



Top News Stories of the Month, September 2025

Cordt's Notes

Warm-up question.

Part 1: Welcome and discussion of key articles this month

Cordt's key articles

Our faithful listeners know I've been using Dr. Ira Byock's recently published white paper *A Strategic Path Forward for Hospice and Palliative Care* to organize most read articles. I'm excited to share Ira and I will be presenting a session at the AAHPM Annual Assembly in March 2026 in San Diego – hope to see you there! OK, let's get to it!

1. **Zero tolerance for WFA.** We ran 15 regulatory stories this month and half a dozen of them included waste, fraud, and abuse. The one I'd highlight today for listeners is a podcast by attorneys Med Pekarske and Jonathan Porter exploring when poor quality reaches the threshold of "worthless services" – and how this may tie to false claims liability. We've seen reports disappointed in the lack of discipline visits at the end of life. With my Hospice Analytics' hat on, I just pulled CY 2024 claims and found 28% of beneficiaries who died on hospice did not have any discipline visits recorded in the last week of life. So, let's start our conversation today encouraging visits in the last week of life and high-quality hospice services.
2. Ira then outlines **4 calls to action:**
 - a. **Clinical and programmatic standards.** How do we differentiate between the good and the excellent?
 - i. On Sept 11, the Louisiana ~ Mississippi Hospice & Palliative Care Organization hosted a free webinar titled "Mental Health in Palliative Care". A physician and a social worker hosted this very informative webinar that included information about both on and off label use of psychotropic medications near the end of life. Feedback after this webinar included statements like "thank you – I never knew this existed!"
 - ii. Related, a frequently read post this month was from another webinar. This one, a compilation of books and articles by Dr. Harvey Chochinov about dignity therapy, meaning, and suffering. He co-authored the Oxford Handbook of Psychiatry in Palliative Medicine – another outstanding resource.



- iii. Speaking of Clinical and Programmatic Standards and interesting webinars – I'll give a shout out to the Hospice & Palliative Care Association of New York State who is hosting a webinar titled "Guns, Drugs, and Schizophrenia: The New Norm In Home Care" next month.
- b. **Making meaningful data readily available.**
 - i. Last month we discussed the importance of hospice research. I asked newsletter readers to email me offline if they would be interested in learning more about current hospice research projects – and perhaps even participating in them. Thank you to the 30+ people who responded – I appreciate it! There are a couple studies recruiting for profit and private equity backed hospices – please contact me if you'd like more information.
 - ii. One of the most read stories this month was NIH publishes plan to drive Gold Standard Science. It's important to understand how research, regulations, and reimbursement all tie together...
- c. **Driving competition based on quality.**
 - i. Previous surveys suggest most Canadians with a serious illness would prefer to spend the end of their lives at home. Access to respite services for family caregivers increases a palliative care patient's probability of dying at home almost threefold, according to a McGill University-led study.
 - ii. Also, a brief reminder that the Hospice HOPE tool begins implementation on Oct 1 😊
- d. **Embracing and promoting our authentic brand.**
 - i. I'd like to highlight By the Bay Health in Northern California for launching a new nursing scholarship program in memory of Pat Kendall, an Emergency Room nurse and Board member. Who in your hospice world should have a scholarship program named after her or him?
 - ii. I'd also like to mention a new feature in Hospice & Palliative Care Today – Honoring the lives and legacies of hospice leaders. This month we honored Don Pendley, former President of the NJ Hospice and Palliative Care Organization, Dr. Marlow Sloan, founder and former medical director of Sangre de Cristo Hospice & Palliative Care in CO, and Dr. George Webb, former medical director of Hosparus in KY. Please share obituary information you're aware of with us.
- e. **Cordt's category**
 - i. Last month "Cordt's category" focused on **Hospice AI**. It's a continuing theme this month. The most read story this month, which I'll talk about more in a few minutes, was a ChatGPT summary of hospice utilization trends over the past decade. Another top read story this month was using ChatGPT to create a table comparing Hospice, Palliative Care, and PACE programs. And just this week I was in a Board meeting and found myself using ChatGPT to



summarize the MedPAC Report chapter on Medicare Advantage and to explore if and how hospice services compliment Institutional Special Needs Plans (or I-SNPs) in nursing facilities. I would love to hear from listeners – how do you use AI to improve hospice care?

Chris' key articles

(See his document – purple highlights)

Part 2: Cordt's review of article stats

Analyzing the click-through rates for *Hospice & Palliative Care Today's* August news stories, we published 388 articles that collectively received 28,000 clicks (or reads). Notably, 8 of these stories surpassed 1000 clicks. Typically, we have 140K clicks and 20 stories with 1K+ reads each month – so September numbers are surprisingly low. In fact, numbers were so low I double-checked that our click-counting-program was working correctly (it is) and looked back at monthly click rates in 2024. We actually saw a similar dip in numbers last September, too. Maybe this is a Fall / back-to-school / conference season trend – not sure. Anyway, let's take a closer look at the key trends this month:

Our top categories this month include: Headlines, Hospice Provider News, AI Today, Research News, Today's Encouragement, Announcements, Clinical News, and Social Media Watch. Each of these categories had over 1000 reads.

Top read stories this month included:

1. Interestingly, the top read story this month wasn't really a story at all – it was an AI experiment. The post was titled "Hospice AI - Summarize national and state hospice utilization trends over the past 10 years". For this post, I loaded the last decade of state and national hospice utilization rates into ChatGPT and asked it to summarize key trends. I'd like to briefly highlight 3 observations about this post:
 - a. One "key takeaway" was that growth is slowing nationally, suggesting hospice has matured in penetration, though opportunities remain in underutilizing states. While it's true that the national hospice utilization rate in 2024 is the highest on record (50.6%), I suspect we'll continue to see this increase up to ~60% in the next decade.
 - b. While ChatGPT correctly made some charts of states with the highest hospice utilization rates in 2024, the chart descriptions were wrong. It listed 5 states in the charts correctly, but used a different list of states in chart descriptions. The take-home message is, of course, we actually have to read and edit AI output.



- c. I hope subscribers read this post and asked themselves “well, if ChatGPT can do that, it might be helpful in doing this other thing...” What kinds of Excel spreadsheets might you ask ChatGPT to summarize?
2. The second most read story this month was a regulatory headline story about the Alliance’s comments to the 2026 Home Health Proposed Rule.
3. How CEO tenure in healthcare compares to other industries was the 3rd most read story. A recent study found healthcare CEO’s tenure is slightly shorter than other industries – 7.3 years vs. 7.5 years. Last year, the same study found healthcare CEO tenure slightly longer.

Part 3: Chris’ review of articles by his categories

(See his document – yellow highlights)

Part 4: Master Class

Chris: Back to the basics...



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

Mark:

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



Our 2025 Predictions (continued)

Cordt

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



Our 2025 Predictions (continued)

Chris

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