



Top News Stories of the Month, September 2025

Article Summary		
Category	#	%
A1 Mission Moments	6	13%
A2 Reimbursement Challenges, Warning Signs, and Implications	2	4%
A3 Competition to be Aware of	7	15%
A4 Workforce Challenges	7	15%
A5 Patient, Family, and Future Customer Demographics and Trends	6	13%
A6 Regulatory and Political	2	4%
A7 Technology and Innovations	2	4%
A8 Speed of Change, Resiliency, and Re-Culture	0	0%
A9 The Human Factor	1	2%
A10 Highlighted Articles of Interest	14	30%
Totals	47	100%

A1 Mission Moments

1 [Christmas for Lorie: Carmel neighborhood lights up August](#)

NBC WTHR-13, Carmel, IN; by Scott Swan; 8/21/25

[On a warm August night](#), Christmas lights are twinkling on a street in Carmel. "One of our favorite traditions on Windbush is to decorate every house as much as possible," said neighbor Emily Clem. We may be 125 days away from Christmas, but for the family in this house, the beauty of the holiday needs to happen now. "When I saw the lights go up last Thursday or Friday, my heart sunk because I knew what it was," said Brady Young, who lives nearby. Lorie Graves, a 50-year-old wife and mom, is on home hospice as she battles ovarian cancer. "We did the Christmas decorations in the front yard because we have a very special neighbor right down the road who is battling cancer," said Shane Best. ... And so did the neighbors.

2 [Husband and wife have emotional reunion after a year apart while dealing with dementia](#)

People; by Sam Gillette; 9/4/25

"We are humbled to help turn final wishes into treasured memories," a hospice official



says of Everett Linton and his wife. ... An 88-year-old former truck driver from Cincinnati was able to hitch a ride to see his wife for the first time in almost a year, leading to an emotional reunion. "I'm ridin', I'm going to see my wife," Everett Linton told a reporter from ABC affiliate [WCPO](#) from the passenger seat of a semi-truck. The [nostalgic ride and reunion on Aug. 22](#) were organized by his care facility, Luminary Hospice Cincinnati, and the facility where his wife, Patricia, is staying, Majestic Care of Fairfield Assisted Living in Fairfield, Ohio.

3 [What I learned about dying while caring for my husband](#)

BK Books; by Barbara Karnes; 9/3/25

It is hard to comprehend that our special person will die no matter what we do. No matter how many treatments, how much medicine, or how much food we give, death will come. We often don't see what we don't want to see. When it comes to acknowledging the end of life's approach, this sentence is very true. My husband recently died of cancer. I am an end-of-life educator. I know what dying looks like, how it progresses, and what to do to support the person on their journey. Here are some insights that have been added to my knowledge as the result of walking in caregiver shoes...

Publisher's note: Having a family member die earlier this year and building on Barbara's theme, I ask hospice providers, "Does the hospice care your loved one received match the quality of hospice care you deliver?"

4 [Ancient wisdom: How do we want to be remembered?](#)

The FP - Weekend Culture; by George Raveling; 9/7/25

This week, we're bringing you reflections from a man who aged more gracefully than just about anyone we know: legendary basketball coach George Raveling, who died Monday at the age of 88. ... This excerpt is from the last chapter of his book [*What You're Made For*], ... titled: "To Live."

"After my auto accident, I began to understand the true nature of legacy. It wasn't about the titles and the awards. It was about the lives I had touched."

5 Fulfilling end-of-life dreams: A scoping review of bucket lists in palliative and hospice care

Palliative Supportive Care - Cambridge University Press; by Swasati Handique, Michael Bennett and Scott D Ryan; 9/12/25

Results: Four major themes were established using thematic content analysis: (1) impact on holistic well-being, (2) role of family in wish fulfillment, (3) cultivation of gratitude, and (4) collaborative leadership in wish fulfillment. In wish fulfillment, the results significantly pointed to the need for more intricate evaluation among patients and interventions that cover beyond the physical aspect.

Significance of results: Palliative and hospice care settings should work toward securing sustainable funding for structured wish-fulfillment programs to address existing accessibility gaps and further enhance the holistic nature of care in these settings.

Editor's Note: For hospice organizations that can receive donations, setting up a Wish/Bucket List Fund makes for a meaningful, easy-to-demonstrate ROI on donated gifts. With this, you need to have some type of discretionary review/approval process in place, with assurances of confidentiality when important to the person and/or family.

6 Top regrets people have in their final days

Family Minded; by Owen Chase; updated on 9/17/25

... When doctors and nurses spend time at the bedside, they listen to regrets that cut through small talk and trends. These regrets tell us that the things we don't do often weigh more than the mistakes we make.

- Skipping the Simple Words ...
- Outworking Themselves ...
- Ducking the Camera ...
- Forgetting Presence Counts ...
- Passing on the Hat ...
- Living Someone Else's Story ...



- Saving Too Hard ...
- Delaying the Trip ...
- Letting Friendships Slip ...
- Refusing to Let Go of Grudges ...
- Skipping the Deeper Stuff ...
- Calling Hospice Too Late ...
- Not Learning to Say No ...
- Staying Where It Hurt ...

Editor's Note: In business, we measure success with Key Performance Indicators (KPIs). But what about the measures that matter most—those that guide how we live, love, and lead? At the bedside, people share regrets that remind us the truest indicators are not quarterly numbers, but daily choices. Which of these regrets speaks to you most deeply? What might it look like to course-correct—not someday, but today, or even this weekend? Learning from those we serve, may we be brave enough to turn regrets into reminders, and reminders into new ways of living.

	Total	6
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A2 Reimbursement Challenges, Warning Signs, and Implications

A. General to Hospice

7 [CMS launches landmark \\$50 billion Rural Health Transformation Program](#)

CMS Newsroom - Rural Health; Press Release; 9/15/25

Today [9/15], the Centers for Medicare & Medicaid Services (CMS) unveiled details on how states can apply to receive funding from the \$50 billion Rural Health Transformation Program created under the [Working Families Tax Cuts Act](#) to strengthen health care across rural America. This unprecedented investment is designed to empower states to transform the existing rural health care infrastructure and build sustainable health care systems that expand access, enhance quality of care, and improve outcomes for patients. ... The Rural Health Transformation Program invites all 50 states to apply for funding to address each state's specific rural health challenges.



B. Medicare Advantage

8 [Medicare Advantage plan spending and payments under the hospice carve-out](#)

JAMA Network Open; by Meghan Bellerose, Andrew M Ryan, Claire K Ankuda, David J Meyers; 8/25

In 2021, the Centers for Medicare & Medicaid Services implemented a Value-Based Insurance Design (VBID) model to test the impact of including hospice services in the Medicare Advantage (MA) benefits package. In December 2024, the VBID was ended following widespread dissatisfaction ... Under the carve-out model, after an MA enrollee elects hospice, health care related to their terminal illness is paid for by fee-for-service (FFS) Medicare. MA plans stop receiving the inpatient and outpatient portions of that enrollee's capitated payment but continue to receive premium and rebate payments. In this cross-sectional study, MA plans received high premium and rebate payments for beneficiaries enrolled in hospice despite low health care spending after enrollees elected hospice. To reduce excess payments, the Centers for Medicare & Medicaid Services could require MA plans to submit information on enrollees' use of supplemental benefits and adjust payments made after election of hospice to align with spending.

Total	2
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A3 Competition to be Aware of

9 [Hospice provider's coast-to-coast expansion receives green light from California AG](#)

McKnight's Home Care; by Adam Healy; 8/26/25

Chapters Health System, a Florida-based hospice and palliative care organization, received conditional approval for its expansion into California via affiliation agreements with Hospice East Bay and Hospice of Santa Cruz County. To finalize the two affiliations, Chapters agreed to: ensure that Hospice East Bay and Hospice of Santa Cruz County maintain certification with the Centers for Medicare & Medicaid Services; honor employment agreements with existing staff members; establish quality advisory committees for both East Bay and Hospice of Santa Cruz County; make a reasonable effort to continue providing specialized care services that are currently offered by both newly affiliated providers; and provide annual reports on its compliance with these conditions, according to the California Office of the Attorney General.



A. Mergers & Acquisitions

10 **Humana borrows UnitedHealth's Medicare Advantage playbook**

Modern Healthcare; by Nona Tepper; 8/25/25

Humana's stock price is up 16.5% so far this year, a notable contrast to the [11.6%] declines the larger Medicare Advantage sector and industry leader UnitedHealth Group report. Humana's secret to success is its transparency into its focused business, experts say.

11 **DOJ probing UnitedHealth's Optum Rx, alongside Medicare practices**

Modern Healthcare; by Chris Strohm, John Tozzi; 8/26/25

The U.S. Justice Department's criminal division is digging into UnitedHealth Group Inc.'s prescription management services as well as how it reimburses its own doctors under an ongoing probe into the firm's operations, according to people familiar with the matter. The previously unreported areas of the probe show the scrutiny is broader than was known and goes beyond an inquiry into possible Medicare fraud. Investigators are looking into business practices at the company's pharmacy benefit manager Optum Rx, in addition to the physician payments, said the people, who asked not to be identified discussing a confidential matter.

12 **PruittHealth strengthens senior care with new acquisition**

Investors Hangout; by Dylan Bailey; 8/28/25

PruittHealth ... has revealed its acquisition of The Lodge of Warner Robins. This strategic move marks the third skilled nursing center acquired from Debbie Meade and her family-run organization, Health Management. ... The acquisition allows patients access to a comprehensive Continuum of Care that encompasses ... hospice and palliative care, pharmacy, therapy services, a Medicare Advantage Plan, PruittHealth Premier, and community-based services for qualified Medicaid recipients through PruittHealth Home First.

13 **Walgreens goes private, splits into 5 companies: 8 things to know**

Becker's Hospital Review; Alan Condon; 8/29/25

Walgreens Boots Alliance has officially gone private following its acquisition by New York City-based private equity firm Sycamore Partners, the companies announced Aug.



29... Walgreens Boots Alliance will now operate as five standalone companies: Walgreens, The Boots Group, Shields Health Solutions, CareCentrix and VillageMD. Each will continue to function independently, with Sycamore aiming to preserve their existing brands and customer relationships.

14 Healthcare Dealmakers—UHG, Amedisys close merger; Walgreens acquired and more

Fierce Healthcare; by Dave Muoio; 9/5/25

Healthcare mergers and acquisitions are in no short supply as providers, health tech companies, retailers and other industry players look to expand their businesses and gain a competitive edge. Here's a roundup of new deals that were revealed, closed, rumored or called off during the month of August.

- Provider ...
- Payer ...
 - [UnitedHealth Group and Amedisys](#) closed their \$3.3 billion merger one week after securing a key settlement agreement from federal regulators. ...
 - [UnitedHealth Group's Optum](#) also reportedly acquired Holston Medical Group ...
- Retail: [Sycamore Partners](#) finalized its acquisition of retail pharmacy giant Walgreens and now plans to split the company into five separate businesses: Walgreens, The Boots Group, Shields Health Solutions, CareCentrix and VillageMD. ...
- Tech ...

15 UnitedHealth expands in North Carolina with \$3B deal

Triad Business Journal - Health Care; by Zac Ezzzone; 9/15/25

UnitedHealth is making a major move in the home care space in North Carolina. UnitedHealth gains 20 Amedisys N.C. facilities, including five in the Triad. One



of the largest healthcare companies in the US has grown its footprint in North Carolina through a multibillion dollar deal. United Health Group Inc. has completed a \$3.3 billion acquisition of Amedisys, which operates home health and hospice sites throughout the country. The deal closed.

Total	6
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A4 Workforce Challenges

A. Paints the Picture

16 [Nurse practitioner, RN shortage to hit 362,000 by 2032](#)

Becker's Clinical Leadership; by Paige Twenter; 9/17/25

More than 1 million U.S. nurses are expected to retire by 2030 — far outpacing the projected number of new nurse graduates, according to [research](#) published Sept. 16. A study at the Georgetown University Center on Education and the Workforce, based in Washington, D.C., investigated the growing skills shortage across 561 occupations. ... Between 2024 and 2032, an estimated 18.4 million workers with postsecondary education are expected to retire, according to the report. Only 13.8 million workers will enter the labor market with equivalent education and training ... The researchers predict a shortfall of 328,100 registered nurses, 42,100 licensed practical nurses and 33,800 nurse practitioners through 2032. Nicole Smith, PhD, lead author of the study and chief economist at Georgetown's Center on Education and the Workforce [called for] "massive and immediate increases in educational attainment."

B. Implications of the issue

17 [Medicare cuts & tech gaps drive home health nurse exodus](#)

Access Newswire - Regulatory; by Black Book Survey; 9/16/25

Black Book Research today released 2025 survey findings from U.S. home health executives, finance leaders, and clinical directors showing that technology inefficiencies are a primary driver of nurse attrition. Respondents also warn that proposed Medicare home health payment reductions totaling 6.4% over 2026-2027 will intensify workforce pressure unless agencies can invest in modern IT.

Key 2025 Survey Findings (U.S. Home Health & Hospice):

- Tech-workforce link: ...
- Adoption & capability gaps: ...

- Budget headwinds: ...
- Consensus on interoperability: ...

18 **55% of healthcare workers plan to change roles within 1 year: Survey**

Becker's Hospital Review; by Kristin Kuchno; 9/15/25

More than half of U.S. healthcare workers plan to [change](#) roles in the next year, according to a recent survey from Strategic Education. Fifty-five percent of respondents said they plan to search for job openings, interview for new positions or switch roles within a year — either within their current organization (38%) or externally (40%).

... Here are 11 things to know from the survey:

- Why workers are eyeing the exit ... [#1-4]
- Career development and education ... [#5-8]
- Artificial intelligence a key priority, but concerns linger ... [#9-11]

19 **Hospital staffing and patient outcomes after private equity acquisition**

Annals of Internal Medicine; by Sneha Kannan, MD, MS, Joseph Dov Bruch, PhD, José R. Zubizarreta, PhD, Jennifer Stevens, MD, MS, and Zirui Song, MD, PhD; 9/23/25

Conclusion: After private equity acquisition, hospitals on average reduced salaries and staffing relative to nonacquired hospitals, notably in the EDs and ICUs, which are higher-acuity and staffing-sensitive areas. This decreased capacity to deliver care may explain the increased patient transfers to other hospitals, shortened ICU lengths of stay, and increased ED mortality.

C. Solutions

20 **UPDATED: CMS confirms launch of \$75M nursing home staff training fund**

McKnight's Long-Term Care News; by Kimberly Marselas; 9/9/25

Centers for Medicare & Medicaid Services Administrator Mehmet Oz has announced that his agency is moving forward with \$75 million in funding to support a long-awaited tuition reimbursement and training program for nursing home staff. Centers for Medicare & Medicaid Services Administrator Mehmet Oz has announced that his agency is moving forward with \$75 million in funding to support a long-awaited tuition reimbursement and training program for nursing home staff. ... Oz said the money could be used for tuition reimbursement or stipends, or states could use it to



"streamline training" for CNAs. Reaction to the update Tuesday was varied ... noting that the spending could amount to about \$5,000 per US nursing home.

21 **The hall of future jobs: A living exhibit of what AI can't replace**

Impact Lab; by "Futurist" Thomas Frey; 9/16/25

Step into the year 2035, and the world of work looks radically different. AI has become a co-pilot in nearly every industry, automation is woven into the fabric of daily life, and robotics has mastered an astonishing range of physical and cognitive tasks. Yet even in this hyper-automated society, there remain roles that resist full automation—jobs that require human presence, judgment, creativity, or empathy in ways machines can only support, not replace. ... Here are 10 jobs that will likely still demand distinctly human labor:

1. Ethics Mediator ...
2. AI-Behavior Trainer ...
3. Personal Experience Designer ...
4. Child Development Specialist ...
5. Conflict Resolution Facilitator ...
6. Crisis Responder ...
7. Frontier Explorer ...
8. Spiritual Guide ...
9. **End-of-Life Caregiver – Comforting the dying and supporting grieving families cannot be reduced to algorithms; it requires a human heart.**
10. Visionary Entrepreneur ...

22 **Exploring the opportunities and mitigating the challenges of Artificial Intelligence in nursing education**

Delaware Nurses Association; by Kristine Gawrych, Ed.D., RN; 9/22/25

The recent and rapid advances in artificial intelligence (AI) have generated both excitement and concern in higher education. Opportunities for AI in nursing education can be transformative, including simulation, accessibility, and personalized learning. Just as the opportunities can be transformative, concerns such as bias, privacy, security, and ethics must be given due consideration. Nurse educators must understand enough about AI to effectively maximize its benefits and mitigate the challenges when



preparing future nurses. ... Nurse educators must educate themselves on this ever-evolving technology to be able to develop strategies to mitigate the challenges of AI.

	Total	7
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A5 Patient, Family, and Future Customer Demographics and Trends

23 [When patients arrive with answers](#)

JAMA Network; by Kumara Raja Sundar; 7/24/25

Patients arriving with researched information is not new. They have long brought newspaper clippings, internet search results, or notes from conversations with family. Potential solutions passed along in WhatsApp threads have at times been an integral part of my clinical conversations. Information seeking outside the health care setting has always been part of the landscape of care. But something about this moment feels different. Generative artificial intelligence (AI), with tools like ChatGPT, offers information in ways that feel uniquely conversational and tailored. Their tone invites dialogue. Their confidence implies competence. Increasingly, patients are bringing AI-generated insights into my clinic and are sometimes confident enough to challenge my assessment and plan. I heard these tools were helpful, but I understood their appeal only after using them myself. Recent studies have bolstered this claim: large language models (LLMs) show surprising strength in reasoning and relational tone. After seeing it firsthand, my reaction was simple: "Man, I get why my patients like it."

24 [When I go, I'm going green](#)

KFF Health News; by Paula Span; 9/8/25

More Americans are choosing burials in which everything is biodegradable. ... Although a [consumer survey](#) conducted by the National Funeral Directors Association found that fewer than 10% of respondents would prefer a green burial (compared with 43% favoring cremation and 24% opting for conventional burial), more than 60% said they would be interested in exploring green and natural alternatives. "That has to do with the baby boomers coming of age and wanting to practice what they've preached," Webster said. "They're looking for environmental consistency. They're looking for authenticity and simplicity." ... "Do you see a lot of interest in green burials?" I asked the friendly town cemetery commissioner who was showing me around. "I don't think we've had a traditional burial in two years," he said. "It's all green."



Editor's Note: What trends are choices for green burials are active in your service areas? Are your teams equipped with relevant referral information? For extensive, reputable research and resources about green burials, examine the National Funeral Directors Association (NFDA) webpage, [Green Burial](#).

25 Heart disease tops US mortality in 2024, CDC reports

McKnights Long-Term Care News; by Foster Stubbs; 9/12/25

The leading causes of death in the United States in 2024 were [heart disease](#), cancer and unintentional injury, the Centers for Disease Control and Prevention said in a September [report](#). ... In total, there were 3,072,039 total deaths that occurred in the US in 2024 with a death rate of 722.0 per 100,000 people. This was 3.8% lower than the totals in 2023. Death rates also decreased for all race and ethnicity groups but rates for Black people remain higher than those for all other groups. Overall, death rates were highest for males, older adults and Black people, demonstrating a need for further examination of the health of these demographic groups. Heart disease caused 683,037 deaths, cancer caused 619,812 deaths and unintentional injury resulted in 196,488 deaths. Mortality statistics were collected by The National Center for Health Statistics' (NCHS) National Vital Statistics System (NVSS) using US death certificate data. *[The CDC Report is at [Vital Statistics Rapid Release, Number 039, September 2025](#).]*

26 Has human life expectancy already peaked?

Vice; by Luis Prada; 9/10/25

For most of the 20th century, human life expectancy skyrocketed. Advancements in hygiene science, a wide variety of medical innovations and discoveries ... have all helped our collective life expectancies tremendously. According to a new study, however, we may have topped out. In the study, published in [PNAS](#) and spotted by [Science Alert](#), an international team of researchers crunched the numbers on people born between 1939 and 2000 in 23 high-income countries, using six different forecasting models.

Editor's Note: I recall a hospice CE conference around 2005, where a healthcare data statistician presented projections on mortality trends. Based on the previous century's



gains, the data suggested that babies born then could live well past 100—with 120 years as a realistic possibility. This new study raises the provocative question of whether those optimistic forecasts may already have reached their limits.

27 Americans choosing cremation at historic rates, NFDA report finds

National Funeral Directors Association (NFDA), Brookfield, WI; Press Release; 9/18/25

Americans are choosing cremation more than ever before, setting a new milestone in funeral service trends for 2025. According to the National Funeral Directors Association (NFDA) 2025 Cremation & Burial Report, the U.S. cremation rate will reach 63.4% this year, more than double the projected burial rate of 31.6%. These shifting preferences reflect lasting changes in family priorities, funeral profession practices and cultural attitudes. Key 2025 Report Highlights:

- U.S. cremation rate: 63.4% (2025); projected to rise to 82.3% by 2045.
- Cremation will outpace burials by more than six to one by 2045, a ratio never before seen in the U.S. deathcare industry.
- U.S. burial rate: 31.6% (2025); expected to decline to 13.0% by 2045.

28 Serious falls resulting in hospitalization among Medicare-enrolled nursing home residents, July 2022–June 2023

HHS Office of the Inspector General; Report number: OEI-05-24-0018; 9/18/25

This OIG data snapshot accompanies the report, Nursing Homes Failed To Report 43 Percent of Falls With Major Injury and Hospitalization Among Their Medicare-Enrolled Residents, OEI-05-24-00180. The snapshot found that between July 1, 2022, and June 30, 2023, more than 42,000 Medicare-enrolled nursing home residents experienced serious falls resulting in major injury and hospitalization, and 1,911 died during their hospital stays. The data indicated that most residents had known fall risk factors prior to their injuries, and falls were more common among female, older, and short-stay residents. Nursing homes with lower nurse staffing levels and lower quality ratings had



higher fall rates. These preventable events reduced residents' quality of life and cost Medicare and enrollees over \$800 million, underscoring the need for stronger fall prevention and quality improvement efforts in nursing homes.

	Total	6
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A6 Regulatory and Political

29 [CMS: Annual Change in Medicaid Hospice Payment Rates—ACTION](#)

CMS, Department of Health and Human Services; email from Rory Howe, director; 9/5/25
The Centers for Medicare and Medicaid Services (CMS) has released the Medicaid hospice rates for FY 2026. They are slightly different than the Medicare rates and should be used when billing for Medicaid hospice patients. This memorandum contains the Medicaid hospice payment rates for federal fiscal year (FY) 2026. The rates reflect changes made under the final Medicare hospice rule published on August 1, 2025 (CMS-1835-F). Please inform your staff and all state agencies in your jurisdiction of these new payment rates, which are effective October 1, 2025. We expect state agencies to share the Medicaid hospice payment rates for FY 2026 with the hospice providers in their state.

30 [The Alliance expresses concerns regarding MACPAC approach to HCBS rate setting](#)

National Care at Home, Alexandria, VA and Washington, DC; Press Release; 9/18/25
The National Alliance for Care at Home ([the Alliance](#)) released the following statement in response to the Medicaid and CHIP Payment and Access Commission's (MACPAC) [discussion regarding home- and community-based services \(HCBS\) rate-setting](#) held during today's [September MACPAC meeting](#). The Alliance appreciates MACPAC's interest in addressing issues related to worker pay in HCBS. These workers should receive higher wages and benefits as they are the backbone of the long-term care system in our country. ... Unfortunately, we are concerned about the draft recommendation MACPAC discussed during today's meeting. Rather than seeking to address the root-cause of low worker wages, MACPAC's recommendation instead focuses on collecting additional information that would further describe the issue. This approach increases administrative burden on states and providers without actually proposing solutions to this problem.



	Total	2
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A7 Technology and Innovations

31 [Artificial intelligence in geriatric health care](#)

Health Affairs; by Esther S. Oh, Peter M. Abadir, Joseph Grogan, Ravi Gupta, Anne Ollen, Daniel Polsky, Peter Weems, Phillip Phan; 8/20/25

Artificial intelligence (AI)-based technologies are quickly integrating into the US health care system. Unlocking their full potential for older adults—the fastest-growing demographic in the country—and rural populations facing health access and support crises is essential. On May 1, 2025, the Johns Hopkins Artificial Intelligence and Technology Collaboratory (represented by coauthors Oh, Abadir, and Phan) and the National Institute on Aging hosted a summit on the future of geriatric medicine and AI, focusing on the challenges and effects of implementing AI-based technologies. We identified policy gaps and opportunities to support the fair and efficient use of AI technologies for older adults [including:]

- Promise and perils of AI for older adults
- Reimbursement pathways for AI technologies
- Enhancing data access, data quality, and interoperability
- Digitalizing rural settings and improving access to specialist care
- Encouraging trust and community engagement

...The most pressing need is a predictable Medicare reimbursement pathway in which AI-based technologies are not an “add-on” cost but rather a catalyst for productivity... In sum, we believe that if developers and regulators want older adults to adopt AI technologies, they need to think proactively about the stage-of-life needs, co-morbidities, and functional and mental capacity of the older adult demographic—in short, the 4Ms (What Matters, Medication, Mentation, and Mobility) of an age-friendly health system.

32 [Where AI can make the biggest impact for nurses](#)

Becker's Health IT; by Ella Jeffries; 9/2/25

Artificial intelligence in nursing is often framed as a way to cut paperwork. But nurse informatics leaders told *Becker's* its potential goes beyond that, reshaping nurses' role, strengthening patient safety and providing real-time insights that improve care. Many did say the most immediate opportunity lies in easing the documentation burden. Jason Atkins, RN, chief clinical informatics officer at Emory Healthcare in Atlanta, pointed to ambient listening, chart summarization and care plan automation as tools that can free

nurses from clicks in the EHR. These tools allow nurses to spend more time “caring out loud” with patients instead of navigating screens, he said.

	Total	2
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A8 Speed of Change, Resiliency, and Re-Culture

No related articles found this month

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A9 The Human Factor

33 [This is the one question leaders need to ask themselves: To avoid burnout, leaders need to pay attention to their energy levels](#)

Forbes - Work Life; by Tim Jack Adams; 9/1/25

You’ve carried the weight of big decisions, the pressure to perform, to lead and deliver, all despite what’s happening behind the scenes. You’ve navigated through uncertainty and change, providing the space for everyone else to thrive. It’s a feeling that the most capable leaders feel. It’s not quite [burnout](#), but a kind of dullness. A slow drain. A fog that creeps in quietly and makes it harder to stay clear, connected, and grounded. ... It’s not about time, it’s about energy. ... To help people understand and manage their energy, my team and I developed a framework that assesses four key domains in under 60 seconds:

- Physical: Stamina and recovery
- Mental: Clarity and focus
- Emotional: Resilience and regulation
- Social: Connection and support

Editor's Note: Learn and use this for yourself, your staff and explore implications for your patients' caregivers. Twenty years ago, this concept revolutionized my workday, productivity, outcomes, and overall well-being, via the book [The Power of Full Engagement: Managing Energy, Not Time, Is the Key to High Performance and Personal Renewal](#), by Jim Loehr, published in 2003. This [author's "four key domains" \(in this article\) are extremely congruent \(except Loehr's "spiritual" domain is replaced by Adams' "social" domain\) and is dated September 2025.](#)

	Total	1
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A10 Highlighted Articles of Interest

34 [Judge approves \\$2.8B Blues settlement with providers](#)

Healthcare Dive; by Rebecca Pifer; 8/22/25

Blue Cross and Blue Shield plans have agreed to pay \$2.8 billion to millions of hospitals, physicians and providers to settle allegations that they colluded for years to lower reimbursement.

35 [Hospice AI - Compare hospice, palliative care, and PACE programs](#)

Hospice & Palliative Care Today team; 8/25/25

Today, we asked ChatGPT "How are hospice and palliative care and PACE programs similar / different? Include infographic." [Click here](#) for a 3-page comparison of hospice, palliative care, and PACE programs - including an infographic.

36 [68 hospitals, health systems cutting jobs](#)

Becker's Hospital Review; by Kelly Gooch and Kristin Kuchno; 8/29/25

A number of hospitals and health systems are reducing their workforces or jobs amid financial and operational challenges. [Listed] are workforce reduction efforts or job eliminations announced in 2025.

37 [Nursing homes can disrupt 'rehabbed to death' cycle with PDPM-based palliative care](#)

Skilled Nursing News; by Kristin Carroll; 9/7/25

... Skilled nursing facilities can leverage the Patient Driven Payment Model (PDPM) to provide more palliative care to people near the end of life, helping to drive value-based care goals while improving the patient experience. However, much more needs to be done on the policy level to disrupt the current status quo, in which people commonly go through several care transitions near the end of life, driving up costs across the health care system while patients receive services that are not aligned with their own goals. Enabling concurrent SNF and hospice care is one change that could lead to improvement. These are assertions in the [recent article](#) "Rehab and Death: Improving



End-Of-Life Care for Medicare Skilled Nursing Facility Beneficiaries,” published in the Journal of the American Geriatrics Society.

38 **Caregiving under the Medicare Hospice Benefit**

JAMA Internal Medicine - Viewpoint Aging and Health; by Helen P. Knight, MD; Richard E. Leiter, MD, MA; Harry J. Han, MD; 9/8/25

As palliative care physicians, we frequently refer patients to hospice care. When we do so, we often worry about them. How will they and their families manage custodial care—the day in, day out, physical and financial demands of caregiving—on top of navigating the inherent challenges of end of life? We know that high-quality hospice agencies provide patients and their families with invaluable support for symptomatic, emotional, and spiritual needs. But in the US, due to constraints of Medicare reimbursement, hospice agencies provide only limited custodial care support; this lack of assistance often is an unwelcome surprise to our patients and families and profoundly shapes their end-of-life experience.

39 **How ‘The Pitt’ gets death right**

Hollywood Reporter; by Ingrid Schmidt; 9/8/25

Boasting [13 Emmy nominations](#) and [four recent TV Critics Association Award wins](#), HBO Max's [breakout medical drama *The Pitt*](#) has been widely lauded for its hyper realistic portrayal of a chaotic, underfunded hospital emergency department. Among the many things the show has been credited for getting right is its nuanced depiction of death and dying. *The Pitt* cuts deep into the heart of harrowing end-of-life decisions and conversations faced by patients, family members and physicians, as well as the messy emotional aftermath.

*Editor's Note: Ira Byock, MD--pioneer palliative physician--significantly contributed to *The Pitt*'s death stories. Explore more in our previous posts: [Social Media Watch](#)*

[6/20/25](#) and ["It's an homage": Noah Wyle quietly sneaked in a tribute in one of the best](#)



episodes of 'The Pitt' . Additionally, we thank [Dr. Byock](#) for serving as a guest editor in our newsletter.

40 **Disaster preparedness in 2025: Recommendations for healthcare chief executive officers**

Becker's Hospital Review - Leadership & Management; by Anne Davila Casas Diamond; 9/9/25

September is National Preparedness Month, which aims to raise awareness about the importance of preparing for emergencies. The American College of Healthcare Executives advises healthcare executives to actively participate in disaster preparedness for natural and man-made disasters. This advice has never been more relevant as healthcare organizations plan for the 2026 fiscal year. The decreased financial resources from local, state and federal agencies require increased vigilance by healthcare leaders. ... Our preparedness now for the potential of man-made or natural disasters will benefit both our local communities and our workforces as we strive to keep highly reliable and effective operations under all situations.

Editor's Note: For a wealth of resources, information, and stories we have published on emergency/disaster preparedness, go to our [homepage](#), "Login" to your subscription (if not already), click on "Search" and type in a key word that is relevant to your service area, e.g. disaster, hurricane, flood, fire, tornado, evacuate, et. al.

41 **What does it mean to be human in the age of AI?**

The Hastings Center for Bioethics - The Big Question; host Vardit Ravitsky with Insoo Hyun; 9/3/25

What are the moral and philosophical challenges we face as AI advances and humans navigate aging, end-of-life care, and cognitive decline? "We're at a turning point because for the first time in the history of either our planet or our species we are seeing the emergence of a nonhuman intelligence," says Hastings Center President [Vardit](#)



[Ravitsky](#) in conversation with Hastings Center Fellow Insoo Hyun of the Museum of Science in Boston in the latest episode of The Big Question.

42 **Are we growing leaders? Exploring leadership training in hospice and palliative medicine fellowship**

Journal of Pain & Symptom Management; by Lynn A Flint, Greg Wallingford, Paul Tatum, Julie Bruno, Helen Fernandez, Elise C Carey; 8/25

The purpose of this study was to characterize the current state of leadership curricula in HPM fellowships and understand which leadership topics fellowship program directors (PDs) consider to be most important to include in a leadership curriculum for fellows. Respondents rated leadership topics as important for training, yet many topics are not included in fellowship curricula. Six topic areas related to communication and self-management were rated as having great need or were included in existing curricula by more than 60% of respondents. PDs identified ten topics to be of great need for fellows, all but one of which were included in at least 40% of programs' curricula. Negotiation was the exception being included in only 20% of programs' curricula.

43 **Hospice AI - Summarize national and state hospice utilization trends over the past 10 years**

Hospice & Palliative Care Today staff; 9/15/25

Today we asked [ChatGPT](#) to summarize hospice utilization trends over the past decade using a spreadsheet uploaded from [Hospice Analytics](#). One "key takeaway" was that growth is slowing nationally, suggesting hospice has matured in penetration, though opportunities remain in underutilizing states. [Click here for the 4-page detailed summary](#), including AI-generated charts. Of note, while the AI-generated charts were correct, the accompanying text was incorrect - reinforcing the need for humans to double-check output!



44 **How does CEO tenure in healthcare compare to other industries?**

Becker's Hospital Review; by Kristin Kuchno; 9/9/25

The average tenure of healthcare CEOs is slightly shorter than the average across industries, according to a recent [report](#) from executive search firm Crist Kolder Associates. Healthcare CEOs serve an average tenure of 7.3 years, compared to 7.5 years across industries. In 2024, the average tenure for healthcare CEOs was 7.6 years, [compared](#) to an average of 7.4 years across industries. Crist Kolder's annual report tracks C-suite turnover among 667 companies in the Fortune 500 and S&P 500, 9.7% of which operate in the healthcare sector. Here are the average CEO tenures across industries included in the report: ...

45 **Copyright and Artificial Intelligence (AI)**

Copyright.gov, Washington, DC; by the U.S. Copyright Office; retrieved from the internet 9/16/25

Copyright and Artificial Intelligence analyzes copyright law and policy issues raised by artificial intelligence (AI). This Report is being issued in several Parts. Part 1 was published on July 31, 2024, and addresses the topic of digital replicas. Part 2 was published on January 29, 2025, and addresses the copyrightability of outputs created using generative AI. On May 9, 2025, the Office released a pre-publication version of Part 3 in response to congressional inquiries and expressions of interest from stakeholders. A final version of Part 3 will be published in the future, without any substantive changes expected in the analysis or conclusions.

46 **What makes a good death?**

GeriPal - A Geriatrics and Palliative Care Podcast for Every Healthcare Professional; by Alex Smith with Karen Steinhauser, Rasa Mikelyte and Edison Vidal; 9/18/25

What is a "good death"? How should we define it, and who gets to decide? Is the concept of a "good death" even useful? ... In today's podcast, we are honored to have Karen join us to discuss this pivotal study and the nature of a "good death". We are also



joined by Rasa Mikelyte and Edison Vidal, co-authors of a recent study comparing the perspectives of people with dementia in the UK and Brazil on what constitutes a good death. In addition to exploring the nature of a good death and their individual studies, we will discuss:

- Whether an external criterion for a good death exists, or if it is entirely dependent on the perspective of the dying individual.
- The role of culture and spirituality in defining a good death.
- The role of healthcare providers in the discussion about the nature of a good death.

47 **Study provides new insight into loneliness among home care recipients**

McKnights Home Care; by Paul Katz, MD and Barbara Resnick, PhD; 9/22/25

... A team of international Investigators, led by researchers at the University of Waterloo, recently [reported on the link between loneliness and mortality among home care recipients in Canada, Finland and New Zealand](#). The study can be found in the [July issue of the Journal of the American Medical Directors Association \(Vol 26 \(7\) 105687 July 2025\)](#). ... Home care recipients may be more prone to loneliness, given mobility and sensory problems that limit engagement in the community. ... Interestingly, investigators noted that individuals with less informal care had the highest rates of loneliness. An explanation may be that those with less complex health needs requiring less support from family members may lead to more social isolation.

Editor's Note: In your psychosocial assessments, do you address loneliness? In hospice care, imagine the depths of loneliness that an elderly caregiver in the home might be experiencing. What kinds of hospice volunteer referrals and assignments do you routinely use? Get to know your Volunteer Services better. Invite their ideas for creative, cost-effective ways to support home patients and caregivers who struggle with loneliness.

Total	14
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