



## Top News Stories of the Month, June 2025

Article Summary		
Category	#	%
A1 Mission Moments	4	8%
A2 Reimbursement Challenges, Warning Signs, and Implications	7	14%
A3 Competition to be Aware of	1	2%
A4 Workforce Challenges	8	16%
A5 Patient, Family, and Future Customer Demographics and Trends	11	22%
A6 Regulatory and Political	2	%
A7 Technology and Innovations	3	6%
A8 Speed of Change, Resiliency, and Re-Culture	2	4%
A9 The Human Factor	2	4%
A10 Highlighted Articles of Interest	10	20%
Totals	50	100%

### A1 Mission Moments

1 [NPHI proud to announce its partnership on the upcoming documentary for PBS, Caregiving, from Executive Producer Bradley Cooper](#)

National Partnership for Healthcare and Hospice Innovation (NPHI), Washington, DC; 5/19/25

The [National Partnership for Healthcare and Hospice Innovation \(NPHI\)](#); is proud to announce its partnership on the upcoming PBS documentary *Caregiving*, a powerful new film executive produced by Academy Award-nominated actor, director, and producer Bradley Cooper. Created in collaboration with Cooper's production company, Lea Pictures, as well as [WETA](#) Washington, D.C., and [Ark Media](#), *Caregiving* will shine a national spotlight on the often unseen yet essential work of caregivers across the country. NPHI is honored to serve as a national partner on this important project. Narrated by Uzo Aduba (*The Residence*, *Orange Is the New Black*) and directed by Chris Durrance, *Caregiving* intertwines deeply personal stories of caregivers with the untold history of the American care system. The documentary examines how caregivers—often family members, friends, and frontline professionals—navigate the immense challenges and unseen achievements of their roles.



2 **New inmate comfort care program launched for terminally ill patients**

*ABC WTXL 27, Tallahassee, FL; by Tier Wootson; 6/6/25*

The Leon County Sheriff's Office and Big Bend Hospice are teaming up for a new Inmate Comfort Care Program for Terminally Ill Patients. In the press release, LCSO says that due to this new partnership, there will now be an inpatient hospice room within the Leon County Detention Facility. They say this has been developed over the last year with collaboration between LCSO leadership, healthcare leaders from YesCare, and representatives from Big Bend Hospice. ... The program is for inmates who have less than one week to live. While in hospice care, family members will be able to visit loved ones in a "peaceful and private environment."

3 **Celebrating Father's Day when Dad is on hospice**

*Roze Room Hospice, Culver City, CA; retrieved from [www.rozeroom.org](http://www.rozeroom.org) on 6/12/25*

Father's Day is often synonymous with backyard cookouts, gifts, cards and large family gatherings. Honoring your father or a father figure means celebrating the role this important person has played in your life. It can be a sentimental day where we slow down and consider the gift this person has been in our lives. But if your father is in hospice care, Father's Day can take on even more significance. You may believe the day will be filled with sadness and unease. But truly capturing this day will be a gift to your dad and all those who love him. Here are five ways to celebrate Father's Day when your dad is on hospice.

- Live in the Moment. ... *[Click on the title's link for these rich descriptions.]*
- Say What's in Your Heart. ...
- Gather Loved Ones. Celebrate his life! ...
- Bucket List It. ...
- It's About Quality of Life. ...

Celebrating Father's Day when Dad is on hospice can be enriching. It gives us the opportunity to celebrate and express the role our fathers have played in our lives. When time becomes limited, Father's Day carries even more impact. It's important to grab this precious day as fully as you can, despite his illness. Celebrating will empower your dad and all those who love him to regain what really matters — time together to focus on the beauty of his life.

*Editor's note: Thank you Roze Room Hospice for these inspiring ways to embrace both living and dying in deeply personal, meaningful ways. Calling hospice leaders / readers: Please share this with your interdisciplinary team members who will provide patient/family care today and through this weekend.*



4 **'It was meant to be': How a haircut became a gift for hospice patients**

*Simple Health - KXAN, Austin, TX; by Esmerald Zamora; 6/15/25*

In addition to its clinical care, [Blue Water Homecare and Hospice](#) [in Central Texas] also runs a volunteer program designed to enhance patients' quality of life. Through that program, a new partnership has formed with Maria's Hair Studio and Barbershop in Round Rock to provide free haircuts to hospice patients in the comfort of their homes. ... Volunteer Coordinator Steve Wanzer said the idea came from a patient request. A social worker reached out to Wanzer, asking if he knew anyone who could provide a haircut. As fate would have it, Wanzer was driving past Maria's Hair Studio at that very moment. ... Since then, the simple gesture has become a cherished part of the care Blue Water provides. [Bluewater owner Jennifer Prescott said,] "As hospice professionals, we understand how important it is to help people feel good. This small act of kindness goes a long way."

*Editor's Note: How beautiful, and so easy to replicate. This brings a smile to me. My Mom was living in our home with hospice care. Confined to an upstairs bedroom, she asked me how she could get a long overdue haircut. She laughed, "I want to look good in my casket!" My longtime hairdresser came to our home, lovingly tended Mom and her hair, and took a now-favorite photo of Mom and me. She died 3 weeks later. Yes--in her casket--Mom's hair was beautiful!*

	<b>Total</b>	<b>4</b>
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

5 **Why CMS' GUIDE Model could move home care from side act to main stage**

*Home Health Care News; by Joyce Famakinwa; 5/29/25*

The Guiding an Improved Dementia Experience (GUIDE) Model might be one of the biggest steps in the right direction for recent Medicare policy. The eight-year voluntary nationwide program was launched last year by the Centers for Medicare & Medicaid Services (CMS), with the goal of supporting individuals living with dementia, as well as their unpaid caregivers. The program's focus is more important than ever, with an



estimated 6.7 million people living with dementia. This amount is expected to skyrocket to 14 million cases by 2060, according to data made available by CMS.

6 **Rosen introduces bipartisan bills to expand access to palliative care, hospice care**

*Jacky Rosen, U.S. Senator for Nevada, Washington, DC; 6/5/25*

U.S. Senator Jacky Rosen, co-founder and co-chair of the bipartisan Senate Comprehensive Care Caucus, announced the introduction of a pair of bipartisan bills to expand access to palliative and hospice care. The *Expanding Access to Palliative Care Act* with Senators Barrasso (R-WY), Baldwin (D-WI), and Fischer (R-NE) would establish a demonstration project through Medicare to expand access to palliative care at the time of diagnosis of serious illness or injury. The *Improving Access to Transfusion Care for Hospice Patients Act* with Senators Barrasso (R-WY) and Baldwin (D-WI) would carve out payment for transfusion services within the Medicare hospice benefit, allowing for separate billing to Medicare for transfusions. This would improve access to hospice care for patients who rely on transfusion care to maintain quality of life.

7 **'It's going to be the expectation': Alternative care models reshape home-based care**

*Home Health Care News - Hospital at Home; by Joyce Famakinwa; 6/10/25*

At-home care providers are looking to the future. This means seriously investing in alternative home-based care models, such as hospital-at-home and Program of All-Inclusive Care for the Elderly (PACE). DispatchHealth, Contessa Health and Alivia Care are some of the organizations that have jumped headfirst into alternative home-based care models, enabling the creation of more comprehensive care delivery models. While alternative care models come with inherent challenges, including a complex regulatory environment and higher capital investments, these models are set to become an expectation for home-based care providers.

8 **National Alliance: Proposed 2.4% hospice payment update would create shortfall**

*Hospice News; by Jim Parker; 6/11/25*

The U.S. Centers for Medicare & Medicaid Services' (CMS) proposed 2.4% hospice base rate increase is woefully inadequate, and new physician attestation requirements may place undue burdens on providers, according to comments from the National Alliance for Care at Home. The Alliance on Tuesday released its public comments on the 2026 hospice payment rule, which stated that the proposed increase will not adequately cover hospices' rising costs for supplies, labor, travel and other expenses.



9 **Medicare Home Health Care is the ideal platform for home-based palliative care at the end of life**

Journal of Palliative Medicine; by Tessa Jones and Sean Morrison, with Guest Editor note by Ira Byock, MD; 6/10/25

Recognizing the central role of HH as a de facto means of providing home-based palliative care—and strategizing how to integrate palliative care principles and education into it—holds the potential to expand access to palliative care services and improve the quality of end of life for older Americans. The authors identify four main barriers to successfully integrating HH into the suite of palliative care delivery models. First, the HH workforce lacks training in fundamental palliative care. Second, the current lack of ongoing physician involvement in the HH setting. Third, reimbursement. Palliative care services are often excluded from traditional payment models, particularly in the HH setting. Lastly, financialization of the HH sector. They say that integration of palliative care within for-profit HH agencies may require a strategic emphasis on financial incentives.

**Guest Editor Note, Ira Byock, MD:** *This academic oped extends the drumbeat toward alternatives to hospice care. Overcoming barriers to home-based palliative care requires steps that are strikingly similar to those needed to make hospice programs successful. The authors repeatedly refer to HH interdisciplinary teams. In fact, home health is a multidisciplinary model of service delivery that lacks the clinical synergy of high-functioning interdisciplinary hospice teams.*

**B. Medicare Advantage/Value Based Care**

10 **CMS' TEAM Payment Model: What hospices need to know**

Hospice News; by Jim Parker; 5/30/25

A forthcoming alternative payment model for hospitals focuses on discharge planning and ensuring effective post-acute care, including hospice and palliative care when appropriate. The U.S. Centers for Medicare & Medicaid Services (CMS) late last year unveiled its new Transforming Episode Accountability Model (TEAM). Participation in the model will be mandatory for select hospitals. The program is set to launch on Jan. 1, 2026 and run through Dec. 31, 2030. CMS designed the program based on lessons





learned from previous episode-based payment models, as well as input from stakeholders in response to a Request for Information published in 2023.

11 [\*\*MedPAC Report: Medicare Advantage enrollees receive 11% fewer home health visits\*\*](#)

*Home Health Care News; by Morgan Gonzales; 6/13/25*

The Medicare Payment Advisory Commission's (MedPAC) June report to Congress examined home health care use among Medicare Advantage (MA) and traditional Medicare patients and found that MA enrollees receive 11% fewer home health visits compared to Medicare fee-for-service.

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### A3 Competition to be Aware of

12 [\*\*From hospital to home: Mastering transitions of care and preventing re-hospitalizations\*\*](#)

*Mayo Clinic; by Mayo Clinic Press Editors; 6/3/25*

Physically moving from one healthcare setting to another — whether it be from the hospital to rehab, or rehab to nursing home — can be a complicated process, both logistically and emotionally. And in the midst of all of that hubbub, it can sometimes be hard for the person in the center of it all to feel like they're properly being heard. On this episode of *Aging Forward*, Dr. Maria De la Garza talks about the commonality of communication errors between health providers during care transitions, the importance of caregivers and loved ones in the process, a how to center the patient and their wishes in their care.

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### A4 Workforce Challenges

#### A. Paints the Picture

13 [\*\*AI job disruption could lead to 20% unemployment in 5 years\*\*](#)

*Becker's Health IT; by Naomi Diaz; 5/30/25*

AI startup Anthropic is sounding the alarm on AI's potential to reshape the workforce — and not in a good way, [CNN](#) reported May 29. Dario Amodei, CEO of Anthropic, told *CNN* in an interview that AI is on track to disrupt the white-collar labor force at an unprecedented pace. He warned that U.S. unemployment could rise to 20% within one



to five years. Entry-level, white-collar roles could be hit hardest, with up to half potentially eliminated as AI grows more capable, Mr. Amodei told Axios.

14 **Bayada lays off 10% of headquarters staff, citing reimbursement challenges**

*Home Health Care News; by Joyce Famakinwa; 6/9/25*

Bayada Home Health Care — one of the largest U.S. providers of home-based care — has reduced its headquarters staff by 10%, or roughly 100 jobs. The company stated that the layoffs are the result of operating in a difficult reimbursement environment. “While Bayada is stable, strong and growing, we operate in a challenging environment where the costs of providing care are growing faster than the ability of governments and insurance companies to pay for that care,” the company said in a statement. ... Bayada provides home health, home care, hospice and behavioral health care services in 23 states, as well as in several other countries.

15 **Healthcare’s broken math: 11 signs the numbers don’t add up**

*Becker's Hospital Review; by Scott Becker, Molly Gamble; 6/25/25*

Healthcare has a daunting and growing supply and demand problem. We have a growing population in the United States and not enough physicians, nurses, allied healthcare providers and technicians. It is a very clear and simple math problem. We have approximately 340 million people in the United States and only about 840,000 direct patient care physicians and about 5.3 million nurses. Similarly, we face shortages across the board in other provider types and critical staff roles. [Imbalances include:]

1. There is uneven distribution on top of shortages
2. Expanding care roles can work in many cases, but not all
3. You increasingly need to know someone to get care from the right provider
4. Alternative business models are growing due to the limited supply of physicians
5. It’s not just headcount — it’s hours [[continue reading...](#)]

***B. Implications of the issue***

16 **MorseLife: Pay to nonprofit's top executives draws community, donor scrutiny**

*The Palm Beach Post; by Alexandra Clough; 6/3/25*

The controversy began in January when an anonymous letter was sent to the leadership



board at the respected health care facility. To this date, it is not known — at least publicly — who authored the two-page salvo that first raised alarms about executive pay, tax law compliance and potential for a whistleblower complaint. Specifically, the letter flagged the payment of top MorseLife executives' compensation to a for-profit company called Amplifii Management LLC. Amplifii is owned by MorseLife Chief Executive Keith Myers and Chief Financial Officer Randy Wolan, according to federal and state public records.

17 **The shrinking physician leadership pipeline**

*Becker's Clinical Leadership; by Mariah Taylor; 6/6/25*

Leaders across the nation are noticing a new trend — physicians seem less willing and interested in taking on roles beyond their clinical work. Traditionally, physicians have balanced full-time clinical loads with extra responsibility as a leader or educator. "But as people and the workforce have evolved, there's a growing understanding: if you're going to commit to something and do it well, you need dedicated time to focus on it," Michael White, MD, executive vice president and chief clinical officer at Valleywise Health in Phoenix, told *Becker's*. ... The increased interest in work-life balance for medical professionals has also contributed to younger physicians declining extra responsibilities.

**C. Solutions**

18 **Four Seasons offers virtual dementia training**

*Four Seasons, Flat Rock, NC; Press Release; 6/10/25*

Four Seasons is excited to now offer Virtual Dementia Training to the community! The Virtual Dementia Tour (VDT) is a patented, ground-breaking, and evidence-based method of building a greater understanding of dementia. This training will be provided free for community groups or faith-based communities. There is a cost for external healthcare staff training. Learn more or schedule a training by contacting Mary Jo Powers (Four Seasons Director of Home Care) or Jenny Martin (Four Seasons Home Care Recruitment & Training Coordinator) at [828.696.0946](tel:828.696.0946) or [HomeCareVM@FourSeasonsCFL.org](mailto:HomeCareVM@FourSeasonsCFL.org). ... "Virtual Dementia Training helps caregivers better understand what their patients' and loved ones' lives are like. The training helps foster empathy and patience to ensure the best care and quality of life for those living with dementia. We are honored to bring this impactful training to our communities," says Dr. Ruth Thomson, DO, MBA, HMDC, FAAHPM, FACOI, Four Seasons Chief Medical Officer.





19 **Nurse practitioners step in as geriatrician ranks shrink**

*The Washington Post; by Jariel Arvin; 6/15/25*

On Fridays, Stephanie Johnson has a busy schedule, driving her navy-blue Jeep from one patient's home to the next, seeing eight people in all. Pregnant with her second child, she schleps a backpack instead of a traditional black bag to carry a laptop and essential medical supplies ... "Our patient isn't just the older adult," Johnson said. "It's also often the family member or the person helping to manage them." Johnson isn't alone. Today, nurse practitioners are increasingly filling a gap that is expected to widen as the senior population explodes and the number of geriatricians declines. The Health Resources and Services Administration projects a 50 percent increase in demand for geriatricians from 2018 to 2030, when the entire baby boom generation will be older than 65. ...

20 **Empath revamping physical, digital workspace for improved employee experience**

*Hospice News; by Jim Parker; 6/16/25*

... [Empath is updating] its physical locations to enhance the workspace for employees. "Some of this workspace design that we're doing is innovative. We've invested in common workplace environments. We have quiet rooms, where people can go and focus on rest, relaxation and ease in the middle of the day. We leave your laptops, leave your phones out of that room," Fleece told Hospice News. "We've invested in common kitchen areas and gathering places that are like a workplace cafe, with coffee, lounge chairs, TVs and things like that, so people can get together and socialize while they are in the office." Florida-based Empath Health is the parent company of 17 affiliates and four philanthropic foundations. The organization provides care to more than 81,000 patients annually.

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## A5 Patient, Family, and Future Customer Demographics and Trends

### 21 [Hospices facing a US caregiving 'crisis'](#)

*Hospice News; by Holly Vossell; 6/2/25*

Family caregivers in the United States are being challenged by a swelling aging population in need of greater support and stronger policy infrastructures. Much room for improvement exists at both state and federal levels when it comes to recognizing the important roles that family caregivers play, according to Steven Lee, co-founder and CEO of Ianacare, a Boston-based patient and caregiver resource company. More innovative care models and disease-specific reimbursement options have widened pathways for hospice providers to improve family caregiver support, Lee said in a recent Hospice News Elevate podcast. But these fall short of addressing the diverse scope of practical, emotional and financial needs, he stated.

*Editor's note: This article has an [excellent map of US states with caregiver categories](#) for "Well-Supported," "Safe for Now," "High Risk," and "Critical" (courtesy of Otsuka America Pharmaceutical). Additionally, our sponsor Hospice Analytics provides the [National Hospice Locator, for caregivers/families to find hospices](#) that serve in each US county, and sorted by their quality scores. And, our sponsor Composing Life equips hospice organizations with [caregiver/family video libraries that span the continuum of serious illness, hospice, and grief care](#).*

### 22 [10 Signs death is near for dementia patients](#)

*The Healthy; by Dr. Patricia Varacollo, DO; 6/2/25*

For families and caregivers, recognizing the final stages of dementia can be difficult, but understanding the signs can help ensure comfort and dignity in a loved one's last days.

Dr. Koncilja highlights these key indicators that may suggest the end of life is near:

1. A noticeable shift in behavior: ...
2. Loss of appetite: ...
3. Difficulty swallowing: ...
4. Reduced interest in food: ...
5. Profound fatigue: ...
6. Muscle weakness: ...
7. Communication struggles: ...
8. Increased confusion or disorientation: ...
9. Changes in breathing: ...
10. Loss of mobility: ...

*Editor's note: What simple, visible referral tools do you provide for the ALF, LTC, SNF, and other senior/memory care facilities you serve? For more information, visit the national*



[Alzheimer's Association, Stages of Alzheimer's](#). Its full page details an Overview, Early-stage Alzheimer's (mild), Middle-stage Alzheimer's (moderate), and Late-stage Alzheimer's (severe).

23 **Death literacy is fostering positive conversations about the end**

*Counterpunch; by Caren Martineau; 5/30/25*

"[D]eath literacy is defined as the knowledge and skills that make it possible to understand and act upon the end-of-life and death care options," according to a 2024 article in the journal Palliative Care and Social Practice, and its four foundational pillars: knowledge, skills, experiential learning, and social action. ... The U.S. Census named 2024 as the start of "[Peak 65](#)," a period that will last through 2027. Around 4.1 million Americans are expected to turn 65 each year from 2024 to 2027 (approximately 11,000 a day). By 2030, all baby boomers will be 65 or older. Implications of "Peak 65" include:

- Long-term care: ...
- Labor gap: ...
- Retirement: ...

It is impossible to overstate how critical widespread death literacy adoption is for our society. ... By building proficient narrative *long before the end*, entire populations will be better served before, during, and after the passing of loved ones.

24 **[The healthcare customer of the future, with Marcus R. Escobedo](#)**

*Teleios Collaborative Network (TCN); video/podcast by Chris Comeaux with Marcus R. Escobedo; 6/11/25*

In this episode of TCNtalks, Marcus Escobedo, Vice President of Communications at the John A. Hartford Foundation, joins Chris Comeaux to discuss the future of healthcare for aging populations. Marcus shares how the Foundation's Age-Friendly Health Systems initiative transforms care for older adults through the evidence-based 4Ms framework: focusing on what matters to older adults, medication management, cognitive health, and mobility. The conversation dives into the impact of ageism in healthcare and the importance of reshaping language and practices to serve older adults better.



25 **Senior living and care leads healthcare bankruptcies again in first quarter**

McKnight's Senior Living; by Kathleen Steele Gaivin; 6/3/25

Senior living and care bankruptcies hit a two-year high in the first quarter, increasing to seven from three in the fourth quarter of 2024. That's the highest quarterly increase in two years, according to a new [report](#) from healthcare restructuring advisory firm Gibbins Advisors. Senior living and care bankruptcies accounted for more than 40% of total healthcare filings, according to the report.

**Guest Editor Mark Cohen:** *Hospices with a significant census in nursing homes should be prepared in the event a care partner comes under fire from a consumer watchdog group and/or local/regional/national media. Be prepared with talking points for patients/families, your own staff, other nursing home partners and, of course, the media. A simple "no comment" is never the right response to a call from the media. There are constructive ways to no comment a media query without dismissively saying "no comment." See related article [New report details ongoing staffing shortages in Iowa nursing homes](#).*

26 **Death, taxes, and talking to your parents: Why the conversation you're avoiding might save your family**

Psychology Today; by Nancy J. Kislin, LCSW, MFT; 6/11/25

Key points:

- Most families avoid care talks—until crisis hits. Start the conversation before it's too late.
- Reframe the topic: It's not about death; it's about how your parents want to live and be cared for.
- Gentle, curious questions open doors. Ask about values, not just logistics.
- These talks can deepen connection—not just prepare for the future, but strengthen your bond today.

27 **Nursing home is pressuring my mother-in-law to enter hospice**

Aging Care - Caregiver Forum - End of Life - Questions; question posed by "concerned8"; 6/12/25

I am her Health Care Surrogate but as they won't declare her incompetent it has not



come into effect. I believe the home's intent is to prevent me from making the decision regarding hospice and instead to pressure her to enter it in various ways. ... I am not anti-hospice and expect her to enter it in the near future, but want that to be my decision, not the home's (even if it's portrayed as hers). ...

*[An answer from another reader]* Our family has only had bad experiences with three different hospice companies. Contrary to what most people believe, many patients are placed on hospice for free equipment and free services. I was told this by more than one hospice worker.

*Editor's Note: This post raises numerous troubling perceptions, with descriptions of poor hospice experiences.*

## 28 **Sky Harbor program teaches TSA to help passengers with dementia. It's the 1st of its kind in U.S.**

91.5 KJZZ Phoenix; by Kathy Ritchie; 6/17/25

For the first time anywhere in the U.S., Transportation Security Administration officers at Sky Harbor Airport are learning how to help travelers living with dementia. "So during this simulation, we're going to be wearing sunglasses, headphones, and both pairs of gloves," said Calli Carlson with Hospice of the Valley during a recent training session. "It's going to be about an 8-minute experience. So those headphones are going to tell you what to do with your blue bag. Do the best that you can." She's leading the agents in a simulation so they experience what it's like to have dementia. "So this interactive Dementia Moments training is one of the first trainings that has been provided to TSA agents." This simulation uses special glasses that impair vision, headphones to mimic audio distortion and gloves which affect dexterity.

*Editor's Note: Bravo! Do you provide any similar type of training for your employees and volunteers? Surely, you can adapt this to simulate your own contexts and interactions with persons coping with dementia. Be sure to include your non-clinical leaders who decide factors that impact your teams and volunteers who provide direct care. Ongoing, for more*





information explore the Alzheimer's Association with their easy-to-remember address, [www.alz.org](http://www.alz.org).

29 **'Just support her': Brittany Maynard's husband says medical aid in dying helped him grieve**

*USA Today; by Madeline Mitchell; 6/15/25*

Some patients find comfort in medical aid in dying, which allows individuals with six months or less to live the option to obtain a medicine that can help them die peacefully at a time of their choosing. It's not considered euthanasia – which is when someone administers a lethal drug – because the patient takes the medicine themselves. Medical aid in dying is legal in 11 states and in Washington, DC. "A lot of patients really express this desire to shield family members from the agony of watching them die, and potentially having them witness a really traumatic or a really burdensome death," said Anita Hannig, an anthropologist and author of the book "The Day I Die: The Untold Story of Assisted Dying in America." Some caregivers say medical aid in dying helped in their grieving process, too. One thing (Compassion & Choices' Jessica) Empeño, (Americans United for Life's Catie) Kelley and Hannig agree on: When a patient asks to die, it's crucial to ask questions about their pain levels, comfort and mental health. Not every patient can or wants to move to one of the 12 jurisdictions that allow medical aid in dying. Moving can be expensive, and some patients don't have the physical ability or time to move. The best thing caregivers can do, Empeño said, is to advocate for their loved one and plan for their death. Ask questions about what the patient wants when they are dying, like if they want visitors in those final moments and who should make final decisions if the patient can't themselves.

*Guest Editor's Note, [Mark Cohen](#): Medical Aid in Dying is not going away. This article makes the point that the things that hospices do best—empathetic listening, asking thoughtful questions to guide patients in their healthcare decision-making—can benefit patients and families on both sides of this policy question. For a related article, see this column by Dan Diaz supporting removal of the sunset provision in California's End of Life*



*Options Act: "Husband of Brittany Maynard: Let's make medical aid in dying permanent "; Sacramento Bee, 6/3/2025.*

30 **As the US ages, a growing movement aims to care for caregivers**

*JAMA Network; by Virginia Hunt; 6/20/25*

People caring for a family member with special needs such as a disabled child, a convalescing partner, or an aging parent often feel alone—but they aren't. In fact, up until the COVID-19 pandemic, unpaid family caregivers made up nearly 1 in 5 US adults, or about 53 million people. Experts estimate that this number has since grown. It certainly has for people supporting older adults: between 2011 and 2022, this subset of caregivers increased from 18.2 million to 24.1 million, according to a recent study.

31 **Addressing financial toxicity for patients and families facing serious illness**

*CAPC position statement; 6/23/25*

The U.S. is reaching a point of crisis in health care affordability. People living with serious illness in the U.S. are not only navigating complex medical conditions—they're also facing overwhelming financial hardship. A new position statement from CAPC highlights that the prevalence of financial distress for patients and caregivers can climb as high as 53%, depending on diagnosis. The consequences of financial toxicity are staggering, manifesting in medical debt, low credit scores, and bankruptcy. Financial toxicity can also lead to delayed treatment, skipped medications, or other cost-related coping mechanisms that worsen health outcomes and increasing costs for hospitals and payers alike. CAPC's new position statement outlines eight recommendations that can ease hardship for patients and caregivers, while improving financial stability for hospitals.

**Guest Editor's Note, Ira Byock:** *The importance of CAPC's new position statement cannot be overstated. This report highlights one of the most difficult problems seriously ill patients and families encounter and goes further to provide tangible ways to diminish the impacts of financial toxicity to patients and the healthcare system. Key actions include*



*routine financial screening and availability of trained financial navigators. The value of this statement extends well beyond palliative care; it should be considered must reading for leaders of hospitals, cancer centers, heart failure programs, and dementia treatment centers.*

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## A6 Regulatory and Political

### 32 **HOPE Tool Anxiety: What are we forgetting in the rush to prepare?**

*Teleios Collaborative Network (TCN); by Melissa Calkins and Ashley Espy; 5/30/25*

Panic is in the air. With the HOPE assessment tool set to replace HIS, hospice teams are racing to prepare—scrubbing workflows, updating systems, and trying to wrap their heads around new clinical documentation demands. But amid the rush, it's easy to overlook critical gaps: non-clinical staff being left out of planning, unclear timelines, poor communication, or the complete absence of a project lead.

HOPE isn't just about compliance—it's about execution. If we don't step back and ask what's missing, we risk rolling out a system that nobody is truly ready for.

Steps to Operationalize the HOPE Tool:

1. Project Planning ...
2. Training and Education ...
3. Practice and Gather Feedback ...
4. Integration with Existing Systems ...
5. Regular Updates and Audits ...

Examples of critical operational questions to address ...

### 33 **[New York] State Senate passes Medical Aid in Dying Act, bill heads to governor's desk**

*Finger Lakes Daily News; by Lucas Day; 6/10/25*



The New York State Senate passed the Medical Aid in Dying Act late Monday night, paving the way for New York to become the 11th state in the nation to legalize medical aid in dying. The vote followed hours of contentious debate and passed largely along party lines, 35-27. Six Democrats broke ranks to oppose the measure. The State Assembly had already approved the legislation in April by a vote of 81-67, meaning the bill now heads to Governor Kathy Hochul, who has the final say on whether it becomes law.

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## A7 Technology and Innovations

### 34 [10 notable ERP implementation failures and why they failed](#)

*TechTarget; by George Lawton; 6/4/25*

There are a lot of ways ERP systems can fail. Many businesses rush into rolling out new functions without careful consideration of details -- or knowing the common reasons for ERP implementation failure. ... John Belden, chief of strategy and research at Boston-based UpperEdge, an IT negotiations consultancy, commonly sees three key characteristics of these projects that often contribute to ERP implementation failure:

1. ERP implementations are often 2 to 10 times bigger than previous projects.
2. They are transformational, which means there are winners and losers in the organization because of the digital transformation enabled by the implementation.
3. They are generational, which means an organization might not have done anything comparable in 10 to 15 years.

... These 12 well-publicized cases of ERP implementation failure illustrate some of the main reasons why these operations fail and how to avoid them.

### 35 [7 browser extension rules every organization should follow to stay secure](#)

*PI - Programming Insider; by Mar Berman; 6/9/25*

Browser extensions have become essential for workplace productivity. Yet, they pose serious security risks that many organizations ignore. These small programs can access sensitive data, alter web content, and create openings for cyberattacks. ... This article presents seven important rules for organizations to manage risks effectively. Whether you work in IT or lead a team, these steps keep your network safe and easy to use. ...

1. Establish a Comprehensive Browser Extension Security Policy ...
2. Implement Centralized Extension Management ...

3. Conduct Thorough Security Assessments Before Approval ...
4. Maintain an Approved Extension Whitelist ...
5. Monitor Extension Activity and Data Access ...
6. Keep Extensions Updated and Patch Management ...
7. Educate Employees on Extension Security Best Practices ...

36 [Experts share how to protect against the downsides of AI in healthcare](#)

*Healthcare Brew; by Cassie McGrath; 6/25/25*

There's a lot of hype about AI in healthcare, experts say, but being transparent is essential. Artificial Intelligence (AI) has made its way into healthcare, from note-taking to voice agents. Conversations around liability and legislation are already happening, and there's no doubt that AI is starting to change how care is delivered. Already 75% of big healthcare companies are "experimenting with or planning to scale generative AI across the enterprise," according to Deloitte Center for Health Solutions. But less discussed are the potential downsides of this new technology...

Total	3
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## A8 Speed of Change, Resiliency, and Re-Culture

37 [7 Brutal truths about leadership no one tells you at 29](#)

*Forbes; by Nirmal Chhabria; 5/29/25*

At 29, I was handed my first leadership role. Six months later, I was drowning—my inbox was overflowing with problems, top performers were quitting and morale was plummeting. "What am I doing wrong?" I asked my mentor. "You're trying to be the hero instead of creating heroes," she replied. That conversation began my real leadership education—years of failures that revealed truths I wish I'd known from day one. Here are seven leadership insights that only experience taught me:

1. Leadership Is Service, Not Authority ...
2. Postponed Conversations Become Poisonous Problems ...
3. Control Suffocates Innovation ...

*[Click on the link above for all seven lessons and additional detail about them.]*

38 [I've managed 260 employees — Here's how to tell if your leadership style is actually working](#)

*Entrepreneur; by Amy M Chambers; 6/25/25*





These six clues always predict whether or not there's strong leadership nearby. If you don't see these six things, poor leadership isn't far. [Including:]

1. People are engaged
2. People advance and/or change roles
3. People spend time together
4. People speak differently
5. People innovate and fail
6. People deliver results

	<b>Total</b>	<b>2</b>
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## A9 The Human Factor

### 39 [The two kinds of people in the world--and why it matters for leadership](#)

*Fast Company; by Robert E. Siegel; 6/3/25*

Hard-nosed leadership and compassionate leadership aren't opposites. The best leaders embrace both. One provocative assertion I often make when teaching is that there are two kinds of people in the world: those who have hearts and those who don't. ... I then share that many leaders look at changing technology and changing markets and realize that a lot of jobs in their companies will inevitably be eliminated within the next few years, and it's not hard to predict which jobs will go away. The question is how the executives react to this realization. ... For the purposes of Systems Leadership, it doesn't matter which type of person you are in my (admittedly reductive) shorthand. You need to invest in your people whether you have a heart or not, for at least three major reasons.

1. It's cheaper and easier to retrain than replace ...
2. Investing in people boosts morale and discretionary effort ...
3. Institutional knowledge is an invaluable asset ...

### 40 [How do I adapt my leadership as my company grows?](#)

*Harvard Business Review podcast; by Muriel Wilkins; 6/16/25*

She's an entrepreneur who has led her company to a fair amount of success. After recently hitting a roadblock, she's hired new talent and is looking to position her company for continued growth. Host Muriel Wilkins coaches her through how to adjust her leadership to keep pace with her growing business.

	<b>Total</b>	<b>2</b>
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## A10 Highlighted Articles of Interest

### 41 [MLN Fact Sheet: Creating an effective Hospice Plan of Care](#)

*Centers for Medicare & Medicaid Services, Medicare Learning Network (MLN); 5/10/25*

The hospice plan of care (POC) maps out needs and services given to a Medicare patient facing a terminal illness, as well as the patient's family or caregiver. CMS data shows that some hospice POCs are incomplete or not followed correctly. This fact sheet educates on creating and coordinating successful hospice POCs. The primary goal of hospice care is to meet the holistic needs of an individual and their caregiver and family when curative care is no longer an option. To support this goal:

- The hospice provider develops an individualized POC
- An Interdisciplinary Group (IDG) sets up the POC and it's overseen by a Registered Nurse (RN) coordinator

*Editor's note: "Failing to plan is planning to fail," is a quote often attributed to Ben Franklin. What--if anything--is more important in hospice than the person's Plan of Care? Perhaps, actually using? Perhaps, knowing when, how, and with whom to adjust previous plans to changing needs? Perhaps, implementing each individualized Plan of Care with humanity, integrity, and clinical acumen? My questions are not to diminish the importance of effective Hospice Plans of Care. Rather, to emphasize its core, crucial roles in discerning and providing effective, efficient, coordinated, personalized hospice care. Do you think of the hospice patient's Plan of Care as a noun, "a plan"--or a verb, "to plan"? It's both. This CMS / MLN Fact Sheet is a must-have, must-know, must-use resource. Download it. Share it. Examine its linked reports. Learn. Listen. Improve. Ultimately, whose plan is it? Years from now, who will carry evocative memories of the good, bad, and everything-in-between from the care your hospice is providing, today? (Spoiler alerts: the patient; the caregiver and family.) It matters. Let's learn. Let's plan.*

### 42 [Ethics talk: Are private equity investments really different from other ownership structures in health care?](#)

*AMA Journal of Ethics, Podcast May 2025; by Robert I. Field, PhD, JD, MPH; 5/30/25*

Dr. Robert I. Field joins Ethics Talk to discuss whether and to what extent private equity firms' increasing presence in health care deserves our scrutiny and what policy makers, clinicians, and patients should know about responding to private equity ownership stakes in the organizations where they work and where they go for health services.

- [Access the transcript.](#)



Robert I. Field, PhD, JD, MPH is professor of law at the Thomas R. Kline School of Law and professor of health management and policy at the Dornsife School of Public Health at Drexel University in Philadelphia, Pennsylvania. ...

*[An excerpt from Dr. Field, page 4 of the transcript:]* ... I think the most important element, which is the same as what lawyers and regulators have been calling for, is transparency. So, you were asking, how could a patient find out about the ownership of a facility? How could a medical student find out about the ownership of a residency program or slot? It's very difficult. ...

... Viewpoints expressed are those of interview participants and do not necessarily reflect the views and policies of the AMA.

#### 43 **Medical robots to the rescue: New technologies to help our health**

*NIH News in Health; 6/2/25*

What do you think of when you hear the word robot? Is it a human-like assistant with a friendly face, or a large and menacing foe? Generally, a robot is a machine that that's been built to perform specific tasks. [This article highlights:]

- Social robots help out
- Robots for surgery
- Wearable robotics

*Publisher's note: That the article is from NIH is just as interesting as the content itself.*

#### 44 **A strategic path forward for hospice and palliative care: A white paper on the potential future of the field**

*Palliative Medicine Reports; by Ira Byock; 6/5/25*

The field of hospice and palliative care in the United States is experiencing serious problems and faces an uncertain future. Quality of hospice care is highly variable. Unethical hospice business practices are common in some regions. Palliative care's integration within American health care has stalled, despite demonstrating that much better care for seriously ill and dying people is both feasible and affordable... Efforts



must start with zero tolerance of fraudulent business and clinical practices that harm vulnerable patients. The four components of this strategic approach are:

1. Publishing clear clinical and programmatic standards
2. Making meaningful data readily available
3. Driving quality-based competition
4. Embracing the field's authentic brand of expert care that fosters well-being for patients and their families

*Publisher's note: If you only read one of our newsletter articles this month, this is it. I encourage reading, applying, and disseminating this important article.*

45 **Serious illness has mental health implications — palliative care can help**

*Becker's Behavioral Health; by Dr. Simeon Kwan and Dr. Rowland Pearsall; 6/12/25*

... As health plans and providers strive to deliver whole-person, value-based care, we must recognize that treating the body is only part of the equation. Mental and emotional well-being are critical dimensions of serious illness, and they demand more focused attention. Fortunately, we have a powerful but often underutilized ally: *palliative care*. ... According to multiple studies, up to 40% of patients with advanced cancer experience clinical depression. Anxiety and spiritual distress are also common, particularly when facing the unknown or confronting the loss of autonomy. For those managing progressive illnesses over time, mental health concerns can erode treatment adherence, accelerate physical decline, and strain family caregivers.

46 **68% of hospices lack star ratings**

*Hospice News; by Jim Parker; 6/18/25*

The proportion of hospices that do not have a star rating from the U.S. Centers for Medicare & Medicaid Services (CMS) is growing. CMS introduced the hospice star rating system in 2022 to help patients make informed decisions about which provider to



choose. They appear on CMS' Care Compare website. The scores are based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results. Between August 2022 and that same month in 2024, the number of hospices without a star rating rose from 3,912 to 5,086, an average of 68%, according to a new [study](#) published in Health Affairs.

47 **Map shows assisted dying laws across US**

*Newsweek; by Jasmine Laws; 6/13/25*

New York has recently joined a number of other U.S. states that have made assisted dying legal. The state's [Senate](#) approved a bill on Monday allowing constituents with terminal diagnoses to end their lives on their own terms, and the legislation is now headed to Governor Kathy Hochul for her to sign into law. There are currently 10 states, as well as the District of Columbia, that have passed laws making medical assistance in dying (MAID) legal, according to Death With Dignity, and a number of others are considering similar legislation this year.

Why It Matters: Assisted dying laws are extremely divisive ... across the globe. [Click on the title's link for the map and more information.]

48 **Why one state banned corporate ownership of doctors' offices**

*Modern Healthcare; by Michael McAuliff; 6/13/25*

As private equity investors and large companies such as Amazon and UnitedHealth Group acquire doctors' offices at a rapid pace, states are considering tougher measures to stem what one senior legislator described as "relentless" consolidation in the healthcare sector. Oregon Gov. Tina Kotek (D) enacted a statute on Monday to strengthen the Beaver State's longstanding "corporate practice of medicine" law. The new law effectively bars private equity firms and other companies from controlling physician offices and mandates that doctors own at least 51% of their practices.





49 **When the caregiver is gone: The hidden crisis in aging services**

*McKnight's Senior Living; by Derek Dunham; 6/23/25*

Families need to think beyond a single caregiver. A network of support — whether made up of family, friends, professional caregivers or senior living communities — is essential. Here's what that looks like in practice:

- Have a "plan B" caregiver.
- Create a communication web.
- Consider respite and home care services.
- Talk about the "what ifs."

50 **National health expenditure projections, 2024–33: Despite insurance coverage declines, health to grow as share of GDP**

*Health Affairs; by Sean P. Keehan, Andrew J. Madison, John A. Poisal, Gigi A. Cuckler, Sheila D. Smith, Andrea M. Sisko, Jacqueline A. Fiore, Kathryn E. Rennie; 6/25/25*

National health expenditures are projected to have grown 8.2 percent in 2024 and to increase 7.1 percent in 2025, reflecting continued strong growth in the use of health care services and goods. During the period 2026–27, health spending growth is expected to average 5.6 percent, partly because of a decrease in the share of the population with health insurance (related to the expiration of temporarily enhanced Marketplace premium tax credits in the Inflation Reduction Act of 2022) and partly because of an anticipated slowdown in utilization growth from recent highs. Each year for the full 2024–33 projection period, national health care expenditure growth (averaging 5.8 percent) is expected to outpace that for the gross domestic product (GDP; averaging 4.3 percent) and to result in a health share of GDP that reaches 20.3 percent by 2033 (up from 17.6 percent in 2023).

Total	50
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