# Transcript

**Top News Stories of the Month, July 2024**

00:02 - Melody King (Announcement)

Welcome to TCN Talks. 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 Como.

00:25 - Chris Comeaux (Host)

Hello and welcome to TCN Talks. This is my favorite time of the month. I was thinking, ark, it's also my most challenging time of the month, not because I'm with you, that's the favorite part, but this is a lot of work and I think it just gets to the heart of why you and I do this. I mean to go through this many articles and again I've always just astounded by doing it, the way you do it, and then the way I do it, in those two different perspectives. And so just for show prep this month, I was just kind of stepping back and reflecting it's a really it's a lot of hard work but it's a really cool process and I hope our listeners continue to appreciate just the gift it is to them and I hope they, man, pay it forward to a lot of people. So with that, you want to take it away.

01:05 - Mark Cohen (Guest)

Sure you bet. Thank you, Chris, always happy to be back to talk about news coverage of hospice and I hope, with my monthly masterclass in public relations and marketing this month, I hope to shake up a few preconceived notions that some people in the hospice world may have. So let's jump into the top news stories of the month. Once again, we're relying on data provided by publisher Court Kastner and editor Joy Berger at Hospice and Palliative Care Today, the successor to my newsletter that I published for about 13 years, hospice News Today. They provide a list of the most clicked on articles from last month. So, as always, thank you Court and thank you Joy. There were 13 articles in the newsletter that garnered between 1,331 clicks. In July, the 14th most viewed article had 800 clicks. So we'll run down the most popular baker's dozen. The number one article for the month was headlined NAHC-NHPCO Alliance Comments on Hospice Care Act, which was published in NAHC's in-house magazine Home Care. The rest of the top 13 included number two clinician and patient-directed communication strategies for patients with cancer at high mortality risk from JAMA Open Network. Number three when you know you might forget everything living with the Alzheimer's gene from the intelligence or a

newsletter. Number four grief care efforts should include settings outside of hospice provider groups, say, which was published in McKnight Senior Living. Number five Emory receives $5 million grant to improve geriatric care and education, which was from an Emory University news release. Number six six guidelines from ASCO on artificial intelligence and cancer care from Becker's Hospital Review.

03:11

Seventh place 25 Years of Compassion and Impact, which was a news release from our friends at Global Partners in Care and the Center for Hospice Care in Mishawaka, indiana. An eighth position was a report on certificate of need approvals and denials in the state of Florida, as reported in the newsletter Florida Politics. Number nine green burials grow in popularity as alternatives to traditional funerals. From the newsletter Planet Detroit. Number 10, understanding the certificate of need, which was a basic primer published on the CHAP website. Number 11, end-of-life care is a profound and essential aspect of medical practice. From an investor tip sheet called marketusmedia. Number 12, ctac says CMS's palliative definition in 2025 proposed hospice rule misaligned problematic, which was published in the trade publication Hospice News.

04:14

And the last of the Baker's Dozen these are the most common jobs in each state in the US. From USA Today. So I ran through those quickly this month, Chris. Essay today so I ran through those quickly this month, chris, because as interesting and varied as this month's Baker's Dozen and most clicked upon articles are, what I found more interesting this month were groups of stories that highlighted either trends we've discussed in the past or reflect longstanding messaging conflicts among hospice providers.

04:44

A most obvious topic is the travails of for-profit health care, specifically hospitals and health systems as opposed to hospice. Texas-based Stewart Healthcare has been grabbing the largest share of these headlines, as it has for months now, as it slowly implodes. As I noted in previous podcasts, stewart was originally hailed in the trade press as the next great thing in for-profit hospitals. Led by a physician executive from South Florida who'd been CEO of a large HCA hospital there, stewart got its start by gobbling up six failing hospitals in Massachusetts, a state like all of New England and New York that is notoriously unfriendly and unreceptive to for-profit

health care. Steward has grown to 33 hospitals in eight states and proudly boasts on its website that it is a quote different kind of health care company, unquote.

05:43

At one time it was owned by the private equity firm that also owned Chrysler, Dodge, Jeep, which is obviously a logical combination, wouldn't you say? They struck a much ballyhoo deal to sell the real estate underlying those hospitals to a real estate investment trust, delivering a huge dividend to their investors. And then the system they cobbled together slowly began to implode Bankruptcy filings, failed attempts to sell individual hospitals, threats of hospital closures. Their actions have caused state and federal politicians to start digging into their profit-making schemes, like selling all their real estate. But also this past month, community health systems continued its efforts to sell off its hospitals. State officials in Pennsylvania admirably rejected an initial extortion attempt from failing prospect medical holdings for hundreds of millions of dollars in subsidies to agree to sell rather than outright close its suburban Philadelphia hospitals.

06:53

And in your home market of Western North Carolina, chris, community activists have now stepped forward and have called for HCA to walk away from its troubled ownership of former not-for-profit system, mission Health, headquartered in Asheville. It's simply not a good look for for-profit hospitals and health systems For you, chris, as a CEO. I'd like to ask do you see any of these ills among for-profit hospitals bleeding into the hospice sector, perhaps causing some prospective sellers to reconsider their plans? Or in communities where for-profit hospices already dominate, do we see interested parties like those in Asheville that are taking on Mission Health in HCA? Do we see interested parties taking a closer look at the providers that are now delivering end-of-life care in their hometowns. What are your thoughts?

07:53 - Chris Comeaux (Host)

Wow, there's a lot there. Let me just kind of tease a couple things out because I've been doing a lot of research, mark, on private equity and its role in healthcare. In fact, in early September we've got a podcast coming out. I was on sabbatical and I read so many incredible books and this was one of my favorite ones those just listening can't see. It's a book called Ethically Challenged, by a woman named Laura Katz Olson. She's actually a professor of political science at Lehigh University. The first three chapters she did this amazing research and just laid out the

playbook of private equity. The first three chapters she did this amazing research and just laid out the playbook of private equity. And so I've got I've got like two minds, I guess I should say.

08:30

On one hand, you know the capitalist system, with with everyone trying to do the right thing, theoretically should work, but yet you see what private equity is doing and coming in health care and this is the way I sorted out mark and it's going to get to your question. I don't care if you're selling yogurt or lemonade stand or healthcare if you're not in the business to provide a better quality product with incredible service and some element of timeliness we have. We have very low patients for things that we want. That's why we press the click button and purchase something from Amazon. So the and actually I have this on my wall now in my office Mark. So service quality, timeliness divided by the cost equals value. That's the equation. And if you actually sort through all of this craziness, I think that, first off, I don't think a lot of these private equity firms not every private equity and we have a cool quote at the end is evil. There is an aspect that you need capital to accelerate models, but those that are in the business to create a vending machine and just flip and create a dollar. If you look through many of these situations and again this book, she actually catalogs multiple industries. Like you and I obviously were very passionate about healthcare, I had no clue Air ambulance, dentistry, autism, schools, substance abuse, clinics, they are going into many of these and they're ruining the industry, the sector, because they're not about really making it better, they're literally about. It's almost like I love. I've tried to watch TV with my kids and always extrapolate leadership lessons. Years ago there was this Disney movie called A Bug's Life and these evil grasshoppers just come and they kind of devour and take all the stuff and fly off. That kind of feels like those private equity, that that's what they're about. So, um, and it is interesting work.

10:26

Your question like do I see the bleeding over? Obviously I live in the western north carolina region and you see a horrible example of for-profit hca. Never thought I'd see unionization and what's generally a fairly, you know, very conservative kind of area. You got unionization because that the staff felt like that was their only option. Now the interesting thing though, because I considered your question about like the bleed over, I think there are a lot of good people in healthcare and they're probably great people in HCA at the staff level that are just in a bad system. But what I'm seeing is a lot of other people rising to the occasion. Like, for instance, there's another two hospitals in the region and they're rising to the occasion, stepping in the gap. Now there's also kind of a concern in that, because the HCA system is the only level one

trauma center. I actually, mark you probably remember I broke my neck in a horrible bicycle accident and I went there for trauma care, and that was all before the HCA. So there's some level. In fact, one of the other local hospital CEOs said, the further that mission goes down, it is bad for everybody. So there is systemic implications. I do see people stepping up into the gap. You know home health and incredible, you know Four Seasons Hospice in the service area stepping up as people leave that hospital. So it creates more people in the market that are high profile.

11:52

And then this one's kind of hitting close to home, to mark my son as a young lady, and they're getting very serious and so they're talking about maybe, maybe would she like to move to West North Carolina. Well, guess what? She's an ER nurse and she wants to be a flight nurse, and so who's the most logical place that you want to go to work? And do you know, her first reaction is oh, that's an HCA hospital. And so because of what she's seen in other markets. So it's complicated.

12:18

Again I say I have multiple minds Bringing capital into a situation to say, okay, we have this resource that we then invest to do something good with. That's a principle. Now, on the nonprofit side, we use donated funds and grants and things like that. But in the capital market theoretically not theoretically they have a lot more of those resources, but then what they do with it is really what the core issue is and when you have to pay a stakeholder.

12:45

And there was one more thing I was thinking when you're asking the question. That's another element when you have to pay a stakeholder on what I would say is a broken is probably too strong of a word, but the hospital model needs to change, like the old days of just more heads in beds I mean, we've been saying that for years now. But with value-based care, that game is changing rapidly. So just trying to swoop in and private equity sucking out all the wonderful nectar on an already broken model? Whenever we had Laura Katz Olson on the podcast, she said my prediction is watch the bankruptcies. So I wonder if Stewart is kind of the canary in the coal mine. So it'd be really interesting, mark.

13:27 - Mark Cohen (Guest)

Yeah, it could be. You know, your comment from that other hospital CEO about the danger of the one level of one trauma center in Western North Carolina going down or being crippled or further denuded brings to mind something from my earliest days in healthcare. My first job was as spokesperson at Jackson Memorial Hospital in Miami public hospital. At the time I was their second busiest, second largest hospital in the United States and we were a member of a group that was then called the National Association of Public Hospitals. Today it's called America's Safety Net Hospitals and the NAPH published a report probably about 1992 or 1993. And and it said if you just took the 10 largest public hospitals out of the system, just eliminate them totally, the loss of things like trauma, burn, neonatal ICU transplant would bring down the entire 5,000 hospital sector in the United States. And they, you know it's an academic study and the you know bit of a leap of faith in it maybe, but not totally. And it was. It was a compelling argument because at the time not-for-profit hospitals were advocating a policy called dollars follow the patient, where the limited Medicaid money would go to whoever cared for the first Medicaid patients in the door at the beginning of the year and when the money ran out, then everybody would end up at public hospitals. Very frustrating time for public hospitals, but really a compelling and an argument that just has a huge impact. Take out the 10 largest trauma centers in the United States and you could crash the entire system. So you know, I think it's worth looking at keeping an eye. Everybody. Get out of your silo and look at what's going on with some of these for-profit hospitals and being aware that it could bleed over into other sectors, whether that's directly into hospice or into skilled nursing.

15:55

So it's worth noting, chris, that it's not all about for-profits, that the Washington Post on July 22 ran a very damaging op-ed column headlined why Many Nonprofit Hospitals wink, wink, nonprofit are rolling in money, and it was just a continuation of the work that certain academic academicians have done, that the Lown Institute has done, looking at whether the largest, most profitable not for profit health care providers are earning their not for profit designation. And it's important to know that the Post helped set the policy and political agenda in Washington. And an op-ed like this is like pouring gasoline not on a raging fire at this point, but on a smoldering fire, and not helpful. And whether this is directly related or not, we don't know. Related or not, we don't know. But on July 28th the USA Today Network newspapers in the Mid-Hudson Valley published an article that said that the New York legislature is now considering legislation strengthening the prohibition specifically on for-profits to get into New York now, but the legislature is looking at strengthening the restrictions. So the argument just keeps rolling

back and forth who's the good guys, who's the bad guys? And it's like a tidal wave and you don't want to be caught under that wave.

17:46

Another big trend in the news last month was fraud. There was a lot more coverage of fraud in hospice. Specifically, in July, gentiva, kindred and all the other companies they've rolled up under their brand settled one allegation for $19 million, which you know, it should be noted, is about equal to the annual budget of a large-ish, small, not-for-profit hospice or a small-ish, mid-size not-for-profit hospice. Small amount of money for them, but a huge amount of money for a large number of hospice providers all across the country. But that wasn't all.

18:34

Local and national trade media reported on seven conspirators in Arizona, which of course is a hotbed of hospice fraud.

18:46

In Arizona, which of course is a hotbed of hospice fraud. These seven were charged with defrauding Medicare of hundreds of millions of dollars. The sexiest headline from the many articles on this case read glitzy Scottsdale couple jailed in $900 million fraud. In addition, southern California media reported that a Southern California doctor defrauded over 3.2 million from Medicare while involved with two Pasadena area hospices. And to put the exclamation point on all this, there's an article from the trade publication Hospice News which was headlined Bereaved Families Face Devastating Impacts of Hospice Fraud. So, chris, the good news is that there appears to be as much or more fraud enforcement going on now as ever. The bad news is that all this fraud enforcement is reaching the consumer public. So I'm curious what your thoughts might be, as a CEO and head of a network of not-for-profit providers, about how quality providers like, for example, the members of the Telios Collaborative Network, how quality providers, should be talking about this both to referral sources as well as to the broader communities they serve. Good news or bad news, or a little bit of both?

20:09 - Chris Comeaux (Host)

Well, as far as your direct question about this, exactly why we're doing the work we are with IntelliAss is, as a strategy, being a clinically integrated network. It's all about that, what they call the quadruple aim better service, better quality, creating a better work environment for employees and doing it at a lower cost. We are working on that. In fact, we even had a great press release about outcomes amongst our network, mark. But there's so much packed in what you just said. I mean we go back into like, okay, horrible articles about for-profit, but then horrible articles about these large nonprofit hospitals rolling in the dough and like who's the good guy and the bad guy? Two general, I'll call them different systems or games that are designed. The for-profit game is usually there's some infusion of capital and the quid pro quo is the people that give the capital whether those are shareholders or investors or private equity want to return on that capital. Now, how much return is an interesting aspect. And then they, being a for-profit, they of course are supposed to provide some service and they have to pay taxes on it. That is the game. But at the end of the day, if you're not in the business of doing good business, who you ultimately serve as a customer. That doesn't end well. At some point Now it may be in bankruptcy years later, or these things get mishmashed together like playing the game of Monopoly, and this one becomes part of that one, and the ramifications may be far into the future, where you suck all the asset out and you create basically a REIT, buys that asset and eventually there's nothing left. But somewhere along the way where did the customer get left out? Which really gets to your question about fraud. I mean, that's on the opposite end of the scale, mark. They're not only they're not in the business of doing the right thing, they're in the business of doing the wrong thing, like absolutely frauding the system. And so the nonprofit game is you don't have a shareholder, the community is the owner, so you won't pay taxes. But then you have a larger social responsibility to take people, usually regardless ability to pay and how your articles are structured, or basically kind of put some meat on the bone of what your social contract is. But still, as a nonprofit, who are you there to serve? And do you lose that in the process? And capital has got to be part of that equation, because how you deploy capital to do better and maybe some people might be listening. They're hospice leaders. Like what do you mean by capital? Have you ever purchased a home before you want to be able to put down a down payment? So your mortgage is not too much. That's an example of capital.

22:41

There's multiple examples. You're building a hospice inpatient, you're in a hospital, building a new hospital. They have to put in a new MRI machine or a new CAT scan. All of those are deployments of capital. So if you don't have capital accessible, one of the great examples, mark, that you've I'm so thankful you clued me into the Hilbert Act that built all of these hospitals. So the government in that case provided the capital and many of those hospitals then were

nonprofit hospitals. Some of them now may have found themselves as far profits, but that's a good example of government being a partner to bring capital to try to accelerate something to happen.

23:18

So you kind of go to that At the end of the day, which comes back to that quadruple aim better quality, better service. You're doing, you're creating a great work environment for your people and you're trying to do it in the most efficient manner. So then you've got to look at your finances. I don't care if you're doing a lemon stand or yogurt stand or hospice, which is much more sacred work than that. If you're not about that, you shouldn't be in the business, and maybe I'm. You know, I'm kind of from Louisiana, mark, so I'm very simple minded, but that's where I bring it down to, is that?

23:48

And as I was listening to that podcast with Laura and all the great research in her book and like you know what's happening in dentistry and other places, like in dentistry they're doing treatments to people that they don't need and, and you know it gets complicated. In businesses where the product is complicated, like where there's like, if I go to my mechanic and he says, hey, you need a new engine and I don't know, jack, about an engine Do I trust what that person is saying? And that's part of the challenge in healthcare is understanding how this complicated thing of our body, um, you know, if I want to get better or if I'm at the end of life, and what's going on is the breakdown in the body, those are complicated things. So what underlies that then, is some element of trust, and that gets your other real heart of your question.

24:31

When you get these horrible articles about fraud, it is eroding trust, and I actually just saw an article now where you and I were recording this right at the beginning of August so this will probably be in the August one but how trust is eroding with hospitals. So I think all of this stuff is affecting the customer and they're stepping back and going. I'm not sure I trust those people and that's awful, because if there's any element of our economy that you should trust, it should be healthcare, you would think. So that's my answer?

25:01 - Mark Cohen (Guest)

It's a. I mean the trust issue is at the heart of the rising rates of people who are not getting vaccinations, whether it's adult vaccinations for pandemics or whether it's the normal course of childhood vaccination. So you know that all starts with the trust. Really interesting. So well, chris, it was fun to put you on the spot as part of my segment, but love to hear what you saw among the 381 articles that ran in hospice and palliative care today in the month of July.

25:34 - Chris Comeaux (Host)

Yeah. So it flagged 80 of them this month and so I'm really starting to love these categories. And again, I love doing this angle because now, reading the quantity, I have this view of like, well, okay, my viewpoint is supposed to be as a C-suite leader, but when I look at those quantities there's a couple that are glossed over and like that's fascinating to me that that was the most clicked on article. So I think both sides of these equations are always fascinating. So please know, whenever I share I'm not coming from some level of, you know, just overconfidence that this is the no wall end all, but I do see these things kind of falling into these logical categories consistently. So let me go through the categories and I'll talk about the percentage of articles. So mission moments was almost eight, 9%. Which, mark, when you said several months ago that you know that's where we built a lot of brand recognition and education of the community, of what hospice is about, is this beautiful human interest stories. So we had a little bit of a dearth in the beginning part of the year and now you know 10% is pretty good, at least the ones that I flagged. So that's good. That's still occurring.

26:38

Second category was reimbursement challenges, warning signs and implications that was a big one this month. There was a lot of activity over the summer. That was about almost 18%. Competition to be aware of, that was 15%. That was a lot this month. Workforce challenges 16%. It was a lot less last month, so we increased a lot of volume in that one this month. Patient a lot less last month, so we increased a lot of volume in that one this month.

27:00

Patient, family, future, consumer, customer, demographics and trends that's 14%. I think that's always going to be one, like if I'm a baby boomer. These are big trends I want to look out for and of course, we'll cite those in a couple minutes. Regulatory and political it feels like since May we've gained a lot of kind of momentum of things occurring in the regulatory political realm, so 13% in that category. Then technology innovations that was a little bit less this month, it was

about 8%. Speed of change, resiliency and reculture those about 1%. The human factor 1%. And then just kind of my catch all like hey, these are Chris's highlight of interest and I had about 5% articles, so let me go through each of those Mark so mission moments. First, about 5% articles. So let me go through each of those Mark so mission moments. First Dwayne Johnson, who my daughter loves. So the Rock sings Mayona. Moana. That's it, Moana.

27:45

I've watched it with my daughters Song for a four-year-old girl in home hospice care and he said it was his honor. Just a beautiful article. And so that was actually in. People, families, volunteers, share stories of finding peace through hospice, and so this is our mutual friend. So Northwest Cares, which is in very rural part of Kansas. It's based in Phillipsburg, kansas. It was a beautiful two-part series that was just a perfect mission moment about hospice care and kind of rural Northwest Kansas. Then there was a veteran honored article. This was in the Glendale Star.

28:17

So Tempe, Arizona, 101-year-old, recognized for bravery on the battlefield at the tender age of 18. Ed Kent joined the Army. That was January 1940. He served faithfully through 1945. He fought in the Battle of Belgium. He won a bronze star and just goes through all of his amazing heroic actions, and so just that was a beautiful mission moment and he was a patient at the Hospice of the Valley. So next you called this one out too, mark. So our mutual friends. So Global Partners in Care 25 Years of Compassion. John Master, john Lacey, ahern. They're doing amazing work. Some people may not kind of know the name Global Partners of Care. A lot of us remember FASHA Foundation for Hospices of Sub-Saharan Africa. Now that organization is housed in Global Partners in Care and they're still doing great work. In fact, I didn't tell you, mark, that was actually part of my sabbatical.

29:10

I went and hung out with John and Lacey for a couple of days and we're actually facilitating the international forum under the National Partnership for Hospice and Healthcare Innovation. So that was one of the highlights of my whole sabbatical just hanging out with them for a couple of days and how they're keeping that work going. There's a lot of great things going on internationally, which reminds me for a second I'm just going to take a little rabbit trail because your questions today are just still rattling in my head. Another problem with this whole for-profit, non-profit thing one of my favorite books and I read it when I was going on that trip to be

with John and them was TR Reid's book the Healing of America, and he went and researched every healthcare system in the entire world and he has chapter by chapter like Germany's system, the UK system, japan's system, and at the end of the day the system is broken. And then you get these other things laid on top of a broken system and we just like I'd say something is wrong here. The main way the system is structured is broken and it is intellectually lazy to just go oh, you're talking about socialized medicine. That is intellectually lazy. Let's have an. You're talking about socialized medicine. That is intellectually lazy. Let's have an adult conversation and talk about this complex thing. And there are other countries that are like America, that are a little bit kind of center, and sometimes they go left and right of that center where you can design a system. But we don't ever do that and we throw stuff at each other. And no, you're just, you don't want people to have good health care. No, you're just, you don't want people to have good healthcare. No, you're just going for socialized medicine. That is intellectually lazy. I'll get off my soapbox now. Maybe in the next 10 years we'll finally have a real conversation and if we fix the foundation, maybe we'd see a little bit less of this kind of shell game of, well, those for-profits are mean and those for-profits are evil, and let's actually get to how the system is situated. All. Right back on the main trunk line now.

31:01

Married soulmates spent final days, and so this is the BBC news, but it's just a beautiful. Two married soulmates died from terminal cancer within days of each other, spending their last moment side by side, and so just a beautiful mission moment in the UK. They're having a lot of financial challenges right now in the UK, and so that article was just painting the picture and, like you know, people deserve this type of care. And then I think this is my. I got two more in this section, and so woman radiates joy. She wears a wedding gown for the first time in 77 years of marriage. When this 97 year old got married she didn't have a proper wedding gown. Now she got to live that dream after 77 years of marriage thanks to a hospice facility, and that was St Croix Hospice and just a beautiful mission moment.

31:45

And then why are some people happy when they're dying? And so they actually talk about a candid account of living with cancer passed away at the age of 47. It was via a BBC interview, but here's to me kind of a key quote from that my pain is under control and I'm terribly happy. It sounds weird to say, but I'm as happy as I've ever been in my life. Seems odd that a person could be happy at the end as the end draws near, but then goes through their experience as a clinical psychologist. I put that under mission moment.

32:17

So those are my first section, Mark. There are seven in that category. So the next section is reimbursement challenges. So, as we said, that's a bigger, a lot of big stuff going on in that one this month, and usually I have two categories in the reimbursement challenges just kind of general to hospice, and then always kind of secondarily, medicare Advantage. And so the first subcategory, that just general 38 hospitals, healthcare systems, cutting jobs. Number of hospitals and healthcare systems are reducing their workforces due to financial and operational challenges. So that's what you and I were poking on earlier, mark. Their business model is kind of broken and so and we don't have time to go into what that new business model needs to be but a lot of these folks are built upon kind of a faulty foundation and so that makes it difficult. So you see this ebb and flow. Well, we didn't have enough staff during COVID. Now they're actually reducing staff.

33:07

Next article the promise and challenge of value-based care is a JAMA internal medicine article. Just talking about the fee-for-service systems and how they pay physicians is really based upon kind of the quantity, do more stuff to people but then talking about where his value-based care is going and there's a big goal looming on the horizon by 2030, medicare is saying 100% will be in value-based payments. So that was a pretty good article. Next, the CTAC it was covered in Hospice News the palliative definition and the 2025 proposed hospice rule misaligned and problematic, and so it was just CTAC, I think, is basically just a little concerned the way that um and so the Medicare and Medicaid services proposed hospice payment rule contained RFI on the potential implementation of reimbursement pathways for high-intensity palliative services, and so CTAC was basically kind of concerned of how that's being defined within that proposed RFI.

34:08

This next one I'm just going to hit quickly, but I actually covered a little bit more detail a little bit later. And so it says Chevron deference derailed. This was in the Rowan report. Chevron deference in home health. Since they have in a PDGM model, cms has calculated payment rates based upon its interpretation of budget neutrality. But NOC, the National Association, has disputed this validity and their disputement actually even resulted in an actual lawsuit. So I'll leave that as a cliffhanger because I'm going to come back to it a little bit later.

34:39

Another article under this section does Medicare pay for dementia care? This was actually in Fortune. Here's what coverage you can expect for treatments and therapies and what I loved in the editor notes that Joy and Court put. They kind of said, hey, don't forget about the guide model that's coming, because, as it talked about, here's the current things and guide is coming via CMMI as kind of an experiment to be able to increase services to those dealing with Alzheimer's.

35:07

Next one is keys to negotiating ACO power to care contracts. This has been hospice news and so just a lot of tips about negotiating for ACOs. We just dropped the podcast Mark about negotiating for ACOs. We just dropped a podcast Mark with and so Larry Preston with, silver State ACO, one of the best ACOs in the country. We got a lot of great feedback on that podcast because we went through a lot of the nuts and bolts of ACOs.

35:28

Another article this one was Bill Dombey, a knock in hospice news Hospices are in for a bumpy ride as they go into a new era. Hospices are in for a bumpy ride as they go into a new era and basically Bill Dombey talks about the fact that the benefit has not evolved over the past 40 years and it's ripe for disruption and ripe for innovation. Therefore it's overdue for some reform. And next article Medicare. Physician pay has plummeted since 2001. Find out why this was an AMA article just talking about the multiple just trade winds, cross currents that have impacted physician practice and basically it's resulted in decreased pay to physicians.

36:09

Last one in this section and then I'll go to the subsection with Medicare Advantage. Right towards the end of the month, in fact, I was on the phone with Judy Lundperson and she was like goody, goody, the final wage index just dropped and I'm going to go dig in for the next several hours. In fact, we've got a podcast in a couple of weeks where Judy Lundperson and Annette Kaiser are going to unpack the need to know in the wage index. But it was in the federal register and so the new wage index dropped and lots of interesting things Kind of. The

punchline is a 2.9% increase payment rate, which folks are like. Well, it was better than the originals 2.6, but we're in pretty high inflationary times that are much higher than 2.9% Right.

36:48

Next section is Medicare Advantage. Lawmakers say that CMS should ban Medicare Advantage's use of AI to deny care, and that was a McKnight's article. I'll say amen, hallelujah, although I imagine there's still going to be applications in the future that may be. Just telling the AI to say just say no initially would be a nice start. Next one is 10 key Medicare Advantage updates in 2024. I'll hit a couple CMS recalculated Medicare Advantage's star ratings and that's the tune that they dance to.

37:21

Some Medicare Advantage insurers may pare down their plan offerings. In fact we've seen a multitude of articles just in the last week about that. Hospitals' contentious relationship with the May plans will continue. No surprise there the two-midnight rule took effect at the beginning of 2024. There, the two midnight rule took effect at the beginning of 2024. A co-branded Medicare Advantage plan offered by UnitedHealthcare and Walmart will come to an end.

37:44

And then some stuff about Part D. I'm going to skip to the bottom here. There's a good Don Berwick one. Don Berwick, who served the CMS as administrator during the Obama administration, told Becker's he would like to see Medicare Advantage slowed or stopped, and so that was again really interesting article. And then let's see just a couple more.

38:04

Medicare Advantage Medicare covered services near the end of life in Medicare Advantage versus traditional Medicare. This was a gem article and so Mark it took. And there was also an article about the same thing in Becker's. I had to reread it a couple times and this is one that here's, and I have a very biased opinion. I will own my biased opinion, but it talked about that.

38:26

Let me read from the Becker's highlight here Medicare enrollees were less likely to receive burdensome treatments or transfers. Another person can interpret that as maybe didn't get all the care that they needed or desired. Person can interpret that as maybe they didn't get all the care that they needed or desired, and so Medicare Advantage beneficiaries were less likely to die in the hospital. That's a good thing. Then their counterparts in traditional Medicare. The study found MA enrollees were more likely to receive home-based care at the end of life, and home-based care can improve quality, but it can also leave patients without adequate assistance after the hospitalization. That to me sounds like get them out and maybe you didn't get that referral to what you might need, being home health or hospice. And though Medicare Advantage beneficiaries were less likely to be hospitalized during the last months of life than their counterparts in traditional Medicare, these enrollees were more likely to die in the hospital and less likely to be discharged.

39:20

And so, as I kept reading it, I think what we see is that we're not getting those referrals soon enough. Based upon the demonstration of the caravan, we saw that. So then people aren't getting the care that they need. And so if you look at the core competency and I realize I'm overgeneralizing, but the whole case management deny care, keep the cost low is such a core strategy that they use, and it's interesting that book earlier that I mentioned. Mark Tira reads book about the healing of America. He really kind of brought it down to when he compares us to most other healthcare systems in the world. That whole overlay to deny care is very unique to America. And then the administrative percentage of what we spend in healthcare that's allocated to that varies quite a bit. And if you then get into the actual statistics and details about well, do we get good outcomes? United States is not anywhere near the top when you look at that. So anyway, I'll get off my soapbox again about medicare advantage. All right.

40:22

Next category is competition, to be aware of why one hospital merger stands out amongst the rest, and it was about two rival hospitals in terre haute seeking to merge and they're going to face the state's uh copa. So it was certificate of public advantage. Interestingly, as we're talking about mission Health System, it was actually under a COPA and so it said in September this hospital, union Health, announced plans to acquire Telhote Regional, which currently is actually part of Nashville's HCA Healthcare. So kind of an interesting one. It goes into a lot of interesting stuff about the COPA and so then it also cites what happened in the eastern part of Tennessee

when the largest COPA-related healthcare system, johnson City, became Ballot Health and merger Mountain States Health System and Walmart and just kind of where that's at today. So it was an interesting article about mergers and acquisitions.

41:15

Let's see Continuing mergers and acquisitions palliative care provider, time care. So T-H-Y-M-E secures $95 million in the funding realm. This is an oncology-focused, value-based enabler time care. It's completed almost $100 million equity funding, and they offer palliative care in addition to other services. And so why I actually put it under kind of competition? To be aware of Mark, I now have a bookmark in my Google folder and I kid you not, that bookmark is so long. Every day I'm bumping into these private equity funded innovations in the serious illness space, and so it's really kind of fascinating serious illness space, and so it's really kind of fascinating. It's been interesting to see, you know, do one of these companies you know crack the nut like they're wildly successful in their care model. What they're all after is how do we bend the cost curve in terms of what they do and a lot of hospice and palliative care programs, especially on the palliative care side, getting further upstream, getting right care, right place, right time, getting that patient into hospice appropriate. So that's why I kind of highlight that one Another one is private nursing services.

42:24

The market hits US dollars and I think I don't know if it was a typo but it's like $1,179 billion, which would be $1 trillion by 2032. So global private nursing services market today is valued at 609 billion, which then would make sense. So, based upon the growth trajectory, by 2032 is projected to be $1 trillion, which is about a consistent 7% growth rate per year. That seems eye-popping. Think about private nursing. We have the silver tsunami of baby boomers not just the United States in multiple countries. That's probably what's driving that.

43:05

Another article. So keeping for-profits out of hospice in New York State are moral imperative, and so just about the debate going on in New York and there actually is a bill right now they're introducing a bill that would restrict the expansion of for-profit hospices across the state and prevent existing providers from increasing their capacity, which I imagine means you can't acquire the other nonprofits that are out there. This was an interesting one. This actually got cited in that podcast coming out on Ethically Challenged. But Senator Ed Murkey and Elizabeth

Warren introduced proposed legislation titled the Corporate Crimes Against Healthcare Act. It's aimed at addressing a perceived looting of healthcare systems by for-profit equity investors, and the bill was introduced to root out corporate greed and private equity abuse in the healthcare system. So that'll be interesting to see if that goes anywhere more, considering what we've talked about today.

43:56

Another interesting development Humana is going to take over 23 Walmart health locations with new CenterWell senior care clinics and then in that article it actually gives you, like, the locations where they're going to be doing that. Now, contrarily, flipped Optum is closing clinics, laying off 500 plus. So Optum is closing clinics in multiple states, laying off over 500 employees across the state of California. Yep, that's it on that one. All right, my next category, kind of a sub point under this one is mergers and acquisitions. So a Medisys is going to divest certain home health locations. The company that's going to buy it is Vital Caring, which is clearing the path for United Healthcare group deal, and you probably remember Mark, vital Caring was the one originally who was going to purchase a medicine, and so Vital Caring is actually going to purchase some locations and that's going to clear the merger into United Healthcare.

44:52

20 massive physician group deals shaping the industry, and so I'll just cite a couple. So Amazon, ascend Capital Partners, cvs Health, one Oncology and Optum and Walgreens. All very big names. So 20 massive physician group deals that are shaping the industry. And where things are going. Pennant acquires signature healthcare at home assets for $80 million. The Pennant group, a provider of home health, personal care, hospice, senior living, agreed to purchase the assets of Signature Healthcare for $80 million. Next one Senior Living and Care is on track to set mergers and acquisitions record. So mergers and acquisitions involving senior living communities and skilled nursing facilities is setting a new quarterly record of 183 publicly announced transactions in the second quarter of the year. And then last one in this section Mark Empath Health, trustbridge leaders are setting home health in their sites after their integration. All right.

45:51

Our next category this one took up an uptick this month was workforce challenges, and we always have three categories there. The first one is articles that paint the picture workforce

challenges, and we always have three categories there. The first one is articles that paint the picture why nurses quit. This was in Netscape and just an article about the things that are actually driving nurses to walk away from something that was very dear and passionate to them, so burnout, work environment, inadequate staffing, working conditions. Next one again continue to paint the picture. These are the most common jobs in each state. In the United States, you cite it in your mark as the most clicked on, and home health care and personal aids were amongst the top, with retail workers and fast food counter workers ranked at the top of the list of 3.6 million workers in each occupation in the United States.

46:35

All right, next section is the implications of the staffing issue. So, first off report healthcare needs to diversify workforce to get rid of racial inequalities. And it goes on to talk about inequities are baked into our healthcare system. Racial and ethnic inequities in healthcare are found in every state. So when you think about the implications of the issue, we've got to solve this issue. First off, it's the right thing to do. But number two, we're going to have to have a diversified, more workforce to be able to care for the people that are going to be out there. So this is a big deal. And then one more on the implications, mark, the one you cited Asheville Nurse Strike Mission. Hca gave some ground group support nurses with the fund. There is some group of people coming together actually, this is not this article, I think it's going to hit in August, but there's a group trying to take Mission back to a nonprofit. All right.

47:27

The last section, which I always love seeing this, is articles of solutions and so the hidden advantages of having an older workforce in home health care, and so just some great, great wisdom. Here's some of the advantages Working with more experienced nurses has meant less turnover. In other words, they kind of elevate the practice of everyone around them. Number two having a workforce full of mostly seasoned nurses is that they're better equipped to handle burnout. They're much more resilient is kind of the gist of the article.

47:56

Next one, pennhealth CEO, on piecing together the healthcare hiring puzzle. So here's just a couple of tucking points Be prepared to train folks for the opportunities that lie ahead. And then, at the bottom part of the article, introducing students to the field much earlier. We're creating a pathway of careers that will enrich their lives and make a difference for other people.

And then other solutions AMA Advocacy they're calling it their AMA Advocacy 2024 efforts and just talking about just the American Medical Association physician burnout. And so these are solutions fixed prior authorization, work on the whole aspect of burnout from a multidimensional mental health standpoint. Reforming Medicare payment, advocating for solution, cybersecurity, promoting physician-led care, making technology work for physicians, not the other way around. Pursuing solutions to the physician workforce crisis, fighting government interference in evidence-based medicine, improving public health, addressing the insurer issues, reducing overdose and improving care for patients with pain and improving maternal health outcomes. Right. A couple more on the solutions the best staff retention strategies this is a Becker's Hospital article Increased schedule flexibility, hiring more staff, more wellness initiatives, or just a couple few talking points four-day work weeks, something that was cited in that article, how rituals support nursing teams, and so this is American Nurse Journal article and talks about the importance of rituals that you have within your culture and how that's so critical and it creates a glue and kind of a culture within the organization.

49:36

And let's see I think I got one more Keeping staff members safe and sound by optimizing security technology, and so there's a lot. In fact, we actually just did mark a couple of demos for our network. So there's great technology coming on the scene and staff is finding themselves. As we're having more issues maybe in the country with the lack of safety in certain areas and we want to care for people everywhere, there's technology that can help our staff be safer. So that was a really good article and I just put that under actually solutions. All right, I think that's it for the solution area. Oh, there was one more how home-based care leaders foster a multi-generational workforce. And just talking about how, if you're going to have the staff, you're going to have three, maybe four potential generations of staff working together and that's got to be part of the competency of your organization. Each of those different generations kind of different views of life and different ways that they approach life and helping them understand one another. All right, that's it for the workforce challenges.

50:45

Next category patient and family, future, customer demographics and trends. Talks about states with the most rural hospital closures in the past 20 years and actually list there's some links there. The last goodbye how to plan a funeral I think you actually cited that one, mark. Americans focus on the good life, but what about the good death? And so talks about planning for death. The next one what is palliative care and can you get it at home? This was a US News

and World Report and a lot of good key takeaways about what is palliative care. Next, rural hospitals built during the baby boom now face a baby bust and it talks about the whole Burt Act in that one, mark, and talks about just the challenges and, of course, court and Joy gave us a good shout out. The fact is, you and I have brought a lot of attention to this. Next, bereaved families face devastating impacts of hospice fraud. Again, this is really kind of gets to what you were poking on earlier, mark. And then more people are dying at home. And is that a good thing? That was a Wall Street Journal article and a provocative question, but really I think they did paint a picture that really people want to be in the home is where they desire. That was one of the good outcomes of COVID.

51:50

Bad apples in the barrel how fraudsters in home health care impact the entire health care space. And then navigating legal and ethical issues, nurses, role in accessing and using the death master file. And there's a little note from the editor. About 10 years ago, the social security office declared me as dead. Yes, this affected everything financial and legal in my life. My husband even received standardized condolences. So it just talks about. The best social security office could discern was that someone, somewhere, had made a clerical mistake. They never knew why. The impact of how the death master file is used legally, ethically and otherwise cannot be overstated. So that's why I kind of put put that one under customer demographic demographics and trends that they should be aware of. All right regulatory and political. There's a lot of stuff in this category. I'm just going to hit the highlight so we get to your master class Mark.

52:41

The Supreme Court Chevron decision could help stop home health cuts. Friday, the US Supreme Court this was right at the end of June, beginning of July upended the Chevron doctrine precedent for home health industry purposes. This means potentially weaken CMS moving forward and the news comes just two days after the home health proposed rule was released and include significant cuts for the third straight year. So, moving away from this Chevron precedent, usually known as the Chevron doctrine, it means less regulatory power for government agencies, because government agencies often take their own interpretations of laws and statutes and then act upon those interpretations, and NACA really had filed a lawsuit against the US Department of Health Services over the CMS cuts in 2023. So in our own analysis, we believe providers of home health have been underpaid as it relates to the budget neutrality index, so that's really kind of interesting reading. A little bit of kind of policy walk stuff

there, but this got pretty big implications in that Supreme Court decision. All right, so that's under.

53:45

Of course, we had the release of the wage index and there was a great article I put in the regulatory. There's a new EMR program help more patients get needed hospice care. That was in the U S news and world report. The guide model came out this month and there's a. We have a great link. We're going to include all these articles, by the way, to our listeners. And let's see here I also cited under this mark the one you did kindred related entities to agree to almost 19.42 million to settle federal and state false claim lawsuits. And I think that's it on that section.

54:22

Technology didn't have too much this month how humankind, artificial intelligence can reshape your business. Normalizing trauma-informed hospice care delivery. Kudos to Carol Fisher and her podcast on the girlfriends, and now her actual kind of successor or sequel podcast has just brought a lot of light to trauma-informed care and especially on the hospice side of things where she's kind of put those two things together. Palliative pharmacotherapy for cardiovascular disease a scientific statement from the American Heart Association, so a really good article there about best practices. Nursing homes can't escape the need for increased palliative care. And then a tsunami of AI changes coming to health care. And then HHS unveils major revamp to shift health care data, ai strategy and policy under the ONC. All right, mark, I'm going to land the plane here.

55:15

So speed of change, resiliency and reculture I just had really one article here 20 solutions for navigating nonprofit board member conflicts. As we think about speed of change, resiliency, that's like how do we navigate all this change? It was a really good article it was actually in Forbes and a lot of great tips in that Last two sections the human factor, how to overcome the cumulative effects of change, and it talks about healthcare. It organizations are currently undertaking major initiatives and just multiple change occurring. So they talk about the focus on the art and science of change. Resiliency that's a lot of the stuff that TCN does with our members.

55:54

And then the last section. This is kind of the Chris stuff I wanted to point out. There was the New York Times article your brain holds secrets and scientists want to find them, and about a woman and her father had passed away and how she. She just thought her dad's brain was so different and she donated it to science and then death can be a gentler exit for those enrolled in hospice care. It just talks. It was just a beautiful kind of mission moment, but also good education on hospice and this was interesting, mark, this was in that marketus media. The hospice market surge is expected to hit $182 billion by 2033. So again, that silver tsunami is what's driving that. And then another healthcare pharmacy chain files for chapter 11 bankruptcy, mark. You and I have kind of pointed out this was Rite Aid file for chapter 11 bankruptcy. All right, so that was a lot, mark. So again, that was about yep, it was 80 something articles this month, so would you like to take it home and do the master class? Sure.

56:55 - Mark Cohen (Guest)

For the masterclass this month, Chris. I'd like to examine a topic that can cause great pain and great division within a hospice Newsletters, not for grief and bereavement Nearly everybody does those but for marketing, reputation enhancement, volunteer recruitment and, of course, development and fundraising. First, some history. It may be hard for our millennial Gen Z, gen Y and even Gen X listeners to get their heads around this, but it really wasn't all that long ago that healthcare providers and also lawyers, by the way simply did not advertise or market themselves at all, let alone as aggressively as some do today. Can you imagine a time when broadcast and cable TV were not filled with ads from personal injury attorneys and the largest healthcare systems in a market? But it's true, it started to change for healthcare in the mid to late 70s, but hospitals and physicians, being conservative in nature, did not jump in with full force. It was a gradual marketing evolution and one of the first tactics healthcare providers employed when they started marketing was the consumer newsletter or magazine. And keep in mind this was a time before desktop publishing on a computer, when print production was still an art that involved re-keystroking final copy to get it typeset, layouts being done on drafting boards with T-squares, exacto knives and layout tape, cropping tools for editing photos and all the rest. It was anything but a one-woman or one-man operation, so naturally, many providers outsource some or all of the newsletter writing and production, and a really impressive industry grew up to produce informational marketing newsletters for healthcare providers and also financial institutions, real estate and similar professional fields. One way in which the leaders in the newsletter production sector tried to differentiate themselves in their own marketing and promotion was by investing significant sums in regular readership surveys they would share with customers as well as prospective clients. Not surprisingly, the results of those surveys were

remarkably similar from one company to the next, and some of the major conclusions of interest to hospice providers that still publish newsletters today are still relevant and they include full color printing is more impactful, far more memorable than two-color printing. Size matters Tabloid formats are far more impactful, far more memorable than eight and a half by 11 newsletters, and eight and a half by 11 newsletters are far more impactful than booklet-sized publications.

59:53

Frequency also matters. If you're interested in brand awareness, monthly is the preferred frequency for a newsletter or magazine. Bi-monthly still works, but anything less frequent than quarterly is a waste of money. Consumers simply won't recall one newsletter to the next. So there's no brand equity built up over time. Yet how many hospices today publish twice a year or three times a year newsletters? Survey says don't bother. Content also matters.

01:00:27

Yet there's this obvious disconnect between the people generally charged with writing newsletters in healthcare and the target audience for those newsletters. If a hospice is fortunate enough to have a designated writer on staff, that person most likely has as her primary responsibility social media. Most likely she's a member of the millennial generation, yet the target audience for the printed newsletter is likely aging boomers like me. And the obvious question becomes what is the cultural competency of the typical millennial healthcare writer to relate to a boomer? That involves common cultural reference, as well as language and grammar. And language does matter. Words matter. Most boomers still painfully remember having the rules of grammar drilled into them from elementary through high school. When they read things written by those who have a more casual relationship with good writing, they're just as likely to cringe as they are to keep reading. Of course, in these days of ever shrinking budgets, experienced on-staff writers and editors often are considered a luxury, and the brilliant solution many providers come up with then is to draft staff members who are knowledgeable subject matter experts to write the bulk of their newsletter, and yet I don't know where it's written that just because someone is a healthcare subject matter expert, that person is automatically qualified to communicate with an important external audience.

01:02:03

Like your newsletter readers and I've never found proof of that Most clinicians hate to write. They will agonize for days and even weeks over the assignment. The unwanted assignment becomes a sword of Damocles hanging over their head. The unwanted assignment becomes a sword of Damocles hanging over their head. Because they're not writers. They will waste far too much time struggling to produce 400 words. They will miss deadlines and the copy they produce is generally bad to awful, if not outright dreadful.

01:02:38

Lead sentences that do nothing to draw the reader into the story. Over-reliance on the passive voice a sign of an insecure writer. Starting too many sentences with standalone adverbs that only make the piece sound like it was written by a lawyer. Starting too many sentences with the time element, which also is the mark of an inexperienced writer. Imprecise grammar, and the list goes on and on. Unless you have a diligent editor willing to enable to clean up a mess like that, you're doing more harm than good to your brand. Yes, some of your readers will struggle through the bad and boring copy, but many will simply abandon it and you're wasting your money producing a newsletter. So it's worth ending the masterclass at least with a famous quote from a British earl of 18th century England Whatever is worth doing at all is worth doing well. And speaking of quotes, chris, I believe we're just about at that point in our podcast.

01:03:36 - Chris Comeaux (Host)

Yeah, perfect, Mark, thanks for taking us home and always appreciate your masterclass. I love that quote at the end. So, and you actually picked up this one, and this definitely goes to where we had some really good discussion earlier. It's actually from Paul Krugman, of course, many of you know him New York Times op-ed columnist and Pulitzer Prize winning economist. Not all private equity people are evil, only some. Thanks for listening to TCN Talks.

01:04:17 - Jeff Haffner (Ad)

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