as they:*

1. *Facilitate conversations about what will happen at the time of death, and*
2. *Offer meaningful presence with the grieving family until the funeral home representative has departed.*

	<b>Total</b>	<b>12</b>
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## A6 Regulatory and Political

29 [National Health Care Fraud Takedown results in 324 defendants charged in connection with over \\$14.6 billion in alleged fraud: Largest Justice Department Health Care Fraud Takedown in history, more than doubles prior record of \\$6 billion](#)

*Office of Public Affairs - U.S. Department of Justice, Washington, DC; 6/30/25*

The Justice Department today announced the results of its 2025 National Health Care Fraud Takedown, which resulted in criminal charges against 324 defendants, including 96 doctors, nurse practitioners, pharmacists, and other licensed medical professionals,



in 50 federal districts and 12 State Attorneys General's Offices across the United States, for their alleged participation in various health care fraud schemes involving over \$14.6 billion in intended loss. The Takedown involved federal and state law enforcement agencies across the country and represents an unprecedented effort to combat health care fraud schemes that exploit patients and taxpayers.

*Editor's Note: For cases specific to hospice and palliative care, (1) go to our [homepage](#), (2) login to your newsletter account, (3) use the search engine at the top of our page, typing the key word "fraud." We have posted 204 articles about hospice fraud since we began this newsletter format on 1/1/2024. Ongoing, use this search engine as your first "Go To" resource for targeted, timely information.*

30 **[CMS launches new model to target wasteful, inappropriate services in original Medicare](#)**

*CMS Newsroom; 6/27/25*

The Centers for Medicare & Medicaid Services (CMS) is announcing a new Innovation Center model aimed at helping ensure people with Original Medicare receive safe, effective, and necessary care. Through the Wasteful and Inappropriate Service Reduction (WiSeR) Model, CMS will partner with companies specializing in enhanced technologies to test ways to provide an improved and expedited prior authorization process relative to Original Medicare's existing processes, helping patients and providers avoid unnecessary or inappropriate care and safeguarding federal taxpayer dollars. This model builds on other changes being made to prior authorization as announced by the U.S. Department of Health and Human Services and CMS on [6/23].

31 **[Joint Commission cuts standards by 50% in sweeping overhaul](#)**

*Becker's Clinical Leadership; by Paige Twenter; 6/30/25*

The Joint Commission is transforming its accreditation process by reducing the number of requirements by 50% — from 1,551 to 774 standards — in its most significant rewrite since Medicare was established in 1965. The overhaul, first shared with *Becker's*, underscores the organization's effort to reduce the regulatory burden on hospitals and healthcare organizations, uphold public trust and help organizations achieve the highest level of safety and quality, according to Jonathan Perlin, MD, PhD, president and CEO of The Joint Commission Enterprise. ... The redesign, called Accreditation 360: The New Standard, features an updated manual with clearer definitions of CMS



conditions of participation and the Joint Commission's national performance goals, now distilled into 14 critical categories.

32 **Health care attorneys: Hospice investigations coming from all sides**

*Hospice News; by Jim Parker; 7/8/25*

Hospices are subject to a rising number of investigations and audits from Medicare contractors, the U.S. Department of Health and Human Services Office of the Inspector General and, in some cases, the U.S. Justice Department, among others. Hospices need to understand the various types of investigations they may encounter and how to respond to them. Key factors are completely and accurately documenting the medical necessity of the care they receive. Hospice News sat down with Guillermo Beades and Todd Brower, partners with the law firm Frier Levitt to discuss the ins-and-outs of hospice investigations and how providers should respond.

33 **DOJ & HHS announce reinvigoration of False Claims Act Working Group and Healthcare Fraud Enforcement Priorities**

*Dorsey & Whitney LLP; Press Release; 7/9/25*

The Department of Justice and the Department of Health and Human Services announced the reinvigoration of a False Claims Act ("FCA") Working Group, a joint effort between the two agencies. The announcement was made on July 2 during [remarks at the American Health Law Association \("AHLA"\) Annual Meeting](#) by Brenna Jenny, the new Deputy Assistant Attorney General of DOJ's Commercial Litigation Branch, and in a [press release](#) that same day. This working group underscores that healthcare fraud is a priority for the Administration, despite recent staff changes and recent policy announcements about enforcement priorities in civil rights and DEI. It also underscores that robust compliance programs should continue to be a priority for healthcare-industry stakeholders.

34 **'One Big Beautiful Bill Act': Key final Medicaid changes explained**

*Morgan Lewis; by Jeanna Palmer Gunville and Tesch Leigh West; 7/9/25*

The One Big Beautiful Bill Act was signed into law on July 4 and includes significant changes to the Medicaid program, particularly with regard to state and federal financing for the program. This LawFlash provides a high-level summary of certain key provisions that will impact various Medicaid stakeholders, including states, providers, and enrollees. ...

- Impact On Federal Financing ...
- Impact On States ...
- Impact On Providers ...
- Impact On Enrollees ...

35 **AAPA asks CMS to remove regulatory restrictions on PAs providing hospice care**

*American Academy of Physician Associates (AAPA); by Trevor Simon; 7/9/25*

In June 2025, AAPA submitted comments to the Centers for Medicare and Medicaid Services (CMS) regarding the topics of hospice, skilled nursing facilities, inpatient rehabilitation facilities, and inpatient psychiatric facilities. These comments, in response to annually released proposed rules that make adjustments to the hospice wage index and respective fee schedules, responded directly to inquiries made within the rules, as well as identified policy obstacles faced by PAs in these settings. [\[Continue reading for\]](#) a brief summary of the topics AAPA discussed in each, with links to the full letters.

- 2026 Hospice Wage Index ...
- 2026 Skilled Nursing Facilities (SNF) Prospective Payment System ...
- 2026 Inpatient Rehabilitation Facilities (IRF) Prospective Payment System ...
- 2026 Inpatient Psychiatric Facilities (IPF) Prospective Payment System ...

36 **HOPE Blog Part III – Navigating change with confidence**

*Teleios Collaborative Network (TCN); by Melissa Colkins; 7/16/25*

The HOPE tool arrives October 1, ready or not. While some teams will stumble through implementation, others will use this moment to demonstrate what effective change management actually looks like. The question isn't whether change is hard - it's whether your organization will emerge stronger because of how you handle it. Here's the reality: every meaningful change follows a predictable pattern. Teams don't just flip a switch and suddenly excel with new systems. They move through distinct phases - each with its own challenges and opportunities for growth. Understanding this journey is what separates organizations that merely survive change from those that leverage it for lasting improvement.

- Forming–Storming–Norming–Performing ...
- Forming: Awareness and Orientation ...
- Storming: Resistance and Realignment ...
- Norming: Learning and Integration ...
- Performing: Ownership and Optimization ...
- The Takeaway: Change Is a Process, Not an Event ...

37 **Carter, Bera introduce bill to strengthen palliative and hospice care workforce**

*United States Representative Buddy Carter, Washington, DC; Press Release; 7/17/25*

Reps. Earl L. "Buddy" Carter (R-GA) and Ami Bera, M.D. (D-CA) today introduced the *Palliative Care and Hospice Education and Training Act* (PCHETA), bipartisan legislation to invest in training, education, and research for the palliative care and hospice workforce, allowing more practitioners to enter these in-demand fields. ... "As a pharmacist, I understand the toll burnout takes on the health care industry, and I am committed to bolstering the workforce so nurses, doctors, and all health care workers can continue to pursue their passion for helping others," said Rep. Carter. "As a doctor, I know how important it is to provide patients with comfort, clarity, and support when they're facing serious illness," said Rep. Bera. "The Palliative Care and Hospice Education



and Training Act is a smart, bipartisan step to ensure more health care professionals are trained to deliver this kind of care."

*Editor's Note: Bravo to this pharmacist and physician bipartisan team for introducing this bill. [Go to the article](#) and scroll down to this press release's long list of "Supporting Organizations."*

38 **Hochul weighs political risk of aid-in-dying bill**

*Fingerlakes1.com, Seneca Falls, NY; by Staff Report; 7/18/25*

Gov. Kathy Hochul is under pressure as she considers signing New York's Medical Aid in Dying Act, a controversial bill allowing terminally ill patients access to life-ending medication, according to Politico. The bill has strong support from advocates and many voters, but faces fierce opposition from religious groups and conservatives. Hochul, a practicing Catholic eyeing reelection, must balance public opinion, personal beliefs, and political risk.

	<b>Total</b>	<b>10</b>
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## A7 Technology and Innovations

39 **Reimagining hospice in an AI world: In a digital age, how should technology & humanity coexist?**

*HomeCare; by Michelle Cone; 6/3/25*

Technology is transforming home-based care, but not at the expense of the human touch. As the industry embraces tools like telehealth, remote monitoring and artificial intelligence (AI)-powered care planning, the goal isn't to replace caregivers but to support them. These innovations boost efficiency and communication, but the heart of hospice—real connection, empathy and human presence—still drives care during what is often a deeply emotional time for families.

- The Rise of Home-Based Hospice Care ...
- Innovations Deepening Compassionate Hospice Care ...



- Keeping Humanity at the Center ...
- When Technology Reaches Its Limit ...
- Finding a Balance is Key ...
- Looking Toward the Future of Hospice Care ...

40 **How AI is redefining the nurse's day**

*Becker's Health IT; by Naomi Diaz; 7/3/25*

As generative AI continues to make its way into healthcare, chief nursing informatics officers say the technology's influence is expanding beyond documentation and reshaping the way nurses work. [Examples described include the following:]

- AI can help with tasks that often cause delays or create mental strain for nursing staff.
- Shift change reports ... to create patient-specific summaries and hand-off communication, the most important details will be teed up for the nurse in one location
- [Monitor] risks like falls and infections ...
- Automating workflows using knowledge worker tools, predictive staffing models and automated staff assignments based on nursing skill ...
- Adaptive and more personalized scheduling, better aligned to trends in case load and census ...
- Providing insights and actions for nurse leaders to support their teams in ways that make a difference ...

41 **Video palliative care improves symptoms but not outcomes in rural hospitals, study reveals**

*McKnight's Long-Term Care News; by Donna Shryer; 7/15/25*

Researchers from the University of Alabama at Birmingham recently studied whether video consultations could improve palliative care for patients age 55 and older in small hospitals lacking specialized end-of-life services. Participants had an average age of 73. The study, published in JAMA Network Open, found that culturally tailored video consultations — designed with community input to reflect patients' cultural values and communication preferences — led to a clinically meaningful but not statistically significant reduction in symptom distress. ... [The] video consultations had little effect on hospital readmissions or emergency department visits. The research addressed a



critical healthcare gap, as the study notes that only 70% of the Deep South has access to palliative care services, compared to 85-94% in other US regions. This disparity particularly affects rural communities where specialized end-of-life care is often unavailable.

42 **Healthcare's self-driving moment: Why automation could restore joy of medicine for everyone**

*Becker's Health IT; by Feby Abraham; 7/16/25*

The automotive industry's roadmap to autonomy offers a blueprint for healthcare AI that creates value across the entire healthcare ecosystem. As rapid advancements in Artificial Intelligence (AI) helps develop lower-cost, increasingly efficient workplace solutions, workers across all industries face concerns about the "human impact" on long-held positions. Software engineers, call center employees, technical support professionals, and administrative staff wonder what AI means for their careers—not just in coming years, but in the months ahead. Healthcare is not immune to these concerns. Leaders obsess over whether AI will replace doctors, nurses, and hospital staff. But they're asking the wrong question. ... The real question is: How can healthcare follow the automotive industry's proven automation playbook to restore the joy of practicing medicine while creating transformational value across the entire healthcare ecosystem?

*Editor's Note: This article is sure to stretch knowledge and perception regarding AI. Pair this with another recent newsletter post, [Reimagining hospice in an AI world: In a digital age, how should technology & humanity coexist?](#) For more, sign into your newsletter account, go to the "Search" field at the top of the page and type in "Artificial Intelligence." You will find 162 articles about AI that we have posted since 1/1/24.*

43 **Tele-palliative care offers access to needed support**

*Rand; by Shira H. Fischer, Jordan M. Harrison, Julia Bandini; 7/18/25*

On first consideration, the idea of providing palliative care via video chat seems counterintuitive or even insensitive. Palliative care focuses on improving quality of life



for individuals with serious illnesses. At such a delicate time, would a computer screen between patients and their doctors really suffice? Yet tele-palliative care—palliative care via telehealth— is emerging as a promising option. It offers access to care for those who might otherwise go without and has surprising advantages over traditional, in-person care.

- How Does Tele-Palliative Care Work? ...
- Advantages of Tele-Palliative Care ...
- Challenges to Address ...
- Looking Ahead ...

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## A8 Speed of Change, Resiliency, and Re-Culture

### 44 [The 8 virtues of great leaders](#)

*Forbes; by Eli Amdur; 6/27/25*

... I write on leadership (and a few other topics) because I'm supposed to be an "expert." Well, let me set the record straight. That word – expert – makes me nervous. ... But I've learned along the way since my career began 57 years ago, and leadership is one area in which I can share some value ... [Leadership theory] should support the axiom that it is not skills alone that will determine leadership in the 21st century and beyond. It's the humanity of the leader that will do it every time. ... So, as I rest my case about leadership virtues being the differentiators, here's what I've learned along the way: The Eight Virtues of Great Leaders.

- Vision ...
- Forthrightness ...
- Strong sense of self ...
- Sphere of awareness ...
- Energy ...
- Creativity ...
- Trust ...
- Humor ...



... From the first leader I ever coached to the last, not to mention my own leadership development, leadership virtues outplayed leadership skills every single time.

45 **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.**

*Harvard Business Review; by A.G. Lafley, Roger L. Martin; Jan-Feb 2025*

Leaders shouldn't spend their scarce time on activities simply because they are very important. They should do only the things that nobody else in the organization can do nearly as well - if at all. And they should spend as much of their time as possible on them.

*Publisher's note: Accessing article may require subscription or purchasing the issue.*

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## A9 The Human Factor

46 **She knows a lot about dying. This hospice CEO says she has a solution for better living. We went for a ride.**

*[OH] WCPO ABC News; by Keith BieryGolick; 6/27/25*

"I've spent time with people who are 85, 90 and 105 years old. And they always have the same lesson: Find a purpose in your life. Don't wait to pursue it," Veronica said. "I didn't always listen." Veronica is the CEO of [Hospice of Southwest Ohio](#).

47 **Leaders leading leaders: 7 essentials for healthcare execs to future-proof talent**

*Becker's Hospital Review; by Wendy Horton; 7/8/25*

... The best leaders develop other leaders. ... Future-proofing leadership requires a deliberate approach to change management — and strategic prioritization. Healthcare leaders can't wait to react; they must create the roadmap, set the tone, establish the pace and prepare for what's coming. Throughout my leadership journey at UVA Health University Medical Center, as well as at organizations like The Ohio State University Wexner Medical Center and UW Health, I've observed consistent themes in what it takes to lead effectively in the present while also preparing strategically for the future.

1. Drive change before change happens to you ...
2. Develop leaders at every level ...
3. Keep patients front and center ...
4. Be courageous and do the hard things ...
5. Set the tone, know your culture ...
6. Pacing and prioritization: the right next things ...



7. Be bold. Prepare for tomorrow, today ...

48 **Hospice nurse who amputated patient's foot without permission for use in sickening taxidermy display escapes jail sentence**

*New York Post; by Chris Nesi; 7/13/25*

A Wisconsin nurse who amputated a patient's frostbitten foot without authorization and planned to use it as a ghoulish display in her family's taxidermy shop was given a sweetheart plea deal in which she'll serve no time in prison and pay just \$443 in court costs. ... The patient died days later, though no definitive link was made between his death and the amputation, according to a criminal complaint. ... The victim, Doug McFarland, was being treated for severe frostbite in both feet after suffering a fall in his home. His feet had become necrotic — remaining attached to his leg by only a tendon and two inches of skin — and he was moved to hospice care, according to KSTP. After cutting off his right foot — which she referred to as "mummy feet" — she told nursing home colleagues she planned to preserve the foot and display it in a taxidermy shop owned by her family as a graphic warning about the dangers of frostbite. ... Although Brown escaped a jail sentence, she may face disciplinary proceedings from the Wisconsin Board of Nursing and is no longer allowed to work as a caregiver in any capacity.

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## A10 Highlighted Articles of Interest

49 **6 healthcare layoffs in 1 week**

*Becker's Hospital Review; by Madeline Ashley; 6/26/25*

Amid ongoing industry shifts, many hospitals and health systems are experiencing significant financial strain, prompting them to make difficult decisions such as laying off employees. Here are the six healthcare instances of layoffs that *Becker's* has reported on since June 19:

1. On June 26, La Junta, Colo.-based Arkansas Valley Regional Medical Center [plans to lay off](#) 5% of its employees ...

2. San Francisco-based UCSF Health is [laying off](#) around 200 positions amid “serious financial challenges.” ...
3. Los Angeles-based Prospect Medical Holdings will [lay off](#) 125 employees at its Orange, Calif.-based Prospect Medical Group location. ...
4. UC San Diego has [laid off](#) around 230 patient care, managerial and administrative roles ...
5. Nashville, Tenn.-based Vanderbilt University Medical Center plans to [lay off](#) up to 650 employees ...
6. DuBois, Pa.-based Penn Highlands Healthcare [laid off](#) 36 positions across two hospitals ...

50 **[Natural disasters, climate change, and the impact on hospice and palliative care teams and their patients](#)**

*American Academy of Hospice and Palliative Medicine (AAHPM) Quarterly; by Larry Beresford; Summer 2025 Edition, 7/3/25*

Several recent natural disasters, including highly destructive wildfires in Los Angeles and Maui and flooding in the North Carolina hills caused by rains from Hurricane Helene, have provided vivid reminders that disasters can happen anywhere, anytime. Hospice and palliative care providers, responsible for the care of patients with serious illnesses who live in their homes and in long-term care facilities, could be dealing with disruptions in power or phone service, other communication barriers, staffing shortages, impassible roads, even large-scale evacuations of their patients. ... Are agencies doing what they can to plan, prepare, and practice for managing disasters, which could also include human-caused crises or events like earthquakes that are not subject to weather or climate?

- How Do We Talk About Climate? ...
- A Time of Disasters ...
- Leading in Climate Medicine ...
- Effects of the Heat ...
- A Hurricane in the Mountains ...
- Resources ...





## 51 Case Summaries: 2025 National Health Care Fraud Takedown

*Criminal Division, U.S. Department of Justice; retrieved from the internet 7/3/25*

[Gleaned from this lengthy article for "hospice" involvement:] [Criminal Division | Case Summaries](#)

- **Tyler Kontos, 29, of Mesa, Arizona,** Joel "Max" Kupetz, 36, of Scottsdale, Arizona, and Jorge Kinds, 49, of Phoenix, Arizona were charged by indictment with conspiracy to commit health care fraud, health care fraud, and conspiracy to defraud the United States in connection with a \$1 billion amniotic wound allograft fraud scheme... [The] defendants targeted elderly Medicare patients, many of whom were terminally ill in hospice care, ...
- **Dr. Shivangi Amin, 39, of Los Angeles, California,** was charged by information with conspiracy to commit health care fraud in connection with a \$2 million hospice fraud scheme. ...
- **Betzabe "Betsy" Wintermute, 55, of Malibu, California,** and Dr. Sarkis Bolisajian, 58, of Los Angeles, California, were charged by indictment for their roles in a multi-million-dollar hospice fraud scheme. ...
- **Carlos Munoz, 57, of Richmond, Texas** was charged by information in connection with a bribery scheme ... to certify and re-certify Medicare and Medicaid patients for hospices services that they didn't need or qualify for.
- **Dera Ogudo, 39, of Richmond, Texas, Victoria Martinez, 35, of Richmond, Texas and Evelyn Shaw, 52, of Houston, Texas** were charged by indictment with a \$110 million health care fraud and kickbacks scheme. ... According to the indictment, Ogudo and Martinez operated a hospice company, United Palliative & Hospice Company ("UPHC"), that misled vulnerable elderly adults ...
- **Hector Almanza, 41, and Diana Almanza, 39, both of San Antonio, Texas,** were charged by information with conspiracy to defraud the United States and pay and receive health care kickbacks in connection with a hospice fraud scheme. ...

- **Shireen Begum, 53, of Dublin, California; Dr. Mustafa Michael Kazemi, 64, of Rescue, California; Sarkhan Murad Koshkarli, 38, of San Ramon, California; Alok Malani, 39, of Danville, California; Dr. Narendra Malani, 65, of San Ramon, California; and Mohammed Abdul Majid Siddiqui, 49, of Dublin, California,** were charged by complaint with healthcare insurance fraud and conspiracy to commit healthcare insurance fraud in connection with a \$2.7 million hospice fraud scheme. ...
- **Nathaniel G. Stimpson, 34, of Decatur, Indiana,** ... [allegedly] stole medication from patients and obtained possession of the controlled substances for his own use while employed at Eleos Hospice Care.

## 52 **Hospice programs shutter amid financial strains**

*Hospice News; by Holly Vossell; 7/3/25*

Financial and staffing headwinds are chipping away at hospices' sustainability, with some providers recently pausing or closing their programs. Concerns have also mounted amid federal Medicaid cuts.

- Solvay Hospice House Pauses Services ...
- Hospice of the Piedmont Closes Center ...
- Allina Health Stalls Hospice Facility Opening ...
- Wilshire Health Halts Inpatient Hospice Program ...

## 53 **Medicare fraud has gone global. It'll take a nationwide effort to stop it**

*Los Angeles Times; by Mehmet Oz, Kim Brandt; 7/15/25*

Federal law enforcement recently announced a \$14-billion fraud takedown — the largest healthcare fraud action in U.S. history, involving many crimes orchestrated by foreign nationals. Every American taxpayer should be alarmed not just because of the dollars at stake, but also because it reveals how vulnerable Medicare and Medicaid have become to large-scale, international exploitation... Fraud is a national problem, but it

starts locally. Drive around certain neighborhoods in Los Angeles and you'll pass what appear to be empty office buildings, which unbeknownst to neighbors could serve as hubs of criminal activity. There are more than 1,000 potentially fraudulent hospice operations identified in Los Angeles.

*Publisher's note: Medicare fraud is tragic - and that hospice is the highlighted provider in this story is also tragic. This article includes steps that can be taken to stop this fraud. Also, thanks to Sheila Clark, President-CEO of the California Hospice & Palliative Care Association (CHAPCA) for forwarding this article.*

54 **Opinion: My health and my politics walk into a doctor's office ...**

*The Washington Post; by Kim Fellner; 7/16/25 [Note: Access is behind a paid firewall, with an option to set up a temporary free account]*

... My palliative care doctor and I have almost nothing in common. We're still learning from each other. ... It began simply enough. By October, my sarcoma had moved from possibly curable to definitively terminal, and, since metastasis to the bones can be painful, my anchor oncologist offered to connect me with a palliative care doctor to help with the physical and conceptual aches and pains of dying. Which seemed like a good thing to do. ... I did not anticipate, however, that the personal and the political would collide in my doctor's office. ... [Descriptions unfold of significant, conflicted dialogue between (1) this Jewish daughter of holocaust survivors whose life-long vocation was social justice and (2) this Christian palliative care physician who asked about mental health and then dismissed this person's primary concerns that were affecting her dying.] ... Clearly, my doctor and I shared some beliefs about the importance of the palliative approach. ... But as the doctor noted, the best palliative care goes beyond the purely physical to address the more cosmic questions of life and death, and I was uncertain we were well matched as partners for this intimate process. ... I had no idea how to proceed. ... [More descriptions.] ... And that's where the magic happened. Within a few days, my palliative care doctor sent me back a transparent, thoughtful and moving response. ... Her courage and openness, her willingness to risk a

forthright response, have precipitated a remarkable dialogue about what each of us brings into the room, and how we can honor the space and each other once we get there. ...

*Editor's Note: Whatever one's political or religious stance, this article is sure to spark fireworks—of conflict, dissonance, and, hopefully, profound insight. I encourage readers to approach it with attentiveness and compassion, staying attuned to three key dimensions:*

1. *The experiences and perspectives of both individuals, grounded in hospice ethics and principles of holistic, person-centered care;*
2. *Any judgment or defensiveness that arises within you (don't dismiss, do listen and dig deeper within);*
3. *Your own choices in navigating similar dynamics in your professional or personal roles.*

*These core components of Emotional Intelligence can lead to transformational solutions and growth.*

*Pair this with today's post, [Understanding the influence of culture on end-of-life, palliative, and hospice care: A narrative review](#).*

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56 **CIOs' tech wishlist: What IT leaders would buy with a blank check**

*Becker's Health IT; by Naomi Diaz; 7/14/25*

If hospital and health system CIOs had unlimited resources, where would they place their biggest technology bets? *Becker's* asked several IT leaders: If you had a blank check to invest in one technology tomorrow, what would it be and why? *[Only a few responses are listed here. [Go to the source article](#) for the IT leaders' name, organization, role, and answer.]*

- ... ambient listening for clinical documentation ...
- ... an AI healthcare platform that predicts, prevents and personalizes care before patients even realize they need it ...
- ... adaptive, responsible AI infrastructure that spans the full healthcare enterprise — clinical, operational and financial ...
- ... AI-powered cybersecurity platforms ...

57 **Rural hospitals eye service expansions to weather federal cuts**

*Modern Healthcare; by Alex Kacik; 7/14/25*

Rural hospitals are hopeful they can add rather than reduce services to help soften the blow from looming Medicaid and Medicare cuts. ... If rural providers cannot recruit physicians, lean more heavily on philanthropic donors or find other ways to reduce their reliance on Medicaid and Medicare reimbursement to get ahead of cuts in the law, hospitals will be forced to pay back services or close their doors, industry observers said. ... In response, [rural providers have accelerated ongoing operational adjustments](#), including renegotiating vendor contracts, beefing up their coding and billing processes, [freezing new hires](#) and standardizing daily tasks to reduce administrative waste. But those tweaks alone cannot sustain rural hospitals, so some providers are aiming to grow surgeries, infusions and other services to boost their bottom lines, executives said.





58 **Wisdom in leadership—Do we have the time to be wise?**

*Forbes; by Melanie Hughes; 7/13/25*

In today's corporate world, where speed often seems like the ultimate competitive advantage, many leaders and organizations risk losing something far more valuable: wisdom. The question is pressing—do we have time to be wise? I was inspired to revisit this question by Manfred Kets de Vries' essay on wisdom. Kets de Vries reminds us, "wisdom can't be taught," it emerges instead through life's crucible: reflection, vulnerability, relationship, and, perhaps most importantly, teaching others. He argues that simply transmitting information—even the best advice—is not enough to cultivate wisdom. It comes from grappling with ambiguity and experimenting in the messy reality of life and work. ... In the whirlwind pace of modern corporate life, do we leave ourselves any space to reflect, or are we moving so fast that we undermine our capacity to become wise?

	<b>Total</b>	<b>10</b>
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