

Transcript: The Future of Hospice Care: Opportunities and Challenges – Top News Stories October 2025

Cordt Kassner: 0:00

I, I'll tell you a quick quick story on Halloween. My wife and I used to volunteer with a pet rescue in Colorado Springs that would was founded by a hospice nurse, and uh they would foster and then adopt pets of hospice patients who were anxious about what was gonna happen to their pet after they died. And so this whole nonprofit got started, and they you know, animal lovers and uh so we crafted the term howloween. Howl is in the dog howleen. Isn't it interesting how personal experiences shape and change our perspectives on things?

Chris Comeaux: 0:40

How do we help people understand we're not about death? Death is a one small event in a broader care experience.

Cordt Kassner: 0:47

Has there ever been a hospice indicted by the OIG that was not convicted? No. Every time the OIG gets enough information to indict a hospice, they have been convicted. So that was an interesting learning point. I think we're really trying to figure out how to use AI. And I saw that same announcement, 30,000 workers laid off by Amazon because they're gonna be replaced by AI. I thought, you know, that's really premature because we don't really know what AI is great at and what it's not good at. I view AI as I'm trying to separate it into those two categories. I view it as a hammer. It's not quite a scalpel, it's not quite a sledgehammer, it's a hammer, it's a tool, and how useful that tool is really depends on the person who's using it.

Chris Comeaux: 1:37

I feel like we're in that time period of very much tying the rock to the cloud. Don't get caught up in the sensationalism. How do you tie the rock to the practical what's in front of us today? Common hospice medications link to higher risk of death in people with dementia. People forget the last portion of it was beware of the healthcare industrial complex, the people who will do healthcare to you because they're incentivized to make more money as opposed to truly helping you become healthy, which is why I think hospice is so has been so wonderful is the demise is inevitable, so therefore we could truly care for that person in a good way, and paradoxically, you get great outcomes, great satisfaction, etc.

Jeff Haffner: 2:18

And now our host, Chris Comeaux.

Chris Comeaux: 2:21

Hello, and welcome to TCNtalks. Thanks for joining us. This is my favorite time of the month when Cordt Kassner and I always look at the top news stories of the month, and we're looking at Top News Stories of the month of October. Welcome, Cordt. Good to have you. Thanks, Chris. Great to be here. Man, we're recording this on Halloween. Happy Halloween to you.

Cordt Kassner: 2:39

Yeah, happy Halloween. I'll tell you a quick story on Halloween. My wife and I used to volunteer with a pet rescue in Colorado Springs that was founded by a hospice nurse, and uh they would foster and then adopt pets of hospice patients who were anxious about what was going to happen to their pet after they died. And so this whole nonprofit got started, and they, you know, animal lovers, and uh so we crafted the the term Howloween, uh howl is in the dog howloween, and used that as a fundraiser, uh, you know, out in the parks and dressed up our pets in costumes, and uh it was just a that was like the funnest memory I have associated with Halloween, just kind of an interesting time of year.

Chris Comeaux: 3:28

That's a cool whenever you said ha Halloween earlier, I thought maybe court's just getting his tongue warmed up for the morning time. I didn't, so now I know the story. How about you? Any uh favorite fall memories moving into winter? Well, I just had a cool week this week. So, I went and visited our friends at Hip Caney's up in uh Albany, New York for their state conference. And um, I had such a horrible experience traveling airplane flight in September. Um, I thought, you know, I've never tried train before. So I actually took a train all the way up to Albany and back. Long. Um, but it was really cool. And so the leaves were in their brilliance. The further north you got, Albany's were just gorgeous. Virginias were beautiful and get back to North Carolina, we're just starting to get to that pretty point. So, I got to see some great scenes and spend some time with some great people. Many of them told me to tell you hi. And so, it was just really good to be up with them in Albany.

Cordt Kassner: 4:19

Outstanding. Yeah, what a beautiful part of the country, especially in the fall.

Chris Comeaux: 4:23

Absolutely. Well, you ready to get started? You're gonna go first this month with your top news stories of the month. You bet. You bet.

Cordt Kassner: 4:29

So, uh, in terms of articles that uh I found really interesting and wanted to comment on, our listeners know I've been using Dr. Ira Byock's recently published white paper, A Strategic Path Forward for Hospice and Palliative Care, as a framework to organize this month's most read articles. And then I tack in one or two at the end that just caught my eye that I wasn't quite sure how to fit into his framework, but I thought was really interesting. I'm thrilled to share that Ira's agreed to join us later this month to record a podcast discussing the paper. So, stay tuned for those details. And Ira and I will also be co-presenting a session at AAHPM's annual assembly in March 26 in San Diego. So, hope to see you there.

Chris Comeaux: 5:14

Yeah, just before I just want to say that I think I'm looking forward to that show. Um, I want we I want that show to be a gift to hospice and palliative care leaders and staff. And I hopefully that's exactly what it's going to be. So, looking forward to that.

Cordt Kassner: 5:27

Fantastic. He is he is as well. We were chatting not too long ago. So, he starts off his paper with zero tolerance for waste, fraud, and abuse. And this month, October, we ran 13 regulatory stories, of which five involved waste, fraud, or abuse. One story worth highlighting, maybe lowlighting, was about three women in Fort Bend County, Texas who were indicted uh for \$87 million in a hospice fraud case. They allegedly conspired to enroll elderly patients without terminal diagnoses and build Medicare for hospice services while delivering items such as diapers. And just a reminder of that return to the hospice philosophy of care, why this is so important, why it's so unique, and as Ira says in his paper, why collegiality stops at criminality. Amen. He then dropped goes into four pillars uh of four calls to action. And the first one is clinical and programmatic standards. How do we distinguish between the good and the excellent? And there were a couple of articles I wanted to mention from here. The first was out of the hospice and palliative care network of Maryland. They just issued a uh white paper calling for earlier access to hospice care and addressing concerns about short length of stay. Dr. Jennifer Kennedy and I are both board members there and worked with an outstanding committee to develop this paper. Jennifer led the charge on it. She did a fantastic job. And we're hoping that this is a resource not only for hospices in Maryland, but for hospices everywhere as a template, as a type of document that they can customize for their own states.

Chris Comeaux: 7:27

Yeah, I wanted to give you guys a shout-out for that one, Cordt. We've had several, I'll just say high-level payers come to our network, talk to our clinically integrated network, and I'll I'll frame it this way: that Goldilocks zone of length of stay, it we're gonna have to get

good at that. Not too long and definitely not too short. I mean, you don't get any cough savings, you don't get any impact. We know this. Um, I've asked countless number of clinicians by the bedside if you could wave a magic wand and you had the perfect length of stay, you can knock the ball out of the park every time. What would be that minimum? And they're like, at least 60 days. And so, which is interesting because, you know, that it's a six-month benefit. That that 90 to 180 is probably I'll call a goldilocks on. But how we get that is going to be the really interesting thing going forward. You know, there's multiple things upstream, why we don't get those patients in undercare soon enough. Um, can we use algorithmic uh predicting tools to know when better to intervene, et cetera? All this feels like frontiers going forward, but kudos for you guys for calling it out.

Cordt Kassner: 8:30

Quick question, follow-up question for you. How does the six, if 60 days is the sweet spot from a clinical patient care perspective, provision of services, how does that tie to financial viability and the financial side of the house? Like what's the the break-even point for length of stay financially, and how does that tie into services?

Chris Comeaux: 8:54

Yeah, we should probably delve deeper together, but I'll just say it this way most of our hospices we work with have a median of about 14 days, which means 50% of those patients are getting only 14 days. If you took all of your patients and eliminated the outliers and just said, my average and my median was this, so it was this, and you know, probably it's gonna be more like like I'm saying 60 is a minimum, actually. So I hope I didn't miscommunicate. That's more of a floor. That window you'd want between that 60 and 180. So let's say that the average and the median was about 90. If you took all your patients and multiply it by 90 days, compare those total patient days to your current patient days. And most of the hospices I know that are doing care well, um, not trying to cherry pick and say, oh, we only do nursing homes or whatever, the you know, highly profitable patients. In most cases, your patient days will be more, actually, which means, Cordt, they'd actually have more revenue than they have today. Now I'm painting a little bit with a broad brush, probably be worth you and I later in the show, maybe next year kind of going a lot deeper, maybe bringing in a guess and kind of picking that apart a little bit. But high level, I've done that calculation for a few people. It actually ends up being better budgetarily.

Cordt Kassner: 10:05

Interesting. Yeah, that that would be an interesting conversation. The second one in under this pillar that uh second article that caught my attention was a Geripal podcast that they recorded live at CAPC. And there's a couple of reasons I thought this was interesting. The first reason is this is the second Geripal podcast where they have invited three guests to

discuss a journal article of their choice. So three guests, three journal articles to be discussed. And I liked the format of it. I and then uh, of course, this particular one being recorded live at CAPC, they also have done other recordings live at other conferences, which I just I thought was an interesting method. The reason this conversation stood out to me was because the three guests were Karen Bullock, Kim Kirsten, and Matt Gonzalez. So tying this to Ira's (Dr Ira Byock) white paper, Dr. Matt Gonzalez succeeded Ira as the director of the Providence Institute for Human Caring that Ira founded. So, there's a connection there. And the article that Dr. Karen Bullock selected was an article that she co-authored that offered some thoughtful feedback about Ira's strategic path forward paper. And in her piece, Karen observed that Ira missed an opportunity to address health equity more directly. And she, as she notes in in the podcast, Ira later responded with appreciation for her insights and agreed that equity is a vital area for continued focus. And this this might be something that we talk about when we have him on the podcast, because he has he has some interesting thoughts around how equity does fit into the four pillars, along with other priorities from an end-of-life care perspective. So, uh he certainly appreciated Dr. Bullock uh raising this question.

Chris Comeaux: 12:07

You just gave me a great idea, Cordt. I think I'm gonna ask him now on our podcast together that will air in December, beginning of December. Um I think actually, I hadn't thought of it till you just said it, but I'm picturing a Venn diagram overlay between his framework and the Quintuple Aim, which originally started off as a triple aim, then the Quadruple Aim now as a Quintuple Aim. But basically, if you remember the headwaters of that was Dr. Um, I'm blanking on his name. He was the head of the CMS. Um, gosh, brilliant guy. He was over CMS during Andy Slavitt's. It'll come to me later, but he came up with the with the triple aim. He said basically, you only deserve a ticket to the future of healthcare if you're working on better service, better quality, a lower cost of care. And then later what got added was a great work environment. And then the fifth that became the Quintuple is and working on health equity, and he's it, which basically means everyone who needs your care, you're working on getting the care to them. So I'm kind of seeing this interesting Venn diagram. I think that'll be a great kind of way to um bring that to Dr. Byock and just have him respond to that because I see their aspects that his addresses that the Quintuple Aim does not. Um, but yeah, that I think that would be a really cool thing to talk about together.

Cordt Kassner: 13:20

That'll be interesting. That was Dr. uh Donald Berwick came up with the Triple.

Chris Comeaux: 13:24

Don Berwick, thank you so much. That's him.

Cordt Kassner: 13:27

That's that's the one. Yeah, he's he's absolutely amazing. One of my favorites as well. Uh the second pillar uh in the white paper is making meaningful data readily available. And there was an article uh that came out that the most read research article this month was telepalliation creates a sense of security, a qualitative study of patients with cancer receiving palliative care. So we're kind of keeping track, and and typically every week when we do our Sunday most read issues, there are one or two of the research articles from the the previous Saturday, where we focus on peer-reviewed journal articles in the newsletter. So we we kind of keep loose track of that and find it interesting to see which journal articles are being most read and kind of resonating with the audience.

Dragonfly Health Ad / Jeff Haffner: 14:20

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Cordt Kassner: 15:05

The National Alliance for Care at Home issued a pediatric uh e-Journal, uh, and they sent out an email allowing free access to all of their icon archives and current issues, and at the same time inviting submissions for future uh pediatric e-Journal articles. So that that was read a lot uh this month. And I continue compiling a list of hospices and individuals interested in current hospice research projects, first to find out about them, but also to possibly participate. So many thanks to those who have reached out so far. And if this is something that's of interest to any of our listeners, uh please send me an email, ckassner@ hospiceanalytics.com, and I'd love to add you onto that list and help connect the researchers who are studying different questions and policy issues with the hospices providing the care at the bedside.

Chris Comeaux: 16:08

Very cool. We'll actually make sure that's in the show notes too, Cordt.

Cordt Kassner: 16:12

That'd be great. The third pillar, driving competition based on quality. McKnight's put out an article. Expert in preparation uh for depth the debut of the hospice tool. Hospices

should provide training, adhere to timelines. This article earned nearly a thousand clicks. Uh, and of course, this is just a reminder the new Hope tool officially launched this month, and hospices are encouraged to participate and stay on schedule with this new uh new tool that's available. Another standout story to me around the competition and quality came out of England. And I'm I'll have to figure out why these stories catch my attention. They just do. This story was about an ambulance team using advanced ultrasound to help frail patients avoid hospital trips. And it just kind of reminds me of sometimes the connection, sometimes the lack of connection between hospices and EMS services and how they can collaborate for mutual benefit, you know, patient care, avoiding hospitalizations. Um there's so many things that our EMS crews can do that are that align with hospice, as well as the training, some of the training that's involved. Uh, because a lot of EMS training is I just need to get the patient alive to the hospital, then they'll deal with it, right? I and so there's opportunities for hospices to work with EMS on training as well.

Chris Comeaux: 17:50

Uh kudos to you for calling this one out. I missed this, so in full transparency, but I love that you did. There, this might be another reason why it's tweaking you. I've brought this to several powder of care teams and feel like, you know, sometimes I'm always kind of thinking leading edge, so I'm used to people kind of like rolling their eyes going, oh, here's another Chris thing. But it was an article I read. It's actually called Butterfly, is the name of the company. But it is an ultrasound you could put in the hands of any powder of care nurse practitioner. And then you'd picture like the ultrasound being on the cell phone. Well, think about it, you know, for years, right? We're still using stethoscope. You're trained with good clinical skills, you're trying to listen in, basically trying, you're guessing what's in the human body. Well, if you can look, think about the power of that in the hands of a clinician. And it's affordable. That's the crazy thing, is that it's like a mobile ultrasound. So palliative care practitioners could actually be armed with this. And I thought, man, we could do some great good with this in the palliative care realm, especially as palliative care keeps being pushed to be less consultative and really more co-management, which is really where our future is. Then we have a lot of hospices also launching home-based primary care programs. So that's why I'm when I saw you calling out, I'm like, high five Cordt, I totally missed it. And that's why they're doing this in the ambulance. They could like, you know, I actually had to go to, I went to the urgent care and like, sorry, we don't have an ultrasound. I'm like, crap, I got to go to the ER just because they didn't have an ultrasound. And so putting that in the hands of the people closer to the front lines with an ultrasound, if you're trained, you can see into the human body. And instead of like, you know, quite often we guess and we err on the side going to the ER, they could eliminate that, but you could also do that with palliative care practitioners as well. So the name of that company is Butterfly. You could actually look, I

always call it Black Butterfly, but I think that's a TV show. Butterfly is the name of the uh company of this mobile ultrasound.

Cordt Kassner: 19:39

Isn't it interesting how personal experiences shape and change our perspectives on things? Yeah, I if it's interaction with urgent care and the emergency department or hospice. I with Joy and I, Dr. Joy Berger, our editor-in-chief, and I actually look for papers and and GMA has had a a recent um category of papers that they've been publishing in that are physicians who have a personal experience in the healthcare system and it changes how they practice. And it's one of those things that's so intuitive, and we think we're good at it until like it actually happens to us, and then we're like, hey, wait a minute, this whole system is broken. We could do this better, and we do. And that's it's interesting how people take those personal experiences and it changes what they do and how they do it. Well said. The fourth pillar uh in Irish paper is embracing and promoting our authentic brand. And this is one of those unique things that hospice and palliative care providers do differently than any other piece of health care. And one of those that one of the articles that we ran was Letters Without Limits. Uh, this is an inspiring initiative that connects students that was developed by students at John Hopkins and Brown University that connects palliative care patients with volunteers to co-create legacy letters, which is preserving memories, values, and lessons that might otherwise be lost. And I thought, uh, how cool to write this down, maybe video patients doing, you know, their life review, their life stories. Nobody else does that. And I think it's one of those things that we could really honor patients with.

Chris Comeaux: 21:36

Yeah, there's a um, this is so cool that you pointed this out. Uh this is a little early. I can't put meat on the bone, but there's an interesting innovation in this exact kind of space that's coming into trying to approach hospice and powered care people. And I think it's going to be really cool. So to be uh shared more in the future, but I love that you put it under this category because it also shows the brilliance of Dr. Byock's categories. Like, you know, how do we, how do we help people understand we're not about death? Death is a one small event in a broader care experience. And I think things like this are a great way of kind of putting meat on the bone. And I think it's going to help us have a better language and talk about what this care is really is. And, you know, the default is when you use the word hospice, people go, no, I'm not ready for that yet, meaning I'm not ready to die because that's what it becomes synonymous with. So love that you called this out. Exactly.

Cordt Kassner: 22:29

And the other is our own putting it into practice, which Joy and I have begun a category we run monthly honoring the lives and legacies of hospice and palliative care leaders who have died. This month we remembered several remarkable hospice leaders, including Dr. Balfour Mount, often referred to as the father of palliative care from McGill University up in Canada. And Carol McAdoo. I remember Carol and working with her uh through the Louisiana-Mississippi Hospice and Palliative Care Organization. She was a real firm advocate for prison hospice support project, uh, which was what undergirded, if you will, the Angola Penitentiary Hospice and Corrections project that has now spread across Louisiana and Mississippi. So she will certainly be missed.

Chris Comeaux: 23:24

Very much. Absolutely.

Cordt Kassner: 23:36

The last piece that that I'll mention, then I'll turn it over to you, is my category. And this month, I'd like to highlight an article. Just call some attention because we made a change in the National Hospice Locator. This is the sixth iteration, the sixth methodology change that we've had updating how we rank every hospice in the country using a standardized quality matrix. And uh the locator lists every known hospice in the US. Now it default sorts by this quality matrix. This update, we reweighted existing quality metrics. So we have seven metrics. We didn't change what the metrics were, but we changed how they were weighted based on feedback with Teleios and from other other folks around the country. So we re-weighted existing criteria, and this was new. We added a penalty for hospices that are indicted or convicted of voice fraud and abuse by the Office of the Inspector General. So, this is certainly consistent with Ira's principle, collegiality stops at criminality. But I as I was thinking about that statement, I thought, how can we incorporate that into the National Hospice Locator? And it took me down some rabbit holes. One was has there ever been a hospice indicted by the OIG that was not convicted? No. Every time the OIG gets enough information to indict a hospice, they have been convicted. So that was an interesting learning point. The other thing was a little scary. I did a Google search. I did a ChatGPT search. I went to the office of the Inspector General webpage and searched for hospice. In half an hour, I identified 24 hospices that have been indicted or convicted by the OIG. Wow. I was thinking there'd be like four. And I found 24 quickly. So that that's an ongoing uh project. How about you, Chris? What what articles caught your attention this this month?

Chris Comeaux: 25:50

Yeah, so it's kind of interesting. I was kind of processing. Was it a busier month compared to we said that September was a little bit slower? The reason I'm asking, I had 54 flagged this month. So, earlier part of the year I was averaging about 100 a month and I had 54

this month. My perception is this wasn't a slower month. Like the volume did feel like it was maybe like back on par, I guess, compared to September, but yet I flagged about 54. So, does that kind of square with uh was it busier in October compared to September?

Cordt Kassner: 26:19

It was September was a low month uh in terms of uh content and and a different selection of articles. Um, and we had about 28,000 clicks, 28,000 reads last month. Typically, we have about 140,000 reads, and this month uh we'll get to uh in a few minutes, was about 120,000 clicks. So we're back on back on par. We're back on par.

Chris Comeaux: 26:46

Okay, so cool. So, you just squared the like I was looking at this morning when I was preparing, and I thought, man, I'm kind of so maybe I'm being more discerning about this. Is what I want to make sure C-suite leaders don't miss. And the vast majority of these were not kind of in your top as you're gonna um share like the most clicked-on articles. So here are kind of my Chris category first. So B2B website navigation is the title, structure that guides complex buyers. Title wouldn't exactly grab you, but the the meat of it did. So here's kind of the punchline: 42% of users will abandon your website as soon as they experience issues with functionality or usability. When someone can't find basic information quickly, they don't just leave your website. They question your cop your company's competence. If they can't find basic information in the category they need within 10 to 20 seconds, they just they figure it doesn't exist and they leave. That one made me uncomfortable, according, made me kind of go back to our own websites and just start looking with a critical eye. And so that again, that would be one I would hope C-suite leaders um would not actually miss. Um, so this next one, human judgment, the magic ingredient for making AI work across aging service services disciplines. This was in McKnight's. And it said from tackling a scabies outbreak in the long-term care facilities to scheduling shifts and helping write plans of correction that satisfy regulators, there's a range of aging services providers are eagerly already putting artificial intelligence to work for. But what is it that's that's not doing for them? So what is it not doing for them? And so here's the key taking the place of human staff workers, their workplace, or their clinical judgment. So, I thought this was a good balanced article. I have a couple more I'm gonna highlight in just a little bit of just that. I think some of the um sensationalism is AI is gonna replace people. But yet the practical reality right now, today, is that's not the case. Now, there's a there was a podcast I listened to earlier this week, and they were saying, I think it was Amazon just laid off a whole bunch of people with basically how they're gonna apply AI and then saying, oh, this is an early tremor. Maybe, but based upon what a lot of the practical experience is today, that's not being the case. And I think in healthcare being a service industry, if we embrace it, um, there's just not enough people anyway for the volume of people coming. So, AI in our hands will probably be an additive tool, or I

shouldn't say probably, has the potential to be an additive tool if we don't lose sight of the heart and the art of what we're actually doing.

Cordt Kassner: 29:23

I think we're really trying to figure out how to use AI. And I saw that same announcement 30,000 workers laid off by Amazon because they're going to be replaced by AI. I thought, you know, that's really premature because we don't really know what AI is great at and what it's not good at. I view AI as I'm trying to separate it into those two categories. I view it as a hammer. It's not quite a scalpel, it's not quite a sledgehammer, it's a hammer, it's a tool, and it's how useful that tool is. It really depends on the person who's using it. And we're figuring out, I'll speak for me. I am figuring out what questions to ask. What are good questions for AI? And what are not so good questions for AI?

Chris Comeaux: 30:17

That's really good. And some it might have been you, is probably also a team member of ours. The analogy that just stuck in my brain is picture AI today as the librarian. I am old enough now with this gray beard. I remember doing my research papers, going to the college library, you know, figuring out the articles that I wanted to pull, but then interacting with that librarian who added value. But ultimately it was my job to synthesize, write the paper, basically apply my learning and create a product out of that. And so I like that framing today. It's an incredible librarian compared to the old, you know, let me Google the word leadership. I get six billion hits. Now I could interact with AI and get summations and ask more questions. And so it's a great research tool, but it's still my job to do something with that. And so at least that's the reality today. I think the meat of that kind of perception is going to change over the course of time, you know, when eventually you get AI paired with robots, so to speak. And um, so we're living a pretty interesting time, but we're still on the early edge of you know, Court, you and I know this analogy. One of my team members, Raquel Braithwaite, says you got to tie the rock to the cloud. I feel like we're in that time period of very much tying the rock to the cloud. Don't get caught up in the sensationalism. How do you tie the rock to the practical what's in front of us today?

Cordt Kassner: 31:36

Yeah, well said.

Chris Comeaux: 31:37

Well, here's another one. Traffic light care model will help generations. This was out of BBC. And so what I loved about this, and I actually shared this with a couple of team members, that first they're gonna dismiss. Well, Chris, we have the nine-to-10 pain point scale that we use. I'm like, no, I think you're missing the point of this article. They're using

green, amber, and red, but from the perspective of the patient. And so I thought, that's the innovation in this, it's patient-centered. And so, I thought that was a great article. This is one I'm gonna keep pushing with our team. I think maybe we could do something with this here in the States, especially as we get into hope. Um, I think there's something about this, because again, it's a much simplistic language, but again, putting it into the patient of like, hey, how are we tracking? We're in the green zone, we're in the amber zone, or the red zone. And so it's not throwing the pain scale out. It's like a supplement to, but from the perspective of the patient. So, next one I want to call out for our friends, um, uh John Master John's Hospice. So, Milton Village Open House builds community to support caregivers of individuals with Alzheimer's dementia and other cognitive conditions. This was in Great News Life. And so Milton Village is this incredible um dementia daycare village that um on my uh sabbatical last year, part of my sabbatical, I had a field trip and went and visited John's program. And it was just wonderful. He has such an amazing team. John's such a beautiful human being. And so hanging out with them, they had me actually go to their Milton village and it's modeled, Cordt, I can't remember it somewhere. I can't remember if it's the Netherlands. It's one of the Norwegian countries that they have a true village. I could say complete village. In fact, I think Gilcrest Hospice now is replicating it in the States. There's a name for it. But this whole village is basically about tactile for people dealing with dementia. It's like a dementia village. It's a village where dementia people live and they could wander around the village. Well, they took that on into an adult daycare scale, and it was just incredible. Um, Studebaker actually has a uh the Studebaker had the factory in that Mick Mick Mikshawaka um South Bend, Indiana area. So they actually, the day I was there, they delivered an actual Studebaker. And so and they had a garage. So like the, and so those that that was part of their past, and they were like tools that were safe that they could go and tinker in the actual garage with the Studebaker. So so much hands-on stuff is just it was like walking through a village. There's a bar reminding me of Cheers, and so they could serve root beer and things like that. It's just this amazing thing. So next year for MPH I um's annual summit, there's actually gonna be a field trip that people can go and actually visit Milton Village as part of their kind of pre-con to the NPHI summit. So I just want to call that out. Uh, John and his team are planning what that day looks like. There's gonna be another kind of track as well, but just the fact that they got some great press on that, I wanted to call out. It's a great place if you want to go visit that gives hospices a vision of maybe like, you know, being like John's Hospice, Center of Hospice there in Mishwaka, that maybe an innovation that you could bring to your own community. In fact, I have a podcast coming out in December that there's a very similar model based upon um, I think it's called the Glenner model that's coming out of San Diego. And we have their CEO that's gonna be on a podcast, and we're gonna talk about, and they're starting to create like a franchise where you could franchise something similar throughout the country. So a good innovation opportunity for some of our hospice and palcare listeners out there. So next is why 95% of AI rollouts fail and what

leader, L and D leaders can do about it. And so companies are pouring resources into AI, yet capability gaps hold employees back from using it effectively. MIT recently reported that 95%, of course, that's a big percentage, and 95% of AI projects fail to deliver measurable outcomes. Maybe Amazon's gonna prove that wrong, but to today, so despite the unprecedented investment, productivity gains are elusive. Employee adoption is shaky, and the business case often collapses under scrutiny. So again, to me, this just highlights what we said a couple moments ago. Um, we're cloud ideas, but tying the rock to the cloud today is probably the better way that we'll actually get to a day where maybe there are some productivity gains that we can harvest. But here's my prediction: we're gonna need to harvest them because the further we go into the future, and as the baby boom, again, I've always, because the coaching of Johnny Hartford Foundation, I hate calling it the silver tsunami, but there's a lot of people in that wave that are coming. And so they're not gonna be enough humans to care for them. So, we're going to need their productivity gains, but don't be um overpromising, under-delivering, which is where I think we're at right now. And so again, I love that one. That was in the it was in big sync, was actually that one. All right, the next one is common hospice medications linked to a higher risk of death in people with dementia. This was in ERC Alerts, American Association for Advancement of Science by Michigan Medicine. And so just talking about the growing number of Americans with dementia inner hospice, and basically their certain meds, so finds that medications commonly prescribed to ease symptoms such as agitation, anxiety, and delirium. And so the benzos, the antipsychotics, may carry major unintended risk for people with dementia. It's actually happened to a family member. So my godfather's wife, for-profit hospice. I don't think they knew what they were doing. And she actually fell and had a brain bleed and ended up in a facility. And he wanted, he wanted to keep her home. And eventually, he got her back home. Um, but do you know what that for-profit did? They discharged her as soon as that happened. And I think the actual cause was because they actually administered medications that they didn't have a good medical director or a good clinical care team. So I called that article out because it does hold a lot higher risk. And some of these hospices that love those dementia patients because they have longer length of stays, um, there's a lot of risk with that. And so if you're not doing it for the right reasons, you could do more harm. And in healthcare, above all, don't do harm.

Cordt Kassner: 37:42

Yeah, you know, I this called to mind two thoughts. One was how to pull in our pharmacy colleagues to better understand med-med interactions and falls, and that those dynamics, the clinical side of it. And then the other the other thing that caught my attention, and I was actually I went to the JAMA network open to read this article because my when I first read it, I thought, oh, we need to look at that a little bit more. This is a pretty big statement for medications that are used a lot and can be very, very helpful for our patients. And and so I I was a bit cautious in like, uh, we like and and so the first thing I do

is go take a look. Well, who wrote it? And in the middle of the author pile is Joan Tino, who is like one of my heroes, one of the people that if she writes it, I'm gonna read it. And most of the time I will agree with it and find you know good information out of it. I did with this one as well, but having her in the author list, I thought, you know, I'm gonna curb my hesitation around this article because she's a rock star. And uh so I encourage folks to read that uh in the context of some of the people who were authoring it. There's some good information in here to take heed of.

Chris Comeaux: 39:06

Agreed. Well, the next one is five critical skills leaders need in the age of AI. So, if you guys have not listened to our podcast with Daniel Pink, I strongly encourage you. I've told many people go back, because he wrote a book called A Whole New Mind. And I feel like this article is in HBR Harvard Business Review. So, cultivating AI fluency by engaging with diverse networks of fostering cross-industry conversations. I love that idea. In fact, I'd love to some point you and I should talk about like a cool conference that we could do, kind of like around AI and people from different industries. Um, so maybe something to go in the future to be discussed list between you and I. Redesigning organizational structure to unlock AI's value, orchestrating collaborative decision making between people and AI, empowering teams through coaching and psychological safety, and modeling personal experimentation with AI. I think that's actually going to be probably, I think that's like a frontier. Like picture years ago, I saved this article. Only Kaiser modeled this in healthcare, but Subway would always have an experimentation place set up where it was like a customer-focused group all the time. They tried new sandwiches, et cetera. And always thought, that's awesome. So you could actually experiment. You know, Jim Collins, fire the bullet before you fire the cannonball. Kaiser had actually done something similar. Well, that's the future of AI where you can set up simulations that say, we got this idea. Let's use AI to simulate it as a real-time feedback tool. That to me is like a future frontier, which is a great application, which we don't have today. And many people don't have the budgets or the wherewithal to actually do something like that. So I thought that was a really cool article. All right. And then should kudos to you enjoy. I'm like, I knew this was like you enjoy all over on this one. Should an AI, or flagging it is what I'm saying is so should an AI copy of you help decide if you live or die? Doctors share top concerns of AI surrogates aiding life or death decisions. So just the title caught me and then reading it and going, holy crap, that's a whole different like, you know, do you have a living will? Well, do you have a digital copy of yourself where they we can actually consult with that uh digital copy to determine what's the best course on this? So, I bet you have some thoughts about this one.

Cordt Kassner: 41:20

You know, ethically, this just rang the bell for me in thinking about how I where I went a slightly different direction with this was when the patient, me, goes to the doctor and already has the answer, right? Like, well, I checked with ChatGPT, and according to these symptoms, it appears that I have this diagnosis. I just need you to confirm it and write me a prescription. And the doc kind of looks at me like, oh, you're one of those, right? I mean, you know, like and and I get that. I because I'm not a physician. So, uh it it brought those same kinds of thoughts to mind. What if somebody walked in and said, you know, okay, I'm the decision maker for a family member or a friend or a or a surrogate. And I asked ChatGPT, you know, should we, you know, what should we do in this situation? Wow. I mean, that we need so much more human input around these decisions.

Chris Comeaux: 42:20

Well said. Well, here I've only got a couple more. So, hospice exec evaluates possible path forward for MA hospice carve in. This was in McKnight's, and it said the so-called carved failed when CMS halted the hospice portion of the V bid last year. And so basically, um uh Dr. Joe Sheiga, I believe, is the medical officer for VTOS and basically saying that I do think there could be a path forward for the Car Vin. I beg to differ. And so there to me, this is the probably biggest data point. Number one, the customer perception of health insurance companies is, let's say, not so good. And they're spending billions of dollars healthy, aging, etc. They got a long way to go to get there. Patients do not trust the health insurance company referring them to the hospice. They don't. You call it death panel, call it whatever you want. They're they've kind of figured out health insurance companies. I mean, you know, the Mingioni assassination of the United Healthcare thing, national press. So maybe somewhere way in the future, but the patients, the customers, do not trust the health insurance company. So because of that, don't carve a cent. Um, all the data points, they did not increase length of state, they did not increase actual referrals. And that's to me the biggest point that jumped out to me on the research they did on the experimentation of the carbon is the patient did not trust the health insurance company to make that referral, which therefore, we have a hard enough job as it is, and then that's how you're getting the referral, and then you're trying to help people get the care that they need. We should be carved out forever. Keep it separate. I think we're gonna have to make some big decisions about where healthcare goes in our country in 26 and 27. And that whole hopefully reconfiguration. Um, we keep hospice carved out forever. If Chris was king for the day, I would say make it so. Interesting. All right. And then and then my last one, health care in the USA, money has become the mission. This was in the Lancet, and so it kind of speaks for itself. But despite extra scientific and medical resources, U.S. healthcare system underperforms, spending a lot of money. And unfortunately, money has become the mission. And whatever, it's really become a perverse system. And Eisenhower warned us about this after he warned us about the military industrial complex. People forget the last portion of it was beware of the healthcare industrial complex, the

people who will do healthcare to you because they're incentivized to make more money, as opposed to truly helping you become healthy, which is why I think hospices so has been so wonderful, is the demise is inevitable. So therefore, we could truly care for that person in a good way. And paradoxically, you get great outcomes, great satisfaction, et cetera. But kind of a nasty commentary on our US healthcare system. And um, I think we're it's gonna be an interesting year. That's why we did the podcast with Rita Numeroff. She was in the room with RFK. What would she say? I think she's got a lot of the answers. If our listeners have missed that podcast, they should go back and listen to it.

Cordt Kassner: 45:17

Yeah, great, great points. This title was such a great hook. Money has become the mission. And it reminded me of Covey's book, *The Speed of Trust*, where I looked at the title and I went, I don't need to buy the book. Like I got it. And and so I sat down in a bookstore and I quickly skimmed through that entire book and I said, Yep, great title. Like that that just which is good for the consumer, but bad for the author who wants to sell more books, right? So, I did I did the same with this uh particular article. I'm like, great title. Money has become the mission. And you know, my head started spinning on you know five different directions of what that might mean. I thought the authors did a great job unpacking and detailing and substantiating their argument. But when I finished reading the article, I'm like, yep, great title, got it. Like, don't I want to say don't read the article, but read the article because it will reinforce everything that you're thinking it's gonna say.

Chris Comeaux: 46:19

Well said. Well, here's my last one. Hospice market expands at 9.6% C A G R, which is almost like a consumer index or just like a growth index, is projected to hit in US dollars \$182.1 billion. So, this is basically about the global hospice market is projected to reach \$182 billion by 2033. And so, and so then it talks about the challenges that's gonna bring, like workforce shortages, but then also the opportunity, like innovations, workforce redesign. And so really great article. And it was not like in your really high articles, and so I thought that was a really good one. So those are all in mind, Cordt.

Cordt Kassner: 47:01

Fantastic. Yeah, it was an interesting month of content. Uh, we're gonna touch on that at the uh in the masterclass at the end of the show today as well. Should we hit your stats? Yeah, let's hit the stats. This will be real brief. Uh, I mentioned earlier that we uh have published 375 articles in October, which is normal. That's kind of the number of you know, plus or minus five that collectively received 121,000 reads, notably 35 stories surpassed a thousand clicks each, which was a lot. Uh, typically in a month, in a typical month, we'd have 140,000 clicks with roughly 20 stories exceeding a thousand clicks. So uh a little bit fewer reads, more stories that were read more often. And it it really highlights September

was just a slow month. So, we're we're back on track with our our typical demographics and outcomes that we're looking for. When we look at the top red stories, just to highlight three of them, the top red story, and this had about 6,000 clicks, was one year after Hurricane Haleen, lessons in resilience, recovery, and renewal. This was an interview that Chris, you, uh, and I were part of this interviewing Vern uh Grinstaff, Millicent Burke-Sinclair, uh, and Dr. Joy Berger, our editor in chief, was all part of this. She took this interview as a reflection on where are we now a year later? Like what advancements, what recovery has occurred, what is yet to be done. And and Joy took this whole interview and transcript and turned it into a great handout and a summary, highlighting key quotes and um, and it was by far uh the most read story of the year. So thank you for uh most read story of the month. Thank you for participating in that interview and helping us keep this at readers' top of mind.

Chris Comeaux: 49:04

Well, thank you guys. You again, you are wonderful throughout this journey and just keeping it in front of readers and not, you know, we have a very short attention span these days because of news cycles, and you kept it in front of people. And, you know, it kind of feels profound when I'm gonna walk out of our office on Main Street, downtown Hendersonville, North Carolina this evening. They're having a trick-or-treat and they're gonna have people all up and down the street. They didn't do that last year because it was still in the throws. And so I think it's kind of a good symbol that we're on recovery. I think I read that a lot of the um the number of tourists because of lease season is now back on track kind of pre-Helene. So, there's still gonna be scores that are gonna remain on the land and the communities and things that are still gonna be worked on, but in many respects, we're in a much different place now, a year later. And thanks for you guys playing a part and keeping it in front of people.

Cordt Kassner: 49:50

Well, and it certainly, you know, is top of mind with Jamaica and the hurricane swinging through there right now, and knowing that it's gonna take multiple years to recover from such an event, and and how can we stir our compassion and help folks? The second most read article, World Mental Health Day, was run on Octo was October 10th, and we ran a piece that highlighted several links to practical mental health and caregiver resources. That was clicked on about 4,000 times. And third, our social media watch, third most clicked on story, featured a tribute to Dr. Balfour Mount, a reflection by Dr. Ira Byock on a patient that he took care of that was that was very moving, and a post shared by Sheila Clark, president and CEO of the California Hospice and Palliative Care Association, spotlighting a video on hospice care within the Chinese community. So, with that, those were our most read. How did the story stack up in terms of your categories, Chris?

Chris Comeaux: 50:54

Yeah, so we're gonna keep the link like we always do, Cordt. They could go through since I'm only doing 54. This will um, I'm not gonna cover those anymore. Well, readers in five minutes could actually click that link and see all the ones that are like, well, I want to earn the ones that Chris highlighted. The only other category I want to point out though this month, because I'm consistent every month with my categories, is the workforce challenge one. There are nine this month, and just six I wanted to point out. Poverty, food insecurity, and housing instability among U.S. healthcare workers. It's in JAMA, and actually talking about how our healthcare workers, and so here's an interesting statistic: financial hardship across all measures, 9.63% poverty working in healthcare, food insecurity, 24.5%, housing instability, 13.64%. And then, of course, you guys via publisher notes, do we know what those rates would be among hospice workers? Which was a great question. Then a couple more. So this first one was like what paints the picture of the workforce challenge. Next is the implications of the issue. Home health industry welcomes CMS repeal of the nursing home staffing mandate. And I love Dr. Byock's framework. That's one tactically I just kind of pushed back and said, Dr. Byock, I don't think we can do a staffing mandate. And actually, he wasn't saying that. I misinterpreted him because my antenna is always up because the nursing home staffing mandate did not work. And so they finally actually did repeal that. You can't just mandate you have a staffing level if you're not working on the broader issues that are creating the staffing shortages. And one of the things Dr. Byock and I talked about is, you know, competitively, why wouldn't I actually publish my staffing ratios to say, look, this is our staffing ratio, and this is where other people are. Interesting way to kind of say you're getting better care, more people care by the bedside. Here's another one. Sought after physician specialty roles are taking longer to fill. I actually was scratching my head at this one, but like oncology positions were the hardest to fill. Cardiology positions are also being so a lot of these specialist positions in the past that were like, you know, the attractive ones because of the salaries, they're now becoming harder to fill going forward. So I thought that was interesting. Then under staffing solutions, Advent Health saves \$47.5 million with a redesigned nurse career ladder. That was a great article. And then another one, raising the bar in healthcare leadership training. Um, this was in UConn today, but clinical leadership training is vital to launching the next generation. You know, amen, hallelujah. We do a whole podcast on the anatomy of leadership because we believe so much in how important leadership is. We spend a lot of time as Teleios offering services to others in that area. And then uh last one, tried uh the three tried and true strategies that AHCA Gold Quality Award winners use to land and keep staff. And here's just a couple turn current employees into recruiters, creating job satisfaction with sunshine and summer kind of uh bling stuff, like summer, there's another word for it, not um, not bling, um, where you like you have uh Totchis and stuff like shirts and things like that, um, and hire from the heart. So I just thought that was a really great article. Again, Cordt will have the

link. There's a lot more that I highlighted this month, but again, probably half of what I've had in the future. And then as you and I start to position next year and use Dr. Byock's framework, we're gonna let people use the link. Look at you can see the stats from Cordt, you can see the ones that I highlight. So, do you want to end us up with the masterclass, which I actually think may be our last master class?

Cordt Kassner: 54:21

Huh? Okay, well, we'll have to talk about that. Sure, happy to. Uh as I was thinking this month, there were a couple of different directions I was going, and and mostly I kind of came back to my theme for the last couple classes that I've done, focusing on implementing AI. But I took a different direction with it, which is we've behind the scenes at Hospice and Palliative Care today, uh, we continue to develop some technology and some reporting. That uh one of the new things we did this month was create a report that includes the entire blog post, the article that we're posting in the newsletter, all of that content. And the reason that we want that kind of a report is for what I did this month, which was take all of the articles, all 375 articles that we ran, including the links to those articles, and dropped them into Chat GPT and asked, based on the attached spreadsheet, summarize key themes for strategic planning purposes to improve access to high-quality hospice services, include risk areas and specific ways to improve care. And it thinks for about a minute and then it dumps out this output, which I took and then just kind of edited that lightly, but I thought it was pretty on track, pretty consistent with the goals that we're trying to accomplish, the news that we're covering. And so, some of the output was uh it included strategic themes to improve access to high-quality hospice care. Number one, earlier and more equitable access to hospice. And then it backs that up with several of the articles we ran this month. Uh mostly this is along the line of promoting equity and referrals and utilization, addressing racial, cultural, and linguistic barriers that limit access. So it it kind of say, okay, here's the problem and here's part of the solution. And it doesn't mean that that's right, right? I mean, that's for you and I and readers, uh, listeners to determine if this is right and how to implement it. But it's like a nudge in the right direction to at least be thinking about it.

Chris Comeaux: 56:43

I think it's a brilliant use of AI. Whenever you show you kind of sent me the notes of your masterclass, I'm like, this is a brilliant use of AI.

Cordt Kassner: 56:51

Well, uh and trying to figure out like what's AI good for? What is it not so good for? Um this I think is pretty good. One of the weaknesses that I've done this month is I you Chris, I know you're a fan of some of the personality traits uh tests that are out there. There's a

bunch of them. Myers Briggs and all of that, the Enneagrams and whatnot. Well, you can plug into ChatGPT based on my search history. Tell me about me.

Chris Comeaux: 57:21

That's cool.

Cordt Kassner: 57:22

And and I did this little exercise because when it told me about me, and it, you know, it was it was okay, like any personality trait test, like it's close. It it's okay. I said, Well, tell me about my editor, Joy Berger. And so it it you know it profiled her. And then Chad GPT came up and said, Would you like me to tell you how you and Joy can work better together? That's good. Oh my gosh. I mean, at some point I'm kind of like, no, stop. But back to the the point with the article. So, the first strategic theme around equity and access, the second, quality, safety, and trust in hospice services. And I thought this was interesting. There were several bullet points, but one of them was encourage third-party benchmarking and peer comparison. For example, the Teleios CN quality dashboard. Yeah, and I probably I thought to myself, was that in one of our articles this month? What you'd think I would know what the Teleios CN quality dashboard is, but Chris, what is that?

Chris Comeaux: 58:31

It's actually C I N, and it makes me wonder too. I'm like, how did it know that? How did it pick that up? But um, we are the first true clinically integrated network in the country. So, we do have a dashboard of all of our members and how they're uh scoring compared to those measure goals that we have set as a clinically integrated network. Because what we're doing is we're weaving together community-based nonprofit hospices working towards better quality of care. It's all about increasing quality by the bedside. So that's cool that we got picked up. I thought I thought that was super cool. It misspelled it. It's C I N, but I thought, huh, I wonder, maybe it picked me up on a podcast talking about, I don't know. And you know, sometimes that Cajun accent ain't gets in the way, and it sounded like I said C N instead of C I N.

Cordt Kassner: 59:15

Wow. And I think as often occurs, I will look at output from Google or Chat GPT. How did they know? Right. How did they know? Did they know that the third thing that it that the uh summary of the articles this month was around workforce leadership and development? The fourth was technology and innovation and care delivery, fifth, integration across the care continuum, sixth, research and continuing learning. So I thought that was really uh I thought it categorized and put into into good buckets of learning and ways to think about the media, the articles, uh the one the articles we're

including. Like we also had what are we? We're missing? What kinds of articles do we not include? Whether that's purposefully or by oversight. And so looking for gaps. It also created a table around risk categories and possible mitigation strategies. So regulatory and compliance, strengthen your compliance programs, train staff, ensure data integrity. So this information can be in the handout. I don't want to read through all of it, but it was an interesting exercise, interesting output, and hopefully an example for all of our listeners. What kinds of questions would you ask ChatGPT? And to not just take the output card blanche and say, well, this is right, but how do you then evaluate that output and use it to improve care delivery?

Chris Comeaux: 1:00:52

Yeah, that's well said. A recent I I've now started in my OneNote a sheet of like best practice prompts that I learned from other people. And one recently was from one of our team members is to ask ChatGPT or whatever language model you're using, please ask me a clarifying question regarding my request. Just a great prompt. So there's so much incredible stuff we could do with this tool. But again, I love the tying the rock to the cloud. Well, Cordt, thank you. That was a great masterclass and a brilliant use of AI.

Cordt Kassner: 1:01:20

Well, thanks so much. And what a great opportunity to review this information with you and the listeners. I really appreciate it, as always.

Chris Comeaux: 1:01:29

And to our listeners, we appreciate you. We always appreciate you. Please subscribe, hit the subscribe button, pay this one forward to your friends, your family your family, your coworkers, especially your coworkers, because we do this in support of you. We know you only have limited time. Cordt and Joy do an amazing job just basically sifting through all these articles and saying, hey, this is today, this is what you should pay attention to. And then we do this to say, hey, out of the moth, I hope you didn't miss these things. And this is what the statistics say. So please hit that subscribe button. We're gonna shift the the content of the discussion next year a little bit, but we're always gonna provide that data to back it up so that way we could just make sure you're not missing what you hopefully should be paying attention to. And as we always do, I want to leave you with a quote. I chose two. They both came from Hospice and Palliative Care Today. The first was on October 8th, and the second was on October 17th. So here it is. "Experience is the teacher of all things. - Julius Caesar. And this last one, "When we strive to become better than we are, everything around us becomes better too." Thanks for listening to TCNtalks