



Top News Stories of the Month, May 2025

Article Summary		
Category	#	%
A1 Mission Moments	5	8%
A2 Reimbursement Challenges, Warning Signs, and Implications	12	20%
A3 Competition to be Aware of	5	8%
A4 Workforce Challenges	10	17%
A5 Patient, Family, and Future Customer Demographics and Trends	4	7%
A6 Regulatory and Political	2	3%
A7 Technology and Innovations	3	5%
A8 Speed of Change, Resiliency, and Re-Culture	3	5%
A9 The Human Factor	8	14%
A10 Highlighted Articles of Interest	7	12%
Totals	59	100%

A1 Mission Moments

1 [**Dr. Drabek's "The Comfortologist" hits #1 bestseller, revolutionizing pain management & end-of-life care approaches**](#)

Classic 96.7 FM BWZ, Yukon, OK; Press Release; 4/28/25

Dr. Steven Drabek's groundbreaking memoir, "The Comfortologist: A Physician's Empathetic Perspective on Compassion, Caring, and Pain Relief," has achieved #1 bestseller status, resonating deeply with healthcare professionals, chronic pain patients, and families navigating end-of-life care decisions. Drawing from his four-decade career and personal journey as a cancer survivor and chronic pain patient, Dr. Drabek offers readers a unique dual perspective that has earned him recognition as a "comfortologist" a term he coined to describe his approach to medicine that prioritizes patient comfort and dignity. "My experience as both physician and patient taught me that modern medicine often misses what matters most," says Dr. Drabek. "Technical expertise means little without empathy. We must treat the whole person, not just the symptoms."



2 **[Listen to what your mother tells you, especially near the end](#)**

News+ Membership; by Jerry Davich; 5/7/25

If your mother is no longer alive, what were her last words to you? My mom passed away two years ago and I've been asking myself this question since her last breath, which took place in my presence. I had just placed a yellow tulip next to her pillow on a bed inside her hospice room. It was an early Mother's Day gift, continuing a tradition I started as a child with a stolen tulip from a neighbor's yard. I knew my mother would not be around a month later for her special holiday. In fact, she wouldn't be around just a minute later. While pondering that stolen moment, I looked over to my mom and noticed her left index finger moving. It was just a twitch, but until that time she had made no movements since she was admitted into a local hospice near my home.

... Though I can't recall my mom's final words, I deeply feel her lasting legacy of love for my family. We continue to talk about her every day. We think of her every moment. We share photos and memories of her on a family group text thread. Some make us laugh. Some make us cry. This is the beauty and the heartbreak of losing a mother or a father. My mom may be gone, but her gentle voice can be heard in my head any time I want or need it. ...

3 **[Finding her strength in silence: CSU Pueblo student graduates twice, carrying her mother's dream](#)**

Colorado State University Pueblo, Pueblo, CO; by Soni Brinsko; 5/14/25

The porch was still new when the professors arrived that late November evening. Hand-laid tiles, each one carefully placed by a father during what should have been vacation time. He'd built it for his wife so she could sit outside, feel the Colorado breeze one more time. That night, the porch became something else entirely. It became a stage for a graduation ceremony that wasn't supposed to happen until May. Alondra Solis Ayala is about to walk across the commencement stage at Colorado State University Pueblo this week. It will be her second graduation. The first one happened in her family's living room, with her dying mother watching from a chair, too weak to stand but strong enough to declare "esa es mi hija"—that's my daughter—as faculty members in full regalia handed over a diploma cover and stole in what became an impromptu, deeply personal ceremony.



4 **The Quilters: Netflix**

Personal communication; 5/16/25

The Quilters follows the daily lives of several quilters inside the sewing room at South Central Correctional Center, a Level 5 maximum-security prison in a small town two hours south of St. Louis, MO. From design to completion, the men reveal their struggles, triumphs, and sense of pride in creating something beautiful in this windowless, sacred space deep within the prison walls. Watch on Netflix:

<https://www.netflix.com/title/82006530>.

Publisher's note: This program donates quilts to foster children in surrounding counties - similar to the quilt program at Angola Penitentiary in Louisiana that creates quilts as a fundraiser for their hospice program.

5 **I quit my healthcare job to take care of my grandmother. It's a mix of happy and sad moments, but ultimately has been life-changing for us.**

DNYUZ; "as-told-to essay based on a conversation with Kristina McDonald"; 5/26/25

My grandmother is 80, and my grandfather is 83. I quit my full-time job to care for my grandmother as I noticed that her undiagnosed dementia was worsening. ...

- That's when I decided to make the switch ...
- Just getting gram out of the house leads to probably some of my happiest times with her ...
- It's been amazing to be able to care for a family member who's so near and dear to me ...
- One of the things that I wish people would definitely know is how difficult it can be to care for a loved one ...

This article appeared first on Business Insider.

	Total	5
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A2 Reimbursement Challenges, Warning Signs, and Implications

A. General to Hospice

6 [Downside risk, upside payment highlight new CMS innovation agenda](#)

Modern Healthcare; by Bridget Early; 5/13/25

The Centers for Medicare and Medicaid Services is rolling out a broad new agenda for its innovation center that could lead to requirements that participants in value-based care programs to take on downside risk, the agency announced ... The Center for Medicare and Medicaid Innovation plan prioritizes shared risk and prospective payments, streamlined quality measurement, artificial intelligence and other technologies, and Medicare Advantage payment models, Director Abe Sutton said in an interview Friday [5/9]. Notably, CMS is walking away from [a goal set four years ago](#) to have all fee-for-service Medicare beneficiaries [under accountable care arrangements by 2030](#), Sutton said. CMS provided Modern Healthcare an advance look at the new innovation center platform. ... Designing models that require providers to accept at least some downside risk could be the most consequential action stemming from the plan. Subjecting participants to potential financial losses, not just potential benefits, is key to driving cost savings and quality improvement, Sutton said.

7 [Congress offers new plan for Medicaid cuts, raising fresh concerns among HCBS advocates](#)

McKnights Home Care; by Adam Healy; 5/13/25

House Republicans on Sunday [5/11] introduced a new budget reconciliation that outlines exactly how [Medicaid cuts](#) could take shape. Home- and community-based services advocates quickly spoke out in opposition to the bill. [Various leaders responded.]

- “The policies in the bill represent dangerous cuts to Medicaid,” Katie Smith Sloan, president and chief executive officer of LeadingAge, said Monday [5/12] in a statement. ...
- The Congressional Budget Office last week estimated that these kinds of changes to the Medicaid program could wipe away coverage for millions of Americans. ...
- Lawmakers are split — mainly down party lines — regarding the budget bill. ...
- “The truth is somewhere in the middle,” Damon Terzaghi, senior director of Medicaid advocacy at the National Alliance for Care at Home ...



8 **Restructuring for risk: How home-based care providers build frameworks that boost profits**

Home Health Care News; by Joyce Famakinwa; 5/14/25

In the home-based care world, building a business that is equipped to take on risk-based reimbursement arrangements can be easier said than done. While no simple feat, taking on risk is an attractive option that allows home-based care providers to align incentives between their organizations, payer sources and patients. Providers that have found success with risk-based agreements have done so by addressing retention challenges, investing in data and more.

9 **End-of-life care and health care spending for Medicare beneficiaries with dementia in accountable care organizations**

JAMA Network; by Jessica J. Zhang, David B. Reuben, Anne M. Walling, David S. Zingmond, Cheryl L. Damberg, Neil S. Wenger, Haiyong Xu, Ryo Ikesu, Gillian S. Kaneshiro, Alexandra Klomhaus, Hiroshi Gotanda, Yusuke Tsugawa; 5/9/25

This study of 162,034 Medicare fee-for-service beneficiaries who died from 2017 through 2020 found no evidence of differences in end-of-life care processes, outcomes, or spending between beneficiaries in ACO vs non-ACO. These findings suggest that alternative payment models to ACOs may be needed to coordinate high-quality care with lower health care spending for Medicare beneficiaries with dementia at the end of life.

10 **National Alliance: Medicaid cuts would adversely impact home-, community-based services**

Hospice News; by Jim Parker; 5/12/25

A tax bill currently before Congress could lead to Medicaid cuts that would inhibit access to home- and community-based services (HCBS). The [bill](#), which promises sweeping tax and spending cuts, currently is undergoing a reconciliation process. The amount of tax cuts could reach \$4.5 trillion, with spending cuts in the area of \$4.5 billion, with a significant portion coming from Medicaid. However, the bill remains a work in progress for now with some resistance to the proposed cuts from both Democrats and a contingent of Republicans. The National Alliance for Care at Home released a statement Monday opposing the Medicaid reductions.



B. Medicare Advantage

11 Optum names new CEO

Becker's Hospital Review; by Jakob Emerson; 4/30/25

UnitedHealth Group has named Patrick Conway, MD, current Optum Rx CEO, as the new CEO of Optum, effective May 6. Current Optum CEO, Heather Cianfrocco, has been named UnitedHealth's executive vice president of governance, compliance and information security after serving in her role for just over one year. Dr. Conway has served in various leadership roles at UnitedHealth since 2020 and was named CEO of pharmacy benefit manager Optum Rx in 2023. He was president and CEO of Blue Cross Blue Shield of North Carolina from 2017 to 2019 and served in several top positions at CMS under the Obama administration, including chief medical officer, director of the Center for Medicare and Medicaid Innovation and acting administrator.

12 UnitedHealth Group CEO Andrew Witty steps down

Modern Healthcare; by Shelly Banjo; 5/13/25

UnitedHealth Group Inc. unexpectedly replaced its chief executive and suspended earnings guidance, raising increasing questions over how the company once regarded as a safe bet by investors has got its cost predictions so wrong. The company brought back Chairman and former CEO Stephen Hemsley for the top role, saying Andrew Witty has resigned "for personal reasons." The health insurer, whose top insurance executive was murdered in New York last December, also ripped up its 2025 outlook. The meltdown in its outlook blindsided investors yet again.

13 UnitedHealth Group is under criminal investigation for possible Medicare fraud

The Wall Street Journal; by Christopher Weaver and Anna Wilde Mathews; 5/15/25

The Justice Department is investigating UnitedHealth Group for possible criminal Medicare fraud, people familiar with the matter said. The healthcare-fraud unit of the Justice Department's criminal division is overseeing the investigation, the people said, and it has been an active probe since at least last summer. While the exact nature of the potential criminal allegations against UnitedHealth is unclear, the people said the federal investigation is focusing on the company's Medicare Advantage business practices. UnitedHealth said in a statement it hadn't been notified by the Justice Department of the criminal investigation. The statement said the company stands "by



the integrity of our Medicare Advantage program.” A DOJ spokesman declined to comment.

14 **Proposed bill would require MA to pay for hospice care**

Hospice News; by Jim Parker; 5/21/25

Rep. David Schweikert (R-Ariz.) has introduced the Medicare Advantage Reform Act, which among other provisions would require health plans to pay for hospice care. If enacted, the bill, numbered H.R. 3467, would make wholesale changes to the Medicare Advantage program. It would mandate capitated payment models, change risk adjustment methodologies and create new exemptions for physician self-referrals, among other provisions. The potential impacts of moving hospice into Medicare Advantage at this time would be “devastating,” according to the National Alliance for Care at Home.

15 **‘We need you to work with us’: Home health providers renegotiate better Medicare Advantage deals**

Home Health Care News; by Joyce Famakinwa; 5/20/25

As Medicare Advantage (MA) enrollment continues to surge, home health providers have seen slim margins deteriorate further. Some providers have openly expressed their decision to reject financially unsustainable MA contracts. Abandoning unfavorable MA contracts may sometimes be necessary, industry executives told Home Health Care News. However, some providers have improved their MA standing by renegotiating rates or returning after walking away, leveraging data and understanding the needs of payer partners. “We have walked away, in specific states, from payers and Medicare Advantage groups because of rates and the inability to raise those rates, and pre-authorization terms,” G. Scott Herman, CEO of New Day Healthcare, told HHCN.



16 Home care workers could be a secret to savings, value-based care

Modern Healthcare; by Diane Eastabrook; 5/20/25

... About 3.9 million workers provide personal care services, such as bathing, toileting, grooming and meal preparation to patients in their homes, according to the Labor Department. While those workers don't typically provide medical services, they often spend more time with patients than healthcare providers and can offer valuable insight into patients' conditions, said Kristen Wheeler, executive director of home care for the National Alliance for Care at Home. "They will be the first to recognize when something has changed. These caregivers can report back and are a critical part of the healthcare team," Wheeler said. ... That can lead to faster — and less costly — care. The Labor Department estimates the U.S. will need another 800,000 home care workers over the next decade as the population ages.

17 Inside the Medicare Advantage Reform Act

Hospice News; by Jim Parker; 5/28/25

A bill currently before Congress seeks to overhaul aspects of the Medicare Advantage program. Rep. David Schweikert (R-Ariz.) recently introduced the Medicare Advantage Reform Act. If enacted, the bill, numbered H.R. 3467, would make wholesale changes to the Medicare Advantage (MA). A key provision of the bill is a proposed requirement that MA plans pay for hospice care. Hospice is currently "carved out" of Medicare Advantage. The potential impacts of moving hospice into MA at this time would be "devastating," according to the National Alliance for Care at Home. ... [Other] changes to MA included in the text could have serious implications for hospices and other providers that also offer home health, palliative care or other services. ...

	Total	12
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A3 Competition to be Aware of

18 [Top 50 Hospice Providers report now available](#)

Hospice News - Flagship Report; 4/30/25

The hospice industry has undergone profound changes, shifting from a nonprofit, volunteer-driven movement to a sector dominated by for-profits, private equity and publicly traded companies. This report highlights the impact of market consolidation, investment trends and industry transformation. One key takeaway: The 15 largest providers now account for nearly 33% of all Medicare hospice payments. Private equity's role continues to expand, with six of the top 10 providers PE-owned. Additionally, "payviders" are reshaping care delivery, influencing reimbursement models and competition... Hospice News worked with the data firm Hospice Analytics to identify the nation's largest hospice chains for calendar year 2023. The data analytics firm identified the CCN numbers associated with each corporate owner, rather than each brand, and aggregated their total Medicare payments to determine their rankings. [The five largest hospice chains include:]

1. Gentiva
2. Vitas
3. UnitedHealth Group (including LHC Group)
4. AccentCare
5. Compassus

Publisher's note: Users must complete an online form to download this free report. The authors define "top 50 hospice providers" based on aggregated Medicare revenue. Hospice Analytics is a sponsor of our newsletter.

19 [Empath Health introduces One Hospice Model, bringing together Florida's established not-for-profit hospices under one mission](#)

Business Wire, Clearwater, FL; Press Release; 5/5/25

Empath Health, one of the nation's largest 501(c)(3) integrated care networks, today unveiled its One Hospice Model—a first-of-its-kind framework that preserves community-based hospice while adding the scale, innovation and accountability of a statewide system. "Families deserve hospice that puts mission before margin," said Jonathan D. Fleece, President & CEO of Empath Health. ... The model integrates seven locally known hospice brands—Empath Hospice, Hospice of Marion County, Suncoast Hospice, Suncoast Hospice of Hillsborough, Tidewell Hospice and Trustbridge (Hospice by the Sea and Hospice of Palm Beach County)—which collectively care for one in five hospice patients statewide. Five of these affiliates have served their communities for more than 40 years, delivering generations of compassionate, not-for-profit care.



20 **How DispatchHealth’s CEO plans to change the face of in-home care**

Modern Healthcare; by Diane Eastabrook; 5/7/25

DispatchHealth CEO Jennifer Webster said the company is eyeing new markets and care models after its acquisition of hospital-at-home provider Medically Home is complete. Denver-based DispatchHealth announced a definitive agreement in mid-March to acquire Boston-based Medically Home. Webster said the deal is still on track to close in a couple of months, but there is a lot of work to be done first. That includes integrating operations and technology, as well as senior leadership.

A. Mergers & Acquisitions

21 **DOJ reportedly rejects Amedisys’ divestiture plan as part of UnitedHealth Group deal**

McKnights Home Care; by Adam Healy; 5/12/25

The Department of Justice reportedly has rejected Amedisys’ plan to divest more than 100 locations in its plan to be acquired by UnitedHealth Group subsidiary Optum, according to CTFN, which tracks mergers and acquisitions. The DOJ decision could spell trouble for the future of Amedisys’ deal with Optum. The Department of Justice [reportedly has rejected](#) Amedisys’ plan to divest more than 100 locations in its plan to be acquired by UnitedHealth Group subsidiary Optum, according to CTFN, which tracks mergers and acquisitions. The DOJ decision could spell trouble for the future of Amedisys’ deal with Optum.

22 **‘Legendary’ Hemsley takes over at UnitedHealth amid rough seas**

Modern Healthcare; by Nona Tepper; 5/14/25

Stephen Hemsley returns to the top spot at a UnitedHealth Group that looks very different from the one he helmed almost a decade ago and faces trouble bubbling up in its Optum healthcare services subsidiary. Over the past three years, the company has reported rising Medicare Advantage costs in its UnitedHealthcare insurance subsidiary. But some see Optum as more concerning. With Andrew Witty resigning as CEO on Tuesday [5/13], it falls to Hemsley to right the ship.

Total	5
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A4 Workforce Challenges

A. Paints the Picture

23 [Addressing workforce challenges: Hospice in the news, April 2025](#)

Teleios Collaborative Network (TCN); podcast by Chris Comeaux with Cordt Kassner; 5/7/25

What defines quality in end-of-life care? How are Hospice organizations navigating workforce challenges? And why has medical aid in dying become such a critical conversation? These questions take center stage in this data-driven exploration of April's most impactful Hospice and Palliative Care news stories. In this episode of TCNtalks, Chris Comeaux and Cordt Kassner discuss the top news stories from April, focusing on Hospice and Palliative Care. They explore personal aspirations, data insights, the impact of spiritual care, emerging categories in news reporting, and key themes such as reimbursement and workforce challenges. The conversation also touches on mission moments, regulatory changes, technology innovations, and the evolving nature of leadership in healthcare, particularly in the context of AI and human skills. ... Cordt closes the show with a Master's Class reviewing the National Hospice Locator, a valuable tool for finding high-quality Hospice Care anywhere in the country.

24 [Roughly 40 percent of nurses plan to leave profession within 5 years, survey finds](#)

McKnights Home Care; by Adam Healy; 5/13/25

The nursing workforce today is more stable than it was during the height of the COVID-19 pandemic, but a significant share of nurses still plan to leave the profession behind in the next five years, according to the [2024 National Nursing Workforce Survey](#) published in the *Journal of Nursing Regulation*. ... Approximately 40% of RNs, LPNs and LVNs surveyed said that they planned to leave nursing sometime in the next five years. In 2022, roughly 26% of nurses said the same. The most common reasons nurses cited for wanting to leave their jobs included retirement, stress or burnout, workloads and pressures caused by understaffing, the report noted.



25 **State of the nursing workforce: 14 trends to know**

Becker's Clinical Leadership; by Mariah Taylor; 5/14/25

In 2025, the nursing workforce has stabilized compared to pre-pandemic numbers and is expected to grow. However, there are still several nursing challenges systems are facing. Here are 14 trends to know about the nursing workforce in 2025:

1. The World Health Organization estimated that the global nursing workforce has jumped from 27.8 million in 2018 to 29.8 million in 2023, and it is projected to reach 36 million by 2030.
2. Post pandemic, the nursing workforce has mostly stabilized due to a focus on recruitment and retention. ...
3. Nurse practitioner positions are projected to grow by 46% by 2033, the Bureau of Labor Statistics found. ...
4. Nearly 40% of RNs said they intend to exit the field within the next five years, ...
5. Among nurses, 65% said their top challenge is stress and burnout, 59% cited staff shortages and high patient ratios, 52% said inadequate pay and benefits, and 51% said they feel undervalued by management. ...
6. *[Continue reading for 9 more trends.]*

B. Implications of the issue

26 **Best, worst states for nurses in 2025**

Becker's Hospital Review; by Erica Carbajal; 4/29/25

Washington is the best state for nurses to practice in 2025, according to WalletHub's annual ranking, which evaluates compensation, opportunities for career growth and working conditions. To determine the best and worst states for nurses, the financial services company evaluated all 50 states across two key dimensions: opportunity and competition, and work environment. Each state was evaluated on 20 metrics within those dimensions, including average annual salary, healthcare facilities per capita, mandatory overtime restrictions and job growth. Here are the best and worst states for nurses in 2025, per the ranking:

- Best
 - 1. Washington



- 2. New Hampshire
- 3. Oregon
- 4. Arizona
- 5. Maine
- Worst
 - 50. Oklahoma
 - 49. Alabama
 - 48. North Dakota
 - 47. Hawaii
 - 46. Louisiana
 - 45. South Dakota

27 **[Courts diverge in challenges to CMS's minimum staffing requirements for LTC facilities](#)**

JD Supra; by Kayla Stachniak Kaplan, Scott Memmott, Sydney Menack, Jonathan York, Howard Young; 4/30/25

On May 10, 2024, the Centers for Medicare and Medicaid Services (CMS) published its Final Rule to implement minimum staffing standards for long-term care (LTC) facilities in the United States. However, as discussed in our prior blog post, the Final Rule was immediately challenged under the Administrative Procedure Act (APA) in two major lawsuits. These cases have resulted in divergent rulings, injecting more uncertainty across the LTC industry about the future of the application and validity of the Final Rule. ... This and further developments in these cases will have significant impact on the future of CMS's oversight of the country's nursing homes.

28 **['Patients just get violent' | Louisville healthcare workers describe attacks on the job, calling it a crisis](#)**

ABC WHAS-11, Louisville, KY; by Shay McAlister, Joseph Garcia, Phillip Murrell, and Michelle Zelli; 5/8/25

Right now Louisville's nursing community is facing a crisis, saying they are under attack while on the job. Since March, police have been called to three different Louisville hospitals after a nurse was assaulted. ... The three incidents of violence against nurses sit on a map of hundreds of crimes reported at or near Louisville hospitals and nearby parking garages over the last year. According to LMPD's crime data portal, 17 assaults



were reported at Norton Hospital, 10 at Jewish Hospital, and 28 at the UofL Hospital parking garage over the last 12 months. ... "Many healthcare professionals that are harmed don't report it, and they don't report it because they don't think anybody will listen. And then there are others who think that it's part of the job. It is not part of the job," CEO of the Kentucky Nurses Association Delanor Manson said. In 2023, Manson worked with lawmakers to formalize language requiring healthcare facilities to track incidents of violence and implement violence prevention strategies. It's a crisis for the career field. ... Hosparus leadership [hospice and home health, Louisville-based] recently invested in technology called KATANA. It's a personal safety device that attaches directly to a smart phone. It works both as a trigger alarm, if nurses pull the trigger attached to the device and it has an app option that offers additional safety features.

C. Solutions

29 [Creating a workplace violence safety committee \[free webinar 5/22/25\]](#)

CHAP free webinar; 5/15/25

The focus of this webinar is on the critical role of a multidisciplinary Safety Committee in proactively addressing workplace violence within home-based care... Participants will gain practical strategies for implementing proactive safety measures, including risk identification, technology integration, and fostering a culture of safety and accountability to empower staff and mitigate the risks inherent in the unique challenges of providing care in patients' homes.

Editor's note: This hot-topic's significance is evidenced in recent posts.

- ['Patients just get violent' | Louisville healthcare workers describe attacks on the job, calling it a crisis](#)
- [How can hospice and palliative care providers address elder abuse?](#)
- [40% of nurses eye exit by 2029: 5 findings from NCSBN's new workforce report](#)

30 [Best Places to Work in Healthcare - 2025](#)

Modern Healthcare; 5/12/25

Modern Healthcare is proud to present the 150 companies and organizations that have been named to its Best Places to Work in Healthcare for 2025. The recognition program honors employers that empower workers to provide patients and customers with the best possible care, products and services. An alphabetical list is provided ... *Modern*



Healthcare will reveal the ranked order Oct. 8 at the [Best Places to Work in Healthcare Gala](#) in Nashville and also in an Oct. 13 magazine supplement. [Hospice organizations include the following:]

- Ancora Compassionate Care - Reidsville, NC ^{1 2}
- Avow Hospice - Naples, FL
- [Carolina Caring - Newton, NC](#) ^{1 2}
- Compass - Centreville, MD ²
- Community Healthcare of Texas - Fort Worth, TX ¹
- [Four Seasons the Care You Trust - Flat Rock, NC](#) ^{1 2}
- Hospice Home Care - Little Rock, AR
- Inspire Hospice & Palliative Care - Duluth, GA
- Nathan Adelson Hospice - Las Vegas, NV ¹
- [Teleios Collaborative Network - Hendersonville, NC](#) ^{1 2}
- Tillery Compassionate Care - Albemarle, NC ^{1 2}
- Valley Hospice, Inc. - Rayland, OH ^{1 2}
- YoloCares - Davis, CA ¹

¹ Member of the [National Hospice Partnership for Healthcare and Hospice Innovation \(NPHI\)](#), a sponsor for this newsletter

² Member of the [Teleios Collaborative Network \(TCN\)](#), a sponsor for this newsletter

Editor's note: Congratulations to all! We celebrate your excellence. Did we miss any other hospice organizations on this list? [Please let us know.](#) We're proud that 77% of these hospices are represented by one or more sponsors of our newsletter.

31 **57 ways healthcare teams may evolve in 2 years**

Becker's Hospital Review; by Randi Haseman; 5/27/25

Question: How do you see your teams evolving in the next two years? What roles and/or skills will you focus on and what will fade? [Note: Responses have been lightly edited for length and clarity.]

- Judd Hollander, MD. Senior Vice President of Healthcare Delivery Innovation at Thomas Jefferson University Health: We (my team) believe the most important thing about building a team is to have engagement of people who are passionate about the mission and possess complimentary skill sets that allows the team to grow. ...



- Bryan Graven. CIO and Executive Director ITS at Waterbury Health and Eastern CT Health Network: Over the next two years, we’re focused on growing roles in automation, data science and AI-driven workflow optimization. ...
- Rajiv Pramanik, MD. CIO and Chief Health Informatics Officer at Contra Costa Health: We aim to replicate what we have done in the clinical space with our EHR and develop a platform across our other business functions, relying more on information security, workflow informaticists and process improvement professionals.
- [Continue reading, with responses from 57 healthcare leaders.]

32 **‘A missed opportunity’ for small systems needing nurses**

Becker's Clinical Leadership; by Mariah Taylor; 5/8/25

In February, South Dakota officials approved the state’s first registered nursing apprenticeship program through Huron Regional Medical Center. The apprenticeship is designed to attract English-as-a-second language nurses into the field, [Sioux Falls Live](#) reported May 7. The program was started by Norma Torres Ortiz, RN, a travel nurse contracted with Avera Health who works part time at the Huron Regional Medical Center. Ms. Ortiz is originally from Puerto Rico where she worked as a nurse. When she moved to the U.S., she found herself struggling to pass the NCLEX and find a nursing job due to language barriers. ... Large systems are building international nursing programs that recruit and hire nurses through work visas; however, smaller systems don’t have the funds to hire large numbers of international nurses through an agency. This is where a nurse apprenticeship program can fill the gap. Huron Regional Medical Center launched its practical nursing apprenticeship in 2018. ...

Total	10
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A5 Patient, Family, and Future Customer Demographics and Trends

33 **Caregiving: Going it alone is harder**

McKnight's Senior Living; by Lois A. Bowers; 4/28/25

I was the primary family caregiver for my father for the more than eight years he lived in a skilled nursing facility, and I can't imagine what that time would've been like had my three siblings not been part of the equation. Now a new study has found that, yes, when it comes to caring for aging parents, people who have siblings probably have a better time of it than people who are only children. The findings may help you in your interactions with residents' loved ones.

Publisher's note: A timely reminder that caregiving is challenging - for ourselves, our staff, and the patients and families we serve.

34 **New study uncovers significant variations in life expectancy across U.S. states**

Bioengineer.org - Health; by Bioengineer; 5/7/25

"A Century of Unequal Longevity: How Geography and Policy Sculpt Life Expectancy in the United States"

In an extensive new investigation led by the Yale School of Public Health (YSPH), researchers have unveiled profound disparities in life expectancy trends throughout the United States over the last hundred years. This groundbreaking study reveals how the interplay between public health policies, social environments, and regional factors critically shapes the longevity of populations across states and the nation's capital, Washington, D.C. ... The findings are striking: while states in the Northeast and West Coast, alongside the District of Columbia, achieved remarkable gains in life expectancy over the twentieth century, several Southern states remained largely stagnant. Specifically, females born in some parts of the South experienced life expectancy increases of less than three years between 1900 and 2000.

35 **You might live to be 100. Are you ready?**

The Guardian; by Andrew J. Scott; 5/15/25

Ethel Caterham, at the age of 115 years, is said to be the oldest person alive. She offers the sage life advice to "say yes to every opportunity because you never know what it will lead to. Have a positive mental attitude and have everything in moderation." When she was born in 1909, the average life expectancy of a British female was 52 years – becoming a centenarian was a remote prospect. ... Today, according to the United Nations, centenarians are the fastest growing age group. By 1950, there were an



estimated 14,000 whilst today there are nearly 750,000, projected to reach nearly 4 million by 2054. ... Today, there is too large a gap between average lifespan and healthspan. The number of years we are likely to live has increased more than the number of years we are likely to remain healthy. Reducing this gap is critical for seizing the advantages of longer lives.

36 **Music as medicine: Jenny Chen, Tyler Jorgensen, & Theresa Allison**

GeriPal podcast; by Eric Widera, Alex Smith; 5/22/25

As you know, dear listeners, I love music. We start each podcast with a song in part to shift the frame, taking people out of their academic selves and into a more informal conversation. Well, today’s guests love music at least as much if not more than me, and they each make a strong case for music as medicine. Jenny Chen is a palliative care fellow at Yale who regularly sings for her seriously ill patients... Tyler Jorgensen not only plays music for his patients, starting out with just pulling up a tune on his iPhone, he and others at UT Austin and Dell med now wheel a record player into patients rooms and play vinyl, taking patients back to the sounds and routines – think taking the record out of the sleeve, placing the needle in the groove – of younger days... And Theresa Allison is a geriatrician and ethnomusicologist who studies the role of music for people with dementia.

Total	4
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A6 Regulatory and Political

37 **HHS OIG: Greater oversight needed among new hospices**

Hospice News; by Holly Vossel; 4/28/25

The U.S. Department of Health & Human Services (HHS) Office of Inspector General (OIG) is readying to unveil a new report that will unveil common billing trends among potentially fraudulent newly licensed hospices. The report, “Trends, Patterns, and Key Comparisons Related to New Medicare Hospice Provider Enrollments May Indicate the Need for Further Oversight” is expected to publish in Fiscal Year (FY) 2026. It will



examine potential red flags of fraud, waste and abuse among newly enrolled Medicare hospice providers' claims data. ... "The data brief may help CMS evaluate the need for additional monitoring and program integrity efforts to ensure that hospices meet all the requirements," OIG stated in a recent announcement. "Our objective is to identify trends, patterns and key comparisons that indicate potential vulnerabilities related to new Medicare hospice provider enrollments."

38 [**Be ready for updated Special Focus Program, hospice experts say**](#)

McKnight's Home Care; by Adam Healy; 5/9/25

A revised hospice Special Focus Program is coming, and providers should make sure they have plans and procedures in place to be successful under this strict oversight program, Linda Woodle, director of accreditation at Community Health Accreditation Partner (CHAP), and Patricia D'Arena, vice president of clinical excellence at Enhabit Home Health and Hospice, said ... When that program will be reinstated is anyone's guess. ... The Centers for Medicare & Medicaid Services has indicated that assessments will place a high emphasis on four specific Conditions of Participation: patient's rights; initial and comprehensive assessment of the patient; interdisciplinary group, care planning and coordination of care; and quality assessment and performance improvement. So providers should ensure they meet all of these conditions' requirements.

Total	2
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A7 Technology and Innovations

39 [**Hospice AI**](#)

A Hospice & Palliative Care Today compilation; 5/5/25

We've seen several recent articles discussing the benefits of additional AI integration into hospice services.

- [4 Ways AI Technology is Elevating Hospice Outcomes](#); by Shea Swenson, Maxwell Healthcare Associates; 4/15/25. [Includes:] 1) Optimized care support; 2) Predictive analytics; 3) Operational Efficiency; 4) Financial impact.
- [The use of artificial intelligence in hospice & palliative care programs](#); Journal of Pain and Symptom Management; by Matthew Gonzales, Amy Baughman, Kathleen Strand, Anant Vasudevan, Kerry Son; 5/25. [Includes:] 1) Enhance patient care and operational efficiency; 2) Predictive analytics; 3) Chatbots; 4) AI can



improve decision-making, personalize treatment plans, and streamline administrative tasks, ultimately improving patient outcomes and experiences.

- [Five ways hospice agencies are using AI](#); Alora Home Health Software; 10/15/24. [Includes:] 1) Personalized care plans; 2) Scheduling optimization; 3) Human resources; 4) Prior authorizations; 5) Reducing hospital admissions.
- [The future of AI in hospice care](#); by Elizabeth Ecker, Hospice News; 11/13/24. [Includes:] 1) Provide patient care; 2) Supports hospice professionals and patients in several other important ways, from reducing hospitalizations to providing scheduling efficiencies for staff and providing significant time savings; 3) It can even be a key to providing the right care at the right time, and improved accuracy of patient data; 4) Monitoring risk; 5) Overcoming AI challenges.
- [5 Ways hospice agencies can use AI](#); by Tess Bower, Hospice & Home Care Webinar Network; 3/31/23. [Includes:] 1) Predictive modeling; 2) Personalized care; 3) Voice recognition; 4) Remote monitoring; 5) Resource optimization.

40 **[AI tool uses face photos to estimate biological age and predict cancer outcomes](#)**

Mass General Brigham - Technology & Innovation - Research; by Hugo Alerts, Ray Mak, Dennis Bontempi, Osbert Zalay, Danielle S. Bitterman, Fridolin Hugg, Jack M. Qian, Hannah Roberts, Subha Perni, Vasco Prudente, Suraj Pai, Christian Guthier, Tracy Balboni, Laura Warren, Monica Krishan, and Benjamin H. Kann; 5/8/25

Mass General Brigham findings suggest FaceAge tool could provide objective data to help inform treatment decisions in cancer care and other chronic diseases. Eyes may be the window to the soul, but a person's biological age could be reflected in their facial characteristics. Investigators from Mass General Brigham developed a deep learning algorithm called FaceAge that uses a photo of a person's face to predict biological age and survival outcomes for patients with cancer. They found that patients with cancer, on average, had a higher FaceAge than those without and appeared about five years older than their chronological age. Older FaceAge predictions were associated with worse overall survival outcomes across multiple cancer types. They also found that FaceAge outperformed clinicians in predicting short-term life expectancies of patients receiving palliative radiotherapy. Their results are published in [The Lancet Digital Health](#).

Editor's note: This summary article is published by the main source, Mass General Brigham. Various articles are being written about this new use of AI.

- *The Lancet Digital Health (the full research article): [FaceAge, a deep learning system to estimate biological age from face photographs to improve prognostication: a model development and validation study](#)*



- *The New York Times*: [Can a photograph help predict who will survive cancer treatment?](#)
- *The Washington Post*: [New AI tool predicts your biological age from a selfie](#)
- *Health Medicine Network*: [HMN2025 - How AI instrument makes use of selfies to foretell organic age and cancer survival](#)
- *Inside Precision Medicine - Patient Care*: [AI tool predicts cancer survival from face photos](#)
- *Bioengineer*: [AI tool analyzes facial images to estimate biological age and forecast cancer prognosis](#)

41 AI readiness isn't a new challenge — it's a familiar one

Becker's Health IT; by Polly Parrent; 5/28/25

As AI sweeps across healthcare headlines, it's tempting to view it as a brand-new frontier, something fundamentally different from previous health IT efforts. But in reality, AI is not a departure from the digital transformation journey we've already been on; it's a continuation. A recent [survey](#) from Nordic and Modern Healthcare on AI readiness in healthcare brings this full circle: the same foundational elements that enabled the introduction of electronic health records (EHRs) — infrastructure, governance, data, and workforce training — are the same critical elements for successful AI adoption.

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

42 [1-on-1 coaching, leadership academies: 5 systems developing the next generation of leaders](#)

Becker's Hospital Review; by Kristin Kuchno; 4/30/25

With an aging U.S. population and healthcare workforce, many hospital and health system leaders are focused on building the next generation of leaders to tackle the work ahead. Healthcare executives from across the country recently shared with *Becker's* how their systems are developing leadership pipelines.

- ... feedback is very important to Gen Z employees ...
- ... one-on-one coaching program that tailors development to individual needs ...



- ... the system has committed \$10 million to career pathways, tuition benefits and other career-building program ...
- ... bringing career architecture to front-line roles ... Gen Z is actively seeking development, and if you do not provide them that opportunity, they are going to look for someone who is ...
- ... building skills and confidence in new graduates, and providing upskilling opportunities for nurses and staff looking to grow into new roles ...
- [[Go to Becker's article](#) for the leaders and their systems who are implementing these leadership development programs.]

43 **[The best leaders ask the right questions](#)**

Harvard Business Review On Leadership, Episode 110; podcast by Arnaud Chevallier; 5/14/25

Few leaders have been trained to ask great questions. That might explain why they tend to be good at certain kinds of questions, and less effective at other kinds. Unfortunately, that hurts their ability to pursue strategic priorities. Arnaud Chevallier, strategy professor at IMD Business School, explains how leaders can break out of that rut and systematically ask five kinds of questions: investigative, speculative, productive, interpretive, and subjective. He shares real-life examples of how asking the right sort of question at a key time can unlock value and propel your organization. With his IMD colleagues Frédéric Dalsace and Jean-Louis Barsoux, Chevallier wrote the HBR article "The Art of Asking Smarter Questions."

44 **[UAB resident leaders complete Chief Residents Leadership Development Workshop](#)**

UAB Medicine - The University of Alabama at Birmingham; by Katherine Gaither; 5/19/25

Fourteen UAB chief residents recently completed the Chief Residents Leadership Development Workshop. The program, presented by the UAB Medicine Leadership Development Office, was held on May 9, 2025. The Chief Residents Leadership Development Workshop is focused on helping chief residents from core residency programs build their leadership competencies. The sessions include small-group breakout sessions that provide chief residents with the tools, skills, and learning



opportunities to enhance their understanding of interpersonal communication and group dynamics, which are critical to success and satisfaction as clinical leaders.

Total	3
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A9 The Human Factor

45 [This overlooked leadership skill will help you build trust, influence teams and thrive under pressure. Here's how to develop it.](#)

Entrepreneur.com; by Martin Rowinski; 4/28/25

Executive presence is a critical but underrated leadership skill in 2025. Here are the steps you can take to develop it. [The first three of six include...]

1. Develop clear, purpose-driven communication
2. Master your body language
3. Manage emotions under pressure

46 [Dombi: At-home care providers must overcome 'self-inflicted challenge' to flourish](#)

Home Health Care News; by Morgan Gonzales; 5/2/25

Despite operating on razor-thin margins and facing persistent reimbursement challenges, some home-based care providers are setting themselves apart by leaning into innovation. By embracing alternative payment models, virtual health and opportunities like hospital-at-home programs, providers can save themselves from home-based care's "self-inflicted challenge" of not capitalizing on the industry's evolving opportunities, according to Bill Dombi, senior counsel for Arnall Golden Gregory law firm. He also formerly led the National Association for Home Care & Hospice (NAHC), which following a [merger](#) is now the National Alliance for Care at Home. While workforce shortages, potential Medicaid cuts and unsustainable payment rates threaten the industry, opportunity awaits those willing to evolve, Dombi said.

47 [To the brink and back: How near-death experiences can change how people work](#)

The Conversation; by Aduari.AI; 5/5/25

What happens when someone comes close to death and then returns to everyday life, including work? For some, the experience can be transformative. ... Although near-death



experiences (NDEs) have been studied since the 1970s, we know relatively little about how they affect people after the event. Research suggests people who have near-death experiences may feel increased empathy, spiritual growth, a sense of purpose and even change how they approach their jobs. Our recent study explored how near-death experiences impact people's return to work. We interviewed 14 working adults who had a near-death experience as a result of medical crises such as a heart attack or accidents such as a car crash. What we found challenges conventional ideas about success, motivation and workplace culture.

- Doing meaningful work ...
- Rethinking motivation ...
- Relational transformations ...
- Lessons for the rest of us ...

48 **Honey, Sweetie, Dearie: The perils of elderspeak**

KFF Health News, originally published by The New York Times; by Paula Span; 5/9/25

A prime example of elderspeak: Cindy Smith was visiting her father in his assisted living apartment in Roseville, California. An aide who was trying to induce him to do something — Smith no longer remembers exactly what — said, "Let me help you, sweetheart." "He just gave her The Look — under his bushy eyebrows — and said, 'What, are we getting married?'" recalled Smith, who had a good laugh, she said. Her father was then 92, a retired county planner and a World War II veteran; macular degeneration had reduced the quality of his vision, and he used a walker to get around, but he remained cognitively sharp. People understand almost intuitively what "elderspeak" means. "It's communication to older adults that sounds like baby talk," said Clarissa Shaw, a dementia care researcher at the University of Iowa College of Nursing ... "It arises from an ageist assumption of frailty, incompetence, and dependence." Its elements include inappropriate endearments. "Elderspeak can be controlling, kind of



bossy, so to soften that message there's 'honey,' 'dearie,' 'sweetie,'" said Kristine Williams, a nurse gerontologist at the University of Kansas School of Nursing ...

49 **Dementia patient discharged from hospice over Medicare requirement. Here's why it happened**

WKMG-6, Deltona, FL; by Erika Briguglio and Louis Bolden; 5/14/25

A Volusia County family is left scrambling after their loved one is abruptly dropped from hospice care. To qualify for hospice, patients must have a life expectancy of six months or less. However, for dementia patients, the prognosis can be unpredictable. Hospice care can be extended as long as the patient continues to meet Medicare [requirements](#). Unfortunately, these requirements are why Amy Yates lost coverage for her 91-year-old grandmother. ... "I think it's she hasn't died fast enough, and it's costing them money that they don't want to spend," Yates told News 6. ... What Yates' family is dealing with is what Medicare calls live discharge, and they are not alone. [The Hospice Foundation of America](#) reports that 17% of people in 2022 who were admitted to hospice care were discharged; about 6% of the total caseload was discharged because they no longer met Medicare requirements for care under the hospice benefit.

Editor's note: What are your hospice's stats for live discharges? This factor--with the face-to-face recertification requirement--is crucial. Unfortunately, too many hospices misused President Jimmy Carter's extraordinarily long Length of Stay (LOS) with misleading information about hospice care. These hospices--whether intentional or not--chose to significantly water down end-of-life care and to never mention anything about a basic recertification process. Engaging, user-friendly language can be used with integrity, authenticity, and patient/caregiver empowerment. What messaging does your hospice voice? Do you present a mature, balanced voice, for the sake of the seriously ill person and their family? Or do you ignore the patient/family's timing and choice for the sake of your bottom line, while using up the person's ultimate Medicare days allowed for hospice care? Dig deeply into your data. Dare to examine your organization's motives and outcomes.



50 **The 'price' of value-based care**

McKnights Long-Term Care News; by Micahel Wasserman; 5/14/25

The term "value-based care" is tossed around like a political football among healthcare policy makers. Nowhere is the meaning of this so variable as in nursing homes. The Nursing Home Value-Based Purchasing Demonstration project, completed over a decade ago, was not found to lower spending or improve quality. Webster's Dictionary defines value as "the monetary worth of something," "a fair return or equivalent in goods, services, or money for something exchanged" and "relative worth, utility or importance." The government used performance measures such as hospitalization rates and quality measures as a proxy for value. Shouldn't we be asking how clinicians, patients and their families define value?

51 **5 evidence-based solutions to solve the leadership burnout crisis**

Inc.; by Peter Economy; 5/10/25

Leader burnout isn't just another HR buzzword. It's the reality many leaders are living right now. According to a recent report by [talent solutions firm LHH](#), a staggering 56 percent of leaders reported experiencing burnout in 2024—up from 52 percent the previous year—with Gen-X and Millennial leaders affected most. I've spent years on both sides of this equation ... What I've learned is that sustainable leadership isn't about superhuman resilience. It's about working smarter. Here are five approaches that actually work for leaders in any kind of organization, anywhere.

1. Stop pretending superhuman hours are sustainable ...
2. Create spaces where vulnerability isn't career suicide ...
3. Make technology work for you, not against you ...
4. Ditch generic wellness programs for targeted interventions ...
5. Treat recovery as a strategic discipline ...



52 **The skills CEOs are building in 2025**

Becker's Hospital Review; by Kristin Kuchno; 5/20/25

Hospital and health system CEOs are building new leadership skills — many of which were not viewed as a priority earlier in their careers. While health systems continue to focus on workforce-wide skills development, such as [leadership skills](#) for succession planning, today’s executives are zeroing in on new capabilities to meet evolving demands. *Becker’s* connected with four hospital and health system CEOs to learn which skills they are actively working on in 2025.

- Leading with storytelling and collaboration ...
- Building cohesion and accountability ...
- Soft skills in the era of digital change ...
- From operations to outward-facing leadership ...

Total	8
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A10 Highlighted Articles of Interest

53 **Private equity in health care**

AMA Journal of Ethics; 5/25

One way private equity differs from other for-profit investments is by aiming to maximize profitability while minimizing long-term holdings in such investments. Valuation for private equity acquisitions in health care has grown to over 150 billion dollars since 2020, and expansion continues. One reason private equity investment in the health sector deserves close ethical attention is that private equity firms are, generally, not interested in managing patient panels, clinician personnel, or making service delivery streams work for patients. Another reason is that influx of private equity investment in health care tends to consolidate markets for health services, undermining competition and driving up costs for patients. This theme issue considers which criteria should be used to determine whether, when, and for whom buying and selling of private equity in health care stands up to ethical, clinical, and legal scrutiny and considers how to better guide and regulate private equity transactions in health care.



Publisher's note: This entire journal issue (14 articles) focuses on the role of private equity in health care.

54 **[Illinois plan calls for annual report on hospice, palliative care for prisoners](#)**

WAND TV News, Springfield, IL; by Mike Miletich; 5/8/25

The Illinois House Restorative Justice & Public Safety Committee passed a bill Thursday [5/8] to require the Illinois Department of Corrections report data on hospice care available for prisoners. Over 1,000 Illinois prisoners are 65 or older, and a growing number of those people are in need of end-of-life care and support services. The Department of Corrections does not have a formal hospice program, as end-of-life care is provided on a prison-by-prison basis. Although, sponsors and advocates said this has led to inconsistent care for prisoners diagnosed with terminal illnesses or who are expected to reach the end of their life.

55 **[New York bill aims to ban new for-profit hospices amid fraud concerns](#)**

CBS WRGB-6, Albany, NY; by Lara Bryn; 5/14/25

A new bill awaiting the governor's signature could ban the establishment of new for-profit hospices in New York, a move lawmakers and industry experts say is necessary to improve care quality and prevent potential fraud. ... The bill has already passed in both the state Senate and House. The push for this legislation comes in part due to findings from national studies by the American Medical Association and ProPublica, which highlighted issues in for-profit hospice care. ... Jeanne Chirico, CEO of the Hospice and Palliative Care Association of New York State, said, "To try and make a quick turnaround of profit either through falsifying eligibility records or by fraudulently submitting records for individuals who never even knew they were on hospice." Chirico noted a case where a New York Medicare recipient was unknowingly enrolled in a hospice-certified program based in California.

56 **[\[Commentary\] It's time to bring value-based care principles to hospice](#)**

Medical Economics; by Asher Perzigian; 5/20/25

In the health care industry, the conversation around value-based care (VBC) has been abuzz for a while now. The idea is simple: [pay for outcomes](#), not for services, and shift



our mindset from volume to value as we reduce unnecessary care, improve outcomes and bend the cost curve. However, when we talk about VBC, we often overlook a critical part of the health care continuum: hospice care. And when it comes to end-of-life care, traditional measures like survival rates and reduced readmissions lose their relevance. Hospice embodies some of the deepest principles of VBC: aligning care with patient goals, avoiding unneeded interventions and supporting the person as a whole. Here's what primary care physicians need to know about the integration of value-based principles in hospice care.

57 **How 24 rural hospitals look to improve value-based care**

Modern Healthcare; by Alex Kacik; 5/15/25

Two dozen critical access hospitals in Montana have created a clinically integrated network, following similar rural provider-led coalitions in other states. The Yellowstone High Value Network, announced Thursday, looks to improve independent rural hospitals' care models while also lowering their costs. The network, which resembles coalitions launched in Ohio, Minnesota and North Dakota through rural hospital advisory firm Cibolo Health, is designed to give hospitals the combined patient volume and technology infrastructure to expand alternative payment models that are tailored to the rural communities where they operate.

58 **Health systems need radical transformation. Are C-suites ready?**

Becker's Hospital Review - Financial Management; by Laura Dyrda; 5/21/25

Health systems faced with ever-thinning margins and uncertain financial future may be tempted to double-down on cost cutting as an immediate option relief. But for most, that's not the best option. ... "Amid unprecedented volatility, resource constraints, and technological disruption, how can healthcare executives rapidly adapt and transform their organizations to sustainably deliver high-value care, optimize operational efficiency, and preserve workforce resilience and empathy?" posed Craig Albanese, MD, CEO of Duke University Health System in Durham, N.C. The question is urgent and



complex. Hospital leaders are searching for connecting points with old friends, rivals, community organizations and other stakeholders to problem-solve together. They're also pursuing larger strategic changes instead of small fixes to truly build sustainable organizations for the future. ...

59 **Exploring the impact of acquisition on quality of care among US home health agencies**

Health Services Management Research; by Debra Winberg, Jillian Torres; 5/25

Throughout the United States and Europe, the home health care industry is rapidly consolidating, with merger and acquisition (M&A) activity on the rise. The consolidation of the industry raises questions about the impact that diminished competition may have on the quality of care being delivered. This study examines the impact of home health agency acquisition on quality of care among a sample of 10,184 home health agencies across the United States. Utilizing publicly available data from the Outcome and Assessment Information Set (OASIS) and the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) from 2018 to 2022, this study investigates changes in clinical outcomes, organizational process measures, and patient experience. The findings suggest there is a modest 1.07 percentage point improvement in process measures post-acquisition, but no significant changes in outcome or patient experience measures among the 169 agencies that were acquired during the study period. These findings suggest that, while integration has the potential to modestly improve home health process efficiency, there is very little benefit to patients.

Total	7
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