Transcript // Industry Trends with Maria Warren

[00:00:00] **Melody King:** 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.

[00:00:23] **Chris Comeaux:** Hello and welcome to TCNtalks. Our guest today is Maria Warren.

She's the vice president of McBee, which is part of NetSmart. Maria, welcome. It's so good to have you.

[00:00:32] **Maria Warren:** Thank you, Chris. It's a pleasure to be here. I'm very excited to be joining you and I'm sharing with some of your listeners today.

[00:00:39] **Chris Comeaux:** Absolutely. Well, Maria, what do you want our audience to know about you?

[00:00:42] **Maria Warren:** I'd like to tell them that I'm a passionate consultant with McBee, which we are part of NetSmart. Um, I'm an advocate for care in the home. I've been with McBee for 14 years now. I started my career there as an entry level consultant and, you know, work my way up through the ladder and now lead our [00:01:00] clinical and advisory consulting teams across the care continuum.

And I'm honored to lead these amazing teams of individuals and experts in the clinical, financial, and operational excellence in all care settings.

[00:01:12] **Chris Comeaux:** Very cool. Well, I kind of feel like I got to see you grow up, I believe. Um, just to see your career blossom over the years and you and I. God, it might've been 15, 18 years ago, probably the first time we kind of met each other.

And it's so cool to kind of see how your career has progressed. And, um, I was super excited to have you in the show because your current purview in your role just gives you pretty good insight and kind of a broad Inside of what's going on in the hospice field. So my first question to you is what are just some

of the Let's say important trends that you're seeing that you think are important for hospice and power to care leaders to have on their radar screen

[00:01:47] **Maria Warren:** Yeah, and I tell you Chris it was great to just get reconnected with you and um, you know to think back to our early days when we first met and Um, I thought I was a hospice expert then but Boy, has my knowledge [00:02:00] only grown since then in our early days when we started working together.

Um, but there's been so much happening in the hospice space. Um, a lot of challenges, um, a lot of achievements and great things happening on many fronts. I would say, One of the biggest things that we're seeing hospice, um, organizations faced with today is challenges around, um, compliance and documentation.

A majority of the hospice leaders, um, I'm sure have this on their radar. Um, but it doesn't prevent us from talking more about it and the importance of it around focus, medical review audits. They've been running rampant. For the past year plus now, you know, and no provider has been left spare during these audits.

Um, and it's really, of course, taken a lot of time, energy, resources, pulling all that stuff together, um, to develop, to, to respond and then the appeal of developing those compelling appeal letters as part of the process. So it definitely has been a [00:03:00] huge hurdle as well as, um, eye opening for many of hospice organizations into their day to day operations and their documentations and their quality and the importance of keeping that on the forefront.

[00:03:12] **Chris Comeaux:** I'm curious, Maria, what do you think is driving those audits? Cause I I'm a hundred percent with you. That's a huge issue. And a huge frustration because this is not why most people got into this work, um, you know, caring, compassionate people that want to provide great care, at least be part of the solution to provide great care.

Then all of a sudden you feel like you're just stuck in this vortex of audits, et cetera. But so what, what's up with that? What's driving that?

[00:03:36] **Maria Warren:** Right? A lot of it has to do with. to do, um, on the compliance front of, you know, reducing fraud, waste and abuse. We see that pop up all the time and then on the OIGs focus as part of it.

And then, um, you see CMS and then all of the, the max and then all of the racks, everybody gets involved and starts looking at different information, whether it be, um, within the [00:04:00] reports that are out there or looking closer at, um, The utilization and the diagnosis codes the length of stay of the patient All of those things are drivers in it where they're looking for abnormalities Which may or may not actually be a trigger for anything Um gip days is another one that's getting a lot of attention as well Uh, so it definitely has opened up the the pandora's box so to speak Um, and it really it makes it it makes it difficult because it shifts the focus internally within the organization You That they should really be focusing on, um, what care does the patient need?

What support does the, uh, does the family need? Um, the caregivers need to make sure that they're caring for the patient and what, um, either keeping them comfortable or it could be within their last days of life when they're eminent. Um, but, uh, unfortunately there's a lot of paperwork, documentation and hoops to get these things submitted timely to not have a [00:05:00] potential take back down the road.

[00:05:02] **Chris Comeaux:** Yeah, I don't know. You may have a more recent statistic, Maria, but I heard that the government makes five dollars for every one dollar they spend on these audits, generally, whatever the alphabet soup is, whether it's the RAC or the MAC or whomever. Um, is, so is that kind of like, do you have more recent?

Does that still kind of hold true?

[00:05:19] **Maria Warren:** No, I actually haven't heard that. Um, That analogy on it, but I am not surprised. Um, and, you know, and thinking about that, it leads into just kind of the education front that needs to happen. I'm even sure on, um, the CMS side with the max and the racks of do they even know what they're looking for?

Because, you know, oftentimes we look at these things and they flag something and then you go through the whole appeals process and you win upon being and it's overturned. Well, why did we have to do all of that work

internally and strain resources? But in the end, we know what we did and we know the care that we provided and that we documented accordingly, um, to the Medicare regulations.

And [00:06:00] you have to do all of this work just to say, yes, I knew I, I was winning and I won in the end.

[00:06:05] **Chris Comeaux:** Yeah, which does, then that does kind of poke a hole if I've always wondered that because I heard that quote about, you know, they make 5 for every 1 they spend, but then you think about, then you go through that whole kind of process and if you get it back in the end, where was the positive return on investment for anybody in this process, unless, unless the ones that are doing the alphabet soup is a bit of a Ponzi scheme where they get it up front and have to pay it back later.

But it does. It always made me wonder if every maybe you could keep an eye out. If anyone's ever done a study on that, if kind of looking at it kind of longitudinally, maybe that would kind of poke a hole in that theory that they make 5 for every 1 that they actually spend. Are you seeing, um, You know, with artificial intelligence and technology, theoretically, you could be more efficient and how you apply some of that.

Are you seeing any innovations that the, the alphabet suit people are applying to some of these audits at all?

[00:06:58] **Maria Warren:** Yeah, there's a lot [00:07:00] that they're looking at. Um, and I would say, you know, not only with, Um, I wouldn't say necessarily maybe AI, but looking at trends within data. I mean, data, data really tells the story.

Data helps to get better insight into, um, what are trends within your, um, diagnosis codes within your length of stay within your patient mix, um, the number of live discharges that you have. If you think of all of those types of things that are out there from whether it be on the pepper or whether it be.

within your, um, the hospice quality reporting and things that are out there. You need to have ways to be able to be tracking and trending those within your organization and robust dashboards to help you have insight into that daily, weekly, monthly, quarterly, year over year. So not only are you able to then, um, pulse check, so to speak of what's coming out in, in CMS's reports

and what gets publicly reported on care compare, but being able to know how you are trending and benchmark yourself against.

[00:08:00] your organization, other, um, your competitors within your state at a national level, since, you know, as you think about it from, you know, markets and demographics and geography are all different. So you're going to have some things that skew the data. But having that data at the forefront is very important in tracking and trending, which may help you understand where you're at risk.

Um, and that then you need to take that deeper dive into the quality of the documentation, the compliance of the documentation that then may lead to education within your organization or process changes, um, that you have to roll out as well internally.

[00:08:39] **Chris Comeaux:** Yeah, that's really good. I actually was having lunch with a, um, uh, person who isn't involved in the state legislature in North Carolina, but prior had actually been on the board of a hospice.

And we were just talking and it was interesting because his board role was probably mid-nineties to early to late nineties, mid to late nineties. Which is interesting. That was kind of the beginning of my [00:09:00] hospice career. And his, his punchline comment was cause we were talking about all the things transpiring in the hospice field, hospice and powder care field.

And, um, he had a good friend who was an executive director of a hospice as well. And he just said, He goes to look back like over a 30 year period, someone in the leadership role now compared to in the past, it is a whole different world. And if you go, if that person in the past would come like in a time capsule to the future, they'd be blown away by the level of.

Sophistication that is now required, um, just to thrive and deal with all of these challenges. I don't know if that provokes any comments from you.

[00:09:37] **Maria Warren:** Oh, absolutely. I mean, if we just think of just how far technology has come, even just within electronic health records, and then add on all of the other bells and whistles and things that have evolved as part of that, um, the AI movement, um, and shift has been, uh, Okay.

Mind blowing to watch on just what you're able to get from A. [00:10:00] I. R. P. A. machine learning all of those types of things in helping to. How do you have these help you better anticipate changes in patients conditions when when death is imminent within a patient so that you're making sure that you're then able to.

Provide for the patient and help drive the quality as well as then take away from not to say that you want to take away from the human touch of the visit because that that's never going to go away. We need that. That's the most important part in the care delivery. But can you save time to um, The, the manager in the back office that's going through and analyzing all of these reports.

How do you help bubble up those patients that are at high risk so that they are being, their records are being reviewed quicker, more timely, um, so that you can have action items that come out as part of it. So then a visit is being scheduled and that patient is getting sick. that same [00:11:00] day and you're being with them, um, which then ties into a lot of the changes that I've been happening.

Um, especially on, on the reimbursement front. When like the service intensity add on was introduced. You want to make sure that you're getting out there, spending time with the patient, caring for the patient and making them comfortable in their last days of life. They realize if you're providing more, you should be getting reimbursed more.

Um, So it's interesting just to see the adoption, um, or, or lack thereof in just some of these so so called behavioral changes of what do you need to be doing, um, and then how does that tie into quality and, um, how your organization looks on Care Compare, as well as then the overall patient and family experience with hospice.

[00:11:45] **Chris Comeaux:** That's well said and we actually had Betsy Hanson now if you know Betsy She's with Lincoln intelligence group on our podcast and it was either I think it was late either early june or late may Um, and she did a beautiful job. And what I love what she did is she kind of put them into [00:12:00] categories of these flavors Of the, the technologies that are emerging and that will help, um, hospice folks to be able to do, to deal with these challenges in a, in a much different level.

And that helped me because it just, it feels a bit overwhelming is all of the, and how quickly the technology is moving as well. And it's something that just occurred to me. So obviously the first trend you, you. Hit was compliance documentation audits. EMRs is a huge area and you sit pretty uniquely 'cause Mcbe is part of Netsmart.

I'm just curious if, just from your perspective, any commentary about the EMR trends that you're seeing.

[00:12:38] **Maria Warren:** EMR trends. I, as you see the industry evolve, EMRs need to be evolving even. More rapid than that, you need to be on the forefront. You need to be on the cutting edge and innovative. Um, so that, that would be one of the biggest things and takeaways as from an EMR standpoint is you can't be waiting for innovation to happen.

You need to [00:13:00] be constantly. And as we do internally is how do we reduce the number of clicks? How do we make this easy? How do you have the information at your fingertips when you're in the visit? Um, when you're in the back office, when you're managing the patient from not only from, um, inbound of the referral through the whole payment processing components of it.

Um, so that's definitely something that continues to be on the forefront. You have EMRs that are out there and they are, um, cutting edge. And that's where we like to kind of consider ourselves and put ourselves on the forefront there. Um, but others that, you know, just kind of keep up with the day to day functions.

And I think that that has to also do with what type of organization are you and what kind of organization do you want to be, or what do you expect? Firing to be. 'cause you have organizations that are on one end that are innovative and integrated with other, um, pieces of the healthcare ecosystem that are out there.

And then you have others that are more of, Hey, I am just, uh, I am, uh, more in a rural [00:14:00] area and I know my patient population and I'm gonna provide care in the way that, you know, we've always provided care, which there's nothing wrong with that. Um, so e every organization that's out there, you wanna make sure that you're providing the highest.

Um, as well as then being a great employer because as we know, there's tons of hurdles and obstacles regarding, you know, staffing, recruitment, retention, all of those pieces of it. So I think that that's, that's what you have to think about. Who do I want to be? What organizations out there do I want to emulate?

How do I want to go out and disrupt the market? And how do I want to make sure that. The, that the patients that are on with us and their, and their families will recommend us as the top hospice care provider out there.

[00:14:43] **Chris Comeaux:** So something that occurs to me, listen to Maria. Um, so I've got almost 30 years now, so I've been, that's why I was gray hair.

Um, and so the history of EMRs Um, so I'm going to make a statement, and I want to see if, uh, if you agree or disagree, but the history of EMRs has been a lot [00:15:00] of, I won't say over promised and under delivered, because the early days, a lot of the EMRs were literally databases developed by some of the hospices that are out there, and then you had kind of a fragmented field.

I've said this statement, is that I feel like, Now, looking forward compared to looking back, the EMRs are only going to get better. There are people that have been around like me ago. Yeah, whatever, because your experience has just been so bad with the EMRs over the years. And so, so it's another way of saying what I'm trying to say is I feel like our worst years are behind us and our best years are ahead of us as far as the EMRs and how they're going to evolve.

Would you agree with that? Or would you restate that?

[00:15:35] **Maria Warren:** Absolutely. That's a great way of explaining it. I mean, when you think of where the hospital industry is and where those electronic health records set, um, very much ahead of the, of the curve. Um, then, then you see in our space, we had a lot of paper intensive things and you know, you, and then did, we were documenting on paper, but then it was all then getting uploaded into electronic.

The evolution totally has happened over the [00:16:00] years. Uh, at this point, I feel like we are and. I think also pushing it is various legislation and different types of reform that happens on on all fronts. I mean, especially if you pay attention to adjacent markets and things going on that helps accelerate things, though.

It brings a lot of obstacles and hurdles along the way. So when we think about, um, How do we then better communicate upstream and downstream? Uh, we need these mechanisms for real time, um, communication for real time trend analysis to help best care for the patients and meeting them where they need the care the most, um, which is in the home.

Um, you know, so when you think about a lot of those things. Things I would say we're certainly, um, companies are developing technology wicked quick. It's unbelievable how fast it's happening out there, but it's also, I want to caution everybody just because, uh, you know, somebody stands up a shop and says, [00:17:00] Hey, the lights are on, we're doing business and, you know, and we're out there, um, doing things we have to make sure that there, uh, there's a, uh, An ounce of skepticism with it on.

How do we do it? Um, it's not going to totally replace humans and the work that needs to be done as part of it. And that we make sure that enough testing and validation, um, and training the model, especially if it's AI driven is done. And then making sure that that information can feed back into the EHR to make it Easy to use and effective oftentimes every day.

It's like, well, how many systems do I have to log into? While you have your email here and you have your team Syria and you have her EHR here, you have so many things open, but how do you make it easy to use and have all these things communicate with one another?

[00:17:46] **Chris Comeaux:** You know, um, at some point, maybe I'll do a show on just the, so did you, do you remember good to great?

Did you ever bump into Jim Collins book? Good to great. I need to do a podcast. I'm going to call it the lost chapter of good to great. So at the time when it was written, this was kind of [00:18:00] dot com bubble. And so kind of the, um, the promise of technology. So that's the backdrop. And one of the things that Colin said is one of his assumptions going in.

And if you remember what they did is army of MBAs crunched all this data, look for the companies that pop to the top. And they went and did a dissection and said, what are the principles that made those organizations go from good to great? Well, one of the assumptions is that technology would have been part of that secret sauce of those organizations that rose to the top.

And what he said is what we discovered was actually slightly different. These organizations understood what they did so well. Let's call it from a process standpoint. And they applied technology as an accelerator, not as a panacea. Now I won't let that just settle upon, especially leaders that are listening to this, and I've fallen into this throughout my career.

I think we've done the exact opposite. Technology is going to be the panacea. You know our processes suck, so let's go ahead and go with this new EMR, and it's going to fix all of [00:19:00] our issues. What he described was the exact opposite. He understood what they did so well, and then they picked that partner because then it would be a, an accelerator to what they do.

I don't know if that kind of makes

[00:19:12] **Maria Warren:** it definitely resonates because everything is people process technology and then in the heart of all of it is culture. You know, of how do you drive them to change management? How do you effectively communicate? That's the way. I mean, I especially approach every single consulting engagement, people process technology and then culture.

How are you integrating this in? And oftentimes people are like, oh, well, that's not working for us. So we're just going to go and replace it with something else. That's not the case. You can't do that. Um, why is it not working? Tell me more. Well, who, who, who changed? Or, you know, they say, this is the way we've always done it.

Well, how do we revamp our processes? Look internally first, um, but then there are, and then figure out what you need and where, what I call the, the showstopper, so to speak, what are the sticking [00:20:00] points? What are the problems that you face every single day? And, And can whatever, can your current technology by changing process, or maybe you're not using something within it.

Um, oftentimes there's constant new releases coming out and new buttons and new feature functions. Are you adopting them internally? You may or may not, but before you go and say, I'm going to go out there and, um, change technology. A lot of homework has to be done because you know what, even if you do switch, You're not going to be successful unless you really look internally of, do we have the right processes in place?

Do we have the people in the right seats? And then how are we effectively going to communicate this, roll it out and have champions and cheerleaders every day, promoting the new technology, not getting stuck in our old ways. We know old habits die hard as part of this, um, transformation and, uh, then really be, be ready to adopt it and implement it so that you get the best ROI.

[00:20:57] **Chris Comeaux:** That's well said. So, [00:21:00] um, again, you may disagree with what I'm about ready to say. And so there is no epic today in the post-acute space, especially the hospice space. And so there's some emerging incredible organizations like the one you work for. Um, But I think because of where we're at again, I think the rearview mirror, it's going to get better, but interoperability feels like it's going to be huge because there is no kind of panacea, one stop shop, every solution that you need to apply technologies and accelerator.

So you're going to have to play well with maybe some other systems, programs, et cetera. So because of that, it feels like interoperability is going to be a pretty Critical competency. Would you push back, disagree, or clean that up? Oh,

[00:21:41] **Maria Warren:** you are 100 percent correct. Interoperability is the most important. Um, you, you need to have ways to have, be sending and receiving data and information.

That is crucial. That is of, of, of importance. upmost importance, especially working across, um, not only, uh, from hospitals and everything downstream, [00:22:00] but working with, um, physician groups, um, whether it's, uh, SNFs, um, assisted living, independent living, and then within, uh, the rest of the post acute from home health and hospice.

Personal care, palliative, whatever it may be, there has to be opportunities and avenues to connect and share information. Those that allow for open APIs and that level of connectedness are going to thrive and going to flourish. By being able to send and receive data and information real time, um, and there's, they're going to be the industry leaders on the forefront to be connected into and better work on some of these things.

Um, oftentimes you end up running into other obstacles. Related to, um, having these blockings of information. If you're not willing to play and have a seat at the table, well, you're not going to be, I would say an EHR that's going

to evolve in the forefront. Um, so that, that's my thought on that interoperability.

[00:23:00] Um, it was one of those things that I think started off as a buzzword of sending things. And it's like, Oh, well, we just got the facts or they sent this over and it's a flat file. No. And we upload it every night. No, it's real time. Data integration back and forth.

[00:23:14] **Chris Comeaux:** That was great, Maria. So, um, so my next question, maybe kind of a trend or maybe more of this one's maybe more of an emerging topic, uh, but recently the hospice care act.

So, um, congressman Blumenauer put that out. And so I'm just curious what thoughts you have about that is, um, it feels kind of huge. Whether it gets across the finish line is a whole different question, and maybe we could even banter about that. But just first, I'd like your thoughts on it.

[00:23:38] **Maria Warren:** Oh, yeah. It is certainly a whale in what many will call the elephant in the room of what to anticipate with it.

Um, you know, very thankful for, um, Blumenauer and just his, uh, commitment to hospice advocacy policy, payment reform. Um, this was a big one that they, they dropped out there. Um, so a lot of it [00:24:00] is there's a lot of positives to it, but there's that ounce of skepticism of, well, what does this mean? And how will it look?

And he has a lot of ideas that I think need to be further fleshed out and developed. Um, but the timing is right for it. Um, there, there's been a lot of focus on, you know, as I always talk about, What's happening upstream, um, in, in various markets of just kind of transformation of payment reform, you know, more focus on quality, um, eliminating fraud, waste, and abuse, all of those areas.

So it definitely, um, timing is right. Um, do we bite off all of these things at the same time? Probably not. Um, and you know, I know he had phased out a lot of things, you know, two years from now, but some of these things may be a five year. Um, plus time from now. So it's, it's a lot to think about. It's a lot to digest.

There's definitely, um, opportunities, um, for improvement and as part of it, which I, I think will help [00:25:00] organizations internally as well as, you know, payment reform is a big one in there, but, uh, you know, the hospice has had the same type of per diem payment scales for a period of time, you know, you introduce then service intensity add on as part of it, you know, um, and, and, and, and, A while back.

So there's been some transformations, but what does what does the future look like? A lot of data analysis, payment analysis, um, internal processes within a hospice will need to be evaluated. So that's just kind of my early read and, you know, breakdown of it. Uh, it's, it's interesting. It's exciting. But there needs to be more

[00:25:41] **Chris Comeaux:** we have my my take on it number one first off He's been an incredible friend of the hospice field over the years, which is great to have someone in this position of influence and um Can be retiring the end of this year.

So whether it would actually become a bill that becomes law this year, probably small chance, [00:26:00] but more than likely it's a vehicle by which continues to shape and mold the conversation for years to come. That would be my assessment because I think a lot of people kind of felt like, whoa, wait a minute, we want to have a lot of input on what this thing is supposed to say.

And then if you kind of step back and think of it from the perspective of what I just said, then it makes a whole lot of sense because all of those areas, Do need to be addressed, do need to be talked about, we just need to put, uh, just, we need to have a lot more work on what it actually means so we don't have some unintended consequences.

Because in some respects, um, it's been an incredible benefit. I mean, it was so visionary, the interdisciplinary model of care, looking at human beings as body, mind, spirit, um, A somewhat at risk model or more of like a DRG type model and when hospice became a benefit is right at the time the DRGs came out.

And so basically getting one per diem and you have to provide all this care and it's up to you to manage care within that per diem. That was brilliant in 1983 and very different and, and there's been really [00:27:00] good studies showing that it saved money. So tweaking with that of something that's been

very successful, but there's also been some shadow side, the waste, fraud and abuse.

People figured out how to game the system, so to speak, how to not really serve all the needs of the community and really kind of target certain aspects of the population. So all of that, I believe, is the good parts. And so, um, It'll be interesting. I think it's going to be a framework that we can take and keep working on in kind of future years.

Does that provoke any comments?

[00:27:28] Maria Warren: Absolutely. And that's where the leaders listening in here, let your voices be heard. You need to be a part of the discussion. You need to be an advocate for the services that you provide in your organizations. So I know that a lot are going to be soliciting comments from a lot of the, the trade associations out there like NAC and NHPCO and MPHI.

It's important to get involved. I mean, like that's. That's one of the most important things is getting involved in these organizations, listening to [00:28:00] what's going on, providing feedback as part of it, as well as then letting your voices be heard. Cause you know, that that's the biggest thing is making sure that you are your own advocate for the industry and for the services that you provide and for your patients.

And then sharing that outward. Share it with your friends, share it with your family, your social networks, get everybody involved in letting their voices be heard as this transpires, as well as then taking the time to provide thoughts, feedbacks, positives, negatives, as well as then even sharing into your data and information since that's going to be a lot, especially thinking about, um, some of the payment reform components of it.

[00:28:40] Chris Comeaux: That's great, Maria. Well, here's my last couple of questions, just kind of build on that. And so I did prepare you for these because there were kind of pretty big questions, but, um, if you knew you couldn't fail and given your experience in this field, how would you design a redesign, kind of the hospice model hospice benefit for the future?

[00:28:58] Maria Warren: You know, I, in thinking about [00:29:00] that, um, one of the things that I feel like fundamentally needs to change is the stigma and knowledge around hospice. And I think that's one of the biggest things up

front is redefining what hospice is and what this end of life care is. So not getting into the nuances of benefit periods and face to face and you know, all of those types of pieces of it, which are, which are important, but we need to bring greater awareness.

To think about what is hospice and how people think about it education education for the communities What is it? What is it? Not, you know, jimmy carter's done a great job Um consistently being in the news greater awareness of hospice services and the benefits to him and his family as part of it So one angle it's the greater education and awareness for the population.

And then on the other hand, it's also part of the healthcare ecosystem of where does hospice get integrated in. So you see a lot more in the news about, you know, joint venture partnerships and [00:30:00] things like that. How do how do you a patient be defined and what are the identified for, for hospice sooner upstream.

Cause then oftentimes patients are coming onto hospice and it's a very short length of stay. Um, and they are missing out on so many of the benefits of the hospice program and the benefit that they could receive. So greater awareness and education across that whole overall care continuum, which, you know, ties into that interoperability piece that we talked about is how do you send and receive information and then how do you also then leverage.

Data to then identify when these patients are, um, uh, maybe appropriate for hospice. Um, so I would say getting them working more closely alongside home health, sniffs, hospitals, driving this integration, collaboration, and better care coordination will really help the patients better appropriately transition to hospice and that them and their families have the [00:31:00] opportunities to fully experience it.

[00:31:03] Chris Comeaux: So what advice do you have for hospice leaders about navigating into the future?

[00:31:08] Maria Warren: The biggest thing I would say is keeping up with the news I mean, we just covered a whole bunch of stuff going on on the industry in various programs demonstrations I know we didn't hit on like vbid or guide hope tool. Um, we talked about the care act All of those things, it's important to stay up to date on them, understand how it's impacting your organization,

as well as what technology solutions do you need in order to be, to be ready for them when they come so that you can be successful.

Um, we talked about some of the adjacent industries of things going on there, staying in the know on, on what's happening and how their, um, industries could impact yours. That's always important. Um, And then I even would talking with just predictive analytics, um, keeping an eye out there, um, to what's going on in the market and what can help you and your team [00:32:00] provide, uh, better care or better care at the right time of making sure that the patient, especially from an end of life standpoint.

is getting all of the care and support that they need. Um, adjusting those care plans, timely supporting. Uh, we realized that in all of the challenges, it's how do we do more with less? So leveraging the tools and the resources that are out there that are then going to help your organization stay compliant, have the highest quality and continue to be, um, highly rated and referred to in the industry.

[00:32:34] Chris Comeaux: That's, that's very well said as well. It was two years ago, Maria, it was a Christmas. I was walking with my wife and just, you know, I always take that time to kind of do some reflection and how can I be a better service to the hospice field, and that was the idea that I came up with. And that's why Mark Cohen and I do the podcast every month that here's the top news stories of the month.

Knowing that all these leaders are they're tending to so many fires on a day to day basis and that way in about a 35 45 [00:33:00] minute period they could at least kind of catch up and here's all the top news stories and kind of why it's need to Know for them. So thanks. I didn't know you were gonna say no. I love

[00:33:08] Maria Warren: that because that there's just so much there's news coming Coming at us from every which angle, things that we need to stay on top of, you know, not only internal communication within our organizations of things, um, things that are happening, um, out there in the industry.

There's so many articles that it's, you know, it's so much to digest. So, you know, that's another great, not only your podcast. It helps in getting that download real quick, instead of trying to flag articles and say, Oh, I'll go back and read it. Chances are you don't always, that doesn't always happen. So I really encourage everybody.

Stay curious, stay open minded and continue to be an advocate.

[00:33:44] Chris Comeaux: You bet. Well, final thoughts,

[00:33:46] Maria Warren: uh, you know, we know it's going to continue to evolve over the years. Um, we've, we've seen the, the hospice industry morph and, and as we know, when we talked about, there's going to be an accelerator, um, you know, the, the, [00:34:00] the race of the tortoise and the hare, we're now flying, things are going quick and we're going to continue to evolve.

Um, so as the population continues to age, we really need to make sure that we have greater awareness of To the service and the value that it brings. And I really want to thank all of your listeners. Um, and I hope that I was able to share with them some knowledge and insights and takeaways, um, to help them be a great leaders as well as, uh, great advocates for the hospice industry.

So thank you.

[00:34:29] Chris Comeaux: Yeah. Thank you for the work that you're doing, Maria. Again. Um, I'm so encouraged 30 years now in this field. And I was kind of the first weird one that came from outside industry. And it was a lot of older people. And most of the nurses, this was like a retirement job for them. And it's now evolved.

I mean, it's a very dynamic field. Obviously that's the gist of the whole show, but to see highly talented people like yourself to say, this is where I want to make a career for myself. Yeah. That's awesome because we are seeing a lot more of that and that's exactly what it's going to [00:35:00] take. Um, that's why we like to highlight great folks like you on this show, because it's going to take great leaders, great thought leaders, providing great solutions for us to navigate these changes.

Cause without that is going to be a bit of mission impossible. So thank you.

[00:35:13] Maria Warren: Absolutely. I appreciate you having me on here as well as being able to share my, my background as well as my thoughts and my passion as well for the industry here.

[00:35:23] Chris Comeaux: You bet. Well, to our listeners, thank you for always listening to TCN Talks.

And we always try to leave you with a quote, just something to think, help you think more deeply about kind of what we're talking about today. And so I ran this one by Maria and she said, this is a good one. It's actually from Winston Churchill. It says, a pessimist sees the difficulty in every opportunity and optimist sees the opportunity in every difficulty.

Thanks for listening to TCNtalks.[00:36:00]

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