

Transcript / What's Driving Change in End-of-Life Care for February 2025

Melody King: 0:01

Welcome to TCNtalks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

Chris Comeaux: 0:23

Hello and welcome to TCNtalks. I'm excited. This is my favorite time of the month. This is when we do the top news stories of the month. So, we're recapping February Cordt Kassner. Welcome back, Cordt, it's good to have you.

Cordt Kassner: 0:36

Thanks so much. It's a pleasure to be here.

Chris Comeaux: 0:38

Yeah, this is like we're a new rhythm, and so you and I wrapped up with Mark in January, and then it was you and I solo after that. So this is now. It feels like we're getting this new rhythm with each other and I was thinking, you know, I don't want to keep asking the same question like what does our audience need to know about you? So actually, our executive producer, Jeff, sent me some really cool questions that I'm weaving into conversations. So, if it's okay with you, let me use these creative questions. So what book? Okay with you? Let me use these creative questions. So what book, movie or TV character is most like you?

Cordt Kassner: 1:08

You know, I actually had to think about this for a minute. It's a harder question than it looks. I'd have to go with Max Goodwin on the TV show *New Amsterdam*. If you remember this show from a few years ago, Max was the medical director of a hospital in New York and always asking people how can I help? And then the rest of the show would explore and implement creative solutions to challenging problems. Every time I watched an episode I thought huh, we're a lot alike.

Cordt Kassner: 1:39

What about you?

Chris Comeaux: 1:40

oh crap, I didn't think about you asking me that question, oh man. Well, I do love the Mission Impossible series, and so people obviously have to get their eyes checked. But a couple people said, well, we think you look like Tom Cruise. Ok, so I love Tom Cruise in Mission Impossible, but there's a side of like Dr House, but without the like crassness and how abrupt and just his Eric whip wit that he has about him. Um, but just his ability to kind of diagnose, um, like I kind of feel like that's part of maybe my superpower with organizations and then helping people plot a course to do better, just with a whole lot less rancor. And you know he it's really hard for him to not upset people. So hopefully I don't have that side, but maybe the gift side I'll have to keep thinking about it, though that's, those are two, that's what occurs to me in the moment. You'll have to flip that on me again next month. Yeah, that's a fun one. Well, here's my next question Are you working on anything exciting?

Cordt Kassner: 2:35

You know I'm always working on about half a dozen interesting projects. I'm just wired that way. I spend a couple hours on one thing and flip over and a couple hours on another. Chris, you and I have talked offline that I'm involved in a hospice experience right now and suffice to say I was driving back to Colorado recently and spent an extraordinary amount of time thinking about the billions of Medicare claims and cost reports and care compare quality information that I work with on a daily basis, and I found myself asking many questions, including how can all this information be communicated to the hospice team to strengthen their bedside clinical care of patients?

Cordt Kassner: 3:18

A very real question, because usually I'm thinking from a leadership perspective, but now I'm thinking from that bedside clinical perspective. How can I help direct people to high quality hospice providers? A very real question when asked do you have an opinion on which hospice we should select? And, on the flip side, do I carry any responsibility to alert people about potentially poor-quality hospice providers, which is an area that I've really not explored. Third, how can I reformat the information I work with, based on this personal hospice experience, to improve access to and utilization of high-quality end of life care? These are all questions I've asked myself before, but now I'm asking them through a personal experiential lens. I'll keep you updated on how all that goes. How about you? You're always working on exciting initiatives. What's top of mind for you today?

Chris Comeaux: 4:21

Cool Again, I didn't think you were going to ask me. I'm actually writing my second book and so I can't share a whole lot about it, but it is. The title is it's About Time and it's literally about time. But one of the interesting things there's a funny old Clint Black song.

Chris Comeaux: 4:38

Wherever you go, there you are and it's like you know, wherever I go, I bring my baggage and my wounds and my past, and is there a way to revisit those in a more efficacious way, where I could be a better version of myself in the future?

Chris Comeaux: 4:55

And then also weaving in some great tools to make the most of every moment. As far as being organized, but also making the most of every moment, that's the gist of what I'm working on. It's taken me a year to figure out how to write it. A little bit of a teaser, remember when we were younger, those books where you chose a pathway and you keep reading the book and you choose a pathway. It's got that element to it. So it's an interesting, creative book, and so who knows if I ever do anything with it, but I'm writing it and I'm enjoying writing it, and so my goal is, by the time this show is actually going to be airing. Hopefully I'll have chapter one and two done, and the goal is, sometime throughout this year have it completely done and then we'll see where we go from there. So that's exciting.

Cordt Kassner: 5:39

That'll be a great update to follow up on that, as I recall from reading your first book. Updates to follow up on that as I recall from reading your first book, that was kind of a big overview of leadership, conceptually, philosophically, and you had kind of put some precursors for a second book that was going to be more of a deep dive of implementation. That's kind of what I'm hearing you say, maybe with more of a personal it's exactly.

Chris Comeaux: 6:03

It's kind of four books woven in the one, and so you could actually read the book four different ways. You could go all the way through it. You could choose just the tools that you just alluded to, which is where the finishing place of the first book. But it got more and more creative and interesting. There was a series of several serendipitous events, including watching a movie with my daughter about time travel, and I had this epiphany about we all time travel. You think about it like how often do we fret about the past or have regrets in the past? We often worry about the future, so we don't really time travel well, and so is there a better way to do that? So I'm weaving that in, because if I just gave you a bunch of tools to be effective with your time, it's good, but if you're not a better version of yourself, have I really served you? Well, and that was my aha of going. I've got to weave these two concepts. So enough for today. You could ask me some questions about that in the future as I continue to figure out how to write this.

Chris Comeaux: 7:01

Dr Thayer, who is my mentor, you've heard me talk about him. He always said I write books to figure something out. And I remember looking at him going, what the hell does that mean? And

now I can tell you I understand what that means. There's something about having to write it, and I know, with all the research that you do, you have to figure it out. You have to get your logic fairly foolproof if you're going to put it in a book, at least if you're going to put it in some well thought out stuff. So all right, I look forward to following up.

Chris Comeaux: 7:35

What do you say? We jump in for the month. And so, just if you have any new listeners, and so I love that we're doing this. And so Cordt and Joy Berger are the publishers of Hospice and Palliative Care today. What I love that his role is going to be is basically the data. What does the data show? And that's been one of the wonderful elements of him taking on this wonderful movement, hospice and Pout of Care today, taking it over from Mark Cohen, and he put a lot of data behind it. And then my perspective is going to be hey guys, I've got 30 years in hospice and Pout of Care as a C-suite leader.

Chris Comeaux: 8:02

I hope you guys didn't miss this and what we're finding pretty much most months based upon the data that Cordt shows, there is a lot that I would be concerned that you missed. So we're doing this in service to you. We realize it may be hard for you to take the time that we take Cord and Joy actually producing the letter and then I read it every day and kind of collate it and throw it into these categories we're going to share. Again, we do all this in service to you. We're navigating some pretty interesting times. I think they're going to get a whole lot more interesting. In fact, I think we're going to kind of end with that theme, right Cordt, when we actually have our master class at the end. And if you're going to go on any journey, you got to have good intelligence, so I know how to navigate. That's the spirit by which we do this. So with that, you want to take it away.

Cordt Kassner: 8:46

Sure. Thanks, Chris. Analyzing the click-through rates for hospice and palliative care, today's February news stories, we published 355 articles that collectively received 135,000 clicks or reads. Notably, 20 of these stories each surpassed a thousand clicks. All of these metrics surpassed January numbers, even in the shorter month of February. So let's take a look at some of these key trends. The most read story was a follow-up on Hurricane Helene and hospice care in North Carolina. This lead story had over 6,000 reads was an interview with Chris and Tina from Teleios and Vern Grinstaff from Compassionate Care Western North Carolina that Joy and I moderated regarding the ongoing hospice recovery efforts from Hurricane Helene. We're proud to continue coverage of recovery efforts and to keep this coverage in front of our readers and suggesting ways that people can help.

Chris Comeaux: 9:49

If you don't mind, I want to make a comment to that. First off, thank you. We have such a short memory and time span and these people's lives, our people's lives here in Western North Carolina, are going to be changed forever because of this and the fact that you've kept us in front of readers. In fact, there's been very highly clicked on and the really cool thing is you did this right before Vern and myself, and then Sheila Crane, who actually works with Vern, but she was a volunteer during the time. We did a presentation for the Hospice Foundation of America on the experience and what we learned from Hurricane Helene, and it's interesting. I'll come back a little bit later. You had an incredible story about the wildfires and the learning lessons from the wildfires are very similar to the learning lessons we shared in the hurricane. So just kudos to you and Joy for keeping it in front of people, because a lot of times it's like out of sight, out of mind. Oh, that feels like that was years ago. No, that was just last October, so thank you Absolutely.

Cordt Kassner: 10:43

You know from my own experiences with kind of natural disasters there's a PTSD element to it that it changes a person. It just does, and it does take a long time for those recovery and figuring out then how to help other people when they're facing similar tragedy. Well said. The second most read story, with 5,200 clicks, was a clinical article. New report details financial and emotional toll of Parkinson's on family caregivers.

Cordt Kassner: 11:14

This article appeared in McKnight's Home Care, based on interviews with 10 Parkinson disease caregivers. These caregivers averaged 31 hours of unpaid care per week and half of those interviewed caregivers exceeded 100 hours each week. And just a very clear reminder of the challenges of caregiving as we work with patients near the end of life. Taking a higher level view, a common theme across February's top red stories were more clinical issues, including stories on grief books for kids and teens, hospice grief support groups, a reflection on the Potomac River crash that Joy wrote and a story about mandated time off for bereavement. There were reports on Parkinson's cancer, ALS, neuropalliative care, which was interesting, and a very touching story about a woman with a rare brain disease dancing with her husband. Finally, a story about Hospice of the Chesapeake's advanced cardiac care program to reduce re-hospitalizations. Garnered over a thousand clicks.

Chris Comeaux: 12:23

I loved about that one Cordt that that's got so many clicks. I have a good friend who has been a little bit of a proponent and a good agitator, for, do you realize, the baby boomers are just going to be a different customer for hospice, but they've always wanted the best of the best. So anything that we do, that we up our game clinically, that we are the experts, that I think is going to make a big difference as we go forward in the future. And so kudos to the Hospice of Chesapeake, because that was a great article.

Cordt Kassner: 12:52

Absolutely, and they're in Maryland if folks are unfamiliar with them. Another broad category of articles address trends and policy issues. After much attention on the hospice special focus program last month, a widely read story this month was about the Trump administration suspending the SFP. That said, there were several stories on identifying and eliminating waste, fraud and abuse in hospice from various angles. Workforce issues also continued to garner many clicks.

Chris Comeaux: 13:23

The cool thing is when we get into mine that, hey, this is what you shouldn't miss as a C-suite leader. Regulatory and workforce were my top two categories, and so we'll get to that in just a couple moments.

Cordt Kassner: 13:35

Fantastic. Beyond these top performing stories, we published 90 articles that received between 500 and 1,000 reads. These major themes included compassion-driven content. We had a story about Hospice and Palliative Care Association of New York State distributing a press release about the unexpected death of CareFirst New York's CEO, Tally Sutton. We had a follow-up story on the impact of California wildfires and an interesting story about risk factors and health status of socially isolated adults.

Chris Comeaux: 14:10

Well, Cordt, just I wanted to first off our hearts and prayers with all the folks in New York, especially Tally's family. You and I sat not far from her when we were at a conference together with her with Hip Caney's in New York in the fall. And just so tragic, someone just filled with so much life. Even though we do what we do in hospice, death just never makes sense, but especially someone so young, with such a young family. We actually have a podcast coming out in a couple weeks Court I'm not sure if you know about this with Jeanne Chirico, and we actually dedicated the whole show in honor and memory of Tally. I think it's coming out mid-March and so a great podcast with Jean and it's very similar to the presentation that you and I got to see her do. She talked about kind of those challenges that we're facing from her perspective.

Cordt Kassner: 14:58

It keeps all of this so real. It really does. There were several research articles appearing in our top red content covering access issues topping Americans' health care concerns, reimagining care and research for ALS, and a really interesting article by Joan Teno. This was from a couple of years ago and it came across my desk again recently from a PhD student that I'm working with. The article was titled Hospice the Time is Now for Additional Integrity Oversight garnered

nearly a thousand clicks, and I put a publisher comment on this article that I find it interesting that numerous hospice and palliative care leaders passionately advocated for additional integrity oversight. However, when CMS actually began doing this work for example, the special focus program many of these same leaders joined lawsuits opposing this oversight, and I think we're going to have to figure out how to walk that line. Yeah, that's good. Well, I think we'll talk about that in just a little bit.

Cordt Kassner: 16:04

Finally, there were a few unexpected trends that stood out this month. Tracing value from social determinants solutions had fewer clicks than I expected. We ran several stories on healthcare, workforce issues and challenges that really didn't gain very much traction, and then some cyber threats and technology stories. All of these groups had fewer than 50 reads. Chris, in last month's podcast, we spent some time discussing why these articles might be important to listeners, and I'd like to continue that discussion with some questions for you. Last month, we started unpacking the importance of the articles that were focused on mission moments, which is the first category in your grouping. This month, can you tell us a little bit more about what you think is the second most important category for hospice leadership?

Chris Comeaux: 16:56

Yeah, so actually two categories which I alluded to earlier, and the good thing is we did have some confluence between what you saw in clicks, but then, once you get into the actual articles themselves, it kind of trails off. But reimbursement was my top one and workforce very closely second. In fact, you want me, maybe now might be a good time for me to go through those. How about that? All right? Well, let's segue then. So, just real quick, before I jump into those, always want to remind you. Now we're actually taking Cordt's data. So there's going to be a download where you can actually see his data, which is great, because I think if I was you, I'd want to be looking and going what are people reading, and then you could also download mine. So at the very top there's a header and it's got the categories that, through a couple years of doing this show, start to see kind of buckets. I'm an accountant, accountants organize things, and so I see these kind of logical categories that were emerging. And so mission moments, reimbursement, competition, workforce challenges, patient, family, customer demographics, regulatory technology, speed of change, human factor, and then my number 10 category is like this is Chris's category stuff I want to make sure you just didn't miss.

Chris Comeaux: 18:06

Interestingly, reimbursement had the most. This month actually flagged 50. And Cordt was actually half. I've been averaging about 100 for like a big, but this felt a little lighter. As far as the content out there, maybe folks are still standing around going I don't know what's the government going DOGE do. It seems all a DOGE little crazy. So we're just kind of standing around. I think that's a general theme. I've seen for a lot of different things that people are like I don't know what's going to happen. So we're just kind of waiting to see what's going to happen.

Chris Comeaux: 18:35

So half articles, about 50. So reimbursement was the top most quantity at nine, and then workforce challenges were the second. So let me go through those real quickly and then I'll go through the others. And so under reimbursement I had nine articles, only two. I want to point out DOGE. This was in Becker's. DOGE probed CMS for Medicare and Medicaid fraud. You know that that's unprecedented. I've never seen that in my career. Maybe I missed it. It was always interesting having mark because you go well in 1985 and but in my health care career.

Chris Comeaux: 19:09

I've never seen some type of probe like that. Um, and this was a uk and court. I just want to constantly give you and joy so many props and kudos. But but the fact that you're bringing international articles in as well, like the research articles, I mean those are really cool improvements that you've brought and I'm not sure all of the readers realize that I mean it's part of the service you're providing.

Chris Comeaux: 19:31

But there is this article from the UK over 80% of health care costs in the final year of life spent on hospitals. 80% of healthcare costs in the final year of life spent on hospitals. And the reason why I flagged that one we've got a couple of really great shows coming out this year that we're hoping maybe might be part of the national dialogue. Like, if we're going to try to fix healthcare and not rearrange the chairs on the deck of the Titanic, we really do want to kind of fix the structure. We went and got TR Reid who wrote the Healing of America. He went and researched every health care system in the world. Fascinating guy. He's 83 years old and still sharp as a tack. And then we also have Rita Numerof who's written several books and she has a high-level consulting company and her approach is much more what I would call free market. So we got someone who is a little bit left-leaning, a little bit more of a Medicare for all mindset and someone who's a little bit more free market, and I believe the solution is probably a Venn diagram between both of those and why I highlighted this article. If you take a totally socialized medicine situation, 80% of healthcare costs and a year of life spent on a hospital I think that's probably a little bit of how the money flows. So if we're going to do a redesign, you've got to think about good end of life care and obviously all of our listeners you and I, Cordt, I mean, we're pretty passionate about this.

Chris Comeaux: 20:47

And the interesting thing is, when we had TR Reid on the podcast, I asked him like what do you think about hospice? And it was obvious he didn't. Like he thought Macroly and then so I just used the opportunity to make a case at the very end of the podcast and he goes yeah, that makes a hell of a lot of sense to me that we need to be thoughtful about where hospice and palliative care fits into the overall reimbursement. So, if we're going to change the system and you may go well, Chris, how do you know we're going to change the system? I don't know, but

if we're going to start pulling, unplugging a whole bunch of stuff and taking a chainsaw to a bunch of stuff, if you're going to have a sea change, maybe this might be one of the things you might want to change. Considering we're on track for 30% of our overall economy to be in this segment seems like you'd have to look at it at some point in time, and I think there's anything.

Chris Comeaux: 21:31

No matter where you lean politically, I think we all generally agree it ain't working when the CEO of the largest insurance company in the country gets assassinated and half the country celebrates. That is a weird commentary, wrong. That type of death is horrible, but when half the country does that, you got to take some kind of notice to go. Something is wrong here and so all of that. I hope maybe we as a country look at where things are supposed to go. So, I'll get off my soapbox related to that.

Cordt Kassner: 22:03

I think it's an interesting point that there's so much frustration with the delivery of healthcare in this country not just the cost, but what's provided, what isn't, and those interactions are so frustrating. How much paperwork is associated with you know, benefit explanations, and do I have to pay this bill or not? And hospice is the answer to that, not the problem. We need to figure out how to communicate that and have that be part of the discussion.

Chris Comeaux: 22:31

I'm so glad you said that, Cordt. On another project I'm working on, I found an article it's a Tom Hoyer article. So Tom was one of the original folks at what was HICFA, which is now CMS about the history of the actual benefit. And the cool thing is they realized it was innovative, it was a managed care approach to managing end-of-life care. And so we were a country before country was cool. We were value-based care before there was this whole thing of value-life care. And so we were a country before country was cool. We were value-based care before there was this whole thing of value-based care.

Chris Comeaux: 23:02

And now, yes, 75% of for-profits I'm not saying all for-profits are wrong, but some of the for-profit practices out there, because of what we've seen in the waste, fraud and abuse, ain't what the original vision was. I mean it's not good at all what's occurring. But if you've got a great hospice program, clinically competent, that whole IDG functioning the way it should function, meeting the family where they're at, great care plan, you get great outcomes and you decrease or you bend the cost curve. And here's the paradox of all paradoxes the customer dies, but yet the patient has incredible satisfaction. That is just mind-blowing. But yet the patient has incredible satisfaction. That is just mind blowing. And so just to read like some of the original thought process behind all of that yeah, got to be careful. Let's not throw the baby out with the bathwater, as far as you know, if we start retweaking a whole bunch of things in healthcare as a

whole. So back on trunk line. We're under the reimbursement category. One more very much on theme of what we're just talking about. The department Under the reimbursement category, one more very much on theme of what we were just talking about. The Department of Justice launches a probe in the UnitedHealthcare's Medicare billing practices after investigative reports and this was in MSN. In fact, Cordt, kudos to you, because every time we have our notes, you're now keeping our predictions at the very bottom. So, we did predictions in January and this was a prediction that I'm not so sure things are going to get easier for United this year. I think it's going to get a lot more interesting and that's so far holding true as well, even with the change in administration.

Chris Comeaux: 24:28

All right, the next biggest category that I gave you a heads up on was workforce challenges. There were eight articles I flagged and just a few that I want to point out. One under I have subcategories one that just articles that paint the picture of the challenge and this is a great one in court. I think this is why it keeps hitting your radar screen. This is a huge challenge. It's a math problem, as a silver tsunami of baby boomers is going to crash on shore. We're not going to have enough people. Yes, you have a great culture. You want to make sure you're first in line for all the great staff out there, but even if you do that, there probably still not going to be enough human people to recruit to serve the actual need. So, there was a Hospice News article staffing shortages weighing on hospice executives' minds in 2025. And so it's like the number one thing weighing on CEO's mind, which is why my next category, which is usually solutions, that I want to point those out because there were some great articles this month. Kudos to you, enjoy for scouring for those.

Chris Comeaux: 25:28

First one leading nursing facility cuts turnover by 50%, with daily pay benefit for employees and so certainly segments for, like CNAs, but this was also for nurses. They actually cut their turnover, so they're actually getting paid daily. Basically, and there are a lot of services now that you could seek out to be able to do that. Second one, and you know they say, common sense revisited sometimes ends up becoming the most profound thing. This title was how Can we Cultivate Happiness in Medicine, and it's almost a sad commentary. Right, cord, that's profound, but it is. They've gotten so lost in the documentation. Crazy the compliance, crazy the cost cutting. Where are your RVUs? And blah, blah, blah that. Finding the joy in medicine again. How do we cultivate happiness in medicine? So that's what I wanted to call out Another good one.

Cordt Kassner: 26:21

You know on that one real quick. It just reminds me I had worked several years in the Department of Psychiatry, and you know, a lot of times in healthcare psychiatry is viewed as a very soft science and it's not really medicine, which I completely disagree with. But we would talk about things like job satisfaction and happiness and joy. And how do people continue doing

very difficult, challenging work, whether that's with psychiatric patients or end-of-life care patients? It's such a real phenomenon that we have to be talking about. Nobody's going to go into the field.

Chris Comeaux: 27:04

Our greatest asset in healthcare is our people. It is a service-based business with, in many cases, highly trained, with incredible years of education and training to bring it. That makes them an even more expensive. I'm talking like an accountant, because the downside is they treat them like a widget. Yet if you just apply accounting mindset, this is highly trained. People have gone through 10, 12 years of schooling to do what they do and so, yeah, it's going to have that at-home data technology and service platform.

Jeff Haffner: 27:51

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Chris Comeaux: 28:22

Other innovative ideas. I love this one. This was in Becker's the case for a four-day work week for nurse managers. I think we're going to have to get very innovative in the staffing model. I've got a future daughter-in-law. We've got an engagement in our family. She's an ER nurse, love her dearly and it's so fascinating to listen to the opportunities. She's actually thinking of becoming a flight nurse and it's 24-hour shifts, but she'd have to work two days a week, 24-hour shifts, and then she's off the rest of the time and you can see why something like that would be attractive to folks. And so us thinking the typical five to five-day-a-week role within hospice and palliative care. We're going to have to rethink that. And that was a great article along those lines. And then last one this was actually in Forbes, and that was a great article along those lines. And then last one this was actually in Forbes Three bold and disruptive strategies to retain top performing leaders. And I'll just give you kind of one of the punchlines. It was a great article Implement a founder's mentality program. Offer unlimited growth sabbaticals. And so, love that.

Chris Comeaux: 29:24

TCN was a first mover. I was the first employee of TCN, so I had the first sabbatical. We've got two more employees this year, so love that they're calling that out. I stole that idea from Intel. Intel was one of the most admired corporations forever and they did that. So maybe we could

take a lesson in healthcare, which is much more human service organization than obviously in Intel, and then establish reverse hierarchy leadership rotations. There was some really cool pearls in that one. So those were my two big categories, Cordt, so I'm just going to hit the others just quickly.

Chris Comeaux: 29:54

And so the mission moments. I actually had three this month the hurricane Helene again, kudos to you and the team. This one was a tearjerker. This was from Tampa Bay, fox 13 father keeping a promise to son never to miss a baseball game, despite him entering hospice. You know, I see many, many more boards and leadership teams doing mission moments before they start a meeting and I know there's a side to us. Well, when are we going to get to the data? But man, this is what it's all about. This is why we do the work that we do, and I love that we actually have a category called Mission Moments. And then the third category was our third article why Leaders Can Learn from the California Wildfires, and again, according to the learning lessons you had in that this actually was from a Modern Healthcare article. Those learning lessons were exactly the Hospice Foundation of America. All right.

Chris Comeaux: 30:43

Next category was Competition. There were four articles. Only one I want to point out and it's similar to what we were talking about earlier how the Department of Justice UnitedHealthcare Group lawsuit can change hospice M&A. If it does go forward, united will have 30% of the total home health and hospice market. That's kind of interesting if you think about a third, if that actually does go forward. So that was the merger and acquisition category, or competition category. Next category is the customer demographics patient-family customer demographics. I had eight articles this month, only three I want to point out.

Chris Comeaux: 31:20

Access tops the list of Americans' healthcare concerns based upon four different surveys. So access to healthcare is very top of mind, especially for that baby boomer group. Next one Americans who have become caregivers rose by a third in the last 10 years. This is actually out your way, Cordt in Grand Junction, Colorado. So, Americans who have become caregivers has risen by a third in the last 10 years and that's only going to get higher as the baby boomers age further and further. And then just last one is a little bit of a tip of the hat to my own team. Teleios announces completion of boomer end of life care survey. You know that's obviously. I have a whole category we pointed out every month, and so we've worked with Tom Howell. We partnered with the folks that did some NPHI work for MPHI, so Bill Keene and the group at Emergence, and then also the John A Hartford Foundation, and then we actually worked with Tom and did a survey of our own. There's some really cool pearls coming out of this, so a lot more to talk about that in the future. It's a great start. There's some substratification of these surveys that we want to do a couple of, maybe even substratification of demographics and

minority populations, but this is a really good start in terms of what are the baby boomers looking for going forward, all right.

Chris Comeaux: 32:39

So next category is regulatory. We had five articles. I flagged only three I'm going to highlight today. What do you need to know about the HOPE tool? That was with Jennifer Kennedy and Kimberly Skehan and actually that prompted me. So we're actually going to have a podcast coming out in January with our own Annette Kaiser and our own Judy Lund Person to talk about the HOPE tool. If you don't know about the HOPE tool, it's got to be on your radar screen. This is going to change our world, quite like Oasis changed the world for home health radar screen. This is going to change our world, quite like Oasis changed the world for home health.

Chris Comeaux: 33:15

Next category in regulatory hospice leaders applaud CMS's decision to reevaluate the special focus program. So, cord, you alluded to that and I get your point. Based on your prodding, I did a whole lot more deeper dive with our team, a conversation with Judy Lund Person, and bottom line is right this is the devil in the details of whether it's a quality measure or anything. If you don't look at data in the right way, you could inform or you can draw inappropriate conclusions. That's why there was a lawsuit. But I think that the principle of we need better quality measures, we need more scrutiny is absolutely dead on and it does seem like well, are you guys going to talk out of both sides of your mouth? But you got to get good with how that algorithm is built.

Chris Comeaux: 33:55

And I'll give you just one talking point. When 50% of hospices in America do not do a patient satisfaction survey because they don't, you may go how is that possible? I mean, even a lot of these large for-profits are a roll-up of little 50-patient-day hospices. So, like at the ground level, they're very small programs just rolled up into this macro thing and then they don't have to do a cap survey because they don't reach the threshold of the number of patients that you have to do it on. So when 50% of the people like how often you go and order something on Amazon and there's no reviews on that product and you go I'm not sure if I'm going to press the order button on that because there's no reviews, maybe this is a little bit too cutting edge for me Well, 50% get to fly into the radar screen. There is something wrong about that and therefore then one of the key measures used is only looking at about half of the folks out there. So that's just one talking point.

Chris Comeaux: 34:50

You and I could probably that might be an interesting show to bring over a panel or something. I'm sure there's going to be several conferences because there does need to be something. We've got to come back to this. This is not like phew, dodge that bullet. Now. There shouldn't

be a special focus program. No, there should be. But how do you actually look? How do you remedy?

Cordt Kassner: 35:14

the things that made state associations come together and actually file a lawsuit. Well, and I would probably chime in there that and this is probably based on the opportunities I've had to participate on three of the technical expert panels with CMS around hospice quality measures to suggest that CMS has a very thoughtful approach to how they do what they do. And while we can look at the special focus program and maybe point out some problems with the methodology they chose, I'd rather go maybe a different direction and encourage our listeners, to encourage our hospice leaders to participate in these technical expert panels when those calls for participants are put out, because they really do seek input from the field to create these methodologies. They don't just think it up in a closet, they seek broad and wide input, and so let's participate in the process, because I think we do need to figure it out.

Chris Comeaux: 36:16

I think you're dead on, and then I'm sure busy leaders are like God, where do I find the time to do that? But then the devil's in the details. Then you have a product that actually comes out. I mean, I say it in my own organization all the time the lack of attention to detail of one little thing, sometimes that old story from way back when about you know, for the one of a nail, a horseshoe was lost and a horse was lost and the king was lost and the kingdom was lost. It is that attention to detail which is why, knowing someone like you, cord, some incredible people like Judy Lund-Person, getting the right people at the table, are pretty critical. So all right.

Chris Comeaux: 36:51

One last thing on regulatory, our good friend Meg Pekarske. We had her on a podcast. Her and Brian Nowicki did a great podcast on controlling the narrative, a new tactic for auditors and ALJs. And again high five to you, Cordt and Joy, that you guys are actually highlighting podcasts now. And just you know you're scouring. All the different resources are out there for hospice and palliative care leaders. Again, love that you put research as well. Technology.

Cordt Kassner: 37:16

And I'd put a quick plug in, Chris, in terms of the podcasts, those are not articles, right? We don't pick those up in our various tools. Those are mostly found on email lists that we happen to be on, so those are kind of personal finds, and if listeners are aware of other podcasts that would be influential and helpful for the listeners, please add us to your email list and share them with us, because otherwise there's not a great way to find that information.

Chris Comeaux: 37:47

That is very well said. This is interesting, but it's going to be great. You're going to do a master class I only have one this month on technology innovations and I'm not even going to highlight that one because your master class will do that. Speed of change and resiliency and reculture. I had five in that category. Only one, I want to point out 17 coaches this was a Forbes article 17 coaches this was a Forbes article 17 coaches came together, which is awesome. So think of the brainpower, how to address leadership blind spots, and there was just some great pearls in those 17. I'll just give you three Dedicate time to personal development. Slow down and listen for the true intent, listening deeply. Assign responsibilities for executing strategic plans and there are a whole bunch more pearls, so that's more of a teaser. Ninth category was the human factor. I had two this month only one, and again according to this, one was awesome. I actually bookmarked this. I have one where I actually have my own personal ones. I have a feeling I'm going to use again. This was an equity Atlas. What do you say to a friend who is dying? There were some really great pearls in that one, so really great kudos. There was, again, great wisdom. It'd even be great to use in some hospice training, maybe with boards, et cetera. A lot of different applications for that article, all right. Last category, which is the Chris category, I had five, only three, I'm going to point out today 5,200 job cuts at HHS, what to know. That's going to be interesting.

Chris Comeaux: 39:09

One of my favorite Elon Musk stories maybe not totally favorite but like very informing, I should say. When he took over Twitter, they had this server farm that basically they said it's going to take I think it was like six months to move it. And he was coming in, I think, to Austin, and had his nephew with him and was kind of lamenting and they said why don't we go do it now? And they literally diverted the plane on Christmas Eve, showed up with rider trucks, unplugged the servers and moved them in 24 hours. You go, Chris. What's your point? Well, a guy that's that bold, I mean they literally could have crashed Twitter and so if they just start unplugging stuff in CMS and other places, it could get really interesting this year. So we'll kind of leave it at that. I love that you picked this one up too, Cordt.

Chris Comeaux: 39:57

This one is from Argentina. The government dismantles the National Cancer Institute's palliative care program. So, Javier Millay has been kind of a similar person like Trump in Argentina and in fact they meet daily, so kind of a similar Doge type approach. This one was a little like whoa wonder what the thought process was behind that, and so a little alarming to me that they did that within Argentina. And then last one, which is going to be a great segue to you CIO hiring on the rise how to land a top-notch exec role in 2025. I think a lot of my peers in hospice are like what the hell do we do about artificial intelligence? Do I even have someone on my team that could advise us? And so, we've actually recently gone to another IT partner because we realize having that fractional support across our network is super important, which is a cool segue. You want to do our master class this month?

Cordt Kassner: 40:45

Absolutely, and it is. It's a really interesting segue as we figure out what to do with technology. Hospice leaders have not necessarily been leading the forefront in technology and understanding. I remember when I started working in hospice in 98, that we were conducting research and reaching out to hospices and found I mean, it was 1998, but several hospice CEOs did not have email at the time and we were like how is that possible? Because everybody had email even back then. So, I wanted to share an interesting story.

Cordt Kassner: 41:25

Last year I had the opportunity to have dinner with two amazing state hospice organization CEOs Jeanne Chirico in New York and Barb Hansen, who runs the associations in Oregon and Washington State. We covered a lot of interesting topics that night, including what presentations do we need that you haven't seen. So where are the gaps? What are we missing? And I joked, you know my daughter could lead a workshop teaching hospice professionals about multiple social media platforms because she knows them and I don't. And then that turns into a discussion of technology Whether that was understanding about 5% of what my cell phone can do, my smartphone can actually do up to the potential impact of artificial intelligence on end-of-life care, Chris, since you and I were already scheduled to present at Jeanne's conference. Anyway, she challenged me at that dinner with an opportunity and she said Cordt, if you want to pull together a technology presentation, I'll make space for it for a workshop at the conference. And so I did. And then, as you and I were talking about that workshop, you offered up the opportunity to share it with the Teleios C-suite forum and I appreciate the opportunity and the feedback because we continue to refine this. So today, with this podcast and recognizing most of the audience is listening rather than viewing, I wanted to hit the highlights of this presentation to think about the different ways technology can impact what we do every day. I started with instructions and a brief demonstration of voice-to-text using Microsoft Windows or a smartphone. When voice-to-text first came out, I found it very clunky. I would spend more time fixing what it wrote rather than if I would have just typed it out. However, this is technology that has improved drastically over the years and I would challenge people to look at this again. In the presentation we walked through a demonstration of it here. I'll just say check it out.

Cordt Kassner: 43:34

Second, we looked at the value of using mail merge in Microsoft Word. The first example I used was kind of silly using it to invite people to a potluck and creating a form letter. But the second example was a little bit more realistic. I'm working with CHAP, the accreditation organization, using care compare outcomes to create quality snapshots for every provider in the country and it's just a mail merge. Next, I moved to Excel pivot tables as an easy way to quickly summarize large amounts of data, and the example I use in the presentation is summarizing the primary categories that we use for hospice and palliative care today newsletter. So that was that was again a very real, easy example for using pivot tables. Get familiar with how those work and how you can customize them for your projects.

Cordt Kassner: 44:32

Next, we looked at three meeting summary and transcription tools used for Zoom Teams or other virtual meetings. It eliminates the need to take notes during a meeting. You can use their output as at least a starting place. I never use it without reviewing, but some of them do a fantastic job of executive summaries and then word-for-word transcriptions of meetings. Fifth, we explored some uses of ChatGPT. We initially started top 10 lists whether that's top 10 reasons to attend a conference or top 10 reasons to use Hospice. It generates these things, I mean, just instantly. Again, it's not the final product, but boy does it give you a head start to refine something rather than creating that from scratch. Then we dug a little deeper and I used a real example, compassionately explained to a 38-year-old woman who homeschools three kids that she has stage four breast cancer, and hospice is your best treatment option. Wow, ChatGPT did an amazing job in the response. So very real uses of this technology.

Cordt Kassner: 45:54

Lastly, this was a new tool that I just kind of came across. Notebook LM is a free, ai powered tool from Google that helps users analyze, organize and expand on their notes and documents. So, for example, I took the PDF of today's podcast where I summarize the 10 most read categories of newsletter stories in February and then the 10 most read articles. This will be on the webpage for TCN Talks, but I loaded that into Notebook LM. It provided an executive summary of that document, which was pretty darn good, and then it turned it into an audio podcast with two people discussing the presentation. So this is like direct competition to what you and I have just been doing, Chris, and so I'd like to play a portion of that podcast to give listeners an example of the kind of output that it created from a word table.

Chris Comeaux: 47:03

Okay, let's do that.

Ai Generated Interview: 47:04

Welcome back everyone, we're doing a deep dive today. Deep dive into the world of hospice and palliative care. Okay.

Chris Comeaux: 47:13

I'm getting a little cringy here, man.

Ai Generated Interview:

We're going to be looking at all the top news stories from February 2025.

Ai Generated Interview: 47:18

Sounds good. It's amazing we're going beyond just the headlines, though. We're going to be using the Hospice and Palliative Care Today's Top News Stories article as a guide. Right To see what really resonated with the readers Cool. So we're kind of going like a heat map style I like it, and we're going to see where people lingered. Interesting and what that tells us about the state of the field. Yeah.

Ai: 47:39

Now, lucky for us.

Yeah.

Ai Generated Interview: 47:40

We have an expert here to help us decipher all of this information.

Ai Generated Interview: 47:44

Well, I don't know about all that, but I'll certainly do my best.

Ai: 47:47

I think you're going to be great.

Ai Generated Interview: 47:48

Well, hopefully we find some interesting stuff in these click patterns.

Ai: 47:51

Oh, I think we will.

Ai Generated Interview: 47:52

Maybe even some hidden trends.

Chris Comeaux

Is that the end of your masterclass?

Cordt Kassner: 47:57

I would just end with. Utilizing advanced technology is going to be key for leading hospices to improve access to high quality hospice care. With Chris, let me turn it back over to you.

Chris Comeaux: 48:07

It's so funny you ended with that Cordt, because you just make me reflect. Meg reminded me the very first podcast I was ever on was her podcast, which was her. It was the old law firm she was at before she went to Hush Blackwell. She did one podcast and then she went to the. So anyway, it was the very first podcast I was ever on and I forgot how she asked me the question.

Chris Comeaux: 48:29

But effectively it was very off the cuff and I said the organizations that figure out how to blend technology with this amazing high touch care that has always been hospice, those are the people that will do the best in the future was kind of the gist of the comment. And I come back to that comment and like, while it was off the cuff, that feels very on point. How we utilize these technologies is going to be so critical and it's it's going to get to be a wild ride. I don't know. We don't have to go too far down this rabbit hole, but Microsoft just developed a thing is just a couple of weeks ago. I think it's called Mariana, they think is called Mariana. They created a new element and via this new element they're effectively it's a chip that's going to be a quantum chip via a new element and we go why do I care?

Chris Comeaux: 49:13

Well, ai is learning at a rate. This is not totally in the ballpark, but to use a concept of how we think as humans, at about five years and about a 12-hour time span, with a quantum chip that could be accelerated to 100 to 200 years within 12 hours, I don't even know what to. Just saying that out loud just blows my mind. The application of that and I think we kind of alluded to this in our predictions by the end of this year, where we're going to be with AI but I think the application like what our world looks like by 2030, absolute mind-blowing. And we're living amidst that time. And, oh, by the way, a huge volume of demand and more and more people needing our services. So buckle up, it's going to be an interesting ride. That's why we do this podcast. We don't want you to wake up unawares. These are things that we got to be thinking about as leaders. So any final thoughts Cordt?

Cordt Kassner: 50:11

You know, I just think about that chip and I don't know. 15 years ago I invited Dr Nicholas Christakis to present at a conference and he was talking about the work of prognostication and how, according to his research, he was at Harvard at the time he's at Yale now. According to his research, he found that you can take the number. If the doc says this patient has nine months to live, you can take a third of it. So the patient actually died in three months and I thought, wow, how fuzzy prognostication is and wouldn't it be cool to use this kind of technology to actually hone in on? You know they have 76 and a half hours Like that would be so incredibly helpful.

Chris Comeaux: 50:51

I think that will absolutely be going into 2026. There's no question there'll be. I'll predict at least three tools out there doing that within our space and be astoundingly accurate. So well, court, thank you. Thank you for the work that you enjoy do, and actually I took a quote from you guys this was in your February, I can't see which one it is but kudos to you, because even your quotes are on point. "Not everything that is faced can be changed, but nothing can be changed until it is faced." That's by James Baldwin. To our listeners. Thank you for listening to TCNtalks.