Melody King: 0:01

Welcome to TCNtalks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

Chris Comeaux: 0:23

Hello and welcome to TCNtalks. This is my favorite time of the month and also happy summer to everybody. Welcome to Cordt Kassner. Welcome, Cordt. Thanks so much. Appreciate being here. It's good to have you. So, this is the time where we do the top news stories of the month. This one is actually for the month of June. Are you having a great summer?

Cordt Kassner: 0:41

It has been fantastic beautiful weather out in Colorado and summertime is my absolute, very favorite time.

Chris Comeaux: 0:47

There's a lot of people I know from Colorado say that I have a feeling it's because of your winters. Is what you just look forward to? Yeah, we're having great. We actually just got back from the beach as a family and just having a really great summer Really busy summer, but a really great summer.

Cordt Kassner: 1:02

Good, all right, you want to jump in? Start us up. I think you were going to talk about the top articles that caught your interest.

Chris Comeaux: 1:14

Yep. So, I'm going to start exactly there, which typically is my last category, so we're just going to go there first. So, I have actually 10 articles I kind of put in my Chris category this month. So, the first one. And again, kudos to you and Joy. Just you guys have done a great job. You just keep up in your game on what you're identifying. I feel like I'm getting the meat that I need, and other seat suite leaders need to be looking at. So, the first one was an MLN fact sheet creating an effective hospice care plan. This was actually from the Centers for Medicare and Medicaid Services Corps. Now the care plan.

Chris Comeaux: 1:44

We quite often talk about this, even the work that we do in Teleios, and we've been challenging our members. Do we really know what makes hospice special and different? Sometimes we'll use words like well, it's magic. Well, how do you get the magic? And I think that one of the ways we get the magic, of course, is because of the team. But how do you get the team on the same page? And that's the brilliance of a care plan, and I think it is one of those secret sauces, if you will, if it's done well. You and I probably have sat in IDG meetings where they let it fall into a task and then they're just literally shuffling papers and it's like, wait a minute, you're missing the whole point. Like a care plan really is the opportunity to go, what's most important for that patient and family, and then this brilliant team of paraprofessionals working together with their different expertise, with the patient and family working towards that. So, I want to call that one out. I thought that was a great one and the fact that you guys called it out.

Cordt Kassner: 2:40

You know I agree with you completely. And it caught my attention that the beginning of that article it says you know major changes none really. And I thought they're just putting a reminder out there of how important the plan of care is. And when I began reading through the fact sheet it starts out this way the primary goal of hospice care is to meet the holistic needs of an individual and their caregiver and family when curative care is no longer an option. To support this goal number one the hospice provider develops an individualized plan of care. Number two an interdisciplinary group sets up the plan of care and is overseen by a registered nurse coordinator.

Cordt Kassner: 3:28

I thought, wow, what a beautiful summary of the hospice philosophy of care. And then it follows up with pragmatic ways to implement it. And this is focused on providing the best care possible, getting back to the roots of what we do possible getting back to the roots of what we do. And while that can sound all very optimistic, we also know that deficiencies in the plan of care is the number one most often reported survey deficiency for hospices. And I think that's because Medicare thinks this is so important and I agree with them.

Chris Comeaux: 4:04

You know, of course, something that occurs to me, that, because we see this in the coaching that we do sometimes because we have more knowledge available in the history man, like you could Google now, chat, gpt anything at your fingertips. But the difference between having knowledge and truly internalizing knowledge, internalizing knowledge

that gap is one of the biggest gaps there is. And like, well, been there, got the t-shirt, we do the care planning thing. Do you really? Are you masterful at it? Is your team masterful at it? And I could give multiple examples of that where we see people like, oh yeah, I've been there, we got the t-shirt. Yeah, we know how to do effective meetings. Do you really? I've seen your meetings, do you really? So, all right, we could go on. That might be a good future masterclass actually topic about just back to the basics of certain things. And that's man, that's one of the core basics.

Chris Comeaux: 4:54

Well, the next one was one from the AMA Journal of Ethics. It was a podcast and again, kudos to you guys that you're expanding. Not just you know articles but also podcasts, because we live in the age of podcasts. You and I are doing one and this was ethics talk our private equity investments really different from other ownership structures in healthcare. So, I thought it was really good podcast and maybe an outgrowth of this. I don't think it's in this month's, maybe it's already in the July top news stories of the month coming up, but I see that people are returning to corporate practice of medicine, like corporate practice of medicine has always been there and like as I'm reading this and listening to this podcast, I was thinking, wait a minute, we've got this mechanism and I think it was Oregon that's actually reinstituting, putting a lot more tighter restrictions around corporate practice of medicine. That that is a mechanism that you could affect the ability of private equity to own certain parts of healthcare. So I thought that was a great podcast you highlighted.

Cordt Kassner: 5:51

Yeah, this is a really interesting article and in fact the AMA Journal of Ethics dedicated an entire issue to these topics in May, which I thought was fascinating to these topics in May, which I thought was fascinating. Hospice Analytics has been researching hospice ownership, including private equity ownership, for several years. Some of this work is public, for example in our data reports or the recent hospice news article on the top 50 hospices, takes that information and makes it very public. Most of the work's private. For example, I work with folks on NIH grants, with researchers at Columbia University, Rand Corporation and MJHS we just submitted another grant about a week ago and with a couple of doctoral students on their dissertations that are looking at ownership status and its relationship to quality of care.

Cordt Kassner: 6:50

I can't agree more with Dr Field's comment about the lack of ownership transparency. It is surprisingly difficult to connect specific hospice providers, meaning CCNs, to investment

companies. One might think CMS would be interested in these connections, but not really. This has been going on for years and years and they really don't pursue it, at least they have not yet. There are many questions regarding impact of ownership. For example, one might expect improved operational efficiencies, but are there and one might think impact of one might question the impact of ownership on quality of patient care. Are there impacts on quality of patient care? We really don't know and given the changes in the field, this is a perfect time to really uncover this and dig into it deeper, to understand it.

Chris Comeaux: 7:50

Well said, all right. The next one, and one thing I've noticed with imagine every practice has their little tips and tricks of the trade. People are very smart sometimes and maybe even provocative in their titling of articles, and so this would be a good example Medical robots to the rescue, new technologies to help our health, and then here's kind of a couple of the bullet points Social robots help out, robots for surgery, wearable robotics you go, wearable I didn't think about that as a robot, so again, brilliantly titled caught my attention. But I really do think that as we go forward into the future, when you look at some countries, they are deploying true robots. And if you, I just saw something this weekend my son shared with me and how far China is actually going with like fully robotics, like they have fully autonomous driving cars, like I think it was forget what market that Tesla actually.

Chris Comeaux: 8:44

That was in the news this past week. First Tesla drove off the line, drove to the person's house, actually just ordered my first Tesla be coming in a couple of weeks, and then the taxi service, but China apparently has been doing this for at least a year now. So, I do think there's some countries that are further along with utilizing robotics in certain parts of society, and I think we're going to see it happening fast and furious, especially with these next five years, as the confluence of robotics and artificial intelligence keep coming together more and more.

Cordt Kassner: 9:16

You know, I saw an article this weekend on the use of robots fully automated vehicles helping with airports and moving luggage around and whatever, and I thought how easy it is to. Oh, robots could be so influential in all these other fields. But what about health care? What about hospice? How can we take advantage of these technologies? We take advantage of these technologies and suddenly I feel very, you know, individualized and very, you know I can't be replaced by a robot, but a lot of what I do could be, and I think

it's really challenging to personalize this one and think about how we can integrate this technology in our own worlds.

Chris Comeaux: 10:02

Yeah, we did a podcast with Daniel Pink, which is incredible because he wrote a great book called A Whole New Mind, and one of the punchlines from that podcast, I think, is that if you can be replaced by a robot, you should be, but yet you should be performing your role at such a level of mastery. That really what the robot does is it supplements the things that are probably the mundane aspects of your role, so that way you could do what only you can do, and then the robotics could take those other things. Every one of us in our jobs have things that, just like I, just have to do it. It's pain in the butt. I could go in screensaver mode and actually do it.

Chris Comeaux: 10:38

Those are the places where you want robotics to replace that. So, then we can do that which, what only we can do and another term we use in healthcare right is the maximum extent of your license, or the fullest extent of your license, and so every one of us right, how many people you talk to a court? There are just not enough hours in the day. Every person, we're all maxed out and just you know saying grace over too much. Well, what if oh God if I could clone myself. Well, guess what? They're a robot. There are certain aspects of yourself you're going to be able to clone yourself.

Cordt Kassner: 11:14

You know, I listened to that Daniel Pink podcast recently and that same phrase that you quoted caught my attention. You know what parts of what I do every day could be replaced by a robot and what parts can't. And I find myself now I go to chat GPT several times a day with different kinds of questions and I find myself kind of 50-50 split between what's it going to say Will it draft this letter for me correctly and save me time? And 50%, what did it mess? What is it that I can contribute based on my background, my knowledge, where I actually disagree with ChatGPT and like that's okay because that's bringing myself into the final work product. But what an interesting concept. Because of late, you know, a lot of people I talk with will take google results or ChatGPT results at face value and like there's the answer. And and I find myself, in part based on Daniel Pink's comments, questioning what is it that I bring to this discussion or to this answer?

Chris Comeaux: 12:23

yeah, that's the crux question, right, even for our kids in school. If they're copying and pasting, well, our kids are going to become super dumb because of artificial intelligence,

Only because they don't use the tool the way it's intended, which should be a supplement to them, not a complete replacement to them. So, we could apply that principle across the board. Fascinating time we live, that's for sure. Well, this is one I think we're going to not only talk about today, but we're even going to have a podcast about Cordt.

Chris Comeaux: 12:50

So, our mutual friend, especially your friend, Dr Ira Byock. He titled a white paper of sorts A Strategic Path Forward for Hospice-Empowered Care, a white paper on the potential future of the field, and here were four key points potential future of the field, and here were four key points Publishing clear clinical and programmatic standards. Making meaningful data readily available. Driving quality-based competition and embracing the field's authentic brand of expert care that fosters well-being for patients and their families. Kudos to him. I know it's something. In some respects it's not a total magnum opus for him, but you can see how so much of what he's worked on, thought about, pushed on, sometimes even been a bit of a lightning rod about, kind of culminates somewhat in this paper at least becomes an interesting launching platform to push a conversation of where does the path forward go for hospice and palliative care. What are your thoughts? I'm sure you got plenty on this one.

Cordt Kassner: 13:46

I completely agree with the importance of this article. I think it's one of the most important articles we ran the entire month and potentially the entire year. This really is encouraging hospice and palliative care professionals to think through why we're doing what we're doing and where improvements can be made. This article only had a couple hundred reads. We'll get to the stats in a few minutes. Our most read articles this month had over 5,000 hits. This one had a couple hundred, which really surprised me, given how important I think this article is. So, it has not made it on our most read lists yet, but I'm hoping, by talking about it on this podcast and your future podcast with Ira, that it will be on the most read list. I'll save my detailed comments on this article to the master class at the end of today's podcast, because there's a lot to talk about.

Chris Comeaux: 14:47

Yeah and kudos to him. He reached out to us and we're going to have a specific podcast just unpacking what he had in this paper, because that's why we do this podcast. Right, you're like here's what the stats are, in my perspective, supposed to be. This is what? C-suite leaders I hope you didn't miss this, but you and I both have that head. C-suite leaders I hope you didn't miss this, but you and I both have that head, and sometimes you look at an article and go really, everyone should really kind of pay attention to this. But I

get it. I mean, you know, time is the most limiting factor. We had all of our kids here this weekend. They're all now in jobs. Some of them are engaged and just listening to their own challenges. Now, the pace of life is crazy, crazy and the stuff coming at people in every industry and I'd specifically say ours feels even a bit more challenging, and because of that then people miss critical things like that, which begins why we do this show. Well, this is a good one.

Chris Comeaux: 15:37

To put next in court is 68% of hospices lack star ratings. This was in hospice news by Jim Parker. In fact. We're going to have a call, you and I and some of our team members about your wonderful hospice locator, and so it's really tough that 68% of the hospices in America, based on the way the current rule is, do not have actual star ratings, and you and I had a mutual friend who emailed about that and we had a good little email string going.

Chris Comeaux: 16:10

Maybe I am an idealist, but I do believe that baby boomers want the best of the best. They have transformed every part of the economy as they've been aging in different segments of their life the 30s, 40s, 50s, so on. I believe that they've now been schooled via Amazon. How many of us press the Amazon button and before we press the purchase, we look at those star ratings. So it's so much a part of our culture.

Chris Comeaux: 16:31

Now, I think, once people realize, what do you mean? 68% of those out there and this is a critical decision, maybe one of the very last decisions for my loved one. I want this, we need this, so I'm hoping that it forces a conversation and that you know what really. A hundred percent just, and maybe you give them you know some of them are small, maybe they're still getting started, so maybe you give them a grace for the first year, but after 12 months I don't care how big you are, you have to have, you have to be and participate in the star ratings. And then the penalties. If you don't are so tough and so hard to take that, there's no question that people will do it. So I don't know what your thoughts are on that one.

Cordt Kassner: 17:12

You know, Chris, when I first read this article, my default knee-jerk response was we had 1,500 new hospices in Los Angeles County, added a year, year and a half ago, and they don't report star ratings for two years. So, of course, only you know 30% of hospices have a star rating just because of that unbelievable growth that occurred in Los Angeles and across Southern California. But there's actually more to that story. While CMS is able to

calculate star ratings for only about 30% of hospices is disappointing, it isn't surprising. This has been the case since hospice star ratings began being publicly reported in August of 22.

Cordt Kassner: 18:01

I met with the CMS hospice team on a different matter in 2023 and expressed concern at that time about how low this reporting rate, the response rate, was for star ratings. I looked at home health agencies. They have been publicly reporting. They have two-star ratings, but the star rating for quality of patient care. They've been reporting that since July of 2015 and have a similar small percentage of providers with scores. Unless CMS changes its star rating calculation methodology, I don't think those percentages are going to change. But I like your point, which I hadn't really thought of. I think CMS could potentially have you know. Here's the official star rating for those that meet the methodology criteria. And here's a preliminary star rating for everybody else and just kind of put it out there. For those that don't have 75 completed caps or two years of data or whatever you know, the deficiency is that that doesn't get them to the mark of a of a full calculated star score. Maybe there's a preliminary, a draft, you know a pilot star score, so that consumers have something.

Chris Comeaux: 19:25

Yeah, I think that's brilliant, All right. Well, moving on next, serious illness has mental health implications. Palliative Care can help. This was in Becker's Behavioral Health, the reason why I pointed this one out. Cordt, we have our future councils going on.

Chris Comeaux: 19:37

This year You're participating in the technology one, we've got one on mental health and originally we had seven challenge areas that have now spawned these future councils. Well, customer, patient, family demographics parked under that was mental health. Through multiple discussions, we're like this is so meaty, it needs its own. So, we spawned it out to its own. It now has its own future council and just listening to the depth and breadth and also the historical beginnings of our mental health challenges in our country and how it's showing up in jails, courts, they're having huge backlogs and bottlenecks because of how mental health is basically not being dealt with and we don't really have a mental health care system in our country.

Chris Comeaux: 20:23

So, I pointed out that article because of that and, of course, we're seeing it show up in palliative care. We're seeing it then show up in our hospice. I've probably seen more

suicide contracts in the last couple. Well, probably since 2020, actually, you know, COVID, in many respects, didn't create the mental health crisis. It just literally exposed how close we were on the edge and just really kind of pushed a lot of people over, if you will. The good thing is that at least a lot of people are looking at that.

Chris Comeaux: 20:49

I was at a conference actually out your way in Colorado back in April and I met a gentleman who they're doing some very unique work in Alabama and they actually have like a mental health care officer as part of the county government Because, again, they're seeing how the lack of having a true mental health care system is then showing up. It's showing up in juvenile courts, it's showing up in the adult courts, it's showing up in the jail system, police officers my son is in federal law enforcement and why are they talking about social workers with police forces? Because how this stuff is actually showing up. So, I don't know if you have any comments on that one.

Cordt Kassner: 21:26

You know, when I, when I began working professionally, my clinical health care chops were in emergency room and Department of Psychiatry. So, department of Psychiatry, I worked there for eight or nine years and not only clinical on the units but also research, developing, participating in the phase three clinical trials, developing all the atypical antipsychotics that are available, and so when I transitioned from psychiatry into internal medicine, working with hospice and palliative care, I walked up to my boss. I'm like you know, one and a half 2% of people in the country have schizophrenia, have bipolar disorder. So, you know, 2% of hospice patients will have schizophrenia, 2% will have bipolar right. And she just looked at me and smiled and she's like Cordt, almost none, like almost zero, sorry, I'm like. Well, how is that? These people die and need expert hospice and palliative care? No, cord, we're not there yet.

Cordt Kassner: 22:32

It's too new we're not there yet and palliative care providers are in serious illness and end-of-life care that we need to lean on our colleagues in psychiatry and psychology and how their mental health expertise can improve care for our patients and their loved ones, not only those with the major mental disorders like schizophrenia and bipolar, but the much, much more common depression, anxiety, difficulty, sleeping things that really impact almost all of our patients.

Dragonfly Health Ad: 23:10

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Chris Comeaux: 23:57

We had a podcast back in the fall of 2024, actually I think it was in November with Kyle Lavin with Cerula, which is a fascinating startup, and they're actually starting, at least in the oncology space, just because how the mental health challenges show up in that space. And so, the cool thing is I think that we're starting to see startups, more people talking about this. And then, how do we appropriately apply resources and is there a mental health care system? And we kind of joke in our future council right now that it's more of a patch quilt and that quilt's got a lot of holes in it. But at least let's identify what's in the quilt today so that way people know how to access what's out there. But this is my guess is we'll talk about this the rest of our careers, of how we can keep doing better.

Chris Comeaux: 24:45

This next one if our friend Mark Cohen was here, I think it was actually one of his predictions for this year and Mark was right. Maps shows assisted dying laws across the United States. This was in Newsweek and, of course, what kind of brought that to the forefront is New York just joined a member of other states that has made assisted dying legal. So, this is one I have two minds of, at a personal faith level, I am not support of assisted dying, but whether I am and there are a lot of, probably, people out there in the hospice and pedicure space, some that are for it and some that are against it.

Chris Comeaux: 25:20

Regardless whether we are or aren't, we're going to be navigating this, and that was Mark's point. He would always say you got to know about where this is because you may find yourself all of a sudden in a state that this is legal. So then what are you going to do in your hospice and powder cure program? How are you going to navigate that Now? Luckily now we've got friends in Oregon, Washington and other states where it has been legal and they've got systems and processes. We can learn from those folks.

Chris Comeaux: 25:44

I think that's probably an upcoming. We need to do a podcast Cordt of buying some good folks. Maybe that we can actually have a good conversation about this to prepare hospice and palliative care leaders, Because, as Mark predicted, it's not going away, and he's right. I mean, even despite the whole political landscape of what happened in our presidential election in the Senate and Congress, there's some I mean New York's a perfect example where they still move forward and they got it actually approved. And we're seeing it more and more in many of the state legislative agendas each year it's coming up being discussed, et cetera.

Cordt Kassner: 26:17

You know, one of the things that caught my attention in this article was the opening two sentences. The first one New York has recently joined a number of other US states that have made assisted dying legal. Okay, so it's legal in New York when this article was written. The second sentence the state's Senate approved the bill and now it's moving to the governor's desk for signature. Well, if the governor hasn't signed it, it's not legal yet.

Chris Comeaux: 26:45

Good point actually, as we're taping this show about Ready to Be July 1st, I thought they did sign it. Am I incorrect on that?

Cordt Kassner: 26:52

I'm not certain. It just was unclear in this article.

Chris Comeaux: 26:56

Good point. In this particular article you're 100% correct, yeah.

Cordt Kassner: 27:00

And I also have a lot of thoughts about the role of hospice in medical aid and dying. It is legal in Colorado. Role of hospice in medical aid in dying it is legal in Colorado, and I went to the inaugural end-of-life options in Colorado conference a couple of weeks ago. A friend and colleague of mine was receiving an award so I wanted to go support her in that. But I wrestle with medical aid in dying and its appropriateness in hospice Again, probably most of that's a discussion for another day.

Cordt Kassner: 27:32

Today I'll simply focus on the common theme of transparency. There is surprisingly little comparable information across the states where MAID is legal, where that information is

gathered and publicly reported. Maid is legal where that information is gathered and publicly reported. Additionally, there's very little transparency in actually finding physicians, hospices or other providers who provide MAID. Like there's not a website that says here are the 90 physicians in Colorado that have prescribed the medications, and there's a bunch of reasons why, like people don't want the protesters, they don't want to be threatened or whatever. But in Colorado this bill passed with 70 or 80% of the popular vote support, and so you would. I would think there would be more transparency, more support around this, but this is something our hospices really struggle with. They struggle with the, you know. Should the nurse stay in the room when the patient ingests the medication? If she doesn't stay in the room, is that abandonment? And I mean there's all sorts of nuances to this to unpack. So, thank you for highlighting the article.

Chris Comeaux: 28:48

Yeah, thank you for actually pointing that out.

Chris Comeaux: 28:50

This is a great point about the governor had signed it yet and maybe give it some thought, cord, if you know, it almost feels like that'd be a good two guest show to kind of navigate some of these intricacies etc. All right, next one is and actually it was in June, my apologies, it was why one state banned corporate ownership of doctor's offices. It was in modern healthcare and it was Oregon and so they really enacted a statute to strengthen the Oregon state's longstanding corporate practice and medicine law. Cordt, you probably know this I've got actually it's a document I save on my computer for every state in the union. They have some states where it doesn't apply, some states where it's kind of gray in between, and some states it absolutely applies and then that kind of three flavors have multiple flavors even within it. But it sounds like Oregon's trying to be one of those states that. Hey, we're very clear. Corporate practice of medicine is a way to kind of fight against some of the private equity firms owning aspects of health care et cetera.

Cordt Kassner: 29:44

You know if you have files like that for every state? That's a journal article, Chris. You know if you have files like that for every state? That's a journal article, Chris. Write it up. Good point, good point, all right.

Chris Comeaux: 29:51

Next one is when the caregiver is gone, the hidden crisis in aging services. And I pointed this one out, Cordt, because as we go forward, this is going to become more and more an issue. I was working out this weekend and listened to Dr Pita Attia's podcast and he had

BJ Miller and I can't remember the lady's name. She was awesome. She was an LCSW, which that's a high, that's a big podcast. I mean Peter Attia hangs out with oh gosh, what's the guy? He's long form podcasting. I could see his face. He's all about health and wellness and brain health. Anyway, I'm forgetting the guy's name. I'll look it up and I'll remember it. But I mean Peter Attia is kind of he's a pretty big deal. He wrote a great book called Outlive and so this podcast.

Chris Comeaux: 30:35

They were just talking about a lot of the challenges and one thing they got to was how we have less and less caregivers as we go forward. Huberman is who I was trying to remember the Huberman podcast, and so they even talked about that and Peter Attia, who's a nationally known physician, said oh, I thought hospice would provide like the 24-7 caregiver and like no people have to pay for that privately. In certain exceptions you've got continuous care, but it's more the exception. So, all that to say this is going to be something that's going to be a bigger deal as the baby boomers age, the kids do not live near them. So here were kind of four really good bullet points in that article have a plan B caregiver, create a communication web, consider respite and in-home care services, which are financially challenging, and talk about the what ifs. So, I thought that was a great article that was in McKnight's.

Cordt Kassner: 31:23

This was one of those articles that I thought the article was interesting. This was one of those articles that I thought the article was interesting, but it queued up two other thoughts in my brain. One was it reminded me about the PBS special on caregiving that was just released this week, which was after this article was written. Phenomenal, phenomenal series. I think we're going to talk about that shortly.

Cordt Kassner: 31:45

And the second nuance of this and maybe this was a nuance that caught my eye hospices support patients and individual family members and caregivers, but this article was talking about supporting and developing a network of support and I wonder how much our hospices work to develop that network of support for the patient, different from supporting the individuals involved. And we know there's a disconnect. A lot of people, a lot of the general public, think when hospice comes on board, they're there 24-7. General public think when hospice comes on board, they're there 24-7. We know they're not and so we work with the caregivers, but I think this supports that notion that we're not there 24-7 in the vast majority of cases. And how can we help support developing that network?

Chris Comeaux: 32:43

Well said, right? This is my last one. So national health expenditure projections 2024 to 2033, despite insurance coverage declines health to grow as a share of GDP. So, the punchline is national health expenditures are projected to have grown 8.2% in 2024 and then 7.1% in 2025. 0.1% in 2025.

Chris Comeaux: 33:11

So, I've been kind of a voice in the wilderness saying man, I'm really worried. When we get into the fall, people start getting their employee health insurance renewals, the first 100 days and all the crazy of the new administration. Some of these things, I think, are going to start to rise to the forefront and I'm an optimist. But I wonder if this might be an opportunity to actually go. Our system is not structured correctly in America. If we overhauled healthcare as a whole, how might we do that? Many of us, many of the ills that we're just frustrated about within healthcare, go back to the way, the reimbursement system, and for a while those costs were actually down, but now they're kind of out of control and they're going to get even more out of control as the baby boomers age.

Chris Comeaux: 33:51

There's a different article I can't remember if it was in yours Cordt but basically that Medicare is absolutely projected for 2033, it's going to be bankrupt. So, what's going on right now in the budget reconciliation and the debates that were going on this weekend. I'm predicting that this is also going to rise, just like the what do you call it? The debt limit within the United States. This is going to become more and more like. What are we going to do about this? The health insurance costs, or health expenditure costs, are out of control, taking up more and more GDP. Just take it at a personal level If more and more of your paycheck is being taken up by your health insurance premium and you have less purchasing dollars for everything else, that's actually what's happening at a national perspective. That's a problem, and so what do you do about it?

Chris Comeaux: 34:38

We have two podcasts one that was released last week with Rita Numeroff. She is a very much more free market approach to fixing health care and then earlier this year, we had TR Reed with the Healing of America, a little bit more of a Medicare for all approach. I think the actual answer is a Venn diagram between both of those approaches and be interesting. We did those podcasts at least, if we get to the place that we go. Oh my God, we got a problem. We got to do about it. Now the data is starting to show that we need to, then maybe the right people will be at the table with the right information and maybe we finally fix this thing, as opposed to what we have done, which is kind of rearranging

the chairs on the deck of the Titanic and expecting something different. So, I don't know if you have any comments.

Cordt Kassner: 35:19

Just a brief one. This actually reminded me of MedPAC quite a bit. I remember when MedPAC started including a hospice chapter in their reports in kind of early 2000s, and the first time I read the hospice chapter I thought, wow, this is brilliant, they understand the benefit. And I looked at it and I said, well, this is a 25-page chapter out of a 400-page report. What do they have to say about the other fields hospitals and SNF and home health? And I read the entire four or 500-page report to understand where hospice fits into that larger Medicare picture. And this article takes it kind of that next step of Medicare fitting into national health expenditure projections. So I like to see how the puzzle pieces fit together and this report was helpful in that regard.

Chris Comeaux: 36:20

All right, well, that was kind of where we started. So, do you want to go through the data? And then I'll end this up with the other articles in my categories.

Cordt Kassner: 36:27

Sure, let me take a look. Thanks for the opportunity to review the stats around reading of articles in Hospice and Palliative Care. Today, for the June news stories, we published 388 articles that collectively received over 152,000 clicks or reads, where people are clicking on the actual article to read the source document, which is our goal, to inform you that this article is out there and provide the link to read the whole thing in context. Notably, 27 of these stories surpassed 1,000 clicks and all of these numbers exceed last month's data. Let's take a closer look at some of the key trends. The five top performing stories. Number one was the National Alliance for Care at Home publishes Connect to Care Report. The alliance published results of a new research study conducted by Transcend Strategy Group exploring perceptions of hospice among underserved communities. This research explores perceptions of hospice care among Black, Hispanic, Asian American, LGBTQ2+ and rural communities, using the CONNECT acronym Communication, outcomes, network, nurture, engagement, collaboration and Transparency. Engagement, collaboration and transparency. The report aims to help providers support equitable, inclusive and comprehensive access to care and, as part of the Alliance's ongoing commitment to increasing access to hospice and home care through sharing knowledge, data collection and collaborative discussion. Care through sharing knowledge, data collection and collaborative discussion. This report had almost 5,000 reads. The second most read story was around Medicare's measurement of rural provider quality. This story

was highlighting some of the practical challenges associated with measuring quality of care in rural areas and also had almost 5,000 reads.

Cordt Kassner: 38:29

Number three was the awards and recognitions piece. We ran for May 2025. Joy and I are always excited to summarize awards and recognitions each month. This month we included stories about Dr Lauren Hunt receiving an award in health services and aging research, an award given by Rainbow Community Care, and several people who received awards at the NPHI annual summit.

Cordt Kassner: 38:57

The fourth one was really interesting to me. It was around research study participation. So, Saturday issues are our peer-reviewed journal article issues to keep people abreast of current research in hospice and palliative care, and this month we piloted something we said I wonder if hospices had an opportunity to participate in research studies, to know about them and participate. Would that be of interest? And sure enough.

Cordt Kassner: 39:28

The fourth most read story was around posts that were highlighting research study participation available in. There was half a dozen different opportunities across the country, and so we're super excited about that and really wants to encourage hospices not only to read about the studies that are going on but to volunteer to participate in them. Fifth, the last story to highlight for me today, nphi proud to announce its partnership on the upcoming documentary for PBS Caregiving, from executive producer Bradley Cooper. I mentioned this a little bit earlier. This is the fifth most read story, and I know several hospices that provided screening parties for this documentary and I've heard it was exceptionally powerful and moving movie, so I look forward to watching it soon. I haven't seen it yet, but I've heard amazing things about it.

Chris Comeaux: 40:30

Perfect. Thanks, Cordt, and again thanks for the work that you enjoy do? We're going to include a summary of the stats that Cordt just gave you kind of an executive summary of, and so this is a perfect segue. So now I'm going to go into here's what you shouldn't have missed as a C-suite leader. So, we caught 50 this month, and so a little bit less than I typically have.

Chris Comeaux: 40:50

The first category is mission moments. I had four flagged. Again, my summary will be available, just like Cordt's, in the actual show notes, and the first one I want to just point out is that same one that I've not seen at either Cordt, but it's on my definite to-do list. I thought I read that MPHI was going to do something else related to it. I can't remember if they're highlighting it in an upcoming meeting or something along those lines. That's awesome that people are done some pre-screening or pre-watching kind of watch parties. That's just really great. So that was my first category on mission moments. My second category was reimbursement challenges, warning signs and implications.

Chris Comeaux: 41:27

We had seven articles this month, five of which I wanted to point out. Number one why CMS's guide model could move home care from side act to main stage. So, I've been asking a lot of people hey, are you concerned with? CMS? Is getting their feet under them and Dr Oz and RFK? Do you think that guide may go away? And what I'm hearing is no. Actually, I think it fits very well in where they're going and this article was kind of backing that up.

Chris Comeaux: 41:53

Next one is Rosen introduces bipartisan bill to expand access to palliative care, hospice care. And so Jackie Rosen, a senator from Nevada yeah, for Nevada. And so, US Senator Jackie Rosen, co-founder, co-chair of bipartisan Senate Comprehensive Care Caucus, announced the induction of a pair of bills to expand access to hospice and palliative care. Induction of a pair of bills to expand access to hospice and palliative care. So that's going to be a real interesting one, with all the hullabaloo that's going on to see if that actually gets some actual traction. It wasn't clicked on very much, I don't think, Cord, and it didn't reach your top ones anyway, right.

Cordt Kassner: 42:31

Right.

Chris Comeaux: 42:32

Next one is the National Alliance proposed 2.4% hospice payment update, which was in the proposed wage index, would create a shortfall. So, this was in Hospice News and just talking about the 2.4% base rate increase is basically inadequate with all the challenges we're seeing in the inflationary environment that we're in. Of course we see that with our members as well. Next one is CMS's team payment model. What hospices need to know this was in Hospice News by Jim Parker the team model is I think this actually came out of what was called the BPCI. You know, if someone goes into hip replacement, knee

replacement, they go to the surgeon gets theirs, the hospital gets theirs, they go home, maybe home health, maybe they end up in a skilled facility. Everybody gets kind of their Medicare cut in the pie. What this is doing is bundling that payment. Now you go, why would hospices care? Well, what if you have an elderly 85-year-old with a hip replacement? Because the ideas are trying to actually bend the cost curve? That may be a place for a palliative care, and that was kind of the gist of the article and actually had just hit our radar screen in TCN as well. We were having the same discussion when the article came out. And then the last one in this section, Medpac report Medicare Advantage enrollees receive 11% fewer home health visits. One of the things that we predicted the beginning of this year Cordt which was probably a little bit anti against what people thought is that I'm not so sure that Medicare Advantage is going to rule the world and that they're having a lot of scrutiny come their way. And I'm not saying that Medicare Advantage is going to go away. But they also didn't get the golden ticket and say just do as you will. And so a lot of articles like this showing that people don't necessarily get the care they need or want under Medicare Advantage. So next category was competition, to be aware of.

Chris Comeaux: 44:18

Only had one article this month, but I won't take our listeners' time on that one. They could look at the summary. Next one this one had a lot of articles. Kudos to you and Joy. You continually are highlighting more and more under workforce challenges, because it is huge. Everybody I talk to this is their number one concern as we look into the future.

Chris Comeaux: 44:36

So, I had eight articles. Six, I wanted to cite AI. Job disruption could lead to 20% unemployment in five years, like. Just that title was like. That was eye-catching for me, and so it was in Becker's and just talking about just a lot of different areas that can be displaced with artificial intelligence. Now I don't 100% agree that's going to be the case, but we definitely got to be thinking about it as we go forward.

Chris Comeaux: 45:02

Next one Beata lays off 10% of its headquarter staff, citing reimbursement challenges. So that was a pretty big eye catcher for me. And then the next one is healthcare is broken. Math 11 signs that the numbers do not add up. And here's kind of the punchline of the article and this is a great one, Cordt, it was in Becker's there's an uneven distribution on top of shortages. In other words, there are places where it may look like you're going to be okay and other places where in other places the country. So not only is the broad challenges of the growth of baby boomers compared to the workforce available, but you

got a lot of weird pockets of just like waves, uneven distribution throughout the country of healthcare.

Chris Comeaux: 45:47

Next one is expanding care roles can work in many cases, but not all. So, kind of throwing shade on at least some innovative ideas Like I love the idea of community healthcare workers but just throwing some shade that they're not. Those ideas aren't a panacea, maybe kind of foreseeing some of the problems it's going to create as well. You increasingly need to know someone to take to get care from the right provider, and so you know, we know this Cord. You get called all the time, right, do you? I have a mom in Tampa, and she has this need and they're calling you because it's more about who you know as opposed to like what one resource can I go to? Alternative business models are growing due to the limited supply, especially of physicians, and they say it's not just a headcount issue, it's an hours issue. So, as the Gen X or, sorry, the Gen Y and the millennials, they want much more flexible schedules. But then the challenge is that will their flexible schedules? How will you get all the 24-7 coverage that may be needed for your healthcare care model as you try to adapt for the more flexible? So that's just thought it was an awesome article.

Chris Comeaux: 46:55

Next this was under solutions of the workforce issue there were a couple Our friends at Four Seasons did virtual dementia training. I've always been a huge proponent of that. It's a great way to put our staff in the shoes of patients and families, especially those dealing with dementia. Virtual dementia training literally kind of puts them in the shoes. It's a very emotional experience, but it also gives you a heart of service, especially those dealing with dementia. So, I thought that was a great article. Kudos for Four Seasons.

Chris Comeaux: 47:25

Next is nurse practitioners' step in as geriatrician ranks shrink, so just talking about the expanded role of nurse practitioners. And then a great article of our friends of Empath. I didn't think this was rocket science, but I thought brilliant for them of getting an article on this. Empath is revamping its physical space, making more of a digital workspace for an improved employee experience, so actually doing an article about how they've revamped their workspace. I know a lot of our hospices have done that. I never thought about doing an article about that. That's brilliant, because then it ends up being advertising for staffing. So those were my workforce articles. Cordt Next was regulatory and political, and so only had two, only one that I'm going to point out.

Chris Comeaux: 48:10

So, two that were flagged. One I'll point out. One was from our TCN team, Melissa Calkins and Ashley Espy Hope tool anxiety what are we forgetting in the push to prepare? We got a lot of kudos in that great blog that my team members wrote on that one. Next category is technology and innovation. We flagged three only one I'm going to point out today 10 notable ERP. So basically, electronic resource process implementation failures and why they failed. This was in TechTarget. Again, I'm watching you guys in awe. It's like you're like channeling things I think about consistently, like hey, on the tech space, you can't just limit your focus to healthcare articles. This was a perfect article just talking about the huge challenge of an ERP implementation and the analogy for us would be basically an EMR implementation and just the huge challenges that they actually saw in that they're often two to ten times bigger than previous projects. They are transformational, which means there's winners and losers in the organization, and they're generational, which means an organization might not have done anything like this in the past 10 to 15 years. Just thought that was a great article. Just so much wisdom in that one. All right.

Chris Comeaux: 49:25

Last couple of categories speed of change, resiliency and reculture. Two articles and two that we pointed out Seven brutal truths about leadership no one tells you at 29. That was an awesome article. They need to go and actually take a look at that. And this next one this was an entrepreneur. I've managed 260 employees. Here's how to tell if your leadership style is actually working. Here's a couple of talking points People are engaged, people advance or change roles, people spend time together, people speak differently, people innovate, and they fail. And people deliver results. And then just the last category. I call it the human factor. There were two. We flagged only one.

Chris Comeaux: 50:05

I'm going to point out and conclude with this one how do I adapt my leadership as my company grows?

Chris Comeaux: 50:11

This was a HBR article that you enjoy, pointed out after recently hitting a roadblock and they're hiring new talent and looking to position their talent for continual growth. This host basically coaches people through how to adjust their leadership to keep pace with their growing business. In fact, we did two huge podcasts, one in 24 towards the end of the year, in November, and another in February with Tom Foster, Cordt, with this concept of levels of work, because if your hospices are growing which if you're doing a good job, you're going to grow because the baby boomers are aging and they're going to keep aging that's going to bring new challenges, and so you may find yourself at a 50 ADC

hospice, at 150, 200, 250, and each of those milestones just bring huge challenges. So, just kudos to you guys of pulling from HBR, Harvard Business Review and as a podcast, actually pointing that out. So that was 50. A lot of good meat in this month, and again we'll include the summary of all those articles, any final comments from you, and then you can take it away to the masterclass.

Cordt Kassner: 51:17

Just a lot of, as you said, really interesting articles this month and it's been interesting to get feedback from you, from our readers around, particularly those articles that are outside of the typical hospice and palliative care space but that we kind of think would be important or influential, and that's always been interesting to get that feedback. So I appreciate that. All right, you want to do the Master Class? Sure? Thank you. I appreciate the opportunity to take a couple of minutes to talk this month about Ira Byock's white paper, A Strategic Path Forward for Hospice and Palliative Care. Earlier this month, Dr Ira Byock published a pivotal white paper by that title in Palliative Medicine Reports. In this comprehensive analysis, Dr Byock addresses critical challenges in the US hospice and palliative care fields and proposes a strategic framework to enhance care quality and integrity. We covered this white paper in Hospice and Palliative Care Today.

Cordt Kassner: 52:26

On June 8th and the 15th, I had the privilege of discussing this paper over dinner with Ira and his amazing wife Yvonne during their visit to Denver for the AAHPM conference earlier this year. Their passion and commitment for ensuring every person receives the best care possible are truly inspiring. This paper is structured in two parts: a critique of current challenges and a call to action. Part one, the critique. Ira begins with a zero tolerance for fraudulent business and clinical practices that harm vulnerable patients. These are criminal activities and must be stopped immediately. This is not only a call to action for the OIG to investigate and close fraudulent providers, but also for all providers, all professionals, to no longer tolerate such behavior. That means we need to get active in this, too. He then discusses inconsistent quality, noting the growth of for-profit hospice business models, while citing several studies that found non-profit hospices perform better on quality measures and staffing levels. He acknowledges the correlation does not equal causation, meaning that while problems in hospice grew, at the same time the percentage of for-profit providers grew, that doesn't mean that the for-profit providers caused these problems. He goes on to say, since over 70% of American hospice programs are owned by some type of for-profit company, it's obvious that if hospice in America is to succeed, for-profit hospices must be able to succeed.

Cordt Kassner: 54:16

Ira makes similar points about palliative care. That is, that quality swings on a pendulum with mission on one end and money or greed on the other end. Sadly, greed often wins to the detriment of patients, their families and professional caregivers, of patients, their families and professional caregivers. The second half of the paper is a call to action where he focuses on solutions to these problems. Ira reiterates zero tolerance for fraud and abuse, and I liked his comments. Boundaries of collegiality stop at criminality and patient harm. Competition within health care must occur within ethical and legal constraints. He then outlines the four calls to action and, Chris, you had mentioned these earlier.

Cordt Kassner: 55:11

Number one clinical and programmatic standards. We start with a set of agreed upon standards across all providers, regardless of differing positions on quality and financial interests. Without clear standards, it's difficult to say any program or service is good or bad. For example, he discusses optimal nursing caseloads being 12 to 14 patients, contrasting with the reality of nursing caseloads at 17 to 24 patients. His second call to action making meaningful data readily available. Of course, this caught my attention as a data person. Standards depict how the field should be, while data measures depict how the field actually is. Meaningful measures might include things like caseloads, response times, staff turnover rates, quality and satisfaction scores and rating scales, among others. While data must be reliable, perfection must not be an excuse for delay, and we see that oftentimes, when we talk about public reporting of quality information. The perfect is the enemy of the good. I appreciate the shout-out.

Cordt Kassner: 56:31

Ira gave to the National Hospice Locator a website I designed, sorting all known hospice locations using a quality matrix in transparency. I spoke with Ira and several others when developing this quality matrix. We discussed this quality matrix in an earlier TCNtalks Masterclass. His third call to action driving competition based on quality. Currently, referrals are often based on contracts, inter-corporate relationships, advertising, and direct marketing, in other words, driven by financial motives. In this section of the paper, Ira recommends that high quality should be the competitive differentiator driving referrals. And his last call to action embracing and promoting our authentic brand.

Cordt Kassner: 57:23

The hospice and palliative care field faces a branding challenge. Our brand is healthcare that fosters wellbeing through the end of life. However, our culture shies away from death and dying, so we then want to get away from using words like hospice or palliative care when that's actually our brand. We have an opportunity to rebrand as specialists in

managing symptoms and fostering well-being through the end of life. His conclusion is this is the bright, life-affirming potential that this once vibrant field can still achieve and must not retreat from. A renewed commitment to the field's dual clinical and cultural mission is required. A revitalized field of hospice and palliative care is needed to protect seriously ill patients and their families from harmful health system dysfunctions, prevent and alleviate suffering and foster well-being throughout their illness.

Cordt Kassner: 58:30

I highly recommend reading this white paper to fully grasp the depth of Dr Byock's analysis and proposals. It's a compelling blueprint for revitalizing hospice and palliative care in America, and that's why I was a little surprised that we didn't have more reads on this paper than we have. I could see people discussing this at board meetings, at conferences, workshops, kind of all over the place, and so I want to see if we can get that ball rolling with discussing it on this podcast and opening up more dialogue around the country around these ideas. And so, Chris, with that, let me kind of punt back to you a little bit. In your reading and this summary of this white paper, is there anything you would add or subtract to it? Were there pieces maybe he missed or that you would approach from a different angle?

Chris Comeaux: 59:29

Well, I look forward to having him on the podcast because I, and maybe this is well, but they haven't clicked on it. Though what I was about to say is that, like I'm still processing this first off, his heart is absolutely in the right place. What to do going forward? I always get a little concerned when you try to become prescriptive. For instance, the staffing ratios have been an abysmal failure as a tactic within the nursing homes, in the nursing homes. So, tactically, that's one I'd like to debate with him, but just put that one aside. That's like so small compared to the full meat of what he's talking about, like making the data available, driving competition based upon quality, love that and concept, like how do we actually do that? Because we know certain especially large corporate entities, which are more for profit, spend a lot more money on marketing, because if they get the shiny and the patient chooses the shiny, but the patient doesn't realize the packaging look like a Lexus, but I just purchased a Yugo, so how do you prevent that from actually happening? So that's where I want to process more accord, and I love like embracing and promoting our authentic brand.

Chris Comeaux: 1:00:32

I alluded to is on Dr Pita Attia, “Drive” was the name of the podcast and it was with BJ Miller and they really were talking about what he's getting at with this fourth point about,

it is hard to talk about death and dying in America and we released a podcast recently with the John A Hartford Foundation and they have promoted the four M's in age-friendly healthcare systems. I had a huge epiphany. I think that lexicon is going to be the right way to talk about aging in America in a way that baby boomers will receive, accept and engage in the 4Ms and mobility. So that's something I want to talk through with Dr Byock as well. I think how they came to the 4Ms is brilliant. They had a bunch of incredible people like Dr Byock sitting around and I think there's something about that, because I think we've been on both sides of the equation.

Chris Comeaux: 1:01:26

Okay, we got to hit them with the death and dying thing because we don't want to not talk about it. And you had the innovative hospices drop hospice from their name beautiful advertising. You know you're fishing on the dock and it's all going to be great and wonderful. Well, that's a lie. We're not telling them they're dying. So, you see the two extremes and it feels like there's something in between those that we could really talk about this amazing care, especially if you have the continuum of serious illness chassis to a hospice. So, I love what he's doing because, to your point, it should provoke great conversation.

Chris Comeaux: 1:02:02

And you know, if any of one of you was brought in front of RFK tomorrow, what would you say about where the future needs to go? We could layman all the problems and, like you alluded to earlier, the number of the proliferation in California and places like Nevada, et cetera. I mean we could all kind of rail against the problems. What's the actual solution? Well, kudos for him for saying you know what. I'm going to put it out there and we're actually going to push the conversation. So, kudos to you today for making it part of your master's class. We're going to have a whole podcast and maybe we'll keep talking about ways to kind of bring it to the forefront, because the timing is important. It feels like sounds great.

Cordt Kassner: 1:02:37

I look forward to it. Thanks, Chris.

Chris Comeaux: 1:02:39

Well, again, thank you to you and Joy and the great work that you guys are doing. And you scour thousands of articles every month, and I get it. The typical leader is like I don't have time to read all those, then just read their newsletter. I don't have time to read the newsletter, then listen to this podcast. When I have time to listen to the podcast, click the

two dang links in the show notes. I have Quartz data and then my summary, because you at least got to know what's coming, and there's so much coming at us. I get it.

Chris Comeaux: 1:03:07

You know why does a lion tamer use a chair to tame a lion? The four legs on the chair literally paralyzed the lion. I feel like we have a lot of lions right now in hospice and public care that may be being feeling paralyzed. We don't want you paralyzed. This is the time for us to rise as leaders and make a difference. We've stood upon the shoulders of many giants, the pioneers, the matriarchs of hospice and palliative care. What would they say about us 20 years from now? It feels like we're in that window right now. So, Cordt, thank you, thank you to Joy and to our listeners. Thank you to listening to TCNtalks. Hit the subscribe button, pay it forward to your friends, your co-workers, your peers and, as we always do, we leave you with a quote. This one is from Rumi and it's actually Cordt had it in June 26. “As you start to walk on the way, the way appears, clarity doesn't come before action. It comes from action.” Thanks for listening to TCNtalks.