

Transcript: Welcome to Fall Tops News Stories September 2025

Cordt Kassner: 0:00

This month we ran 15 regulatory stories, half a dozen tied directly to waste, fraud, and abuse.

Chris Comeaux: 0:06

Um title of this one was uh nurse practitioner RN shortage to hit 362,000 by 2032. This was in Beckers. The researchers predict a shortfall of 328,100 registered nurses and 42,100 licensed practical nurses and 33,800 nurse practitioners through 2032. So that's kind of the paints the picture of the challenge.

Cordt Kassner: 0:34

Last month I spotlighted uh artificial intelligence in hospice, and that theme continues this month. Our most read story this month was a chat GPT generated summary of hospice utilization trends over the past decade. And there's there are so many people that are that are looking for opportunities like these scholarships. I was actually talking with somebody last week, and uh she was cutting my hair, and she was telling me how she was getting ready to start CNA school. And I said, how cool is that? And she said, you know what my dream is. I said, What's your dream? And she said, I want to be like the surgical nurse. And when do you need to like shave part of somebody's head? I won't like shave it; I'm like cut it and put a wave in there and just style it, and people are like, man, you just got hair. Just like I do, and I just you know that's a really valuable resource in hospice as well.

Chris Comeaux: 1:35

I think about a lot of the hospices we're working with and the level of excellence that they're aspiring to. And it's never a destination, it's always a journey. But it feels like, I mean, some of this data just shows like what game are you even playing?

Jeff Haffner: 1:50

And now our host, Chris Comeaux.

Chris Comeaux: 1:53

Hello and welcome to TCNtalks. I'm excited. This is my favorite time of the month, but it's also my favorite time of the year. Welcome, Cordt Kassner, welcome back.

Cordt Kassner: 2:02

Thanks so much. It's great to be here, Chris.

Chris Comeaux: 2:04

Yep, just in case we have any new listeners, Cordt Kassner is the publisher of Hospice & Palliative Care Today, CEO founder of Hospice Analytics, and he and I do this every month where we cover the top news stories of the month. Cordt, man, we it's like we're coordinated. It's both like fall. You got fall colors on, I got fall colors on.

Cordt Kassner: 2:22

I tell you, if I could share my screen this look this last weekend, I was uh up in the mountains with at a wedding of one of my family members, and it was fantastic. Fall colors are popping here, and it's also my favorite time of the year.

Chris Comeaux: 2:36

That's awesome. And congratulations. I uh the family event this weekend. Cool. I forgot that we were that close to each other for our events. Um, and man, this is uh kind of a special time of the year. Uh hard to believe. Hurricane Helene one year later was this weekend. Uh, you and I are taping on Monday. The show will be released the Wednesday, right, the beginning of October. And I just want to give you and joy major kudos. First off, you guys did a beautiful job actually covering the event when it happened. You gave us lots of just wonderful ways to highlight the challenges we were navigating and way people could support us. But then for you guys to circle back one year later, just want to thank you for doing that.

Cordt Kassner: 3:14

Absolutely. It's our pleasure to keep this in front of uh all of our subscribers' attention. Uh, it was such a significant event in so many ways and and the heroic measures that happened through the tragedy. Uh, I'll just give a shout out to Dr. Joy Berger, our editor-in-chief. I think she did a wonderful job pulling together the interview that that the four of us had and uh putting that into a story and making that available to people last Friday. She did a terrific job.

Chris Comeaux: 3:45

She did. Well, here's a quote that I'll just kind of maybe end this section with that just struck me. I think it came out on Friday. I don't think I had it whenever we were actually doing the interview that you guys highlighted, but I I expressed a sentiment that this was a much more succinct way. It said, our Western North Carolina landscape is still recovering and rebuilding. It visually represents our emotional recovery and rebuilding. Both are still in progress. And because invariably everyone asks, how are you guys now? How is Western North Carolina? How is Asheville? And I think that's a great summary.

And so, we're we have made progress and it's still a work in progress. And I think the people emotionally are the same way. Um we had a bit of a freak out this weekend. I know I did. So, people please pray. Um there was a hurricane, and the original models were all coming straight towards North Carolina to the mountains one year later. And thankfully, now all the projections were it's taking a hard ride out to Atlantic, which is great for everybody because you don't you don't want to wish it on anyone else, but we certainly didn't want it here in Western North Carolina.

Cordt Kassner: 4:48

Yeah, I was glad to see it hooked away as well.

Chris Comeaux: 4:50

Yep, awesome. Well, let's get going, man. You got a lot probably to talk about this month. Why don't you go first this month with your top stories?

Cordt Kassner: 4:57

Sure, happy to. Thank you. So, our faithful listeners know I've been leaning on Dr. Ira Byock's recently published white paper, A Strategic Path Forward for Hospice and Palliative Care as a framework for organizing our most read articles. I'm especially excited to share that Ira and I will be presenting together at the AAHPM Annual Assembly in March of 26 in San Diego. So, I hope you can join us there. It'll be a good, good session and a great conference. Uh so let's dive in. He starts off with zero tolerance for waste, fraud, and abuse. This month we ran 15 regulatory stories, half a dozen tied directly to waste, fraud, and abuse. One highlight is a podcast from attorneys Meg Pekarske which I probably always say wrong, and Jonathan, thank you, uh, and Jonathan Porter, exploring when does poor quality cross into worthless services and potential false claims liability, which I thought was a really interesting angle. Uh, from the data side, hospice analytics ran 2024 claims and found 28% of beneficiaries who died on hospice had no recorded discipline visits in their final week of life. It is a staggering figure. Now, I I always try to put that into a little bit of a context. It's a claim, it's a billing document. It's not your electronic health record. It means discipline visits, if they occurred, like did not show up on the claim, which is a different kind of problem. But of course, the concern is there actually was no visit that occurred in that last week of life. Uh, so let's start today's conversation by emphasizing the importance of visits in the last week and ensuring truly high quality services at the end of life.

Chris Comeaux: 6:52

Makes me recall our my conversation on Dr. Byock when we had the podcast. And I just think the gist of my comment was I think about a lot of the hospices we're working with and the level of excellence that they're aspiring to. And it's never a destination, it's

always a journey. But it feels like, I mean, some of this data just shows like what game are you even playing? Because you're not even in the same realm of trying to be an excellent organization with some of this stuff. So, kudos for you for highlighting it.

Cordt Kassner: 7:19

Thank you. And one of the you know, pieces we also mentioned, like Medicare might come out with a report and say 28% of hospice patients who died on service did not have visits recorded in the last week of life. And it's kind of national, and you sort of scratch your head and say, well, you know, well, that's the other person, right? That that's the other hospice. But because we work with beneficiary level claims, I totaled it up. Like we know which hospices are in that 28% and which ones are in the 82% that provided, we know how many visits, how long they were. There's a wealth of detail there that that make it very interesting. So, uh Iris four calls to action uh in his paper. The first one, clinical and programmatic standards. How do we differentiate between the good and the excellent? I and I want to give three shout-outs. Uh the Louisiana, Mississippi Hospice and Palliative Care Organization hosted an outstanding webinar on mental health and palliative care. It had excellent feedback with comments like, I never knew this existed. I and in fact, I tuned into that webinar, and it got me thinking about another webinar that was coming up from McGill University in Canada. Uh, another widely read post, and this is why I did the post was Dr. Harvey. I'm gonna mess this up, Chaknov's work uh in dignity therapy, meaning and suffering. This guy's amazing. He he's written over 200 articles, four books, uh, including uh being the editor of the Oxford Handbook of Psychiatry and Palliative Medicine. I I have a copy of that on my shelf. And it's truly an amazing resource that again, a lot of people say, I never knew this existed. And then coming up, the Hospice and Palliative Care Association of New York State has a really interesting sounding webinar next month name titled Guns, Drugs, and Schizophrenia: The New Norm in Home Care.

Chris Comeaux: 9:26

Wow. Well, actually, I'm gonna be with those guys at HipK News. You and I are together last year. I'll be at their annual conference at the end of October, so I'm looking forward to that.

Cordt Kassner: 9:35

Fantastic. Yeah, great folks up there, and what a what an interesting outreach. The second pillar uh in IRA's paper is making meaningful data readily available. I want to thank the 30 plus readers who responded to last month's invitation to learn more about hospice research projects. Studies uh recruiting both for-profit and private equity-backed hospices are active right now. Please reach out to me if you'd like more details. We're trying to connect the researchers trying to do this work with the hospices doing

the work. And so, it's a great partnership there. Another top red story NIH's plan to drive gold standard science, which to me, when I was reading the article, was reminding me of how much research, regulation, and reimbursement interconnect that you really want all three legs of the stool to provide outstanding science, outstanding clinical care. His third pillar is driving competition based on quality. Uh, another McGill University uh story uh at McGill, the study found access to respite services nearly tripled the likelihood of patients dying at home, matching most Canadians' preferences, which I thought was really not surprising, but interesting to put some numbers behind it, some research behind it. And of course, a reminder the hospice hope tool begins implementation October 1st, right around the corner.

Chris Comeaux: 11:12

Which is that's the date actually this show is going to air. And kudos, you enjoy been doing the countdown. Um, we had there was a national partnership of healthcare hospice and healthcare innovation meeting, and the data statistic was reported that I think either only 50% or only 40% of hospices had even signed up for iQiz, um, if I say that, if I'm saying that acronym correctly, which is very alarming. So, I'm I sure pray that they're all signed up because October 1st is here as you're listening to this podcast.

Cordt Kassner: 11:42

Absolutely. The fourth pillar, embracing and promoting our authentic brand. I'd like to highlight by the Bay Health in Northern California. We ran a story about their launch of a new nursing scholarship program in memory of Pat Kendall, an emergency room nurse and board member. It made me pause. Who in your hospice world deserves such an honor?

Chris Comeaux: 12:05

Oh, that's so cool, Corey, because actually, um, Four Seasons where I grew up in hospice, we had an amazing nurse named Trina Berishnakoff. It's one of the just picturesque nurses, like the poster child of what you want a hospice nurse. And she unfortunately, she and I shared the same birthday, and she unfortunately passed away and she was young as a hospice nurse. But the wonderful thing is to this day, Four Seasons annually does a scholarship, and it's called the Trina Berishnakoff Scholarship. And exactly in that way, just really encouraging staff to um upskill themselves, whether it's a CNA becoming a nurse, et cetera. And they do that once a year, and it's great. Trina's family come and actually do that award. And so, I imagine there's similar stories throughout our whole hospice realm. And so, what a wonderful way just to create a legacy and really

encourage people to be upskilling themselves because the workforce shortage, as you and I talk about all the time, is just going to get worse and worse.

Cordt Kassner: 12:57

Absolutely. And there's there are so many people that are that are looking for opportunities like these scholarships. I I was actually talking with somebody uh last week, and uh she was cutting my hair, and she was telling me how she was getting ready to start CNA school. And I said, How cool is that? And she said, You know what my dream is. I said, What's your dream? And she says, I want to be like the surgical nurse, and when you need to like shave part of somebody's head, I won't like shave it, I'll like cut it and put a wave in there and do and style it. And people are like, Man, you should cut hair. She's like, I do. And I looked at her, I said, you know, that's a really valuable resource in hospice as well. And she just kind of looked at me. I said, in fact, some hospices offer scholarship programs that if you that they will pay for your CNA training, and then you if you work for them for a year or whatever the time frame is, and then you can they will pay for your RN training if you work for them for a couple of years or whatever, and really progress through your education. And she just looked at me with eyes wide open, like, I need to find out about that. I'm like, I can help.

Chris Comeaux: 14:17

That's awesome.

Cordt Kassner: 14:18

The other piece for uh embracing that and promoting our authentic brand, Hospice and Palliative Care Today has added a new feature honoring the lives and legacies of hospice leaders. This month we remember Don Penley, who used to run the New Jersey Hospice and Palliative Care Organization, Dr. Marlo Sloan, who is a former medical director at San Guerto Cristo Hospice in Pueblo, and Dr. George Webb, who's a former medical director at Hospice in Kentucky. Also of note, today we ran a breaking news story on the unfortunate death of Dr. Balfour Mount at McGill University, who is one of the true founders of the entire field of hospice and palliative care. He's named kind of the father of palliative care. Uh, so please share obituary notices or when you hear of leaders in our field who are dying, we want to honor them. The last category, I I I coined this from you, Chris, I have chords category, which are things that I thought were interesting that didn't fit into the other the other categories above. Last month I spotlighted uh artificial intelligence in hospice, and that theme continues this month. Our most read story this month was a chat GPT generated summary of hospice utilization trends over the past decade. Another top read, a chat GPT-built comparison table of hospice palliative care and PACE programs. And just this week I was in a board meeting. I used ChatGPT to summarize the MedPack report chapter, not on hospice, but on Medicare Advantage,

which is a long chapter, but lots, I mean, really packed with interesting information. Uh, and how to explore hospice services using ChatGPT to also explore how hospice services align with the institutional special needs programs or iSNPs in nursing facilities. AI is already reshaping how we analyze, communicate, and strategize in hospice. I'd love to hear from our listeners and from our readers. How are you using AI to improve hospice care?

Dragonfly Health Ad: 16:33

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

Cordt Kassner: 17:20

With that, Chris, I'll turn it over to you. But what did you find this month?

Chris Comeaux: 17:24

All right, perfect, Cordt. Well, I appreciate it. Um, I had about 47 articles that I flagged this month. Again, always appreciate what you look at, especially from um I love that how you're organizing it by um Dr. Byock's framework. And then of course we'll in a second we'll actually just have you share the data. But in mind in my 47, I'll just go directly to my Chris category, as you kind of pointed out. And it's funny, I had 14 this month in that category, only seven I'm gonna point out right now. But the first one was actually your AI. And so that was really cool about comparing hospice, powder care, and PACE programs. Um, and so here's how I kind of want to talk about it is first off, that's awesome that you're doing that. I think you're pushing people stinking, also maybe even helping them go, oh, I hadn't thought about doing something like that. But every tool in the hands of someone should be do not suspend yourself from critical thinking skills. This is a perfect example where if you just took that, and well, I'm just gonna go into a presentation about that. Like we have a really good kind of internal debate, maybe external little bit of, you know, hospice compared to PACE programs, and that, you know, people are saying, well, PACE is a good substitution for hospice. Uh, because see, look at the percentage of people that are actually dying on PACE, but are they really getting good care? In fact, we've even talked about maybe trying to figure out being part of a study around that because people are dying under PACE and they're not getting hospice. And have they really got good quality end-of-life care? PACE programs do an amazing job managing people's care three, sometimes four years on towards the end.

And so, but I do worry about those people that are dying in PACE. Are they getting good pain, symptom management, et cetera? So, first off, I love that you're doing it. Number two, it just shows that um AI should be a tool in our hands, not a substitution for cut paste, don't apply critical thinking skills, et cetera. But just the fact that you're pushing people to use it more and more. I just want to remind people on the flip side, um, it's a great tool in the hands of someone who is a deep thinker. In fact, I think one of the superpowers of the future is exactly that. Anyone in the long run is gonna be able to do what Cordt's poking them on, run that chart. But then what's that secret sauce that you add? Well, the secret sauce is I'm a deep thinker. And here's an angle that the Chat GPT is not going to produce, which is wow, is it the same quality for someone in their life in hospice compared to pace? Um, in fact, someone said once is think of AI as the basically the librarian. And so how I use the librarian in school is I went, we didn't have the internet that shows you how old I was, and you did a research paper, but then you applied your thinking to all that great research that the librarian brought to you. That's a good metaphor, I think, in how AI should be a good tool for us going forward.

Cordt Kassner: 20:06

Well, and you're touching on something that that we're trying to emphasize, which is you may or may not care about comparing hospice palliative care and pace. Maybe I I mean this weekend I I was helping someone compare two uh annual conference hotel contracts. And just I loaded them into ChatGPT as it create a table, compare and contrast, highlight the different the significant differences. And it took, you know, each contract's 20 pages, and it says, well, this had a minimum food and beverage minimum of this, and this one had that. And it it just it was so helpful. So, it what we're trying to do is really encourage people to think about how they can use AI in their day-to-day world.

Chris Comeaux: 20:51

Well said. Well, next up, so nursing homes can disrupt, so this is a title of the article was in Skilled Nursing News. Nursing homes can disrupt rehabbed to death, the cycle with PDPM based powdered care. I'll read a little bit from it. So skilled nursing facilities can leverage the PD, which is patient-driven payment model, PDPM, to provide more powdered care to people near the end of life, helping to drive value-based care goals while improving the patient experience. However, much more needs to be done in the policy level to disrupt the current status quo, in which people commonly go through several care transitions near the end of life, driving up costs across the healthcare system while patients receive services that are not aligned with their own goals. Enabling concurrent SNF and hospice care is one change that could lead to improvement. These are assertions in a recent article, Rehab and Death, improving end-of-life care for Medicare Skilled Nursing Facility beneficiaries, which was published in the Journal of American Geriatric Society. So, I want to point that out and also want to point out, Court,

one of the things that's come out of our network, um, Andrea Hill, the CEO of Valley Hospice, is she's designed a potential fifth benefit that would get into this realm almost like a skilled benefit. Because for years we've seen that, right? The families will choose skilled days kind of stuck because they're not sure how they're gonna pay for the room and board, probably not fully realizing that there's probably gonna come a day we're gonna look where we were torturing elderly people to put them through skilled days rehab. It's not, it's really a mismatch for goals. And it's being driven because they're stuck. Um, and they really don't know. It's not an informed choice, not faulting skill facilities. They're trying to make their financial budgets work. But it's just one of those almost like hamster wheel systems we're all stuck in, and there's got to be something to disrupt it. So anyway, I thought that was a great article, and then just reminded me to give a shout out if you're interested to learn more about this benefit that Andrea Hill has designed, please reach out to me or I'll actually connect you directly with her. And so next one is um, I think you pointed this one out maybe last month, but to me it just it jumped out in one of my top ones, how the pit gets death right. And this was under Hollywood Reporter and just talking about if you've not seen the pit, it is awesome. It's an HBO breakout medical drama. Um, my ER nurse now, daughter-in-law, um, she will put it on when she's at home. And I've kind of got captured into it as well. But they did a beautiful job in why it got death right is they gave a shout out really to Dr. Byock, the four things that matter most. They quoted it, I forget it was like a uh, I think they said it was a Hawaii, a Hawaiian cultural norm to say thank you, please forgive me, I forgive you. Um, if I've got that right, I think that's how they attributed it. But anyway, immediately I'm like, that's Dr. Byock major call out. And I just thought they really did a great job in the pit. Because quite often death and dying has maybe been done so so, but it feels like we're, first off, you're seeing it more, um, and they're maybe getting it right a little bit more. And I think they're maybe consulting with people like Dr. Byock. So that was great. All right. Next up, disaster preparedness in 2025. Recommendations of healthcare chief executive officers. I don't need to belabor why. Again, kudos to Court and Joy. They've done a beautiful job just pointing it out as we're getting into that season. In fact, we just put the finishing touches on our own disaster preparedness update to our manual and also made really damn sure we have hard copies available in lots of different places because that was one of our biggest learning lessons. Court and Joy asked that in our interview last week, and we had no communications. We had no cell phone, and so that was the hardest thing. And so, you revert to old school very quickly when you can't call each other on the cell phone because there's no real landlines left. And so that was just a really good reminder that they published that. Next, what does it mean to be human in the age of AI? This was in the Hastings Center for Bioethics. And I may go, oh, well, that's an interesting question. But actually, I heard a podcast at the beginning of this year that number one predicted how quickly AI was going to move this year. And that was the punchline to fundamentally, we're gonna be wrestling with the question as we go

forward, what does it really mean to be human? And the the gist here is that we're at a turning point because the first time in history on our planet, our species, we're seeing the emergence of non-human intelligence. And so, it is gonna be a big question. And like last night, my kids were uh, we went out for my son's birthday, and it was just kind of just sitting back, and it's just such a cool age. They're engaged and now have a daughter-in-law, and just it's really cool. Our families like double from five to ten almost overnight. And just listening to their conversation, and they're all young adults, and they were talking about that of gosh, I'm not sure I'd want to be a physician in the future because AI is kind of coming for your job, and them talking about each of their own fields, et cetera. And so, think about like a world-known physician, if if at some level it diagnosed just as good, and I've got my worth from that role, what does it mean to be human? What does it mean? What is my cause and purpose in the world? And I think those are big questions. They're gonna get even bigger as AI moves more rapidly, and especially as we get into 27 and 28, where potentially we're gonna see AGI, which is artificial general intelligence, where it's reasoning for its own right now as that librarian, but there is some really good diagnostic tools that are out there that really have outdone some clinicians and some physicians. So that'll be one I'm sure we'll keep talking about. Next one, are we growing leaders? Exploring leadership training in hospice and palliative medicine. This was a JPSM article. And obviously, I just want to jump up and high-five them because leadership I am super passionate about. We, in fact, we have our leadership immersion course for TCN coming up on the first week of November. And we do have a lot of physicians that go through that because many of them were never trained as leaders, and then they find themselves over a huge palliative care team or a palliative care program with multiple teams, et cetera. And so we've had many, we have our Teleios University one-year leadership certification. We have probably had seven different nurse practitioners leading palliative care programs that have gone through that because they've never had any of the leadership training. So just want to major high high five to JPSM to highlight that. And then the last one, Cordt Hospice AI. And this again, this is one summarize national and state hospice utilization trends over the past 10 years. And so, there's a great four-page detailed summary. And one of your questions in here, one key takeaway was that growth is slowing nationally, suggesting hospice has matured in penetration. The opportunities remain in underutilizing states. Great takeaway. Another interesting angle, we have a podcast coming out soon with Peter Benjamin because one of the things that he was the first person I heard talk about the death pull forward from COVID and the spike in deaths. And he actually said it in the podcast, you have to listen a couple weeks. But the cumulative, and I think it was over four years, 20, 21, 22, 23, the cumulative excess deaths was 900,000. So we pulled forward 900,000 deaths in that four-year time period, which means those are people we would have cared for in future years. So, it makes the future projections of penetration really difficult. Now, one of the points I counterpoints that I made to Peter is but hey,

Peter, the baby boomers are the largest demographic ever, and they're aging now into this demographic. A lot of not a lot of them, but some of them are starting to die, the leading edge of the baby boom. Does that potentially negate? So, the two wash out. And I'll say, Liv you as a cliffhanger, check out that podcast for his answer to that question. Um, but it's really interesting. And I think, I think part of what you're seeing in that data court is that what I'll call that COVID effect, that death pull forward, which is maybe making look like that penetration is kind of stagnated. And maybe it's really that we've pulled forward a lot of deaths. And um that number is now gone. Maybe people are penetrating more in their communities, but yet the net of those two is making it look like it actually is stagnated. But it makes it a really interesting question is okay, then where does that go forward in the future?

Cordt Kassner: 29:14

Well, and just to get geeky on that for a minute, because I'm gonna I'm gonna talk about this article again and in a couple of minutes. But to build on what Peter is talking about, if you're looking at the raw number, the 900,000 people who died earlier than we were expecting, then uh you know there you're looking at the number. And he's right, we have seen that increase in deaths unexpectedly the last few years. Then it dipped. It went lower than we were expecting because there was this trough because those people had died, and now we're back on the upswing of total numbers of deaths and that sort of thing. The thing that I would get geeky about is. Is when we're talking hospice utilization, we're talking about the percentage. So okay, 900,000 people, more people died than we were thinking, but did half of them get into hospice? Or if there's a trough and a smaller number of deaths, okay. Did half of them get into hospice? And so that that percentage theoretically should be consistent, even if the number is going up and down a little bit. And what we're seeing right now is the highest hospice utilization rate nationally on record, which is cool, 50.6%, just over half of the beneficiaries who die on hospice. And I think that's gonna is going to continue growing, but as ChatGPT said here, it's gonna slow a bit because we're getting closer to that threshold. Like we're never gonna be at a hundred percent. So very interesting.

Chris Comeaux: 30:59

That's actually such a great point, too. So, in and within that, right, you did a great job too. I actually printed out the report. You had like a very high states like Utah, Florida, and 60%. And then contrasted within that, you had North New York that was at like 30 something percent, and I think maybe Wyoming at 40%. So, you've got that wide disparity, but then nationally it's evening out at 50%. 50 point you said 50.6? Yes. Interesting. Well, Cordt, that's mine for this month. You want to talk about your data now? What's this? What does the stats say?

Cordt Kassner: 31:32

Sure. So, the click-throughs um for this month, Hospice and Palliative Care Today published 388 articles, which is normal. That that's pretty much what we publish every month, that collectively received 28,000 clicks or reads. Only eight stories surpassed a thousand reads each. And for context, we typically average 140,000 clicks per month and about 20 stories crossing that 1,000 red mark. So, September's engagement was unusually low. In fact, I noticed this and went back and double-checked to make sure that our count clicking program is working correctly. It is. And then I reviewed our historical data from last year. And sure enough, we saw a similar dip last September. So perhaps this is a seasonal pattern, fall, back to school, wedding season, conference season, don't know. But the drop is notable. Uh so that said, like we use this information. We call out, oh, hey, it's never been higher, and you know, oh, is it higher than last month? Well, in transparency, we'll share when the numbers aren't. So that's it. Let's take a more closer look at this month's trends. Our top categories this month, each of these categories having more than a thousand reads, headlines, hospice provider news, which is encouraging for us. It says we're lining up, we're matching interests with the readers. So, we so we really like that. AI today, research news, today's encouragement, announcements, uh general announcements, and then uh clinical news and our social media watch were all uh very uh very well read this month. We've already been talking about this this AI story with hospice utilization trends. Uh a couple of quick takeaways to add from there. I we've actually already talked about the percentage and the number. One thing that I do want to point out is that editing matters. And I'm testing ChatGPT with all sorts of different questions and explorations to find out where it's good and where it's not so good. And one thing I found in this this particular ask and dialogue, if you will, with ChatGPT, was that they it generated some charts that here are the five high highest states with hospice utilization, here are the five lowest. And in the chart, I checked the states were listed correctly. And what got my attention was in the description of the chart, so in the text beneath the chart, it listed five different states. Actually, it's like three different states, and two of them were the same as what was in the chart. So, the charts and the description didn't match up, and they should have. So, I kind of that learning lesson. We have to edit these things, we have to look. If I'm a student and I turn that in, like that's gonna be a little note for the professor to say, ah, this guy did ChatGPT and didn't read it. And as I said earlier, if we can load spreadsheet, Excel spreadsheets with information and ask ChatGPT to provide an executive summary and highlight differences and whatever, what else can you use it for? What if you loaded your financials in? What if you uh we could go on and on. Uh the second most red story this month was a regulatory headline about the alliance's comments on the 2026 home health proposed rule. That was also uh highlight a feature of the recent Hill visits that that the Alliance conducted, flying people into DC to talk to legislators about home health and hospice concerns, rounding out the top three, a piece on healthcare CEO

tenure. I thought this was kind of interesting. The latest study this year found average tenure at 7.3 years, and the tenure of healthcare CEOs was slightly shorter. I'm sorry, 7.3 years was for the healthcare CEOs. The industry average was 7.5 years. Last year, same group conducted the same study, and they found that healthcare uh leaders lasted longer, not shorter, than their peers. So, kind of kind of interesting to keep an eye on that.

Chris Comeaux: 36:13

Yeah, I was kind of surprised by that one too. I it caught my eye. Um, certainly, and it was one of the top clicked on ones. So Yeah.

Cordt Kassner: 36:21

How about you? What uh how about your review of categories?

Chris Comeaux: 36:24

Well, first off, just a shout out, because this is why we do this podcast, right? If I human beings are human beings, and so there's cycles, like you said, maybe back to school, etc. So how do they catch up? I feel that too. Like I was catching up to go, okay, I've got to have read all the articles to prepare for this show. Um, you may not feel that pressure, you being the listener, because you're like, well, I'll just how do I catch up? Well, that's exactly why Cordt and I do the show. And um, everything he just alluded to in the statistics is actually available in the show notes. So, you can actually see that, and then of course, listening to the show. So, if my perspective is the C-suite, um, here are the things that I wish you wouldn't have missed. And you could go back and catch up. My actual document will be available in the show notes as well. So, Mission Moments, so these are kind of my uh categories that I use every month. Mission Moments, they were actual six. I'm just gonna read the titles because they were so good. Christmas for Lori, Carmel neighborhood lights up in August. It's a beautiful story about uh a neighborhood in Indiana, Carmel, Indiana, and they did Christmas in August for a neighbor who was actually passing away under hospice. Um Husband and wife have emotional reunion after a year apart while dealing with dementia, and that was in people, and that just made me tear up just by the title, much less reading the article. Um, another one, what I learned about dying while caring for my husband. And this was an article in BK Books. Here's one, Ancient Wisdom. How do we want to be remembered? This was a really good one. Another one, fulfilling end of life dreams, a scoping review, a bucket list in palliative and hospice care. That was pretty cool. And this one I will probably read from a little bit because it was just so good. Top regrets people have in their final days. This was in Family Minded. Here are those things, skipping the simple words, outworking themselves, ducking the camera, forgetting that presence counts. Little Nick Saban quote, be where your feet are. Passing on the hat. So, passing on the hat, living someone

else's story, saving too hard, delaying that trip, letting friendships slip, refusing to let go of grudges, skipping the deeper stuff, calling hospice too late, not learning to say no, and staying where it hurt. And so just great article. So those are in the first category in the mission moments. The next category was reimbursement challenges. I had two this month, just one I'm gonna point out. Um, there was a lot of chatter about this on last Friday, the week before we were taping this. CMS launches landmark \$50 billion rural health transformation program. And so, it wasn't very clicked on. It was getting a lot of traction. Uh, MPHI sent out an email with some interesting ideas. It's gonna have to be at the state level, but they're trying to do this to ameliorate some of the Medicaid cuts they're gonna be actually hitting. Next category was competition to be aware of. There were seven articles, only three I want to point out. Um, one we had pointed out when the AG was actually looking at chapters west. They actually did green light it. So, the title is Hospice Providers Coast to Coast Expansion Receives Green Light from California AG. So, congratulations to Andrew Molowski and all the wonderful folks that are involved in that. Next one, Walgreens Goes Private, splits into five companies, eight things to know. Really interesting read. And the five companies that they actually broke Walgreens into is it actually went private. And then last one, because we've highlighted this one for quite a while, United Health Group and the METAC has closed their \$3.3 billion merger one week after securing a key settlement agreement from federal regulators. So that was under that one. There's a lot on the workforce this month. There was actually seven articles, five of which I need to point out because they're just so good. Um, title of this one was uh nurse practitioner RN shortage to hit 362,000 by 2032. This was in Becker's. The researchers predict a shortfall of 328,100 registered nurses and 42,100 licensed practical nurses, and 33,800 nurse practitioners through 2032. So that's kind of the paints the picture of the challenge. Next subcategory into workforce is implications of the issue, and I've got a couple here. Medicare cuts and tech gaps drive home health nurse exodus. And so, research today released it showed that U.S. home health executives, finance leaders, clinical leaders showing that technology inefficiencies are a primary driver of nurse attrition, and which actually is going to get a little bit later to technology under solutions. So, hang on to that for a punchline a little bit later. Here's another Becker's article. 55% of healthcare workers plan to change their role within one year. Some of that is actually external to the organization. Some of it is just switching roles within the current organization. Um, it was about 38% of those were internal, and 40% were actually like, where I'm gonna leave, I'm gonna be going somewhere else. So little loaring survey there. Another one uh paints the picture of the implications. Hospital staffing and patient outcomes after private equity acquisition. After private equity acquisition, and this by the way was in the annals of internal medicine. So, after private equity acquisition, hospitals on average reduce salaries and staffing relative to non-acquired hospitals. And then, of course, what you would expect, right? Quality scores, et cetera, actually go down. Under the solutions category, I didn't want to be all doom and

gloom. Update it, CMS confirms the launch of a \$75 million nursing home staff training fund. And so, under Dr. Oz, he announced that his agency is moving forward with a \$75 million in funding to support a long-awaited tuition reimbursement and training program for nursing home staff. Bottom line is its spending could amount to about \$5,000 per US nursing home nationally. So that was under workforce. Again, workforce is a continual challenge. So we'll talk about that every month. Next category is patient, family, customer demographics and trends. There were about six articles. I'm just gonna read the titles. When patients arrive with the answers, that was a JAMA article. I thought that was fascinating. When I go green, when I go, I'm going green. That was a KFF health news article. Interestingly, of course, that was one of my predictions at the beginning of the year that we're gonna see more of that this year. Um, heart disease tops U.S. mortality in 2024, the CDC reports. That was a McKnight's article. Um, has human life expectancy already peaked? That was a fascinating article. Americans are choosing cremation at historic rates. Talk about the funeral home business as being majorly disrupted. Actually, after a board meeting at one of our TCM members, I end up chatting with one of their board members who's on the funeral home. You tend to find a lot of funeral home directors that are on boards of hospices. Man, they're undergoing a whole lot of interesting disruption, innovation, et cetera. And then last one, serious falls resulting in hospitalization among Medicare enrolled nursing home residents. This was an HHS Office of Inspector General report. Really interesting about falls. All right, next category is regulatory and political. Only had two this month. Only one I'm going to point out. CMS annual change in Medicaid and hospice payment rates. Basically, it says that they're slightly different than the Medicare rates and should be used when billing hospice Medicaid patients. This memorandum contains the Medicaid hospice payment rates for the Fed fiscal year 2026. I'm pointing that out because many states, North Carolina included, have a lot of interesting legislative stuff going on and um major Medicaid uh funding challenges and saying, well, will they, will they or won't they fund hospice? And so you really got to keep an eye on kind of Medicaid right now, and especially as we're going into October and new fiscal year. Technology category, only two this month. Only one I want to point out. I kind of alluded to it earlier, where AI can make the biggest impact for nurses. This was in Becker's. Artificial intelligence and nursing is often framed as a way to cut paperwork. But nurse informatic leaders told Becker's this potential goes beyond that. Reshaping the nurse's role, strengthening patient safety, and providing real-time insights and improve care. Many did say that the most immediate opportunity lies in absolutely easing the documentation burden. That is absolutely a place. I hope many organizations, many of our TCN members have got an interesting partner, that they're using it exactly in that way, that they're bringing it a way to use that AI voice, turns it into text, where you can actually put it to the EMR and reduce that friction of clinicians having to document. And my last one, Cordt, the human factor. This is uh here's the article title. This is the one question leaders need to ask

themselves to avoid burnout. Leaders need to pay attention to their energy levels. This was in Forbes. And brother, I just lived that last week, and so I was burned out. I just came out of big family stuff, busiest time of the year, horrible travel woes, and my butt was dragging, and I had a little bit of a health scare last week. And so it's funny that I had picked that one out to end on because I'm living that and our energy level is so important as leaders because we set the tone, number one, for ourselves, but also our teams.

Cordt Kassner: 45:59

Don't we just tell other people to take care of themselves? Like we're supposed to do that ourselves.

Chris Comeaux: 46:04

Yeah, and then I've got to practice what we preach.

unknown: 46:08

All right.

Chris Comeaux: 46:08

So that's your better. Yeah, me too, actually. All right. Well, I guess I'm up for master's class this month. Again, want to always want to thank you and enjoy for the work that you do. Um, I don't know what our world would be like. Actually, I just taped a podcast with Mark Cohen, and it was fun to get back with him. We did a podcast that's coming up on thrift stores but just see how and he's so proud of the work that you and Joy are doing and how you've taken it to a whole new level. So just want to say thank you. You're a blessing to our hospice and palliative care field. With that. Yeah, so with that, so my master class, there was an article, I think it was two months ago, and it was a it the back to the basics is what jumped out to me about that article, and it just kept echoing with me. And so, I just want to give that as a master's class to our listeners. You know, in sports, when a team struggles, the coach doesn't add more complexity. They go back to the basics, like black blocking, tackling, the fundamentals. And you know, the same actually applies to our work. You know, why do the basics matter? Well, basics are the foundation by which everything rests upon. Over time, I don't know, it's just a human thing. We drift from those things. Sometimes, you know, because as we get busy, or maybe we think we've outgrown those fundamentals that, you know, they're just all about memory muscle. But coming back to the basics isn't about going backwards. It's about strengthening the foundation so we could go forward stronger. So, let's think about what are some of the basics and leaders? Well, listening well, clear communication, giving honest feedback for hospice care, the IDG, the care plan, truly knowing what matters most to patients and families, our empathy, our presence, our

attention to quality. For organizations, what's our mission? Are we clear on what our goals are and are they aligned and then consistent execution? So, when we revisit the basics, we rediscover confidence. Just like an athlete who runs drills to get the rhythm back, we as leaders and caregivers, staff, rebuild our confidence by leaning into what we know really matters most, those fundamentals, those basics. So, really, here's what I'd ask you guys what are the blocking and tackling basics in your role? Are you still practicing them or do you need to revisit and refresh them? And I'm taking my own medicine, I actually started my morning this way and actually asking myself this own question. And that, you know, greatness isn't about flashy plays, it's about consistent mastery of the fundamentals. So that's my challenge to each of us. Again, it occurred to me in just an article that Court and Joy highlighted. And I thought, you know, in football, we're in football season now. Many of the coaches will take their teams back there. And it just hit me, well, why do they do that? And then started kind of doing the research myself. And I'm like, oh, I need that too. All right.

Cordt Kassner: 48:57

That's fantastic, Chris. That's uh I'm I'm gonna ponder that for a little while.

Chris Comeaux: 49:02

All right. And to our listeners, we just want to thank you. Make sure please subscribe, pay this forward to your friends, your co-workers, other leaders in hospice and powdered care. Cordt and Joy do Hospice and Palliative Care Today is a resource for you. I mean, they flag how many articles did you see in the very beginning, Cordt? It's been consistent. 388? Yeah, almost 400 a month. Almost 400 a month. So, they're scouring the world saying, hey guys, these are 400. And you're like, that's crazy. I can't read 400. Well, guess what? Then we do this podcast and say, here's what at least you shouldn't have missed, and here's what your peers are reading throughout the country. So, we do this in service to you. So at least you can easily 30, 40 minutes, you could catch up. So, we want to thank you. Keep listening to TCNtalks, keep paying it forward, keep subscribing. So, here's our quote. We always leave a quote at the end of the month. I actually lifted this from Hospice and Palliative Care Today to Danielle Still quote. "Maybe some people just weren't meant to be in our lives forever. Maybe some people are just passing through. It's like some people just come through our lives to bring us something, a gift, a blessing, a lesson we need to learn, and that's why they're here. You'll have that gift forever." Thanks for listening to TCNtalks.