

Show Transcript

Transforming Healthcare: Hospice in the News, March 2025

Melody King: 0:01

Welcome to TCN Talks. 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 TCN Talks. This is my favorite time of the month. I want to welcome Cordt Kassner. Cordt welcome.

Cordt Kassner: 0:30

Hey, thank you so much for having me.

Chris Comeaux: 0:31

It's great to have you again, and so this is our top news stories of the month for the month of March. So before we jump in, I always like to ask you a question, Cordt. I was thinking I love this is a Tony Robbins question. I use this in my coaching. If you knew you could not fail, what would you do?

Cordt Kassner: 0:48

You know that's a great question. It's something I've given a little bit of thought around and today, honestly, my answer is I would revamp not just hospice but all of health care in the United States, with transparency, to be reimbursed by quality and to have clear identification of the best and the worst providers in every healthcare service line. That would be my goal. What about you? What would you do, Chris, if you knew you could not fail?

Chris Comeaux: 1:19

Well, let me respond to your. I love your could not fail response and you probably not have a chance. Have not had a chance yet. We just dropped the podcast on Wednesday, March 26th I think it was with T. R. Reid who wrote the book The

Chris Comeaux: 1:36

Healing of America. Check that out because there's some great T. R. wisdom in what you, just because I love what you said. So, in answer to your question, back to me, it's kind of what I'm doing now. I feel like helping people find their cause and purpose, live cause and

purpose, help transform health care and create thousands of leaders or capacitate thousands of leaders to live their cause and purpose, and I feel like I'm getting a play in that arena. I wish I had more resources, I wish I had more time. Every day I get to meet and work with incredible people like yourself and if God keeps bringing those incredible people in my life so we can work on those things together, that's what I would do. So I just need to keep doing and maybe what we're doing at a higher level and even more.

Cordt Kassner: 2:22

That's fantastic. Yeah, I saw the notice for the TR Reid podcast and I T. R. that queued up to listen to this weekend, so thanks for the shout out. free-market

Chris Comeaux: 2:30

Yeah, actually it's cool and we have another one coming up as well. So TR is a little bit more what I would say a little bit more left leaning in his approach. So a little bit more of Medicare for all. But I love his packaging, which is calling it AmeriCare, and so I think the branding is right on point. There's some key principles and what he discovered as he went throughout the all over the world actually. But we have another person who's a little bit more free market thinking and I think the Venn diagram of both their approaches is the answer of what our country needs.

Chris Comeaux: 3:01

And just here's a punchline Administrative cost of Medicare 3%. Administrative cost of insurance companies 20%. That 17% delta as a whole is why we're one of the top spenders in the entire world and we get pretty shitty outcomes. But we do not get the outcomes that you would expect for what we spend in America. But there's so many pearls in that podcast, so this one with Rita Numeroff will be coming out probably another 60 days. So those two we're hoping get part of the national dialogue and to all our listeners and also you, court, please pass that one with TR Reid around. Hopefully it'll get in the right hands and the right people and start to influence the people that are sitting at the table, that could actually make a difference in changing what health care looks like.

Cordt Kassner: 3:46

That sounds great.

Chris Comeaux: 3:47

Well, one thing I do want to create. Just first off, our thoughts and prayers with you and your family. You've just gone through a personal circumstance. Anything that you want to say about that.

Cordt Kassner: 3:59

I appreciate the opportunity I've shared with you and a few others offline that my mother recently died under hospice care and you know this personal experience with hospice highlighted several themes, mostly positive. I'm early in my reflections and how to articulate this experience in ways that I want to use to strengthen hospice care and reaffirm the hospice philosophy of care. To use to strengthen hospice care and reaffirm the hospice philosophy of care. But even today, as I review top news stories this month, I'll share some of those personal reflections. But I'm just it's. I've learned a lot by being a son receiving hospice care. You know, with a family member receiving hospice, that that I did not maybe feel I'm not sure if I didn't know it, but I didn't feel it the same way that I have for working in the hospice field for 25 years.

Chris Comeaux: 4:52

Yeah, you know Tina Gentry on our team. She always had this amazing talk she would give and I've yet to figure out how to put in words because it's a gesture but she says most people understand hospice but once you experience it, most people understand hospice. But once you experience it, you understand hospice. And I know our listeners don't know what I just did. I pointed to my head understand, but then when you experience it she would kind of cross her hands across her heart and it's such a profound way of kind of putting into a action of what I think that you're kind of poking on. There's just this. It's so holistic and it impacts us in so many different ways. How do you put words around that unless you actually experience it? So I don't know if you have comments to that, but if that's in the ballpark of what you're getting at.

Cordt Kassner: 5:38

It absolutely is, and I'll circle back to that in a couple of minutes.

Chris Comeaux: 5:42

All right, perfect. Well, you want to jump in. So, with the data Hospice top news stories of the month, we want to always continue to give you and Joy a shout out for the great work you're doing with hospice and palliative care today. So you want to share the stats.

Cordt Kassner: 5:56

Sure. Thanks so much and for listeners. Dr Joy Berger is our editor-in-chief of hospice and Palliative Care Today. She does an amazing job pulling together articles. We review over 1,200, 1,500 articles a day to consolidate that down to about 15 articles that we put into a free daily email focused on hospice, palliative care and end-of-life care. So as we looked at the click-through rates for hospice and palliative care today's March news stories, we published a total of 361 articles that collectively received 137,000 clicks or reads. Notably, 32 of these stories surpassed 1,000 clicks each. All of these metrics surpassed February's

numbers, which surpassed January's numbers. So let's take a closer look at the key trends. The most read story was Social Media Toolkit for Social Workers Month 2025.

Cordt Kassner: 6:56

And I want to extend my thanks, my gratitude, to every hospice and palliative care social worker out there, not just during the month of March as Social Workers Month, but every month. I've mentioned before my undergraduate degrees in social work and once a social worker, always a social worker. It's appropriate to lead this month's story by the National Association of Social Work, the NASW, with follow-on stories from hospices and how they have both integrated and appreciated social workers into their care. This year's theme from NASW is social work, compassion plus action, which I thought was entirely consistent, Chris, with the discussions we've had on top news stories so far this year. Joy ran the second most read story this month on Ash Wednesday, which was titled what Do the Ashes Symbolize in Life, death and Cultural Rituals? This is perhaps the highest read article we've had from a spiritual or religious perspective. So here we're starting out March with social work and spiritual care, which I think is tremendous. This article explored themes associated with ashes, such as loss and renewal, cultural practices involving ashes in different religions, and more.

Cordt Kassner: 8:22

Our third most read article was actually an internal note we distributed about system upgrades that we've made to the newsletter. I'll mention that we've refined our search engine, so if you log into your subscription account now, there's a search bar that pops up and you can search all of the content we've ever run, so you can search for names or topics or themes. While logged in, you can also go in and look at our newsletter archive, where we've posted every past newsletter issue, so a tremendous resource for our subscribers. However, as we were doing some of that, we heard from some of our readers including you, Chris, which we really appreciate that newsletters were not being received. So part of our system upgrade note was to please let us know, please let Joy or me know if you have any trouble receiving newsletters. We work with Infront Webworks, our web hosting company, to resolve these issues quickly.

Chris Comeaux: 9:19

Yeah, I just want to give you guys a shout out and I think that's a good sign, right? People are calling you saying wait a minute, where's my newsletter? So that means it's. Yeah, I know, for me it's become part of my daily habit, it's my early morning ritual to go through, and just kudos for you guys. I mean, we're living at a pretty interesting time.

Chris Comeaux: 9:34

You and I talked about that in last month's top news stories of how quickly with artificial intelligence, things are moving, so to kind of stay on the leading edge and refining your search engine. I just want to give you a tip of the hat for you enjoy both. That keeps you really on the cutting edge for all of your readers and I think it's a great sign that people are like, hey man, where is it at? And then we figured out on our side that you know the beginning it was related to your upgrade. The second part is I was trying to be on the leading edge. I installed an artificial intelligence tool on top of my email and it was actually filtering your newsletter out. So we learned. So we're both trying to stay on the leading edge. Sometimes there is going to be a couple of issues related to that. But that's all part of the advancement of growing and learning and kind of change management.

Cordt Kassner: 10:18

Well, we've always found that I have used the phrase and it doesn't really matter the topic. Putting out a daily email newsletter is easy. Hospice care is easy. Building a robot is easy. Communication is hard and just the back and forth, the interpersonal, the communication, letting people know is really the President hardest part, because we can figure out the rest of it.

Chris Comeaux: 10:46

Well, you know, I was actually thinking too when you were talking Court, about just the genesis of this newsletter. You know your predecessor you got this from Mark Cohen and, thinking about Mark's history, he literally would wake up every day, scour articles and walk into President Carter's office and say, president Carter, this is what you need to know about today's news, which is fascinating if you think about that. And then to take that later into the realm of hospice and palliative care, and now how you've moved that forward. You enjoy both and your unique skill set, but then also incorporating technology within that. I really feel like you've upped the game of what originally started as maybe a superpower of Mark's, but you guys have kind of melded into a whole new superpower and how you've also melded technology with it.

Cordt Kassner: 11:29

It's been interesting and I've got another tech comment coming up in a minute that you in particular, but I think all of our subscribers are going to be interested in.

Cordt Kassner: 11:40

In addition to these first couple of stories, another story that came up with a lot of clicks was a story honoring National Vietnam War Veterans Day and another story on end-of-life care patterns among beneficiaries with cancer that each had NPHI 3,000 reads. There were a couple more stories on MedPAC's recent report to Congress, which is released every March, and I personally really appreciate the work of Kim Newman and the MedPAC

Commission every year. It's a monumental task and I think they do a great job. I find their work consistent with promoting the hospice philosophy of care by focusing on utilization trends and quality reporting. They also detail financial aspects of hospice, examining profit margins and potentially fraudulent areas. Of course, most folks are interested in MedPAC's recommendation to Congress regarding hospice reimbursement for the upcoming year. This year they recommended no increase or decrease in hospice reimbursement. That's somewhat based on aggregate profit margins that they've calculated for hospices across the country. Congress weighs MedPAC recommendations heavily, although it's important to note that Congress's decisions are based on a different set of political priorities.

Chris Comeaux: 13:04

Congress's decisions are based on a different set of political priorities. Yeah, I'd like to make a comment on that. One, cord, is that I have great, immense respect for Kim. I've heard her come and speak at MPHI another group, super competent person and get kind of their process.

Chris Comeaux: 13:17

But something that Dr Thayer, my mentor, always said is he called it the tyranny of the average, and that quite often people make decisions based upon kind of average numbers, and I think there's some wisdom in that. In this case, like you know, the average of the margin being at whatever it is 12 percent, 10, 11 percent. The distribution of that, though, shows the nonprofits are more of like one percent or negative percent, and the for profits 20 percent plus or negative percent, and the for-profits 20% plus. And you may you know if someone just looks at those numbers and go well, obviously they must be super competent, nonprofits or not. No, it's the devils in the details of. You know what does the actual model of how the care is being provided? The Japanese have a wonderful term called gimbal walk. Go see for yourself. I realize MedPAC can't go in a hospice visit, but if you start going to that zero in at a microscopic level, there's a whole lot of details in there that dictates what that average, the tyranny of the average, is. And so you know, I know what I see in these nonprofits doing incredible work, doing leading edge things like powder care, which loses money, pediatric programs et cetera. And yes, they could fundraise for some of those things, but they don't have enough fundraising to cover all of those losses. Plus, they have a much richer staffed model to patients which means they get more care by the bedside. We now have data backing that up Cap scores visits in the SIA in the last days of life. Nonprofits do a lot better there. So because of that they have a higher cost model, which is why the margins are what they are. But they're doing the right thing. They're trying to provide a more robust model and you don't see that in those averages.

Chris Comeaux: 14:56

And oh, by the way, we're living at probably one of the most inflationary periods I know in my career 30 years in hospice. So wage pressure super high, the revenue rate is not even coming close and this is basically saying, hey, keep it the same. And those inflationary pressures are only increasing. We have a lot of people talking now about the tariff situation. Is it going to drive up drug costs, medical supply costs, so all the patient related as well. I'm an accountant. The math don't work if then the revenue is not increasing, and those expenses are increasing quite a bit.

Chris Comeaux: 15:29

So I'd like to be a little bit more sophisticated instead of you mat back people. You're not giving us a raise. What's wrong with you? I get their perspective, but I'd like to provide a little bit more intelligent perspective of why I don't think that's a good decision. You have to look within the details, and there's a differentiation between the for-profits and the non-profits. So could we come up with something that's a little bit more equitable, based upon the robust model of care that people are providing? Maybe hope is starting to laying the tracks for that, et cetera, et cetera. So I'll get off my soapbox.

Cordt Kassner: 15:59

No, it's fascinating. And to the earlier point, one of the things I appreciate about Kim and MedPAC is, if you want to meet with them, set up a meeting with them. If that's NPHI, if that's any group, if that's an individual, they are open to that communication. And it's where they come up with ideas like the U-shaped curve that turned into higher reimbursement for the first 60 days and the very end of life care, lower reimbursement in the middle, because they're trying to work with some of those discrepancies that you point out.

Chris Comeaux: 16:34

That's a great point. You know what, put your money where your mouth is, and so I'm going to take that as a good challenge.

Cordt Kassner: 16:41

Tell her hello for me. Another area I'd like to comment on that had surprisingly high number of reads is a new category we just developed called Social Media Watch, and the background for this story is a conversation between Joy and our friend, Judy Lund-Person. They were talking about several different topics and Judy mentioned how often interesting information is posted on LinkedIn and Joy and I took that to heart. We started talking about that. I'm like, well, we don't cover that and I don't know that anybody necessarily covers that.

Cordt Kassner: 17:20

Social media watch, where Joy and I are reviewing our own personal LinkedIn accounts for information that Hospice and Palliative Care Today readers might be interested in. This became one of our top posts this month, in addition to Joy and my own LinkedIn networks. We just set up a Hospice and Palliative Care Today LinkedIn business page and so please find that, follow us, invite us to follow your pages, because that's going to become the source for our social media watch posts and Judy was absolutely right a lot of interesting information there. We don't. We created that new category because we're not in the business of fact checking all of this stuff. We're in the business of sharing what's out there love it, hate it, you know right, wrong and we use discretion with it, but it's just another fascinating area to take a look at. We released the second social media watch in today's newsletter.

Chris Comeaux: 18:23

Yep, which had a really big one actually. So, um, kudos, kudos to you guys for doing that. I think that's brilliant and just love Judy that she brought that up to you. I'm just so blessed with the. We're able to work around such amazing, brilliant people like you enjoy and she and many others. So major kudos on that.

Cordt Kassner: 18:39

Thank you, that's very cool. Uh, another article I'd like to comment on that had about 500 reads Cordt which is not a lot, necessarily in the way that we're tracking all of this information. The title of the story is A Doctor's Tumor Rupture Upends All that she Knew. This is one of many fascinating articles that explore how humbling and transformative it is when the doctor becomes the patient, and this article includes an example of a woman physician who's pregnant, who's now the patient, teaching a young physician how to read her own ultrasound, which tragically found that her baby no longer had a heartbeat. So she's the doctor and the patient at the same time. It goes on www.nationalhospicelocator.com to discuss how being a patient changes this physician's practice.

Cordt Kassner: 19:35

Kathy Wagner, who helps us with our Saturday research issues, brought this article to my attention and said Cord, this is an article that I wish every physician, every nurse, every healthcare person I come in contact with should read. And it leads me to a real, quick story about my own experience with mom being in a hospice the hospital. Mom was in the hospital before she transferred into hospice. The hospital social worker called me and said your dad tells me you have an opinion about which hospice we should contact for your mother. I was driving at the time so I said well, yes, I do. Are you in front of a computer? Could you go to www.nationalhospicelocator.com? She typed it in and she

typed in the city. She found 20 hospices serve that city and I said I want one of the first three. And she kind of paused and she said well, that's interesting. What is this website? And I said well, it ranks every hospice in the country based on the quality metrics and sorts them from highest to lowest. She thought that was really interesting, right until I commented that this was my website, that I built this with input from hospice leaders around the country and it's one of the many practical things that hospice analytics does to drive patients to high-quality hospice.

Cordt Kassner: 20:56

Later, mom needed GIP level of hospice care. She wanted to stay in the hospital that she was in, and so the social worker said we don't contract with 20 hospices, we contract with two. So that limited my hospice choice. And then she went on to say one of those two hospices is not currently staffed to provide GIP. So I now had the choice of one hospice or no hospice at all, and fortunately this hospice is a good provider and they took good care of mom, but I found myself thinking hospice choice I have 20 and I don't. My choice was actually based on contracting, not the quality rankings that I'd spent so much time developing, and so it gave me a different angle on the importance for hospices of who they're contracting with and what patient base that allows them to serve.

Chris Comeaux: 21:55

That's interesting.

Cordt Kassner: 21:58

I like highlighting, every year or every month, some of the most read research articles. In March, a lot of our top read research articles focused on different aspects of cancer treatment. There was also a couple of atypical research articles with hundreds of reads, one of them on experiences of medical interpreters' experiences with patients who are near the end of life and Cordt one exploring disparities in end-of-life symptom burden linked to patient wealth, health and social support, which I thought was fascinating. Chris, what did you find? What were your top stories this month?

Chris Comeaux: 22:39

Yep, before I go there, I've got my paper here of my summary, but also I think maybe it's been two months now, but we're now taking your data, which is awesome of like the quantitative data feed that you've been providing, so we're providing that summary. So, please know, if we just step back for a second, just think of what Kurt said. He and Joy go through thousands of articles daily, get it down to 15. These are 15 things that you need to know, and then what I try to do is I read that every day and then my perspective is as a C-suite leader, these are the ones that I hope that you didn't miss. So this month I flagged 53, which it's interesting. I think you guys are getting better and better and better. So it's

making me be even more selective, because I was generally running at about 90 to a hundred, but I've now found so I think it's about 50 something. I think part of that is you guys are definitely getting good what you do as far as the data, so I'm able to be even more selective of like this is what I hope you didn't miss as a C-suite leader. I think there's something else going on, but I think you'll probably poke me on that at the end that I'll kind of make a comment.

Chris Comeaux: 23:49

So let's go into it. So at a big picture level. So I always have my 10 categories. The two biggest this month were reimbursement challenges at 12 articles, and then patient, family, customer demographics and trends, which was actually at 11. My third biggest category, which is where I'll camp at the end, is just kind of Chris's category, the ones that kind of my catch all. Hey, this is the stuff I hope that you didn't miss. So let me go into it. So the first category is always mission moments Only had three articles this month. They were really three profound. I'm not going to spend time on them Again. This is why I also provide the summary that I have in my hot little hands here, a picture of it you guys could download. That again is kind of in service to you. So the next category is reimbursement. This is one of my highest. This month. We had 12 articles.

Chris Comeaux: 24:37

There's six I just want to bring your attention to in this podcast. The first one is Medicaid. Health plans are failing to pay hospices for nursing home room and board, ding, ding. Make sure you're aware of that as you're seeing more and more MA plans or just MA companies or insurance companies that are managing Medicaid. They ain't paying nursing home room and board and that's raising some interesting challenges from a cash flow perspective of serving those patients in the nursing home.

Chris Comeaux: 25:06

The next one as we know, this was a big deal in the whole budget standoff but Congress passed a telehealth and also a hospital at home that was in their funding bill in the budget that eventually did pass. So just want to make sure you didn't miss that, the budget that eventually did pass. So just want to make sure you didn't miss that. Another one MedPAC recommends Congress tie physician pay to inflation for 2026. A lot of the programs we work with have robust palliative care programs that some need to know. That you want to make sure you didn't miss. And then the other that quarter already kind of brought your attention. The MedPAC 2025 annual report was released, basically recommending that we don't get any pay raise going to future years here.

Cordt Kassner: 25:46

You know, I think TCN Talk going to Dragonfly up spending a pretty fair amount of time talking about MedPAC and their recommendations and how they see the hospice field. I'll keep comments short for now, but I would recommend all of our listeners that the reading the MedPAC report is right up there with reading the hospice final rule. We talk about it and very few of us actually do it, but it's worth the time for the read. Dragonfly

Jeff Haffner / Dragonfly Health / Ad: 26:15

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Chris Comeaux: 27:02

Yep, Usually what I do is I'll print it out and I take it to bed and try to go to bed a little early and it's dry, tough reading, but it's something about that. So the ritual a couple of times a year, as you said. The wage index and this one, those are two of mine and I usually do sleep fairly well that night, but it's kind of how I get it done All right. So, continuing in that category. Cms deletes Medicare Advantage vision statement, signaling another shift from health equity. So that's an interesting, maybe a little bit of a little blinking light on the dashboard. A little blinking light on the dashboard. Another article Medicare Advantage special need plans are linked to use of inferior hospice care, which is actually more of an opportunity than a risk. If you read that article.

Cordt Kassner: 27:51

Yeah, you know, I'd chime in with that one. I think the Medicare Advantage plans right up there with private equity ownership of hospice and some of those ownership trends are really going to be something to keep an eye on this year.

Chris Comeaux: 28:02

Yeah, I agree with you. I think I mentioned one of our board members. I love his phrase it's going to be a predictably unpredictable year and I think you're right on point that that's going to be an area to watch. All right, so I'm going to shift to another category. The next is competition to be aware of.

Chris Comeaux: 28:18

There were four articles, in my summary only two I wanted to bring to your attention on the podcast, how Houston Methodist ACO reduced its end of life spending by 20%. Once

you dig into that article, it cites Coda Health, which is interesting. It's like a digital platform that provides advanced directives. Might be a really interesting opportunity for many of our hospice and palliative care listeners to go. We can do that. We've got a superpower in that area. Another one, a big one this month Walgreens sells to private equity firm Sycamore Partners. I don't know about you, cord, but I've seen Walgreens go downhill majorly in our community, walking in like eight o'clock at night, try to get just something and they barely have anybody in the store and then just the employees not being very happy and kind of articulating that. So it's going to be really interesting to see what happens as private equity takes over Walgreens.

Cordt Kassner: 29:12

Well, and Walgreens used to be such known as the community, the store on the corner, and I'm seeing left and right Walgreens locations shutting down, being closed, and I can't help but think that it might be related to the private equity, the financial aspect of needing to show a certain margin to keep the doors open.

Chris Comeaux: 29:32

And, if you remember, in Jim Collins' book Good to Great, it was actually one of the companies that was highlighted and kind of the poster child for the definition of the hedgehog concept. And so maybe different conversation for a different day, all right. Next category is workforce challenges, and so four articles in this one. A little bit of a rabbit trail. We have a really interesting thing going on within our TCN network, we call Future Councils. You're actually participating in one of them and this is a big one. Workforce challenges, and so four articles. I want to actually highlight all four. First one Willow Point Nursing Center this is in New York state raises pay by 20% for all of its staff.

Chris Comeaux: 30:12

Interesting, interesting thing this is under the implications of the workforce challenge, also under implications from heroes to burnout how we failed our frontline healthcare workers. This was a med page. Of all the lessons learned from fighting a pandemic, none was more frightening or important than discovering how dependent our whole healthcare system is on how we treat our doctors, our nurses and our frontline caregivers. They were already in short supply, but with burnout on the rise, and then the pandemic hit. And now frontline caregivers. They were already in short supply, but with burnout on the rise and then the pandemic hit and now we have a full-blown kind of crisis on our hands and, unfortunately, as the silver tsunami wave hits the shore of healthcare, which I've got a couple of articles that I'm going to cite related to that as we go forward. So I thought that was a really interesting article. Paints the picture of the implications. Always, love the solutions and again, kudos to you and Joy, because I feel like you're. You're mining more and more solutions and I appreciate that our future council team is actually looking for

those type of articles. So, under solutions, the rising importance of social workers on the home health team, how some people are like, well, we've figured that out already, but in an interesting as kind of home health has gone through OASIS and all these reimbursement challenges. They're kind of coming back full circle and graphing in other disciplines.

Chris Comeaux: 31:29

I think that's the principle in the learning lesson as we go forward, you may go. Well, we got social workers already. What about paramedics? What about community health workers? What about other disciplines that may be absolutely necessary for us to deal with the math problem of demand for our services versus workers that we have. How work in the hospice field differs from hospital work Love that. That was in healthcare business today. I know my hospice people are like, yeah, we know that. Are we advertising that when you're advertising for why, you know? I think we are the oasis for healthcare. How well do we market that when we put out advertisements for job openings that we have, et cetera? So those are my workforce. I love that category every month. The next one is patient family demographic trends. This is always a big one and you guys do a great job.

Chris Comeaux: 32:19

So I actually had 11 articles this month. I'm going to cite eight of them real quick. Hospitals may buckle under the tsunami of patients. That was in modern healthcare. There's another one related to that that I'll get to in a couple moments. This was in 50 plus finance how much does end of life care generally cost? Which is really cool. It's talking about the general cost of healthcare and actually having hospice care graphed in. There is a way to kind of get an economical value for your money at end of life care. So that was a really cool article.

Chris Comeaux: 32:51

Becker's 748 hospitals are at risk for closure and then they have like a state by state grid. That was a really big article. Wasn't clicked on very much by folks. Mark Cohen used to always say when the hospital catches cold, does hospice catch pneumonia? I never fully agreed with him with that. Another way I'd say it is hospitals are a huge part of the healthcare ecosystem in your community. That ecosystem gets disrupted. What does that mean for us? There's crisis and opportunity, probably in both sides of that equation. Certainly a great opportunity, maybe to get staff, as we talked about a little bit earlier.

Chris Comeaux: 33:28

This one I found and kudos to you guys for flagging this one, I thought at a personal level the weekend effect. If you're planning surgery, doctors say you should think twice about

Fridays. That was fascinating. But as you and I do this work, I've noticed weird trends in like number of articles. Like around Christmas, right, there's a lot of people off and so whoever would have thought, oh my God, I'm getting surgery on Friday, am I going to get like subpar care? But there was a great data in that actual article related to that.

Chris Comeaux: 33:59

Another one understanding and addressing the hospital bed shortage. Kind of taking a phrase from Trump instead of drill, baby, drill, it's build, baby build. Now, the reason I wanted to cite this was actually in JAMA. So, understanding and addressing the hospital bed shortage, I wonder as we go forward as care shifts into the home. So let's say I just take that at face value. Man, the construction companies are like, yeah, baby, that's awesome, we'd love to see you build baby Bill. Just in Nashville, north Carolina, there was a \$500 million construction project building new hospital beds replacing old facilities. But I wonder the ROI calculation on that. As the baby boomers crash on shore, what if that wave tilts to the side of care in the home as opposed to care in the acute care facility? It's going to be really interesting to see how that plays out into the future.

Chris Comeaux: 34:54

And then here. So here's a couple more. This was at McKnight's Less wealth at death linked to more end-of-life symptoms, and really interesting about wealth disparities and end-of-life symptom burden among older adults. There's some great data in that article that to me, bears on the future. American Journal of Managed Care More care doesn't equal happier patients in traditional Medicare. Again, to me that's kind of a tip at the hat of the work that we do. It's always paradoxical that patients die in hospice, but yet we have really good satisfaction.

Chris Comeaux: 35:27

And then the last one in this category. Again, kudos for highlighting this. But this is the type of stuff that I think will help with the cultural shift about end-of-life care, but Bradley Cooper has a film on caregiving to prepare premiere on PBS for nationwide broadcast this summer in June 2024. The streaming begins on May 27th and that's something that, something I think you and I will probably highlight as we go into this year.

Chris Comeaux: 35:53

I've thought long and hard about how do we, how do you counteract, like the whole HBO series I'm mentally blanking on the guy's name and I'm going to keep blanking on his name because I don't want to say it out loud, but like, how do you counteract that? And it's like I think it's documentary series, movies I've always envisioned, like wouldn't it be awesome to have a reality TV show of just a beautiful mission moments within hospice, those things that we highlight each month in here? All right, so, moving on regulatory, we

had three articles this month. Only one that I wanted to kind of call out, which is CMS will not resume implementation of the hospice SFP in 2025. So they're going on record. They're not going to redo it this year.

Cordt Kassner: 36:37

I thought that was really Judi interesting. And again it gets back to that transparency and we talk about wanting to root out waste, fraud and abuse until somebody actually puts names on a piece of paper and then there's a is trying to bring that transparency, even though it's knowing that that's an unpopular thing to do. I think that the bigger picture philosophy there is actually very helpful. So I'm keeping an eye on the special focus program and how they're going to continue refining their methodology and how this kind of plays out going to continue refining their methodology and how this kind of plays out.

Chris Comeaux: 37:25

Well, if our friend Judy was here, the first thing she'd say is okay, 50% of hospices have a satisfaction survey. If you were on Amazon, you and I probably both stay away. Well, this one doesn't have any reviews yet, so I'm going to go with the product that has reviews. But I don't think most people know that 50% of the hospices don't have satisfaction. So maybe here's a simple thing. Well, and the hospices don't have satisfaction, so maybe here's a simple thing If, well, you know, you can't do a satisfaction survey because the N is so small, well, you know what? If you got less than 40 patients, you're not a viable operation anyway. So you got 18 months to become viable, otherwise the typical market would punish you anyway, and after that you should have a satisfaction survey, maybe something as simple as that. Now we got 85% of hospices in America that you do have surveys. Now we can't have that. Well, this is why SFP is wrong is because 50% of the people aren't even getting covered in this because they don't have a satisfaction survey.

Cordt Kassner: 38:13

I could certainly support a few questions, quality-oriented questions, that every hospice, every Medicare-certified hospice, has to participate in.

Chris Comeaux: 38:25

Yep, okay. So technology is my next category. I had four articles, only three I want to cite in here. I love this one this was in CIO the eight new rules of IT leadership and what they replace, and I love how it kind of like old rule serve the business. New rule lead together with the business. New rule lead together with the business. Old rule train workers on new technologies. New rule help workers become tech fluent. That's a big one. Old rule business transformation comes first. New rule IT leads by example, which is kind of interesting. Like does that mean the tail's going to start wagging the dog? And I think that's going to be possibly what you're going to see as AI gains more and more kind of

momentum. Old rule IT folks stay in your lane. New rule collaborate across the enterprise. So that was just an awesome article.

Chris Comeaux: 39:13

Very few, I think that had like "Can I don't know, it was definitely less than 100 clicks on that. One hundred clicks on that one. Next one hallucinogenins. You know those drugs like psilocybin and ketamine may elevate death risk by more than twofold. That was in Medscape. And then also kudos to Meg and her podcast with Hush Blackwell. They highlighted it. We have one in the can. That's already done, that's slated to come out this summer, with one of the top physicians on the use of ketamine in hospice end-of-life care. This one concerned me because it was just more about the negative, because it elevates death risk. There's no doubt you have to be competent, you have to know what you're doing, but I don't think the answer is totally stay away from it, and so that's actually why we have a podcast coming out this summer on the use of ketamine in hospice.

Chris Comeaux: 40:04

And just last technology one AI scribes Can technology do more than free doctors from the data entry? I think there's a lot of cool stuff we're going to see about the application of AI. We actually have one that our TCN network has been piloting, where the nurses speak, the AI grabs it, puts it right in the medical record, and so that which could really save our clinicians time at a time when they don't feel like they have enough time. So last couple categories speed of change, resiliency and reculture. I had two articles only one I wanted to cite Our good friend Lynn Flanagan, the CEO of Ancora, which is a TCM member, and Tina Gentry, our chief operating officer. They did an amazing article called Leadership with Grit, grace and a Bold Heart. That is an awesome read. If you've not seen that, please check it out, and kudos to Court and Joy for actually highlighting it.

Cordt Kassner: 40:53

Yeah, I'd give a shout out for that one too. They did an amazing job, and if you haven't read that article, do look it up.

Chris Comeaux: 41:02

A little brain tattoo from that article, do look it up. A little brain tattoo from that article. A soft front, strong back. And Talks so quite often, you know I've been blessed, I'm surrounded by amazing female leaders, and the answer is don't become more like a male, in fact of anything. Brene feel like that's maybe part of the problem with our, I'll say industry. I know Mark Cohen will kind of get twitchy, but in this term I'll say industry because there's more males and I go to certain conferences and it looks like a Wall Street banker type conference. We've lost something in that process and so be bold, as females have created this whole movement, this field. I'll now reframe it that way because it is a

movement and field when it's coming from that soft front, strong back type standpoint. And maybe the nuns, that's what they're after, with no margin, no mission, but it's also not all margin. Forget the mission. It's the both together. All right, human factors.

Chris Comeaux: 41:53

Cordt, so one only one article, and I just want to cite it, but it was really. Kudos to you. Five must watch TED talks. That will make you a better leader. Right now, a Simon Sinek, a Daniel Pink who's actually coming up on our podcast, so stoked about that one, Brene Brown and Ken Robinson, and then also Luva Aja Jones, and so just three great TED Talks that are like action packed, like full-day leadership lessons and like 20-minute videos. So that was an awesome call out. All right, my last category. These are the ones I want to camp out on a little bit. So I actually had nine articles this month, eight that I want to cite, and you feel free to kind of challenge me or ask questions on any of these.

Chris Comeaux: 42:36

Court. So shareholder payouts among large publicly traded healthcare companies. There's a growing concern that a large proportion of US health care spending appears to be directed to corporate shareholders rather than enhancing affordable access. In other words, they're forgetting about the mission of what they're here to do. That was actually a JAMA article, so just want to cite that. I think a lot of people thought, oh, you know Trump's pro-business, and so they're just going to go whole hog. Private equity, just you know, drill, baby drill. Private equity, baby private equity. I don't think that's the case and I've actually seen some really good, at least highlighting and talking about. It'd be interesting to see if talk does cook rice, if they actually do something about it. Another really interesting one Beata Home Health introduces their first director of Veterans Affairs. That is brilliant. If I had a great budget and kudos to them because they're a large organization what a brilliant way to put resources. To think how do we better serve the veterans throughout all of our home care services? I think that's like hey, leading edge idea, really smart. Another one tracking US health care spending by health condition and county. This was in JAMA, really made me think of the Dartmouth Atlas, but there was some great stuff actually in that article and so just want to make sure you guys didn't miss that one.

Chris Comeaux: 43:58

Another one kind of poking on private equity. What happens to care when private equity firms buy hospice providers and so, court, you want to say something about that? I'm going to be a broken record, like you know. It ain't good when usually private equity and we interviewed recently a candidate and was doing good margins really a good person, chaplain by background, I loved his balance of mission and heart Private equity calls up and says we need 15% more margin and he's like how, where is it going to come from?

He was already pulling off the impossible and I don't want to hear excuses. Just go make it happen.

Chris Comeaux: 44:39

And what we learned from our podcast last year with Laura Katz Olson, who wrote the book Ethically Challenged. They treat it like a vending machine. That should insult us. The most vulnerable population is people at the end of their life and they're like we just want to extract a margin. I don't really care about the business itself. We just want to treat this like a vending machine so we could get our returns, and there are a lot of people that are complicit in this. There are state employee plans that that's where their retirement funds and I don't think many of us know that. We all want our 401k or 403b to grow, but would you want it to grow to know that this is actually the implications of that?

Cordt Kassner: 45:15

You know I had two thoughts around this. One is the topic private Cordt and hospice. Private equity is already in so many other fields, so many other industries, that I think hospices probably need to learn from our colleagues that have already experienced some of this. So I think that's going to be a target to keep our eye on this year. Next year in particular, I think we're going to see a lot of private equity mergers, acquisitions going on. So one thing is the topic. The other thing that I want to give a call out to are the people who were involved in this podcast.

Cordt Kassner: 45:55

I remember being a teenager, I was talking with a physician who said Cord, it doesn't matter what the topic is, it doesn't matter if you're interested in it or not. If you have an opportunity to be around a world-class leader, go to the grand rounds, go to the session. You will learn something, and that's kind of what happened here. This podcast is with Ira Bayak and Jennifer Ballantyne, who are amazing leaders in the field, and I feel the same way about both of them and they're longtime friends and colleagues. But if they write the book, if they participate in a podcast, if they're putting on a webinar, I'm going. I will learn something because they're just top-notch folks and I. That's what got my attention more than the Judi topic Lund-Person I was like, Judi, look at these people who are participating.

Chris Comeaux: 46:51

Yep, love Ira, and he obviously thinks the world of you. We had him on a podcast at the end of the year and so, yep, all right, well, I'm going to try to land the plane here Just a few more. So, yep, all right, well, I'm going to try to land the plane here Just a few more. Cms pulls the plug on projects aimed at improving care and saving on costs. This was in KFF, so that's going to be interesting. Is this a harbinger? And so one of the sightings was

something about the \$2 generic drug initiative. They're canceling this \$2 generic drug initiative. They're canceling this \$2 generic drug initiative. So is that a harbinger? That'll be interesting to see. It was on Judy Lundperson podcast last year. Judy said something I'm like, wait a minute, did I just hear you right? Did you just say that there are zero programs that literally have come out of CMML? Meaning went through the process of CMML, which the original idea under PPAC Obamacare was. We'd have this way to experiment with innovation and if we see a great idea, we don't have to go back through the legislative process. It just gets kind of grafted into Medicare. Zero items kind of made that pathway. Now, not to say that some of the thought process hasn't influenced it, but as far as like a new benefit, there's none. So if you take a Doge perspective, if all those dollars spent, is it a good return on investment? And so it's going to be interesting to see if that gets looked at. Next, is Medicare ready for aging in America? Home-based care offers hope. So this was Jonathan Fleece and Steve Landers from the Alliance and really kind of think poking on. Like you know, is Medicare ready for the tsunami? And home-based care is part of the solution, and so kudos. Jonathan Fleece is an amazing leader, amazing thought leader, and Steve Landers at the Alliance. So I thought that was a really good one.

Chris Comeaux: 48:37

I wanted to kind of call attention to this was in Forbes Pharmacies of the Colin four keys to reinventing reinventing the brick and mortar business model. You know kind of alluded to it earlier, so I'll chase the rabbit. I'm such a geek for Jim Collins and so the whole point of the hedgehog concept is what Walgreens like their hedgehog was every person that walks into that pharmacy, that pharmacy. If we could increase their revenue per person, then that's our business model. And you go, how did Walgreens afford, like this amazing street corners? Because that was their hedgehog.

Chris Comeaux: 49:14

But the key thing, if they also maybe didn't read Colin's book about them, Colin said you have to keep readdressing your hedgehog, you have to keep looking at it. So if you go back to his book before that Built to Last, we actually incorporate this into our T-SAN logo. Organizations that are built to last that don't maybe Cordt forget, but they lose the wisdom of their hedgehog are like a hurricane. There's all this chain swirling about and they're somewhat unchangeable core of their mission, vision and values. T. R. you look at our TCN logo, that's why we have the swirl in the logo. We got that from Collins and built to last, and so it's really interesting that this article about the pharmacy of the future is poking on one of the key. Like if you walk away from good to great and go, oh, I got to be in every street corner, that wasn't the learning lesson. The learning lesson was their hedgehog, and then the street corner became a tactic and strategy, but they lost the actual hedgehog and then now they're loaded with all these huge assets, as you're saying,

like closing down. It'd be interesting to see as anyone figure out a use for those closed down Walgreens, as maybe they shift to less brick and mortar. So a couple of interesting pearls in that article.

Chris Comeaux: 50:27

Last one avoidable mortality rises in the United States, bucking global decline. So in other words, this was in Becker's. In other words, the rest of the world is getting better at mortality and we in the United States are getting worse. And guess what? We're spending more and more. If you and I were looking at that business Cord, we'd say, well, that's not right. We're spending more and we're actually getting worse outcomes. There's something wrong with that equation. That's why we just dropped that podcast with TR Reid and then also kind of why we're going to be dropping another podcast to maybe influence, I imagine.

Chris Comeaux: 51:05

I know that Trump didn't run on healthcare. They're obviously addressing a whole bunch of other things, but at some point here's my prediction when we start getting healthcare renewals because healthcare spending last year, I think, was either nine or 10%, so when the insurance companies are going to look at that and then all the other challenges that they're dealing with I didn't actually cite a UnitedHealthcare article this month, but there's a whole lot of stuff that keeps coming out about United I think we're going to be seeing some pretty steep increases, that annual renewal where they come back around and say okay, let's look at your health benefits. What do you mean? A 25? I can't absorb a 25% rate increase. We're not getting that revenue rate increase.

Chris Comeaux: 51:45

That's going to start coming to a head with a whole lot of other economic stuff probably hitting, and then what's going to happen? I hope it means you know what. Let's look at the dang system because the system is fundamentally flawed. Let's quit just rearranging the chairs on the deck of the Titanic, because we're getting worse compared to the rest of the world, and maybe that's the time we start to really address the fundamental issues of healthcare. If it was Christmas, that's what I would ask Santa Claus for.

Cordt Kassner: 52:09

There you go. Well said, you know. I know we kind of reflect on these news stories and are trying to build in a minute to talk about why are these stories important? As I take a look at your list that you've reviewed here, which you covered a lot of interesting ground, it occurs to me that over the last year or so, a lot of your focus is usually around the categories of mission moments and the healthcare staffing side, but this month almost half of the articles you selected were around reimbursement and patient family, future

customer demographics. Do you think that's just a function of March articles that were available or is this a bigger trend to keep an eye on?

Chris Comeaux: 52:57

Man, that's very observant of you. That's what I love about you. About data and I didn't kind of think about it till you just asked the question I do think there's a general kind of ethos of there's a lot of crazy stuff coming out of DC, but I don't know what that means for me. So it's almost like people are sitting on the sidelines. Yet in fact this will go in a second to our master class for this month. I just want to do an introduction of leadership, and so Dr Thayer will talk about.

Chris Comeaux: 53:26

There's a trajectory to things, almost like an inertia. There's an inertia of the demographics that doesn't matter what happens in DC. The baby boomers are aging and that's going to bring an inertia, and so I think that's what's driving and then, because of that, it has a spillover effect. We got to do something about the reimbursement stuff, and then there's a rhythm of things like med pack et cetera. So I think if we kind of step back this is kind of Chris reading the tea leaves I think everybody's standing on the sidelines, are going.

Chris Comeaux: 53:53

I don't know what the hell is going to happen, and so we're kind of waiting and seeing, but yet there are certain things that are just playing out, whether we're waiting and seeing or not, that that the baby boomers are aging and that's got a spillover effect and I do think that's going to come to a head. Be interesting as we get into like late summer fall. I would wonder if our volume of articles and like Holy crap, there's so much we can highlight on a day-to-day basis. It's going to get harder and harder on the 15. Maybe I'm right, maybe I'm wrong on that. We'll have to see.

Cordt Kassner: 54:22

Good points, thanks.

Chris Comeaux: 54:24

Any other questions of me?

Cordt Kassner: 54:26

You know you had asked about or commented around the hope tool and how impactful that may be for hospice. It might be used as a oasis tool that they use in home health and tie units to reimbursement. Where do you think that's going?

Chris Comeaux: 54:47

I do think that's interesting. I think it was last month. We talked a whole lot more about that. I do think hope is going to be our version of OASIS, and so that is one you and I are going to be talking more and more. Right now, the MRs are trying to position how do we accommodate what hope is going to bring? So I think, like in the summertime, we're going to start getting a little bit of an anxiety of oh my God, this is real, this is going to happen. Is the EMR vendors ready? Are we trained? Do we know what we're going to do operationally?

Chris Comeaux: 55:12

But I do think it is going to be our version of Oasis, and so right now, it's probably the devil in the details of how we're going to do it. But if you step back and just get on the top of the mountain for a second, this is going to, in the long term, be very transformative to what we do. You could just, if you know anything about Oasis and home health. There are multiple, there's a huge assessment, and that huge assessment dictates multiple levels of reimbursement, and so I think, as a concept, you could bet that that's where we're going. You're going to get a little bit more of a pay for performance system. That's going to be a whole lot more complex than what we deal with today, but again, I think you and I are going to be talking about this a whole lot more as we go forward.

Cordt Kassner: 55:51

Well, just real briefly, I'll give a shout out to our friend Jennifer Kennedy over at CHAP. She is not only a regulatory guru but she has been putting out regular podcasts and publications around helping hospices prepare for the HOPE assessment tool coming, and you don't have to be accredited by CHAP in order to get access to these things Christmas But I would sure point all of the listeners in her direction to take a look at the advice that she's giving in preparation Great resources. Quite like a healthcare worker will get exposed to human anatomy, the worker will get exposed to human anatomy.

Chris Comeaux: 56:26

Well said, well, great month, right, great month. I think it's going to get busier and busier as we go into the year. All right, I think I'm up this month on masterclass and so actually I've just given a couple of keynotes and I released my book, the Anatomy of Leadership, last Christmas, so December 23, christmas, not 24. Now I'm getting asked to come and do a lot of keynotes and it's really affirming that. You know, what I try to do is, if you Google the word leadership, you get six billion hits. How do you make sense of such a vast body of knowledge? So, kind of like, what you enjoy do is you scour all these resources and kind of say, hey, this is what you need to know on a day to day basis. I'm trying to do that from a leadership perspective and offer folks this is a meta framework, like a table of contents of what is leadership, hence the term the anatomy of leadership. Quite like a health care worker will get exposed to human anatomy, worker will get exposed to human

anatomy. That's why we also then launched the podcast. So we have the Anatomy of Leadership podcast, because that table of contents offers this opportunity to bring great thought leaders, and so we have some incredible podcasts coming out later this year.

Chris Comeaux: 57:32

One of my favorite mentors is Quint Studer. I actually have him coming up right next after we drop this podcast together. So I just want to offer people the macro of framework of the book. And it actually starts with my mentor, Dr Lee Thayer. He was like a human Yoda I feel like a young Skywalker sitting at his feet, and so when I'm contemplating this book, I sent him an email because I never heard the guy who I would call like a leadership Yoda, never heard him actually come down to a definition and said hey, dr Thayer, how would you define leadership? And I want you, I want to read his email, which I have right at the beginning of my book, and he says this leadership, from wherever it is exercised, has this universal characteristic it changes the course of things for the better, if it's worthy, leadership for the worst, if not.

Chris Comeaux: 58:21

Whether that's changing the course of a conversation or changing lives yours first, then others, influencing how future lives will be lived and future perspectives altered, the performance of an organization or the piece of an organization, of a gathering, a group, a community, a human endeavor like music or marriage, or a whole society's trajectory. This guy thought so deeply about stuff. There's so much packed into his email response. In other words, leadership changes the course of history, the history of life or relationship, a vocational domain, a community or an organization. And here's kind of the punchline.

Chris Comeaux: 59:03

Without the intervention of competent leadership, things will simply evolve in the direction of the course that they're on, that inertia thing that we were talking about earlier. With worthy leadership, the trajectories change for the better for all those involved, change for the better for all those involved and thus for the larger social systems of which they're a part. So, by this measure, are you a leader? And so then what I go on to unpack in the very kind of front part of the book, which is the why of the anatomy of leadership, that I believe there are five components, if you will, of leadership self-mastery, caring for others, influence, intention and cause and purpose. So I'll take future master classes, you and I will keep kind of going, so you're up on deck next month, and then I'll pick up on self-mastery, caring for others, influence, intention and cause and purpose. So that's our master class for this month. Any final thoughts before I close this out? Court.

Cordt Kassner: 1:00:07

You know I like the definition that Dr Thayer gave there. That is focused on outcomes, because it's the outcome of that leadership that determines if it is worthy leadership or not and how to differentiate those.

Chris Comeaux: 1:00:14

It's almost like you've heard the man, because he would say the only measure of performance is performance itself. All right, well, let's wrap up to our listeners. We so appreciate you. Please subscribe. If this is your first time listening, pay it forward. We do this, especially this podcast, in service of you, scouring all these articles, getting up early, reading them and saying, hey guys, this is what the quantitative data shows, and then this is what we hope that you don't miss. And kudos to the work that Cord and Joy do every morning in service of you. We're going into interesting times. You got to know what's coming, so that's why we do this particular episode of TCN Talks every month. So, as I always do want to leave you with a quote, this one I got from the newsletter on March the 3rd February teaches us to endure. March reminds us to embrace new beginnings. Thanks for listening to TCN Talks.