TCNtalks Podcast Transcript

Anatomy of Emerging Technologies in Homecare

00:01 - Melody King (Announcement)

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.

00:23 - Chris Comeaux (Host)

Hello and welcome to TCNtalks. I'm excited Our guest today is Betsy Hansen. She's a senior analyst with Lincoln Intelligence Group, which puts on incredible conferences many of us know as Home Care 100. And so, Betsy, what does our audience need to know about you?

00:39 - Betsy Hansen (Guest)

Yeah, hi, Chris, thank you for having me Excited to be here and joining you today. Yeah, you know, I think it's interesting. I'm probably a little bit different, as I was thinking about it, from your typical person that you talk to on your podcast. So I appreciate you having me here, but I am coming at this from a slightly different perspective, admittedly somewhat of a newcomer, I'll say to the industry. I'll say to the industry I've spent the past decade or so of my career in healthcare, but mostly doing digital and strategy consulting for hospitals and health systems. So experience on the acute side.

01:15

But it's been a fun and interesting I might even say humbling experience to have now been able to go really deep into the post-acute world, the home-based care space, over the last year, year and a half. And I think one of the things to know about me is, you know, I love being able to take a lot of the learnings that I have learned from the hospitals and the health system side and what they're doing, and be able to apply some of those learnings to the post-acute world and the home-based care providers that we work with, of course, with some of those learnings, to the post-acute world and the home-based care providers that we work with. Of course, with some of those similarities come a lot of differences that you start to unravel and you know many of the unique nuances. I think that come with managing hospice and palliative care businesses a little bit different than your, you know, academic medical center. But I think what that means is it's been interesting.

02:05

But I think what that means is it's been interesting. It's really kind of shines a light on why people's experiences can sometimes be so vastly different from what they experience on the acute side or your typical journey or you know, with your health system, versus then what is experienced on the, with home health, with hospice and the ecosystems, the payment structures, everything is so different. And so you know, I think I've been able to use my background to both understand but also, I think, go a little bit deeper into the question of why we do you know why so much of what we do is different. Should it be, should it not be so?

02:43 - Chris Comeaux (Host)

that's at least the lens that I kind of come to the table with and hopefully is a helpful perspective to have. I love that, Betsy. To the table with, and hopefully is a helpful perspective to have. I love that, Betsy. Actually, I don't know if we talked about this when you and I were doing show prep, but I worked for the Studer group for a couple of years and got to shadow with some of the best Studer coaches and some of the top healthcare systems throughout the country and then I came back to hospice as a CEO. But I look back on that background and it just absolutely it prepared me in amazing ways for the things that we're now journeying, cause there are things that I saw happening on the acute care side that absolutely felt like, hey, this is going to occur on this side, but yet, knowing those nuance differences at at the actual whole post acute, pre acute I should like that term a little bit better kind of segment. So I think that gives us actually one of the reasons why I wanted to do this show with you, because I think it gives you a really unique perspective, especially in what's happening on the technology side. And, by the way, you guys put on an amazing conference at Home Care 100. I was actually at another conference a couple of weeks ago and the many people and this was their first Home Care 100 conference and the many people and this was their first Home Care 100 conference just raving about the impact on them. So you guys do just an incredible job.

I had two huge takeaways. One of them was a homework assignment. I really wanted to stratify the electronic medical record field and really kind of which one seemed to be kind of the top of the field, et cetera. My other big this one was more of a impression and it's interesting, these folks I was talking to had the same impression. The I'll call them ancillary emerging technologies sit either adjunctive or on top of the EMRs are accelerating very quickly and that's one reason why I really wanted to talk to you and so, given your unique background, you've seen a lot of interesting things in the acute care space. So can you kind of give our listeners, like, what are the flavor of these applications, these adjunctive things that are kind of coming up here in the home care space? There are all these different tools that can do different things, and some of these things I think you probably saw on the acute care side. So you want to take it from there.

04:48 - Betsy Hansen (Guest)

Yeah, no, that's right. And I'll just say you know, appreciate the comments about the Home Care 100 conference. You know I can't take credit for that. It's an amazing team that kind of sits behind that at Lincoln. And you know, I do think actually some additional context on that might be helpful about the role that I play in the intelligence group as a part of Lincoln. That kind of feeds into some of these trends that I am seeing, as you mentioned. But yes, I mean most people do know Lincoln for the amazing you know Home Care 100, you know Living 100 conferences.

05:20

For those that don't know, I just wanted to briefly mention that the intelligence group that I sit within we're kind of somewhat of an offshoot of the broader Home Care 100 community. So we're a group of home-based care providers, mostly home health, hospice and personal care business lines. But we work really closely together with them throughout the year, bringing them research, new insights, kind of thought leadership, some advising throughout the year bringing them research, new insights, kind of thought leadership, some advising, and really wanting to support them on a year round basis outside of just those, you know, annual touch points that you might otherwise have at the conferences and kind of advancing their priorities and you know what's important to them. So just wanted to mention that that that's kind of the the role that you know in the team that I sit in within the

Lincoln team. That's kind of the role that you know in the team that I sit in within the Lincoln team. But, given that you know absolutely, yeah, happy to share what we're hearing and seeing today, particularly as it relates to hospice and palliative care and some of the technologies, I think, that are driving them today.

06:17

So, you know, I would say three things, I think. First of all, you know we're seeing a really big push for providers and leveraging predictive analytics tools. So, particularly in today's environment, you know, if you think about it, still largely fee for service somewhat. So many hospice organizations leveraging predictive analytics to really optimize their day to day operations. So this is where we see folks thinking about, you know, the end of life, the pure end of life population using tools to meet current quality measures, capturing reimbursement opportunities like SIA payments and really helping them be able to do better resource planning.

06:58

So kind of the scheduling and the staffing side of things managing, you know, the hospice visits, last day of life, the HVLDLs, likelihood of mortality, and tracking that under, predicting that you know whether it's the last seven days or the last 30 days of life. So we're definitely seeing a big push in folks being able to leverage predictive tools in that way. The second thing I'll mention we're seeing a lot within RPA and I think, dipping our toes into whether or not that means, you know, ai is kind of running in the background, but I think, regardless if solutions are using AI or not, we're definitely still seeing a lot of folks pushing to use your traditional RPA solutions, mostly for creating efficiencies in the back office. So things around revenue cycle, eligibility, authorizations and what have you. So a lot more to come there.

07:49 - Chris Comeaux (Host)

I think, a lot of- I just want to add something there, Betsy, because some people may not know what RPA is, so Robotic Process Automation.

07:56 - Betsy Hansen (Guest)

Thank you, yes. Robotic Process Automation. Thank you, chris. And then the third thing I'll just mention is around, just given the staffing challenges, I think a lot of focus related to the recruitment and retention of workforce. So we're seeing an emergence of interest in adoption of solutions that focus on platforms or systems that, can, you know, leverage things like rewards and recognition and incentives to help retain their employees, and it's both a mechanism to do that but also kind of better engage them and just communicate with the workforce overall, make their experience better, the workflows, their processes a little bit easier in what they do. So big push for sure in terms of the workforce. So I would say those are some of the big three things that stand out for me in terms of what we're seeing today in the market.

08:46 - Chris Comeaux (Host)

So when you and I were doing show prep, I wrote down a fourth category. Maybe I created it in my mind, but I was listening to you talk about all the different vendors. I wrote down more collaboration tools and care team coordination. Is that another flavor? Is that embedded in the first three?

09:01 - Betsy Hansen (Guest)

Yeah, I would say it is another flavor. I would say we're really just in the beginning of seeing that and I think that is. You know, it's sort of exciting to think about the possibility and the potential and the opportunities of where we're headed with that, but absolutely so. So you mentioned it. So I think where this comes from is because a lot of what's driving kind of an adoption of a new way of experiencing care, I think is twofold. There's one, you know, the demographics are shifting right, so you're seeing a different group of age of populations that we're serving, but also the caretakers who are taking care of their parents, the millennials are taking care of baby boomers, et cetera, and so there is a little bit of the shift of the demographics and what it is that they want to see and be able to do with their experience in hospice, palliative care services. There's also, you know, as you know, with this push towards value based care, you know there is there, you know there's now, I would say, more of a need for providers to think about what do you know, how do I want to think about my relationships now with my payer partners, the MA plans, what matters to them now kind of matters to me and how do I use it to both serve my business as well as their business. And so that's where I think we are starting to see an emergence of solutions that are focused a little bit more on that are, you know, consumer, patient and family facing tools that enable that experience to be more of?

When we say collaboration tools may mean you know more about one stop shop being able to do things, make transactions, find and access information in real time on demand, almost like a self service, and you start to think about tools like portals and mobile apps and texting and being able to have more of those formats leveraged in a way that's facing your patients and families, to do more and be empowered. And this is what we call at Lincoln. This is sort of like embracing the consumer mindset. So how do we now think about what's most important to these consumers, what do they care about, what are their unique needs, their unique preferences, their demands, what are their expectations? And then how do we build that into the experience that we're then providing to them? And so that's where, yes, I would say collaboration tools like that. We're just at the very beginning, but we've been having a lot of conversations with folks saying, yeah, we've got to figure this out, it's going to be a priority. The four flavors I heard you.

11:33 - Chris Comeaux (Host)

So, first off, predictive analytics, which is huge, because especially hospice I've grown up in hospice, 30 years now. It's been much more art and maybe a lot less science. A lot more heart, a lot less. A lot of heart, a lot of art, a lot and not science. We don't want it to go all the data side, but what you could do with data If we knew the length of stay of a patient and the applications of that, because we're constantly kind of reacting as opposed to being proactive. So just want to kind of translate that first flavor predictive analytics and then robotic process automation.

12:21

I love the term helping people practice to the maximum extent of their license. Let's take all of the mind. And his tagline is surprisingly human and he actually engages people like why should I tell you how to do my job if you're going to teach the artificial intelligence to do my job? He said so you could do the part of your job that a robot could not do. In other words, to let you do your job with mastery so you can take it to a whole different level and let the mindless stuff where you could be on screensaver. So that was the second category. RPA Third category was recruitment and retention and, as you know, that is just such a challenge and that challenge is not going to go away.

We've had horrible staffing challenges out of COVID, but that's really before the silver tsunami washes on shore, so think about the future of that. So that's a huge category. And the third and actually I have a really interesting company I've started to be an advisor for that are working in that recruitment and retention space and it's kind of blowing my mind some of the ways that technology could be applied to that. And then the fourth category again just to be a summary is collaboration, care, team coordination tools and the other thing that strikes me, Betsy, and the importance of the timing of what you're doing.

13:49

Think you've come to the post-acute space at a perfect time. I've grown up in this space and so the greatest generation has been our customer. That is shifting under our feet with the baby boomers, and they have been the most demanding customer as they've kind of traversed through the decades of the demographics kids going to college, vacation homes, suvs All these things we now look at are just normal parts of our society that came from the baby boomers. And the baby boomers are going to transform healthcare and they've said they have have been more demanding in a good way, like which makes people be more consumer focused. So just want to kind of put a pin in that. So here's the fun part of the conversation. Betsy, where do you see all this going into the future?

14:32 - Betsy Hansen (Guest)

Oh yeah, no, Chris, that's where I think it gets no-transcript, you know. That said, I think two kind of bigger things stand out to me. I think one, you know we mentioned predictive analytics earlier. I think there's going to be sort of a next gen wave of using predictive analytics in a different way. So, and almost more thinking about data analytics much more broadly so as a way to help those who are planning for value-based care.

15:31

So, you know, again, a lot of this has to do with those that are looking to, you know, particularly for the standalone hospice business model. This applies, but, I think, generally speaking, to the industry overall. You know, thinking about how we can use data and analytics in a way to go further upstream, quote unquote in the patient's journey. So, as we think about, instead of just focusing in on those patients who are in end of life, our typical

patient population, now we're going to start seeing folks leverage data and analytics that they have access to with these tools and start to identify and manage more of that seriously ill population, figuring out who is the population that's approaching end of life. You know, instead of just thinking about mortality in that last 7, 30 days of life, how do we use data now to think about. Okay, who's approaching mortality in the last 18 to 24 months of?

16:30 - Jeff Haffner (Ad)

life.

16:30 - Betsy Hansen (Guest)

You know how do we start to track the progression of illness over time, think about the transitions of care and earlier interventions that might be helpful to these patient populations and do more of that kind of risk stratifying and understanding. So I think it's going to be increasingly important to partner with those types of solutions that will really enhance the provider's capabilities and also be able to really prove and show the outcomes, to track what you're doing, show those outcomes to future partners, particularly the payers, as we kind of move into that value-based care world, like I said. So that's sort of one thing. I think there's going to be that next gen of predictive and use of data and analytics. And then the other thing you know so much buzz and talk about AI, but I think with artificial intelligence, the technology is moving so quickly and so rapidly, which is great, but there's a lot of opportunity yet for us to tap into that and what that's going to mean and the impact that it will have on the industry. And so we are starting to see an emergence, a big emergence, of tools, of vendor solutions who are focused on leveraging industry. And so we are starting to see an emergence, a big emergence of tools, of vendor solutions who are focused on leveraging ai and putting their own kind of wrapper around the experience that's targeted towards this population.

17:46

Um, and for instance, you know, one example that comes to mind is that seeing a lot of folks say, hey, you know, to your point earlier, how do we make the caregiver's job easier?

How do we free up those manual tasks that they were doing and automate that, and then they can work to the top of their license and be able to put that time and energy towards something that's going to be much more meaningful and impactful in the work that they can do for the patients that we care for.

18:12

So we're starting to see a lot of folks think about how they can leverage voice-based documentation services you know, other virtual assistants and using AI to help caregivers, maybe while they're in the home and being able to do documentation just verbally and then things automatically on the back end that are just synced to the right formats while they're in transition in car, going back and forth between places, they can start to leverage these types of AI-based tools to again make it so that they don't have to finish their shift and then spend another hours afterwards trying to complete all their documentation. So a lot more opportunity there, I think. But we're definitely kind of excited about where the market is headed and the kind of excitement that we're seeing, too, from the provider partners that we work with and them leaning in into these types of technologies as well. So I think it's going to be exciting to see where that takes us.

19:11 - Chris Comeaux (Host)

Let's say I'm curious. I'm thinking about your experience on the acute care side. Again, I've grown up now 30 years in this movement, this hospice segment, and again it's been a lot more hard and I can see kind of the fear of well then, this is just going to take all the heart out of the work. And did you see something similar in the acute care side and what advice might you have if you did?

19:34 - Betsy Hansen (Guest)

Yeah, it's always a concern, I think, with any of these types of tools.

19:38

It feels that there are some risks, you know, yet to be sorted out.

But I think, overall, what I saw on the acute side is that folks were understanding the impact of the benefit, really outweighing some of those risks.

19:54

But you know, with that said, some of those risks, but you know, with that said, it's not an easy thing. These are big solutions and changes to the workflows and how people do their jobs, and so that's the where we saw a lot of folks saying you know, we're really excited on the acute space to say you know, we're going to start leveraging these tools, but we've got a lot of work to do on our cultural side and working to embed this within our culture and embracing technology or AI or whatever it might be, as part of the core principles of what it is that you do and being able to take that mindset shift into the work. Then that people show up and start leveraging these tools, because otherwise you end up. We have seen instances where you end up with you know, yeah, we want to adopt the latest, the slickest , the brightest, the shiniest tool that's out there with all the bells and whistles. But if you can't get people bought in and to be able to use it, then you know it's no good.

20:52 - Chris Comeaux (Host)

So oh, that's so good, Betsy. At some point I may do a podcast just on this subject, but I want to call it the lost chapter of good to great. Do you remember good to great, Jim Collins? It was all the rage. The last chapter.

21:04

So what Jim Collins said in the book is that we thought kind of going into this, as we would go and dissect these companies that went from good to great. We thought technology would have been like the differentiator, but it actually wasn't and it was actually one of the last chapters of the book. But what he said, this was the deal. These companies understood what they did. You might remember the concept of the hedgehog what are you passionate about? What can be the best in the world? That and what drives your economic engine? But what they did is they applied technology as an accelerator. And I think sometimes we live where the tail wags the dog on technology, like we just go push the button and let the technology drive things and we forget well, wait a minute, what problem am I trying to solve? What am I doing here? And then you apply technology as an accelerator to that that feels so important to the future that if we kind of will hold on to that and then apply technology as an accelerator, like one of the words that kept coming to me when I was listening to you is we've said for a long time right care, right place, right time, great concept. But how the hell do you do that? Especially with how the continuum works today, it's probably more akin to like I played as a kid this game of chutes and ladders and you kind of fall down the chutes and you show up in the ER and then you get all these tests and stuff and then we discharge you to this next provider. The chutes and ladders kind of work the way they work, but then starting to apply technology in such a way where maybe we can get predictably you know what this is, what this person needs. As I'm speaking to you, I've got. I'll be leaving this afternoon to go to a funeral.

22:39

My wife's mom passed away and just saw this care continue, where everybody did what they did because of how the chutes and ladders work. But if there's something that said, this is what's going on and this is the best place for that person, I've been such a gift and family members are or or constantly guessing well, what's the right thing to do? The chutes and ladders are doing the things that they were built to do, but yet what does the patient need the most? And if you could apply technology to do that, that would be huge.

23:04

And then the final thing, just listening to you, the silver tsunami as it crashes on shore and the staffing challenges. There's just not going to be enough human beings for the care needs as we provide it today. Just not going to be enough human beings for the care needs as we provide it today. So if we could better utilize technology for people to show up at the right place at the right time to the maximum extent of their license, we can stretch a scarce resource over the silver tsunami. So I don't know if you have any comments to that, but as I'm listening to you, those are the things that kind of occur to me.

23:35 - Betsy Hansen (Guest)

Yeah, no, those are really great insightful comments, chris. And the thing that I would add, it's been interesting.

23:42 - Jeff Haffner (Ad)

You know, I totally agree it's in my mind it's a little bit of a paradox, right?

23:47 - Betsy Hansen (Guest)

Because it's sort of like when we say this a lot at Lincoln in our intelligence group and we say you know we need to, you know, seize the moment. Right, we need to take better advantage now. The time is now for us to really take advantage of the latest advancements in technology. We need to collectively figure out how we can move our industry forward. There's so much opportunity for us to use technology in the ways you were just saying right, care, right place, right time.

24:11

But we need to be strategic and really thoughtful about how we do that, and one of the things that we talk a lot about with some of our providers is we don't want to just implement technology for innovation's sake.

24:24

Right, we need to make sure that we understand how this fits into our broader strategic plan, into our, you know, a specific roadmap for where we want to be in the next three to five years and how will this help us get there? And how will this help us get there? And how will this help us achieve the goals and the outcomes that we want to see our patients be able to experience or have at the end of their experience with us? And so that's where we do say you know, we have to run, of course, in areas where we want to run, but sometimes we might need to walk and we need to help each other get there and we need to be really thoughtful and strategic about the types of tools and solutions that will actually help us get there and make a difference and not just, again, do it for technology or innovation sake.

25:07 - Chris Comeaux (Host)

That's a perfect segue, Betsy. So I just try to put myself in the shoes of a lot of the listeners listening to this podcast. There's just so much change hitting right now of the listeners

listening to this podcast. There's just so much change hitting right now and there is an acceleration to the velocity of this, acceleration of oh my God, there's all these things out there, and so it feels like an integration and interoperability are just going to become super important. Can you speak on that for a little bit?

25:32 - Betsy Hansen (Guest)

Yes, absolutely. We're really just kind of starting to dive a lot deeper into this topic here at Lincoln. But it is, you're right, it's a. It's a challenge that's coming up, I think, in the industry. And, like I said when we were saying that we need to run in areas that we want to run, and sometimes we kind of need to walk in and figure out our baseline first and the infrastructure and the foundation pieces first, this is a prime example of that.

26:02

You know, I think what we're hearing more and more is that a lot of providers bringing up this idea that, hey, this sounds great, I would love to implement this vendor or this solution or this tool to help my patients or to help my workforce. But you know, it doesn't necessarily integrate with our EHR system or play nice with the other solutions that we already have in place, and so you know we're either just not going to do it sort of a reason for, maybe, why they haven't necessarily implemented technology as quickly or in the ways that they otherwise would have wanted to or do it in a way. Then you just kind of end up with things bolted on to each other and it kind of creates that disjointed experience and you know, no finger pointing. I think there's a lot of legacy systems, emr systems out there, tech systems that just have been around for a long time and haven't necessarily had the need to keep innovating over time in new ways, and so it is interesting we have found ourselves kind of in this position now where we're evaluating the latest technology and tools, and how then do we integrate that with systems and instances that have been around for 20 some years and they're not necessarily able to share data and to read and write information to you know, back and forth, and to really make it work in the way that it's designed to? And so, like I said, then you end up.

27:28

We've kind of seen some challenges with folks ending up with a host of solutions that just run outside the EHR as a separate workflow that their workforce or employees are using. Or, you know, that's where you start to see that idea of like, build by partner. We start to see a lot of folks say we're going to take that builder partner approach. You know, we're going to either just do it ourselves or build it in-house. We may or may not have the capabilities, the skill sets to do it, but we're going to figure it out, you know, or the partner approach, where they're looking to earlier stage companies to say let's build this together.

28:03

You know what are some co-development opportunities so that we can make sure that what you're building is actually going to fit within these systems and the tech stacks and everything that we have for our particular circumstances and environment to make sure that it works. So it's not an option for everyone, but you're right, I think this is a prime example of where we do need to maybe slow down a little bit and say, regardless of where it is, we want to go, we need to figure this kind of foundational piece out first. So more to come. I think it's going to be a lot of really interesting in terms of how this continues to play out and will be increasingly important for us to figure out as an industry as we go forward.

28:41 - Chris Comeaux (Host)

Did you see a similar metamorphosis on the acute care side, Betsy, where these solutions were kind of evolving outside of the EMR? And then how do they integrate and any pearls of wisdom of how they navigated that and any pearls or pearls of wisdom of how they navigated that?

28:57 - Betsy Hansen (Guest)

It's such a good question, Chris. It's one of those things that was a bit eye opening to me, I'd say, when I moved into the post-acute space. That I don't want to say I took for granted, but you definitely saw a lot more advancements in both the legacy systems and digital startup companies being able to, and wanting to be able to, play nicely together. I think we're still figuring that out in the post-acute side. So, you know, maybe we'll say we're a little bit behind in that way, but it does present some opportunities where maybe we can leapfrog actually some of the challenges that the health systems or the acute side went through, learn from those and then be able to say, hey, you know, maybe kind of a partnership approach is going to be a really great way for us to work together with the vendors to create the experiences that we want, versus health systems over decades kind of had to figure that out, where they also, you know, ran into those challenges.

But you know, then it forced, you know, maybe the EHR systems to say, okay, now we're going to, we will create a marketplace where we can play nicely with other third party solutions. Or, you know, you started to see an emergence of solutions in the market who were being created for the specific use cases and with the health systems having more of an ability and leverage to say the market's so saturated. If you don't integrate with what we've got going on, then we're just going to move on to somebody else there on the post-acute side. But I will say it's, we're not there yet. I think a lot of challenges exist for us, but again, hoping that we can take some learnings and not have to go through some of the decades of work that the acute side went through and kind of leapfrog that into the post-acute space.

30:49 - Chris Comeaux (Host)

No, that's why I was so enthused to meet you, because I think there are a lot of listeners like leaders. The fact that there is a Betsy as a senior analyst in our space now, I think that speaks volumes. I mean, I remember I came in in the hospice about 95 and I came from a Fortune 50 company, kpmg, pete Morwick and looking for benchmarks and data like I saw in the corporate world, and I felt like Dorothy who landed in the Wizard of Oz. But now seeing the metamorphosis over 30 years and now sharp, young, amazing people like you who've done this work in other spaces, I think it speaks volumes about what we're going to see over the next 10, 15 years. Which leads me to my last question. And then any final thoughts. Betsy, if you looked in your crystal ball, what does the runway look like as far as the accelerant of these things that we're talking about? Is it like the next 10 years are going to be fascinating? The next five years?

31:43 - Betsy Hansen (Guest)

Yeah, good question. I think it's going to be quick. I think the next five years are going to look different. I think we're going to be able to have the ability to tap into new technologies in the way that we haven't before, and I also I think the reason why I think that is because I think a lot of the you know kind of tech vendors that are out there are starting to become more sophisticated in how they leverage things like generative AI.

Right, it's a hot topic, it's a buzzword right now, but a lot of folks don't necessarily know how to just use that technology and bring it into their own organization. What we're going to start to see over the next I would say, three to five years is vendors be able to put the right wrappers around leveraging that kind of technology and create targeted uses and use cases for it for hospice providers, for palliative care providers, for home health businesses and be able to make much more of an impact in how we can leverage technologies in that way versus having people just kind of sort through it on their own. So I'm very excited and hopeful about what I think the next few years are going to look like.

32:53 - Chris Comeaux (Host)

Final thoughts Betsy.

32:54 - Betsy Hansen (Guest)

Oh, you know, I would just say again I think I mentioned this earlier, but again, we say this a lot at Lincoln but seizing the moment, I think, thinking about how AI can be a partner to us in the work that we do, both for our workforce as well as to change the experience for patients and their families and those that we work on behalf of and there's so much to be excited about, about how we can leverage tools and technology and AI to be our partner in doing that. We just need to make sure that we do it strategically and in a way that makes sense and not in a way that, you know, holds us back or makes things more difficult, but in a way that kind of helps us achieve our long term goals and future proofs our organizations regardless of all the uncertainties and value based care and the market shifts and movements. You know, I think it's going to position. It's going to position folks really well to be able to handle whatever environment we end up in.

33:57 - Chris Comeaux (Host)

Well, that's awesome, Betsy. Well, thank you for the work that you're doing and your team and at Lincoln Intelligence Group. And again, I understand the I don't call it fear, but just maybe the apprehension, because it's really the fear of the unknown for a lot of people, which is why we're doing this podcast is to make it more accessible. It's coming, and so how do we utilize this tool in the hands of good people wanting to do that good work? I love the way you kind of landed the plane on that, because that is our, that's our common ground of all the people listen to the show.

34:26

We all came to this work because we think it is sacred ground, what happens by the bedside.

34:31

So if we apply these tools in such a way where we enhance that, you can't ever replace the human touch, especially in the hospital side of things. I mean it is. You know, there will never be a robot that will do what the human care, compassion, the soul care that occurs in what we do. But there's not going to be enough of us, and so putting those people in the right place at the right time so that we don't lose that feels so key to the future, that utilizing technology in the right place at the right time so that way so we enhance mission, not lose it. So again, thank you for the work that you're doing in that space. Well, Betsy came up with a great quote which we always in our TCNtalks. Please, those of you, our listeners, thank you you make this show the top listen to show in the hospice and powder care space. Pay it forward, make sure you subscribe.

35:34

And, as always, we'll close with a quote. This one is from Sun Tzu Out of chaos and uncertainty comes opportunity. Thanks for listening to TCNtalks.

35:48 - Jeff Haffner (Ad)

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