



## Top News Stories of the Month, July 2024

Article Summary		
Category	#	%
A1 Mission Moments	7	8.8
A2 Reimbursement Challenges, Warning Signs, and Implications	14	17.5
A3 Competition to be Aware of	12	15
A4 Workforce Challenges	13	16.3
A5 Patient, Family, and Future Customer Demographics and Trends	11	13.8
A6 Regulatory and Political	10	12.5
A7 Technology and Innovations	7	8.8
A8 Speed of Change, Resiliency, and Re-Culture	1	1.3
A9 The Human Factor	1	1.3
A10 Highlighted Articles of Interest	4	5
<b>Totals</b>	<b>80</b>	<b>100.3</b>

### A1 Mission Moments

1 [Dwayne Johnson sings Moana song for a 4-year-old girl in home hospice care: 'It's my honor'](#)

*People; by Tommy McArdle; 4/2/24*

Dwayne Johnson said the Make-a-Wish Foundation connected him with the family of a young girl who "watches 'Moana' every day, all day." Dwayne made a special video for a major *Moana* fan. On July 1, the actor, 52, shared a video on [Instagram](#) in which he said the [Make-a-Wish Foundation](#) had reached out to him with an urgent request to send a message to a 4-year-old girl named Lily Guerrero, who Johnson said is currently on home hospice care. "A 'rush' wish means what the implication sounds like, which is time is just not on our side when it comes to this particular wish," Johnson said in the video. "This rush wish is that Lily is on home hospice now and she watches *Moana* every day, all day, her dad said. Her wish is to have Dwayne Johnson sing 'You're Welcome' to her and have it recorded so she can listen to it over and over and over and over." [Click on



the title's link to view the article and its video of Dwayne Johnson telling the public about Lily and singing to her.]

2 **[Families, volunteers share stories of finding peace through hospice](#)**

*Salina Post; by Cristina Janney, Hays Post; 6/29/24*

This is a two-part series on hospice care in northwest Kansas. Dalene Juenemann and her father, Dean, had to make the difficult decision to enter hospice care after he was diagnosed with bladder cancer. "He was just such a social guy and someone was in a couple times a week," she said. "They were checking in on him and it was that security blanket he had." ... He didn't want to go through aggressive chemo and he didn't qualify for a bladder removal because of his age. "He chose quality of life," she said. "It was that final decision that we are done with everyone wanting a piece of me. I'm just going to enjoy life," she said. Dalene's father, Dean Shearer, was a patient of NWKareS, Hospice of Northwest Kansas, which serves 16 counties from Interstate 70 to the Nebraska border and Trego County to the Colorado border. ... She said the extra care hospice offered allowed her to just be a daughter to her father as he was dying. [Click on the title's link to continue reading stories from families and volunteers at NWKareS.]

3 **[Veteran Honored: 101-year-old recognized for bravery on the battlefield](#)**

*The Glendale Star, Tempe AZ; by Lin Sue Flood; 7/5/24*

At the tender age of 18, Ned Kent joined the Army. That was January 1940 ... and he served faithfully through July 1945 ... [Kent] fought on the front lines of the Battle of the Bulge in Belgium. He and his troop won a Bronze Heart for their heroic actions in storming Normandy while under German bombardment on D-Day, now over 80 years ago. His daughter Debi is enormously proud of his courage. "My dad is a hero, but my dad is also a humble man," she said. Proving her point, the 101-year-old was quick to add, "I'm no hero. I just served in the Army." But those five years of service were difficult to talk about. It took Kent decades to open up about what he experienced, including the horrors witnessed while liberating a concentration camp. One of the people he shared openly with was Hospice of the Valley social worker Roberta Fellows. Once she



learned about his time in the service, she was determined to give him some much-needed recognition for all he endured. *[Click on the title's link to continue reading.]*

4 **[\[Global Partners in Care\] 25 Years of Compassion and Impact](#)**

*eHospice; 7/9/24*

In 2024, Global Partners in Care (GPIC) celebrates its 25th anniversary. Over the past 25 years, GPIC has been dedicated to enhancing access to compassionate care for individuals and families across the globe who face serious illness, death and grief. This silver anniversary is a significant milestone in the history of the organization. Not only does it provide an occasion to reflect on the impact the organization has made, but it also provides an opportunity to consider numerous future possibilities.

- Origins and Evolution: Global Partners in Care began as the Foundation for Hospices in Sub-Saharan Africa (FHSSA). During a professional tour to hospices in South Africa and Zimbabwe, U.S. hospice leaders witnessed the devastating impact of the HIV/AIDS pandemic across the region. ... In 2004, it became an affiliate of the National Hospice and Palliative Care Organization (NHPCO), allowing direct connection with NHPCO's membership and expanding the scope of their work. ...
- Expanding Horizons ...
- Our Impact ...
- Embracing Our Principles into the Future ...

To join our mission or learn more about Global Partners in Care, contact us at [info@globalpartnersincare.org](mailto:info@globalpartnersincare.org).

*Editor's Note: We celebrate Global Partners in Care and thank you for your compassionate, strategic mission, vision and perseverance through its beginnings, developments, and ahead. We remember those leaders who saw needs and created*



solutions. We honor the many USA hospice organizations who have partnered with FHSSA/GPIC.

5 **Married 'soulmates' spent final days side by side**

*BBC News, United Kingdom; by Isaac Ashe; 7/13/24*

Two married "soulmates" who died from terminal cancer within days of each other were able to spend their last moments together side by side. Chris and Lynne Johnson, from Bolsover in Derbyshire, had been married for 52 years before both were diagnosed with cancer and eventually moved to Ashgate Hospice in February. The hospice arranged for the pair's beds to be placed in the same room, allowing them to hold hands in Mrs. Johnson's final moments. Eight days later, Mr Johnson then died with his brother Alwyn and the couple's pet dog Tess by his side. ... Their daughter, Julie Whittaker, has decided to now share the story and is now calling on the government to review funding so more people can access end-of-life services. "Not only do all people deserve the end-of-life care that my parents received, but when patients are in a hospice instead of a hospital, it takes the strain off the NHS [National Health Services, UK]."

6 **Woman radiates joy as she wears a wedding gown for the first time after 77 years of marriage**

*Scoop; by Rima Biswas; 7/16/24*

When this 97-year-old got married, she didn't have a proper wedding gown. She got to live this dream after 77 years of marriage thanks to a hospice facility. On King and her husband's 77th wedding anniversary, her dream of wearing a wedding dress finally came true. The staff of St. Croix Hospice in Iowa helped the then-97-year-old King to get dressed in all white and a veil to walk down the grassy lawn to celebrate her wedding anniversary. The hospice facility made a small but special arrangement to help



the veteran couple reenact their wedding memories, getting everyone emotional in the process.

7 **Why are some people happy when they are dying?**

*StudyFinds; by The Conversation, Mattias Tranberg, Lund University; 7/18/24*

Simon Boas, who wrote a candid account of living with cancer, passed away on July 15 at the age of 47. In a recent BBC interview, the former aid worker told the reporter: "My pain is under control and I'm terribly happy – it sounds weird to say, but I'm as happy as I've ever been in my life." It may seem odd that a person could be happy as the end draws near, but in my experience as a clinical psychologist working with people at the end of their lives, it's not that uncommon. There is quite a lot of research suggesting that fear of death is at the unconscious center of being human. William James, an American philosopher, called the knowledge that we must die "the worm at the core" of the human condition. But a study in *Psychological Science* shows that people nearing death use more positive language to describe their experience than those who just imagine death. This suggests that the experience of dying is more pleasant – or, at least, less unpleasant – than we might picture it.

*Editor's Note: [Click here for the study](#), Goranson, A., Ritter, R. S., Waytz, A., Norton, M. I., & Gray, K. (2017). Dying Is Unexpectedly Positive. *Psychological Science*, 28(7), 988–999. <http://www.jstor.org/stable/44577785>.*

<b>Total</b>	<b>7</b>
--------------	----------

**A2 Reimbursement Challenges, Warning Signs, and Implications**

**A. General to Hospice**

8 **38 hospitals, health systems cutting jobs**

*Becker's Hospital CFO Report; by Kelly Gooch; 6/28/24*

A number of hospitals and health systems are reducing their workforces or jobs due to



financial and operational challenges. [Listed] are workforce reduction efforts or job eliminations announced this year [by Becker's]. June:

- Winston-Salem, NC-based Novant Health is laying off 81 IT workers ...
- Middletown, NY-based Garnet Health laid off 26 employees ...
- West Monroe, LA-based Glenwood Regional Medical Center ... laid off 23 employees ...
- Cleveland-based University Hospitals is reducing its leadership structure by more than 10%, as part of its more than 300 layoffs ...
- Portland-based Oregon Health & Science University told staff June 6 that it plans to lay off at least 500 employees, citing financial issues.

## 9 **The promise and challenge of value-based payment**

*JAMA Internal Medicine; by Daniel K Shenfeld, Amol S Navathe, Ezekiel J Emanuel; 7/24*

Fee-for-service (FFS) systems pay physicians and health care institutions based on the number of services provided, whereas value-based payment (VBP) links payment to quality and outcomes. In 2021, the Centers for Medicare & Medicaid Services (CMS) announced the goal to use VBP for all Medicare beneficiaries' health care by 2030. Some commercial insurers are also aligning their contracts to VBP. This broad alignment stems from increasing recognition that to reduce health care costs, incentives must be realigned to change practice patterns, prioritizing quality and cost lowering over quantity of services... Paying for value rather than more health care is without any question a wise approach. VBP fits with the intrinsic motivation of doing good, which led most physicians to medicine. Yet, achieving this is difficult due to operational and financial challenges inherently associated with the transition to VBP. A more efficient, economical method of assessing the underlying risk of a population and measuring the value and quality of care is needed. Various stakeholders across the public and private sectors are working to realize this vision.





10 [\*\*C-TAC: CMS' 'Palliative' Definition in 2025 Proposed Hospice Rule 'Misaligned, Problematic'\*\*](#)

*Hospice News; by Holly Vossel; 7/12/24*

Efforts to establish potential payment mechanisms for high-acuity palliative services within the Medicare Hospice Benefit will require greater clarity from regulators, according to the Coalition to Transform Advanced Care (C-TAC). The U.S. Centers for Medicare & Medicaid Services' (CMS) [2025 proposed hospice payment rule](#) contained a request for information (RFI) on the potential implementation of reimbursement pathways for "high intensity palliative care services," such as chemotherapy, blood transfusion and dialysis. CMS in its proposed [rule](#) indicated that, "Hospice care changes the focus of a patient's illness to comfort care (palliative care) for pain relief and symptom management from a curative type of care." C-TAC's recommendations are as follows: *[Click on the title's link to read more.]*

11 [\*\*Chevron deference derailed\*\*](#)

*The Rowan Report; by Kristin Rowan; 7/12/24*

... Chevron Deference in Home Health: Since the advent of the PDGM model, CMS has calculated payment rates based on its interpretation of budget neutrality. The National Association for Home Care and Hospice [NAHC] has disputed the validity of both the interpretation of budget neutrality and the formulas used to calculate it. Last year's 2024 CMS Proposed Rule cut payment rates even further with a 2.890% Budget Neutrality permanent payment rate adjustment and a temporary rate adjustment to account for alleged overpayments from 2020-2022. The lawsuit filed against CMS in response to the 2024 Final Rule was dismissed. NAHC began pursuing an administrative review with CMS. *[Click on the title's link to continue reading the discourse between CMS and NAHC, specific to home health.]*

12 [\*\*Does Medicare pay for dementia care? Here's what coverage you can expect for treatments and therapies\*\*](#)

*Aol - Fortune; by Margie Zable Fisher; 7/18/24*



Age-related memory loss is common, but more serious memory problems may be a sign of [dementia](#), which is not a normal part of aging. ... Dementia patients have a variety of medical issues. "In addition to symptoms related to dementia, the overwhelming majority of dementia patients have one or more chronic health conditions," says Matthew Baumgart, Vice President of Health Policy, at the Alzheimer's Association. Medicare (and Medicare Advantage) provide some coverage for dementia, beginning with the diagnosis, says Baumgart. *[Click on the title's link for practical, user-friendly information about what Medicare provides arose the trajectory of dementia's progression. CMS's new GUIDE pilot program is described.]*

13 [\*\*Keys to negotiating ACO palliative care contracts\*\*](#)

*Hospice News; by Molly Bookner; 7/22/24*

Accountable Care Organizations (ACOs) are key for scaling palliative care through value-based models. Hospices and palliative care providers can collaborate with ACOs by becoming members of those organizations themselves, or by contracting with them through a preferred provider network. These arrangements allow for the negotiation of mutually beneficial terms that are tailored to the needs and characteristics of patient populations. However, successfully negotiating such contracts requires a strategic approach and a deep understanding of ACOs' priorities. As the U.S. Centers for Medicare & Medicaid Services (CMS) moves to align all Medicare beneficiaries with an accountable care relationship, these negotiations will become even more paramount.

14 [\*\*NAHC President Bill Dombi: Hospices in for a 'bumpy ride to new era'\*\*](#)

*Hospice News; by Holly Vossel; 7/23/24*

The Medicare Hospice Benefit is ripe for change nearly four decades after its establishment, but moving the needle will include a heavy lift around evolving regulations. This is according to Bill Dombi, president of the National Association for Home Care & Hospice (NAHC). The hospice industry is undergoing tremendous changes amid rising demand and increased regulatory oversight, Dombi said at NAHC's





Financial Management Conference in Las Vegas. ..." [Hospice] hospice has moved into a new era. It's a very mature benefit at this point and all signs are that people in Congress and at [the U.S. Centers for Medicare & Medicaid Services (CMS)] think it's overdue for some reform. Hospice is facing potential massive reform." Among the signs of major reform on the horizon is an intensified survey and [auditing climate](#) in recent years, Dombi stated.

15 [Medicare physician pay has plummeted since 2001. Find out why.](#)

*American Medical Association - AMA; by Tanya Albert Henry; 7/17/24*

Medicare physician payment—often called Medicare reimbursement—must be tied to an inflation index called the Medicare Economic Index (MEI). As part of its campaign to fix the unsustainable Medicare pay system, the AMA has outlined in a quick, easily navigable fashion why this payment fix needs to happen now. ... The AMA's two-page explainer on the Medicare Economic Index (PDF) outlines how it incorporates these two categories reflecting the resources used in medical practices:

- Physician practice costs ...
- Physician compensation ...

... The AMA is leading the charge to reform the Medicare payment system

16 [Medicare Program: FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements](#)

Federal Register; 7/30/24

Highlights include finalization of a 2.9% increase in payment rate and Hospice Cap of \$34,465.34 for FY 2025.

**B. Medicare Advantage**

17 [Lawmakers say CMS should ban Medicare Advantage's use of AI to deny care](#)

*McKnight's Long-Term Care News; by Josh Henreckson; 6/26/24*



The Centers for Medicare & Medicaid Services should consider banning artificial intelligence from being used to deny Medicare Advantage coverage pending a “systematic review,” a group of 49 congressional leaders is urging. ... Skilled nursing providers have been sounding the alarm for years on Medicare Advantage coverage access, especially when informed by AI and other algorithms. Sector leaders have frequently noted that these methods can deny or prematurely end coverage for patients who need it to afford necessary long-term care. Providers and consumer advocates both spoke out in favor of the lawmakers’ letter this week. “LeadingAge’s nonprofit and mission driven members ... have firsthand experience of Medicare Advantage (MA) plans’ inappropriate use of prior authorization to deny, shorten and limit MA enrollees’ access to medically necessary Medicare benefits,” wrote Katie Smith Sloan, president and CEO of LeadingAge. ... “Implementation by [the] Centers for Medicare and Medicaid Services (CMS), which we fully support, would ensure MA plans fulfill their obligation to provide enrollees equitable access to Medicare services.”

18 [10 key Medicare Advantage updates in 2024](#)

*Becker's Payer Issues; by Rylee Wilson; 6/27/24*

The first half of 2024 brought shifting trends for Medicare Advantage. Payers continued to warn of rising medical costs in the MA population, and some are predicting they will lose members next year. Insurers picked up a win in June when CMS said it would recalculate star ratings for 2024. Here are 10 key Medicare Advantage updates to know:

1. CMS recalculated Medicare Advantage plans' star ratings ...
2. Some Medicare Advantage insurers may **pare down** their plan offerings in 2025 ...
3. Hospitals' contentious relationship with MA plans continued in the first half of 2024 ...
4. The two-midnight rule took effect at the beginning of 2024 ...
5. A co-branded Medicare Advantage plan offered by UnitedHealthcare and Walmart will come to an end ...
6. CMS issued its final 2025 Medicare Advantage and Part D rule in April, setting new standards around marketing, broker payments and prior authorization ...



- 7. CMS finalized a slight decrease in Medicare Advantage benchmark payments for 2025 in April ...
- 8. Don Berwick, MD, who served as CMS administrator during the Obama administration, told *Becker's* he would like to see Medicare Advantage "slowed or stopped."
- 9. The Cigna Group reached a [deal](#) to sell its Medicare business to Health Care Service Corp. for \$3.3 billion
- 10. Though MA enrollment keeps climbing, the program may not have the profitability [it once did](#) for insurers ...

19 [\*\*How well does Medicare cover end-of-life care? It depends on what type\*\*](#)

*Medical Xpress; by Mark Harden, CU Anschutz Medical Campus; 7/19/24*

Not all versions of Medicare are created equal—and when it comes to end-of-life care, some versions may serve a patient's needs better than others. That's the focus of newly published research by Lauren Hersch Nicholas, Ph.D., MPP, a University of Colorado Department of Medicine and CU Cancer Center health economist, and her colleagues. The researchers analyzed the experiences of more than a million people receiving Medicare-funded services in the last six months of their lives. ... Their paper was [published](#) July 19 in *JAMA Health Forum*. What Nicholas and her colleagues found is that the kind of Medicare a patient is enrolled in can make a difference in whether that patient gets certain treatments, and whether the patient dies in a hospital or in hospice care.

20 [\*\*Medicare-Covered Services Near the End of Life in Medicare Advantage vs Traditional Medicare\*\*](#)

*JAMA Health Forum; by Lauren Hersch Nicholas, Stacy M Fischer, Alicia I Arbaje, Marcelo Coca Perrillon, Christine D Jones, Daniel Polsky; 7/24*

Financial incentives in Medicare Advantage (MA), the managed care alternative to traditional Medicare (TM), were designed to reduce overutilization. For patients near the



end of life (EOL), MA incentives may reduce potentially burdensome care and encourage hospice but could also restrict access to costly but necessary services. MA enrollment was associated with lower rates of potentially burdensome and facility-based care near the EOL. Greater use of home-based care may improve quality of care but may also leave patients without adequate assistance after hospitalization.

21 **[How Medicare Advantage, traditional Medicare differ on end-of-life care](#)**

*Becker's Payer Issues; by Rylee Wilson; 7/24/24*

Medicare Advantage enrollees were less likely to receive burdensome treatments or transfers in the last months of life compared to their peers in traditional Medicare, a [study](#) published July 19 in *JAMA Health Forum* found. MA beneficiaries were less likely to die in a hospital than their counterparts in traditional Medicare, the study found. MA enrollees were more likely to receive home-based care at the end-of-life. This home-based care can improve quality but can also leave patients without adequate assistance after a hospitalization, the study's authors wrote. Though Medicare Advantage beneficiaries were less likely to be hospitalized during the last months of life than their counterparts in traditional Medicare, once hospitalized, MA enrollees were more likely to die in the hospital and less likely to be discharged to rehabilitative or skilled nursing facilities.

<b>Total</b>	<b>14</b>
--------------	-----------

**A3 Competition to be Aware of**

22 **[Why one hospital merger stands out among the rest](#)**

*Becker's Hospital Review; by Andrew Cass; 7/3/24*

Two rival hospitals in Terre Haute, Ind., seeking to merge are the first to test the state's certificate of public advantage (COPA) law, *The Washington Post* reported July 3. Five things to know:

1. In September, Union Health announced plans to acquire Terre Haute Regional Hospital, which is part of Nashville, TN-based HCA Healthcare.



2. The Indiana Department of Health will decide whether to permit the deal under the state's [COPA law](#), which passed in 2021. ...
3. More than a dozen states have enacted COPA laws, which allow state regulators to approve deals that the Federal Trade Commission would otherwise consider illegal because they reduce competition ...
4. Stipulations for Indiana's COPA law include that the hospitals must be located in a predominantly rural county that has a population of less than 140,000 and is not contiguous to a county with a population of more than 250,000.
5. The largest COPA-created health system in the country is Johnson City, Tenn.-based Ballad Health, which resulted from the merger of Mountain States Health Alliance and Wellmont Health System, according to the report. ...

23 **[Palliative provider Thyme Care secures \\$95M in funding round](#)**

*Hospice News; by Jim Parker; 7/17/24*

The oncology-focused value-based enabler Thyme Care has completed a \$95 million funding round that includes \$55 million in equity funding. The company offers palliative care in addition to other services. In May, Thyme Care launched a new palliative care telehealth offering, branded as Enhanced Supportive Care. Thyme Care will use the new infusion of investment dollars to expand to new geographies, build new partnerships with oncologists, primary care practices and health plans, according to a press release.

24 **[Private nursing services market hits USD 1179 billion by 2032](#)**

*Market.US; by Trishita Deb; 7/17/24*

The Global Private Nursing Services Market, valued at USD 609.7 billion in 2022, is poised for substantial growth. It is projected to reach USD 1179 billion by 2032, expanding at a consistent annual growth rate of 7%. This growth is primarily driven by several critical factors. Firstly, the increasing aging population worldwide necessitates more personalized and attentive healthcare services, which private nursing can provide. Secondly, the rise in chronic diseases, which require long-term care, significantly



contributes to the demand for private nursing services. Technological advancements and increased healthcare expenditures also play vital roles in enhancing the service quality and accessibility in this sector.

25 **[Keeping for-profits out of hospices in New York State: A moral imperative](#)**

*Mid Hudson News, Albany, NY; 7/28/24*

In recent years, the debate surrounding the role of for-profit entities in healthcare has intensified, particularly concerning the hospice sector. New York State, known for its robust healthcare infrastructure and progressive policies, now faces a critical decision: whether to allow for-profit companies to operate hospices. The implications of this decision are profound, as it touches on the very essence of what hospice care represents—compassion, dignity, and support at the end of life. The New York State Assembly is taking action by introducing [Assembly Bill 6032](#), aimed at restricting the expansion of for-profit hospices across the state and preventing existing providers from increasing their capacity.

26 **[New proposed federal legislation takes aim at concerns regarding perceived “looting” of health care systems by private equity investors](#)**

*JDSupra - Epstein Becker Green; by Melissa Jampol, Enrique Miranda, Kathleen Premo; 7/26/24*

On June 11, 2024, U.S. Senators Ed Markey and Elizabeth Warren from Massachusetts, introduced proposed legislation titled The Corporate Crimes Against Health Care Act (“CCAHC”), aimed at addressing a perceived “looting” of health care systems by for profit private equity investors. According to Sen. Warren, the bill was introduced to “root out corporate greed and private equity abuse in the health care system,” “prevent exploitative private equity practices,” and to specifically ensure that actions such as “looting” do not happen again by addressing trigger events and targeting real estate investment trusts. ... Finally, the CCAHC would require health care entities, including, but not limited to: ... a hospice program, a home health agency, ... to publicly report to the Secretary of Health and Human Services on an annual basis: (i) transactions entered into ... *[Click on the title's link to continue reading.]*

27 **[Humana to takeover 23 Walmart Health locations with new CenterWell senior care clinics. Here's where](#)**

*Louisville Courier Journal; by Olivia Evans; 7/25/24*





Humana, the Louisville-based health insurance giant, has announced its health care services branch of the company, CenterWell, will open 23 senior primary care centers in Walmart Supercenters. The centers will operate under the CenterWell Senior Primary Care and Conviva Care Centers brand names, according to a press release from Humana.

28 **[Optum closing clinics, laying off 500+](#)**

*Becker's Health IT; by Jakob Emerson; 7/25/24*

Optum is closing clinics in multiple states and laying off 524 employees across California. According to regulatory documents filed July 18, the UnitedHealth Group company will terminate the California employees from Sept. 16 through January 2025 at clinic and administrative office locations in Hayward, Glendora, Montbello, Covina, Pasadena, Long Beach, Los Angeles, Irvine, Beaumont, Redlands, Highland, El Segundo, and Cerritos. The layoffs include some remote employees in other states. At Optum California's corporate office in El Segundo, 64 individuals will be laid off. Another 157 employees will be laid off at an office in Cerritos.

***A. Mergers & Acquisitions***

29 **[Amedisys to divest certain home health locations to VitalCaring, clearing path for UnitedHealth Group deal](#)**

*Home Health Care News; by Andrew Donlan; 6/28/24*

Amedisys Inc. filed paperwork Friday with the U.S. Securities and Exchange Commission saying it has agreed to divest "certain" locations to an affiliate of home health and hospice company VitalCaring. The divestiture was a way for Amedisys to avoid further antitrust concerns from regulators prior to it joining UnitedHealth Group. UnitedHealth Group's Optum agreed to purchase Amedisys last June for a purchase price of \$3.3 billion. Optum already owns LHC Group, another one of the largest home health companies in the country. The Baton Rouge, Louisiana-based Amedisys has 521 care centers in 37 states and the District of Columbia. It offers home health, hospice, palliative and home-based high-acuity care.

30 **[20 massive physician group deals shaping the industry](#)**

*Becker's ASC Review; by Patsy Newitt; 7/12/24*

Facing increasing obstacles to access economies of scale, including rising practice costs



and decreasing reimbursement, physician groups are increasingly consolidating. Here are [several of the] 20 physician group deals [listed that have been] shaping the industry since 2022:

- Amazon ...
- Ascend Capital Partners ...
- CVS Health ...
- OneOncology ...
- Optum ...
  - In 2023, Optum [merged](#) with Amedisys, a home health and hospice provider, in a deal valued at \$3.26 billion.
  - In 2022, Optum [acquired](#) home healthcare business LHC Group for around \$5.4 billion. Lafayette, La.-based LHC Group offers in-home health and hospice care from 964 locations in 37 states.
- Walgreens

31 **[Pennant acquires Signature Healthcare at Home assets for \\$80M](#)**

*McKnights Home Care; by Adam Healy; 7/11/24*

The Pennant Group, a provider of home health, personal care, hospice and senior living services, disclosed ... that it agreed to purchase assets of certain Signature Healthcare at Home affiliates for \$80 million. Signature provides home health and hospice services in Oregon, Washington and Idaho, and its 650 staff members serve more than 12,000 patients annually, according to an 8-K filing with the Securities and Exchange Commission. Pennant's acquisition of Signature's Washington and Idaho assets is expected to close on Aug. 1, while its acquisition of Signature's Oregon assets is expected to close January 1, 2025.

32 **[Senior living and care on track to set mergers and acquisitions record](#)**

*McKnights Senior Living; by Kathleen Steele Gaivin; 7/18/24*

Mergers and acquisitions involving senior living communities and skilled nursing



facilities set a new quarterly record of 183 publicly announced transactions in the second quarter, and when annualized, the sector is on track to set a new yearly record as well. That’s according to data released this week by LevinPro LTC. The number of mergers and transactions in the second quarter was **21% higher** than the 151 transactions recorded in the first quarter and 49% higher than the 123 deals in the second quarter of 2023.

33 **[Empath Health, Trustbridge leaders are setting home health sights high after integration](#)**

*Home Health Care News; by Joyce Famakinwa; 7/26/24*

Empath Health is a company in transition. In the spring, it completed an affiliation process with Trustbridge, which formed the largest nonprofit post-acute provider organization in the state of Florida. ... Since completion of the affiliation process, the company has focused on integration, synergistic opportunities and determining how best to deliver care to the communities it serves. One of the people at the helm of this transition is Tarrah Lowry, Empath Health’s chief operating officer and Trustbridge’s interim president. *[Click on the title's link to read the recent interview by Home Health Care News' with Tarrah Lowry.]*

<b>Total</b>	<b>12</b>
--------------	-----------

## A4 Workforce Challenges

### A. Paints the Picture

34 **[Why Nurses Quit](#)**

*Medscape; by Jodi Helmer; 6/27/24*

Over 262,000 registered nurses (RNs) graduate yearly; 33 percent quit within the first 2 years. "Retention is a huge issue in nursing," says Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). "COVID highlighted the issue, but these problems existed well before [the pandemic], and what we're seeing is a failure to truly do something about it." ... Diagnosing the Problem: burnout, work environment, inadequate staffing. Finding a Cure: legislation, residencies and mentorship, improved work conditions, resources for self-care.



*Editor's Note: Pair this with "The hidden advantages of having an older workforce in home health care," that we posted in yesterday's edition, 7/4/24.*

35 **[These are the most common jobs in each state in the US](#)**

*USA Today; by Sara Chernikoff; 7/22/24*

The most common job in the U.S. is a three-way tie, [according to data from the Bureau of Labor Statistics](#). Home health care and personal aides, retail workers and fast food counter workers ranked at the top of the list with 3.6 million workers in each occupation. ... The desire for home health and personal care aides is on the rise as the share of the elderly U.S. population grows exponentially. This occupation is the fastest growing among most states, news outlet [Stacker, reported](#). ... Home health care aides typically assist people living with disabilities or with chronic illness. Personal care aides are often hired to care for people in hospice care, according to BLS. Advanced degrees are not required for most home health aides, rather those employed by home health or hospice agencies may need to complete formal training or pass a standardized test.

*Editor's Note: (1) Federal requirements for nursing aides in hospice care are defined in the CMS Hospice of Conditions Participation §418.76 and for home health in the CMS Home Health Conditions of Participation §484.80. Additionally, extensive state laws exist, with differences between states. (2) Pair this with the previous article in today's newsletter, [Homecare Homebase opens nominations for 2024 Home Care Aide Scholarship Program](#).*

***B. Implications of the issue***

36 **[Report: Healthcare needs to diversify workforce to get rid of racial inequalities](#)**

*MedPage Today - Public Health & Policy - Equity in Medicine; by Associated Press; 6/26/24*

"Inequities are baked into our healthcare system," says one expert. Racial and ethnic inequities in healthcare are found in every state in the U.S. despite the passage of legislation intended to improve health outcomes for minorities and increased awareness of healthcare disparities over the past two decades, according to a new



national report released Wednesday. The 300-plus-page document from the National Academies of Sciences, Engineering, and Medicine detailed how structural racism and people's surroundings have contributed to worse health outcomes for minorities. It also offers recommendations and solutions to healthcare organizations and the federal government, like a more diverse workforce and adjusting payment systems to make healthcare more affordable.

37 [\*\*Asheville nurse strike? Mission/HCA 'gave some ground'; groups support nurses with fund\*\*](#)

*Asheville Citizen Times; by Joel Burgess; 7/22/24*

A nurse union negotiator has said HCA HealthCare, the owner of Mission Health, has "given some ground" on key issues — but nurses are still preparing for a potential strike over staffing numbers at Western North Carolina's biggest hospital. Local activists including WNC Workers Assembly, meanwhile, are rallying residents and raising money to help nurses in case of a strike. Mission nurses unionized in 2020, a year after HCA — a for-profit Tennessee corporation and the biggest hospital company in the country — bought the nonprofit Mission for \$1.9 billion.

*Editor's Note: Mission/HCA provides hospice, palliative, and PACE care. On 4/11/24 we reported, "[HCA Healthcare faces more Mission Health-related allegations.](#)"*

**C. Solutions**

38 [\*\*The hidden advantages of having an older workforce in home health care\*\*](#)

*Home Health Care News; by Joyce Famakinwa; 7/2/24*

In home health and hospice, the amount of nurses who are at retirement age are set to surpass new RNs, according to data from the American Medical Group Association. [Key takeaways:]

- Working with more experienced nurses has meant less turnover, with data that the highest turnover is in first-year nurses



- Having a workforce full of mostly seasoned nurses is that they are better equipped to handle burnout

*Editor's Note: Access to the full article may be limited by a paywall.*

39 **[Penn Health CEO on piecing together the healthcare hiring puzzle](#)**

*Becker's Hospital Review - Leadership & Management; by Madeline Ashley; 6/17/24*

... Penn Medicine has introduced programs to students and young people that will not only inspire them to join the healthcare industry, but prepare and train them for the opportunities that lie ahead. "I think the world needs mission oriented people," Kevin Mahoney [CEO of Philadelphia-based University of Pennsylvania Health System] told *Becker's*. "You've got to believe in where you're working, otherwise you're just punching the clock." In late May, the health system partnered with [Heights Philadelphia](#), an organization that connects middle schoolers and up with career and college opportunities, and Philadelphia City Council majority leader Katherine Richardson to hold a career event. ... "By introducing students to the field, we're creating a pathway to careers that enrich lives and make a difference in others. Encouraging careers in health care also helps to strengthen the field overall, ensuring a pipeline poised to answer the needs of the future." *[Click on the title's link to read more of this innovative solution, and other student-oriented programs.]*

40 **[AMA Advocacy 2024 efforts](#)**

*American Medical Association; by AMA; Updated June 2024, 6/27/24*

There are far too many everyday practice challenges interfering with patient care. That's why the American Medical Association is advocating to keep physicians at the head of the health care team, reform the Medicare physician payment system, relieve the burdens of overused prior authorizations and so much more. [Key advocacy efforts include:]

- Fixing prior authorization ...
- Reducing physician burnout ...
- Reforming Medicare payment ...
- Advocating for solutions to cybersecurity issues ...





- Promoting physician-led care ...
- Making technology work for physicians ...
- Pursuing solutions to the physician workforce crisis ...
- Fighting government interference in evidence-based medicine ...
- Improving public health ...
- Addressing insurer issues ...
- Reducing overdose and improving care for patients with pain ...
- Improving maternal health outcomes ...

41 **[The best staff retention strategies: Poll](#)**

*Becker's Hospital Review; by Mariah Taylor; 6/24/24*

Increased schedule flexibility remains one of the most effective strategies for staff retention, a recent *Becker's* poll found. The poll, posted on LinkedIn in mid-June, asked participants to vote on which of three options would have the greatest effect on staff retention at their organization. *Becker's* has no insights into respondents' organizations or roles. Of 832 votes received, 62% of respondents said increased schedule flexibility, 29% said hiring more staff, 4% said wellness initiatives and 6% said other.

*Editor's Note: Pair this with "[\[Four-day workweeks:\] A flexibility trend gaining steam in nursing.](#)" also in our newsletter today.*

42 **[How rituals support nursing teams](#)**

*American Nurse Journal - American Nurses Association; by Heather Fitzgerald, DBe, MS, RN; 7/2/24*

Question: I'm a clinical manager for a pediatric critical care unit. We've recently had a significant increase in end-of-life care. I'm proud of our nurses and the skillful, compassionate support they provide to patients and families during these tragic events. In an emotional support debrief, nurses expressed a desire for more opportunities to pause and reflect on meaning and purpose in their challenging work. How do I regularly schedule time to support nurses in ways they value while also adhering to our organization's budget and productivity expectations?

Answer: ... creating a supportive sense of community and connection need not violate



your commitment to budget management. You can enact opportunities to orient to meaning and purpose, to shared identity and belonging, and to unit and organizational mission through small rituals that deliver benefits similar to your debriefing forum. Rituals ... have deep, prehistoric roots, which indicate that humans have long sought connection and meaning-making in moments of joy, grief, and uncertainty. Nurses participate in patient-centered rituals in various settings. For example, organ donor honor walks, the ringing of a bell to mark a cancer treatment milestone, discharge celebrations after a long hospitalization, and celebrations of life and of birth. The nursing profession also should pay more attention to the importance of nursing-centered rituals.

*Editor's Notes: Nurse burnout is a root cause for both high turnover and increased unionization/ strikes among nurses, especially nurses in their first year of practice. What nursing-centered ritual(s) might bring meaning and renewal to your nurses? Ask. Create, pilot, and evaluate. Engage them in the process.*

43 **Keeping staff members safe and sound by optimizing security technology**

*Security; by Paul Sarnese; 7/12/24*

Nobody wants to invest in technology, only to have it go the way of the stationary bike that sits unused in the corner of a room. That holds true for healthcare organization leaders who are looking to invest in staff safety alarm systems that can help avert potentially dangerous situations. With workplace violence against caregivers increasing 115% since 2021, many healthcare organizations are, indeed, looking to protect workers from harm — and to shield their organizations from resultant financial distress.

*Editor's Note: Workplace violence and staff safety continues to trend as a root cause for nursing and other healthcare strikes across the nation. Examine your organization's Incident Reports and QAPI initiatives. What needs to be addressed?*



44 **[Data-backed talent management: How 1 health system is streamlining operations + reducing costs](#)**

*Becker's Hospital Review; by Becker's in collaboration with AMN Healthcare; 7/17/24*  
Healthcare talent acquisition and management face persistent challenges in today's labor market. How organizations confront these barriers, however, can serve as a key differentiator and lever for improvements in costs and recruits. Springfield, Ill.-based Hospital Sisters Health System (HSHS), a multi-institutional healthcare system that cares for patients across 15 communities in Illinois and Wisconsin, partnered with AMN Healthcare and successfully implemented a new contingent labor strategy to stabilize rates and improve the quality of candidates. Here are four underpinnings that form the foundation of HSHS' and AMN Healthcare's partnership:

1. HSHS lacked visibility across its core, flexible and contingent workforce, which led to siloed decision-making ...
2. To streamline operations and update processes, HSHS sought a partnership focused on change management and developing a unified future state ...
3. AMN Healthcare established a single Managed Services and Analytics Provider (MSAP) program ...
4. Time to fill open positions and labor costs have decreased dramatically ...

45 **[Hospital CEOs solve an old problem with new ideas](#)**

*Becker's Hospital Review; by Laura Dyrda; 7/15/24*

A persistent problem for health system CEOs is emerging as the most important challenge to solve this year: work/life balance. Work/life balance isn't just a "nice to have" as a "thank you" to clinicians who spent thousands of extra hours during the pandemic in a stressful workplace; it's a business imperative. And many organizations haven't invested in it enough. *[Click on the title's link to continue reading identification of problems and new solutions by multiple health system CEOs.]*



*Editor's Note: Work/life balance continues to be a frequent theme in healthcare strikes, occurring throughout the nation.*

46 **[How home-based care’s leaders foster a multi-generational workforce](#)**

*Home Health Care News; by Joyce Famakinwa; 7/23/24*

In order for the home-based care space to benefit from the demographic tailwinds coming its way, it needs to embrace emerging leaders who are bringing in fresh ideas. VNS Health, Andwell Health Partners and UVA Continuum Home Health are just a few of the companies that are throwing their support behind the next generation of leaders. ... Formerly Androscoggin Home Healthcare + Hospice, Andwell is a nonprofit operator that offers home health, hospice, palliative, behavioral health and pediatric care services. The company employs over 500 workers across all 16 counties in Maine. Along with cultivating the next crop of leaders, companies are figuring out how best to work with a multi-generational workforce.

<b>Total</b>	<b>13</b>
--------------	-----------

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

47 **[States with the most rural hospital closures in the past 20 years](#)**

*Becker's CFO Report; by Mariah Taylor; 6/28/24*

Since January 2005, 192 rural hospitals have closed or converted, according to data [compiled](#) by the University of North Carolina's Cecil G. Sheps Center for Health Services Research. Of those hospitals, 105 have completely closed, and 87 have converted, meaning the facilities no longer provide inpatient services, but continue to provide some services, such as primary care, skilled nursing care or long-term care. Since 2020, 36 hospitals have closed or converted.

- [For the list of states since 2005, [click here.](#)]
- [For the list since 2020, [click here.](#)]



48 [\[Consumer Reports\] The last goodbye: How to plan a funeral](#)

*Consumer Reports; by Janet Siroto; 7/7/24*

*A complete guide to giving loved ones the right send-off--from traditional services to new green burials. Six years ago, Kelly Avery and Kristin Harper, sisters from Birmingham, Ala., gathered their families by the sky-blue ocean waters of Destin, Fla., to memorialize their mother, Barbara Harper. ... They shared funny stories and music, and shed some tears as they spread their mother's ashes from the deck of a large boat. ... The experience not only gave the family a meaningful way to pay tribute to Barbara but also got the sisters thinking about their own memorials. The key is making some choices well beforehand, which more people appear to be doing. For instance, according to an April 2024 Consumer Reports nationally representative survey (PDF) of 2,042 adults in the U.S., 50 percent said they planned or intended to plan ahead either for their own funeral or for someone else's. Read on for a rundown of possibilities and costs. ... (Prices for the traditional burial and cremation packages ... are from the 2023 National Funeral Directors Association's Member General Price List Study.) [Click on the title's link for the full article.]*

- *Traditional Burial ...*
- *Cremation ...*
- *4 More Ways to Go ...*
- *Should You Put Aside Funeral Funds Now?*
- *How to Make Your Wishes Known ...*

*Editor's Note: This excellent article from the reputable Consumer Reports provides concise, relevant information which impacts each hospice patient who dies. Do these core decisions need to be made before the death? Yes. Ask your clinicians: What happened when they attended a death and a funeral home had not been chosen? Or decisions had not been made and family members were extremely conflicted about embalming/viewing versus cremation asap? It happens. Planning can prevent problems, or at least mitigate damage at this most vulnerable time of death.*



49 **[Americans focus on a good life. But what about a good death?](#)**

*WBUR Radio, Boston's NPR; by Here & Now host Deepa Fernandez; 7/5/24*

*Americans spend a lot of time thinking about what it means to live a good life. But what about a good death? In 2022 researchers at the Duke University Global Health Institute ranked countries by the quality of their end-of-life care, and the United States ranked only 43, just below Colombia, Romania, Nigeria and Guatemala. So what does this country need to do? Recent Middlebury College graduate Samara Gordon Wexler is thinking about that question. The 22-year-old winner of a prestigious Watson Fellowship is about to embark on a five-continent journey. She'll visit, work and train with end-of-life practitioners from Ghanaian coffin artists to Indian trekkers to find out what it means to die a good death and how to make it happen here.*

50 **[What is palliative care, and can you get it at home?](#)**

*U.S. News & World Report; by Claire Wolters, edited by Christine Comizio, MPH; 7/11/24*

Modern medicine can treat and cure countless health conditions, but it can't always repair the quality-of-life impairments these conditions leave behind. Palliative care is a health care service designed to fill those gaps by improving a patient's quality of life. While they aren't there to cure your disease, [palliative care providers](#) can help you manage symptoms and treatment side effects, plan for future medical interventions, prepare for end of life and more.

- Key Takeaways ...
- What Does Palliative Care Do? ...
  - Some supportive services offered through palliative care ...
  - Diseases and illnesses covered by palliative care ...
- What Doesn't Palliative Care Do? ...
- Misconceptions About Palliative Care ...
  - Palliative care vs. hospice care ...
- Can You Get Palliative Care at Home? ...





- Who Should Pursue Palliative Care? ...

*Editor's Notes: This article provides simple, comprehensive, user-friendly summaries from a reputable source that can be applicable for your community education, as well as your orientation for employees and volunteers.*

51 **[Rural hospitals built during Baby Boom now face Baby Bust](#)**

*KFF Health News; by Tony Leys; 7/15/24*

... Many of the U.S. hospitals that are now dropping obstetrics units were built or expanded in the mid-1900s, when America went on a rural-hospital building spree, thanks to federal funding from the Hill-Burton Act. "It was an amazing program," said Brock Slabach, chief operations officer for the National Rural Health Association. "Basically, if you were a county that wanted a hospital, they gave you the money."

*Editor's Note: Mark Cohen has discussed the Hill-Burton Act with Chris Comeaux in their monthly [TCN Talks podcasts](#). Closures of rural hospital services continue to increase, impacting end-of-life care awareness, referrals, and utilization throughout our nation's rural areas.*

52 **[Bereaved families face 'devastating' impacts of hospice fraud](#)**

*Hospice News; by Holly Vossel; 7/16/24*

Fraudulent activity in the hospice space may be leaving some families without sufficient bereavement support. Fraudulent hospice schemes can take a tremendous toll on families that have lost loved ones who received poor or negligent end-of-life care, according to Cheryl Kraus, director of government affairs and policy at the Hospice & Palliative Care Association of New York State (HPCANYS). ... "It's tragic if you're already grieving the loss of a loved one to have your suspicions confirmed that they did not receive the level of care that they were entitled to because of bad actors in the hospice space," Kraus said. "It just shocks the conscience what these fraudulent hospices are



doing to people. It's going to take a long time to restore not just the individuals' trust who have experienced this firsthand, but also the public's."

53 [\*\*More people are dying at home. Is that a good thing?\*\*](#)

*The Wall Street Journal; by Suniat Puri; 7/11/24*

New research classifies the rise in home deaths as progress, but we need to look closely at what these deaths look like. In photos taken a year before we met, my patient smiled widely, flashing a peace sign, her feet planted in the damp sand of a local beach. "Mom was a firecracker," her daughter told me. My patient, who now slurred her sentences, was dying of cirrhosis. Her jaundiced skin was golden, the corners of her pale lips crusted with dried blood. She wanted to die at home, according to her daughter, who had been estranged but re-entered her mother's life to care for her. I was still in my training in palliative medicine and, like my patient's daughter, I believed that a "good death" took place at home, surrounded by family. I shared her view that a hospital death was a failure, painful and undignified. I was glad to help her leave behind uncomfortable tubes and noisy machines for a death I presumed would be more peaceful. *[Subscription may be required to continue reading.]*

54 [\*\*'Bad apples in a barrel': How fraudsters in home health care impact the entire space\*\*](#)

*Home Health Care News; by Joyce Famakinwa; 7/19/24*

The home health industry has its very own boogeyman--the bad actor. However, there's a difference between providers that had made errors in claims ... *[Additional subscription may be required]*

55 [\*\*Navigating legal and ethical issues: Nurses' role in accessing and using the Death Master File\*\*](#)

*Daily Nurse; by Maya Payne; 7/22/24*



Nurses have a great deal of responsibility when managing sensitive information, including access to the Death Master File (DMF), because they are healthcare professionals entrusted with patient care. This article explores the moral and legal issues that help nurses use the DMF in their practice in a morally responsible manner.

... Explore this detailed resource on DMF guidelines for further insights into responsibly using the [Death Master File](#) in healthcare settings.

*Editor's Note: About 10 years ago, the Social Security Office declared me as "dead." Yes. This affected everything financial and legal in my life. My husband even received standardized condolences from business databases that had his name as my key contact. Clean up? A mess. Cause? The best that the Social Security Office could discern was that someone, somewhere had entered a clerical mistake. I will never know. The impact of how this Death Master File is used--legally, ethically, and otherwise--cannot be overstated.*

56 [Positive aging: Can a broken heart kill you?](#)

*ArcaMax; by Marilyn Murray Willison; 7/19/24*

I had never heard of what is officially labeled "broken heart syndrome" until a friend of mine collapsed five weeks after her long-term sweetheart died. She was rushed to the emergency room and admitted into the hospital, but within 36 hours, she, too, was dead. When 92-year-old former first lady Barbara Bush died in 2018, her husband -- of 73 years -- was admitted to the hospital the day after her funeral. He recovered and was able to return home, but many observers worried that he would develop takotsubo cardiomyopathy, which often claims the lives of brokenhearted survivors. ... According to Dr. Marc Wilkinson, a MercyCare physician in Cedar Rapids, Iowa, the syndrome really can reflect sorrow and distress. "It really is a broken heart. The stress of a spouse dying is one of the top stressors that anyone can face." And although it's not particularly common, it is "more common than people realize."

57 ['Green burials' grow in popularity as alternatives to traditional funerals](#)

*Planet Detroit; by Erica Hobbs; 7/24/24*



... [Modern] funeral practices are wreaking havoc on the environment. Bodies are embalmed with toxic chemicals and buried in caskets placed in non-biodegradable vaults that take up increasingly limited space in cemeteries. According to a Cornell University [study](#), an estimated 4.3 million gallons of embalming fluid, 20 million feet of hardwood, 1.6 million tons of concrete and 64,500 tons of steel are used in American burials yearly. Even cremation — often thought of as a green alternative to burial — requires up to 500 gallons of fuel and releases up to 250 pounds of carbon dioxide emissions, according to a [recent study](#) from the Green Burial Council (GBC). However, for those looking to reduce their carbon footprints even in death, green options, though still relatively rare, are available in Michigan. ... [Click on the title's link to continue reading these descriptions of "green burials."]

<b>Total</b>	<b>11</b>
--------------	-----------

## A6 Regulatory and Political

### 58 [How the Supreme Court’s Chevron Decision could help stop home health cuts](#)

*Home Health Care News; by Andrew Donlan; 6/28/24*

On Friday, the U.S. Supreme Court upended the Chevron doctrine precedent. For home health industry purposes, that means a potentially weakened Centers for Medicare & Medicaid Services (CMS) moving forward. The news comes just two days after the home health proposed payment rule was released, which included significant cuts for the third straight year. Broadly, moving away from the Chevron precedent – usually known as the Chevron doctrine – will mean less regulatory power for government agencies.

Government agencies often take their own interpretations of certain laws and statutes, and then act upon those interpretations. ... The National Association for Home Care & Hospice (NAHC) already filed a lawsuit against the U.S. Department of Health & Human Services (HHS) and CMS over rate cuts in 2023. “In our own analysis, we believe that providers of home health have been underpaid as it relates to budget neutrality,” NAHC President William A. Dombi said when the lawsuit was filed. “At minimum, we would expect to see the rate cuts from 2023, that were permanent readjustments to the base



rate, and the one proposed for 2024, along with the temporary adjustments ... to go away. The end product of that is that we would have a stable system to deliver home health services to Medicare beneficiaries.”

59 [\*\*NAHC re-files lawsuit against HHS, CMS over home health cuts\*\*](#)

*Home Health Care News; by Joyce Famakinwa; 6/28/24*

The National Association for Home Care & Hospice (NAHC) hasn't given up on efforts to push back on Medicare home health payment calculations. NAHC has re-filled its lawsuit against the U.S. Department of Health and Human Services (HHS). The lawsuit focuses on the home health PDGM budget neutrality adjustment, which imposed both permanent and temporary calculations with a methodology that NAHC believes is noncompliant with the law. The original lawsuit was filed last summer, and in April the case was dismissed by a federal court in Washington D.C. The case was dismissed on the basis that NAHC did not fully exhaust administrative appeal remedies. ... There are a number of factors that made NAHC decide to re-file the lawsuit, according to [NAHC President, William A.] Dombi. "No. 1, it will be faster," he said. "No. 2, we are highly likely to get the same judge, as there's a related litigation standard in an assignment of cases," he said. One of the biggest factors that heavily contributed to NAHC's decision was the Supreme Court ruling, which upended the Chevron Doctrine.

60 [\*\*National Health Care Fraud Enforcement Action results in 193 defendants charged and over \\$2.75 billion in false claims\*\*](#)

*United States Attorney's Office - Western District of Virginia, Charlottesville, VA; 6/27/24*

The Justice Department today announced the 2024 National Health Care Fraud Enforcement Action, which resulted in criminal charges against 193 defendants, including 76 doctors, nurse practitioners, and other licensed medical professionals in 32 federal districts across the United States, for their alleged participation in various health care fraud schemes involving approximately \$2.75 billion in intended losses and \$1.6 billion in actual losses. In connection with the coordinated nationwide law enforcement action, and together with federal and state law enforcement partners, the government seized over \$231 million in cash, luxury vehicles, gold, and other assets.



61 **[NPHI Statement: Hospital notifications to patients of hospice referral options](#)**

*NPHI press release; 6/17/24*

Many hospitals are providing discharged patients with a list of all Medicare-certified hospices in the geographic area in which the patient resides, in the mistaken belief that this is a requirement under the Medicare Conditions of Participation (COPs). Hospitals may be understandably confused by existing hospital CoPs that require such lists to be provided for HH, SNF, IRF and LTCHs. Section 482.43(c)(2) clearly states these provider types and excludes hospices. There is no such requirement in the hospice regulations or law that requires a hospital to provide patients with a list of all hospices in a particular geographic area. [See statement for additional information.]

62 **[States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model](#)**

*CMS.gov; 7/2/24*

On July 2, 2024 CMS announced that Connecticut, Maryland, and Vermont will be the first state participants in the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. Hawaii will also participate, pending satisfaction of certain requirements. Applications to participate in Cohort 3 of the model are due August 12, 2024 at 3:00 p.m. EST (Cohort 3). Eligibility requirements and additional model details can be found in the NOFO. To stay up to date on model announcements, events, and resources, please sign up for the [AHEAD Model listserv](#)

63 **[New ER program helped more patients get needed hospice care](#)**

*U.S. News & World Report; by Carole Tanzer Miller, HealthDay Reporter; 7/9/24*

One hospital's push to transition patients who are nearing the end of life from the emergency room to hospice care appears to be working. After the program went into effect, 54% of ER patients at Brigham and Women's Hospital in Boston transitioned to hospice care within 96 hours. That compared to 22% before the program began in 2021. Their findings suggest that such programs may help adults who are present at the ER near the end of life avoid delayed or missed hospice care. "When patients come to an emergency room near end of life, the default is typically to admit them to the hospital, engage them in conversations about goals and end-of-life care and potentially





move them into hospice care," said first study author Dr. Christopher Baugh, an emergency department physician at Brigham and Women's. "However, this lengthy progress can take longer than the patient has left to live." He said the new program helps doctors quickly identify patients who are eligible for hospice care and get them there quicker. In hospice care, attempts to cure a person's illness are stopped and the focus shifts to comfort care and family support. ... The findings were reported July 8 in the journal *JAMA Network Open*.

64 **[CMS Innovation Center launches Guiding an Improved Dementia Experience \[GUIDE\] Model, announces participants](#)**

*CMS press release; 7/8/24*

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the launch of the [Guiding an Improved Dementia Experience \(GUIDE\) Model](#), with almost 400 participating organizations building Dementia Care Programs (DCPs) serving hundreds of thousands of Medicare beneficiaries nationwide.

*Publisher's Note: Downloadable participant list [here](#). By my brief estimate, approximately 10% of current participants are hospices. Who's participating in your state?*

65 **[Hospice CARES Act would update medical reviews, seek to reduce audits](#)**

*Hospice News; by Jim Parker; 7/12/24*

The forthcoming Hospice Care Accountability, Reform and Enforcement (Hospice CARE) Act from U.S. Rep. Earl Blumenaur (D-Oregon), if enacted, would implement a number of changes to medical review processes. ... Though the bill language is still in development, it will likely contain proposed updates to payment mechanisms for high-acuity palliative services, changes to the per-diem payment process and actions to improve quality and combat fraud. The bill would also implement a temporary, national moratorium on the enrollment of new hospices into Medicare, to help stem the tide of fraudulent activities among recently established providers concentrated primarily in California, Arizona, Texas, and Nevada. ... Among the anticipated provisions of the bill



would be an item requiring the U.S. Centers for Medicare & Medicaid Services (CMS) to use documentation in a patient's medical record as supporting material. The documentation would include the reasons that an attending physician certified a patient for hospice and establish a six-month terminal prognosis.

66 **[Kindred and related entities agree to pay \\$19.428M to settle federal and state false claims act lawsuits alleging ineligible claims for hospice patients](#)**

*U.S. Department of Justice - Office of Public Affairs; Press Release; 7/17/24*

Gentiva, successor to Kindred at Home, has agreed to pay \$19.428 million to resolve allegations that Kindred at Home and related entities (Kindred) knowingly submitted false claims and knowingly retained overpayments for hospice services provided to patients who were ineligible to receive hospice benefits under various federal health care programs. Gentiva's hospice operations, headquartered in Atlanta, include entities that previously operated Kindred at Home hospice locations under the names Avalon, Kindred, SouthernCare and SouthernCare New Beacon. *[Click on the title's link to continue reading.]*

*Editor's Note: From [Hospice News](#), by Jim Parker, 11/1/23, "Gentiva is a portfolio company of the private equity firm Clayton, Dubilier & Rice (CDR). The Atlanta-based provider emerged from the former hospice and personal care segments of Kindred at Home. CDR last year purchased a 60% stake from the insurance mammoth Humana, Inc., (NYSE: HUM) for \$2.8 billion."*

67 **[Hospice care provider embroiled in federal health care fraud allegations](#)**

*MarketBeat; by Due.com; 7/18/24*

A hospice care provider has been at the center of allegations that it may have defrauded federal health care programs. According to court documents, Kindred at Home was accused of knowingly defrauding the U.S. government. The umbrella organization operated out of Atlanta and had multiple splinter branches, including Avalon, Kindred, SouthernCare, and SouthernCare New Beacon. Kindred at Home has



now agreed to quash the allegations. The federal watchdogs' grilling resulted in a financial penalty and closed nine separate lawsuits. ... Kindred has agreed to pay \$19.428 million to resolve allegations. The federal government will receive \$18,956,151.32, the State of Tennessee will receive \$448,800 and the State of Ohio will receive \$23,618.68.

*Editor's Note: This Kindred news story is flooding news circuits, due to the scope and significance of its impact. While we reported this on 7/19/24, we will provide occasional variations, keeping it in your awareness.*

<b>Total</b>	<b>10</b>
--------------	-----------

## A7 Technology and Innovations

### 68 [How 'Human-Kind' AI can reshape your business](#)

*Forbes; by Mark Cameron; 7/1/24*

As AI models mature, their impact on the economy is becoming increasingly profound. They offer unprecedented opportunities for innovation and efficiency. Here's how. ... AI enables traditional businesses to accomplish more with fewer resources. ... As AI begins to take over mundane tasks, the role of the human workforce is evolving. Employees are no longer cogs in the machine—they're becoming value creators. The focus is evolving toward roles that require critical thinking, creativity and emotional intelligence—areas where humans excel, but AI still has limitations. This shift necessitates upskilling and reskilling initiatives to prepare the workforce for new, high-value roles in an AI-driven economy.

### 69 ['Normalizing' Trauma-Informed Hospice Care Delivery](#)

*Hospice News; by Holly Vossel; 7/2/24*

Stakeholders and advocacy organizations recently collaborated to develop stronger trauma-informed care delivery guidelines that help hospices better address violence, abuse and neglect among serious and terminally ill populations. The global anti-violence advocacy organization NO MORE in concert with the National Partnership for Healthcare



and Hospice Innovation (NPHI) recently unveiled a resource guide to help strengthen hospice providers' understanding of traumatic experiences and their impact on end-of-life outcomes. "Understanding that elder abuse and domestic violence are two really distinct and prevalent issues in the older population has really become front and center," NPHI President Carole Fisher told Hospice News. "These victims often suffer in silence, and we need to pay better attention to their issues." The guide, dubbed **[Breaking the Silence: Addressing Domestic Violence, Elder Abuse and Neglect](#)**, is one of many steps needed in developing more supportive structures for patients and their families, according to Fisher. A main aim is to illuminate the prevalence of abuse and trauma and to arm hospice providers with tools to shape more innovative trauma-informed care models, she said.

*Editor's Note: [NPHI is a sponsor](#). This significant Guide pairs with readers' "Top Read" articles we posted recently:*

- *["Retraumatization when an adult child cares for the parent who harmed them through serious illness or the end of life"](#); Journal of Pain and Symptom Management. We posted this in our Saturday "Research" edition 5/11/24 and Sunday's "Top Read" stories for the week on 5/19/24. We discussed this crucial trauma topic in [TCN's monthly podcast that summarizes the month's top news stories](#).*
- *["Psychological trauma can worsen symptom burden at end-of-life"](#); Hospice News. We posted on 5/17/24 and again in Sunday's "Top Read" stories on 5/26/24.*

70 **[Palliative pharmacotherapy for cardiovascular disease: A scientific statement from the American Heart Association](#)**

*Circulation: Cardiovascular Quality and Outcomes - American Heart Association (AHA) / American Stroke Association (ASA); by Katherine E. Di Palo, PharmD, MBA, MS, FAHA, Shelli Feder, PhD, APRN, ACHPN, FPCN, FAHA, Yleana T. Bagginstos, PharmD, Cyrille K. Cornelio* [a target="\\_blank" href="https://www.hospicepalliativecaretoday.com/redirect?u=1744&s=email&b=4825&n=20240723&r=https://www.ahajournals.org/doi/10.1161/HCQ.000000000000131#con4"](https://www.hospicepalliativecaretoday.com/redirect?u=1744&s=email&b=4825&n=20240723&r=https://www.ahajournals.org/doi/10.1161/HCQ.000000000000131#con4)



">, PharmD, Daniel E. Forman, MD, Parag Goyal, MD, MSc, Min Ji Kwak, MD, MS, DrPH, and Colleen K. McIlvennan, PhD, DNP, FAHA on behalf of the American Heart Association Clinical Pharmacology Committee of the Council on Clinical Cardiology and Council on Cardiovascular and Stroke Nursing; 7/24

... Compared with other serious illnesses, medication management that incorporates a palliative approach is underused among individuals with cardiovascular disease. This scientific statement describes palliative pharmacotherapy inclusive of cardiovascular drugs and essential palliative medicines that work synergistically to control symptoms and enhance quality of life. We also summarize and clarify available evidence on the utility of guideline-directed and evidence-based medical therapies in individuals with end-stage heart failure, pulmonary arterial hypertension, coronary heart disease, and other cardiomyopathies while providing clinical considerations for de-escalating or deprescribing. Shared decision-making and goal-oriented care are emphasized and considered quintessential ... across the spectrum of cardiovascular disease.

71 **[Nursing homes ‘can’t escape’ need for increased palliative care access: researchers](#)**

*McKnight's Long-Term Care News; by Josh Henreckson; 7/17/24*

Nursing home residents could greatly benefit from expanded access to palliative care, but providers need more access to standardized tools, staff education and relationships with clinicians to make informed decisions about care, specialists say. ... Several key “themes” could be the foundation for a more formalized method of identifying palliative care needs for nursing home patients, researchers found. They included factors such as patients with uncontrolled symptoms and otherwise serious illnesses, as well as patients with indicators of significant decline such as frequent rehospitalizations.

72 **[Millions burdened by the cost of long-term care](#)**

*AHCJ - Association of Health Care Journalists; by Breanna Reeves; 7/18/24*

... [Robert] Ingenito shared the mounting costs of caring for his father, who became really



sick in 2023. During the panel, Ingenito shared the estimated total cost of caring for his father for just a few months: \$57,000. ... [In the U.S.] 8 million people over age 65 need long-term care services, but 3 million were not receiving them. ... Most people in the U.S. are cared for by unpaid caregivers, which are oftentimes spouses and daughters who have no prior experience in caregiving

73 [\*\*A 'TsunamAI' of change is coming to healthcare\*\*](#)

*Forbes; by Lee Shapiro; 7/24/24*

In the last 50 years, there have been significant developments that have forever improved the delivery of healthcare. Consider imaging (MRI/CT scans), minimally invasive surgery, anti-viral therapies, precision medicine (e.g., CRISPR and gene editing) and near or complete eradication of diseases like polio and smallpox. As we look back 50 years from now, we will have experienced seismic changes from AI. When I've spoken with healthcare leaders, they've pointed to a progression of AI adoption that will occur in the following three categories, which you should consider for your organization: administrative, research and development, and care delivery.

74 [\*\*HHS unveils major revamp to shift health data, AI strategy and policy under ONC\*\*](#)

*Fierce Healthcare; by Emma Beavins; 7/25/24*

The Office of the National Coordinator for Health Information Technology (ONC) has been renamed and restructured, the Department of Health and Human Services (HHS) announced [July 25]. The restructuring will affect technology, cybersecurity, data and artificial intelligence strategy and policy functions. The agency will be renamed the Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC). Head of ONC, Micky Tripathi, will hold the new title of assistant secretary for technology policy in addition to his title of national coordinator for health IT. ... Under ASTP, there will be an Office of Policy, an Office of Technology, an Office of Standards, Certification and Analysis and an Office of the Chief Operating Officer.

	<b>Total</b>	<b>7</b>
--	--------------	----------





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

### 75 [20 solutions for navigating nonprofit board member conflicts](#)

*Forbes; by Forbes Nonprofit Council; 7/5/24*

A nonprofit's board members guide the organization in the right direction. But with any diverse group of people working together, disagreements and conflicts are inevitable. When these conflicts arise, it's important to have strategies in place to maintain effective board management. To help, 20 Forbes Nonprofit Council members explain how boards can navigate conflict and turn disagreements into opportunities. With these tips, your nonprofit board will be on its way to growth and stronger governance.

1. Pivot Your Language ...
2. Know Board Liability Laws ...
3. Remember Shared Values ...
4. Provide a Forum for All Points of View ...
5. Use a Parliamentary Procedure ...
6. [Click on the title's link for the full list of 20 solutions]

<b>Total</b>	<b>1</b>
--------------	----------

## A9 The Human Factor

### 76 [How to overcome the cumulative effects of change](#)

*Healthcare IT Today; by guest author Maura Koehler-Hanlon; 7/5/24*

Healthcare IT organizations are currently undertaking major initiatives to enhance patient engagement, streamline processes, ensure regulatory compliance, and more. This extensive workload can overwhelm employees, leading to burnout due to the sheer volume of changes. ... In this environment, it becomes critical for leaders to understand change saturation and build change resilience. Here's what leaders need to know and do to move forward:

- Focus on the Art and Science of Change Resilience ...



- Measure Change Capacity ...
- Anticipate Change Impacts ...
- Keep an Eye on Change Saturation ...
- Mitigate Negative Impacts ...
- Build Change Resilience ...
- Transform Holistically Instead of Iteratively ...
- Prioritize ...
- Strike a Delicate Balance Between Change and Consistency ...

*Editor's Note: Hospice and palliative leaders, though this was written to a healthcare IT audience, its change management--or "change saturation" and "change resilience"--content applies to the changes you lead throughout your organization. For your direct patient care employees, add to their "change saturation" that in each visit they help patients and families navigate many of the most challenging changes any of us face in our lifetimes. Where do you instill consistency? Trust? Authentic support for resilience, vs. empty assumptions and poorly-motivated dictates? Add these terms to your leadership meetings: change saturation and change resilience.*

	<b>Total</b>	<b>1</b>
--	--------------	----------

### A10 Highlighted Articles of Interest

77 [\*\*Your brain holds secrets. Scientists want to find them.\*\*](#)

*The New York Times; by Paula Span; 7/6/24*

About a month ago, Judith Hansen popped awake in the predawn hours, thinking about her father's brain. Her father, Morrie Markoff, was an unusual man. At 110, he was thought to be the oldest in the United States. His brain was unusual, too, even after he recovered from a stroke at 99. Now he was nearing death, enrolled in home hospice care. "In the middle of the night, I thought, 'Dad's brain is so great,'" said Ms. Hansen, 82, a retired librarian in Seattle. "I went online and looked up 'brain donation.'" Her



search led to a National Institutes of Health web page explaining that its NeuroBioBank, established in 2013, collected post-mortem human brain tissue to advance neurological research. ...

78 [Death can be a gentler exit for those enrolled in hospice care](#)

*The Blade; by Kimberly Wynn; 7/28/24*

A baby coming into the world needs a lot of care, and families prepare for that wailing, cooing bundle of life with cribs, and changing tables and advice from mothers-in-law. When baby formula was in short supply, family members branched out to scour retail shelves for the necessities. For those leaving this world, care is also needed, according to Victoria Palenske, branch director for Elara Caring, which offers home health and hospice services in the Toledo area. Such souls may need oxygen, pain medications, and spiritual counseling, as well as a hand to hold. "People deserve a lot of care at the beginning of life, but they also deserve care at the end of their life," said Ms. Palenske, who began her career as a registered nurse whose focus turned to hospice services. "It is a calling."

*Editor's Note: Elara Caring's "hospice care" article sensitively addresses "dying," in contrast to some hospice marketing materials that deny or completely divert purposes related to terminal illness, dying, death, or bereavement.*

79 [Hospice market surge: Expected to hit \\$182.1 billion by 2033](#)

*Market.us Media; by Trishita Deb; 7/29/24*

The global hospice market is projected to grow significantly from USD 72.8 billion in 2023 to around USD 182.1 billion by 2033, achieving a CAGR of 9.6%. This expansion is primarily driven by an aging population requiring increased palliative and end-of-life care. The demographic shift necessitates services that address chronic illnesses and provide compassionate care, predominantly offered by hospices. Additionally, technological advancements, particularly in telemedicine, facilitate broader access to comprehensive care, especially in remote areas. Interdisciplinary approaches in palliative care are also pivotal, involving collaborative efforts from doctors, nurses, social workers, and chaplains. This holistic method not only enhances the quality of care but also boosts patient and family satisfaction, key metrics in healthcare evaluations.



80 [Another healthcare, pharmacy chain files Chapter 11 bankruptcy](#)

*Idaho Statesman; by Daniel Kline; updated 7/30/24*

... Rite Aid has been in Chapter 11 bankruptcy since October and has closed nearly 700 locations. CVS (CVS) and Walgreens (WBA) have managed to stay solvent, but both companies have been closing stores as well. That's partially something that can be blamed on Covid. The pandemic caused a population shift and that left thousands of pharmacies in locations that lack audience. If you used to pick up your prescription, and maybe a snack, at a pharmacy during your lunch break and you now no longer go into the office most days, that makes it hard for those locations to thrive. Now, another pharmacy chain that also operates an array of services for older Americans is facing financial distress.

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