

## Transcript: Love Hurts: Leadership, Quality, and the Future of Hospice & Palliative Care | Part One

**Melody King:** 0:00

Everything rises and falls on leadership. The ability to lead well is fueled by living your cause and purpose. This podcast will equip you with the tools to do just that. Live and lead with cause and purpose. And now, author of the book, *The Anatomy of Leadership*, and our host, Chris Comeaux.

**Chris Comeaux:** 0:21

Hello and welcome to TCN Talks. I'm really excited today. This is where we do our top news stories of the month. I got Cordt Kassner with me. Welcome, Cordt. Thanks, Chris. Great to be back. Man, we're doing something innovative today. I give you credit because you're like, Chris, you really meet the need to meet the GeriPal guys. So we actually have Eric Widera and we have Alex Smith with us, the guys who actually host the GeriPal podcast. Welcome, gents. Oh, it's great to be on.

**Dr. Eric Widera:** 0:46

I'm a huge fan of TCN podcast. I listen to it all the time.

**Dr. Alex Smith:** 0:50

An honor to be on. Thank you so much, Chris and Cordt.

**Chris Comeaux:** 0:53

Well, thank you for what you guys do for the whole hospice and palliative care field. And so this is a podcast within a podcast. We're airing it on TCN Talks. And then, of course, this can air on their platform at GeriPal. Let me read real quick from Eric and Alex's bio. So Eric Widera is a professor of medicine, clinical educator, and division of geriatrics at the University of California, San Francisco, so UCSF. His main goal is to improve the care provided to elderly patients with severe chronic terminal conditions through program development educational innovations. Dr. Widera is the director of hospice and power service at the San Francisco VA Center, which is pretty cool. Past board of director member for the American Academy of Hospice and Palliative Medicine, AHPM, and past president and chair of the Board of Association of Directors of Geriatric, Geriatrics Academic Programs. Easy for me to say. Eric has been the recipient of numerous grants and awards, including Geriatric Academic Career Award, the Hastings Center Cunniff-Dixon Physician Award. Love that. Dr. Janet Bull, my mentor, actually got that as well.

AHPM Hospice and Power Care Medicine Leaders Under 40 Award. AHPM PDIA, PowerF Medicine National Leadership Award, and he is the co-founder of GeriPal, as well as ePrognosis, an online set of prognosis calculators for the elderly. Gosh, Eric, and you look like you're still 20, man. What's the deal?

**Dr. Eric Widera:** 2:16

We young at heart.

**Chris Comeaux:** 2:17

Absolutely. I love that. And Alex, I want you to read your Hawaiian name. I love that you there's no way I'll try to pronounce it, but Alex Smith is how I know him. But Alex, what is your Hawaiian name?

**Dr. Alex Smith:** 2:27

It's pronounced like it's spelled. It's Alexander Kili Moyanu Ohaliakala Smith.

**Chris Comeaux:** 2:35

So Alex was born in Hilo, Hawaii. Sadly, his family moved from there to East Lanson, Michigan, when he was six months old. He's a proud graduate of the University of Michigan. And though in sporting events, he roots for both Michigan State University and the University of Michigan. That's got to be fun to watch a game with you. Dr. Smith received his medical school training at UC Berkeley, UC UCSF, joint medical program. He completed our primary care internal medicine residency at Brigham and Women's Hospital, followed by two fellowships, one-year clinical fellowship in powder medicine at BWH and Dana Farber Cancer Institute, followed by a two-year General Internal Medicine Fellowship of Beth Israel Deaconess Medical Center, including an MPH from Harvard School of Public Health. Dr. Smith returned to UCF in 2008 and faculty in the division of geriatrics. Guys, both incredible bios. I have one question just to start, and then we'll go into the joint podcast. But talk about Jericho, because most of our listeners are more on the leadership side. So just how did GeriPal come to be?

**Dr. Eric Widera:** 3:40

Um, man, we actually started off as a blog. And uh, you know, I I think both an Alex and I, we talk about sometimes we're unfocused. We were in a a meeting talking about, I forget what the meeting was, and we just came up with an idea like, wouldn't it be great to have like a place where we could just put our own thoughts down where it wouldn't take like a year to get published? Um and uh I was the initial like that's how this the blog started. And in 2000 that was like what 2008, Alex?

**Dr. Alex Smith:** 4:13

2009, I think we started blogging.

**Dr. Eric Widera:** 4:15

2009 and 2016. Yep. Uh how did the podcast start, Alex?

**Dr. Alex Smith:** 4:20

Well, you I think well, you know, content is king when you're doing these sorts of things, and we got a little tired of writing blog posts. And you know, in 2000 to 2010, it seemed like everybody had a blog, but then that kind of went away, right? And then podcasts were on the rise, and we're more tied to the message than the medium. And so some people were like, we should do a podcast. Eric's like, yeah, you should we should do a podcast. Let's get Ken. Eric, I mean Alex, bring your guitar. We'll talk about bed alarms, saying free fallen. We talked about bed alarms. Uh, and that was the beginning. We just bought a mic, put it in the middle of the table, and started talking. And we have not looked back. It's been so fun interviewing some of the best and brightest minds who are doing really innovative clinical work, who are doing really cutting-edge research, who are leading the way, um, as we'll talk about today uh on this podcast.

**Chris Comeaux:** 5:21

Well said, Gents.

**Dr. Eric Widera:** 5:22

Uh, two and a half million downloads later. Uh, we are still loving doing this podcast. It is uh it's a hobby of mine and Alex's, and it's like one of the key things I look forward to.

**Chris Comeaux:** 5:34

Now, right back at you guys. I mean, just so we're gonna segue now into your podcast, but I just want to say thank you for the work that you're doing. You're giving a voice to the people that are closest to the mission, the people doing the work. And so I think it's kind of a cool partnership that we're doing this podcast together. So let's now segue into your podcast.

**Dr. Eric Widera:** 5:52

Welcome to the GeriPal podcast. Alex, this is more than the GeriPal Podcast. I forgot. I gotta let you introduce yourself, Alex.

**Dr. Alex Smith:** 6:01

Oh, this is Alex Smith.

**Dr. Eric Widera:** 6:02

Oh, this is Eric. I don't even know how we start this anymore because it's weird.

**Dr. Alex Smith:** 6:07

We have a combo podcast.

**Chris Comeaux:** 6:10

This is a podcast within a podcast. This is like, man, we're making history here.

**Dr. Alex Smith:** 6:14

This is this is new for us. We're we're we're building this airplane as we fly it. So um we're delighted to welcome Chris Comeaux, who is a leader coach, author in hospice and palliative care. His book is called Anatomy of Leadership, and he's the host of TCN Talks uh with frequent guests, guest host, Cordt, is that yeah, guest appropriate? Yeah, guest host. And uh and the with TCN Talks is a podcast that's focused on leadership, strategy, innovation, and the future of serious illness care. Chris, welcome to GeriPal.

**Chris Comeaux:** 6:51

Man, thanks for having us. This is really cool. We had it was Cordt had tweaked me, and I'm like, what if we call these guys and say, what if we do a podcast within a podcast? And here we are.

**Dr. Alex Smith:** 7:02

And I guess we're joining your podcast too, because these will be simultaneously well, they released around the same time. Uh our other guest is Cord Kassner, who is a hospice leader and CEO of Hospice Analytics, which provides in-depth data on hospice quality, utilization, and access, and also publishes Hospice and Palliative Care Today, which is a daily email newsletter about the hottest topics in hospice and palliative care. Cordt, welcome to the GeriPal podcast.

**Cordt Kassner:** 7:35

Alex and Eric, thanks so much. This is such an honor to be here with you guys.

**Dr. Eric Widera:** 7:39

Oh, I love this too, because I hear both of your voices. It's like I actually have a uh uh an avid listener to TCN Talks. I think it brings up a lot of really good points as far as like the last one I heard was around certificate of need. Um we're gonna get into all this stuff so much. I have questions. We're gonna do something different. We're gonna do some round table questions just going around talking about hospice leadership quality. But

before we do that, yeah, on GeriPal, we always start off with a song request. Who has a song request?

**Chris Comeaux:** 8:14

I have a song request, and so it's Love Hurts. I'll tell you why after after your performance.

**Dr. Alex Smith:** 8:20

Oh, after? Okay. Well, that's good. Isn't there more than one version?

**Dr. Eric Widera:** 8:24

There's like a Everly Brothers, and there's like uh the Nazareth? Nazareth.

**Chris Comeaux:** 8:29

That was the version about ready to be performed is now gonna be my favorite.

**Dr. Alex Smith:** 8:34

I'm not gonna sing in the uh high vocal range of Nazareth. Here's a little bit. Love hurts love Scars, Love wounds and mars Take a lot of pain, take a lot of pain, love is like a cloud, it holds a lot of rain, love hurts, oh, oh love hurts.

**Dr. Eric Widera:** 9:20

Stay to the end of the podcast. Alex is gonna do the Nazareth version. Uh right. Of course.

**Chris Comeaux:** 9:26

That was awesome, Alex. Well, we well, first off, you guys remind us we're taping this uh the day before Valentine's Day, so it had to had to be some type of love theme. And I thought this work is so sacred to us, and it hurts, and it but we love it and we do it. And you know, we've been pioneers creating powder care, creating hospice across the country, and they're days of amazing joy, and there's days of amazing pain. So that's why I chose it.

**Dr. Eric Widera:** 9:50

Oh, that was beautiful. Well, we're gonna do something different than our usual podcast on our end, is that we're gonna do kind of round table discussions as far as questions, and we're gonna pose questions to each other. Um, and I'm really excited because again, I'm a I'm a very avid listener to TCN Talks. Um, so I actually I think I get to start this. And my question is I'm gonna first open up to Gord. We'd love to hear others, but one of the reasons I love TCN Talks is I get to hear about all the best hospice news that's coming

around. Um Cordt, my question is gonna turn to you. What are the kind of the top news stories that you've covered recently?

**Cordt Kassner:** 10:34

You know, uh thanks for the question, Eric. It it's like I said, it's such a pleasure being here with with both of you because the GeriPal podcasts we cover in the newsletter on a regular basis. We've covered over 50 stories from GeriPal

**Dr. Eric Widera:** 10:47

is not the only reason I listen to your podcast.

**Cordt Kassner:** 10:52

But it but it's so true. There it's such an overlap. And and I find myself now, uh for example, Alex, you introduced me to Lauren Hunt, researcher at UCSF. The first thing I do is I go to Hospice Palliative Care today, I log in and I type in Lauren Hunt. I'm like, well, I mean, we've probably covered, and sure enough, she pops up like eight times for awards and and different interviews that she's done. And it's it's such a great resource to fact check and quickly figure out what's going on in the field. I've used some of those search results from hospice and palliative care today, dumped them into Chat GPT or GROK, and so you know, summarize these 50 articles or whatever, and it it creates a great search engine that's not the entire World Wide Web, it's focused on hospice and palliative care stories. So uh such a fun resource, and and we complement each other so well with with covering the GeriPal and other stories. In terms of our top stories, we've been doing the newsletter two years now. We average about uh 5,000 reads or clicks per story. We we track how many times people click on the original source story, because that's what we want to do. We want to provide enough information to get the reader to the source document and then read the source document. Well, if we average 5,000 clicks, our top story so far was a compilation that we pulled together on medical aid and I. It had over 14,000 clicks, which in our in our readership, that's a lot. Uh, so it was really taking a look at links to the State Departments of Health annual reports for the dozen, I think 15 states that were medical aid and dying's legal, and just a way to compare the information that's being released and collected and reported. So that was that was fascinating to me because we we track those click rates to look for more stories in the those most popular areas. The second category that came up was dementia research. So Monday through Friday, Dr. Joy Berger does a great job as our editor-in-chief pulling relevant news stories during the week. Saturday, Kathy Wagner is our assistant editor, helps me collect a dozen peer-reviewed journal articles.

**Dr. Eric Widera:** 13:36

And I I thought, I'm gonna give me some examples of it. Let's drive into our audience. Like, what what are some of these stories around dementia that that uh your audience is kind of pulling up thinking about?

**Cordt Kassner:** 13:49

It's been fascinating. That the most read story around dementia was around falls, so emergency department or hospital admissions, uh, and and tying that to dementia and end-of-life care and advanced care planning, which was fascinating to me. I love that our our readership is interested in the the research. We've run articles on the Hope Tool, uh, of course, the the quality measures that were released last October. That was garnered about 10,000. The Hope Tool is going to be replacing the hospice item set and uh will be a transparent, publicly reported set of quality measures for hospices. Super excited to have that becoming available uh as an update and improvements to what we currently have.

**Dr. Eric Widera:** 14:42

Can I ask what's in the hope tool? Like what are the quality measures in there? Are there

**Cordt Kassner:** 14:46

you know that's a great question?

**Chris Comeaux:** 14:47

Management's a big one. Some aspects of pain control, how quickly do we get out there? Um, especially when there's some type of crisis. Um, we're gonna do a whole podcast, actually, Eric, coming up on that. Oh, great.

**Dr. Eric Widera:** 14:59

I don't want to wave a thunder on that. Do you think it's gonna be better than what we have right now?

**Cordt Kassner:** 15:06

No.

**Chris Comeaux:** 15:06

There's maybe I'm a little bit more.

**Cordt Kassner:** 15:08

I mean, like today's today's broadcast. No, it won't be better. But if you hope better than the hospice item set, yeah. Uh I it I think it will be an improvement over hospice item set.

**Dr. Alex Smith:** 15:19

And the hospice item set, is that CMS's quality metric? Yeah, or yeah, qual how how what would you call it? Quality

**Cordt Kassner:** 15:29

It's part of their quality assessment tools. There's the hospice item set that is pretty much gathered at the hospice level, so the the hospice clinicians fill that out and submit it. And then there's the hospice caps, which is the uh caregiver, primary caregiver survey uh assessing quality of hospice that's completed by the caregiver three to six months after death of the loved one.

**Dr. Alex Smith:** 15:58

So those are two um different hospice quality metrics.

**Cordt Kassner:** 16:02

Exactly.

**Dr. Alex Smith:** 16:03

And one of them, the first one that you mentioned, which is based more probably on organizational characteristics and utilization, is um changing to be a new set of metrics called Hope, and that you will be talking about. And you also have your own analytics. That's hospice analytics, which you mentioned in the intro, and that's different. That's yet a third window into hospice quality.

**Cordt Kassner:** 16:29

Correct. What I do with hospice analytics is taking a look at claims and cost reports and these quality measures and presenting that information, making that available to folks. Something else that's really interesting is I designed a national hospice locator web page. And first that started out as a directory of every known hospice location. You'd think that would be easy to do, but it's incredibly difficult. And nobody really does that. Membership organizations tend to list their members. State departments of health list hospices in their state, but if you're thinking about it nationally, it's it's actually pretty complicated and rare. So we started off with just a directory, but two years ago we created a quality matrix that uses eight different measures across five different tools to create a hospice quality rating for every hospice in the country. So if you search San Francisco, it's not only a directory of hospices that serve San Francisco. The sorted, the rank sort is highest quality to lowest. So that's another way of quality.

**Dr. Eric Widera:** 17:50

I I I uh I got a question for you. If I had to choose, either go to Medicare Compare for my my hospice uh star rating, or I can go to uh remind our listeners what the the site is. National hospice locator. National Hospice Locator, which one should they go to?

**Cordt Kassner:** 18:08

You know, it's a really it's a great question. Of course I'm biased and we'll say go to the National Hospice Locator.

**Chris Comeaux:** 18:14

I would say the same thing.

**Cordt Kassner:** 18:17

Part of the reason is because I'm using some of those care compare measures. Uh-huh. The the best part about care compare is the transparency and that they put that information out. But one of the challenges with the star ratings in particular that you mentioned is only 27-28% of hospices have calculated star scores. So the vast majority of hospices don't have one. And so that would lead or leave the caregiver or the hospice patient at a loss if a hospice doesn't have enough surveys for CMS to calculate that score. So I approach it a little bit differently and create a score for every hospice.

**Dr. Eric Widera:** 19:04

Every hospice gets a score.

**Cordt Kassner:** 19:06

Exactly. Yeah. The last thing I'd mentioned around the news stories uh is something you've had uh Ira Byock on, GeriPal before, and and he's talked about uh his strategic path forward. He calls his his final point in his strategy uh the hospice brand, and being very proud of the hospice brand, what Chris typically calls mission moments in in the TCN talks podcasts. And these are stories about family members describing their end-of-life experiences with loved ones in hospice, hospice leadership. Uh there's all sorts of things that get wrapped into this hospice brand, and those tend to be among our our top red stories. People are just excited to see some of the great work that our providers are doing around the country. That's great.

**Dr. Eric Widera:** 20:02

Well, I want to make sure we have time for everybody's questions. I'm gonna pass it on.

**Cordt Kassner:** 20:05

I think um, I've I've got a question for particularly for for Alex and Eric, but but Chris as well. You've done so much in your GeriPal podcast to shine a light on the real challenges

that we face. Things like burnout among clinicians, racial uh and access inequities, resource constraints, better prognostic tools like e-prognosis. What's one worry or concern that that each of you have around the future of the field? What what keeps you up at night? And on the flip side of the coin, what what gets you excited? What what makes a difference? What's something you've learned through your podcasts that make a difference in improving our daily work?

**Dr. Eric Widera:** 20:56

What worries me the most right now is um uh you know, growing up in hospice, like you said, like you were bringing up, it's it's the mission, it's the heart of hospice that motivates me to continue to do this work. Um I cover our I'm covering our hospice unit right now. Um I do palliative care consults. I think both of them are very um they're very rewarding. I think um the biggest challenge is just the sh sheer amount of money and investment, and the the heart of what we do is not necessarily um a primary motivator for some of these businesses. And since you brought up Ira's article, we've both done podcasts with Ira. Is um it is hard to ignore fraud nowadays in um the industry, especially with hospice, and especially in certain states like California, uh where you know, we don't need 2,000 hospices in LA County. Like that's it's just crazy. Clearly fraud. Like it's just you don't need 170 hospices in one building in Van Nuys. Um and I do think as a field we have to take ownership of some of these problems. Um and we have to advocate and we have to advocate very loudly. And I love that folks like Ira are are pushing for us as a field. Like we don't control everything, but man, we can advocate and we should not neglect our voices. Um and I think that's the part that gives me the most promise and hope is that um I do and I don't think it's like we just did a podcast on you know palliative care light, which was like a derogatory term potentially for like these community-based hospices or palliative care organizations that are very much focused on um improving access to palliative care, but through different models that we're used to in academics, uh using potentially a lot of smaller teams. Again, I encourage you to listen to that podcast. Um, certainly a lot of investment going on in into that field, but um what I left with that is like even in those settings, like the palliative care providers, the the experts from social workers to physicians, it is important that we have a voice. And I always think back to Diane Myers saying, if if you're not at the table, wait, was it Alex? If you're not at the table, you're on the menu. If you're not at the table, you're on the menu. That's right. I'll popcorn it to you, Alex.

**Dr. Alex Smith:** 23:33

All right, well, mine's uh I'm gonna go in a different direction. I'm gonna put on my researcher hat. As the audience listeners, and um you all know, I'm a clinician researcher, uh, which means that I get like 80% of my funding uh through the National Institutes of Health or other research organizations. Um grants, right? I'm a grant funded researcher.

It's a tough time to be a grant funded researcher. And this is not an issue that's specific to geriatrics or palliative care, aging research, serious illness research. This runs the gamut. But uh, you know, because this is like the community, and I'm very committed to mentoring, I direct our T32 fellowship in aging research and um also part of the Ascent uh Collaboratory, which is a national NIH funded research infrastructure grant that provides like career development type awards and pilot awards. I direct the pilot corps for that. Um it's a tough time for the junior people. They're the ones I worry about the most. You know, people who are trying to get into the field of serious illness research or aging research, it's so hard for them because many universities aren't hiring. Many univers and and the NIH grants are just so it's it's tough to get them. And the the we don't know what the funding lines are anymore. The priorities are shifting. There are a lot of people who I know who I mentor whose areas are just being erased by the NIH, you know. Forbidden, you can't do this. You know, grants erased, taken back, and then there's this whole yo-yo effect. Well, then there's a court battle, and then they get it back, and it's like, and then it gets taken away again. It's really tough. So I worry, I worry that we may lose a generation. I hope not. I hope it's just a short period. And I hope that there are people who find ways to support those junior researchers who are trying to get into the field and get jobs and get grants and get started. Um, and I'm hopeful that you know we have some mechanisms to do that. Um, and I still worry that it's gonna have a chilling effect on people who are who might otherwise have gone into research. We'll now instead focus on other things, you know, clinical work, education, which is great, but we really need the science in order to advance the field. We need science to say, you know, we've tested this, we've studied this, this is the right thing to do. This is better than that. And whoa, we thought this was good, but turns out we were wrong. We've been doing it wrong all along. Um, so that's what I worry about. How about you, Chris?

**Chris Comeaux:** 26:15

Gosh, what do I worry about? Man, um, I was thinking of uh Eric's first question of court about like top news stories of the month or top stories. I mean, we go through what, Cordt? 72,000 probably in a year. And I probably I've I flag like a hundred of them also has 1,200 out of a year. And I think that's the challenge, right? How do you bring it down to one thing? We do have what I use in my framework, um, Alex, and when we do the top news stories of the month, we actually did five years of research, and there are eight challenges that we know, eight challenge categories or themes that every hospice and powder care program is faced with. So every month, I organize the articles I flag based upon those categories. So my direct answer should be these basically eight categories: the mission moments, reimbursement challenges, competition to be aware of, workforce challenges, patient and family future customer demographics and trends, regulatory and political challenges, technology and innovation challenges, the speed of change and resiliency that humans could deal with, one that I call kind of the human factor, and then

always have my catch all just Chris category. So those categories, every month I'm flagging articles that build kind of my own research behind it. And so any of those, we could do probably our podcast on any of those themes, but any follow-up questions to me on those broad categories?

**Dr. Alex Smith:** 27:38

I think we'll have some follow-up questions as we go. Um, I certainly have some that will expand on some of those categories.

**Chris Comeaux:** 27:45

And one more I'd add, Alex, because when we're in the green room the first time we all got to meet, I'm very passionate about leadership. It kind of goes in that. So, you know, I John Maxwell is one of the guys I've always read and kind of followed my whole life. He says everything rises and falls on leadership. So, you know, what's heavy on your heart about research? It all comes down to leadership. So those young people that may feel jaded right now, if they will just whatever pathway opens up for them, if they'll go to school there and just keep going to school there, your sphere of influence will grow. And you never know how those things that feel like little side trails may come back and you'll harvest things that can help you for the big game that maybe you thought was going to be where you're gonna be from the very get-go. That all comes back to the whole journey of leadership, why I wrote the book, *The Anatomy of Leadership*, to give people a framework.

**Cordt Kassner:** 28:33

Alex, I just comment on your thought around the researchers, and and I I really appreciate the the concern about the next generation and and where this is going. And I'll be honest, I thought to myself, how exciting that we have a next generation of researchers interested in gerontology, interested in hospice and palliative care and end-of-life care. Like I probably all four of us have been around long enough. There was a time there weren't very many like people lining up at the door for uh to enter into research in these fields. And it's exciting that that there are people interested in it.

**Dr. Eric Widera:** 29:13

Alex, I'm gonna ground this. Do you feel like there's more or less right now, given the uncertainty? Like people are they wanting to commit many years of their life to research fellowships and I think it's still early to say.

**Dr. Alex Smith:** 29:29

Yeah, I mean, we're uh the the major change came with the change in the federal administration, which is what a year and a half in? Yeah, or a year? God, it feels like longer.

**Chris Comeaux:** 29:43

It is it does, but you're right, it's probably a year and a quarter. By the time the show airs, anyway.

**Dr. Alex Smith:** 29:50

So I think it's tough to say.

**Dr. Eric Widera:** 29:51

You're by your hopeful.

**Dr. Alex Smith:** 29:53

Uh uh yeah, I I I agree, Cordt. It's I'm I'm hopeful and I I love the fresh new ideas that are bubbling up from these new investigators looking at these problems that are seemingly intractable with fresh eyes. And I worry that some of them just are going to be so disillusioned with what they read and what they hear about and what they hear from other junior people, and the fact that just a lot of universities aren't hiring researchers right now. It's tough to get a job, you know.

**Chris Comeaux:** 30:25

Alex, what Cordt and I had Ira on, and we did a podcast as almost like a gift for the holidays to people, just kind of time with Ira from his heart. And he said something so profound. They sat around a fire in Colorado at some, I guess it was in Estes Park, right, Cordt? And there was no research. There were no textbooks, there were no classes. You know, you think about the early days of where he was and think of where we are today. The challenges, the mountain range of challenges in front of them in the early 80s, et cetera. We have different challenges. And that same spirit that they kind of address them with, we shouldn't let these challenges tick us out. You know, what will they say about us a generation from now, just like how we're talking to the IRS, you know, future when Alex and Eric are on somebody else's podcast 20 years from now. What did you guys do in 2026 when those challenges came? I feel like that's this is our time.

**Jeff Haffner / Producer:** 31:17

Don't miss part two of this episode coming this Friday.