



Top News Stories of the Month, March 2025

Article Summary		
Category	#	%
A1 Mission Moments	3	6%
A2 Reimbursement Challenges, Warning Signs, and Implications	12	23%
A3 Competition to be Aware of	4	8%
A4 Workforce Challenges	4	8%
A5 Patient, Family, and Future Customer Demographics and Trends	11	21%
A6 Regulatory and Political	3	6%
A7 Technology and Innovations	4	8%
A8 Speed of Change, Resiliency, and Re-Culture	2	4%
A9 The Human Factor	1	2%
A10 Highlighted Articles of Interest	9	17%
Totals	53	100%

A1 Mission Moments

1 ['Dear God, I need help on this one': How a prayer from Hildegard House's founder was answered](#)

ABC News WHAS-11, Louisville, KY; by Doug Proffitt; 2/27/25

Up from the dirt of an 1800's camelback style house on Story Avenue, ... Karen Cassidy has a plan. "We're standing on the original dirt floor of the house, that's the way they built things," she said. She's the former nurse who founded the Hildegard House 11 years ago. Hildegard is a place for the terminally ill to die in peace, ... for people who have no home, or loved ones, to care for them, so that they may die with dignity. ... It is funded successfully and solely by both private donations and foundations. Now, in the new space, the plan is to build a refuge called the "Center for Care Giver Education" ... "This is for caregivers that are at home trying to maintain their loved ones at home," Cassidy said. ... At the new center they will teach families the basics. ... Donations from foundations helped her buy the house with cash. But then, she got estimates for the renovation and restoration totaling \$450,000. "I said 'dear God, I need help on this one,'" Cassidy said. ... "Two weeks later I got an email from an attorney who said, 'Can you meet me for lunch? Somebody has left their estate to Hildegard House,'" ... "It was



\$450,000. That did it!" ... Nothing will be owed. Cassidy later learned why that money came her way. "We had cared for someone's mother and they were so grateful," she said.

Editor's note: I am honored to serve on the Board of Directors of the Hildegard House. I continue to be amazed at the profound care and superb systems envisioned, implemented and moved forward by Karen Cassidy, her staff, 80+ volunteers, community support, and the Board.

2 **[104-year-old WWII veteran honored for his service while in hospice](#)**

WCCO via CNN Newsource, Cottage Grove, MN; by Reg Chapman; 3/9/25

A World War II veteran in Minnesota has the honor of being the oldest resident in his town. Even at his remarkable age, Don Tietz has not lost his wit or his humor. After he was drafted during World War II, Tietz found himself a long way from his hometown farm. Tietz served as a truck driver, hauling ammunition across America's campaign into Europe. ... "We spearheaded across France," he said. ... He also faced the true grim realities of war. ... "There was 212, only 12 of us came back," he said. ... Tietz now represents a different era of grit and perseverance. Surrounded by friends and family, the Allina Health Hospice Team showed their gratitude to Tietz for his service by giving him a heartfelt ceremony, where he was awarded a pin and certificate. Most importantly, Tietz was given an opportunity to reflect on all of those years.

Editor's note: [Click here for the We Honor Veterans Program](#) developed by NHPCO (now the National Alliance for Care at Home) in collaboration with the Department of Veterans Affairs (VA).

3 **[\[Ukraine\] 'Support to the end': Religious sister brings palliative care to unborn babies in Ukraine](#)**

The Catholic World; by Hannah Brockhaus; 3/10/25

Since 2020, a pandemic and then an active war have caused untold tragedy for Ukrainians, but these circumstances have also allowed the country to confront death and grief in a way it never did before, according to a religious sister who offers palliative care to unborn children and their families. In Ukraine, "one couldn't and wouldn't talk about death before the COVID pandemic," Sister Giustina Olha Holubets, SSMI, told CNA earlier this month. The more open a society is about death and loss and grief, she said, the easier it is to know how to respond to a family going through the pain of losing a child in the womb or shortly after birth. A Byzantine Catholic and member of the Sister Servants of Mary Immaculate, Holubets has degrees in bioethics, psychology,



biology, and genetics. In 2017, she founded the nonprofit organization “Perinatal Hospice – Imprint of Life” in Lyiv, Ukraine, which she currently leads. ...

Total	3
--------------	----------

A2 Reimbursement Challenges, Warning Signs, and Implications

A. General to Hospice

4 [Medicaid health plans failing to pay hospices for nursing home room and board](#)

Hospice News; by Jim Parker; 3/3/25

... Medi-Cal, California’s Medicaid program, is among the states that shifted management of its safety net health coverage to health plans. Under this system, Medi-Cal pays the health plans who then pass payments on to the providers. However, due to confusion among managed care plans that oversee Medicaid in most states, those hospices are not getting those dollars back, according to Craig Dresang, CEO of YoloCares. This has caused hospices to lose thousands to millions of dollars in some cases. “Managed health care plans are saying they’re denying the claims, and they’re tying them up so that they age out. So the due date has passed and we can no longer bill,” Dresang told Hospice News. *[Click on the title's link to continue reading.]*

5 [Malpractice lawsuits are rising — here’s how physicians can protect themselves](#)

Becker's ASC Review; by Patsy Newitt; 3/11/25

Medical malpractice insurance is essential for protecting physicians from financial and legal risks, particularly amid the rise in malpractice lawsuits, according to a March 5 article on Physicians Thrive’s website. In 2023, malpractice verdicts hit a record high. There were 57 medical malpractice verdicts of \$10 million or more, with more than half of those verdicts hitting \$25 million. Here are nine things to know from the Physician’s Thrive article.

1. Approximately 1 in 3 doctors will face a malpractice claim at some point in their career, ...
2. There are two main types of malpractice insurance: claims-made and occurrence-based policies, ...
3. Tail and nose coverage are additional considerations for physicians switching insurance policies
4. On average, physicians pay around \$7,500 per year for coverage, ...
5. *[For more, click on the title's link.]*



6 **Congress passes telehealth, hospital-at-home in funding bill**

Modern Healthcare; by Michael McAuliff; 3/14/25

Congress completed work on a government funding bill Friday that modestly trims spending, gives President Donald Trump greater flexibility to cut programs and extends expiring healthcare priorities. In a 54-46 vote, the Senate approved legislation the House passed Tuesday that prevents the partial government shutdown that would have commenced at midnight EDT. ... The "continuing resolution," or CR, funds government operations through fiscal 2025, which ends Sept. 30, and extends and finances key healthcare programs for the same duration. Those include reauthorizing [Medicare reimbursements for telehealth](#) and [hospital-at-home services](#), originally authorized during the COVID-19 pandemic; ...

7 **Medicare Payment Advisory Commission [MedPAC] releases report to Congress on Medicare Payment Policy 2025 report on Medicare payment policy**

Medicare Payment Advisory Commission, Washington, DC; News Release, contact Stephanie Cameron; 3/13/25

Today [3/13/25], the Medicare Payment Advisory Commission (MedPAC) releases its March 2025 Report to the Congress: Medicare Payment Policy. The report presents MedPAC's recommendations for updating provider payment rates in fee-for-service (FFS) Medicare for 2026, providing additional resources to acute care hospitals and clinicians who furnish care to Medicare beneficiaries with low incomes, and eliminating certain Medicare coverage limits on stays in freestanding inpatient psychiatric facilities. The report reviews the status of ambulatory surgical centers (ASCs), the Medicare Advantage (MA) program (Medicare Part C), and the Part D prescription drug program (Medicare Part D). ... Fee-for-service payment rate update recommendations. ... MedPAC recommends ... payment reductions relative to current law for hospice providers, skilled nursing facilities, home health agencies, and inpatient rehabilitation facilities. *[Click on the title's link to continue reading.]*



8 **2 tailwinds shaping hospice growth, care delivery**

Hospice News; by Holly Vossel; 3/14/25

Rising demand for end-of-life care is pushing hospice growth opportunities to the forefront in value-based reimbursement. More payers in this arena are increasingly recognizing the depth of potential beneficial outcomes when it comes to collaborative hospice partnerships. Swelling aging populations have fueled rising health care costs across the country, with payers and providers alike seeking ways to ensure affordable access and sustainable services. ... "As far as tailwinds for the industry specific to hospice, [it's] predictions for demographic growth," [David Jackson, CEO and founding partner of Choice Health at Home] said. "The biggest opportunities for growth [are] talking about vertical integration and how we reach up into the health care system. [It's] talking about the value that we bring from the perspective of patient care, and then talk about the plans, the payers, the opportunity to enhance their financial outcomes."

9 **Medicaid's role in health and in the health care landscape: LDI expert insights and key takeaways from select publications**

Penn LDI - Leonard Davis Institute of Health Economics, Philadelphia, PA; by Julia Hinckley, JD; 3/17/25

... Medicaid accounts for one-fifth of U.S. health care spending and covers more than a quarter of Americans. LDI researchers have examined the services it provides in supporting aging adults, people with disabilities, and children, as well as its role in health crises such as chronic disease and suicide. ... Below are select key findings from recent peer-reviewed research, along with expert insights for policymakers considering changes to Medicaid funding in the federal budget.

- Making Medicare Affordable ...
- Imposing Medicaid Work Requirements ...
- Supporting Safety Net and Rural Hospitals ...
- Expanding the Long-term Care Workforce ...



- Caregiving for Older Adults and People with Disabilities ...
- Preventing Suicide ...
- Supporting Pregnancy Care ...
- Addressing the Overdose Crisis ...
- Keeping Kids Covered ...

10 **MedPAC recommends Congress tie physician pay to inflation for 2026**

Healthcare Dive; by Susanna Vogel; 3/17/25

Dive Brief:

- The Medicare Advisory Payment Commission, which advises Congress on Medicare policy, is recommending tying the rate of physician and other health professionals' payment increases in 2026 to the Medicare Economic Index minus 1 percentage point, according to its annual report released Thursday.
- Provider groups have been pushing MedPAC to tie payment increases to the MEI, saying rate increases need to better keep up with the costs of providing care. However, groups are split as to whether the recommendation goes far enough in addressing rising costs.
- MedPAC also recommended Congress boost hospital payment rates by the amount specified in 2025 plus 1% in 2026.

11 **MedPAC 2025 Annual Report Released**

MedPAC Report; 3/15/25 - sent 3/18/25 @ 3:00 PM ET

For fiscal year 2026, the Congress should eliminate the update to the 2025 Medicare base payment rates for hospice. In 2023, more than 1.7 million Medicare beneficiaries (including more than half of decedents) received hospice services from about 6,500 providers, and Medicare hospice expenditures totaled \$25.7 billion. *[Click the title's link to download and read MedPAC's most recent Report to Congress - Hospice chapter.]*



B. Medicare Advantage

12 **[UnitedHealth Group's year of DOJ probes, layoffs and backlash](#)**

Modern Healthcare; by Lauren Berryman; 2/24/25

UnitedHealth Group has faced an unprecedented past year, navigating events that have tested its finances, operations and reputation. Here is a timeline of key events during the company's past 12 months. [\[Click here and scroll down to the timeline with links to Modern Healthcare's articles through the year.\]](#)

13 **[CMS deletes Medicare Advantage vision statement, signaling another shift from health equity](#)**

Fierce Healthcare - Regulatory; by Noah Tong; 3/10/25

The Centers for Medicare & Medicaid Services (CMS) wiped away the agency's stated intentions for the future of Medicare Advantage (MA), underlining new uncertainty for the future of health-related social needs, CMS Innovation Center models and the federal health program. ... A frequently asked questions [page](#) gave further explanation, as did an executive summary of a report to be released in early 2025. The page included a section with the question, "What is CMS' vision for the future of the MA program?" as of Feb. 22, archived versions of the web page shows. But that question and answer was quietly deleted, and the page was last modified Feb. 26. It previously described how the VBID model helped health plans address health-related social needs and stressed health equity as an important cornerstone of its mission. ... The CMS did not immediately respond to a request for comment.

14 **[Research brief: Medicare Advantage Special Needs Plans linked to use of inferior hospice care](#)**

Penn LDI - Leonard Davis Institute of Health Economics; 3/11/25

Beneficiaries of Medicare Advantage special needs plans are significantly more likely to use lower-quality hospices than beneficiaries of other Medicare plans. These disparities may result from the geographic availability of high-quality hospices or the referrals that beneficiaries receive from their plans' contracted hospitals and nursing homes. The results support incentivizing referrals to high-quality hospices and improving consumer information about hospice quality.



15 **Charting the path forward to Value-Based Care**

Forbes; by David Snow, Jr.; 3/25/25

The U.S. healthcare system is at a crossroads, embarking on a crucial transformation in how care is financed. For decades, we've operated under a fee-for-service (FFS) model, which incentivizes service volume with little accountability for efficacy or costs.

According to the Commonwealth Fund, this model contributes to poor healthcare access, lower care quality and lack of care continuity and is a factor behind the staggering per-capita healthcare costs in the U.S., which are the highest in the world.

... In recent years, we've seen a shift away from the FFS model to progressive value-based care (VBC) models that link provider payments to patient outcomes, care quality and cost efficiency. This is a fundamental overhaul of healthcare economics, and although it may be challenging and disruptive, I believe it's essential. [\[Continue reading ...\]](#)

	Total	12
--	--------------	-----------

A3 Competition to be Aware of

16 **Providence, Compassus finalize home health joint venture**

HomeCare, Renton, WA and Brentwood, TN; 3/5/25

Providence, a nonprofit health system serving the Western U.S., and Compassus, a national provider of integrated home-based care services, announced they have finalized the first phase of a joint venture for home health, hospice and community-based palliative care in Alaska, Texas and Washington. The new entity will operate under the name Providence at Home with Compassus. In Lubbock, Texas, the Covenant Health hospice program that is part of the Providence family of organizations will be rebranded as Covenant Health at Home with Compassus. Under the agreement, Compassus will manage operations for the joint venture, which will include six home health locations in Alaska and Washington, and five hospice and palliative care locations in Alaska, Texas and Washington.

17 **Mahogany CEO: Hospice on cusp of 'tremendous revolution'**

Hospice News; by Holly Vossel; 3/7/25



Mahogany Home Health and Hospice recently launched services in southwestern Ohio. The new hospice startup is the first Black-owned hospice and home health organization statewide with a drive to improve utilization among underserved populations. This is according to Victor Couzens, owner, founder and CEO of Mahogany Home Health and Hospice. The organization recently received a green light from state licensing agencies to begin serving Cincinnati and Dayton, Ohio and surrounding communities. ... Couzens recently told Hospice News, ... "As a hospice chaplain, I was often confronted with the pressure of trying to fit a square peg into a round hole when it comes to how underserved communities are actually reached and cared for. It's about offering insights, or even evidence-based approaches, to meeting the needs of Black and brown people, the needs of the LGBTQ+ community, the needs of immigrants and just any other groups who do not make up the majority of the patient population. ..."

18 **How Houston Methodist's ACO reduced its end-of-life spending by nearly 20%**

MedCity News - Hospitals; by Katie Adams; March 10, 2025

Houston Methodist Coordinate Care is reducing costs through a partnership with Koda Health, a digital platform that guides patients through their end-of-life choices. Preliminary findings show the technology resulted in a 19% reduction in the total cost of care for patients at the end of their life, which equals nearly \$9,000 in savings per patient. ... The ACO has been working with Koda Health for more than three years — and it is saving money by getting patients more involved in their end-of-life care plan.

A. Mergers & Acquisitions

19 **Walgreens sells to private equity firm Sycamore Partners**

Healthcare Brew - Pharma; by Nicole Ortiz; 3/11/25

Since December, rumors have floated around that Walgreens was going to be acquired by private equity (PE) firm Sycamore Partners. And while analysts told Healthcare Brew at the time that it was unlikely to happen, the tides appear to have turned in the PE company's favor. On March 6, Walgreens Boots Alliance announced in a press release that it had signed a definitive purchase agreement with Sycamore for up to \$23.7 billion. However, when Walgreens's debts and assets to be potentially divested are taken out, the total sale price is actually closer to around \$10 billion, per the *II Street Journal*, turning the retailer into a private entity after nearly a century as a public company.

Total	4
--------------	----------



A4 Workforce Challenges

A. Paints the Picture

None in this category this month

B. Implications of the issue

20 [Willow Point Nursing Center raises pay by nearly 20%](#)

WIVT Binghamton, Vestal, NY; by Samantha Rich; 3/17/25

A local nursing home is recognizing the selfless contributions of its employees by significantly increasing its pay scale. The Broome County Legislature recently approved 16-20% pay raises for multiple healthcare roles at Willow Point Rehabilitation and Nursing Center in Vestal. The pay scale was raised for Supervising Nurses, Certified Nursing Assistants (CNAs), and Licensed Practical Nurses (LPNs). Willow Point has also added several new openings in each role.

21 [From heroes to burnout: How we failed our frontline health workers](#)

MedPage Today's KevinMD.com, and excerpt from Health Care Nation; by Tom Lawry; 3/15/25

Of all the lessons learned from fighting a pandemic, none was more frightening or important than discovering how dependent the system is on how we treat our doctors, nurses, and frontline caregivers. They were already in short supply, with burnout on the rise, when the pandemic hit. As multiple waves of COVID-19 variants washed over us, frontline health workers stepped in at great risk and personal sacrifice to care for highly infectious patients. ... Some witnessed more deaths on a double shift than they did in a normal year. They delivered the bad news to families and managed end-of-life care. They were often the last face and warm voice a COVID-19 victim saw and heard. In the end, they not only saved lives but saved the system from total collapse. ... We called them heroes. And we promised to do better in how we treated them once the COVID-19 crisis passed. Promises made should be promises kept. While we continue to talk about workforce burnout using polite terms with concern in our voices, let us be clear: A system with a mission of healing continues to harm in record numbers the very people in short supply who are there to take care of the rest of us. ... [Click on the title's link for more.]

C. Solutions

22 [The rising importance of social workers on the home health team](#)

Home Health Care News; by Audrie Martin; 3/10/25

Addressing social determinants of health (SDoH) is becoming increasingly important



due to new [regulations](#) from the Centers for Medicare & Medicaid Services (CMS) and the shift toward value-based care payment models. With ongoing staffing shortages and a growing demand for home-based care services, social workers are taking on greater responsibilities to support the health care system. ... Individuals requiring home health care often need complex support that addresses both their medical and psychosocial needs, especially if they are isolated from typical social interactions and services. Some home care teams are now integrating home health social workers (HHCSWs) to provide a comprehensive approach to care that considers these SDoHs. *Editor's note: March is National Social Work Month. [Click here for National Association of Social Worker's \(NASW\) Social Media Toolkit for Social Work 2025](#)*

23 **How work in the hospice field differs from hospital work**

Healthcare Business Today; 3/17/25

... How work in the hospice field differs from hospital work goes beyond the obvious difference in care settings—it reflects a fundamental shift in approach, focus, and philosophy. Hospice focuses on enhancing quality of life, while hospitals often prioritize life-saving interventions. This contrast not only shapes patient care but also defines the role of the medical teams in these environments.

- A Shift in Care Priorities ...
- Longer and Deeper Patient Relationships ...
- Autonomy and Decision-Making ...
- Looking Past the Stigma of Hospice ...
- Closing Thoughts: Hospice work reflects a more intimate, holistic approach to care, shifting away from life-prolonging measures. ...

Editor's note: Calling all leaders, especially Human Resources, Clinical Education, and Clinical Managers and all business leaders who have never worked for a hospice. These distinctions are significant. Ensure that you covering this "fundamental shift" in your hiring (Job Descriptions, interviews); orientation, precepting, and ongoing supervision; best practices, competencies and evaluations in interdisciplinary teamwork; community



outreach (too many hospice marketing efforts completely water-down hospice's actuality of dying and death).

Total	4
--------------	----------

A5 Patient, Family, and Future Customer Demographics and Trends

24 **Hospitals may buckle under 'tsunami' of patients**

Modern Healthcare; by Alex Kacik; 2/25/25

Health systems are treating sicker patients, straining already full emergency departments and inpatient units. Many health systems are struggling to keep up with the increasingly complex healthcare needs of an aging population, leading to overcrowded emergency rooms and delays in care. Providers are ramping up strategies to treat patients more efficiently and keep those who aren't as sick out of emergency departments. These strategies are critical as capacity wanes and providers face a potential decline in federal healthcare funding, executives said. Health systems are revamping patient admission and discharge processes; bolstering virtual, home and urgent care offerings; expanding clinician recruitment efforts and adding observation beds. But providers are concerned they won't be able to act quickly enough to meet the growing demand for care.

25 **How much does end-of-life care generally cost?**

50 Plus Finance; by David Leto; 3/3/25

[For the public] ... Knowing how much end-of-life care generally costs can help you manage and prepare your finances appropriately to ease the burden on you and loved ones when the time comes. ... The cost of end-of-life care can vary widely depending on the services required. On average, however, Americans spend between \$10,000 and \$70,000 on such care, with the majority of expenses often occurring in the last year or month of life. These costs can stem from hospital stays, at-home care, or nursing facility care. Hospice, which focuses on comfort and pain management, typically costs less than intensive medical treatments but still averages several thousand dollars each



month, or around \$150 a day with insurance. Understanding these figures helps you set realistic financial expectations and prepare for them. ...

26 **748 hospitals at risk of closure, state by state**

Becker's Hospital CFO Report; by Molly Gamble; 3/6/25

Nearly 750 rural U.S. hospitals are at risk of closure due to financial problems, with nearly half of those hospitals at immediate risk of closure. The count of 748 at-risk rural hospitals comes from the latest [analysis](#) from the Center for Healthcare Quality and Payment Reform, which is based on CMS' most recent hospital financial information. The center's analysis reveals two distinct levels of vulnerability among rural healthcare facilities: risk of closure and immediate risk of closure. In the first category, nearly every state has hospitals at risk of closure, measured by financial reserves that can cover losses on patient services for only six to seven years. In over half the states, 25% or more of rural hospitals face this risk, with 11 states having a majority of their rural hospitals in jeopardy. *[Click on the title's link for the list.]*

Editor's note: On July 5, 2024, we posted from the same source (Becker's Hospital CFO Report) that "Since January 2005, 192 rural hospitals have closed or converted ... Of those hospitals, 105 have completely closed, and 87 have converted, meaning the facilities no longer provide inpatient services, but continue to provide some services, such as primary care, skilled nursing care or long-term care. Since 2020, 36 hospitals have closed or converted. Find the list [here](#). This jump in number since July 2024 is both dramatic and traumatic for our rural communities.

27 **'The weekend effect': If you're planning surgery, doctors say you should think twice about Fridays**

DailyDot.com; by Ilana Gordon; 3/7/25

Everybody's working for the weekend, which, according to a new study, is incidentally the worst time of the week to undergo surgery. A paper published in the JAMA Network on March 4, 2025, concludes that patients experience worse outcomes during the weekends, as compared to weekdays. This phenomenon is known as the "weekend effect" and the study, which examined 429,691 patients in Ontario, Canada, determined that people whose surgeries began directly before the weekend "experienced a



statistically significant increase in the composite outcome of death, complications, and readmissions at 30 days, 90 days, and 1 year.”

28 Questions to ask when choosing a memory care facility

The Kansas State Collegian; 3/10/25

... Your goal is to find a community where your family member can feel safe, truly cared for, and supported during this next chapter of their life. To help, we’ve put together a list of questions you should ask when touring memory care facilities. These questions will help you cut through the sales pitches and get to the heart of what each community offers. ...

What is Memory Care, and Why Do These Questions Matter?

1. What’s the Staff-to-Resident Ratio? ...
2. What are the Staff’s Qualifications and Training? ...
3. What Safety Measures are in Place? ...
4. What’s Their Approach to Activities and Social Engagement? ...
5. What’s on the Menu? ...
6. How Do They Handle Medical Care and Emergencies? ...
7. What’s the Visiting Policy? ...
8. How Do They Handle Transitions and End-of-Life Care? ...
9. What’s the Cost Structure, and What’s Included? ...
10. Can I Speak With Current Families or Residents? ...

Take a Deep Breath—You’ve Got This ...

29 Understanding and addressing the US hospital bed shortage: Build, Baby, Build

JAMA Network Open; Alexander T. Janke, MD, MHS, MSc; Arjun K. Venkatesh, MD, MBA, MHS; 2/25

In the study by Leuchter et al, they provide simple yet provocative projections for the future of hospital care. They project that national hospital occupancy will exceed 85% by 2032, a critical threshold where basic hospital operations can become dysfunctional



and even unsafe. Leuchter et al begin to quantify the story already felt at the bedside in hospitals across the nation—namely, a trajectory toward inadequate supply of hospital care for the anticipated demand of the coming decade. US residents are older and more medically complex than ever. Technologically sophisticated surgical interventions and medical therapies have transformed the long-term survival rates for serious conditions, such as end-stage kidney disease, heart failure, and chronic obstructive lung disease. The US needs greater hospital bed capacity, particularly for critical care and complex care services.

30 **Less wealth at death linked to more end-of-life symptoms**

McKnights Long-Term Care News; by Kristen Fischer; 3/10/25

Older people with less wealth showed a higher burden of symptoms when they approached the end of their lives compared with those who had more wealth, a study found. The [report](#) was published in *JAMA Network Open* on March 6. Investigators looked at data from 8,976 older adults. The team evaluated 12 end-of-life symptoms including difficulty breathing, frequent vomiting, low appetite, difficulty controlling arms and legs, depression, and severe fatigue or exhaustion. Then they correlated symptoms to individuals' wealth. Wealth was broken into three categories: low wealth was having less than \$6,000; medium wealth was having between \$6,000 and \$120,000; and high wealth was considered having more than \$120,000 at the time of death. Of respondents, 22.5% had low wealth, 50.5% had medium wealth and 27.1% had higher wealth. People who had less wealth were more likely to have a higher burden of symptoms compared to those who had more money. Functional impairment, multimorbidity and dementia were factors that affected the association, data revealed. *Editor's note: Click here for this important JAMA article, posted in our Saturday Research issue 3/15/25, "[Wealth disparities in end-of-life symptom burden among older adults.](#)"*

31 **More care doesn't equal happier patients in traditional Medicare**

American Journal of Managed Care (AJMC); by Maggie L. Shaw; 3/17/25



The extremes of health care contact days—having too few or more than average—among community-dwelling beneficiaries 65 years and older of traditional Medicare have been associated with unnecessary care, misdirected care coordination, and excessive care outside the home, according to new research published online [3/17/25] in *JAMA Internal Medicine*. Health care contact days are days spent receiving care outside of the home. ... “Clinicians, researchers, and policymakers could use contact days to evaluate interventions and reduce excess contact days for patients,” the authors conclude, “by avoiding unnecessary care, improving care coordination, and shifting care to the home.”

32 **Utah funeral home is first in state to offer "human composting" as a green alternative to traditional burials**

Salt Lake City Weekly, Salt Lake City, UT; by Aimee L. Cook; 3/19/25

... Jason and Shayneh Starks, who opened [Starks Funeral Parlor in Millcreek] in 2005, offer their clients an innovative and environmentally conscious option—natural organic reduction (NOR), often called human composting. This process transforms the deceased into nutrient-rich soil over a period of 8 to 12 weeks. While the concept may sound unconventional to some, it's gaining traction with families in Utah and beyond, ... “We're seeing a lot of interest from environmentally conscious individuals who want a natural, meaningful way to return to the earth,” observed Shayneh Starks, who has worked in funeral services since 1995. Natural organic reduction has already been legalized in states like Washington, Oregon and California, but Utah has yet to officially approve this process. Currently, Starks Funeral Parlor assists families who wish to choose this option by transferring remains out of state to Seattle, ensuring that those who value NOR have access to it.

33 **Executive producer Bradley Cooper's film *Caregiving* to premiere on PBS for nationwide broadcast June 24, streaming begins May 27**

ABC WHTM-27, Harrisburg, PA; 3/20/25



PBS and WETA Washington, DC, today announced that *Caregiving*, the documentary created with executive producer Bradley Cooper highlights the challenges and triumphs of caregiving in America, will premiere Tuesday, June 24, 2025 at 9 p.m. ET on PBS (check local listings), and on the PBS YouTube Channel. *Caregiving* will be available to stream on PBS.org and the PBS App beginning Tuesday, May 27, 2025. Award-winning actress Uzo Aduba (*The Residence, Painkiller, Orange is the New Black*) was also announced as the film's narrator, bringing her own experience as a caregiver for her mother to the project. The two-hour documentary is centered on the personal experiences of caregivers providing for loved ones, and the challenges and triumph they face each day. These stories are interwoven with the broader context of the cultural and economic conditions in the U.S., leading to a care system tipping into crisis. [\[Continue reading ... including "Bradley Cooper Invites the Public to Share Their Caregiving Story"\]](#)

34 **Medicare and 24-hour in-home hospice care: Is it covered?**

Healthline; Medically reviewed by Shilpa Amin, MD, CAQ, FAAFP and written by Mandy French; 3/25/25

... Medicare offers hospice coverage for beneficiaries. However, there are certain eligibilities and guidelines that they must meet. ...

- Does Medicare cover 24-hour in-home hospice care? ...
- Medicare hospice coverage ...
- How Long will Medicare Pay for Hospice Care? ...
- Eligibility for Medicare hospice coverage ...

Editor's note: We observe that some hospice marketing is misleading, such as ways that President Jimmy Carter's extraordinary long hospice care was misused with descriptions that reflect standard home health care without any descriptions of end-of-life needs, care, ongoing evaluations, and more. How can you strengthen the integrity of your community education, communications, and marketing? Though imperfect (and is anything perfect?), our USA Medicare system deserves accurate communications and applications with those



we serve. In contrast, pair this with today's post from a non-Medicare country, [\[Austria\] Influence of prior knowledge and experience on willingness to pay for home hospice services: a contingent valuation study](#)

Total	11
--------------	-----------

A6 Regulatory and Political

35 [The Alliance commends introduction of legislation to extend hospice telehealth flexibilities](#)

National Alliance for Care at Home, Alexandria, VA and Washington, DC; Press Release; 2/28/25

The National Alliance for Care at Home (the Alliance) is pleased to support the reintroduction of the *Hospice Recertification Flexibility Act* in the House of Representatives. This bipartisan legislation, [H.R.1720](#), would extend telehealth flexibilities for hospice face-to-face (F2F) recertification. The F2F encounter is performed by a physician or nurse practitioner to evaluate the patient and collect clinical information used in determining continued eligibility for hospice. Introduced by Representatives Carol Miller (R-WV) and Jared Golden (D-ME), the bill would extend the F2F recertification flexibility for providers until December 31, 2027. Beginning January 1, 2026, the legislation also includes important guardrails to ensure appropriate use and requires the Centers for Medicare & Medicaid Services (CMS) to create a modifier to collect data on when the F2F encounter is conducted via telehealth. The Alliance, then through its legacy organizations, worked with lawmakers to ensure continued care transformation and access to care for high-quality providers. *[Click on the title's link to continue reading.]*

36 [Congress extends telehealth flexibilities: 5 notes](#)

Becker's Health IT; by Naomi Diaz; 3/17/25

Congress has passed a federal spending bill that extends telehealth provisions through Sept. 30, 2025. ... Here are five key telehealth-related elements of the bill:

- The bill removes geographic and originating site restrictions, allowing patients to receive telehealth services from various locations, including their homes, regardless of where they live.
- It expands the range of healthcare practitioners authorized to provide telehealth services.
- Federally qualified health centers and rural health clinics will remain eligible to furnish telehealth services.



- The legislation delays the implementation of in-person visit requirements for mental health services delivered via telehealth.
- The bill maintains the authorization of audio-only telehealth services and extends the use of telehealth for hospice care recertification.

37 CMS will not resume implementation of Hospice SFP in 2025

Hospice News; by Jim Parker; 3/25/25

A federal court has ordered a stay on litigation intended to block the hospice Special Focus Program (SFP) after the U.S. Centers for Medicare & Medicaid Services (CMS) pledged that it would not resume implementation during 2025. The crux of a lawsuit filed by hospice organizations against the U.S. Department of Health and Human Services (HHS) is the criteria that the agency uses to select hospices for the new Special Focus Program (SFP). [\[Continue reading ...\]](#)

Total	3
--------------	----------

A7 Technology and Innovations

38 Sustainable AI integration: Balancing profit with responsibility

Infosys; 2/28/25

Sustainable AI integration balances profit with responsibility, addressing ethical dilemmas, biases, and environmental impacts. It emphasizes the need for strategic, responsible AI practices to ensure long-term societal well-being and business success. Insights:

- AI has the potential to significantly amplify human capabilities, but it also carries inherent biases and risks that need to be carefully managed.
- Algorithmic bias is a serious concern as it can result in discriminatory outcomes, affecting fairness and equality.
- Sustainable AI practices aim to balance profit with responsibility, ensuring that ethical considerations are not overlooked.
- The misuse of AI technologies poses significant threats to privacy and security, highlighting the need for robust safeguards.
- Implementing ethical AI practices is crucial for achieving long-term success and maintaining public trust in AI systems.



39 **[The 8 new rules of IT leadership — and what they replace](#)**

CIO; by Mary K. Pratt; 3/3/25

The technology landscape is rapidly evolving — so too is the way IT chiefs should lead their organizations. Here's which old rules of IT leadership are no longer relevant and what has replaced them. ... Here, veteran CIOs, researchers, and advisers share the changes they're seeing, offering a look at the new rules of IT leadership along with the old ones they've replaced.

- Old rule: Serve the business
 - New rule: Lead together with the business...
- Old rule: Train workers on new technologies
 - New rule: Help workers become tech fluent ...
- Old rule: Business transformation comes first
 - New rule: IT leads by example ...
- Old rule: Stay in your lane
 - New rule: Collaborate across the enterprise ...
- *[Click on the title's link to continue reading more old/new rules with their descriptions.]*

40 **[Hallucinogens may elevate death risk by more than twofold](#)**

Medscape; by Liz Scherer; 3/5/25

Hallucinogens are associated with a 2.6-fold increased risk for premature death in some individuals seeking emergency care, according to a recent study. The risks are especially substantial in vulnerable patients who are suicidal, who are susceptible to severe mental illness, or have comorbid conditions such as respiratory disease or cancer. The findings come at a time of renewed interest in the therapeutic potential of substances like psilocybin, lysergic acid diethylamide, methylenedioxymethamphetamine (MDMA), and ketamine for mood and substance use disorders. In 2023, the Canadian Institutes of Health Research allocated roughly \$3 million to three clinical trials examining psilocybin-assisted psychotherapy in the treatment of alcohol use disorder, treatment-resistant depression, and end-of-life psychological distress in patients with advanced cancer.

41 **[AI scribes: Can technology do more than free doctors from data entry?](#)**

Penn LDI - Leonard Davis Institute of Health Economics; by Hoag Levins; 3/17/25

Since the widespread adoption of electronic health record (EHR) systems in the 1990s,



the health care industry has been on a relentless quest to digitally optimize the doctor-patient interaction. Today, many predict this pursuit will be dramatically changed by the integration of artificial intelligence (AI) into nearly all aspects of EHR systems, transforming patient care and clinical workflows in ever more revolutionary ways. AI-powered EHRs are now theoretically capable of automating administrative tasks, providing real-time clinical insights, personalizing treatment plans, and allowing health care providers to focus more on patient care and less on data entry.

Total	4
--------------	----------

A8 Speed of Change, Resiliency, and Re-Culture

42 [Leadership with grit, grace, and a bold heart](#)

Teleios Collaborative Network; by Lynn Flanagan and Tina Gentry; 3/14/25

Leadership is not for the faint of heart! It demands adaptability, resilience, and empathy. We all know that when we talk about leadership, we often use metaphors. The metaphor that strikes a chord with both of us is that of “grit, grace, and a bold heart.” Leading in this way sometimes comes with titles such as “The Velvet Hammer” or “The Big Heavy,” but we digress. Grit, grace, and a bold heart may seem contradictory, but they are all essential elements to create an environment where people and ideas thrive. ... When these three elements - grit, grace, and a bold heart —come together in a leader, they create a powerful combination. It is the resilience to weather storms, the empathy to connect deeply with others, and the passion and courage to drive transformative changes. ...

43 [If you’re known for these 5 habits, your leadership skills are off the charts](#)

Inc.; by Marcel Schwantes; 3/19/25

In an era of constant disruption, every leader should aspire to have these skills and habits. Business is more unpredictable than ever, and it’s hitting leaders hard. More than half (57 percent) of executives say their companies faced serious disruption last year—way up from the year before. Employees are also checking out—engagement is at a 10-year low. The old way of leading, where authority and expertise ruled, isn’t cutting it anymore. The best leaders today aren’t just the smartest or most



experienced—they're the ones who know how to build trust, bring people together, and lead with confidence and compassion. ... Five power skills of essential leadership: ...

1. Suspend self-interest ...
2. Master curiosity and context ...
3. Build psychological safety ...
4. Stay emotionally agile ...
5. Make excellence a habit ...

Total	2
--------------	----------

A9 The Human Factor

44 [5 must-watch TED Talks that will make you a better leader right now](#)

Inc; by Peter Economy; 3/21/25

Back in 1978, historian and leadership guru James MacGregor Burns said, "Leadership is one of the most observed and least understood phenomena on earth." While that assessment of leadership may have once been true, I think it's no longer the case. Today, leadership is a well-understood phenomenon. There are a variety of ways to take your leadership to the next level. Here are five extremely popular—and powerful—TED Talks that will help you do just that. *[TED Talk videos are embedded in this article.]*

1. [Simon Sinek: 'How Great Leaders Inspire Action ...](#)
2. [Luvvie Ajayi Jones: 'Get Comfortable With Being Uncomfortable' ...](#)
3. [Dan Pink: 'The Puzzle of Motivation' ...](#)
4. [Brené Brown: 'The Power of Vulnerability' ...](#)
5. [Ken Robinson: 'Do Schools Kill Creativity?'](#)

Total	1
--------------	----------

A10 Highlighted Articles of Interest

45 [Shareholder payouts among large publicly traded health care companies](#)

JAMA Internal Medicine; Victor Roy, MD, PhD; Victor Amana, MPH; Joseph S. Ross, MD, MHS; Cary P. Gross, MD; 2/25

There is growing concern that a large proportion of US health care spending appears to be directed to corporate shareholders rather than enhancing affordable access, improving quality of care, or advancing research and development. Total shareholder payouts from S&P 500 health care companies have more than tripled in the past 20



years. Payouts were concentrated among a small number of companies, with the pharmaceutical, biotechnology, managed care, and health care equipment and supplies subindustries distributing the largest amounts. Given greater health care affordability challenges for US households and the major role of federal and state governments in financing the health care sector, shareholder payouts have critical implications for stakeholders, especially patients. Increasing capital distributions to shareholders of publicly traded companies may be associated with higher prices and may not be reinvested in improving access, delivery, or research and development.

46 **Bayada Home Health Care introduces first Director of Veterans Affairs**

HomeCare, Pennsauken Township, NJ; 2/28/25

As part of its ongoing commitment to U.S. veterans and their families, BAYADA announced the appointment of U.S. Army Veteran Ally O’Neal to director of Veterans Affairs, BAYADA Hospice. BAYADA created this new position, with the help of O’Neal, to ensure its hospice services are tailored to meet the unique physical, emotional and psychological needs of veterans and their families. As BAYADA director of Veterans Affairs, O’Neal will work collaboratively with clinicians, clinical educators, service providers, community organizations and veteran service agencies to enhance the quality of care and support provided to veteran patients and their families, something dear to O’Neal’s heart.

47 **Tracking US health care spending by health condition and county**

JAMA; Joseph L. Dieleman, PhD; Meera Beauchamp, BS; Sawyer W. Crosby, BA; Drew DeJarnatt, MS; Emily K. Johnson, MSc; Haley Lescinsky, MPH; Theresa McHugh, PhD; Ian Pollock, MLS; Maitreyi Sahu, MPH; Vivianne Swart, MPH; Kayla V. Taylor, MPH; Azalea Thomson, MPH; Golsum Tsakalos, MS; Maxwell Weil, MS; Lauren B. Wilner, MPH; Anthony L. Bui, MD, MPH; Herbert C. Duber, MD, MPH; Annie Haakenstad, ScD, MA; Bulat Idrisov, MD, MSc; Ali Mokdad, PhD; Mohsen Naghavi, MD, MPH, PhD; Gregory Roth, MD, MPH; John W. Scott, MD, MPH; Tara Templin, PhD, MS; Christopher J. L. Murray, DPhil, MD; 2/25

Health care spending in the US totaled \$3.8 trillion in 2019 and is projected to reach more than \$7 trillion by 2031. Within the US, spending varies dramatically across states, although many key drivers of health care spending, such as access to care, service prices, disease and injury prevalence, and underlying need for health care, vary at more



local levels. Broad variation in health care spending was observed across US counties. Understanding this variation by health condition, sex, age, type of care, and payer is valuable for identifying outliers, highlighting inequalities, and assessing health care gaps.

48 **What happens to care when private equity firms buy hospice providers?**

KALW Public Media / 91.7 FM, Bay Area, CA; by Rose Aguilar and Nina Kissinger; 3/12/25

On this edition of Your Call, we discuss the rise of for-profit hospice agencies in the US and how that's affecting care. Between 2015 and 2022, 47 private equity firms bought 124 hospice providers. Though hospice began as a nonprofit, community-based service in the 1970s to provide specialized end-of-life care, over 70 percent of hospice providers are now for-profit, according to the CDC. What's behind this alarming trend? And how is it affecting patient care and the right to transition with dignity?

Guests: Dr. Ira Byock, palliative care physician, public advocate, founder of the Institute for Human Caring and Jennifer Moore Ballentine, CEO of the Coalition for Compassionate Care of California.

49 **CMS pulls plug on projects aimed at improving care, saving on costs**

KFF Health News - Morning Briefing; 3/13/25

One initiative that has been scrapped would have offered some generic drugs to Medicare enrollees for \$2. ...

- The Wall Street Journal: Medicare Agency To End Some Demonstration Projects, Cancel \$2 Generic Drug Initiative
 - The Centers for Medicare and Medicaid Services plans to terminate four demonstration projects at the end of 2025, closing out models affecting primary care, kidney care and healthcare payments in the state of Maryland. The agency will also make changes to other projects, including



dropping a planned initiative that would offer certain generic drugs to Medicare enrollees for \$2. CMS said its planned terminations would save nearly \$750 million, and an agency official said the projects would affect millions of patients. (Mathews, 3/12)

50 **Is Medicare ready for an aging America? Home-based care offers hope**

RealClear Health; by Jonathan Fleece, JD (President and CEO of Empath Health) and Dr. Steve Landers (CEO of the National Alliance for Care at Home); 3/12/25

Too often, families face an impossible situation: a loved one is ready to leave the hospital, but no home health provider is available. Or they're told hospice is the best option, but administrative red tape delays access to comfort and support. These failures put patients at risk. ... This experience underscores why policymakers must protect and expand access to home-based care—before more patients fall through the cracks. ... According to one analysis, in a recent three year period, hospital stays for patients waiting to be discharged to post-acute care providers increased by 24 percent, deteriorating health outcomes and quality of life. Discharge delays – caused by hospital capacity issues and workforce shortages – not only cause harm to patients; they also add unnecessary strain and costs on our healthcare system.

51 **Pharmacies of the future: 4 keys to reinvention**

Forbes; by Jenn Vande Zande; 3/11/25

... "To continue to meet growing patient needs, we must evolve how community pharmacy works and, most importantly, how we support our pharmacy teams to create a sustainable future for community pharmacy," Prem Shah, president of pharmacy and consumer wellness at CVS Health, said, referring to findings from the company's Rx Report from January 2024. Based on those findings, CVS says there's a "critical need for sustainable and scalable industry-wide change, such as operational improvements and



digital innovations to better support pharmacy teams behind the counter.” Here are four focus areas for pharmacies to bring about that change:

1. Reinventing the brick-and-mortar business model. ...
2. The digital infrastructure to deliver a superior CX. ...
3. AI. ...

More sophisticated training to support pharmacists as they play a larger role in patient care. ...

52 **The biggest lessons of the last 12 months, according to 36 C-suite execs**

Becker's Hospital Review; by Mariah Muhammad; 3/19/25

Becker's asked C-suite executives from hospitals and health systems across the U.S. to share their biggest lesson from the past year. Question: What is the biggest lesson you learned in the last year, and why?

- **Erik Wexler. CEO of Providence (Renton, Wash.):** ... Over the course of three months, I met with more than 4,000 people from across our seven states, from medical staff members and frontline caregivers to board members and administrators. It gave me valuable perspective and helped populate our new strategic plan for 2030. ...
- **Albert L. Wright, Jr. President and CEO of West Virginia University Health System (Morgantown):** ... the system's leadership team and I have learned that it is imperative for us as healthcare leaders to be bold decision makers in order move our organization forward. ...
- **Mark G. Moseley, MD, MHA. President of USF Tampa General Physicians; Executive Vice President of Tampa General Hospital (Fla.):** ... the importance of developing adaptive capacity as a leader and trying to build that in our leaders and teams. Adaptive capacity is our ability to adjust to change, take advantage of opportunities, and cope with obstacles. ...
- *[Click on the title's link for many more.]*



53 **Avoidable mortality rises in US, bucking global decline**

Becker's Clinical Leadership; by Mackenzie Bean; 3/26/25

Avoidable mortality has increased in the U.S. for more than a decade, contrasting decreases seen in many other high-income countries, according to a study published March 24 in *JAMA Internal Medicine*. For the study, researchers at the Brown University School of Public Health analyzed mortality data from the CDC and World Health Organization for people 74 and younger between 2009 and 2021, spanning all 50 states and 40 high-income countries. Avoidable mortality includes deaths that could have been prevented through effective public health measures or timely, high-quality healthcare. The study found avoidable mortality rose in all 50 states, with a national average increase of 32.5 deaths per 100,000 people — driven largely by preventable causes. [\[Continue reading ...\]](#)

	Total	9
--	--------------	----------