

**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. I'm excited. It's my favorite time of the month. Welcome, Cordt Kassner for the top news stories of the month of May.

**Cordt Kassner:** 0:31

Thanks so much for having me back, Chris. Great to be here.

**Chris Comeaux:** 0:34

Yeah, we're going to switch up the format this month. Kudos to our listeners. We've kind of been listening to them, so you're not going to do it slightly different. But before we jump in, man, how was your Memorial Day?

**Cordt Kassner:** 0:43

You know I had a fantastic weekend typical in some regards dinner with friends, completing some home projects, working on data. That's all pretty standard, a little bit of pickleball. But I did take some time this weekend and reflect on Memorial Day and to honor those who've sacrificed so much for our country. How about you?

**Chris Comeaux:** 1:02

Yeah, well said actually. So I actually rested quite a bit. I'm on the final tail end of a five-week really hard slog, a lot of road warrior time. I got sick when I was on the road, ended up even having to get an IV after a four-hour presentation, and so it was a really it was some great time and some impactful work and meaningful presentations, and so getting to Memorial Day was kind of like, you know, getting like a man crawling through the desert getting to an oasis. So, my wife and I did just a lot of good time with each other. Our kids were out and about, so it kind of felt like a little empty nest, which is not we're not quite there yet, and then absolutely just honoring those who actually gave us the freedom to actually have a Memorial Day weekend. So, I wish I got to play pickleball. That's the one thing I didn't do. You and I are whenever we're together, we're gonna have to try to play together.

**Cordt Kassner:** 1:54

You know, I thought we were only supposed to encourage other people to refresh and take care of themselves. It's good to hear you're doing it personally too.

**Chris Comeaux:** 2:02

Absolutely. Yep, there is. That was that oscillation. We had John Locke on a podcast many years ago and just talking about there. There are peaks and there are valleys and there are times when you have to sharpen the saw and that was a sharpen the saw weekend for me.

**Cordt Kassner:** 2:15

Perfect.

**Chris Comeaux:** 2:17

All right, you want to talk about top news stories of the month.

**Cordt Kassner:** 2:19

Sure. So, I looked through all of the stories that we ran in May and picked out three to really highlight for listeners this morning. The first one is a reflection on Memorial Day. I wanted to begin with a poignant article titled I Work With Dying Veterans. Here's why I Don't Automatically Thank them For their Service, which surprised me.

**Cordt Kassner:** 2:43

I read this piece with interest. It challenges the well-intended but often oversimplified phrase thank you for your service, suggesting that this phrase can feel distancing, even painful, to some veterans. The author draws on experiences with service members who carry deep and complex burdens of trauma, grief and moral injury. For them, this phrase can gloss over the harsh realities of war. This article serves as a compelling reminder of the importance of individualized, trauma-informed care and the need to approach each person's story without assumption.

**Cordt Kassner:** 3:22

The second story, shifting gears, highlights a topical compilation of five recent articles on artificial intelligence in hospice care. Sometimes Dr Joy Berger, our editor-in-chief, or I notice patterns in media coverage or discussions among hospice leaders, prompting us to create these compilations. This one I created based on a story with a hospice CEO friend as we were talking about AI over lunch one day. This series explores how hospices are engaging with AI, from early pilots to operational successes and, of course, some of the inevitable challenges. Chris, at our recent Teleios Futures Council meeting, we spoke about the need for a practical roadmap to assess and implement evolving technologies. These articles underscore that urgency and the opportunity before us.

**Chris Comeaux:** 4:21

Yeah, first off, thank you for being part of those future councils. All of them have been fascinating to me. I've really enjoyed the technology one and one of the dichotomies is just so evident that this promise of what artificial intelligence is going to bring and it's huge. I actually just saw I guess it was a YouTube with Eric Schmidt this morning. I actually just saw I guess it was a YouTube with Eric Schmidt this morning and him.

**Chris Comeaux:** 4:46

It's like we live in a time where people use sensationalized language for everything. There's so much hyperbole, et cetera, but so it's like you grasp for the language to go no, this really is a big freaking deal, because it really is a big freaking deal. But yet there is this dichotomy. You and I were just talking in the green room of, like I've actually seen very similar some of the technology that's going to allow us to do holograms, like instead of you and I kind of very two-dimensional interacting with each other. Cordt could actually be here in the room with me, potentially, but yet there's still some very practical challenges. Like one of the organizations on the Technology Future Council with us, they don't have good basic internet service where they are. So, there's this weird dichotomy and when we're having that conversation.

**Chris Comeaux:** 5:29

My family loves 1929, some of the Yellowstone kind of series, and it occurred to me that I love 1929 because it was that interesting time where, in Montana, you had some conveniences but people that didn't have running water, didn't have electricity, and so maybe that's the time we're going into.

**Chris Comeaux:** 5:52

The other thing that occurred to me this morning I always remember this commercial Cordt.

**Chris Comeaux:** 5:54

You might remember it when some of the early Microsoft laptops and the commercial was you're going to be sitting on the beach and, like you know, we're probably only going to work like one or two hours a day just because we had laptops. Well, I can actually count on one hand, the number of times I worked from the beach with my laptop and what I was doing was actually repurposing some vacation time for work time. It's the opposite, and I know there's some fascinating debates about universal basic income, because artificial intelligence is going to replace so many jobs. I love the futuristic ideation, but there's a big gap between that future and the current reality, and so we're going to be navigating that gap, and so I think it's good to be thinking about it, but we need to be careful over promising, because then people want to dismiss and you can't dismiss, you

really need to be thinking about these things and so, but you also can't go. Oh man, tomorrow we're going to be at like having holograms. There's like two extremes.

**Cordt Kassner:** 6:50

Exactly Well, and that's why I think that roadmap is such an interesting concept, because it identifies the opportunities and then helps us prioritize them and put them on a timeline. You know, today, reliable internet right. Tomorrow, everybody has email. The next day, hologram right. But at least there's a strategy.

**Chris Comeaux:** 7:11

Yeah, that's well said, you know, you actually remind me. So we one of the things we do with many of our members is we have every year a roadmap. We have a name for it. It's kind of like a care plan for the organization. We have only added one thing to our roadmap that was not on the beginning of the year, which is a strategy and workforce committee around actually artificial intelligence. So that does say something. That is one of the few that we've added that wasn't on in the beginning of the year because, like, this is urgent and so then we're baking out our strategy amidst that and then also doing a lot of stuff for our members. Like one of the urgent things was, hey, we need to have some policies on what our staff can do around this. So, we worked really quickly and we just got that policy set out for our members.

**Cordt Kassner:** 7:55

You know, this conversation is a perfect segue into the third article I wanted to talk about. To talk about in the sense that we're thinking about something out of the box in this case hospice and AI and how we can make that relevant to hospice and improve end-of-life care and care for those with serious illness, kind of akin to Disney or IBM, where we're taking expertise in other areas and bringing it into hospice. The final article I wanted to talk about is a new book by Dr Don Taylor at Duke University. The book is titled *Confronting Racism at Duke University 2017 to 24, the Clash of Expression and Protection in an Elite University*.

**Cordt Kassner:** 8:42

Many of you may remember Don's landmark research in the 2000s, which demonstrated how hospice can save Medicare \$2,300 per patient at the end of life.

**Cordt Kassner:** 8:53

I've had the privilege of collaborating with Don for several years and appreciate his thoughtful and principled approach, whether that's to healthcare policy, leadership or family life. He has gone on and assumed remarkable leadership positions at Duke beyond the School of Public Policy where we were working together, and a quote from this book

struck me I would trade all the diversity, equity and inclusion training for an honest conversation about our past and shared future as we continue to pursue the beautiful American idea of equality as espoused in the Declaration of Independence. It invites the question what would it look like to bring that kind of honest conversation into hospice, whether that's with our patients or with our staff? And again, a little bit out of the box from our typical articles, but it really got me thinking about new ways, different ideas of honesty and communication and leadership that we were able to pull from Dr Taylor. So, he continues to be an influential source, certainly in my life but I think across hospice as well.

**Chris Comeaux:** 10:13

Yeah, I still remember the first time I met Don he had actually come to a at the time it was a National Hospice Work Group meeting and he presented that study and he needed a ride to the airport, so I actually drove him to the airport and then of course we got a blast to work together. Dr Janet Bull worked closely with Amy Abernathy, who Don worked very closely with at Duke, and we were the CMMI grant to approve powder cure for the country and Don's team did a lot of the propensity score matching and things like that and so definitely been privileged and honored to work with him over the years and he's always a thought leader and so love that he's kind of pushing the thought in these things.

**Cordt Kassner:** 10:50

Absolutely. How about you? What stories stood out for you?

**Chris Comeaux:** 10:53

Yeah. So here's a few, and so in the second part we'll go back to how we normally do it, where we'll do the quantitative and then I do the top. So, from my categories of the top, the ones I wanted to point out come from the two categories of the human factor and then Chris's kind of highlight category. And so, under the human factor, you guys have just by the way, I feel like you're upping your game and finding articles in that area and so or it might just be the reticular activating system, RAS. Have you ever heard that? Because you're looking for it, you start to find it? But here was one the overlooked leadership skill. This overlooked leadership skill will help you build trust, influence your teams and thrive under pressure. And here's how to develop it. So, this was an entrepreneur.com Develop a clear and purpose-driven communication, master your body language, managing emotions under pressure.

**Chris Comeaux:** 11:49

And it feels like those last two muscles are starting to atrophy. I remember just becoming keen to where do people sit at the table and how do they conduct themselves in the room, like all of those parts of communication that are sometimes even more impactful

than what you're actually saying. And now that we're back to two-dimensional Zoom, which is interesting. We bumped into the holograms.

**Chris Comeaux:** 12:11

I think there's some things that are getting atrophied, like your body language and managing your emotions, and then just clear and concise communication. It's like, because it's two-dimensional, you get sloppy, like you can even tell by how people dress. Sometimes. Dr Thayer used to challenge us all the time, like during our capstone for our master's in leadership how are you going to dress for the part? I hadn't even thought about how I was going to dress for that presentation, but he was teaching us a lesson. It's like how you dress for the part determines how you play the part. Well, those are great leadership lessons, but yet people are so laissez-faire sometimes because of this kind of virtual way that we interact with each other, that those things are becoming atrophied. So, I love that article and that you guys actually cited it.

**Jeff Haffner / Dragonfly Health Ad:** 12:55

Thank you to our TCNtalk sponsor, Dragonfly Health. Dragonfly Health is also the title sponsor for Leadership Immersion Courses. Dragonfly Health is a leading care-at-home data technology and service platform with a 20-year history. Dragonfly Health uses advanced technology and robust analytics to manage durable medical equipment and pharmaceutical services as part of a single, efficient solution for caregivers, patients, and their families. The company serves millions of patients annually across all 50 states. Thank you, Dragonfly Health, for all the great work that you do.

**Chris Comeaux:** 13:39

So, here's another one to the brink and back how near-death experiences can change how people work. And so, although near-death experiences have been studied since the 70s, we know relatively little about how they affect people after the event. And then it goes on to talk about. We have found that challenges. It found challenging conventional ideas about success, motivation and workplace culture. So, the people have had, in NDE's concept of doing meaningful work, rethinking motivation, relational transformations and lessons for the rest of us. I love this. We actually did a podcast last year with John Burke and he wrote two books Imagine Heaven and then Imagine the God of Heaven, and it's all well-researched in the E's and so the fact that you pointed that out I thought that was pretty cool. I did not think about the application, about how people are bringing such a life-changing experience, obviously from going to the other side and coming back, and then how they're even changing the workplace. So, I thought that was a really cool one.

**Cordt Kassner:** 14:43

You know it's interesting that you picked these two articles to start with it. It reminds me of the humility that's required in leadership, in listening and connecting with others. I wonder, if you have any, if you could talk more about that, your own thoughts around that, or perhaps share? Share some personal examples of how this has worked well for you or perhaps share some personal examples of how this has worked well for you.

**Chris Comeaux:** 15:02

Well, it's interesting. Kit Anderson gave me the book *Imagine Heaven*. It was waiting for me at home when I got back from a conference. I was so gracious of him, but I had a sense, do not read it now. And so, I saved it for my first ever sabbatical in my life, which was last summer, and it was a great time, because I was in a different mental space, to receive it.

**Chris Comeaux:** 15:22

So not only did I read the book, because it is an amazing book, but if you believe what it says and these people have very credible stories, I mean, one of them was a woman that died on the table and she lifted out of the room and she saw a sticker on the upside of the ceiling fan has this amazing experience on the other side comes back, starts telling the nurse about it and she's like that's crazy, you're hallucinating. She goes no, I can prove it to you. There's a red sticker on the top of that ceiling fan. And how the hell would she know that? Right? And so, the nurse got up on a ladder and she's like okay, this has got huge credibility. And there's a story after story after story that even the greatest skeptic would have to go. There's something to this and just the incredible stories, and I'm a person of faith. A lot of what they describe is actually described in the book of faith, so I believe it.

**Chris Comeaux:** 16:09

But then you're stuck with the question of well then, what about now? What's the point of this? Because I'm not on the other side now. So, if you know where you're going, doesn't it frame where you're at now? And if where you're going doesn't it frame where you're at now? And if where you're going does impact, or what you're doing does eventually impact where you're going, like some of it is like oh, this is a dress rehearsal, like even the work we do in our gifts continue in a different way, as some of the things that came out of that book.

**Chris Comeaux:** 16:34

So all that to say, cord, I came to three conclusions. Actually, I came to two. The third actually came to me when I was up your way at a conference in Colorado. What's the point of this life? Love others, love God. The third one I missed, which I actually picked up literally on this five-week slog that I just finished, was you're supposed to love yourself

too, because you can't really love others and it's really hard for you to love a higher power if you don't love yourself. So those are the three conclusions, and that should frame everything else that we do in our lives.

**Cordt Kassner:** 17:06

There's your meta-analysis, there's your third book.

**Chris Comeaux:** 17:11

That's really good, all right. Well, next one, and kudos to you guys for pointing this one out, because this is one frankly, I'm still wrestling with. But the title of it, because this is one frankly, I'm still wrestling with. But the title of it was actually in WKMG Dementia Patient Discharge from Hospice over Medicare Requirement and here's why it happened. And of course we all know, right, the audit scrutiny that we're getting, and then we have to discharge the patient and the families like what's the deal? And so just that quandary and maybe this is a future show Cordt.

**Chris Comeaux:** 17:47

But what is the right model for dementia in Alzheimer's patients? And so, we've taken this beautiful model. Originally it was much more centered towards cancer patients, and here we are 40 years later and now dementia is one of the fastest growing disease categories. This will be the top and I think it's the next 15 to 20 years. And so, what is the right model? And you know, the guide model is kind of early, it's early in its inception, with CMMI kind of getting a further upstream model. But still, you know we have FAST-7 scales and things like that now and I just think this is still a problem to be solved. What is the right titration of support and the right model for Alzheimer's patients. So I don't know if you have any comments on this one but really wanted to give you guys props for citing that one.

**Cordt Kassner:** 18:31

You know, with the growth of the memory care units and the prevalence of dementia and how much that's impacting not only the individual's life, the patient's life, but families, friends, caregivers, the healthcare system to develop these units, how a hospice gets integrated into that setting. It's growing so fast. I'm not sure we've figured out what a best practice is. I've certainly seen different hospices around the country, including the one featured in this article, that do a great job with dementia care, with hospice patients. But there are challenges we haven't figured out yet and I think that's on the short-term horizon, like the next couple of years. I am hoping we get a much better handle on that than where we're at today.

**Chris Comeaux:** 19:23

Yeah, agreed. You know there are two statements that kind of stick like a brain tattoo for me. One was Joan Teno, that it is a death by inches, and it is that by inches that makes it difficult to fit into the boxes that we currently have. I do think hospice and palliative care are incredibly impactful and then in our NORC study tended to say that even with the long lengths of stay you're still saving money. But over the course of time, when you look at those long lengths of stay, if the total cost of care is going to be looked at, is there not a different titration of hospice, palliative care or maybe a little bit more looser way where those lines are? It's obviously something that for further discussion and it will be interesting to see some of the data that comes out of the guide model, which maybe is an interesting segue. The price of value-based care. This was in McKnight's, and I love what they said.

**Chris Comeaux:** 20:15

The term value-based care is tossed around like a political football amongst healthcare policymakers and then they go on to talk about you know it is interesting like value-based care and then zone out been there, got the t-shirt I actually have a equation on my actual in my office, basically about basically service plus quality, divided by cost equals basically value, and which that's any business, right? If you're going to go to an automobile dealer and you're going to get your car worked on, you want good service, you want a good quality, you want it at a good price. But yet that's profound in healthcare, like value-based care. That's a big deal. And here's an interesting thing and we don't have to chase this rabbit too far I found an article that was actually by Tom Hoyer around the thought process behind hospice when it originally became a benefit.

**Chris Comeaux:** 21:08

I think we were the OG, I think we were the original value-based care model within healthcare, because a lot of their thought process around it did have a lot of debate around the actual cost and the quality. But here we are right. Do we really know what is the measure of quality all these many years? I think the challenge is because you're looking for good life, completion, so what's a good life and what does a good death look like and those two things together, and what were these last months and years potentially like? And what's the measure of that, of it being good? And we go gosh, that's really hard. So, then we go. Well, how many visits did they get during the last week, and I get it, we're trying to dissect it and try to get down to something less. But I do think there's good wisdom that we really were one of the first value-based care models. We were right around the time when DRGs were coming to fruition and they said, hey, we're just going to pay you this per diem and you're going to have to manage the care and hopefully you're going to keep them out of the rest of the system, the rest of the healthcare system, because they elect the part A and they're foregoing the rest of the actual benefits. And I feel like we've lost some of that original wisdom and like, well, in fact I'm going to cite one

at the end kind of irritated me a little bit and I grew up in that world but there was an Accenture consultant talking about is hospice needs to go into the value-based care? I worked in that world, I get it, I know there's a lot of policy wonks, but I've been by the bedside with hospice patients, and I think he would benefit from actually going out on some visits. I'll just leave it at that.

**Chris Comeaux:** 22:37

I didn't exactly like that article. I guess I like the provocative questions. I'll cover that when we get a little bit later. So, I wanted to cite that one. So, the next one here skills that CEOs are building in 2025. I thought that was actually really good.

**Chris Comeaux:** 22:54

And so, hospital and healthcare system CEOs are building new leadership skills check out the ones that are listed: Leading with storytelling and collaboration, building cohesion, accountability and I hate the fact they call it soft skills. Quint Studer calls them essential skills and then, from outward facing to leadership, we did an incredible podcast with Daniel Pink. I feel like what these CEOs are talking about is exactly what Daniel Pink was talking about in our podcast with him, which came from his book A Whole New Mind, and then a couple of my kind of last Chris category private equity in healthcare. And so, he said one-way private equity differs from other for-profit investments is by aiming to maximize profitability and here's to me the punchline while minimizing long-term care holdings and such investments.

**Chris Comeaux:** 23:43

That article to me, which was an AMA, just encapsulates why private equity shouldn't go into healthcare. Healthcare is not transactional, at least not in the world that we live in. The whole concept of population health is really taking more of a long-term view, and so private equity, by nature, is looking for quick returns and they want the ability not to be in it for the long-term. Well, to me that's just a mismatch. And so private equity coming into broad healthcare, and of course we did a podcast last year. Laura Katz Olson wrote a great book on ethically challenged, on the misfits, and not just within, like our part of healthcare, but there are other aspects like autism, behavioral rehab facilities, air ambulance, et cetera. Unfortunately, private equity tries to treat those businesses like a vending machine, which is antithetical to being in and trying to help people over the long term.

**Cordt Kassner:** 24:42

I really wrestle with this. To be honest, I think, historically I would agree with every point you've said. Today I'm being challenged around some of this and it's in part due to some NIH grants that I'm part of a group working on that's looking at private equity, ownership

and hospice, and this entire issue of the AMA Journal of Ethics focuses on private equity and healthcare and I think there's a common perception, as you've articulated, that private equity and healthcare is a negative thing. For example, and this is part of my pushback or my wrestling with this last Saturday in our research issue we ran an article about the impact of private equity and home health and the author's conclusion stated while integration has the potential to modestly improve home health process efficiency, there's very little benefit to patients. Yeah, and I reflected on that, and I thought but couldn't one argue increased efficiency without a decrease in quality of patient care? And that's a good thing, isn't it? But I think we have some biases in this, that we're trying to figure out the dynamics. What do you think? Am I wrong?

**Chris Comeaux:** 26:07

Yeah, actually, boy, I'd love for you to go back and listen to that podcast with Laura Katz Olson, because we talked about that.

**Cordt Kassner:** 26:13

I did?

**Chris Comeaux:** 26:13

We played like take the devil's advocate, take the side of. Why do they think that private equity and that's the number one argument is that they massively deploy efficiency through technology and solutions, and it's almost kind of connotated than you little you who nonprofits are not. And so great theory. I've not exactly seen that reality. And you and I boy talk about a rabbit trail, right, the current state of our EMRs, et cetera. Absolutely, we need to go there Now. This is where I would probably contradict myself. Private equity and direct care people not so good.

**Chris Comeaux:** 26:49

Private equity backing the technology solutions, like the things that are ancillary, the DME companies, maybe the drug companies I think there's a better place for the deployment of capital, for profit incentives, to accelerate those ancillary services. But when you get down by the bedside because of the long-term view and long-term need, I think that's where things start to go awry a little bit. And I know there's a lot of good argument of like what's the futuristic stuff? That typically the idea is capital is deployed and that deployed capital you figure something out and then you bring something to market that makes the world a better place. That's the premise. But it is interesting once you start looking at a lot of and not all private equity is bad, but unfortunately maybe those worst examples they treat those businesses like a vending machine. And of course, my kind of landing the plane comment was maybe it's not private equity, maybe it's just a particular approach of most of the people today. And most of the people today is you got to get the return, so

we're going to make short-term decisions I mean, there were movies made about that, like Wall Street and some of the things like that to go, hey, if you're not trying to make a business better, are you really in it for the right reasons?

**Chris Comeaux:** 28:01

And I would say that about hospice, home health, a private equity company, whatever, and that's what I kind of came to the conclusion in that podcast is if you're not in the business to make it better, then that's not good, all right.

**Chris Comeaux:** 28:13

And then the next article just I want to point out, Cordt is so a New York bill aims to ban new for-profit hospices amid fraud concerns, and so kudos to our friend Jeanne Chirico and the association there. So to try and make a quick turnaround of profit, either through falsifying eligibility records, by fraudulently submitting records for individuals who never even knew they were on hospice, in other words, they pushed to pass that bill to be able to not allow for-profits any additional for-profit hospices in New York, and they got it through and so, considering you'll get the fraud in Arizona and California and so I thought that was kind of a cool canary in the coal mine that they actually got that across the finish line. So, kudos to them, and I think you and I commented on a couple of months ago. So that's pretty much all, and so you want to go back to talk about, maybe the stats and then I'll talk about my categories.

**Cordt Kassner:** 29:09

Sure, absolutely Analyzing the click-through rates for hospice and palliative care, today's May news stories. We published 396 articles that collectively received 124,000 clicks or reads. Notably, 26 of these stories surpassed 1,000 clicks and as I look back at previous months, I'd say this is about typical ratings, typical activity. The last few months in a row, each month the stats were a little bit higher than the prior month. This one all came in about the same. So if we take a closer look at the key trends the top five performing stories. The most read story was an article from CMS releasing the HOPE Guidance Manual and tables which simply underscore the importance of the HO Quality Assessment Tool starting October 1 this year I trust listeners are already preparing for it which is supported by over 8,500 clicks on this story.

**Cordt Kassner:** 30:09

The second is a compilation of stories we did on hospice AI. We talked about that in the first portion of the podcast. I'll summarize it really by encouraging hospices to understand the opportunities AI present in hospice care. This compilation received nearly 5,000 reads. The third most read article was Best Places to Work in Healthcare 2025. This is a ranking

put out by Modern Healthcare finding the best places to work in healthcare. It included several Teleios members as well as other hospices. Congratulations.

**Chris Comeaux:** 30:46

Yeah, we were super proud of our members. We had seven, including TCN on the list, which was great.

**Cordt Kassner:** 30:50

That's fantastic. The fourth most read article Dying Beautifully in the Rio Grande Valley. This was celebrating Nurses Week in May. This article discussed embedding palliative care into nursing school curriculum at the University of Texas in the Rio Grande Valley. And the fifth most read article this month was Empath Health's new One Hospice Model a Blueprint for Scalable Growth. This was a hospice news article and reviewed Empath Health's new One Hospice model. The model is structured to provide more direct referral and community access to Empath Health's overall network of services and their entire continuum of care in Florida Real.

**Cordt Kassner:** 31:35

Briefly, I'd like to mention five other stories that received fewer clicks but still got my attention, and I just wanted to call them out. The first, Dr John Mulder's obituary, was a story that we ran Just a phenomenal, well-respected leader in our field in Michigan, and it's important to honor our own, and so we want to put those nuggets out there. Another one was I held my wife's hand as she died. It was the most powerful or the most painful moment in my life, but also the greatest gift. This is a heartwarming story emphasizing the importance of our work really getting into your mission moments.

**Cordt Kassner:** 32:14

Category of articles. Another one successful strategies for operationalizing goals of care documentation. This is an article that was recently published by Ira Byock and his colleagues at the Providence Health System where they increased goals of care documentation in the ICU from 7% to 85%. Wow, that was incredible. Another one Navien Hospice, formerly Hospice Hawaii, receives \$400,000 grants to expand its palliative care program and at first, I thought you know well, that's nice. Like those were the good old days. We used to hear about those stories a lot, and the more I thought about it, the more I actually kept thinking about how refreshing it is that hospices are getting grants like this funded again, because there was a period of the last few years where all that grant funding went elsewhere.

**Cordt Kassner:** 33:10

My last one to comment on 50 top hospice providers report available now. This is a story in hospice news and with all transparency and conflict of interest, if I take off my Hospice and Palliative Care News today or Hospice and Palliative Care Today publisher hat and put on my Hospice Analytics hat. This was a joint project between Hospice Analytics and Hospice News to identify the 50 largest hospice corporate chain hospices, and that was defined by Medicare Revenue. So, this is an ongoing and interesting discussion that highlights how the hospice field has been changing. How about you? What stories caught your eye this month?

**Chris Comeaux:** 33:56

Well, I just want to again thank you guys. You said you published 396 articles, which you and I go through all of those and so how many do you think was at the top of the funnel to get to that 396?

**Cordt Kassner:** 34:09

When we started doing the newsletter I actually went back and counted. When I was doing a newsletter I went through 18,000 clips news stories, newspapers, media sources to get down to these 15. I think in a year and a half we've been doing this, we've refined our methods quite a bit. It's probably more like 5,000 stories that we go through to get these 15. But it's still a comprehensive literature search every day.

**Chris Comeaux:** 34:45

So, I just wanted to ask you that, because just the service to hospice and palliative care leaders, they don't have time to do that and that's exactly why Cordt and Joy do this in service to you to then publish the 15 they publish every day and then 396 over the course of the month. You can click one button in this, at the show notes of this podcast, and see the stats of what your peers throughout the country is reading, and of course then my section is. So, I read all those 396. So, this month I had 59 that I flagged Every month. I have my kind of stratification. It's now consistent. You can click one button, and you can see what I'm about. Ready to go through. I'm just going to hit the highlight. So again, we do this in service to you, realizing that you know you got a lot on your plate. You're out there making sure hospice patients, families, palliative care patients, families are being seen, the day-to-day challenges, etc. But we live in a very critical time with a lot of stuff going on and so what's coming is exactly in the service of these articles. So, with that at 59 this month, Cordt and so my biggest categories was reimbursement at about 20%. Workforce was actually 17%. And then, where I started the show, the human factor and kind of mind of interest, that was 14 and 12% respectively this month. So, I'm just going to hit some highlights. So, the mission moments category there were five this month. I'm

just going to read the title because they're so cool Dr Drabek's the Comfortologist hits number one bestseller revolutionizing pain management and end of life approaches.

**Chris Comeaux:** 36:16

The Comfortologist I love that framing I had heard before. The Sufferologist, because we always struggle to go. Hospice is not that you're dying tomorrow. What do you people do? We do pain symptoms, we just struggle for the words. So when you start getting a really sticky word like suffragist or comforologist, so just kudos to him. And the fact that it was on New York Times bestseller was just awesome. So just a couple others finding her strength in silence.

**Chris Comeaux:** 36:44

Colorado State, Pueblo student graduates twice carrying her mother's dream. She graduated twice, but one was on her front porch because her mom got to see her, because she was actually a hospice patient. That was beautiful. The quilters on Netflix, and so, Cordt, I'm now keen to this. And so there's a maximum security penitentiary in St Louis and some people in there doing quilting. And so you recently introduced me to Stephen Garner, who was one of the original inmates part of the Angola project, and thank you because we're actually taping our podcast with him coming up very soon. Fantastic. I did not know the quilting part of the story. I knew the general idea of the hospice in Angola, but I did not realize the quilting and so Stephen actually was sharing about that, and then I saw this one actually picked up on Netflix, so that's really cool.

**Cordt Kassner:** 37:34

This was a really interesting story and certainly the quilting and the connection to Angola caught my attention. But that Netflix has put this out obviously different prison in in Missouri and they're going to benefit the oh, what was it? It's not to benefit hospices, to benefit foster children in the surrounding counties. I just thought it was a cool connection and certainly the work Jane Moore and the Missouri Hospice and Palliative Care Association have been doing to implement hospice and corrections has been remarkable. So just one of those things to keep our finger on, the pulse on and figure out how we can encourage that.

**Chris Comeaux:** 38:17

One more I'll put in mission moment category, though I could have put it in demographics. It was in Business Insider and the tagline was I quit my healthcare job to take care of my grandmother. It's a mix of happy and sad moments but ultimately has been life-changing for us. We know as we go forward, the baby boomers are aging, the caregiving challenge and the implications of that on our society, workforce, et cetera. I just thought it was a really great article. So, my next category was reimbursement

challenges. It was a meaty one this month. There were actually 12 articles, just six. I want to highlight real quick. This was interesting. This was in modern healthcare and I think this is a bit of a canary in the coal mine Downside risk, upside payment highlight, new CMS innovation agenda. So that to me was a really big indication maybe, where things are going.

**Cordt Kassner:** 39:07

Yeah, this is talking about a huge shift in directions. It's going to be interesting to see how it unfolds with the role of patients under accountable care arrangements by 2030.

**Chris Comeaux:** 39:19

Yeah, and unfortunately, I feel like a lot of these articles are not solid. This is what's happening. It's like reading the tea leaves. We think this is where things could be going. So that's kind of maybe a theme I could call out, because this next one this was in hospice news Medicaid cuts would adversely impact home and community-based services. In fact, right when we were in the green room, I saw a quick newsflash that came up and they're trying to start to make some inferences of what it can mean for the hospice industry with the big, beautiful bill that's being debated, of what it can mean for the hospice industry with the big beautiful bill that's being debated. Probably, by the time this show is airing next week, it's going to be very much in the meat of where the Senate is with it, so it's going to be really interesting. There's a subcategory in reimbursement that we kind of call Medicare Advantage. I probably need to start calling it value-based care.

**Chris Comeaux:** 40:05

There's a lot of UnitedHealthcare news this month, number one there's a lot of UnitedHealthcare news this month. Number one Optum named a new CEO, so Andrew Witty is the outgoing CEO and so they have a. I'm sorry, I'm talking about UnitedHealthcare. Optum first named Patrick Conway, who we actually know, Patrick. He actually was at Blue Cross, blue Shield of North Carolina. He was the head of CMMI. But Patrick is the new Optum CEO. That was at the very end of April, beginning of May. Second article was UnitedHealthcare Group CEO Andrew Witty stepped down and then who actually stepped in was their chairman of the board. I am forgetting his name. Stephen Hemsley is now the CEO of United and also in the heels of that UnitedHealthcare Group is now under criminal investigation for possible Medicare fraud Cordt. I think that was one of our interesting predictions at the beginning of the year watch United this year and so a lot of challenges going on at United Healthcare and then proposed bill. So, in the big beautiful bill it's actually carving hospice into Medicare Advantage which won't go off on that rabbit trail. But that is not a good idea. There's a lot of good data out of the VBID demonstration where they tried to do that, where they actually did not increase length of stay, did not actually increase referrals. And I think at the end of the day the

insurance companies don't want us carved in because the research, the patients and families did not trust why you, my insurance company, are referring me to hospice. It's hard enough for us to do that work and allowing us to come alongside people and have that tough conversation and ease them into care. It feels abrupt to the patients and families and the way it worked with the insurance companies, so not a good idea.

**Chris Comeaux:** 41:43

Next category is competition to be aware of. There are five articles this month. First one and by the way you did kind of point out when you and I were doing show prep, this is probably the biggest Venn diagram overlap between your articles and mine out of any other month we've ever done. So just wanted to kind of cite that. But your top 50 hospice providers report yeah, kudos to you guys for doing that. We actually cited that in our board meeting. Interestingly, our TCN network would be number 12 in the nation according to size based upon that report. Now I don't agree with the title the top 50 hospices according to revenue. There are other measures like quality and service should determine who the top 50 are. And I know I'm preaching to the choir because you're a hospice locator and the great work that you do there.

**Cordt Kassner:** 42:30

Yeah, it's been interesting, but I love the work that you're doing with Teleios and figuring out. Well, if we grouped all our members together, where would we rank? That's exactly what we want people to be doing and thinking. And you know what about other groups? If we combined all of NPHI? Where would that be? If we combined all the alliance members? Not about the group, but your group, the listeners, your group, your network how does that fit in? And how is this changing dynamic, changing hospice?

**Chris Comeaux:** 43:00

Because it is Darrell Bock, I love that you say that, because our punchline in our board meeting was the beauty of our model. We don't aggregate that balance sheet, because if I aggregated that balance sheet theoretically, I as the CEO then have the ultimate say. Our model is upside down. They have the say over their balance sheet, but we have the collective influence as a high-quality network working on our quality and our service together. And interestingly, I went and looked at a lot of star ratings. We have some of the best star ratings in the country, which to me that means the community is being served well and ultimately shouldn't that be what it's about, because it comes back to the mission. And then I also had cited the Empath One Hospice model, so I thought that was a great kind of framing. And then how Dispatch Health's CEO plans to change the face of in-home care. So, for those of you who don't know, dispatch Health is like an in-home urgent care model. And so, you think about as the baby boomers are aging. In fact, I was actually doing a podcast with Katy Lanz two years ago and my wife was texting me in the

middle of that podcast and her dad was actually having TIA, and that would have been a perfect example where he had a few gosh. Do we want to take him to the ER? And then just all the experience of that. But if you had it you could call a number and they would bring the urgent care to your home. So, you see why dispatch health is a very interesting innovation I think that we need to keep our eye on. And then just one more, which was continuing to watch this the Department of Justice reportedly rejects a Medicis divestiture plan as part of the UnitedHealthcare group. So, there's kind of an interesting standoff there. The divestiture plan was to go through the concerns and then theoretically then the Medicis merger and the LHC under United would move forward. So still, that's a to-be-determined thing.

**Chris Comeaux:** 44:51

So next category, workforce challenges. We had 10 this month. So, and kudos again for you and Joy, because I think you're addressing a lot of great articles. There's just a few I want to cite Again. You could click the link, and you can see a direct link to all of these articles, so I'm going to hit just the title. Roughly 40% of nurses plan to leave the profession within five years, based upon a survey that was in McKnight.

**Chris Comeaux:** 45:15

There was one that was in Becker's the state of the nursing workforce 14 trends that you need to know. That was a really good article. Patients just got violent. Louisville healthcare workers describe attacks on the job, calling it a crisis. Unfortunately, I cited this one Cordt because it happened in our family. My future daughter-in-law got attacked in an ER and so luckily, she's okay, but it just feels like it's happening more, which then gets to the next one. There was a CHAP article creating a workplace violent safety committee. So, we have enough challenges in healthcare if our workers don't feel safe and so us addressing that, I feel like, is a big priority going forward.

**Chris Comeaux:** 45:55

And then the one that you gave shout out to Best Places to Work in Healthcare. We're so proud of our TCN members. Over half of the list were folks within of the list of people in hospice work within the TCN network, which we're super proud of our members. That's a lot of hard work and our TCN organization was on that list as well. Next category is patient, family and demographic trends, and so we just had four this month.

**Chris Comeaux:** 46:21

Only two I want to point out today. New study uncovers significant variations in life expectancy across the US, and I think Mark Cohen was maybe an early person co-ordinator just starting to point out the challenges in rural America and healthcare, like pharmacy deserts and a lot of critical access hospitals on the brink. Now this is actually

starting to bifurcate in the actual life expectancy. So, I thought that was important. Now this almost feels like both sides of our mouth.

**Chris Comeaux:** 46:49

Next article in the Guardian you might live to be 100. Are you ready? And some very practical challenges if you live to 100. So that's, I wanted to call that one out. Regulatory and political. There were only two, although you could say some of my reimbursement categories they probably were could have gone in either one, but two articles this month HHS, oig, greater oversight needed among new hospices, so them really being more keen to the fraud. And then this was in McKnight's be ready for the updated special focus program. Hospice experts say, yeah, like what we needed was one more audit, although I get because of the fraud. That's why they're ratcheting it up.

**Cordt Kassner:** 47:28

Yeah, it's not going away. It's not going away; it's not going away.

**Chris Comeaux:** 47:31

Next category technology and innovations. There were three articles this month, just two. I want to cite the hospice AI one that Cordt already pointed out. That was a great compilation. I'm surprised that maybe I'm a bit of a geek, but I am almost feels like almost evening going down rabbit trails of like. The other night I was watching all these incredible YouTubes about robotics, because the confluence of AI and robotics is going to be a huge frontier, and so I'm still surprised. The number of hospice leaders are like, eh, that will never come to us. Now we're going to see lots of interesting applications, and so kudos for you guys for getting doing that compilation.

**Cordt Kassner:** 48:07

I think there will be an interesting opportunity. Who's going to be the first hospice integrating this kind of technology and get out on the speaking circuit and telling people about it? How did robots delivering meds in your IPU actually work, or whatever?

**Chris Comeaux:** 48:26

right, but we're going to be seeing those leaders doing this soon ever right, but we're going to be seeing those leaders doing this soon. Yep, this is really interesting because this should blow your mind. I love the ones that are kind of like push our thinking, because I think then it kind of moves that Overton window to the fact that we need to be thinking about it. So, AI tool uses face photos to estimate biological age and here's the punchline and predict cancer outcomes. That got a lot of play on Rogan and a lot of other nationally known podcasts and you're like really, yeah, Actually, through a picture there's some really interesting assessment that it can do. So again, if that freaks you out,

hopefully it freaks you out not to paralyze you freak you out to get more curious about a certain thing, about how to bring that into our space. And then I think that's it actually, Cordt, because all the others so the next was like the speed of change and the human factor and basically the ones that I highlighted. So really interesting month this month at about 59 articles.

**Cordt Kassner:** 49:27

Fantastic. Yeah, there was a lot of coverage this month.

**Chris Comeaux:** 49:34

Alright, well, the last thing I think I'm up this month for the master class, and so kudos for you for tweaking me going. Hey, it's your turn. And so we've been thinking about something you and I have been looking. You're on one of our focus group where we look at a lot of the stats for the podcast, and we do live at a time because of social media. Remember, we used to lay met like sitting there and just clicking the clicker on our TV. Well, now we do that on our smartphone. We're just scrolling through multiple social media and a fortunate byproduct of that is our attention spans are getting shorter and shorter and shorter. So, we're going to launch something. So, in our Anatomy of Leadership podcast incredible idea that happened a couple years ago we append at the end of our podcast these brain bookmarks.

**Chris Comeaux:** 50:14

Angie Barker, who actually works for Ancora incredible TCN member, Modern Healthcare, best places to work. Angie's on the team. She's a phenomenal person. When she was going through Tally Ash University, I identified a superpower as part of her capstone. She had the most incredible visuals and quotes, and so I went to Angie and said, hey, would you partner with us in our Anatomy of Leadership podcast, and so therein was born the Brain Bookmark. Now Angie doesn't do anything halfway, so every show she gives, Jeff and I like 10 Brain Bookmarks, so we're only choosing one for that show. So now we've amassed this incredible library and Cord. If you ever come to our headquarters in North Carolina, when you walk in, we have a huge big screen TV and it is literally just cycling these Brain Bookmarks.

**Chris Comeaux:** 51:00

That's fantastic, and you literally could stand there and like, in 10 seconds, just walk away with a leadership lesson, which is just cool, because, again, you think about how short our attention span is. So, today's masterclass is going to be my first brain bookmark that we're now going to start launching on a weekly basis. Just a Brain Bookmark where we're just going to do real quick, kind of one minute. So, this week's brain bookmark and I chose it because of you, Cordt, it actually is Dave Levy, who is I met Dave because of you, and so

this is the Brain Bookmark it says it doesn't work if we simply use the golden rule. It's about treating everyone the way they want to be treated, and you have to do some work to see what that looks like. And so, I ran into something. So, some people have called that the platinum rule, but they almost want to say well, the golden rule is wrong, you need the platinum rule.

**Chris Comeaux:** 51:49

I came across this there is a misinterpretation or a mistranslation of the original golden rule. The more accurate translation is don't do harm to another human by what you do or say. So, in other words, we have to see the world through someone else's eyes. In fact, in that, one of the horrible outcomes of social media is we've kind of created this, like the percentage of narcissism today, because I've got to look good on social media or whatever. Other-centered is a much better way to live the world. So don't do harm to another human by what you do or say.

**Chris Comeaux:** 52:24

This to me is what Dave is saying, and I think it's and there we have it, all right. today's masterclass and today's Brain Bookmark. And then, as we always do, Cordt, we just want to thank you, thank you for the work that you enjoy, do, and of course, we always do leave with a quote. So, I picked this one from your hospice and powder care today. So today's quote is "Not everything that can be counted counts, not everything that counts can be counted, and that's by William Bruce Cameron. Thanks for listening to TCNtalks.