



## Top News Stories of the Month, April 2025

Article Summary		
Category	#	%
A1 Mission Moments	5	7%
A2 Reimbursement Challenges, Warning Signs, and Implications	13	17%
A3 Competition to be Aware of	1	1%
A4 Workforce Challenges	16	21%
A5 Patient, Family, and Future Customer Demographics and Trends	8	11%
A6 Regulatory and Political	5	7%
A7 Technology and Innovations	5	7%
A8 Speed of Change, Resiliency, and Re-Culture	4	5%
A9 The Human Factor	2	3%
A10 Highlighted Articles of Interest	16	21%
Totals	75	100%

### A1 Mission Moments

#### 1 [How unexpected empathy for the incarcerated inspired the Bonnie Raitt ballad she found difficult to sing](#)

*American Songwriter*; by Tina Benitez-Eves; 4/3/25

Bonnie Raitt was moved to tears by a story she read in *The New York Times Magazine* in May of 2018. The article spotlighted a prison hospice program in Vacaville, California, where inmates work as caregivers for fellow terminal convicts. Raitt was surprised by her reaction to the intimate photographs and stories of volunteers devoting their time to those incarcerated at the end of their lives and began writing a story about some of the people who weren't forgotten at the end of their lives, despite their crimes. [From] "Down the Hall" ...: *I asked if they let family in / She said not really at the end / Truth is a lot don't have someone, no friends or next of kin / The thought of those guys going out alone, it hit me somewhere deep / I asked could go sit with them, for some comfort and relief.* [\[Continue reading ...\]](#)

Editor's note: Related articles ...

- [Penny Stamps speaker Gary Tyler shares his wrongful conviction story, empowers communities through art](#)



- [Death and redemption in an American prison](#)

2 **[A dying wish: Man with terminal cancer travels to volunteer in all 50 states](#)**

ABC-7 News, Bay Area, CA; by 4/6/25

When Doug Ruch was told he had just 12 to 18 months to live, he didn't choose to stay home. Instead, he hit the road - on a mission to help as many people as possible while he still can. "I thought to myself, I have two choices. I can sit at home and wait to die, or I can go out and live," he told ABC7 News. [\[Continue reading ...\]](#)

Editor's note: For more, visit Doug's website, [www.dyingtoserve.com](http://www.dyingtoserve.com).

3 **[A hospice nurse made a promise—and found homes for 1,300 pets](#)**

Miami Herald, Miami, FL; by Jen Reeder; 4/7/25

Working as a hospice nurse, Joanne Bonicelli spent years offering comfort to dying people. Then, in 1998, a request from one patient changed her life. A young woman in her 40s had a fluffy white dog named Jasper, who never left her side while she was at Pikes Peak Hospice & Palliative Care in Colorado Springs, Colorado. One day, the woman called Joanne to her bedside. "I don't know where Jasper will end up or who will care for him when I am gone...it's just too painful to bear," she told Joanne as tears streamed down her face. "I can't die in peace worrying what will happen to him...can you euthanize him in my arms as I pass?" The heart-wrenching request stunned Joanne. She asked a veterinarian about what they could do, and after meeting Jasper, the vet's eyes welled with tears at the prospect of putting down a healthy dog. There has to be a better way, they both agreed. [\[Continue reading ...\]](#)

Publisher's note: Another great story on Safe Place for Pets! As a former Board member and volunteer for Safe Place, our hope is for every hospice patient and family to have access to similar services.

4 **[Pope Francis has died, Vatican says](#)**

Reuters, Vatican City; by Joshua McElwee; 4/21/25, 6:11 am EDT, updated 6:51 am EDT

Pope Francis, the first Latin American leader of the Roman Catholic Church, has died, the Vatican said on Monday, ending an often turbulent reign marked by division and tension as he sought to overhaul the hidebound institution. He was 88, and had suffered a serious bout of double pneumonia this year, but his death came as a shock after he had been driven around St. Peter's Square in an open-air popemobile to greet cheering crowds on Easter Sunday.



*Editor's Note: See "[Today's Encouragement: From Pope Francis' April 20, 2025 Easter Message at Saint Peter's Square, The Vatican](#) ..."*

5 **"It's an homage": Noah Wyle quietly sneaked in a tribute in one of the best episodes of 'The Pitt'**

*FandomWire; by Arian Cruz; 4/18/25*

In the fourth episode of [The Pitt](#) titled *10:00 A.M.*, Noah Wyle's Dr. Michael 'Robby' Robinavitch monitored Mr. Spencer during his final hours while dealing with his own thoughts about the death of his beloved mentor, Dr. Adamson. He remembers the advice he received from him and shared it with the children of the dying patient as they waited for their father to pass. The phrases '*I love you,*' '*Thank you,*' '*I forgive you,*' and '*Please forgive me*' are words that need to be heard when someone is at the end of their life. Wyle revealed that he took these lessons from palliative care physician and author Ira Byock when he was writing the screenplay. Wyle said these short phrases are profound and hold deep meanings beyond their simplicity. He made sure to weave them in on the show while taking inspiration from his own mother for the emotional scenes. He shared via [USA Today](#): "A very similar event had played out with my mother and her brother when saying goodbye to my grandfather. After she shared this with me, I just said 'Thank you,' went right back to my typewriter and wrote the scene. It's an homage to my mother, my uncle and my grandfather.

*Editor's and Publisher's note: And we thank you, Dr. Ira Byock, for your profound, immeasurable influence for so many of us--professionally with those we serve, and personally with our own families and friends.*

Total	5
-------	---



## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 6 **Kennedy slashing 10,000 jobs in health department overhaul**

*USA Today, Washington, DC; by Joey Garrison; 3/27/25*

Health and Human Secretary Robert F. Kennedy Jr. said Thursday he will cut about 10,000 full-time jobs from the Cabinet department in a dramatic reduction that includes closing half its regional offices as part of a wider Trump administration overhaul of the federal government. Combined with HHS employees who previously accepted buyouts and others who were already fired, the agency's workforce will be sliced by one-quarter from 82,000 full-time employees to 62,000 since [President Donald Trump](#) returned to the White House. The Department of Health and Human Services – which oversees the Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services – will consolidate the agency's 28 divisions into 15 new divisions in Kennedy's shakeup. ... Among the cuts in key divisions:

- The Food and Drug Administration will terminate 3,500 full-time employees. ...
- The CDC is set to reduce its workforce by 2,400 employees. ...
- The National Institutes of Health will terminate 1,200 employees. ...
- CMS, which oversees Medicare, Medicaid and the Children's Health Insurance Program, will cut 300 employees. ...

[\[Continue reading ...\]](#)

#### 7 **White House cuts \$12B in health funds: 5 updates**

*Becker's Hospital Review; by Madeline Ashley and Kristin Kuchno; 3/26/25*

HHS has abruptly canceled more than \$12 billion in grants to state health departments that supported efforts to track infectious diseases, expand mental health services and modernize outdated systems, according to [The New York Times](#). Late March 25, state health departments started receiving notices that \$11.4 billion in grants from the CDC and roughly \$1 billion in funds from the Substance Abuse and Mental Health Services Administration were being canceled immediately. "No additional activities can be



conducted, and no additional costs may be incurred, as it relates to these funds," the notices said, according to the *Times*. [\[Continue reading ...\]](#)

## 8 **Medicare Administrative Contractors [MACs] did not consistently meet Medicare Cost Report Oversight Requirements**

*HHS-OIG; Issued on 3/18/25, posted on 3/19/25*

... What OIG Found: MACs did not consistently meet Medicare cost report oversight requirements.

- For Federal fiscal years 2019–2021 (audit period), each of the 12 MAC jurisdictions failed to comply with the contract requirements for audit and reimbursement desk review and audit quality (AR-4) for at least 1 of the 3 years.
- CMS identified 287 total audit issues among all MAC jurisdictions during our period, including MACs not performing proper reviews; inadequate review of graduate medical education and indirect medical education reimbursement; improper review of allocation, grouping, or reclassification of charges to cost centers; improper calculation and reimbursement for nursing and allied health programs; and inadequate review of bad debts. [\[Continue reading ...\]](#)

## 9 **Widespread firings start at federal health agencies including many in leadership**

*NPR - All Things Considered; by Rob Stein, Sydney Lupkin, Selena Simmons-Duffin, Joseph Shapiro, Carmel Wroth, and Yuki Noguchi; 4/1/25*

The Trump administration began sending notices of termination to thousands of staffers at federal health agencies Tuesday [4/1/25], according to interviews with employees and officials at multiple agencies and e-mails reviewed by NPR. The Department of Health and Human Services last week announced it planned to dismiss 10,000 people. These cuts come on top of around 10,000 people already leaving the agencies under the Trump administration's Fork in the Road offer and early retirement. Termination emails went out Tuesday morning to employees and leadership of agencies within HHS, the Food and Drug Administration, the National Institutes of Health, the Centers for Disease



Control and Prevention as well as several smaller agencies. Many of those workers only found out they had been fired when they tried to badge into the building after waiting in line and couldn't get in, NPR learned from multiple sources at HHS. ... Agency staff and leaders in the field say the cuts are a blow to public health, medicine and biomedical research in the U.S. [\[Continue reading ...\]](#)

**10 HHS restructures duals, PACE offices amid department overhaul**

*Modern Healthcare; by Bridget Early; 4/3/25*

The Health and Human Services Department is reorganizing a handful of key programs for dually eligible enrollees and older adults, including laying off numerous staffers. HHS is shuffling how it manages care coordination for people dually eligible for Medicare and Medicaid under the Medicare-Medicaid Coordination Office and the Program of All-Inclusive Care for the Elderly. PACE, [which had been poised for growth](#), offers home and center-based care mostly to dual-eligible Medicare and Medicaid enrollees who qualify for skilled nursing but can still live in their communities. A spokesperson for HHS said the department has "planned productivity enhancements for the PACE management department." HHS did not elaborate on what management changes for the PACE program might look like. [\[Continue reading ...\]](#)

**11 How ACOs think CMS should change the rules for value-based care**

*Modern Healthcare; by Bridget Early; 4/11/25*

Providers participating in accountable care organizations and other value-based payment arrangements with Medicare have a wish list for the new team running the Centers for Medicare and Medicaid Services... These are three top priorities for value-based care program participants in 2025:

1. Recommit to value-based care: The industry seeks a refreshed strategy from CMS, or at least a signal of what its priorities are.





2. Sustainable financial model: ACOs and value-based care advocates think it's critical to both long-standing and new participants to offer a stable financial model.
3. Reducing burden: ACOs and value-based care providers are asking CMS to reduce the administrative burden to participate in its payment models.

12 **CMS halts spending for nonmedical in-home Medicaid services, likely affecting providers**

*McKnights Home Care; by Adam Healy; 4/13/25*

The Centers for Medicare & Medicaid Services [told states](#) last week that it would not approve future federal matching funds for designated state health programs (DSHPs) and designated state investment programs (DSIPs). These programs are widely used to help Medicaid beneficiaries remain at home and in their communities.

13 **Regulatory leaked HHS budget signals \$40B in cuts, assumes ACA subsidies expire**

*Fierce Healthcare; by Noah Tong; 4/17/25*

Department of Health and Human Services (HHS) reorganization plans appear to have been revealed through a leaked Office of Management and Budget (OMB) document. The 64-page PDF with HHS' plans were first reported by [Inside Medicine](#) and later reported by The Washington Post and other news publications. In an update, Inside Medicine said the entire document was authenticated by The Washington Post. ... While the restructuring was broadly announced, and individual offices have been reportedly axed in recent weeks, the leak provides greater insight into how the reorganization, firings, reductions in force and office eliminations and consolidations will fundamentally alter the agency.

**B. Medicare Advantage**



14 **[Ohio payer beats UnitedHealthcare in racketeering lawsuit, awarded \\$50M](#)**

*Becker's Payer Issues; by Jakob Emerson; 3/19/25*

An Ohio jury [awarded](#) Medical Mutual of Ohio over \$50 million in damages on March 12 after the payer prevailed in its lawsuit against FrontPath Health Coalition and HealthScope Benefits, a subsidiary of UnitedHealthcare. FrontPath offers employee benefits solutions, and HealthScope is a third-party administrator. .. The defendants were found to have committed federal wire fraud, telecommunications fraud, tampered with records, and obstructed justice by submitting false bid information. The jury found that the conspiracy resulted in significant damages to Medical Mutual and ultimately caused taxpayers to pay higher healthcare costs than necessary.

15 **[Evaluation of the Medicare Advantage Value-Based Insurance Design model test: 2020 to 2023](#)**

*RAND Health Care, prepared for the Centers for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation Under Research, Measurement, Assessment, Design, and Analysis Contract Number 75FCMC19D0093, Order Number 75FCMC20F0001; by Christine Eibner, Dmitry Khodyakov, Erin A. Taylor, Denis Agniel, Rebecca Anhang Price, Julia Bandini, Marika Booth, Lane F. Burgette, Christine Buttorff, Catherine C. Cohen, Stephanie Dellva, Michael Dworsky, Natalie C. Ernecoff, Alice Y. Kim, Julie Lai, Monique Martineau, Nabeel Qureshi, Afshin Rastegar, Max Rubinstein, Daniel Schwam, Joan M. Teno, Anagha Tolpadi, Shiyuan Zhang; March 2025*

This report presents RAND researchers' findings from their evaluation of the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model test for 2020 through 2023, initiated by the Center for Medicare and Medicaid Innovation (Innovation Center). The VBID Model allows participating MA parent organizations (POs) to offer supplemental benefits, financial and nonfinancial incentives to beneficiaries, hospice benefits (the Medicare Hospice Benefit, Palliative Care, Transitional Concurrent Care, and Hospice Supplemental Benefits), and Wellness and Health Care Planning through their MA plans. [\[Continue reading ...\]](#)

16 **[2026 Medicare Advantage and Part D rate announcement](#)**

*CMS press release; 4/7/25*

Today, the Centers for Medicare & Medicaid Services (CMS) released the Announcement of Calendar Year (CY) 2026 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (the CY 2026 Rate Announcement)... The final policies in the CY





2026 Rate Announcement are projected to result in an increase of 5.06%, or over \$25 billion, in MA payments to plans in CY 2026.

17 **DOJ's lawsuit against Amedisys, UnitedHealth Group set for mediation**

*Hospice News; by Jim Parker; 4/14/25*

The U.S. Department of Justice's (DOJ) lawsuit against Amedisys Inc. (NASDAQ: AMED) and UnitedHealth Group (NYSE: UNH) will go to mediation on Aug. 18. The DOJ sued the two companies starting in November of last year to block the UnitedHealth Group subsidiary Optum from acquiring Amedisys due to antitrust concerns. The case will now go to a mediation conference before a magistrate judge. ... DOJ's chief concern is that the combination of the two companies would dampen competition in the hospice and home health space. Should the transaction proceed, Optum would control 30% or more of the home health or hospice services in eight states, according to the complaint.

18 **Evaluation of Medicare Advantage Value-Based Insurance Design (VBID) Model test (2020-2023) - Key takeaways: VBID Hospice Component, 2021-2023**

*CMS press release email; 4/18/25*

From 2021 through 2024, the voluntary Medicare Advantage (MA) Value-Based Insurance Design (VBID) model allowed MA insurers to offer the Medicare Hospice Benefit within their plans. Outside VBID, hospice care is not included in MA plan benefit packages and is paid through traditional Medicare. The Hospice Benefit component consolidated responsibility and accountability for the cost, quality, and outcomes of MA beneficiaries in hospice with the intent of promoting care coordination and improving quality of care while maintaining budget neutrality or reducing costs.

- Plan participation in the Hospice Benefit component grew between 2021 and 2023, but uptake of palliative care, transitional concurrent care, and hospice supplemental benefits were low in all years.



- Most insurers and in-network hospices continuing their participation in the model in 2023 indicated that implementation was manageable because beneficiary volume was low.
- The proportion of beneficiaries receiving care from in-network hospices grew, rising to more than half of beneficiaries starting hospice in 2023. In-network hospices were larger and more often chains than out-of-network hospices.
- The Hospice Benefit component was: 1) not associated with changes in levels of hospice enrollment in 2021 or 2022, and 2) associated with reductions in combined MA and Part D bids in 2021 and 2022 but not in 2023.

*Publisher's note: The [2-page Findings at a Glance](#) is available here, and as posted in our 3/31/25 newsletter, the [full report](#) is available here.*

Total	13
-------	----

### A3 Competition to be Aware of

#### A. Mergers & Acquisitions

##### 19 [Compassus, Providence JV gains ground after concerns](#)

*Home Health Care News; by Audrie Martin; 3/28/25*

In February, Providence, a not-for-profit health system serving the Western U.S., and Compassus, a national provider of integrated home-based care services, completed the first phase of a joint venture (JV) focused on home health, hospice and community-based palliative care. However, Providence employees expressed concerns regarding cost-cutting measures and staffing issues. Specifically, critics of the JV voiced concerns that the deal would result in cost-cutting measures, increased staff workloads and reduced patient services. Compassus senior vice president and chief marketing and communications officer, Kathleen Winn, told Home Health Care News that partnerships like Compassus's JV with Providence greatly benefit hospitals and health systems by allowing patients to move from an inpatient environment to home-based care and avoiding readmissions through careful monitoring. [\[Continue reading ...\]](#)

Total	1
-------	---



## A4 Workforce Challenges

### A. Paints the Picture

#### 20 [The cost of nurse turnover in 24 numbers | 2025](#)

*Becker's Hospital Review; by Molly Gamble; 4/7/25*

Nurse shortages and mounting labor costs are among health system CEOs' top concerns, and a new survey puts numbers to the financial risks hospitals face from nurse vacancies and churn. The 2025 NSI National Health Care Retention & RN Staffing Report features input from 450 hospitals in 37 states on registered nurse turnover, retention, vacancy rates, recruitment metrics and staffing strategies. It found the average cost of turnover for one staff RN grew from January through December 2024 to \$61,110, among other dollar figures and statistics that are helpful to understand the financial implications of one of healthcare's most persistent labor disruptions. Here are 24 numbers that illustrate the cost of nurse turnover, according to the most recent edition of the report, which is available in full [here](#). [\[Continue reading ...\]](#)

### B. Implications of the issue

#### 21 [2 key trends shaping the hospice workforce in 2025](#)

*Hospice News; by Holly Vossell; 4/4/25*

Hospice providers have unveiled two key themes that are impacting the ability to sustain and grow their workforce. Staffing shortages have long topped the concerns of hospice executives nationwide. Rising demand for hospice care has been outpacing the supply of clinical resources for several years running. Labor strains have also mounted among nonclinical and back-office administrative, billing and IT roles. ...

- Trend #1 New generations, educational opportunities ...
- Trend #2 Rising costs compounding shortages ...
- [\[Continue reading ...\]](#)

#### 22 [Home care aides largest occupation in US as of last May, BLS reports](#)

*McKnight's Home Care; by Adam Healy; 4/7/25*

As of May 2024, home health and personal care aides made up the largest single occupation in the US with 4 million workers, according to the Bureau of Labor Statistics' Occupational Employment and Wages Summary report released Wednesday. The next highest groups were retail salespeople and fast food counter workers, which each had 3.8 million. Registered nurses also were among the top 10 largest US occupations, and they were one of only two top 10 workforces that earned above-average wages. RNs'



average salary in May 2024 was just over \$98,000. Meanwhile, home health and personal care aides earned an average yearly salary of \$35,000, or about \$17 per hour.

23 **Health systems spend millions to reduce workplace violence**

*Modern Healthcare; by Caroline Hudson; 4/14/25*

Health systems are spending millions of dollars ramping up security measures at their facilities to protect patients and staff. Many systems are hiring more officers, implementing weapons detection screenings and updating communication protocols. Executives said these efforts are a response to an uptick in workplace violence over the past several years, ranging from assaults on staff members to sexually aggressive comments and shootings. ... [A] 2022 report from the Online Journal of Issues in Nursing said workplace violence costs the U.S. approximately \$151 billion per year, with most incidents occurring in healthcare and social services.

24 **Federal court strikes down minimum staffing rule: The details you might not know behind the decision**

*McKnights Long-Term Care News; by Neville M. Bilimoria; 4/21/25*

On April 7, 2025, the US District Court for the Northern District of Texas struck down the federal minimum staffing Final Rule issued by the Department of Health and Human Services and the Centers for Medicare & Medicaid Services. This was incredibly good news for nursing homes across the country for a variety of reasons ... The opinion from District Court Judge Matthew Kacsmaryk outlined the many laws and regulations America's nursing homes are subject to in the healthcare arena, but it also recounted some deep history behind minimum staffing efforts that were previously unsuccessful, both by HHS and Congress. ...

- Learning from our nursing home history ...
- CMS can't overstep its congressional authority ...



25 **40% of nurses eye exit by 2029: 5 findings from NCSBN's new workforce report**

*Becker's Hospital Review; by Erica Carbajal; 4/27/25*

While the post-pandemic nursing workforce is showing signs of stabilizing, high levels of burnout, stress and dissatisfaction continue to threaten long-term workforce stability, according to the National Council of State Boards of Nursing's biennial 2024 National Workforce Study. The [report](#) surveyed more than 800,000 nurses in the U.S. and is considered the largest, most comprehensive report on the state of the nursing workforce. ...

- More than 138,000 nurses have left the workforce since 2022. Apart from retirement, nurses pointed to stress, burnout, workload, understaffing, inadequate pay and workplace violence as the top reasons for exiting the field. ...
- Nearly 40% of RNs said they intend to exit the field within the next five years. Of this group, about 22% planned to retire and 18% said they plan to leave for other reasons, namely stress and burnout. This equates to about 1.6 million nurses who could potentially leave the workforce, according to the council's estimates. ...
- "While we have seen some improvements, staffing challenges, stress and burnout, and workforce safety are issues that have permeated the nursing industry before, during and after the pandemic and are still challenges," Phil Dickison, CEO of NCSBN, said in a news release on the findings.

26 **Healthcare employee turnover, by role**

*Becker's Hospital Review; by Paige Twenter; 4/25/25*

Generation Z workers are leaving healthcare at a 38% turnover rate, followed by a 22% rate among millennials, 14% among Generation X and 19% among baby boomers, according to a Press Ganey report. To analyze national workforce trends, Press Ganey analyzed feedback from 2.3 million U.S. healthcare employees from more than 400



health systems and 15,200 locations... Turnover rates across 11 healthcare positions between 2023 and 2024:

- Nursing (other): 24%
- Registered nurse: 17%
- Clinical professional: 17%
- Management: 14%
- Nonclinical professional: 13%

### C. Solutions

#### 27 **Managing oncology nurse burnout through peer support, emotional intelligence**

*Oncology Nursing News; by Pattie Jackel, MN, RN, AOCN; 3/28/25*

Debriefing after patient loss, supporting patients at the end of life, and finding outlets outside of work can help oncology nurses avoid burnout. ... Pattie Jakel, MN, RN, AOCN, spoke with Oncology Nursing News® about burnout in oncology nursing and ways to avoid it while providing palliative care to patients. ... You have to have a strong network and support. And my husband is...an architect, so medicine is not his thing, and in the beginning, he'd be like, "Pattie, I can only hear one sad story a week because I can't hear all your sad stories." ... "Working in acute care, I saw some horrific death and dying that occurred for our patients. We would definitely debrief afterwards, bring the group together 5 minutes. Sometimes we did longer ones." [\[Continue reading ...\]](#)

#### 28 **The evolution of work: How Gen Z is reshaping leadership and workplace culture**

*Forbes; by First Place for Youth - Jayme Catalano; 4/2/25*

As Generation Z enters the workforce in growing numbers, they are bringing fresh perspectives and expectations that are reshaping the traditional workplace. This digital-native generation, born between 1997 and 2012, is driving significant changes in management styles, work environments, and organizational values. Their influence is prompting companies to adapt, evolve and innovate, creating a new paradigm for the future of work.

- Purpose-Driven Work ...
- Work-Life Balance and Flexibility ...
- Technology Integration and Artificial Intelligence ...
- Trauma-Informed Care and Mental Health Awareness ...



- Leadership and Management Styles ...
- Diversity, Equity and Inclusion ...
- The Pandemic's Lasting Impact ...

[\[Continue reading ...\]](#)

**29 Build sustainable schedules to support physician well-being**

*American Medical Association (AMA) - Physician Health; by Sara Berg, MS; 4/1/25*

Physician schedules often fail to block off the time required to complete nonpatient-facing tasks such as clinical documentation, patient messages and chart review. If this hidden time were accounted for, doctors could show that they have vastly reduced patient availability, given the amount of time that is required to complete these nonclinical tasks. "Rather than reduce patients' access to a doctor by blocking their schedules, it makes much more sense to delegate various tasks," said R. John Sawyer, PhD, a neuropsychologist at Ochsner Health. [\[Continue reading ...\]](#)

**30 What role do immigrants play in the direct long-term care workforce?**

*KFF; by Priya Chidambaram and Drishti Pillai; 4/2/25*

President Trump has made a slew of immigration policy changes focused on restricting entry at the border and increasing interior enforcement efforts to support mass deportation. While these actions are focused on undocumented immigrants, they likely will have ripple effects across immigrants of all statuses and millions more people living in immigrant families. Mass deportations could negatively impact the U.S. economy and workforce, given the role immigrants play, particularly in certain industries. ...

- Immigrants make up 28% of the overall direct care workforce for LTC services.
- Immigrants play a particularly large role in the home care workforce, making up one in three workers (32%) in home care settings.
- Immigrants have made up an increasing share of the direct care LTC workforce over time.



Together the data show that immigrants comprise a large and growing role of the direct care workforce providing LTC services, particularly in home care settings. [\[Continue reading ...\]](#)

31 **The future of management is hybrid: Leading human-AI teams in a new era of work**

*Holtz Communication + Technology; by Shel Holtz; 4/12/25*

... Consider healthcare, where an AI agent will draft post-visit follow-up patient care plans, schedule check-ins, send reminders, and flag unusual symptoms in post-visit surveys for review. The human nurse practitioner will review and personalize the follow-up plan, contact patients in need of emotional support or clarification, and make clinical decisions about concerns the AI has flagged. ... Healthcare managers will have to align clinical protocols with AI-generated outputs, ensure HIPAA compliance (in the U.S.), and train staff to interpret and override AI recommendations when necessary. ... With less busy work, managers should be able to focus on those aspects of managing that require a human touch, shifting to leading and mentoring, employing soft skills over hard skills, as shown in this chart: [Management Task/Skill | AI-Agents - Strength | Human Managers - Strength]

32 **How physician CEOs are reenergizing later-career clinicians**

*Becker's Hospital Review; by Kristin Kuchno; 4/9/25*

While much attention has been paid to recruiting top talent amid workforce shortages, retaining physicians later in their careers is also a key focus for health systems. Mentorship, flexible scheduling and leadership development opportunities can help energize experienced physicians and reduce burnout in the years leading up to their retirement, health system CEOs told *Becker's*. Physician CEOs are uniquely positioned to understand the challenges around burnout and retention. Sunny Eappen, MD, president and CEO of The University of Vermont Health Network in Burlington [described], "Having experience being in front of a patient and having to either have



difficult conversations or make difficult decisions is at the core of what we do,” Dr. Eappen said. “People understand that I can really speak from the heart and truly be in their shoes.”

**33 Why leadership training is the next big thing in RN to BSN programs**

*Nevada State University; by RN to BSN; 4/22/25*

The role of registered nurses (RNs) has expanded far beyond traditional bedside care. Today’s nurses are expected to navigate complex systems, coordinate interdisciplinary teams, and contribute to decision-making at all levels of care. In response, degree programs like the Bachelor of Science in Nursing (BSN) are placing a stronger emphasis on leadership training — equipping nurses with the tools they need to guide teams, manage change, and improve patient outcomes. This shift reflects a growing recognition that leadership is not reserved exclusively for executives or administrators. Nurses at every level are uniquely positioned to influence clinical practice, shape policy, and advocate for their patients.

**34 What’s driving health system investment in Gen Z leadership**

*Becker's Hospital Review; by Kristin Kuchno; 4/15/25*

With an aging workforce and looming executive retirements, building leadership pipelines early is more important than ever, Jason Gilbert, PhD, RN, chief nurse executive at Indianapolis-based Indiana University Health, told *Becker’s*. It is especially important given Generation Z’s strong interest in early career development. “Gen Z is actively seeking development, and if you do not provide them that opportunity, they are going to look for someone who is,” he said. While their ambitions may not be entirely different from those of earlier generations, their expectations of employers are, he added. ... “Feedback is very important to Gen Z employees,” she said. “They’re interested in personalized coaching and mentoring, and they want to be a part of the

solution and have an expectation around communication and frequent, actionable feedback."

### 35 **By the Bay forges educational partnerships to grow hospice, home-based care workforce**

*Hospice News; by Holly Vossel; 4/23/25*

By the Bay Health has launched a new career program that aims to build up the next generation of home-based health care professionals amid widespread workforce shortages. The California-based health system unveiled its educational initiative, Pathways to Care Careers, in December 2024 as part of its 50th anniversary commemoration. The program is a collaboration with local schools and community organizations. By the Bay Health recently began a \$1 million fundraising campaign to support the expansion of the career initiative. A main goal is to reach an increasingly diverse range of health care workers further upstream in their educational journeys, said Robertina Szolarova, chief administrative officer at By the Bay Health and program lead for its Pathways to Care Careers initiative.

	<b>Total</b>	<b>16</b>
--	--------------	-----------

## A5 Patient, Family, and Future Customer Demographics and Trends

### 36 **As 'right to die' gains more acceptance, a scholar of Catholicism explains the position of the Catholic Church**

*The Conversation; by Mathew Schmalz; 3/31/25*

An individual's "right to die" is becoming more accepted across the globe. ... Assisted suicide is now permitted in 10 U.S. states and in Washington. In 2025, five more states are set to consider "right to die" legislation. The "right to die" can refer to several means of dying. ... [Descriptions of terms "right to die," "euthanasia," "assisted suicide/dying."] ...

- The right-to-die debate: Advocates of a person's right to die argue that individuals should make their own end-of-life decisions because it is their life – and their death. Advocates also maintain that euthanasia and assisted suicide



not only prevent further suffering, but also safeguard an individual's dignity by avoiding senseless pain and severely diminished quality of life. ... But as a [scholar of Catholic thought and practice](#), I also recognize that the Catholic position is a nuanced one. It opposes euthanasia and assisted dying, but it does not support [extraordinary or disproportionate](#) treatments when unavoidable death is close at hand. ...

- Given the Catholic church's stand against assisted suicide and euthanasia, it might seem surprising that the church does allow [refusing "overzealous"](#) treatments that prolong suffering in the face of unavoidable death. ...
- [\[Continue reading ...\]](#)

37 **[Higher sedentary time linked to more chronic conditions, study shows](#)**

*McKnaves Long-Term Care News; by Kristen Fischer; 4/2/25*

A new study showed a progressive increase in multimorbidity, or multiple chronic conditions, in people who spent more time sedentary (or not moving). When people limited their time being sedentary to under four hours a day, it was linked with a lower chance of multimorbidity. Findings were published Tuesday in *Archives of Public Health*. ... On average, 46.1% of participants were sedentary for one to three hours a day, while 9.4% of people were still for more than seven hours each day. When scientists put the data together, they noticed a clear trend: The longer time people spent sedentary, the more likely they were to have more health ailments. ... Systemic arterial hypertension, chronic spine problems and high cholesterol were the most common chronic conditions among participants. [\[Continue reading ...\]](#)

*Editor's note: What health/wellness support do you provide for your employees who spend hours upon hours at a computer? Do you provide innovative breaks? Walking groups? A room with exercise machines? Employee discounts for local gyms? [Email me with your supportive solutions.](#)*

38 **[What happens when someone passes at home? It depends](#)**

*Bozeman Daily Chronicle, Bozeman, MT; Chris Remely "discussions with a funeral director"; 4/5/25*

One of the most common questions we get asked as funeral directors is, "What happens if I pass away at home?" The answer is ... it depends. Home death is fairly common in the context of someone being on hospice care. For many individuals who have been given a difficult medical diagnosis that is terminal, they often prefer to be at



home surrounded by loved ones for as long as possible. ... In this scenario, hospice will pronounce the death and work with the funeral home to transfer the individual into their care. ... However, when someone passes away at home and they are not on hospice, this is considered an “unattended death” — meaning a medical professional is not involved. In this case, the coroner’s office is required to investigate the death to determine the cause and manner of death — as well as pronounce the death. ... When someone from the coroner’s office arrives, they will do several things. They will visit with the next of kin and ask them questions about their loved one’s medical history and investigate the scene where the death occurred.

*Editor's note: Too often, hospices gloss over this all-important information for caregivers and families. Death is traumatic enough. Families are left in a lurch. Conflicts can erupt at the family's most vulnerable moments. Yes, timing and delivery for such sensitive information is important. Our sponsor [Composing Life Out of Loss](#) provides empathic, sensitive videos for hospice teams to use with caregivers and families, with interdisciplinary team guides for tending individuals' different readiness for conversations and preparation.*

39 **Housing instability complicates end-of-life care for aging unhoused populations**

*The Conversation; by Pilar Ingle, University of Denver; 4/7/25*

Research estimates that one-third or more of the unhoused population in the U.S. is age 50 or older. Unhoused people of all ages face high rates of chronic and serious illness. They also die at younger ages compared with people who are not unhoused. Yet, there are few options for palliative and end-of-life care for unhoused people. ... In 2024, Colorado saw a 30% increase in the number of people experiencing homelessness from the year before. Nationally, 771,480 people — the highest number ever recorded — experienced homelessness last year. As the number of people experiencing homelessness in the U.S. grows, so too does the need for palliative and end-of-life care for these individuals. ... [\[Continue reading ...\]](#)





40 **Global study finds 1 in 5 people with dementia receive no care**

*McKnight's Long-Term Care News; by Donna Shryer; 4/7/25*

A comprehensive global [study](#) led by Yale School of Public Health researchers has revealed that at least 20% of people living with dementia receive no care helping them with daily living, regardless of their country's wealth or development status. As the world's population rapidly ages, this alarming care gap has persisted for years, creating what researchers describe as "a public health crisis." The study analyzed data from over 10,000 individuals across the United States, England, 18 European nations, Israel and China. [\[Continue reading ...\]](#)

41 **How housing instability complicates end-of-life take care of growing old unhoused populations**

*Health Medicine Network; by Pilar Ingle; 4/8/25*

Research estimates that one-third or more of the unhoused inhabitants within the U.S. is age 50 or older. Unhoused individuals of all ages face [high rates](#) of ... severe sickness. They additionally [die at younger ages](#) in contrast with people who find themselves not unhoused. Yet, there are few choices for palliative and end-of-life care for unhoused individuals. ... As a health care and aging researcher, ... I interviewed 17 wellbeing care and social service suppliers in Colorado to grasp how they attempt to deal with palliative and end-of-life wants for his or her unhoused shoppers.

- Homelessness and end-of-life care ...
- Lack of assets ...
- A humanizing strategy ...
- Solutions ...
- [\[Continue reading ...\]](#)

42 **Rural US loses 43% of independent physicians: 5 things to know**

*Becker's Hospital Review; by Kelly Gooch; 4/7/25*



The number of independent physicians in U.S. rural areas [declined](#) 43% over five years — from 21,956 in January 2019 to 12,467 in January 2024 — according to an Avalere [study](#) sponsored by the Physicians Advocacy Institute. ... Five things to know:

1. From 2019 to 2024, rural areas lost nearly 2,500 total physicians. This represents a 5% decline from approximately 52,600 to 50,100.
2. Likewise, the number of medical practices in rural areas fell from 30,000 at the beginning of 2019 to 26,700 in January 2024, an 11% decline.
3. [\[Continue reading ...\]](#)

#### 43 **5 risk factors at 50 can steal a decade of life**

*Medscape; by Nadine Eckert; 4/17/25*

Five classic risk factors for cardiovascular disease — high blood pressure, high cholesterol, obesity, diabetes, and smoking — at age 50 can reduce life expectancy by more than 10 years. This is the conclusion of an international study led by German researchers and presented at the 2025 [American College of Cardiology Scientific Session](#). These five factors account for approximately 50% of the global burden of cardiovascular diseases. ... The findings, also published in [The New England Journal of Medicine](#), show that lifestyle changes and risk management in middle age can make a significant difference. Lowering blood pressure and quitting smoking had the most significant impacts.

- Lifestyle Changes ...
- Persistent Risk Factors ...
- Key Interventions ...
- Limitations ...
- Focus on Prevention

*Editor's note: How old are you? How long do you expect to live? Based on your risk factors, do you need to cut 10 years from that hoped-for longevity? What employee*



*wellness programs and/or benefits do you provide? Within the broad scope of healthcare and all other industries, our hospice and palliative care employees should be among the most receptive to learning from this research.*

	<b>Total</b>	<b>8</b>
--	--------------	----------

## A6 Regulatory and Political

### 44 **[AGG, New Day's Bill Dombi: Hospices' 'vibrant evolutionary path' spurs legal growing pains](#)**

*Hospice News; by Holly Vossel; 3/26/25*

Today's hospice landscape is reaching a pivotal point of evolutionary growth that has come with increased oversight as regulators seek to curb fraudulent activity in the space, according to Bill Dombi, senior counsel for the law firm Arnall Golden Gregory (AGG). ... He previously served as president of the National Association for Home Care & Hospice (NAHC) for 38 years prior to its affiliation with the National Hospice and Palliative Care Organization (NHPCO) in 2023 and was heavily involved in the establishment of the Medicare Hospice Benefit. ... [Dombi:] "... Hospice has been a very vibrant part of the health care world for quite a while now, but I think its energy levels are at an all-time high right now. And that's energy levels in terms of not just public awareness and utilization of the services, but also the gained respect of recognizing that hospice is not a cottage industry anymore. Some people might label it as growing pains. I call it more of an evolution that naturally seems to occur in any field and in any organization." [\[Continue reading ...\]](#)

### 45 **[Four security updates to get ahead of proposed 2025 HIPAA Amendment](#)**

*Cisco Duo; by Katherine Yang; 3/31/25*

Published in early January, the [2025 HIPAA Security Amendments](#) are set to significantly enhance the protection of ePHI. The proposed changes are based off the US Department of Health and Human Services' (HHS) goals of both addressing changes in the health care environment and clarifying what compliance obligations look like for



regulated entities. Organizations have 180 days to reach compliance according to stricter standards of identity cybersecurity if the proposed updates pass. In order to be prepared, here are four things your organization or managed security service provider should focus on:

1. Deployment of mandatory security controls ...
2. Securing against known vulnerabilities ...
3. Documentation for annual audits ...
4. Clear goals for visibility, prevention, and remediation ...

[\[Continue reading ...\]](#) For a fact sheet on the new HIPAA Updates, visit the [HHS website](#).

#### 46 **Executive orders and policy updates**

*JD Supra; by Jones Day; 4/3/25*

Since President Trump's inauguration, the Trump administration has issued a number of executive orders and policy actions ... Notable actions include rescinding Biden-era initiatives on health care access and equity, withdrawing from the World Health Organization, reducing indirect costs for NIH grants, and suspending foreign aid. While many of these actions may be subject to ongoing litigation, which is not addressed here, summaries of certain of these executive orders and policy actions are included below. ...

- Executive Order Rescinding Biden Administration Initiatives ...
- Executive Order Directing Withdrawal From World Health Organization ...
- Executive Order Implementing a Freeze on Regulatory Actions ...
- Executive Order Integrating "Department of Government Efficiency" Into Federal Government ...
- Executive Order Recognizing [Only] Two Sexes ...
- [\[Continue reading ...\]](#)

#### 47 **Proposed FY26 Hospice Wage Index and Payment Rate**

*CMS press release; 4/11/25*

On April 11, 2025, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that proposes updates to Medicare payment policies and rates for



hospices under the Fiscal Year (FY) 2026 Hospice Wage Index and Payment Rate Updated Proposed Rule (CMS-1835-P). [Major provisions include:]

1. For FY 2026, CMS proposes to update the hospice payment rate by 2.4% (an estimated increase of \$695 million in payments from FY 2025).
2. Hospice payments are subject to a statutory aggregate cap which limits the overall payments made to a hospice annually. The proposed hospice cap amount for FY 2026 is \$35,292.51.
3. This rule also proposes to clarify in the hospice payment regulations that the physician member of the interdisciplinary group (IDG) may recommend admission to hospice care, which would align with certification regulations and the Conditions of Participation (CoPs).
4. CMS also proposes to clarify that the hospice face-to-face encounter attestation must include the physician's/practitioner's signature and date.
5. In addition, CMS proposes to provide a regulatory text change for the Hospice Quality Reporting Program.
6. The final rule can be viewed at the Federal Register at:  
<https://www.federalregister.gov/public-inspection>.

48 **CMS clarifies physician referral authority, tightens attestation requirements in proposed hospice rule**

*Inside Health Policy; by Jalen Brown; 4/11/25*

... The proposed rule would explicitly allow the physician member of the hospice interdisciplinary group (IDG) to recommend patients for hospice care, addressing a gap in current regulations over which physicians have that authority. While CMS already lets IDG physicians certify that a patient is terminally ill and eligible for hospice, the existing admission rules only name the hospice medical director or physician designee as authorized to recommend admission. CMS also wants to strengthen documentation requirements for hospice recertification, ... Starting at day 180 and every 60 days thereafter, Medicare requires a hospice physician or nurse practitioner (NP) to conduct



a face-to-face visit with the patient before recertifying eligibility. After the visit, the clinician must provide a written attestation confirming that the visit occurred and was used to assess whether the patient still qualifies for hospice care. Under CMS' proposal, that attestation would also need to include the clinician's signature and the date signed, submitted as a clearly labeled section or addendum to the recertification form. *[The full article requires either a subscription or to sign up for 30 days free access.]*

Total	5
-------	---

## A7 Technology and Innovations

### 49 [Study raises questions about GUIDE model's helpfulness for caregivers of loved ones with dementia](#)

*McKnights Home Care; by Adam Healy; 4/1/25*

The Guiding an Improve Dementia Experience may need to be fine-tuned to better serve caregivers of those living with dementia, according to a new [study](#) published in *Alzheimer's & Dementia*. The researchers identified 565 older adults and 555 caregivers eligible for GUIDE using data from the 2022 National Health and Aging Trends Study and National Study of Caregiving. They found that approximately half of GUIDE-eligible people with dementia received care from two or more caregivers, and about a third of these caregivers reported experiencing high caregiving strain. [\[Continue reading ...\]](#)

### 50 [Healthcare data breaches average \\$11M per incident: Report](#)

*Becker's Health IT; by Naomi Diaz; 3/28/25*

Cyberattacks have hit 78% of U.S. healthcare organizations, with the average cost of a breach soaring to \$11 million per incident — largely due to ransomware attacks — according to a March 28 [report](#) from Black Book Market Research. Black Book Market Research, a technology survey organization, released findings from its first-quarter 2025 Global Healthcare Cybersecurity Survey, which gathered responses from more than 1,200 healthcare administrators worldwide. Participants were sourced through LinkedIn professional groups. The study revealed a sharp rise in cybersecurity threats targeting EHRs and patient data. [\[Continue reading ...\]](#)





**51 Doctors are getting creative with artificial intelligence**

*Medscape; by Tatum Anderson; 4/7/25*

Artificial intelligence (AI) is becoming more embedded in the work life of some physicians who are taking the initiative to test its use in various scenarios. "I use [generative AI] all the time," Mohamed Elsabbagh, MBBCh, endocrinology consultant with Calderdale and Huddersfield NHS Foundation Trust, Huddersfield, England, told Medscape Medical News. "I'm a big fan of it, and it has helped me a lot to find papers, summarize guidelines, or compare protocols." Mohammad Abdalmohsen, MBBS, a lung cancer fellow at Oxford University Hospitals NHS Foundation Trust, told Medscape Medical News that he also uses generative AI, like ChatGPT, often. "If you give it very specific questions, it comes up with great answers. I just asked ChatGPT for a protocol that I couldn't find, and it got it for me in 5 seconds."

**52 Inside Amazon's strategy to partner with digital health companies**

*Modern Healthcare; by Brock E.W. Turner; 4/15/25*

While Amazon's splashy acquisitions have generated significant buzz, a foundational piece of the technology and e-commerce giant's healthcare business is focused on partnerships with digital health companies. Amazon launched its Health Benefits Connector in January 2024 with digital health unicorn Omada Health for patients with high blood pressure and diabetes. The service allows users to input information about their insurance plan and potentially identify covered services from Amazon's partners.

**53 One last game: student builds virtual reality experience for hospice patients**

*Clemson News; by Sam Cannon; 4/15/25*

At Clemson, a dedication to innovating health care and fostering wellness means more than just training the next generation of doctors and nurses. For Class of 2025 student Rob Martin, it has meant curating meaningful moments for members of his community. ... [Rob] joined the Tandem VR™ team, a concept invented by Olivia McAnirlin, Virtual Reality and Nature Lab co-director at Clemson, which helps people connect to past



experiences and complete “bucket lists” with their loved ones. As part of this project, local hospice care patients were asked what they would want the chance to experience one more time before they pass. When the overwhelming response from patients was a Clemson football game, a research team of undergraduate and graduate students, practitioners and faculty got to work.

	<b>Total</b>	<b>5</b>
--	--------------	----------

## A8 Speed of Change, Resiliency, and Re-Culture

### 54 [Duke University Health System CEO: 7 lessons learned from a complex transformation](#)

*Becker's Hospital Review; by Craig T. Albanese, MD, CEO of Duke University Health System; 4/3/25*

Change management is both the art and science of preparing, supporting and equipping individuals, teams and an organization to adopt and adapt to new beginnings. ... Unifying our organization over the past 21 months, as with most mergers, has been challenging and we are far from finished. ... Lessons Learned:

1. Create a Compelling Shared Vision ...
2. Co-Create the Future ...
3. Put Culture Front and Center as a Non-Negotiable ...
4. Communicate Clearly, Consistently and Often ...
5. Listen and Keep Listening ...
6. Be Prepared to Pivot ...
7. Celebrate Big and Small Successes ...

### 55 [4 leadership lessons March Madness teaches us about winning workplaces](#)

*Forbes; by Julian Hayes II; 3/30/25*

Very few things, like sports, unify people across backgrounds, cultures, and ideologies. Sports are the ultimate connectors. One of the best examples of this is the NCAA Tournament. March Madness captivates us for three weeks with buzzer-beaters,

heartbreaks, and Cinderella stories that defy expectations. But beyond the spectacle, March Madness also offers beneficial workplace and leadership lessons. ...

1. Build Bench Strength ...
2. Coach The Culture ...
3. Survive And Advance ...
4. Call Strategic Timeouts ...
5. [\[Continue reading ...\]](#)

## 56 **Leaders on leadership: 10 valuable lessons that will make you think**

*Forbes; by Esther K. Choy; 3/6/25*

In the last eight years as a Forbes columnist, I have interviewed leaders who have shared a great deal of insights on successful leadership. Here are 10 quotes on leadership that illuminate the concrete actions that successful leaders "do," not just "think" or "believe." These quotations are from leaders with a variety of backgrounds and business sectors — tech, finance, design, education, and research — but one thing that rings true through all their perspectives — successful leadership is about connection. [Quotes address these themes:]

- Engaging with a wide range of perspectives ...
- Listening to good ideas ...
- The importance of curiosity ...
- Empathy ...
- Courage in standing up to bullies ...
- The power of story ...
- Communicating science ...
- More about story ...
- People do business with people ...
- Changing lives ...

- [\[Continue reading ...\]](#)

57 **Being a high-performer CEO isn't enough. True leadership involves empathy**

*FastCompany; by John Connors; 4/10/25*

This moment calls for executives who can balance strong analytical skills with emotional intelligence. The CEO's role is evolving. Private equity is playing an increasingly influential role in shaping the expectations, performance, and tenure of CEOs. The financial environment is also changing, with influence increasingly moving from public markets to private capital... In this landscape, CEOs are increasingly being measured by their ability to generate financial returns. But true leadership requires hitting more than financial targets. The most effective leaders understand that long-term success depends on balancing financial acumen with empathetic leadership. Those who fail to adapt risk becoming transactional managers rather than transformational leaders. Understanding this shift and defining one's leadership approach is more critical now than ever.

	<b>Total</b>	<b>4</b>
--	--------------	----------

## A9 The Human Factor

58 **1 Red flag that reveals bad leadership fast: One clear sign can tell you a lot about whether someone is leading well or failing miserably.**

*Inc., by Marcel Schwantes; 3/28/25*

Bad leadership isn't always obnoxious, toxic, or obvious. Sometimes it shows up in small, everyday moments—how someone talks to their team, how they handle mistakes, or how they treat people when no one's watching. You don't need a long list to spot it, either. A few [clear signs](#) can tell you a lot about whether someone is leading well ... or just holding the title. ... Here is one quick way to recognize bad leadership before it does real damage: a lack of patience ... [\[Continue reading ...\]](#)

*Editor's note: For more from Marcel Schwantes, ["1 Clear sign you're a great leaders \(and your employees won't leave\) - It's hard to walk away from bosses exhibiting this leadership \(and human virtue\)"; ... Integrity is a daily choice. . .](#)*

59 **Most people pursue a toxic type of purpose in life—but if you do this instead, 'there is no way to fail'**

*CNBC Make It; by Dr. Joran Grumet, contributor/hospice medical director; 4/4/25*

It took me many years and quite a bit of emotional heartache to realize a life-changing fact: When it comes to purpose, bigger is not better. Most of our anxiety stems from what I call "big P" Purpose, which is overly focused on the outcome or destination. ... [Dr. Grumet describes what he calls "big P" Purpose vs. "little P" Purpose.] I've found that most people end up pursuing the former, toxic type of purpose. It's the easiest kind to choose, because it means meeting society's expectations and following in the footsteps of the herd. The harder decision by far is to do the internal work to discover what really lights you up — and find a way to pursue it in the world. This all takes effort, but it's worth it. ... Little P purpose embraces an abundance mentality. There is room for everyone — I mean everyone — to pursue that which brings them inner joy and happiness. This pursuit will never rely on whether someone else is succeeding or failing. ... [\[Continue reading ...\]](#)

<b>Total</b>	<b>2</b>
--------------	----------

## A10 Highlighted Articles of Interest

60 **Bill Gates AI jobs: 3 roles that will survive**

*Archynewsy; 3/30/25*

... Despite the potential for widespread automation, Gates identifies three key areas where human expertise will remain indispensable: creative work, those requiring high levels of emotional intelligence, and skilled trades. These professions share a common thread – they rely on uniquely human capabilities that AI currently struggles to replicate. ... Gates predicts substantial changes in sectors like healthcare and education, with AI potentially handling many diagnostic and instructional duties currently fulfilled by doctors and teachers; [\[Continue reading ...\]](#)

61 **What is death positivity?**

*Healthline; by Sarah Choi, medically reviewed by Joslyn Jelinek, LCSW, ACSW, RDDP; 3/28/25*

Death positivity involves acknowledging death as simply the final phase of life. It emphasizes open discussions around death and education on the options, rights, and

choices surrounding it. ... The Death Positivity Movement was coined in 2011 by funeral director Caitlin Doughty, but the sentiment existed long before — the movement's origins date back to the 1970s, drawing on the hospice movement. ...

Elements of the Death Positivity Movement:

- understanding the benefits of openly discussing, sharing, and learning about death
- keeping in mind that planning can help with stress and better prepare for death
- documenting wants and needs in advance to ensure end-of-life wishes are known and followed
- being conscious of traditional, natural, and environmentally friendly burial options

*[Continue reading ...]*

## 62 **Are hospitalists becoming de facto PCPs for patients with complex illness?**

*Today's Hospitalist; by Colleen Peggenburg, MD, MS; April 2025*

Key takeaways:

- Hospitalists are becoming primary physicians for patients in decline.
- Hospitals are the new "clinic" for patients with complex illness.
- Hospitalists are increasingly initiating discussions about patients' values and goals.

... As patients become more complex, they are like a car that keeps hurtling toward a brick wall. Every time a patient requires a specialist for a complex illness, the car picks up speed. But as more medical providers become involved, fewer reveal to patients the brick wall that lies ahead. Instead, that discussion has become the "hot potato" in medicine. Every provider who could discuss disease progression and prognosis seems to think that someone else should initiate the discussion. ... *[Continue reading ...]*



63 **Seeking human empathy, health insurers turn to AI**

*Modern Healthcare; by Nona Tepper; 3/27/25*

When Florida Blue wanted its call center employees to demonstrate greater emotional intelligence when dealing with customers, the nonprofit health insurance company enlisted a tutor incapable of emotion. A [generative artificial intelligence](#), or genAI, chatbot instructs 30 Florida Blue customer service representatives on how to behave like human beings when interacting with other human beings. The chatbot guides workers on human behaviors, such as when to slow their speech, when to hasten a call to its conclusion and what to recommend to policyholders. The company plans to expand this pilot program to its entire 1,600-person call center team this year. [\[Continue reading ... access may be limited\]](#)

*Editor's note: Is this backwards? What happened to human kindness? Courtesy and core respect? I am a lifelong lover of new technologies. Still, I am surprised at this seemingly-backwards twist. For whatever works, may we learn and grow in "[behaving] like human beings when interacting with other human beings."*

64 **Senior living demand hits all-time high: NIC**

*McKnights Senior Living; by Kimberly Bonvissuto; 4/3/25*

The demand for senior living is at an all-time high, with the first quarter seeing a record number of occupied units, almost 621,000, the National Investment Center for Seniors Housing & Care said Thursday afternoon [4/3]. ... "Older adults are moving into senior housing at a rapid pace, and the trend will continue, given the wave of baby boomers and many more 'solo agers' who don't have a caregiver to rely on as a safety net," Lisa McCracken, NIC head of research and analytics, said in a statement. [\[Continue reading ...\]](#)

65 **Rural US loses 43% of independent physicians: 5 things to know**

*Becker's Hospital Review; by Kelly Gooch; 4/7/25*

The number of independent physicians in U.S. rural areas [declined](#) 43% over five years

— from 21,956 in January 2019 to 12,467 in January 2024 — according to an Avalere [study](#) sponsored by the Physicians Advocacy Institute. ... Five things to know:

1. From 2019 to 2024, rural areas lost nearly 2,500 total physicians. This represents a 5% decline from approximately 52,600 to 50,100.
2. Likewise, the number of medical practices in rural areas fell from 30,000 at the beginning of 2019 to 26,700 in January 2024, an 11% decline.
3. [\[Continue reading ...\]](#)

#### 66 **[NY] Legislature passes bill banning new for-profit hospices**

*The New York State Senate; by Sen. Liz Krueger; 4/9/25*

Today, the State Senate passed S.3437, carried by Senator Liz Krueger, a bill that would be ban new for-profit hospices in New York State. The bill, carried in the Assembly by Assembly Member Amy Paulin, passed that house on March 26th... I urge Governor Hochul to sign this bill."... S. 3437, which was previously vetoed by Governor Hochul in 2022, would prohibit the approval of new applications for the establishment, construction or increased capacity of for-profit hospice entities. New York is uniquely situated to prevent the deterioration of end-of-life care described above, as currently only two of 41 hospices in New York are for-profit, compared to a national average of two-thirds as of 2017.

#### 67 **New Mexico passes nation's first legislature-driven psilocybin access act**

*Psychedelic Alpha; 4/8/25*

Yesterday, New Mexico Governor Michelle Lujan Grisham (D) signed SB 219, the Medical Psilocybin Act, which will establish the third state-legal psilocybin access system in the US. In simple terms, the Act creates a framework through which patients with qualifying conditions can access and use non-synthetic psilocybin through consultation with a licensed healthcare provider. Qualifying conditions, according to the bill, are 'major treatment-resistant depression,' PTSD, substance use disorders and



end-of-life care, as well as other conditions that the department might approve. While Oregon and Colorado's state-legal psilocybin programs were the product of popular ballot measures, New Mexico's is the first to be mandated by the state's legislature.

68 **Dr. Oz outlines vision for CMS: 8 notes**

*Becker's Hospital Review; by Jakob Emerson; 4/10/25*

CMS Administrator Mehmet Oz, MD, said April 10 that his vision for the agency includes a commitment to President Trump's "Make America Healthy Again" agenda and modernizing Medicare, Medicaid and the ACA marketplace. Eight notes:

1. As a first step, CMS will implement President Trump's executive order from February aimed at boosting healthcare price transparency.
2. CMS will work to streamline access to life-saving treatments by "equipping providers with better patient information versus unnecessary paperwork."
3. Identifying and eliminating fraud, waste and abuse is a top priority for the agency.
4. CMS will focus on prevention, wellness and chronic disease management.
5. Dr. Oz promoted the use of artificial intelligence avatars during his first all-staff CMS meeting, WIRED reported April 9.
6. On April 10, House Republicans approved the Senate's fiscal 2025 budget blueprint, paving the way for key portions of President Trump's domestic policy agenda, including potential sweeping changes to Medicaid.
7. On April 4, CMS published its final rule for MA and Part D in 2026.
8. On April 7, CMS said it would increase payments to MA plans by more than \$25 billion in 2026.

69 **Closing the gap in end-of life care coverage: The role of nonprofits in policy advocacy**

*Forbes; by James Dismond; 4/14/25*



... As the demand for end-of-life care grows, so will the gap between the care that patients need and what they receive. ... Workforce shortages, restrictive regulations, outdated reimbursement models and misconceptions around hospice services are keeping millions of Americans from accessing quality hospice and palliative care services. ... These barriers disproportionately affect low-income families, rural communities and communities of color. ... Unlike for-profit entities, we can prioritize community needs over shareholders. We can prioritize patient well-being over profits—or, to say it more directly, we put people over profits. And I've seen firsthand how advocacy can drive progress. Nonprofits must engage in:

- Raising Awareness And Education: ...
- Lobbying And Legislative Engagement: ...
- Expanding Access: ...

**70 PACE growth expected to continue amid HHS reorganization, provider uncertainty**

*McKnights Long-Term Care News; by Zee Johnson; 4/15/25*

... Coordination for the PACE program is moving to the Centers for Medicare & Medicaid Services Center for Innovation, the National PACE Association said. That shake up, HHS officials have said, should make management of the PACE program more productive. The White House, however, is also seeking \$800 million in budget cuts at CMMI. ... A [white paper](#) published in January by Health Dimensions Group showed 33 states and the District of Columbia had implemented 180 PACE programs, accounting for more than 79,000 enrollees. The 25 programs that were added in 2024 quadrupled the model's average growth since 2005.

**71 Aveanna CEO Jeff Shaner: Medicaid uncertainty detrimental to markets**

*Home Health Care News; by Audrie Martin; 4/16/25*

Earlier this month, Aveanna Healthcare Holdings (Nasdaq: AVAH) announced plans to



acquire Thrive Skilled Pediatric Care for \$75 million. ... This expands Aveanna's private-duty services, home health and hospice care, and medical solutions in 27 states. ... Home Health Care News spoke with Aveanna CEO Jeff Shaner about this acquisition, future M&A plans, the impact of potential Medicaid cuts and the value of home-based care. ... Shaner: Regarding the broader M&A strategy, I would say M&A is not our core strategy; caring for pediatric, adult and geriatric patients remains our core mission. However, enhancing our growth profile through add-on acquisition strategies, primarily in our Medicaid business, private-duty service business like Thrive, and home health and hospice businesses, is our focus in 2025 and 2026. ... However, the uncertainty regarding Medicaid and federal funding prompts us to reconsider any long-term investments and ensure we have strategically contemplated the reasons for such investments.

72 **Quality of nonprofit hospice affiliated with integrated healthcare systems**

*Journal of Pain & Symptom Management; by Gulmeena Khan, Emmanuelle Belanger, Joan Teno; 4/25*

Research shows hospice primary caregivers report better quality of care at Nonprofit (NP) than For-Profit (FP) hospices, but there is variation in quality across NP hospices. CAHPs hospice scores did not differ if a hospice was part of integrated healthcare system or not. Further research is needed on variation in quality in NP hospices.

73 **Appropriate deprescribing and payment in hospice dementia care**

*JAMA Internal Medicine; by Nathan M. Stall, Sharon K. Inouye, Lona Mody; 3/25*

People living with dementia are one of the largest growing users of hospice care in the US, with approximately 20% of enrollees having a terminal diagnosis of dementia. In the setting of advanced dementia specifically, guidelines recommend deprescribing cholinesterase inhibitors and memantine as there is insufficient evidence for benefit, and there are risks of adverse events including bradycardia, falls, and gastrointestinal adverse effects. The Centers for Medicare & Medicaid Services specifies that hospices



are responsible for covering all medications under the Medicare Part A hospice benefit, but audits have revealed that millions of dollars of prescription drug costs are being inappropriately shifted to Medicare Part D. The study by Hunt et al occurs within a context of growing concerns about shifts in US hospice care where more than 70% of hospice agencies serving patients with terminal illness across all settings now operate on a for-profit basis, with increasing acquisition of hospices by private equity firms and publicly traded corporations. Compared with nonprofit hospices, for-profit hospices have more acute care utilization, provide less direct care, and have poorer caregiver-reported care experiences. For-profit hospices also enroll a higher proportion of persons living with dementia, which may relate to their lower acuity and longer stays, as well as more profitable margins under the per-beneficiary daily payment.

74 **Belief in an afterlife is increasing in the United States: Even among the non-religious**

*The Association of Religion Data Archives (The ARDA); by Ryan Burge; 4/17/25* This post has been unlocked through a generous grant from the [Lilly Endowment](#) for the [Association of Religion Data Archives](#) (ARDA). The graphs you see here use data that is publicly available for download and analysis through link(s) provided in the text below. ... I wanted to dig a bit deeper on the variations in those belief metrics today, with a question that I haven't really probed a whole lot. The [General Social Survey](#), which is available on the [Association of Religion Data Archives](#) website, contains a really straightforward question, "Do you believe there is a life after death?" And it has an even simpler set of response options - yes or no. It's been asked with regularity since 1973, so we have nearly five decades of data on this one specific question. ... Even today, the share of Americans who believe in life after death is 82%. When people ask me, "Is the United States a religious country?" This is the stat that I'm going to trot out.





75 **Special Report: Examining group health coverage alternatives for small employers - update**

*JDSupra*; by Alden Bianchi, Sarah Raaii, Teal Trujillo, Erin Turley, Allison Wilkerson;  
4/23/25

... Small employers' efforts to provide robust major medical coverage to workers and their families have long proven futile, primarily due to underwriting challenges. Groups of under 50 employees are often relegated to state small group market coverage, which tends to be expensive. ... This Special Report examines the options available to small employers – and the obstacles they routinely encounter – as they seek to make affordable health insurance coverage available to their employees and their families.

	<b>Total</b>	<b>16</b>
--	--------------	-----------