



## Top News Stories of the Month, January 2025

Article Summary		
Category	#	%
A1 Mission Moments	9	13%
A2 Reimbursement Challenges, Warning Signs, and Implications	7	10%
A3 Competition to be Aware of	7	10%
A4 Workforce Challenges	4	6%
A5 Patient, Family, and Future Customer Demographics and Trends	13	19%
A6 Regulatory and Political	3	4%
A7 Technology and Innovations	5	7%
A8 Speed of Change, Resiliency, and Re-Culture	9	13%
A9 The Human Factor	3	4%
A10 Highlighted Articles of Interest	8	12%
<b>Totals</b>	<b>68</b>	<b>100%</b>

### A1 Mission Moments

1 [In memoriam: Jimmy Carter helped build the hospice community](#)

*Hospice News; by Jim Parker; 12/30/24*

... During his tenure as president, Carter was essential to the establishment of the Medicare Hospice Benefit. His administration launched the U.S. Centers for Medicare & Medicaid Services' demonstration project to test the model, leading to passage of a law establishing the benefit during the subsequent Reagan presidency. Prior to these efforts, hospice care was delivered predominantly by volunteers who relied on philanthropy to operate. The scale of these early providers was very limited due to lack of payment, as was access to their services. "For decades, the Carter family has championed open dialogue about the needs of patients at the end of life," Dr. Vicki Jackson, board president of the American Academy of Hospice and Palliative Medicine (AAHPM), told Hospice News in an email. "Their vocal support for hospice care over the past year has made an immeasurable impact and brought information about this essential subspecialty of medical care to a national audience."



2 **[Jimmy Carter delivered a positive message about hospice care](#)**

*Atlanta Journal and Constitution; by Shelia Poole and Ariel Hart; 1/1/25*

Hospice advocates said the end-of-life journey of former President Jimmy Carter was a “powerful” message to terminally ill patients and their families about the benefits of hospice care. Carter, the nation’s 39th president, died Sunday at his home in Plains after being in home hospice care for 22 months. “It’s pretty remarkable that he got to celebrate his 100th birthday, he got to vote and, as I understand, it was important to him that he was able to do these things with the support of hospice,” said Dr. Vicki Jackson, president of the board of the American Academy of Hospice and Palliative Medicine. “It was powerful.” A day after Carter’s death was announced, Jackson said it was helpful to have someone as notable as a former president to be open about his hospice care during the later stages of his life. During his almost two years of home hospice care, Carter helped raise awareness about the service, which focuses on comfort of the patient and support for both the patient and the family.

*Notable mentions: Dr. Vicki Jackson, president of the board of the American Academy of Hospice and Palliative Medicine; Jacqueline Lopez-Devine, Gentiva’s chief clinical officer; Megan Friedman, Gentiva spokesperson; Rev. Tony Lowden, Carter’s personal pastor; Amy Tucci, president of the Hospice Foundation of America; Dr. Tammie E. Quest, director for Emory University’s Palliative Care Center and a professor at Emory University’s School of Medicine; Dr. Folashade Omole, the chair of the Department of Family Medicine at the Morehouse School of Medicine; Ben Marcantonio, chief integration officer, the National Alliance for Care at Home*

3 **[The Jimmy Carter White House Connection to Hospice & Palliative Care Today](#)**

*Cohen-Fyfe Communications; by Mark Cohen; 1/3/25*

Jimmy Carter’s impact on the hospice movement goes further than his very public decision to be admitted to hospice in February 2023 ... and even further than his administration’s decision in 1980 to launch the Hospice Demonstration Project that directly led to congressional passage of the Medicare Hospice Benefit, with strong bipartisan support, in 1981 during the first year of the Reagan Administration. How much further? You might not be reading this daily newsletter if it were not for the Carter White House. If you were a fan of *Hospice News Today*, which I published from 2012 to 2023, and/or if you’re a fan of *Hospice & Palliative Care Today*, then you should know that Jimmy Carter (and his long-time senior aides Jody Powell and Hamilton Jordan) deserve some of the credit for these two unique daily environmental scans that have served the hospice movement now for more than a dozen years. ... [Fascinating story and with this spoiler alert:] So, Inauguration Day in 1977 found me walking into



the Old Executive Office Building as the youngest person on the 369-person staff of The Office of the President. My job? One of six staffers who produced the daily News Summary for the President and nearly 200 senior officials throughout the White House and the Cabinet and executive agencies. [Click on the title's link to read more.]

*Editor's note: As President Carter's body is moved to the Capitol today, we celebrate the simple moments that can change the course of another's life. [Did you read Jimmy Carter's questions to the young Mark Cohen?](#) At Hospice & Palliative Care Today, we are grateful for Mark's journey and long-lasting impact.*

#### 4 **California wildfires and healthcare: Compiled articles**

*Compiled from various news sources; 1/9/25*

Click on links below to go to the source articles.

- **Maps: See how large the California wildfires are;** *NBC News with frequent updates*
- **Nursing home residents dodging embers, smoke amid LA County wildfire evacuations;** *McKnights Long-Term Care News*
- **Nursing home in Pasadena evacuated as thick smoke from wildfire approaches;** *NBC*
- **Dramatic video shows assisted living facility evacuated as wildfires near;** *CNN*
- **Hospitals and California wildfires: What to know;** *Becker's Hospital Review*
- **'It was a hellscape': The challenge of evacuating Los Angeles during wildfires;** *BBC*
- **Teladoc offers free virtual care for those affected by L.A. fires;** *KTLA 5, Los Angeles*
- **Wildfires Can Leave Lasting Psychological Scars;** *The New York Times*
- **How to safely evacuate a wildfire;** *Associated Press*
- **Resources posted by the Coalition for Compassionate Care of California,** *repost of same article from 1/9/25*



*Editor's note: To identify hospice organizations in affected areas, start with the **National Hospice Locator**, provided to the public by National Hospice Analytics. We send support and rally our national hospice and palliative community to do what you can, where you are. Tune into your employees, volunteers and the patients you serve who have family and close friends in California's affected areas. This is not a time to interfere with the critical, immediate "Response" processes underway (within the 5 Emergency Disaster processes of Prevention - Mitigation - Preparedness - Response - Recovery). This is a time to start with your own people and to prepare for helpful strategies ahead. To evaluate your own Emergency Disaster Plan, [click here for the CMS.gov Emergency Preparedness Rule](#). [Click here for Wisconsin's CMS Emergency Preparedness Rule Toolkit: Hospices](#).*

## 5 **Home ... where we all want to be**

*The Journal; Dr. Sarah Phillips, Medical Director Hospice of the Panhandle; 1/12/25*

Two days before Christmas, I arrived at the home of a patient who had been recently admitted to Hospice services. ... [Story of the patient being on a ventilator in a hospital.] This courageous and self-determined woman expressed the desire to be free from pain, suffering, and the complications and progression of her disease. Knowing that the ventilator was life-sustaining and essentially breathing for her, she made the decision to stop it. To ensure her comfort during discontinuation of the ventilator, the hospice team was present before, during, and after the procedure. Medications were used to ease shortness of breath, pain, and anxiety. ... "It's a Wonderful Life" was playing on the TV, the Christmas tree was lit. I looked over and see the daughter wiping away her mother's tears. Each reassured the other that everything will be OK and that they are at peace with this decision. As the medications took effect, the patient drifted off to sleep. The ventilator was stopped. Next, something happens that I will never forget. The daughter leans in and whispers to the patient, "Mom, the ventilator is off now, you are back in total control. This was profound to me on many levels. It certainly spoke to the power and importance of autonomy, the ability to make independent decisions that are aligned with one's values and goals. ... Despite working in end-of-life



care for over a decade, I still have these moments of being overwhelmed by the human spirit.

6 **New Hampshire woman's father dies in hospice care [in fire evacuation zone] when California fires broke out**

*CBS News WBZ, Boston, MA / YouTube; 1/15/25*

Just two hours before the fire evacuation--Merle Fetter--Barbara's husband of 64 years died in Royal Oaks Hospice Care, with Barbara holding his hand until the end . ... As the fire moved through Altadena towards Monrovia Barbara was forced to leave Merrill's body, unable to be evacuated. ... [Daughter in New Hampshire:] "I didn't know where my mother was. I didn't know what happened to my father's body." Barbara's daughter—Joy—thousands of miles away in New Hampshire couldn't fly to Los Angeles until Friday. When she finally landed, she received a reassuring call from Royal Oaks, her mom was OK and her father's remains taken to the coroner's office. Staff feel like residents here are their family.

7 **Community invited to see Edina Thespians' one-act play, 'Wit'**

*Sun Current, Coon Rapids, MN; by Alex Kautzman; 1/20/25*

Edina High School Thespians are ... looking forward to showing off their hard work to the community in two performances at the Edina Performing Arts Center. ... "Wit" centers on Vivian Bearing, a brilliant poetry professor, as she undergoes an experimental and extremely aggressive chemotherapy treatment. As Vivian undergoes treatment at the hands of impersonal doctors, she discovers that human compassion may be more important than intellectual wit.

*Editor's note: This Wit teleplay is based on the 1999 Pulitzer Prize-winning play by Margaret Edson. Its 2001 television drama film was directed by Mike Nichols, written by and starring Emma Thompson. Wit has been used extensively for community and clinical education, fostering conversations about ethics, palliative care/hospice, advance directives, quality of life, and more. Now--20+ years later--how does this patient-*



*experience story stand up to today's acquisition-wealth-driven 'wit'? [Click here for more information](#). Wit can be streamed via Max and the Max Prime Video Channel.*

**8 How it feels to be a hospice nurse**

*Post Independent; by Oanh Hoang, Hospice of the Valley; 1/22/25*

If someone had asked me this question seven years ago, when I was a new graduate nurse, I would have said it felt terrifying, depressing, frightening, and sad. However, my feelings have changed since I became a hospice nurse 4.5 years ago. ... If someone were to ask me how it feels to be a hospice nurse now, I would tell them to grab a soda, popcorn, and snacks, and get comfortable because I could talk for hours about what it's like. My feelings start with gratitude. I am grateful to be a part of the final phase of my patients' lives, walking alongside them and their families toward a peaceful end. For all my hospice patients, time is the most valuable thing they have. ... Along with all these rewarding feelings, I also feel sadness when my patients pass away. But this sadness is different from the sadness I felt seven years ago. ...

*Editor's note: How would your hospice nurses answer, "how it feels to be a hospice nurse"? Calling all non-clinical, business leaders to read this. Better yet, shadow a nurse in the field for a day. Experience their role, skills, interactions. Examine your role and your responsibilities to equip and empower them to best "be a hospice nurse."*

**9 Jan. 27, 2025, International Holocaust Remembrance Day [click here for link 1]--paired with--A little-known story about a Jewish refugee and Cicely Saunders [click here for link 2]**

*Compilation by Joy Berger, editor; for 1/27/25*

Do you know? Today's modern hospice movement was born out of the terminal illness of a Polish, Jewish ghetto refugee and his lasting influence on the young Cicely Saunders. Upon his death in 1948, he left money for her to create a new place for peaceful dying. She opened St. Christopher's Hospice in 1967.

<b>Total</b>	<b>9</b>
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 10 [Kōkua Mau, Hawaii, Medicaid Palliative Care Services Benefit](#)

Hawai'i is the first state to comprehensively cover palliative care services for its Medicaid beneficiaries, by adding community palliative care as a preventive service in its Medicaid state plan. Since the memo has been published, we are now moving into the implementation phase. This novel SPA (State Plan Amendment) is the result of multi-stakeholder collaboration over many years. It serves as a road map for other states exploring new ways to pay for interdisciplinary, community-based palliative care.

#### 11 [Guidelines for evaluating, diagnosing, and disclosing dementia published by Alzheimer's Association](#)

*Practical Neurology; 1/14/25*

The Diagnostic Evaluation, Testing, Counseling, and Disclosure Clinical Practice Guideline (DETeCD-ADRD CPG) Workgroup, convened and funded by the Alzheimer's Association, has developed new recommendations for clinicians to use when evaluating patients with possible Alzheimer disease (AD) or AD and related dementias (ADRD). An executive summary of the recommendations for use in primary care and other practice settings was published in *Alzheimer's & Dementia*, along with a companion article summarizing specific guidance for specialists. The Workgroup included representatives from primary, specialty, subspecialty, long-term, and palliative care disciplines as well as the fields of health economics and bioethics.

*Editor's note: [Click for open access to the Alzheimer's Association clinical practice guidelines ..., executive summary of recommendations for primary care.](#)*

#### 12 [The HOPE Assessment Tool Series: Understanding the Required Timed Visits](#)

*CHAP blog; by Jennifer Kennedy; 1/25*

It's January 2025, and we are counting down to the implementation of the HOPE Assessment Tool on October 1, 2025. That date may seem far away, but there is much preparation you need to do in the coming months for a seamless launch on the "go-date." Your staff will need consistent education about the assessment tool content and



their responsibility for the administration and completion of the timed visits. [Click the link above to read the entire story.]

### ***B. Medicare Advantage***

13 **[MA Special Needs Beneficiaries more likely to receive lower quality hospice care](#)**

*Hospice News; by Jim Parker; 1/2/25*

Medicare Advantage special needs plan (SNP) beneficiaries were more likely to use lower-quality hospices than those enrolled in fee-for-service Medicare. Researchers from the Perelman School of Medicine at University of Pennsylvania in Philadelphia examined Medicare enrollment and claims data for 4.2 million decedents and 2.2 million hospice enrollees from Jan 1, 2018 to Dec. 31, 2019. Among other findings, results indicated that MA SNP beneficiaries were more likely to receive care from hospices with lower Hospice Quality Reporting Program (HQRP) scores. "These results suggest that policymakers should consider incentivizing referrals to high-quality hospices and approaches to educating beneficiaries on identifying high-quality hospice care," researchers wrote in the [study](#), published in JAMA Network Open.

*Editor's note: [Click here for the CMS.gov Special Needs Plans webpage.](#)*

14 **[UnitedHealthcare taught us ways to deny claims: Former employee](#)**

*NBC News Channel 8, Tampa, FL; by Damita Menezes; 12/30/24*

A former UnitedHealthcare claims representative says employees were systematically trained to deny medical claims and rush distressed customers off phone lines, revealing internal practices at the nation's largest health insurer amid growing scrutiny of the industry. Natalie Collins, who worked for UnitedHealthcare for nine months, said Saturday on "NewsNation Prime" that staff received "so many different ways to deny" claims during their two to three months of training, with supervisors often standing behind representatives instructing them on denial methods. "We weren't given proper instruction to actually pay the claim, and there weren't enough monies in certain files in certain companies to pay medical claims," Collins said. "We would have to just get the client off the phone as fast as we could." Collins described crying at her desk while handling calls from desperate patients, as supervisors laughed.

15 **[CMS Gives Notice of 4.3% Pay Hike for Medicare Advantage Plans](#)**

*Hospice News; by Jim Parker; 1/13/25*

The U.S. Centers for Medicare & Medicaid Services (CMS) plans to increase payments to





Medicare Advantage plans for 4.3% in 2026, but implementation will depend on what happens with the new presidential administration. CMS has issued an advance notice of policy changes for Medicare Advantage and Part D that would install technical updates, including the ways the agency calculates payments to health plans. ... Though Medicare Advantage does not cover hospice care, many providers depend on MA payments for other programs like palliative care, among others. The changes are intended to continue CMS’s three-year phase-in of updates to the MA risk adjustment model and growth-rate calculation related to medical education costs. However, it will be up to the incoming Trump administration to bring these changes to fruition — if they so choose.

**16 [UnitedHealth mounts full defense of its business in wake of Thompson’s killing](#)**

*STAT; by Bob Herman, Tara Bannow; 1/16/25*

In UnitedHealth Group’s first public appearance since the killing of top exec Brian Thompson, leaders acknowledged the public’s discontent with the health care system and defended the company’s business. “Fundamentally, health care costs more in the U.S. because the price of a single procedure, visit, or prescription is higher here than it is in other countries,” UnitedHealth CEO Andrew Witty said on the earnings call, where the company touted more than \$400 billion of revenue and \$14.4 billion of net profit. “The core fact is that price, more than utilization, drives system costs higher.”

<b>Total</b>	<b>7</b>
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**A3 Competition to be Aware of**

**17 [Hospice agency changes of ownership: An analysis of publicly available ownership data](#)**

*Assistant Secretary for Planning and Evaluation: Office of Behavioral Health, Disability, and Aging Policy; 1/10/25*

Key Points:

- Between 2018 and 2022, the number of hospice agencies in the United States increased by 27%, from 4,619 to 5,861. This growth was driven by an increase in for-profit agencies, with the market share of for-profit agencies growing from 66% in 2018 to 74% in 2022.



- During those same five years, 311 change of ownership (CHOW) transactions occurred among hospice agencies. ...
- Annual rates of CHOW were similar across ownership categories (i.e., for-profit, nonprofit/government, or other). However, each study year, for-profit hospices accounted for the largest share of changes of ownership (between 61% and 76%), consistent with for-profit hospices accounting for the largest share of all hospice agencies.
- [Click on the title's link to continue reading.]

18 [\*\*Some wary of Providence home health joint venture with for-profit company\*\*](#)

*Herald Net, Everett, WA; by Jenna Peterson; 1/23/25*

Some nurses in the state say an upcoming joint venture between Providence Home and Community Care and Compassus, a for-profit company with private equity ownership, could have an adverse effect on health care. The deal, expected to be finalized in Washington early this year, ... impacts locations in five U.S. states. ... Boyle and Compassus spokesperson Dana Coleman said there will be no changes in care or staffing under the joint venture. But some nursing advocates, like Ian Mikusko, worry that a for-profit, private equity influence could be harmful for health care. "Private equity is somewhat more extractive because there's a pressure to provide large dividend payments to investors," said Mikusko, strategic researcher with the Washington State Nurses Association. Mikusko cited research that shows quality of care diminishes when private equity companies become involved in health care, such as a 2023 study from the Center for Economic and Policy Research.

**A. Mergers & Acquisitions**

19 [\*\*Hospice M&A market to 'return to sanity' in 2025\*\*](#)

*Hospice News; by Holly Vossel; 1/2/25*

The hospice mergers and acquisitions market has seen a host of changes in recent years, with buyers and sellers examining a range of risks and opportunities in the field this year. The industry saw a flurry of M&A activity in 2019 and 2020, with record high valuations and deal volume. Subsequent years saw cooling periods that left many operators wondering what's next in store as 2025 unfolds. The previous "buy, buy, buy" mentality among hospice investors has morphed into a more disciplined strategic approach, according to New Day Healthcare LLC CEO G. Scott Herman. Certain lessons learned are driving future hospice investment decisions, particularly those around valuations and keys to sustainable growth, Herman said during a recent Hospice News Elevate podcast. [Click on the title's link to continue reading.]



20 **Hawai'i Palliative and Hospice Care Collaborative forms to strengthen advanced illness care across state**

*MauiNow - Maui News; 1/7/25*

Six grassroots nonprofit hospice providers—Hawai'i Care Choices, Hospice Maui, Kaua'i Hospice, Navian Hawaii, North Hawai'i Hospice, and St. Francis Hospice—have united to form the Hawai'i Palliative and Hospice Care Collaborative, a statewide initiative leveraging decades of expertise to provide compassionate palliative and hospice care across Hawai'i. "This Collaborative represents a new era for end-of-life care in Hawai'i," said Brenda S. Ho, CEO of Hawai'i Care Choices. "By coming together, we are amplifying our voice, strengthening our resources, and ensuring that every community across our islands has access to care that honors the culture and preferences of each patient and their 'ohana."

21 **Amedisys halts sale of home health, hospice locations to VitalCaring**

*Hospice News; by Holly Vossel; 1/7/25*

Amedisys' (Nasdaq: AMED) has halted the divestiture of some of its home health and hospice locations to Texas-based VitalCaring. Amedisys in June announced an agreement to sell some of its locations to the private equity-backed home health and hospice provider VitalCaring. ... The news to cancel the divestiture comes after a recent court order issued by a federal judge in Delaware requiring that VitalCaring allocate 43% of future profits to Encompass Health (NYSE: EHC) and Enhabit Inc. (NYSE: EHAB). [Click on the title's link to continue reading.]

22 **UnitedHealth named world's largest insurer for 10th straight year**

*Becker's Payer Issues; by Jakob Emerson; 1/3/25*

UnitedHealth Group is the world's largest insurer by net premiums written for a 10th year in a row, according to AM Best's annual ranking published Jan. 2. In 2025,



UnitedHealth expects revenues of up to \$455 billion and adjusted net earnings of \$29.50 to \$30.00 per share. Top 10 insurers ranked by 2023 NPW:

1. UnitedHealth Group
2. Centene
3. Elevance Health
4. Kaiser Permanente
5. China Life Insurance Company
6. Humana
7. State Farm
8. Allianz SE (Germany)
9. Berkshire Hathaway
10. AXA S.A. (France)

23 **Partnership for Quality Home Healthcare to merge with National Alliance for Care at Home**

*Home Health Care News; by Audrie Martin; 1/17/25*

The Partnership for Quality Home Healthcare (PQHH) will shut down effective March 1. The PQHH board of directors will join efforts with the National Alliance for Care at Home (the Alliance) to create a stronger and unified voice for the industry. By collaborating with the Alliance, the PQHH board aims to enhance advocacy on public policy and regulatory issues impacting the home health community. Their goal is to promote a health care system that acknowledges home health’s vital role in providing compassionate, value-driven care. ... Since its founding in 2010, PQHH has represented community — and hospital-based home health care agencies, working in partnership with government officials to ensure access to high-quality home health care. This mission was at the forefront of their decision to close.

<b>Total</b>	<b>7</b>
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## A4 Workforce Challenges

### A. Paints the Picture

#### 24 [Virtual nursing could upend traditional staff ratios](#)

*Becker's Clinical Leadership; by Paige Twenter; 1/13/25*

In conversations about virtual, team-based nursing services, the term "nurse-to-patient ratios" is an anachronism, according to nursing leaders at Providence and Trinity Health. Within the traditional primary nursing model, a virtual mountain of research demonstrates low nurse-to-patient ratios bolster safety and quality of care. However, as new virtual programs emerge and pick up steam, new research indicates that virtual nursing models improve communication, safety and quality without assigning a ratio.

### B. Implications of the issue

#### 25 [Middle manager burnout, layoffs, and the search for solutions](#)

*HR Query; 1/6/25*

Middle managers are facing unprecedented pressure. As organizations streamline communication, this critical layer is often caught in the crossfire, with layoffs impacting one-third of this group in 2023. A recent study revealed that 75% of middle managers report experiencing burnout, and 40% are actively seeking new opportunities. This alarming trend poses a significant risk to organizations, as middle managers play a vital role in driving revenue, fostering employee growth, and ensuring operational success. ... Dana Rogers, VP of People at O.C. Tanner, shares valuable insights on the critical role of middle managers in organizational success, strategies for HR teams to rebuild trust and support with middle managers, and leveraging employee appreciation tactics to reduce burnout and boost confidence. Her first tip? HR leaders should be loud with appreciation.

### C. Solutions

#### 26 [Health systems: It's time to break up with short-termism](#)

*Becker's Hospital Review; by Molly Gamble; 1/10/25*

Health systems begin 2025 emerging from a half-decade of crisis management. Now is the time for executive teams to lift their heads from quarterly survival and make bets on their long-term future. ... In recent years, a number of leaders, including those within health systems, openly declared their departure from 10-year strategic plans. Even five-year outlooks are considered ambitious, some argued. Agility and short-term performance is sometimes hailed as the hallmark of savvy leaders, while long-term



vision risks being dismissed as impractical or naive. This mindset may have served its purpose during the stop-and-go nature of the pandemic, but risks leaving organizations flat-footed and without a defined strategy for what could come next. Teams may feel the shift. The return of competitive, distinct and long-term plans will require systems' executive teams and boards to revive organizational muscles that may have lain dormant through years of crisis response.

27 **[Climb aboard that jungle gym: Career path need not be linear to be successful](#)**

*The Journal Gazette, Fort Wayne, IN; by Theresa Laxton; 1/10/25*

In today's ever-evolving professional landscape, more women are realizing that their careers don't have to follow a linear path. Instead, they're embracing the concept of a career jungle gym, a metaphor introduced by Sheryl Sandberg in her book "Lean In." Unlike a ladder with one direct route, a jungle gym allows for lateral moves, creative pivots and even deliberate pauses, all of which can lead to success. For women , and nurses in particular, this mindset is transformative. ...

<b>Total</b>	<b>4</b>
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**A5 Patient, Family, and Future Customer Demographics and Trends**

28 **[Human composting is rising in popularity as an earth-friendly life after death](#)**

*CNN; by Ella Nilsen; 12/29/24*

The first time Laura Muckenhoupt felt a glimmer of hope after the death of her 22-year-old son Miles was the drive home from the Washington state facility that had turned his body into hundreds of pounds of soil. There was an empty seat in the family pickup truck where Miles should have been sitting. But riding with her husband and daughter on the 12-hour drive home, Laura felt her son's presence clearly. ... Human composting turns bodies into soil by speeding up "what happens on the forest floor," according to Tom Harries, CEO of Earth Funeral, the human composting company the Muckenhoupt family worked with. "What we're doing is accelerating a completely natural process," Harris told CNN. Human composting is emerging as an end-of-life alternative that is friendlier to the climate and the Earth — it is far less carbon-intensive than cremation and doesn't use chemicals involved to preserve bodies in traditional burials.

29 **[As drugstores close, more people are left in 'pharmacy deserts'](#)**

*The San Diego Union-Tribune; by The New York Times Service Syndicate; 12/31/24*

In July, a notice appeared on the front door of The Drug Store, the only pharmacy in



rural Kernville, in Kern County. After 45 years, the proprietor wrote regretfully, it would be closing in four days and transferring customers' prescriptions to a Rite Aid about 12 miles away. ... Its closing created practical concerns. "We are an aging population," Gordon, 69, said of the townspeople. ... Now, those services require a 20- to 30-minute drive to the Rite Aid, which is in Lake Isabella and which Gordon described as understaffed for its growing number of customers. "On any given day, there's a line of 10 to 15 people waiting at the pickup window," she said. Unlike The Drug Store, the Rite Aid doesn't deliver. That leaves Kernville residents in what researchers call a pharmacy desert, defined as living more than 10 miles from the nearest pharmacy in rural areas, 2 miles away in suburban communities or 1 mile away in urban neighborhoods. Nearly 30% of pharmacies in the United States closed between 2010 and 2021, according to a new study in the journal Health Affairs.

30 **National Alliance for Care at Home, Transcend Strategy Group release hospice report**

*HomeCare, Alexandria, VA and Washington, DC; HomeCare; 1/3/25*

The National Alliance for Care at Home (The Alliance) and Transcend Strategy Group, a marketing agency for homecare companies, published the results of their [Rural American Hospice Insights report](#), a new study that explored perceptions of hospice care among rural and small-town communities. The Alliance said the survey, which included 400 participants, aims to provide health equity and break down barriers to accessing hospice and homecare through knowledge sharing, data collection and collaborative discussion. "Ensuring access to high-quality hospice and homecare in rural communities is critical," said Steve Landers, CEO of The National Alliance for Care at Home. "These communities deserve care that is tailored to their unique needs, and in an America where more and more health care deserts are arising due to provider closures from inadequate reimbursement, maintaining quality care and continuing to build trust in the care provided is of the utmost importance."



31 **When drugstores disappear: Why nearly 15,000 Bostonians live in 'pharmacy deserts'**

*Boston Globe; by Diti Kohli, Tiana Woodard, Daigo Fujiwara-Smith, Thomas Lee; 7/25/24*

Many of these dead zones overlap with vulnerable communities — already poorer, sicker, and less well-resourced than the rest of the state. Where do patients go? ... Since 2017, at least 26 pharmacies have closed in Boston, and about 200 shuttered statewide, according to data from the Massachusetts Department of Public Health. State estimates show that a comparable number have since opened, though they rarely serve the same communities. Often left behind are so-called pharmacy deserts , pockets of the city where the majority of residents live at least a half-mile from the nearest drugstore, and lack cars to make the trip. A Globe analysis found that almost 15,000 people in Boston live in such deserts, without a reliable place to go for prescriptions, over-the-counter treatments, and medical advice. Many of these dead zones overlap with vulnerable communities — already poorer, sicker, and less well-resourced than the rest of the state.

*Publisher's note: While a little dated, this article recently came across my desk and reinforced "new year's discussions" of pharmacy deserts - and hospice deserts. This Health Affairs article is related: [Locations and characteristics of pharmacy deserts in the United States: A geospatial study \(4/24\)](#). More to follow on this in 2025.*

32 **The anonymous advantage: How anonymous patient surveys can improve healthcare outcomes**

*Forbes; by Lauren Parr; 1/9/24*

When it comes to improving patient care, feedback is the compass that guides healthcare providers in the right direction. But here's the catch, traditional feedback often fails to capture honest patient opinions due to fear of judgment, privacy concerns and other potential repercussions. This is where anonymous surveys prove to be valuable. Studies have demonstrated that anonymous surveys yield more candid responses, leading to a deeper understanding of patient experiences. This increased





transparency fosters trust between patients and healthcare providers, enabling a more collaborative approach to care. Free from fear of judgment or consequences, patients can provide honest feedback, highlighting strengths and identifying areas for improvement. This ultimately leads to better healthcare outcomes.

33 **New inpatient centers unveiled as other hospice programs consider closure**

*Hospice News; by Holly Vossel; 1/9/25*

Hospice providers across the country have recently launched new inpatient facilities as 2025 unfolds. The new year may also bring closures of certain hospice programs

- VITAS Opens 2 New Locations ...
- Allina Health Reopens Hospice Facility ...
- Cherish Hospice Opens New Headquarter Amid Growth ...
- John C. Fremont Home Health and Hospice Weighs Closure ...

34 **Bestselling author: I asked 26,000 people around the world their biggest regrets—these were the top 4**

*NBC News NECN Channel 4, Boston, MA; by Aston Jackson, CNBC; 1/11/25*

Living life without regrets is impossible, says bestselling author Daniel Pink. "Everybody has regrets. It's one of the most common emotions that human beings have," said Pink, in a podcast episode that published last month. "And yet, we've been sold such a bill of goods about positivity and being positive all the time that when we feel regret, we think we're the only one." Pink combed through decades of research and surveyed more than 26,000 people from 130 countries about their biggest regrets for his 2022 book, "The Power of Regret," according to his website. Most of those people struggled with four core regrets:

1. Foundation regrets are small decisions people make early in life that accumulate to terrible consequences later on ...



2. Boldness regrets are born from opportunities when you didn't take a risk, and later on, you wish you did ...
3. Moral regrets are the result of consciously making a bad decision instead of a good one ...
4. Connection regrets occur when you lose a close connection with someone, either platonically or romantically ...

The key is to not be stuck in regret," said Pink, ... Instead, you can turn these **negative emotions** into something meaningful, Pink said. ... Teach someone else about your missteps so they can avoid them, or find a way to undo your misstep.

*Editor's note: For hospice leaders, imagine you are dying. What might be your regrets from years past? May we each take time to pause. Reflect. Name and claim our regrets, and choose how to use these for our own best "quality of life" now and ahead.*

35 **United States dementia cases estimated to double by 2060: Anticipated jump especially large for women, Black people & those over age 75**

*NYULangone Health; by David March; 1/13/25*

A new study shows that the risk of developing dementia at any time after age 55 among Americans is 42 percent, more than double the risk reported by older studies. That dementia risk translates into an estimated half-million cases this year, rising to a million new cases a year by 2060, according to the new work. Dementia involves progressive declines in memory, concentration, and judgment. The increasing number of cases is directly tied to the aging of the U.S. population. Beyond aging, a high risk of dementia is linked to genetic factors, as well as high rates of hypertension and diabetes, obesity, unhealthy diets, lack of exercise, and poor mental health.

36 **How poor communication is killing patients and burning out doctors**

*Medpage Today's KevinMD.com; by Pamela Buchanan; 1/14/25*

This week alone, I had two particularly heart-wrenching encounters [as an Emergency



Room physician]: A 65-year-old man with metastatic lung cancer, convinced his shortness of breath was just pneumonia. When I explained the progression of his disease, he was shocked. No one had told him that his cancer was likely incurable. A 97-year-old woman brought in for “failure to thrive.” She was frail, pale, and not eating—classic signs of the final stages of metastatic cancer. When I suggested hospice care, she seemed blindsided, as if this reality was completely new to her. Both cases highlight a troubling trend: Patients often come to the ER not just for care, but for clarity. They don’t understand their diagnosis, prognosis, or treatment plan. ...

37 **US dementia cases projected to double within 40 years**

*Medscape Medical News; by Pauline Anderson; 1/13/25*

The number of US adults who will develop dementia each year is projected to increase from approximately 514,000 in 2020 to about 1 million in 2060, new research shows. In addition, the lifetime risk of developing dementia after age 55 is estimated at 42%. The research showed that the relative growth in dementia cases is particularly pronounced for Black adults. These new findings researchers say, “highlight the urgent need for policies that enhance healthy aging, with a focus on health equity.”

38 **ACS Annual Report: Cancer mortality continues to drop despite rising incidence in women; rates of new diagnoses under 65 higher in women than men**

*American Cancer Society press release; 1/16/25*

The American Cancer Society (ACS) today released Cancer Statistics, 2025, the organization’s annual report on cancer facts and trends. The new findings show the cancer mortality rate declined by 34% from 1991 to 2022 in the United States, averting approximately 4.5 million deaths. However, this steady progress is jeopardized by increasing incidence for many cancer types, especially among women and younger adults, shifting the burden of disease. For example, incidence rates in women 50-64 years of age have surpassed those in men, and rates in women under 50 are now 82% higher than their male counterparts, up from 51% in 2002. This pattern includes lung



cancer, which is now higher in women than in men among people younger than 65 years. These important findings are published today in [CA: A Cancer Journal for Clinicians](#), alongside its consumer-friendly companion, Cancer Facts & Figures 2025, available on [cancer.org](#).

**39 Medicare spending, insurance claim denials top concerns: KFF poll**

*Modern Healthcare; by Hayley Desilva; 1/17/25*

A majority of individuals, regardless of their political leanings, say the federal government needs to spend more on healthcare programs, according to a KFF Health Tracking Poll released Friday. The survey of 1,310 people earlier this month highlights several areas in healthcare where the public would like to see things done differently. The results were published three days before a new administration is set to take over in Washington, D.C.

**40 Where have all the doctors gone?**

*AARP Magazine; by Howard Zucker; 1/8/25*

The average wait for new patients to see a physician is 26 days, and that's for most healthy people. In a medical emergency, the situation can become even more frightening: twenty-two percent of acutely ill patients 65 or older who sought medical attention had to wait six days or more for an appointment...

*Publisher's note: An interesting article that may be behind a paywall for some readers.*

<b>Total</b>	<b>13</b>
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## A6 Regulatory and Political

### 41 **The Alliance celebrates the Dole Act becoming law, expanding access to care and benefits for veterans**

*National Alliance for Care at Home, Alexandria, VA and Washington, DC; Press Release; 1/7/25* The National Alliance for Care at Home ([the Alliance](#)) issued the following statement in response to President Biden signing S. 141, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, into law on Thursday, January 2. This landmark legislation includes several key provisions to enhance care and benefits for Veterans and their families, including Section 301, Gerald’s Law. Gerald’s Law addresses a critical gap in benefits for Veterans by ensuring that families of terminally-ill Veterans receiving Veterans Affairs (VA)-furnished hospice care—whether at home, in a nursing home, or in another non-VA setting—retain access to their full VA burial allowance. ... “We are deeply grateful for the bipartisan support that made these critical reforms possible,” said Dr. Steve Landers, CEO for the Alliance. “This legislation ensures that Veterans and their families have greater flexibility and support when accessing the care they need, whether through hospice services, home care, or other settings. ...”

### 42 **NPHI supports lawsuit to ensure proper implementation of Hospice Special Focus Program**

*National Partnership for Healthcare and Hospice Innovation, Washington, DC; Press Release; 1/16/25*

Today, a lawsuit was filed by the Texas Association for Home Care & Hospice; Indiana Association for Home & Hospice Care; Association for Home & Hospice Care of North Carolina; South Carolina Home Care & Hospice Association; and Houston Hospice. The lawsuit challenges CMS’s implementation of the hospice Special Focus Program (SFP) as unlawful and arbitrary. We acknowledge that Houston Hospice, an NPHI member, is one of the plaintiffs in this legal action, and we are committed to supporting them and others impacted by the SFP or the accompanying excel files. The hospice Special Focus Program (SFP), conceived and passed on a bipartisan basis as a part of the HOSPICE Act in 2021, was designed to address poor-quality hospice providers by offering them additional support and technical assistance to ensure compliance with the Medicare



Hospice Conditions of Participation. NPHI is extremely disappointed that CMS has departed from that Congressional intent, transforming the hospice SFP into a burden for many well-meaning hospices, with an algorithm for identifying providers based on inaccurate data and including elements that are not referenced in the statutory language. ... NPHI fully supports the litigation filed today, which aims to direct CMS to comply with the spirit and intent of the statute and regulations. [Click on the title's link to continue reading.]

43 **DEA proposes special registrations for telehealth prescribing**

*TechTarget - xtelligent Virtual Healthcare; by Anuja Vaidya; 1/15/25*

The DEA is set to publish a proposal for a special registrations framework that would allow certain healthcare practitioners to prescribe controlled substances via telehealth without performing an in-person exam first. The unpublished proposal made available on the Federal Register details the special registrations framework, which includes three types of registrations:

1. A telemedicine prescribing registration would authorize qualified clinician practitioners, including registered physicians and midlevel practitioners, to prescribe Schedule III-V controlled substances via telehealth.
2. An advanced telemedicine prescribing registration would allow specialized clinician practitioners, such as psychiatrists and hospice care physicians, to prescribe Schedule II-V controlled substances via telehealth.
3. A telemedicine platform registration would authorize covered online telehealth platforms to dispense Schedule II-V controlled substances.

<b>Total</b>	<b>3</b>
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**A7 Technology and Innovations**

44 **Why trust-based leadership is key to thriving in the Intelligent Age**

*World Economic Forum; by Belen Garijo; 1/17/25*

The recent arrival of artificial intelligence (AI) and our growing ability to harness the power of data and digital technology has propelled our world from the Industrial Age



into a new Intelligent Age. This new epoch will be unlike any other in history. By bringing together our physical, biological and digital realities, the Intelligent Age will fundamentally alter how people live and work, and how products are developed and made. It will affect the skillsets employees in many professions require, while redefining how private and public organizations collaborate. ...

45 **[How innovation is changing \[hospital\] length of stay](#)**

*HealthLeaders; by Eric Wicklund; 1/23/25*

Allina Health is using technology and new ideas to reduce the time a patient spends in the hospital. They're seeing improved outcomes, reduced costs and more capacity to treat patients who need to be hospitalized. One of the key metrics in clinical care is patient length of stay (LOS), traditionally defined as the time between a patient's admittance and discharge from a hospital. ... New technologies like AI and concepts like remote patient monitoring (RPM) and Hospital at Home are helping healthcare executives gain a better understanding of LOS, and in turn they're reducing costs and improving care management.

*Editor's note: How do these hospital technologies intersect with and impact your referrals for palliative and hospice referrals? For discharges to home health or senior facilities that receive care from your agency?*

46 **[D.C. is America's loneliest city. Can 1,000 robotic pets help?](#)**

*The Washington Post; by Olivia George; 1/27/25*

Rose Watkins, 67, says she doesn't really have anyone to talk to, not since her mother passed away. Brenda Jacobs, 70, doesn't drive anymore ... Yvonne Gathers, 74, wishes she had something ... to keep her mind from drifting back to the day she learned her son — who lived with her — was shot and killed. All three seniors live in D.C. and are now part of a new program distributing robotic pets to residents 60 and older who live in Wards 1, 7 and 8. The initiative, spearheaded by three local nonprofits, is part of a broader push nationwide to use battery-powered pets to ease the loneliness and isolation that often accompanies older age and help lessen associated health risks. The pets nuzzle, stretch and roll on their tummies for scratches. You can feel their heartbeat through their soft fur. The dogs bark and wag. The cats purr and meow. "I've been lonely, I've been depressed," Watkins said recently, stroking a beige dog with a red bandanna that turns its head when she talks. "I think this will help." The robotic pets —



Joy for All Companion Pets from parent company Ageless Innovation — “really do provide companionship and need nothing in return,” said Steve Cone, chief communications officer at nonprofit provider Capital Caring Health, one of the organizations involved in the D.C. program. “There is no upkeep, no cleanup.” [Click on the title's link to continue reading.]

**47 [UNC Health, Duke Health to build children's hospital](#)**

*Modern Healthcare; by Alex Kacik; 1/28/25*

UNC Health and Duke Health will build a freestanding children’s hospital in the Piedmont, North Carolina, area. The academic health systems plan to build a 500-bed children’s hospital, a pediatric outpatient center and a children’s behavioral health facility. The project, fueled by a \$320 million investment by the state, is set to break ground in 2027 and take six years to complete, the organizations said in a Tuesday news release.

**48 [How to prioritize AI initiatives: A strategic framework for maximizing ROI](#)**

*CIO; Opinion, by Santhosh Gottigere; 1/28/25*

... AI is highly disruptive and rapidly evolving at breakneck speed. Advanced versions of large language models (LLMs) are coming out at regular intervals with improved compute power capabilities. Those LLMs are also achieving the kind of increased accuracy scores on the [MMLU benchmark](#) leaderboard that have become synonymous with the version upgrade cycles we are all accustomed to with SaaS product releases like clockwork. ... Developing a clear and comprehensive strategic vision is the starting point of prioritizing AI initiatives with business goals. Answering the question “Why” sets the tone. Will AI — and specifically generative AI (genAI) — assist in your customer experience and retention efforts? Are you hoping it will open up or drive new lines of revenue? Or is it a “we’re not sure, but we don’t want to be left behind” situation? ... [Click on the title's link to continue reading.]

<b>Total</b>	<b>5</b>
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## A8 Speed of Change, Resiliency, and Re-Culture

### 49 [10 headwinds for health systems in 2025](#)

*Becker's Hospital Review; by Laura Dyrda; 12/23/24*

Healthcare executives are preparing for 2025, a year likely filled with profound challenges and big opportunities. From workforce shortages to financial pressures, technological advances, and policy uncertainties, 74 health system executives and leaders shared their biggest headwinds heading into next year. The big themes include:

1. Continued staff shortages
2. Financial pressures
3. Trump administration
4. Technology integration
5. Medicare Advantage
6. 340B program
7. Supply chain
8. Cyberthreats
9. Access to care
10. Private equity

### 50 [5 leadership trends that will help to shape 2025](#)

*Forbes; by Sally Percy; 12/19/24*

In our fast-moving world it's impossible to know what next year will bring. But here are five important trends for leaders to look out for in 2025:

1. We will see the rise of agentic AI...
2. ... while recognizing the value of humans
3. Fractional leadership will boom
4. Neurodiversity will be better accommodated at work
5. There will be a renewed focus on culture and wellbeing

### 51 [Hospital CEOs: What to expect from CMS next year](#)

*Becker's Hospital CFO Report; by Laura Dyrda; 12/13/24*

Healthcare providers will face more reimbursement challenges next year, S&P Global predicts, especially as demographic shifts increase the number of Medicare beneficiaries in many markets. Factors likely to pressure providers next year include:



1. A growing Medicare patient mix.
2. Steady increase of denials.
3. Medicare Advantage administrative challenges.
4. Federal emphasis on Medicare Advantage.
5. Regulatory and legislative programs to control federal payer costs.

*Publisher's note: If these are hospital challenges in the new year, how might hospices alleviate some of these pressures?*

## 52 **What 13 CEOs told Becker's about their 2025 strategies**

*Becker's Hospital Review; by Kelly Gooch, Kristin Kuchno; 12/20/24*

Hospital and health system CEOs are leading organizations through growth and adaptation to meet the demands of an evolving healthcare landscape. Amid these efforts, 13 healthcare executives shared their thoughts on healthcare strategy with Becker's, addressing topics ranging from financial challenges to partnerships with community organizations and other healthcare institutions. Below is a sampling of insights obtained from CEOs throughout the past year, representing systems with national footprints and critical access hospitals serving local communities.

1. Financial challenges
2. Capital investments
3. Mergers and acquisitions
4. Outpatient and ambulatory care
5. Employee retention
6. Strategic partnerships



53 **Today's 10-Second Question (Dec 2024) - responses**

What hospice or palliative care stories or trends do you predict we'll see in 2025?  
Thanks for participating in our brief survey! Responses fell into the following categories:

- The overlap of hospice quality, regulation, and reimbursement
- Hospice mergers and acquisitions, including the impact of private equity ownership
- Non-Traditional Medicare reimbursement (e.g., Medicare Advantage, insurance, etc.)
- Earlier advance care planning
- Local stories about hospice service areas and inpatient facilities

54 **To build a strong leadership team, invest in the middle**

*Forbes; by Marissa Morrison; 12/26/24*

An organization's success is determined by the strength of its people—most notably, its mid-level talent. These leaders are mediators, connectors, drivers and collaborators. They communicate feedback, motivate junior staff, hold teams accountable and execute company goals. They also play a crucial role in shaping culture. With all these responsibilities, it's clear why organizations need trusted mid-level talent. However, these employees often lack the developmental support they need. ... 5 Ways Organizations Can Support Middle Managers: ...

- Equip managers with the right information at the right time. ...
- Build new managers' internal confidence. ...
- Collect feedback to build and evolve your programs. ...
- Fight the urge to have fewer, longer sessions. ...
- Ensure training and support sessions are ongoing. ...



55 **What's the most impactful thing you learned this year?**

*Harvard Business Review (HBR); by Kelsey Hansen; 12/31/24*

What's one thing you learned this year that changed the way you lead? We asked HBR's global social media community this question to get a sense of the lessons our readers are taking into the new year. We've collected some highlights here so that we can all reflect and learn from one another. Our readers shared lessons learned around the importance of (truly) listening; leading with vulnerability and humility; and why we should all prioritize reflection and lifelong education. In the spirit of continuous learning, we've also included some resources to dig deeper in HBR articles and podcasts. ...

- Listen, Support, and Stay Accountable ...
- Be Open, Vulnerable, and Humble ...

Never Stop Reflecting, Learning, and Evolving ...

56 **Top Modern Healthcare stories of 2024**

*Modern Healthcare; by Mary Ellen Podmolik; 12/31/24*

Ups and downs in healthcare kept Modern Healthcare reporters plenty busy in 2024, and 2025 is shaping up as a critical year for the industry, particularly as a new administration takes over in Washington, D.C. Our reporters this year did what Modern Healthcare excels at — bringing readers the news along with the context and analysis our audience needs to stay ahead. Get ready for 2025 by catching up on some hot topics during 2024.

- Medicare Advantage 2024 enrollment: Winners and losers ...
- How Epic is courting customers outside of hospitals ...
- Meet the 100 Most Influential People in Healthcare in 2024 ...
- Why Walmart, Walgreens struggle to make healthcare profitable ...
- How CMS prior authorization rule will affect insurers ...
- [Click on the title's link to read more.]



57 **6 behaviors you must unlearn to be a relevant leader in 2025**

*Forbes; by Glenn Llopis; 1/7/25*

Leadership today isn't what it used to be. Gone are the days when a title or a corner office automatically commanded respect. Today, business leaders need more than authority, they need relevance. But being a relevant leader is not just about adopting new behaviors; it's about unlearning bad habits. Especially those that do more harm than good. ... Here are six behaviors you must unlearn that once felt relevant and now may be holding you back. I've also included the six behaviors you must relearn.

1. Stop Controlling Everything ...
2. Transactional Leadership ... "leadership is more than ticking items off a to-do list. Your team needs presence." ...
3. Always Need to Lead ...
4. Playing It Safe ...
5. Separating Work and Emotion ...
6. Holding On to Bad Habits ...

Being a relevant leader is about being curious, adaptable, and grounded in reality. Leadership is not static. It's a continuous process discovery plus action.

	<b>Total</b>	<b>9</b>
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**A9 The Human Factor**

58 **Living a life without regret: What final reflections teach us**

*Advisorpedia; by Ryan Poterack; 1/2/25*

Reflecting on life's journey often brings to light common regrets that many individuals share as they near the end of their lives. Insights from Bronnie Ware, a former palliative care worker, reveal the five most prevalent regrets expressed by her patients:

1. Not living authentically: ...
2. Working too hard: ...
3. Suppressing feelings: ...



4. Neglecting friendships: ...
5. Not choosing happiness: ...

59 **Johns Hopkins Medicine CEO: 'Bring the joy back to medicine'**

*Becker's Hospital Review; by Kristin Kuchno; 12/19/24*

One year after Theodore DeWeese, MD, assumed permanent leadership of Johns Hopkins Medicine, he remains focused on enhancing patient care and bringing care closer to home. ... Dr. DeWeese shared his strategies for 2025 with Becker's, in areas such as employee retention, capital investments and community partnerships. ... Dr. Theodore DeWeese: Health systems across the country are facing a workforce shortage that will likely get worse over the next decade. ... Given the shortage, part of our approach to retention is focusing on the culture of our organization and investing in the well-being of our employees and career development of the provider workforce. We are working to bring the joy back to medicine by creating a culture where everyone can thrive, whether it's by easing the administrative burden that clinicians face or offering greater flexibility for front-line workers. ...

60 **If you've overcome these 9 challenges in life, you're more resilient than you think**

*Personal Branding Blog; by Lucas Graham; 1/21/25*

Resilience isn't always about being unshakable or invincible. Sometimes, it's just about surviving the chaos, picking yourself up after the mess, and somehow finding the courage to keep going. In the moment, it's hard to see how strong you really are—you're just trying to make it through. But when you pause and look back, you realize the grit it took to get here. ... [If] you've been through these nine challenges and made it out, you're way more resilient than you give yourself credit for.

1. Life throws curveballs ...
2. You've faced financial hardship ...
3. You've overcome a health crisis ...
4. You've dealt with loss ...
5. You've been through failure ...
6. You've healed from emotional wounds ...
7. You've survived isolation ...



- 8. You've tackled self-doubt ...
- 9. You've stepped out of your comfort zone ...

*Editor's note: What does this article have to do with hospice and palliative leadership? Each patient and/or caregiver's history of resilience absolutely impacts how they cope now, what they need and expect, and their individualized Plans of Care. Clinically, such [life review](#) inherently unfolds for most persons receiving hospice patient and/or surviving caregivers/families receiving grief care. Organizationally, resilience is crucial to successfully navigating leadership challenges. Selecting from these for [Behavioral Interviewing](#) of employee candidates can generate significant insights, like, "Tell us about a time when you stepped out of your comfort zone."*

<b>Total</b>	<b>3</b>
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### A10 Highlighted Articles of Interest

61 [An unimaginable year for UnitedHealth](#)

*Becker's Payer Issues; by Jakob Emerson; 12/30/24*

The year 2024 will be remembered as one full of unprecedented challenges and turmoil for the nation's largest healthcare company. From the tragic and targeted killing of UnitedHealthcare CEO Brian Thompson to a crippling cyberattack on subsidiary Change Healthcare, UnitedHealth Group has faced a cascade of crises that affected the entire healthcare industry. These major events, compounded by legal battles and heightened public scrutiny, have exposed systemwide vulnerabilities and sparked a broader reckoning about the role of insurers within healthcare. ... Adding to the turbulence, the Justice Department is [actively investigating](#) the relationship between UnitedHealthcare and Optum, while also [suing to block](#) the company's planned \$3.3 billion acquisition of home health provider Amedisys.

62 [From immortality to ugly people: 100-year-old predictions about 2025](#)

*Akron Beacon Journal; by Mark J. Price; 12/30/24*

Nearly 100 years ago, a group of deep thinkers dared to imagine what life would be like in 2025. Some of their prophecies were completely off target, while others proved to be weirdly accurate. [Including:]



- The future looked ugly to Albert E. Wiggam, an American psychologist. According to his calculations, homely, dull people were having more children than beautiful, intelligent people. "If we keep progressing in the wrong direction, as we have been doing, American beauty is bound to decline and there won't be a good-looking girl to be found 100 years from now," he told an audience in Brooklyn, New York. Looking around the auditorium, he added: "However, this lack is not apparent yet, especially here in Brooklyn."
- Thanks to science, people would live to be 150 years old... The advances of medicine and surgery will have been such that most of the ailments and limitations of old age will have been eliminated. Life will be prolonged at its maximum of efficiency until death comes like sunset, and is met without pain and without reluctance. There will be no death from disease, and almost any sort of injury will be curable.
- In a hundred years, there will not be numerous nations, but only three great masses of people — the United States of America, the United States of Europe and China.
- The earth will be under one government, and one language will be written and understood, or even spoken, all over the globe.
- People would use a pocket-sized apparatus for communications to see and hear each other without being in the same room.
- Horse-drawn vehicles are fast disappearing from our streets, but jackass-driven automobiles will still be with us 100 years from now.

*Publisher's note: An interesting and entertaining article about predictions. The article includes many more predictions - enjoy!*

63 **California wildfires live updates: Pacific Palisades wildfire grows rapidly**

*NBC News - Live Coverage; 1/7/2025*

What we know about the California wildfires:

- A dangerous windstorm fanned blazes in the Los Angeles area, including the Palisades Fire, while millions of people across Southern California are under a red flag warning.
- The Palisades blaze has burned more than 1,200 acres as of this afternoon, and its cause is under investigation.
- Nearly 30,000 people have been ordered to evacuate to safety.





- The blaze has exploded because of a combination of dry conditions and powerful winds, which are likely to strengthen further overnight.

*Editor's note: Are you ready for emergencies in your service areas? [Click here for the CMS.gov Emergency Preparedness Rule](#). [Click here for Wisconsin's CMS Emergency Preparedness Rule Toolkit: Hospices](#).*

#### 64 **The most-Googleed health questions of 2024**

*Becker's Health IT; by Mackenzie Bean; 12/30/24*

The findings reveal Americans' curiosity about infectious diseases, daily wellness practices and chronic conditions. The most popular query, "Is bronchitis contagious?" amassed 176,000 monthly searches... The most-searched health questions on Google in 2024:

1. Is bronchitis contagious?
2. Is pneumonia contagious?
3. What is lupus?
4. How much water should you drink a day?
5. Is strep throat contagious?
6. How long does the flu last?
7. What causes high blood pressure?

See the most-Googleed health questions for each state [here](#).

#### 65 **Hospice CEO's top predictions for 2025**

*Hospice News; by Jim Parker; 1/10/25*

Hospice News spoke with a group of industry leaders about the most pressing market forces and trends that will shape the space during 2025. Their comments carried some common threads, including rising demand for care in the home, continued labor pressures, industry consolidation and intensifying regulatory scrutiny. They also spoke



about the need for greater integration of hospice into the larger health care continuum and the benefits of operators broadening their scope of services. During these conversations, four key themes rose to the forefront for the coming year.

- A drive towards integration ...
- Demand grows despite blustery staffing headwinds ...
- A drive towards oversight and reform ...
- A rising tide for M&A with broader range of services ...
- [Click on the title's link for details and CEO quotes]

66 **Trump freezes HHS communications: report**

*Modern Healthcare Alert; by Bridget Early; 1/22/25*

The Health and Human Services Department and its agencies are going silent for now, according to the Washington Post. On Tuesday, the day after President Donald Trump's inauguration, HHS received an order to halt all outbound communications, including health advisories, weekly reports, research, website updates and social media posts, the newspaper reported. The Washington Post [reports](#) that the pause has no definitive end date and that the decree does not specify whether exceptions will be made for disease outbreaks or other urgent situations. The directive applies to agencies such as the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the National Institutes of Health and the Substance Abuse and Mental Health Services Administration.

67 **Stillwater Hospice CFO: A winning recipe for improving rural hospice care**

*Hospice News; by Holly Vossel; 1/23/25*

Montana-headquartered Stillwater Hospice has found a successful rhythm to strategic rural-based growth and sustainability. The strategy hinges on building culture, staffing resources and a reputation for quality, according to CFO and Co-founder Chris Graham.



Launched in 2017, the hospice company serves predominantly rural-based populations in Montana, northern Wyoming and South Dakota. ... What are the most significant concerns among rural-based hospice providers currently? How have the challenges of rural care delivery evolved in recent years? "Staffing is very hard. You've got to find staff who are willing and like to travel because they have a lot of windshield time. It's also the logistics of remote care. We have patients that live 75 miles or more outside of a town, then once you get there it's another 20 miles on a dirt road that could be covered in snow and ice. ..." [Click on the title's link to continue reading.]

68 **We need to talk about hospice**

*MedCity News; by Skelly Wingard, Asher Perzigian and Elizabeth Annis; 1/28/25*

In the quiet corners of healthcare, there's a conversation that needs to be had. It's a conversation about hospice — a critical yet often misunderstood part of end-of-life care. ... Nearly three-quarters of hospice care agencies are for-profit ownership. ... The impact of these acquisitions on the industry is complex. ... On the one hand, these investments can bring valuable resources to hospice care, funding geographic expansion, scaling technological infrastructure, improving facilities and enhancing services. On the other hand, a strong focus on efficiency and optimization has led to challenges such as staff burnout, higher turnover, and decreased patient satisfaction when compared with non-profits. Coupled together, this complexity can contribute to reduced quality of care due to cost-cutting measures, aggressive marketing leading to overuse of services, increased billing and fraud and a lack of community investment. Not all for-profit hospices operate this way. ... [Click on the title's link to continue reading.]

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