

Transcript / Exploring Hospice Care Innovations - Top News Stories, August 2025

Cordt Kassner: 0:02

One story had over a thousand clicks, the other about 50 times. Chris, any guesses which one was read most?

Chris Comeaux: 0:10

I knew you were going to ask me this and I actually thought about going and cheating and actually looking at your stats and I kept flip-flopping. So I don't know the answer which one ?

Cordt Kassner: 0:18

You were going to cheat on the waste fraud and abuse question?

Chris Comeaux: 0:22

I know it actually did occur to me how horrible an abuse question.

Cordt Kassner: 0:26

I know it actually did occur to me how horrible. The University of Colorado School of Medicine receives \$64 million in an NIH award to establish a palliative care research consortium.

Chris Comeaux: 0:34

Our message is simple Hospice care should be about compassion, not corruption. And of course, I remember just I've actually re-quoted Ira so many times that collegiality ends at criminality. And so kudos to California. A hospice volunteer has a fascinating new take on people's most common deathbed regret, and that is letting relationships wither. They wish they'd made more plans with good friends. We've worked around all the broken processes, made phone calls after hours, took extra shifts, rewrote the notes to satisfy a system that did not understand our work until eventually some of us stopped, not because we wanted to burn it all down, because we cannot keep pretending. And that is what a strike is sometimes not rebellion, not rage, just a line and a refusal. Cost curve is going up again. There's a lot of confluencing things happening at the same time. I think it's a train wreck, and next year maybe we can finally go. Can we fix this thing? Because there's some fundamental things in the system that are just broken.

Melody King: 1:36

And now here's our host, Chris Comeaux.

Chris Comeaux: 1:40

Hello and welcome to TCNtalks. It is my favorite time of the month. Welcome Cordt, it is time we do our top news stories of the month.

Cordt Kassner: 1:47

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

Chris Comeaux: 1:50

Happy fall, isn't it crazy? It's fall. What's your favorite thing about the fall or your favorite kind of thing you look forward to in the fall?

Cordt Kassner: 1:58

You know fall is my favorite season and I absolutely love getting out and hiking in the changing aspen leaves. It's just a beautiful time to be in Colorado.

Chris Comeaux: 2:08

Yeah, same thing. Same here in western North Carolina We've been having those cool, crisp mornings. Already the leaves are starting to turn. We're still probably a good five weeks or so from kind of peak time here and actually the day we're taping this, one of the big things is Apple Festival in Hendersonville, north Carolina. It's actually one of the top we're taping this. One of the big things is Apple Festival in Hendersonville, north Carolina. It's actually one of the top apple producing counties in the country. So, love, all things fall and apple season and pumpkin spice at Starbucks and the number of people have told me do you know what today is? Pumpkin spice comes out. Oh my gosh. I guess it's kind of like a national holiday now it is like a holiday.

Chris Comeaux: 2:46

All righty man, you ready to jump in? Absolutely All right. Why don't you go first this month?

Cordt Kassner: 2:51

So last month I organized key articles that I wanted to highlight for listeners, using Dr Ira Byock's recently published white paper A Strategic Path Forward for Hospice and Palliative Care. Chris, you and I talked about continuing using this framework, so let's get to it. He starts off with zero tolerance for waste, fraud and abuse. We ran 21 stories this month about waste, fraud and abuse. Interestingly, two of the stories that we ran were intended for the general public with similar content, which was around identifying and addressing hospice fraud. One article was by the New York Statewide Senior Action Council titled

Addressing Hospice Care Medicare Fraud Awareness in Action. The other article was by CMS, titled Hospice CMS Fraud Fastbacks. One story had over a thousand clicks, the other about 50 times. Chris, any guesses which one was read most?

Chris Comeaux: 3:57

I knew you were going to ask me this and I actually thought about going and cheating and actually looking at your stats and I kept flip-flopping.

Cordt Kassner: 4:03

so I don't know the answer, which one was it you were going to cheat on the waste fraud and abuse question. I know it actually did occur to me how horrible.

Cordt Kassner: 4:12

I thought it was really interesting. My guess would have been the CMS, like the authority about waste, fraud and abuse. No, like, almost nobody clicked on that one compared to the New York State, but again, the New York State piece was a public piece, so I just thought it was really interesting. After the zero tolerance for waste, fraud and abuse, Ira continues on to outline four pillars. The first one was clinical and programmatic standards. In addition to calling out the bad, it's important to differentiate between the good and the excellent.

Cordt Kassner: 4:49

We ran several stories, you know, in terms of clinical and programs and standards. We ran several stories about the CMS, final fiscal year 2026, hospice wage index and final rule that posted late on a Friday afternoon. Of course, I know Judi Lund Person and Jennifer Kennedy and several others were waiting and looking and well, it finally dropped on Friday August 1st. I believe you're going to highlight some of those stories, Chris. So, I'll just keep my comments brief and note that it is difficult to underestimate the impact of the final rule. Every year it sets the stage for these standards as well as reimbursement, and we've just got to take a look at it.

Chris Comeaux: 5:34

Yeah, we did a whole show with Annette Kaiser and Judi Lund Person and I love that about Judi. I mean, literally who and that's her whole weekend, and that's what she calls retirement. sits with bated breath waiting for that thing to come out? That's how amazingly dedicated she is. Absolutely,

Cordt Kassner: 5:52

Second point was making meaningful data readily available and this was also an article that I thought was really important that did not have as many clicks as I might have

expected the CU, the University of Colorado School of Medicine, receives \$64 million in an NIH award to establish a palliative care research consortium. The principal investigators of the Advancing the Science of Palliative Care Research Across the Lifespan, or the ASCENT Consortium. We're going to hear a lot about the Ascent Consortium in the next few years. It includes Dr Jean Kuttner at the University of Colorado School of Medicine, Dr Melissa Aldridge at IGCN School of Medicine at Mount Sinai, Dr Abe Brody at NYU, Dr Chris Futner at Children's Hospital of Philadelphia and Dr Kimberly Johnson at Duke University School of Medicine. The Ascent Consortium's creation comes at a critical juncture for palliative care research because two programs the Palliative Care Research Cooperative, the PCRC, led by Jean, and the National Palliative Care Research Center, led by Sean Morrison have been expected to sunset funding this year. So, this is kind of the combination and continuation of those two really important initiatives.

Cordt Kassner: 7:18

I found this so important that I'll stop commenting here and pick it up for the masterclass at the end of today's podcast, the third pillar that Ira talks about is driving competition based on quality, and there were two articles we ran this month that I wanted to highlight for our listeners. The first one is two programs recognized as 2025 American Hospital Association Circle of Life Award honorees. This was one of the most read stories of the month, so I'll pick this one up in a couple of minutes as well, but for now I simply want to give a shout out to Gilchrist in Baltimore and Bristol Hospice in Hawaii for their innovative practices and quality. The second article a couple of articles that we ran were highlighting high hospice caps scores as compiled by Healthcare First and SHP. They both ran separate press releases highlighting their clients with the highest caps marks, and congratulations to all of those hospices working to drive competition based on quality. Aira's last category is embracing and promoting our authentic brand, and as I looked through all of the articles we ran this month, the one that stood out to me, right in line with this pillar, was an article that Craig Dracing ran, CEO of YOLO Cares in California. He wrote an editorial for his local paper that gave a shout out to the Coalition for Compassionate Care of California, which is run by Jennifer Ballantyne. I appreciated Craig's spirit in promoting another organization and since Jennifer and I have been friends and colleagues for 25 or more years, I of course just want to congratulate her too.

Cordt Kassner: 9:08

As I was looking through all of those articles, I'll call it Cordt's category because the last thing I wanted to comment on for this section of the podcast I saw some articles I thought were really important, but I wasn't quite sure how they fit into iris categories. Wasn't quite sure how they fit into Iris categories and the area is the growing influence of artificial intelligence in hospice. It sort of fits into all of his categories and none of them at the same time. We'll have to ask Ira about this later this year. We're planning to have him

back for another podcast and have to ask him about this, but for the moment I just wanted to highlight a group of stories that we began running this month called Hospice AI, and I want to use this newsletter space to help hospices explore and understand AI.

Cordt Kassner: 9:56

This month I posed three different questions to ChatGPT and linked readers to the answers, and hopefully readers are thinking more about the questions than the answer. For example, I asked you at GPT to summarize the hospice final rule in a paragraph, and what I was hoping was not so much, people would read the paragraph. Answer is they would think well, what other things could ChatGPT summarize for me in a paragraph? I asked it to compare hospice, palliative care and PACE programs in an AI-generated infographic. Well, what else might you be interested in comparing and generating an AI infographic for? And last, I asked ChatGPT to explain the pros and cons of Medicare Advantage versus traditional Medicare from patient provider and insurer perspectives. And wait for it. This is my favorite ChatGPT qualifier. Explain it to a fifth grader. I love that one. What other complex questions might we ChatGPT asking to respond to at a child's level of understanding? We'll likely come back to these AI topics in future masterclasses.

Chris Comeaux: 11:15

Yeah, kudos for you and Joy now doing that on the newsletter. I love the spirit of teaching people to fish. This is going to be the most transformative technology in my lifetime. I could remember when we first got the internet. I'm that old that this will be more impactful than that and I love that you're pushing your listeners. I think one of the superpowers is the future is asking questions. That's basically what a good prompt is is the good, and the better the quality of your questions, the better the quality of the answers you're going to get. And then knowing how to do those continual things and yeah, I've used that one too. Cordt, explain it to me. I've tried a couple of times explaining to me like I'm a freshman in high school. Just to give another interesting angle.

Cordt Kassner: 11:59

It's always interesting to kind of do it a couple different ways. You know, I've always, you know, from a joking perspective sort of, while I tend to think elementary school or high school, like what would happen if we said explain this to an 80-year-old, explain this to a 90-year-old? That's great, but I've not tried that one yet. I have not either. This is what we're exploring. Those were my key articles. Chris, what did you find this month?

Chris Comeaux: 12:21

Yeah, well, first off, man, I tell you what I just want to give you and Joy a shout out again. This was an incredible month. I mean it was hard to pick. I had 71 articles flagged and then trying to narrow those down to the top ones I was going to point out to you they're

eight. It took me four pass-throughs to keep kind of whittling down and going. But gosh, I really want this one. So let me do the eight and then, after you do your stats, I'll just call out some titles of some of the others.

Chris Comeaux: 12:47

But first off, in the reimbursement category, CMS plans a hiring spree ahead of new payment models. So we all know the work of DOGE and just the reduction. I think the headcount went down from 82 to 62,000 FTEs, but yet they're increasing headcount in CMMI. So, I think that's interesting. There's about 100 positions they plan on filling and so to me that's an interesting. Maybe a canary in the coal mine.

Chris Comeaux: 13:11

About the innovation side, now, I always find it interesting. It was Judi Lund Person I said can you say that again, Judi? I never actually connected the dots, but there's not really anything that's come out of CMMI directly, if you remember. The whole hypothesis is be like an experimentation station, if you will and if it went great, you didn't have to go back legislatively. You literally could say, ok, now this is part of the Medicare system or whatever, and so you could say it's informed different flavors, but there's no new ice cream that's actually come out of it, and so I find that interesting that they're putting more positions towards that.

Chris Comeaux: 13:48

So that's just something that jumped out to me and it wasn't a very clicked on story in your stats. Another one HHS sets its sights on 50 billion in cost savings, Medicare payments to non-hospice providers potentially under fire, and so what they're talking about is, while people have elected their hospice benefit, there are other part A or part B things that are being accessed, and so they think there are a lot of savings there as they're going to go. These are non-hospice providers billing for stuff while patients have elected their Part A benefit. So that kind of jumped out at me.

Cordt Kassner: 14:24

Yeah, real quick on that one. At the Louisiana, Mississippi State Hospice Organization Conference this year this was the hallway conversation particularly around the Part B spending for hospice patients receiving specialized wound care services. A lot of hallway chatter about like is this okay, is it not okay?

Chris Comeaux: 14:49

Yeah, we're actually trying to get up with the hospice. We probably should work with you, Cordt. There was an article published by an attorney that had some interesting stuff, some of it a little misleading, so we were trying to maybe do a not a retraction, but because we

didn't write it, but basically a rebuttal, if you will, of some of the stuff that was in there. Well, moving off next, so patient family demographics. There's one here why more seniors are going broke in the last five years of life and Joan Tino was the first person to ever heard start talking about this, about the statistics as the baby boomers are getting older. You know they're the first non-pension generation and there's a lot of. There's a disparity, or a distribution, if you should think of it from that perspective, because some did the 401k, some did not. So there's just a lot of interesting economical disparities, housing disparities as we go forward, as we're serving the baby boomers. So, here's some interesting things.

Chris Comeaux: 15:44

Medical costs are skyrocketing for them in the final years. Long-term care is a financial sinkhole that none of them plan for. Inflation is eating away at their fixed income. Downsizing doesn't always actually save them money. In some cases, it actually costs more money and family support is dwindling. Financial scams and exploitation is actually ramping up, unfortunately. So poor legacy planning, asset mismanagement, emotional spending in the face of their own decline, and then Medicare and social services are falling behind. So you're getting less, having to pay more, and so it's just a lot of red flags here. So, I just want to call that one out. As we go forward and we talk about the silver tsunami or just a large amount of people we're going to have to care for, that sub context is going to probably become more important as we go forward into the future.

Chris Comeaux: 16:38

Next category was regulatory and political. 350 health groups urge Congress to extend Medicare telehealth. I kind of lost sight of this and love the fact that you guys got guest editors now, and so Judi Lund Person to the point unless there's a congressional action after the August recess to extend the hospice face-to-face requirement through telehealth, that option will conclude on September 30th 2025. So that was like oh my gosh, I missed that, so there might have been a bunch of other leaders as well. Next one CMS opens the HOPE registration portal for the IQEs.

Chris Comeaux: 17:15

Is that the right acronym? Cordt, the IQEs? I think they call it IQs or the IQEES. Is that the right acronym Cordt, the IQEES. I think they call it IQs, IQs, that's it. Okay, IQs. And you guys have actually been doing the countdown to hope every day in your newsletter, and so by the time we are actually doing this, it'll actually be less than 30 days by the time this actually show actually drops. And so, yeah, pretty big deal. We're pretty close to something transformative for the industry. It'll be a Trojan horse or a chassis. If you will Look at what happened to Home Health. They're going to keep putting things into the

hope as we go forward, and so this is just the initial year and we'll probably have hope version, on and on, and on as far as numbers.

Dragonfly Health Ad: 17:55

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Chris Comeaux: 18:40

Health for all the great work that you do. And then I just want to call out the podcast we said earlier. Anytime I get Judi Lund Person and Annette on a podcast, but most particularly kind of unpacking what was in the wage index, so that's just one I want to call attention to for our readers. Next, it was under kind of Chris's category, so Attorney General Bonta launches public awareness campaign to protect Californians and prevent abuse within the hospice care system. Our message is simple Hospice care should be about compassion, not corruption. And of course, I remember just I've actually re-quoted Ira so many times that collegiality ends at criminality. And so, kudos to California. There is some stuff I never in my hospice career thought I would see coming out of that place where literally organizations and some of them not even legal organizations using hospice licenses like it was Monopoly cards, and so I wanted to call that one out.

Chris Comeaux: 19:38

And then a couple that were very provocative for the title that kind of drew me in. We Need a Care Revolution, and this is Victor Montori In his book why we Revolt. He declares industrialization of healthcare. We've become a healthcare factory beholden to health systems motivated by profit. In particular, he laments the loss of the care aspect of healthcare, and he's not calling for change, he's calling for an actual revolution.

Chris Comeaux: 20:05

And then it gets to the last one, Cordt, and then I'll shut up and see if you had any comments why physician strikes are a form of hospice. And like I had to read that two times, going what it's such a sad commentary where we've gotten to in healthcare. And so, this physician says we've bent ourselves into shapes that do not fit. We've worked around all the broken processes, made phone calls after hours, took extra shifts, rewrote

the notes to satisfy a system that did not understand our work, until eventually some of us stopped, not because we wanted to burn it all down, because we cannot keep pretending.

Chris Comeaux: 20:42

And that is what a strike is sometimes, not rebellion, not rage, just a line and a refusal. And then into the performance. Is it not strange how long you can work inside a system that is eating itself? And so, I'm not a proponent of strikes, but remember Mark Cohen was the first one just to start to say, yeah, we've seen this before. I had never seen it before in my career. But for a physician just to write what he and then actually draw the corollary that a physician strike is a form of hospice. I just feel like it's a sad commentary and we're wrapped within healthcare.

Cordt Kassner: 21:19

You know, as I reflect on those last two stories the care revolution and the doctor's strikes it reminds me of the quote you've mentioned in several podcasts and help me with it. It's along the lines of a movement starts as a passionate idea becomes a business. How does that go?

Chris Comeaux: 21:39

Yeah, it's a Eric Hofer quote. They actually, the Darden School of Business at University of Virginia, did a case study on tele-ass, which is really cool, about how we're helping nonprofits, but they started with this Eric Hofer quote is that quite often beautiful movements start out just as that as a movement. Then they become a business and then they descend into a racket. And so that quote it haunts me because I mean we've got some pretty fundamental issues. In fact, we're taping another show today that's going to air in September with Rita Numeroff, and so this year I've tried to seek out high level thought leaders. People may go, chris, you know, stay in your lane, bro, it's just about hospice. Well, the chassis of healthcare as a whole. They go, Chris, stay in your lane, bro, it's just about hospice. Well, the chassis of healthcare as a whole. I mean we're going to go bankrupt in Medicare by the 2030s, and so I have a sense I could be wrong and pretty soon you and I and Mark will be doing our predictions for 2026.

Chris Comeaux: 22:31

I think 26 into 27 is going to be a once-in-a-generation opportunity to actually fix healthcare. Not because it's just a good thing, it's because, like articles like this, there's a train wreck coming of multiple things the big beautiful bill, what it's going to do to rural hospitals employers. I was seeing this earlier this year, but it's happening now like double digit increases. In fact, in our first podcast with Rita, we did a part one. We're now going

to do a part two with her kind of say hey, if you're queen for the day, how would you fix it?

Chris Comeaux: 23:03

But she was talking about a 25% rate increase. An employer got there's nothing less than double digit increases coming right now. Those that have their annual year is like January. They're getting those increases right now and they're getting worse going into 26. And there are multitude of factors driving that, and so the cost curve is going up again, and so all these things have not really overall. Yes, they've maybe stilified it or slowed it down, but there's a lot of confluencing things happening at the same time, and so I think it's a train wreck, and next year maybe we can finally go. Can we fix this thing? Because there's some fundamental things in the system that are just broken.

Cordt Kassner: 23:43

Well, and I think some of what you're commenting on and certainly one of the purposes of Ira's strategic paper was to put some guide rails around this and hopefully it slows down. You know movement in the wrong direction, but hopefully it's actually a call to action for people to help turn this around and keep hospice and healthcare moving in the right directions.

Chris Comeaux: 24:09

Yeah, well said, I feel like ours is like a vehicle. So, picture the broader healthcare system as a superhighway, and then you, and then hospice is one of the vehicles on that highway. Love his framework because I think it's a pathway for us as hospice providers. But the broader healthcare system is a superhighway and there's some fundamental flaws and maybe even a couple of bridges out up ahead, and so that's what I'm alluding to, that we're going to have to address that as a country. And reason why so?

Chris Comeaux: 24:36

I did a podcast with T. R. Reid earlier this year. He researched healthcare systems all over the world. I figured his approach would be a little bit what we would call politically, a little bit more left-leaning. And then I chose Rita specifically because she'd be a little bit more right-leaning. She's more of like a free market person. Reason why I did both on purpose is that to me, the Venn diagram between both of their approaches.

Chris Comeaux: 24:57

As a country we've governed actually from the middle. Actually, where we've gotten in trouble right now is we're kind of going into our corners, and I love leadership, and one of the principles I know is, if there's no common ground, it's really hard to get everybody pulling in the same direction. So, my theory is that creating a little bit of a common

ground between each of those different approaches, that at least could be out there at a time that maybe we're going to have a little bit of a national dialogue. So anyway, I'll get off kind of that train track. There'll be another podcast we have coming out. You want to talk about your stats next? Sure, Sounds good.

Cordt Kassner: 25:30

Looking at the click-through rates for hospice and palliative care. Today's August news stories. We published 398 articles that collectively received 112,000 clicks or reads. Notably, one of the markers I look at is the number of stories that surpassed a thousand clicks, and this month we had 28 of those stories. All of these stats exceed last month's numbers, so let's take a closer look at some of these key trends. Our top categories this month include hospice provider news, clinical news, headlines, regulatory news, research news and ethics, and so we've got probably 25 or 30 different primary categories that we group articles into, and we look at these and use this to guide the content in terms of what are we doing well, maybe what areas are we missing? Each of these categories I just read off had over 6,000 clicks this month. The top read stories of the month include some articles that we ran from an ethics perspective, and we ran six articles with ethics, but one of them accounted for over 6,000 reads by itself, which I thought was really interesting. It's the most read story.

Cordt Kassner: 26:50

Inmate serving life for murdering Lancaster County woman in 2015 seeks compassionate release. This article is interesting on its own merits. How do we reconcile the ethical principles of beneficence and justice when a capital offense has occurred. In this case, the offender is believed to have less than six months left to live. So, in addition to this story, editor-in-chief Dr Joy Berger included links to four other articles we've run about hospice and corrections.

Cordt Kassner: 27:24

Not surprisingly, the second most read story this month focused on the CMS release of the final rule. I know folks prefer the Reader's Digest version, including looking at, you know, summarizing in a paragraph, like I did with Chad GPT, but listening to your podcast with Judi Lund Person and Annette Kiser, I'm pretty sure they would encourage listeners to read the entire final rule. The final story I'll comment on today is our third most read stories two programs recognized as 2025 American Hospital Association Circle of Life honorees I mentioned this earlier under IRIS categories Gilchrist in Baltimore for their innovative service delivery systems, participating in CMS's guide dementia pilot and bringing PACE to Western Baltimore and Bristol Hospice in Hawaii for their palliative care

program outcomes and service to Medicaid populations. So, congratulations to both of these honorees and, of course, to all of the previous honorees as well.

Chris Comeaux: 28:35

All right, perfect Cordt, I was thinking again, kudos to what you guys do. I mean, you're such a service to the whole hospice field. I was thinking in the summertime we're going in the fall. The guy who always wins the hot dog eating contest just kind of chomping on all those hot dogs kind of feels like man. There's so much out there that I need to be reading and thinking about as a leader in this field. But you do them incredible service and this again why we do this podcast together. You share the stats.

Chris Comeaux: 29:05

I come from the perspective of hey guys, as a C-suite leader, 30 years of experience. Here's what I hope that you didn't miss. I couldn't do this if I didn't have your Hospice Empowered Care Today as kind of the resource distilling all of that. And then I try to further distill that it is a great resource because many of you go yeah, I wouldn't eat hot dogs like that guy. I wouldn't either, and you probably feel like I can't digest all of that material. Well, access, hospice empowered care today. They're continually serving you well and of course, this podcast is meant to go even further as well.

Cordt Kassner: 29:38

So, with that feedback, the quick footnote I'd put on that is just last week I had someone comment you know, cord, why do I need to look at your newsletter? I have a Google alert for hospice. Have a Google alert for hospice, isn't that the same? And I always kind of echo Mark Cohen's comments, sort of. It's sort of the same, like we have that particular ping as well, but we have like 100 Google alerts and we have subscriptions and all sorts of resources that we try to gather from to save you the time from having to do that.

Chris Comeaux: 30:16

I'm so glad you said that Because, again, like you know, I do a fraction of what you're doing. I know how hard I'm working each month to read through your articles Thank God I have that as a resource and then trying to distill them. So, there's a lot of work that goes into this in service of them. So, I think it's a very naive but legitimate question. And now they're like oh so this is actually why it's a great service, absolutely. And again, we'll always include in our show notes the link to Quartz Top and then to what I'm about ready to share as well. So, with that, I'll just quote the I use the same categorization every month if you're new to this show and so I'll quote the ones that were double digits this month. So, mission moments was actually 10%. Mark Cohen would smile at that one, because we've actually said for a long time that those beautiful mission moments are becoming less of the volume, so it might make me a little bit more attuned to look for them. Workforce

challenges was 18%. Patient family demographics was 14%. Regulatory and political was a busy month at 11%, and kind of my Chris category was actually 24%. So let me just call up a couple of titles. So, reimbursement.

Chris Comeaux: 31:25

This month there was particularly six articles. Medicare Advantage growth drives change in post-acute care. A new report released by Trello revealed major shifts are underway in the post-acute as Medicare Advantage enrollment grows. So, the report looked at national state trends in home health, hospice, skilled nursing using the latest claims and I don't think again, this was not a very high click on one, which is why I'm pointing that one out. Another category patient and family demographics Ten articles in particular. Just one I want to cite, exploring virtual reality as an intervention to improve symptom severity in hospice-eligible patients, and so that's something I've heard about for a while. It's a great American Journal on Hospice and Palliative Care article. Let's see under my Chris category again. That was 17 articles this month. There are a couple that I didn't cite earlier, but this one, Andwell Health Partner CEO.

Chris Comeaux: 32:19

Medicare Advantage is becoming a failed policy, jeopardizes home health access. He's got some great quotes and some great stats and certainly even though I cited that article a second ago about Medicare Advantage, home health, just to take one. They are basically paid by the visit and it is basically dissecting that model and they barely get paid for what they actually do and then what you're in there you're ending up with home health deserts because the home health is having to walk away because the reimbursement is not enough for the care they provide. I hope that's not a canary in the coal mine. We've fought pretty vigorously against the carbon on the hospice side to Medicare Advantage One. We don't want that to happen is because they come from a place of well. We're just going to pay you less as opposed to what's the best care that people actually need, which is interesting. We're going to talk about some of that with Rita Numeroff in that upcoming podcast. We're going to talk about some of that with Rita Numeroff in that upcoming podcast.

Chris Comeaux: 33:14

Also, my Chris category doctors' own end-of-life choices defy common medical practice, and so it just talks about as physicians guess what? They don't choose that aggressive, life-prolonging treatments. They actually choose the things that you would hope they would choose, like powder care, hospice, et cetera, things that you would hope they would choose like powder care, hospice, etc. And so over 90% preferred symptom relief medication and more than 95% declined CPR. I just thought that was kind of interesting. Don't do as I do, do as I say, kind of thing. Of course I had to cite this one Cordt. So

Medicare and Medicaid 60 years of healthcare reform and I think Judi Lund was a guest editor on that one that we celebrate the 60th anniversary of Medicare and Medicaid and it's great we celebrate it because we're going into some choppy waters, going into the 61st year next year.

Chris Comeaux: 34:05

Another one under my Chris category, combining Clinical Insight and Data-Driven Expertise the Case for Morning Huddles in Primary Care. Thought this was pretty cool. One of the things that we've learned as a team at Teleios is Agile, so Agile is a very flexible, adaptable approach to drive. Getting things done within your organization, across departments and people would be the best way, and one of the critical things is daily huddles and so the fact that primary care is starting to adopt this. I thought, look at that. They're actually adapting some agile principles in primary care. How cool is that? And then just a couple more how to estimate your EHR implementation costs factors that impact your budget. That was a really great article and many of us right now are in budgeting season.

Chris Comeaux: 34:54

And then this one in US News and World Report with a commentary by our friend, Tom Kasum says MPH, everyone deserves a dignified death, but will everyone get one? And kudos, Tom, for participating in that article. And then this one just really struck me. You care about your legacy. 54% of Americans want to leave a mark on the world and basically a study that getting older changes everything, including what we care about most. I think we know that better than most people because we tend to see that when we do hospice well and you ask people what matters most, and I thought it was great there was an article related to that. All right, so backing up another category, competition To be aware of, there were about five articles, just one that I want to call out because this is kind of interesting. The attorney general conducts the first ever review of proposed hospice affiliations and conditionally approves the transactions to ensure continued access. And of course, this is related to the chapter's healthcare system, and so two organizations in California are potentially joining chapters and the AG is actually looking at that. So, it'll be kind of interesting to see how that plays out.

Chris Comeaux: 35:58

Workforce man. We had a lot in workforce this month 13 articles. Kudos for you and Joy. You're actually grabbing more and more. Everywhere I go is the top thing on people's radar screen the workforce challenge. Of course we have a whole future council at Teleios wrestling with that, but here's a great one.

Chris Comeaux: 36:14

Post-acute care faces labor shortage amid immigration scrutiny, and so kind of pointing on the fact that, as we go forward, we've got to think about smart immigration. Yes, I know, right now we're shutting down the borders and all that. Just put the political stuff aside. There are not going to be enough people here. So, being smart about immigration and so healthcare is a great place. There are certain countries that just have amazing caregivers. It's just part of the ethos of the culture. So, we need to solve those immigration problems and making sure that those are the type of things you want coming into your country to help solve issues that you have with labor shortages. It's kind of like, you know, I want to have the best culture, I want to attract the best employees. Why, as a country, we want to have a great culture and attract people that do want to come here for good reasons and they want to contribute, and healthcare is a place they're going to need to contribute going forward. So, I hope that going forward, we're going to have more of a political discourse to go.

Chris Comeaux: 37:11

Hey, this is a solution to a math problem large volume of people needing health care. We don't have enough people. Yes, robots is going to be part of the equation, but it's not going to be all of it. You know, human care and dignity cannot be totally replicated by a robot, and so hopefully that'll be something we'll keep seeing more and more articles about as we go forward. Another one paints the picture of the workforce shortage, dignity at risk. Hospice care faces critical worker shortage, admits policy challenges, and so this was a ABC News Charleston, south Carolina article, and last one in this category private equity in hospice care spurs workers to strike, and so this is one of the few times, yes, we've talked about strikes in healthcare, but this is one of the few times, yes, we've talked about strikes in healthcare, but this is one of the few times I've seen it in hospice itself. Now, in the solutions of workforce challenges, there's just a couple.

Chris Comeaux: 38:02

I want to call out your secret weapon how simple recognition fuels success. I know that's commonsensical, but I've seen that over and over again that in having a reward and recognition program we actually have one. That's like a plug and play. People are interested, you could reach out to Teleios and so we could provide it to your organization. It's got electronic kind of background software. It's just basically trying to make it super easy to do reward and recognition within your own organization and let's see.

Chris Comeaux: 38:30

And last one and I think this is kind of cool, actually two, I'm sorry, over half of older employees plan to work indefinitely and never retire. Just want to say thank God because they're going to be a workforce pool, if you will. That we've not thought of in the past and so we need to think about that. And then maybe not contrary, but then on the other side

of the demographic, in Gen Z changing the culture of medicine, I'm sorry, is Gen Z changing the culture of medicine. So, some great stuff that Gen Z is kind of bringing to the culture of medicine and how the shift is already underway. They're very work-life balance focused. They have a huge emphasis on technology. They challenge traditional hierarchies, greater focused on transparency and personalized medicine and just really passionate about the care part of healthcare. So those are some cool things.

Chris Comeaux: 39:21

In the next category, technology, I had let's see several articles, but there's just one I wanted to cite the CIO's top 16 emerging technologies. For a CIO to kind of say, these are the top 16, of course you wouldn't be surprised. Number one on that list is artificial intelligence, but there's a lot of other pearls. I'll leave that as a cliffhanger, so people actually go to that article. Next category speed of change, resiliency and reculture. There was a great article the top five leadership shifts to watch after the summer break. I'll cite them because they're actually really good From strategic planning to scenario thinking Love this. We're doing this right now as a team From high IQ to high EQ, from global reach to local impact, from AI curiosity to AI accountability, from sustainability to regenerative leadership. Just love that one.

Chris Comeaux: 40:16

Next category the human factor. And so, there's let's see several articles, but one I want to point out the hidden leadership threat that is draining workplace productivity. Sorry, let me say that right, the hidden leadership threat draining workplace productivity Easy for me to say, draining workplace productivity, easy for me to say the very individual's task with solving complexity are often the ones most affected by it. This discovery underscores a deeper truth. Friction isn't merely an operational issue, it's a leadership issue. And what I love, it's almost like you were channeling me on that one Cordt. I've actually. We talk about this all the time. Great leaders look for where is friction happening in the organization and then they're trying to remove that friction. It could be policy procedure maybe, where technology is not working where it's supposed to, and so great leaders are always removing friction.

Chris Comeaux: 41:06

All right, the last category I want to end with is mission moments. I made it my last one today, and so a couple. Let's see, I actually had seven articles, but just a few I want to cite. A hospice volunteer has a fascinating new take on people's most common deathbed regret, and that is letting relationships wither. They wish they'd made more plans with good friends. They think about getting back in touch with an old buddy, but they talk themselves out of it. My mother always told me your friends will get you through life, and

so I love the editor note. What friend do you want to reach out to today? So, kudos for you guys challenging. And then the last one. It is a bit of yeah, kudos to my team.

Chris Comeaux: 41:46

Teleios announces the fourth annual CARES. That should be award winners, and so we just had three amazing organizations within TCM. We had all of our organizations do submittals of just what we call these beautiful mission moments, and we had three winners Jennifer Long, with Carolina Caring she's an MSW LCSW. Dawn Gray, who is a certified nursing assistant at Hospice of Eastern Idaho. And Brittany Walters, a care access manager at Four Seasons and Cordt. You can imagine, care as it should be, and that's exactly why we do this work. That's why we do this podcast is actually be a service to hospice and palliative care leaders. So, a lot. It was a busy month 70 articles. Again, it was really hard to pick just a few. If you're very curious about the rest, we'll include a link. You can actually see my whole grid and the articles, and you can literally click on them, and it's the original links that Cordt and his team have put together. So, court, do you want to do your masterclass?

Cordt Kassner: 42:41

Yeah, you know, before I jump into that, I just wanted to make a brief comment on two articles that you highlighted the Teleios Care As It Should Be awards, and that article on doctors' own choices, the decisions they make for their own end-of-life care. There was a really interesting keynote presentation in New Orleans at the Louisiana-Mississippi conference that was titled when Hospice Professionals Receive Hospice. Hospice professionals receive hospice and the question that was posed was along the lines of did you personally receive the quality of hospice care that you strive to provide? And it was a really interesting conversation that I think is going to be an ongoing conversation, but it highlights that that personal preferences and the personal side of the care that hospice delivers.

Chris Comeaux: 43:45

Yeah, I love that, I totally love that you tweak me. Michelle Webb is this amazing. She teaches nursing leadership now at Duke. She has her doctorate but Michelle for a long time was my. She teaches nursing leadership now at Duke. She has her doctorate but Michelle for a long time was my chief nursing officer and so I just remember, and so she would talk about how her family and so she's African-American, so her family, her culture and that.

Chris Comeaux: 44:08

Did we really listen? Do we really listen and ask that question of what matters most and she was such a great proponent of? Would we want the care that we're providing for

others and are we truly listening to people? Because ultimately, in that, what we each want individually is like are you listening to me? You know what matters most to me, and then you're working then to provide that, to close that gap between this is what I want. The rest of healthcare ain't like that. Excuse my English, it's very much not like that. It's one of our superpowers, but I think that the gravitational pull and it's hope and all these other things although hope does have that question in there what matters most. But we get on the tasky stuff and the EMR and the AI and all this stuff and we forget what matters most. Well said.

Cordt Kassner: 44:51

Well, today's master's class is actually going to touch on that a little bit in terms of what matters most, and I'm going to take it to the perspective of are we doing it, how do we know we're doing it and what are those outcomes? So, I wanted to take a few minutes and talk about research in hospice, and this really comes out of the CU School of Medicine \$64 million NIH grant for five years developing this palliative care consortium. What an incredible milestone for me. It's also a bit of history coming full circle. Back in 1999, I had the privilege of working with Dr Jean Kuttner. She's still one of my favorite people in the world. We don't overlap as much as we used to, but every time we do, we pick up right where we left off. I worked with her on one of her early grants that launched the population-based palliative care research network, or POPCORN Network, or POPCORN. As her research assistant, we built a network of hospice and palliative care providers that, in just the first four or five years, completed 19 research studies and had nearly as many publications. In fact, in 2002, popcorn received the American Hospital Association's Circle of Life Award, which required the AHA to create a brand-new category to recognize the importance of collaborative research. Gene grew popcorn into the PCRC and now the Ascent Network Absolutely remarkable. I can't wait to follow, participate and report on their successes.

Cordt Kassner: 46:34

Beyond a trip down memory lane, this announcement resonates with me because I continue to be deeply engaged in hospice research today. I currently serve on a couple of NIH grants and PhD dissertation committees. I assist with knowledge of the field, mentoring data and helping connect researchers with hospices connect researchers with hospices. In some ways I've continued the work Gene and I began 25 years ago, although now in different ways. The key question remains of the 71 hospices across the country, which ones are interested in engaging in research and how do we best connect the hospices interested in participating with the researchers doing this work? A few years ago I knew of five hospices in the country that actually allocated FTE to research Four Seasons and Janet Bull and John Morris and the work there. MJHS, which is Russ Portnoy, Laura Dengra and a group of researchers in New York City. Capital. Caring in DC had a research

group. Hospice of the Western Reserve in Ohio and Avow in Florida. Today, post-covid, I'm actually not sure if any of these hospices dedicate staff to research efforts. Chris, do you know? Does that ring a bell?

Chris Comeaux: 48:07

At Four Seasons no longer because Janet's retired and I know how we did it. Back then. Janet was so brilliant at how we got the funding and I think you're right Pre-COVID, post-covid it's a different world reimbursements getting tighter and so the ability to section off an FTE to do that. We made it a self-sustaining department and that's where Janet was brilliant and we talked about how it made our care better because we were contributing to the body of evidence-based research.

Chris Comeaux: 48:33

But as you go further into the journey and the analogy I always say is the storm is getting worse and you're throwing stuff over the boat and hopefully you're not throwing stuff that you need for the journey, and I think that's kind of the analogy of what many hospices like yeah, I want to be a part of that, but how do we sustain that? Now, sometimes if you're in communities where you have very philanthropy-minded people that are very research-focused, but that's a very niched-type donor, but that is a possibility and I do believe actually, Four Seasons went that angle, but I don't think they ever found that perfect donor. If someone, by listening today to this and, like you, know what that's a passion of mine, maybe reach out to one of those hospices if it's in your service area, because that's the biggest challenge. Cordt is how do you financially sustain it?

Cordt Kassner: 49:24

Absolutely, and yet it's so important to advancing the field. Yep, it's a conundrum. So, to strengthen these connections between the hospices and the researchers, this week, actually, I reached out to every professional contact I have every email address in my system to ask who might be interested in learning more about current research projects or perhaps even participating in them, and that might be some of the opportunities we've run in the newsletter recently. That might be a quick online survey. We did that with the Hospice Medical Director Certification Board. They were surveying physicians about something, so we added that link in the newsletter. And Saturday we focus on research issues. So, like, if you want to participate, here's how to do it.

Cordt Kassner: 50:16

It might be serving on a board the National Palliative Care Research Consortium I'm probably messing that name up, but they were running a story this coming Saturday on. They're looking for a kind of advisory board positions. Great, it might be a double-blind

placebo-controlled randomized clinical trial. Like it might be a double-blind placebo-controlled randomized clinical trial. Like it might be serious research, like intensive research that's funded. So, I am reaching out, trying to invite, to identify and invite hospices to participate in research, and we're going to be highlighting this in several of the Saturday research newsletters to come. If you or your hospice for our listeners would like to be part of these conversations, please contact me. This is all consistent, drawing it back to Ira's framework around data collection and reporting. This is such an important way to increase access to high quality hospice supporting this is such an important way to increase access to high quality hospice.

Chris Comeaux: 51:24

Thanks Well said, and I love that it's Saturday, right Is the day that you're dedicating the newsletter to research, and that has been such a great addition. I love that you're doing that and I also want to give Jean and her team a shout out. She's one of my favorite people as well and love that. So, they've got funding to keep that engine of the research going. So how awesome is that.

Chris Comeaux: 51:42

And hospice is one of the few things that grew up as a social movement, not coming out of evidence-based medicine and then bringing that along the way. And I was raised by Janet Bull in many respects and like why do we need that? And then she certainly educated me and I do think in the long run we've got to go there. It's just the financial realities have been a challenge, but that's also why it's so wonderful that Jean and her team have gotten that grant. And again, thank you for you and Joy for taking just a focus on that, because I don't know if a lot of leaders will get exposed. If you weren't doing that. Certainly more of the clinical size might get JPM and things like that, but how many hospice administrators really look at that?

Cordt Kassner: 52:24

Thank you, yeah, absolutely.

Chris Comeaux: 52:26

All right Well to our listeners. We appreciate you, and Cordt and Joy are going to keep doing the great work that they're doing and we're going to keep doing this. Please subscribe, pay this forward to your coworkers, your friends. We do this as a service to you and, of course, we actually have the links within the show notes. You can look at Cordt's data. You can look at my framework and my rubric of all the articles that I hope that you didn't miss. As we always do, we always want to leave you with a quote. That's one I got from Hospice Empowered Care today, because they're doing don't miss that At the end of each day they have a beautiful quote and I have a little repository. I'm like, ooh, that one's

really good. And so I got this one from Cordt and Joy and it's from Milton Berle. "If opportunity doesn't knock, build a door. Thanks for listening to TCNtalks. Thank you.