



Top News Stories of the Month, June 2024

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Totals	72	99.8

A1 Mission Moments

1 [Jimmy Carter’s long stay in hospice dispels myths about end-of-life care](#)

Miami Herald; by Brian Dunleavy; 6/24/24

Former President Jimmy Carter's being in hospice for 16 months makes him an "outlier," but it also highlights the multifaceted nature of end-of-life care and dispels myths about that care, experts told UPI. ... [Dr. Joan Teno, a former hospice provider and an expert in geriatric care said,] "President Carter is an outlier in that only a small percentage of hospice patients survive more than 15 months," she told UPI in an email. "The fact that he has lived so long on hospice is testament to his excellent medical care at home and, if I had to guess, his will to live." It also illustrates the core focus of hospice, which is typically geared toward people with an anticipated life expectancy of 6 months or less, for whom curing their underlying illness isn't an option, Teno added. Defying the odds: More than 90% of patients who enter hospice care die within the first six months, and nearly 40% die within the first week, according to the National Institutes of Health.

Editor's Note: Too many hospice organizations and news outlets have used former President Jimmy Carter's longer-than-normal hospice stay to discount and ignore core



"hospice" care. Rarely--if ever--have any of these news articles been transparent enough to mention anything whatsoever about the [CMS Hospice Face-to-Face Encounter Requirement](#), nor anything about hospice live discharges. This article is more authentic by describing his hospice stay of 16 months as being as "outlier." Still, this headline can be misleading with its phrase "... dispels myths about end-of-life care."

2 **[Man living with ALS for the last 24 years knocks off an item on his bucket list: Skydiving](#)**

CBS KCTV 5, Waldron, Missouri; by Joe Hennessy; 6/14/24

One of the longest-living people with ALS, 66-year-old Mark Johnson, achieved his dream of skydiving ... His passion for the skies started at a young age with his dad being an airline pilot. ... "I used to fly airplanes when I was a kid, I always wanted to jump out of one," he said. "Being up there, being able to see everything. All of God's creation out there." Johnson is one of the longest survivors of ALS, living with the disease now for almost 25 years, getting assistance from the team at Shirkey Hospice in Richmond, Missouri. He's traveled to Washington D.C. to raise awareness and pass bills to help those impacted too. ... How did we get here ...? He was asked by the hospice care workers a while back what is one thing he wants to do, and he said skydiving so they managed to find a place that would allow for that dream to come true.

3 **[Death with dignity: 50th anniversary of America's first hospice](#)**

Yankee Institute; by Andrew Fowler; 6/7/24

... In the late 19th century, terminally ill patients faced undignified treatment or were even "refused admission to the hospital entirely" due to "availability of space and resources" or race and socio-economic class, according to [Doctors, Death, and Denial: The Origins of Hospice Care in 20th Century America](#) by Sarah E. Pajka. ... All of this shaped the outlook of Florence Wald — a former dean of the Yale University School of Nursing, and a Branford native. Growing up in the early 20th century, she recognized the flaws and inhumane nature of medical care toward terminal patients, telling the Associated Press (AP), on Nov. 26, 1971, that death is "a period of life that can have a lot of meaning. It can be content, full of joy, with lots of reminiscing." But death needed to be "more human and meaningful," as she stated in the same AP article. Throughout her career, Wald's passion for palliative care revolutionized the medical profession, with her co-founding "The Connecticut Hospice," the [first](#) in the United States, on June 11, 1974. Since then, more than 5,200 hospices have been established in the country and [millions](#) have sought both in-patient and home care services. This is the story of how the first hospice was founded in Connecticut 50 years ago. ...



Editor's Note: This fascinating history of hospice's beginnings illuminates core purposes, outcomes (are we measuring the right factors?), and current 21st century challenges. This article is published by the Yankee Institute, not Connecticut Hospice. This author frames this history as a stand against "euthanasia." Whatever one's ethical, political, or religious stand on today's MAiD issues (Medical Aid in Dying) – also referred to as physician assisted suicide – we invite you to find common ground in learning from our history and celebrating Florence Wald's co-founding of The Connecticut Hospice. For readers, what do you know about your hospice organization's history? What might you research and learn? Whom can you honor? Fifty years from now, what will be said of how your organization chose to address 2024's core hospice purposes, outcomes, and challenges?

4 **[Patient's wish to visit Graceland granted with help of Texarkana's Heritage Hospice](#)**

NBC KTAL-6, Texarkana, TX: by Hunter Trombetta; 6/7/24

A Texarkana hospice recently fulfilled one of its patients' wishes. Debora Warren is a patient with Heritage Home Health & Hospice. She says she has been an Elvis fan since she was 10 years old. ... Her favorite Elvis song, "If I Can Dream," surely takes on a new meaning now because, at the age of 71, her dream to visit Graceland came true thanks to a unique program at Heritage Hospice. "Wishes is a program where we grant our hospice patients their final wishes. Miss Debora Warren wanted to go to Graceland, and so we made that happen," says Kristy Minton, the Volunteer Coordinator at Heritage Home Health and Hospice.

5 **[Surprise D-Day veteran honored on anniversary](#)**

Daily Independent; by Lin Sue Flood; 6/6/24

At the tender age of 18, Surprise [AZ] resident Ned Kent joined the Army. That was January 1940 — just four months into World War II — and he served faithfully through July 1945, virtually the end of the war. A hard worker, Kent rose to the rank of technical sergeant and fought on the front lines of the Battle of the Bulge in Belgium. He and his troop won a Bronze Star for their heroic actions storming Normandy while under German bombardment on D-Day 80 years ago. ... 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. She called upon a veteran volunteer with Hospice of the Valley's Saluting Our Veteran's program. ... The humble centenarian was



beside himself, surrounded by son-in-law Sam, a Vietnam-era veteran, and Debi, who brought a surprise gift: 11 of his medals framed in a shadow box.

6 [Normandy Welcomes World War II Heroes - 80th Anniversary](#)

U.S. Department of Defense; 6/4/24

World War II veterans met with cheers and applause from throngs of well-wishers as they arrived in Normandy, France, for events commemorating the 80th anniversary of D-Day. ... The number of these heroes at D-Day anniversary events in Normandy each year is diminishing, but the gratitude and awe for their service and sacrifice endures.

7 [EPCSO, Hospice of El Paso make dream come true for teen facing terminal illness](#)

ABC KVIA; by Tyaun Marshburn; 5/29/24

Evan Molina was sworn in Wednesday by El Paso County Sheriff Richard Wiles to be honorary Sheriff of El Paso for the day. Molina is a pediatric patient at Hospice of El Paso. He said he has always wanted to be a sheriff, and today the El Paso County Sheriff's Office and Hospice of El Paso made that wish come true.

Total	7
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A2 Reimbursement Challenges, Warning Signs, and Implications

A. General to Hospice

8 [LeadingAge: CMS on right track with high-acuity hospice RFI](#)

Hospice News; by Jim Parker; 5/31/24

The senior care advocacy group LeadingAge has praised the U.S. Centers for Medicare & Medicaid Services (CMS) inquiries into high-acuity palliative care, but expressed concern over reimbursement and staffing issues. The agency's 2025 proposed hospice rule featured a series of requests for information (RFI) on issues like health equity, social determinants of health and future quality measures. The RFIs contain further questions about the utilization of higher-cost palliative treatments under the Medicare Hospice Benefit. The agency posed similar queries in its proposed rule for 2024. The new proposal seeks greater clarity on the financial risks and costs that providers say represent barriers to providing those services, such as palliative chemotherapy, radiation blood transfusions or dialysis, among others.



9 **[Hawai'i is the first state to provide palliative care coverage](#)**

EIN Presswire; by Governor Josh Green, MD; 6/4/24

Governor Josh Green, M.D., and the Department of Human Services (DHS) Med-QUEST Division are pleased to announce that the Centers for Medicare and Medicaid Services (CMS) approved a new State Plan Amendment (SPA) to cover community palliative care services through Medicaid, making Hawai'i the first state in the nation to do so. ... "After several years of hard work and collaboration with many community members and experts in the field, I am proud to announce that Med-QUEST is the first Medicaid program in the country to get this benefit approved," said Governor Green. "This will greatly improve the quality of life and health outcomes for thousands of people who face serious medical conditions in our state. Hawai'i continues to lead the nation in innovations in health and health care."

10 **[Hospice CAHPS scores updated 5/22/24](#)**

CMS CAHPS® website; multiple updates posted 5/22/24

CMS has posted numerous CAHPS® Hospice Survey updates. Click on the title's link to access the CMS site. Click on "Care Compare Reporting Updates" or the following 5/22/24 updates:

- CAHPS Hospice Survey Response Rate
- Case-Mix Adjustment Methods for CAHPS Hospice Survey Measures Document Posted
- CAHPS Hospice Survey State Scores Posted
- CAHPS Hospice Survey National Percentiles Posted

B. Medicare Advantage

11 **[Less care at higher cost - The Medicare Advantage paradox](#)**

JAMA Internal Medicine; by Adam Gaffney, MD, MPH, Stephanie Woolhandler, MD, MPH, David U. Himmelstein, MD; 6/24

Celebrating a Medicare Advantage (MA) milestone—enrollment in those private plans surpassed 30 million—the health insurance industry's trade group proclaimed MA "a good deal for members and taxpayers." The first part of that claim is debatable, while the second part is false. Medicare Payment Advisory Commission (MedPAC), the nonpartisan agency reporting to Congress, recently estimated that MA overpayments added \$82 billion to taxpayers' costs for Medicare in 2023 and \$612 billion between 2007 and 2024.

Publisher's Note: "You're getting less care, but at least it costs more" is right in line with my mantra "I may be old, but at least I'm slow"...



12 **Medicare Advantage members spend over \$2,500 less than traditional Medicare enrollees annually: Study**

Becker's Payer Issues; by Jakob Emerson; 6/10/24

Medicare Advantage enrollees spend more than \$2,500 less on healthcare costs on average than traditional Medicare enrollees, according to an independent analysis by ATI Advisory. The analysis was commissioned by the Better Medicare Alliance and published June 10. It used data from the Medicare current beneficiary survey and cost supplement files from 2019 to 2021. Six key takeaways:

- Medicare Advantage enrollees spent \$2,541 less on healthcare costs on average than FFS Medicare enrollees in 2021.
- From 2020 to 2021, the average total healthcare spend for Medicare Advantage and FFS Medicare beneficiaries rose 24% and 15%, respectively.
- Among Black, Latino, and white MA and FFS enrollees, white enrollees had the highest total spending, while Latinos had the lowest.
- In 2021, MA enrollees were 58% more likely to report an income under 200% of the FPL compared to one-third of FFS Medicare enrollees.
- Among Medicare beneficiaries who reported incomes less than 200% of the FPL, less than one-third of MA enrollees experienced a cost burden from healthcare expenses in 2021 compared to half of FFS Medicare enrollees.
- Among Medicare beneficiaries with zero to two chronic conditions, FFS enrollees spent an average of \$1,392 more on healthcare expenses annually than MA enrollees. Among members with three or more chronic conditions, FFS Medicare enrollees spent \$3,165 more on healthcare expenses than MA enrollees annually.

13 **UnitedHealth Group continues to leverage home-based care to drive value-based strategy**

Home Health Care News; by Robert Holly; 5/30/24

Value-based care has long been a core focus for UnitedHealth Group and its Optum arm. Recently, however, the health care giant has started to view value-based care as a sustainable business model that it can lean into to drive growth across its operations. ... "Although it's a topic that has been talked about for probably 30 years as a theme, I would say, really, only within UnitedHealth Group and Optum are you seeing value-based care now on a scale and presence [that] allows it to operate truly as a business model," UnitedHealth Group CEO Andrew Witty said Wednesday, speaking at an investor conference.

Total	6
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A3 Competition to be Aware of

14 [California hospice ownership changes from 2018-2020: A spatial analysis and case illustration](#)

American Journal of Hospice and Palliative Care; by Heather A. Davis, PhD, Christy Torkildson, PhD, RN, PHN, FPCN, HEC-C, Lisa C. Lindley, PhD, RN, FPCN, FAAN; 6/24
Hospices in California have undergone significant and complicated ownership changes in recent years. ... Our findings showed that ownership changes were significant and complicated. An influx of for-profit organizations into the California market was primarily responsible for these changes. Additionally, lack of corporate financial public disclosure and voluntary hospice accreditation, certification, and reporting result in a lack of free, publicly available, definitive comprehensive data on for-profit hospice ownership. This hinders information gathering on and provider/familial choice-making regarding hospices. Our study provides critical insight into the impact of ownership changes and lack of definitive, free, publicly available information on adult hospices in California caring for children and has important clinical, research, and policy implications.

15 [BrightSpring Health Services announces definitive agreement to acquire Haven Hospice, expanding its hospice services into the CON state of Florida](#)

BrightSpring press release; 6/24/24

BrightSpring Health Services (NASDAQ: BTSG), a leading provider of home and community-based health services for complex populations, today announced a definitive agreement to acquire the assets of North Central Florida Hospice, Inc. and Haven Medical Group, LLC (collectively "Haven Hospice"), a Florida-based company holding a Certificate of Need (CON) for comprehensive hospice care services in 18 counties in north central Florida. ... BrightSpring's acquisition of Haven will allow the Company to provide advance care planning, palliative, and hospice services throughout Florida Agency for Health Care Administration service areas 3A, 4A, and 4B. Total consideration for the acquisition is \$60 million, with \$15 million in cash at close, \$30 million in Company equity at close, and an additional \$15 million in a seller note payable four years after closing. The acquisition is expected to close in the third quarter of 2024.



16 **[Private equity, consolidation divide aging services sector as multi-agency effort gets underway](#)**

McKnight's Long-Term Care News; by Kimberly Marselas, Kimberly Bonvissuto; 6/10/24

While some aging services providers last week warned that more scrutiny of healthcare consolidation and rules that seek to limit it further could create “unintended consequences,” others encouraged three federal agencies to proceed with promised work on the issue. Private equity ownership is associated with increases in short-term mortality of Medicare patients, as well as declines in other quality measures of patient well-being, and reductions in staffing, services, supplies, or equipment, said LeadingAge, in comments authored by Jonathan Lips, vice president of Legal Affairs, citing research. They also acknowledged that another study using the government’s own data showed PE’s stake in the skilled nursing sector had declined to just 5% by 2022. Further research showed that slowdown persisted into 2023.

17 **[NPHI: Increase scrutiny of PE hospice transactions](#)**

Hospice News; by Jim Parker; 6/11/24

Federal regulators should increase scrutiny of private equity activity in the hospice space, according to the National Partnership for Healthcare and Hospice Innovation (NPHI). NPHI is a membership organization comprising more than 100 nonprofit, community-integrated hospice and palliative care providers from 38 states and the District of Columbia. The organization recently submitted comments in response to a Request for Information from the U.S. Department of Justice (DOJ), Department of Health and Human Services (HHS) and the Federal Trade Commission (FTC).

18 **[Why private equity hospice investors need to re-focus on patients](#)**

Hospice News; by Jim Parker; 6/7/24

As private equity investors seek out hospice and other health care transactions, they should retrain their sights on potential benefits for patients in addition to financial metrics. Driving this is a changing regulatory environment as scrutiny heats up for both hospices and the private equity firms themselves. Tightened regulation in the hospice space has led to longer, more stringent diligence processes when it comes to buying and selling provider companies. This means that potential buyers are looking hard at compliance and quality metrics before completing a deal, along with the seller’s financials.



19 **[Experts urge Legislature to pass bill preventing for-profit and private equity hospice in New York](#)**

Spectrum News 1; by Susan Arbetter; 5/21/24

The FBI has issued public warnings about hospice fraud in four states — Texas, Arizona, Nevada and California. The bureau is alerting consumers to a wide-spread scam in which patients are enrolled in hospice without their knowledge by recruiters who “sell” hospice care to people who aren’t actually eligible. ... One reason fraudsters have yet to gain a foothold in New York is that new hospices here go through a “Certificate of Need” process (CON) which reviews applications, provides for public comment and ensures that hospice operators don’t have a history of fraud or abuse. But according to Jeanne Chirico, president and CEO of the Hospice & Palliative Care Association of NYS (HPCANYS), and Kara Travis, president and CEO of Mountain Valley Hospice & Palliative Care, and a trustee of HPCANYS, there’s more that New York can do to protect consumers. They are urging lawmakers to pass a bill carried by state Sen. Liz Krueger and Assemblymember Amy Paulin that would prohibit the establishment of new for-profit hospices in the state (A6032 - Paulin / S6460 – Krueger).

A. Mergers & Acquisitions

20 **[Risant Health plans to acquire North Carolina system](#)**

Becker's Hospital Review; by Alan Condon; 6/24/24

Risant Health, a nonprofit [formed](#) under Oakland, Calif.-based Kaiser Permanente, has signed a definitive agreement to acquire Greensboro, N.C.-based Cone Health. The news comes less than three months after Risant acquired its first health system, Danville, Pa.-based Geisinger Health. If the transaction closes, Cone Health will operate independently as a regional and community-based health system under Risant, which supports organizations with technology and services to improve outcomes and lower care costs in diverse business models.

21 **[NAHC, NHPCO ink deal completing affiliation](#)**

Hospice News; by Holly Vossel; 6/18/24

The National Hospice and Palliative Care Organization (NHPCO) and the National Association for Home Care & Hospice (NAHC) have announced the completion of their affiliation agreement. The affiliation joins two of the largest organizations representing, educating and advocating for home health and hospice providers that serve millions of disabled, elderly and dying Americans across the country. Board chairs and c-suite executives at NAHC and NHPCO recently met in Washington D.C. to ink the deal. The affiliation is rooted in a shared belief that unification will benefit their respective



members and ultimately the patients and families they serve, according to NAHC President and CEO William Dombi.

22 **[Bluegrass Care Navigators and Hosparus Health announce landmark affiliation agreement](#)**

Hosparus Health Press Release; 6/17/24

Today marks a significant milestone as Bluegrass Care Navigators and Hosparus Health announced that their respective boards of directors have signed a Memorandum of Understanding (MOU) to begin working toward a formal affiliation between the two organizations. The affiliation is rooted in the organizations' shared mission of providing compassionate, high-quality care to those facing serious illness and end-of-life. It aims to enhance service delivery, improve operational efficiencies, and bolster long-term sustainability — all while preserving the unique identities and local operations of both organizations. David Cook, Hosparus Health President and CEO, said, "This formal affiliation is designed to strengthen and improve resiliency for our organizations. Rest assured, we will continue to honor and maintain the distinct identities and local presence that our communities have come to cherish. This affiliation is a testament to our shared commitment to working together and enhancing care for our communities." "Both Bluegrass Care Navigators and Hosparus Health share a joint mission: to provide exceptional, compassionate, high-quality care to those facing frailty, serious illness and end-of-life," added Liz Fowler, President and CEO of Bluegrass Care Navigators. "Our long histories of service, innovation, and excellence make this affiliation a natural and exciting next step." *[Click on the title's link to read more.]*

23 **[Oregon reviews UnitedHealth deal for Amedisys home health, hospice](#)**

The Lund Report; by Nick Budnick; 6/4/24

State officials are asking members of the public to weigh in on the proposed acquisition of Amedisys — a hospice and home health and company that operates in Roseburg, Salem and Portland — by an increasingly controversial health care giant called UnitedHealth Group, Inc. UnitedHealth operates Optum, a subsidiary whose takeover of a clinic chain in the Eugene area has sparked numerous complaints. The state recently approved the company's acquisition of The Corvallis Clinic, an 11-clinic company operating in three counties. Now, it proposes to take over the Oregon offices of Amedisys, a publicly traded firm, and the transaction has federal officials contemplating a lawsuit to block it. UnitedHealth and Optum are under increasing scrutiny for their market dominance and allegations of anticompetitive conduct.



24 **[Should all healthcare workers take the Hippocratic Oath?](#)**

Becker's Hospital Review; Madeline Ashley; 5/29/24

As private equity expands across the healthcare industry and proper patient care is brought into question, Don Berwick, MD, a Harvard Medical School health policy lecturer in Boston and former CMS administrator during the Obama administration, called for an extended Hippocratic Oath for all who work in healthcare. During an April 3 senate hearing in Boston, titled, "When Health Care Becomes Wealth Care: How Corporate Greed Puts Patient Care and Health Workers at Risk," Dr. Berwick spoke passionately about how patient needs have been put on the backburner, but should be the No. 1 priority in healthcare. "That principle, the needs of the patient come first, should apply to and be enforced by law in every single agent in the world of care," Dr. Berwick said during the hearing. "Not just clinicians but also organizations, payers, entrepreneurs and investors. At the moment we are dropping that ball."

Publisher's Note: At first blush, this article makes a lot of sense - the needs of the patient come first. However, it quickly becomes complicated. There's tension between "patient first" and "no money no mission". There's tension between "patient first" and "public health" (thinking about COVID here). And there's tension between which version of the Hippocratic Oath you subscribe to, if any. There is a [NIH Greek translation](#) that some may find objectionable; there is a [Modern Version](#) by Louis Lasagna that many medical schools use; and there are other versions. As always, we appreciate [your feedback](#).

25 **[Community Hospice & Palliative Care setting sights on Florida, Georgia expansion](#)**

Hospice News; by Holly Vossel; 6/3/24

Florida-based Community Hospice & Palliative Care recently opened a new location in its home state that will serve as an office for interdisciplinary staff and a community center. The new center is a key part of the hospice and palliative care provider's overall strategic growth plans to improve access among underserved populations, according to Community CEO Phillip Ward. ... One aim of launching the center is to improve care collaboration and access among African Americans in the community, according to Ward.

26 **[StateServ Rebrands to Dragonfly Health](#)**

PR Newswire; 6/3/24

StateServ, a leading provider of benefit management solutions for durable medical equipment ("DME") and pharmaceuticals for the post-acute care market, announced today it has rebranded to Dragonfly Health. The new identity marks an inflection point for the Company, as it combines DME and pharmacy offerings, enabling a scalable,



holistic care-at-home service platform driven by advanced technology and robust analytics. Through its comprehensive offering of equipment and medication solutions, Dragonfly Health seeks to improve quality of life and transform the care-at-home experience for caregivers, patients, and their families.

27 **Pacs Group CEO calls for caution when dealing with private equity**

Modern Healthcare; by Diane Eastabrook; 5/30/24

Do you think private equity is becoming a problem for nursing homes? [Pacs Group Chair and CEO Jason Murray replies] I'm not saying that all private equity is inherently bad, but I do think that if providers are not careful about how the capital is aligned with their mission as a company, then you can get into some dangerous situations. As the company tries to perform, they might not be at the level where the capital partner would like them to be, so the business plan changes. Whenever that business plan changes from patient care to a return on capital, it's a losing scenario.

28 **How hospice valuations are shaping up in 2024**

Hospice News; by Jim Parker; 5/30/24

When it comes to hospice acquisitions, buyers' and sellers' expectations on price tags are becoming more aligned. A surge of deals in 2021 and 2022 led to record-high valuations in the space with multiples reaching in excess of 30x in some instances. While many buyers were willing to pay that premium, some stepped out of the market due to the high valuations. But deal volume has largely declined in late 2023 and early 2024, and valuations are starting to come down.

Total	15
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A4 Workforce Challenges

A. Paints the Picture

29 **The state of the hospice nursing workforce**

Hospice News; by Holly Vossel; 5/28/24

Honing clinical scheduling and onboarding models is key to sustaining the hospice nurse workforce as demand for these clinicians rises and wages lag compared to those in other settings. Future generations of health care clinicians may be woefully unprepared to address both the quantity and the complexity of emotional, physical and spiritual needs among a swelling aging population nearing the end of life.



B. Implications of the issue

30 **'We may not ever be fully staffed': Health system C-suites plan for the future**

Becker's Hospital Review - Leadership & Management; by Laura Dyrda; 6/24/24

After the pandemic, most healthcare leaders experienced a "great resignation" as workers left for other service industries and ever since health systems have been dealing with a lack of skilled labor to backfill the vacancies. "As we have realized we may not ever be fully staffed to the degree we were pre-COVID, we now must augment our existing workforce with technology that extends their capabilities," said Mark Moseley, MD, president of USF Tampa General Physicians and executive vice president of Tampa General Hospital. "This is a two-part challenge. First, we need to deploy technology thoughtfully with sound blocking and tackling, which is expensive in both time and capital. Second, we must train our workforce to use these new technologies to aid them in their daily responsibilities in a manner that does not diminish the ethos of why many of us went into healthcare: the interactions with patients and members of the healthcare team." Physicians and nurses can fall on a wide spectrum of excitement or distaste for incorporating technology into their practice. Some may find it impersonal and challenging to understand while others see it as a tool boosting their capacity. ...

31 **3,000+ nurses at 6 Providence facilities to strike**

Becker's Hospital Review; by Kelly Gooch; 6/10/24

Members of the Oregon Nurses Association are [set to begin](#) a three-day strike June 18 at six Providence facilities, in what the union deems the largest nurses' strike in the state's history. The union represents more than 3,000 nurses at the following facilities, according to an ONA news release:

- Providence St. Vincent Medical Center (Portland)
- Providence Newberg (Ore.) Medical Center
- Willamette Falls Medical Center (Oregon City)
- Providence Medford (Ore.) Medical Center
- Providence Hood River (Ore.) Memorial Hospital
- Providence Milwaukie (Ore.) Hospital

32 **'The last option': Why doctor, resident unions continue to grow**

Modern Healthcare; by Mari Devereaux; 6/6/24

A wave of labor organization continues among doctors, residents and fellows as more than 3,000 have joined unions so far this year, driven by worries about burnout, administrative burden and inadequate patient care. Doctors and support staff are seeking contracts across organizations that ensure reduced workloads and more one-



on-one patient care time. However, where doctors want more decision-making power, residents are pushing for better benefits and higher pay.

33 **[Union ratifies RN contract with Ascension Genesys](#)**

WNEM-TV5, Genessee Co., Mich; by Hannah Mose; 6/5/24

The union representing the registered nurses (RNs) at Ascension Genesys Hospital announced the tentative agreement between the union and the hospital has been ratified. On May 20, Teamsters Local 322 president Dan Glass said there had been months of failed negotiations between the union and the hospital, and if there wasn't an agreement made by May 24, the union would strike. However, on May 22, Teamsters Local 322 said a tentative agreement had been reached between the union and the hospital.

Total	5
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A5 Patient, Family, and Future Customer Demographics and Trends

34 **[It's your funeral! How to plan ahead for the best party you'll never attend](#)**

The Guardian; by Doosie Morris; 6/14/24

Years before the indomitable Joan Rivers died in 2014 she immortalized [hopes for her own farewell](#) in her memoir. ... The rise in so-called "death positivity", along with the mortal reality check wreaked on us by the pandemic, has helped to reframe death as a part of life for many of us. Taboos around discussing death are breaking down and planning your own funeral is increasingly considered as responsible as writing a will. ... While the latest Australian Funeral Industry report found less than one in five Australians have actually planned their own funeral, a definite vibe shift is occurring and 90% of people say they want to. ... "When people say 'I don't want a funeral' I remind them it's not actually for them," Griffith says. "You might think you're doing your loved ones a favour, but you are actually denying everyone who needs somewhere to put their grief." ...

35 **[Staff training key to improving hospice quality among LGBTQ+ patients](#)**

Hospice News; by Holly Vossel; 6/13/24

Hospice staff training models with culturally appropriate LGBTQ+ components are key to improving quality outcomes among an increasingly diverse base of underserved seniors. Ongoing staff education and communication skill building are two significant pieces of bridging gaps of hospice care among LGBTQ+ seniors, according to Jerry Farmer, vice president of diversity, equity and inclusion at AccentCare.



36 **[Minnesota family featured in new Amazon docuseries covering end-of-life](#)**

CBS News WCCO (MN); by Mackenzie Lofgren, Derek James; 6/12/24

A Blaine woman and her family will be featured in Amazon Prime's new six-episode docuseries, "Take Me Out Feet First." The docuseries follows individuals advocating for end-of-life options. The series was created by New York City native, Serene Meshel-Dillman, who was inspired to make the docuseries after she witnessed both of her parents end their lives in the comfort of their home. "Take Me Out Feet First" is a six-part docuseries made in partnership with the nonprofit advocacy group Compassion & Choices. Each episode will follow a different individual or family who has, advocated for, or is actively exploring end-of-life options. The docuseries is available to stream now on Amazon Prime.

37 **[The Aging Revolution: Growing old in America becoming more dignified, but with senior population booming, is nation's health system prepared?](#)**

BusinessWire; 6/4/24

A half-century after renowned gerontologist, psychiatrist and author [Dr. Robert Butler](#) ridiculed the nation's medical establishment for ignoring the suffering of older Americans, [Northwell Health](#) today announced the publication of [The Aging Revolution: The History of Geriatric Health Care and What Really Matters to Older Adults](#), which chronicles the significant advancements made in improving the physical and emotional health of the nation's rapidly aging population.

38 **[Is long-term care evolving or devolving?](#)**

McKnights Long-Term Care News; by John O'Connor; 6/9/24

... Is long-term care evolving or devolving? First, let's look at some of the positive ways operators in this field are changing with the times. In my view, here's the first among equals: person-centered care models have emerged as never before. ... Here are some other ways the sector has made notable strides:

- Enhanced infection control protocols ...
- Reduced reliance on antipsychotics ...
- Harnessing technology-driven tools ...
- Better staff training and education ...
- Integration of palliative and end-of-life care ...

Here are some additional challenges where progress has moved at a snail's pace, or worse:

- A lingering reputation for substandard care ...
- Physical and infrastructure deterioration ...



- Financial instability and funding challenges ...
- Continuing arrests of providers for fraud and abuse ...

39 **[Rural pharmacy owners say it's getting harder to stay open](#)**

Times West Virginian; by Devi Shastri; 6/5/24

Rural pharmacies can be a touchstone for their communities. The staff knows everyone's names and drugs, answers questions about residents' mail-order prescriptions or can spot the signs of serious illness. But their business models face unrelenting pressures to the point that sometimes they have to close. An AP analysis of data from 49 states and the National Council for Prescription Drug Programs shows that several largely rural states have some of the lowest number of pharmacies per ZIP code. *Editor's Note: This trend for closures in rural areas is rampant for hospitals, emergency departments, physicians, and more. [Click here for a letter from NHPCO and numerous hospice providers to Congress, Jan. 5, 2024: Protect rural and frontier American's access to hospice and palliative care.](#)*

40 **[61% of US adults will have cardiovascular disease by 2050, American Heart Association says](#)**

Becker's Hospital Review; by Ashleigh Hollowell; 6/4/24

A majority of adults in the U.S. — around 61% — are likely to be diagnosed with a form of cardiovascular disease by 2050, according to new American Heart Association data. The increased burden will cost the U.S. health system \$1.8 trillion in the time frame. Stroke is anticipated to see the largest increase in prevalence by 2050, according to a June 4 news release from the organization. Projections outlined in AHA data from two reports published in its flagship journal say stroke rates are likely to grow from 3.9% to 6.4%, affecting the health of 20 million adults. Cardiovascular disease, including stroke, is expected to go from affecting 28 million adults to 45 million adults.

Editor's Note: Many hospice clinical processes were developed for cancer trajectories. Hospice and palliative care leaders, what end-of-life, heart-disease specific education do you provide for your clinical teams, your volunteers, and family caregivers? What referral systems do you have in place with cardiologists? With local chapters of the American Heart Association?

41 **[Reap what you sow](#)**

Fraud of the Day; by Larry Benson; 6/4/24

Newly released Federal Trade Commission data show that consumers reported losing more than \$10 billion to fraud in 2023, marking the first time that fraud losses have



reached that benchmark. This marks a 14% increase over reported losses in 2022. The short of this report is that there is more opportunity in fraud than ever before. And fraudsters don't care who they are scheming from. Including the dying. Shiva Akula owned and oversaw the day-to-day operations of Canon Healthcare, LLC, a hospice facility with offices in Louisiana and Mississippi. ... Between January 2013 and December 2019, Akula billed Medicare approximately \$84 million in fraudulent claims. He was paid approximately \$42 million relating to these fraudulent claims. And leaving the dying to just do that. Die without the extra care he profited from. ... [Akula was sentenced to serve 20 years in prison and to repay \$42 million in fraudulent Medicare billing claims.]
Editor's Note: Additional information about Akula was reported in our May 21, 2024 newsletter, [Hospice owner sentenced to 240 months imprisonment and ordered to repay \\$42,000,000 for defrauding Medicare](#).

42 **[National aging framework outlines governmentwide initiatives promoting home-based care](#)**

McKnight's Home Care; by Adam Healy; 6/3/24

The Department of Health and Human Services released a new framework for its [National Plan on Aging](#) on Thursday. The framework aims to guide a multifaceted, governmentwide

43 **[Most people don't get the end-of-life care they really want. Here's what you can do to change that.](#)**

[Maria Shriver's] Sunday Paper; by Karen Spencer; 6/1/24

My mother died of cancer in 2011, when I was in my 30s. My father had died a decade earlier, and most of our family lived far away. So even though I lived in Boston and my mom was in Denver, we had to figure out how I could help care for her from a distance. Here are 3 lessons I've learned along the way that I hope will help you, too.

- Lesson No. 1: The doctors don't always know more than you do.
- Lesson No. 2: Be proactive and ask questions about end-of-life care - even before you need it.
- Lesson No. 3: Educate yourself about the kinds of end-of-life care available to you.



44 **[The lonely Americans paying \\$3,000 for 'death doulas' to hold their hand while they die](#)**

DailyMail; by Alexa Lardieri; 6/1/24

When it became clear that 88-year-old John Binder was dying, his daughter started making preparations to quit her job and travel nearly 1,000 miles across the country to take care of her elderly dad. The retired mechanic, who suffered kidney failure as a result of diabetes, couldn't be looked after by his wife, as she was also elderly and had recently undergone cancer treatment, and he refused to go to a hospice center. But then, a church leader recommended the family contact a death doula.

Publisher's Note: Opportunities (missed opportunities?) hospices might consider.

45 **[Deaths of despair surged among Black people over past decade](#)**

JAMA Network; by Emily Harris; 5/24

Guided by findings reported in 2015, researchers have thought that the uptick in midlife deaths of despair—those resulting from suicide, drug overdose, and alcoholic liver disease—disproportionately affected White people. Now, new data published in JAMA Psychiatry illustrate that the decrease in life expectancy from deaths of despair among people aged 45 to 54 years is not unique to White individuals.

Publisher's Note: Some hospices exclude suicide, drug overdose, alcoholic liver disease, etc., from hospice use calculations or consideration - should we?

Total	12
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A6 Regulatory and Political

46 **[HPNA Position Statement: Medical Aid in Dying \(MAiD\)](#)**

Hospice & Palliative Nurses Association / HPNA; retrieved from the internet 6/17/24

HPNA's position, policy, and value statements are reviewed every five years. Prior to approval from the Board of Directors, all new, revised, and updated position or value statements are posted for public comment to allow for opinions relevant to the position or value statement for a 30-day period. Statement open for comments through July 7, 2024.

[Position statement - scroll down and click on its "Statement Open for Comments - Medical Aid in Dying \(MAiD\)"; Public Comment Feedback Form](#)



47 **[Rep. Earl Blumenauer plans landmark hospice reform bill](#)**

Hospice News; by Jim Parker; 6/13/24

Rep. Earl Blumenauer (D-Oregon) is drafting a landmark bill that, if enacted, would represent the most significant reforms to date for hospice payment and oversight. Blumenauer announced the bill, the Hospice Care Accountability, Reform, and Enforcement (Hospice CARE) Act, on Thursday at the Hospice News Elevate conference in Washington D.C. Though the bill language is still in development, key provisions will likely include a new payment mechanism for high-acuity palliative services, changes to the per-diem payment process and actions to improve quality and combat fraud.

48 **[Kickbacks and medically unnecessary treatments: Five major qui tam settlements from May 2024](#)**

JD Supra; by Geoff Schweller; 6/5/24

Under the FCA's *qui tam* provisions, a crucial tool in combating healthcare fraud, whistleblowers have the power to file suits on behalf of the federal government if they possess the knowledge of an individual or company defrauding the government. The government may choose to intervene and take over the suit, but if a *qui tam* lawsuit results in a successful settlement, the whistleblower is eligible to receive between 15-30% of the monies collected. The settlements announced in May cover a wide range of alleged misconduct that violates the FCA, including cases concerning [kickbacks](#) and [the billing of federal healthcare programs](#) for medically unnecessary treatments. Each settlement represents a victory in the ongoing battle against fraud. ... [Non-hospice examples followed by this hospice case] \$4.2 Million Settlement with Elara Claring for Allegedly Billing Medicare for Ineligible Hospice Patients ...

49 **[How fraudulent hospices evade regulators](#)**

Hospice News; by Jim Parker; 6/5/24

A slew of fraudulent hospices in California are dodging consequences by shuffling patients around between provider numbers. That's according to multiple sources who spoke with Hospice News, expressing their concerns about patterns of fraud continuing even as government regulators crack down on the sector. Since 2021, numerous media and government reports have emerged of unethical or illegal practices among hundreds of newly licensed hospices, particularly among new companies popping up in California, Texas, Nevada and Arizona. Despite the best efforts of regulators and law enforcement, hospice leaders are concerned that many bad actors are slipping through the cracks. ...



50 **[Proposed HOPE tool seeks to fill hospice data gaps but needs tweaking, experts say](#)**

McKnight's Home Care; by Adam Healy; 6/3/24

Although the proposed [Hospice Outcome and Patient Evaluation \(HOPE\) tool](#) intends to close important data gaps surrounding end-of-life care, there is more work to be done to improve hospice quality reporting. "So much more information needs to be gathered from these patients," Katy Barnett, director of home care and hospice operations and policy at LeadingAge, the association of nonprofit aging services providers, which include hospices, told McKnight's Home Care Daily Pulse in an interview. "It's just not there in the tool right now."

51 **[Hospice groups to CMS: Don't rush CAHPS changes](#)**

Hospice News; by Jim Parker; 6/3/24

Hospice industry organizations have voiced support for proposed updates to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys but raised questions on the implementation timeline. ... One key concern about the timeline is the need for vendors to develop updated electronic medical record (EMR) systems as well as methods of collecting the data, according to Katy Barnett, director of home care and hospice operations for LeadingAge. ... The proposed changes include:

- The addition of a web-mail mode (email invitation to a web survey, with mail follow-up to non-responders)
- A shortened and simplified survey
- Modifications to survey administration protocols to include a prenotification letter and extended field period
- The addition of a new, two-item Care Preferences measure
- Revisions to the existing Hospice Team Communication measure and the existing Getting Hospice Care Training measure
- The removal of three nursing home items and additional survey items impacted by other proposed changes in this rule.

52 **[Lessons learned establishing the Palliative Care Research Cooperative's Qualitative Data Repository](#)**

Journal of Pain and Symptom Management; Salimah H Meghani, Kim Mooney-Doyle, Amber Barnato, Kathryn Colborn, Riley Gillette, Krista L Harrison, Pamela S Hinds, Dessi Kirilova, Kathleen Knafl, Dena Schulman-Green, Kathryn I Pollak, Christine S Ritchie, Jean S Kutner, Sebastian Karcher; 5/31/24



... The [Palliative Care Research Cooperative Group] PCRC Data Informatics and Statistics Core leadership partnered with the Qualitative Data Repository (QDR) to establish the first serious illness and palliative care qualitative data repository in the U.S. ... Specifically, we discuss how we co-designed the PCRC-QDR and created tailored guidelines for depositing and sharing qualitative data depending on the original research context, establishing uniform expectations for key components of relevant documentation, and the use of suitable access controls for sensitive data. ... This work advances the establishment of best practices in qualitative data sharing.

53 **[NAHC, NHPCO comment on revision of Hospice Certifying Physician Enrollment Requirement](#)**

HomeCare; 6/7/24

The National Association for Home Care & Hospice (NAHC) and the National Hospice and Palliative Care Organization (NHPCO) responded to the Centers for Medicare & Medicaid Services (CMS) recently revised guidance regarding the implementation of the hospice certifying physician enrollment requirement. NAHC and NHPCO identified that some instruction provided by CMS was inconsistent with established law and regulations regarding the certification of a patient's terminal illness for new hospice elections after the first benefit period. That instruction, if implemented, could have resulted in major negative impacts on hospices and the patients and families they serve. Both organizations requested that CMS retract the guidance to remain consistent with regulation and statute. On June 6, CMS rescinded its guidance to align with current regulations, offering clarity for providers.

54 **[Hospice Certifying Physician edit in effect](#)**

AAPC - American Academy of Professional Coders; by Rebecca Johnson; 6/3/24

The Centers for Medicare & Medicaid Services (CMS) and its Home Health and [Hospice](#) (HHH) Medicare Administrative Contractors (MACs) are all systems go for the new — and potentially troublesome — claims system edit. The edit went into effect June 3. ... In the 2024 Hospice Payment Rate Update final rule, CMS adopted a requirement that two categories of physicians must be enrolled in or validly opted out of Medicare for hospice services to be paid: the hospice medical director or the physician member of the hospice interdisciplinary group; and the attending physician that certifies the patient for hospice. CMS did at least grant hospices' requests for an implementation delay at that time, moving the deadline from the proposed Oct. 1, 2023, to May 1, 2024. Then, on the eve of that start date, CMS bumped the edit for one more month. ...



55 **NHPCO: CMS did not account for full burden of implementing HOPE Tool**

Hospice News; by Jim Parker; 5/29/24

The U.S. Centers for Medicare & Medicaid Services (CMS) may not have accounted for the financial and administrative burdens associated with its implementation of the Hospice Outcomes and Patient Evaluation (HOPE) Tool. In comments on the 2025 proposed hospice rule, the National Hospice and Palliative Care Organization (NHPCO) voiced concerns that the agency’s regulatory impact assessment may not have taken all the details into account, including the need for staffing and technology investments. “Clinical and administrative cost calculations do not align with the reality of the true costs of implementation,” NHPCO indicated in a letter to CMS. “In the proposed rule, CMS significantly underestimated the burden and costs hospices will incur to comply with HOPE requirements. The agency’s estimated cost burden of approximately \$185 million across all hospices fails to account for several important factors.”

Total	10
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A7 Technology and Innovations

56 **Rendever and Lenovo collaborate to bring virtual reality experiences to Carolina Caring seniors**

Fox 8, Boston, MA; by Rendever; 6/19/24

Rendever, the Boston-based company pioneering the future of aging through virtual reality (VR), announces the deployment of its virtual reality platform with Lenovo to Carolina Caring patients. The rollout allows clinicians and caregivers to bring expansive, once-in-a-lifetime VR experiences to older patients whose worlds have become limited. Over the last year, Rendever and Lenovo combined their products into a joint solution that senior living providers can easily adopt to improve the quality of life for older adults through positive shared experiences. Rendever’s award-winning virtual reality solution delivered on Lenovo’s ThinkReality VRX headset provides an all-in-one standalone solution that meets the evolving needs of enterprises with modern virtual reality with six degrees of freedom, full color, and high-resolution experiences. Rendever is deployed in over 700 communities nationwide and looks to further expand with the addition of Carolina Caring in collaboration with Lenovo.



57 **[Prisma uses VR tech to bring outdoors to hospice patients](#)**

UpstateToday.com, Seneca, SC; by Andrea Kelley; 6/8/24

Years ago, Lisa Dwiggin headed out West to visit her father, Bobby Finch. They hopped on his motorcycle — a Harley Davidson — and wound through the canyons, taking in the view. Thanks to a new virtual reality program at Prisma Health Hospice of the Foothills, Dwiggin and Finch were able to visit those places again — together. ... “Those were areas Dad talked about over the years,” Dwiggin told The Journal. “He lived in Las Vegas for over 30 years, rode his Harley all through the canyons and up along the coast, and talked about the sunsets at Huntington Beach. It’s been 6 years since Dad has been back there, and he has been trying to get back to visit but his health prevented him from getting back. This program at least allowed him to reminisce the good times he had.” The experience was made even more special because with Tandem VR, Dwiggin could join Finch.

58 **[White House enlists Microsoft, Google for rural hospital cyberdefense](#)**

Becker's Health IT; by Naomi Diaz; 6/10/24

The Biden-Harris administration has secured commitments from Microsoft and Google to offer free and low-cost resources to rural hospitals nationwide to help them boost their cyber defenses. As part of the effort, Microsoft will be extending its nonprofit program to provide grants and up to a 75% discount on security products for independent critical access hospitals and rural emergency hospitals, according to a June 10 news release from the White House. Additionally, larger rural hospitals using eligible Microsoft solutions will also receive the most advanced security suite at no additional cost for one year. ... Meanwhile, Google committed to offering endpoint security advice to rural hospitals and non-profit organizations at no cost, alongside funding support for software migration.

59 **[Screening tool predicts older adults’ need for end-of-life care intervention](#)**

McKnight's Long-Term Care News; by Donna Shryer; 6/2/24

A computerized tool can accurately identify older adults visiting the emergency department who have a high risk of dying within six months, a new study found. The tool, called the Geriatric End-of-Life Screening Tool, or GEST, performed more reliably than reviewing diagnosed serious illnesses and estimating mortality rate. GEST uses routine medical data such as age, vital signs, blood tests and past hospitalizations to calculate each person’s individualized mortality risk over the next six months. In the study of more than 80,000 emergency department visits by older adults, GEST



maintained high accuracy regardless of the person's gender, race/ethnicity or year of visit.

60 **[Empathetic AI: How Genai virtual agents will be leveraged](#)**

Informa; by Josh Streets; 6/3/24

Imagine you're shopping online or in a store and have a question about a product. But you don't want to find a store employee or call into their contact center to speak with a salesperson while you wait for answers. With a simple snapshot of a QR/UPC code on the product or a tap on your mobile device within an application, you're instantly connected to a virtual agent via video chat. This AI assistant not only understands your questions but can also pick up on your facial expressions and body language via your video discussion, to respond with empathy and some level of emotional intelligence. "I can see you're a bit frustrated," the virtual agent says with a warm, reassuring tone. "Let me walk you through the product details and address any concerns you might have."

Editor's Note: This AI solution might be great for shopping, but is it ethical for hospice care, especially when the person calling might be elderly and assumes they are talking with a person? How would you feel, especially if you're calling when your loved is actively dying, or has just died moments before?

61 **[More older adults becoming comfortable with using technology to help them age in place](#)**

McKnight's Senior Living; by Kimberly Bonvissuto; 5/28/24

Although fewer older adults say their homes are equipped to allow them to age in place in 2024 compared with 2023, more of them are getting comfortable with the idea of using assistive or health-related technologies to keep them living where they are, according to the results of a US News & World Report survey. ... The majority of survey participants (95%) agreed that aging in place was an important goal, up from 93% in 2023. The 2024 report took a deeper look at why older adults are — or are not — using assistive and health-related technologies, which technologies they use the most and their experiences with that technology.

62 **[5 things to know about the sorry state of healthcare cybersecurity](#)**

MedCity News; by Katie Adams; 5/22/24

Nitin Natarajan, deputy director at the Cybersecurity and Infrastructure Security Agency (CISA), shared some key ideas that people need to understand about the current state of cybersecurity in the healthcare industry.



- Everybody's a target.
- Things won't get better overnight.
- Cybersecurity requires an all-hands-on deck approach.
- There are free tools that providers should be taking advantage of.
- "Secure by design" is the future.

63 **[BetterRX and Hospice Dynamix announce strategic partnership to reduce pharmacy costs for hospice agencies](#)**

NBC News Channel 8, Salt Lake City, UT; by EIN Presswire; 5/31/24

BetterRX, a leading hospice pharmacy services and technology provider, and [Hospice Dynamix](#), a revolutionary time-on-service predictive analytics platform, today announced a strategic integration partnership. This collaboration will leverage Hospice Dynamix's proprietary Predicted Length of Stay (PLOS) technology to enhance BetterRX's proprietary medication ordering and management platform, enabling hospice providers to make ordering decisions based on the individual patient, creating immediate savings for the hospice.

64 **[Tech solutions for better patient care: How modern tools are transforming hospice management](#)**

NerdBot; by Nerd Voices; 5/30/24

Hospice care, fundamentally centered on providing comfort and support to terminally ill patients, has traditionally been a deeply personal and human-centric field. However, as technology advances, it is clear that modern tools can significantly enhance the quality of care. Integrating technology into hospice revenue management allows caregivers to streamline operations, reduce errors, and focus more on delivering compassionate care.

- Electronic Health Records (EHR) and Their Impact
- Telehealth: Bringing Care to the Patient
- Mobile Apps for Hospice Management
- Predictive Analytics: Anticipating Patient Needs
- Future Directions: AI and Machine Learning

Editor's Note: How have these changes affected your workforce? Likely, many of your older, experienced hospice professionals describe increased technology as hindering "compassionate care" instead of providing more "focus." While onboarding new employees requires extensive tech-training to specific EHR and other tech systems, have you sacrificed your all-important education for "delivering compassionate care," like communications, empathy, boundaries, grief care, family dynamics, self-care, and more? Assess these dynamics and outcomes quantitatively through your data and qualitatively



through dialogue/feedback. Seek balance. Examine your technology against your Mission and Vision Statements. Guide your employees to understand and value how both compassionate care and technology can work hand-in-hand.

	Total	9
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A8 Speed of Change, Resiliency, and Re-Culture

65 **Be Well Lead Well Pulse**

A scientifically-backed assessment empowering leaders to make wellbeing a game-changer for teams, workplaces, and communities, starting with themselves. It is a holistic tool for human development, cultivating the innate capacity of people to thrive and setting a new standard for thriving in leadership globally.

Publisher's Note: More to follow on this leadership assessment tool...

	Total	1
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A9 The Human Factor

66 **Man killed elderly parents, partner and himself in murder-suicide at SW Miami-Dade home [1 victim was in hospice care]**

NBC 6 South Florida; by Laura Rodriguez; 6/3/24

A man shot and killed his elderly parents and partner before turning the gun on himself in a murder-suicide at a home in southwest Miami-Dade Sunday, police and family members said. According to police, [Jesus] Regueira [Jr.] shot and killed his parents, 83-year-old Jesus Regueira Sr. and 84-year-old Mercedes Morato, 61-year-old Kyrsten Stahre, who police identified as his girlfriend but family members said was his wife, before turning the gun on himself. ... The bodies were first discovered by family friend Joanna Cruz, whose mother was bringing food to Morato, who was under hospice care. ... "I think the problem was his mom had a severe stroke and she was in hospice and his mom was his life. Because someone had said that he wasn't handling it well. The mom was there, but she had hospice coming in. His mom was his favorite person in the world. I don't know about the dad but I just know that's probably what happened," Carol Miloch said.



Editor's Note: Workplace violence in healthcare settings continues to rise, and to be a leading cause for nurse unionization and strikes. Hospice educators and quality compliance, what systems, policies, education, and support do you have in place for your employees? What can you strengthen? Common core issues include elder neglect and abuse, grief assessments and support prior to the death (identified numerous times in the CMS Hospice Conditions of Participation), and more. For high-risk families, what specialized team communications do you utilize, thereby strengthening team safety?

67 **[Dr. Marc Boom confronts the new dynamics of CEO burnout](#)**

Becker's Hospital Review; by Kelly Gooch; 5/23/24

While the topic of burnout among hospital CEOs is not new, there are new dynamics in play to consider as part of the discussion. Those in the role today encounter increased pressures ranging from financial to operational. "There are new pressures that have emerged in the healthcare delivery world - everything from reimbursement cuts and escalating drug and supply costs, and labor expenses - that have created a lot of financial headwinds for organizations," said Scott Sette, a partner with Chicago-based executive search firm Heidrick & Struggles. "Plus, regulatory changes have forced CEOs to spend more resources on compliance, cybersecurity, EMR administration." Additionally, "there have just been so many workforce challenges. ... Then you have the impact of the remote and hybrid workforce and the impact of that on organizational culture. Plus, you've got many social issues going on. Clearly, [diversity, equity and inclusion] continues to be top of mind, but also you've got political unrest. You have mass shootings. You have gender-affirming care and other social issues that organizations have to address. And all of these topics [have] created even more pressures for hospitals and health systems to deal with, in addition to delivering high-quality care and delivering customer-centric experiences. There is a lot for CEOs to deal with on a daily basis." Marc Boom, MD, has served as president and CEO of Houston Methodist, an eight-hospital system with more than 32,000 employees, since 2012. He acknowledged these pressures in a recent interview with Becker's. He also discussed the prevalence of burnout and shared advice for how leaders can reduce the potential for it.

Total	2
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A10 Highlighted Articles of Interest

68 [The 'Inter-AI' Period: 7 key actions leaders should take now](#)

CEOWorld Magazine; by Nada R. Sanders, PhD; 6/20/24

Generative AI is not transient, part of a hype cycle, or a fleeting trend. It's a game-changing innovation that's opened the door to novel human-machine partnerships, AI-driven superintelligence, and a new way to win in business. In the AI timeline, we've entered "The Inter-AI Period," a small window of opportunity where leaders can shape how they use AI now and in the future. This window of opportunity is short — perhaps a few years at most — after which decision processes embedded in AI will harden. By studying transformative AI leaders ... and conducting interviews with dozens of corporate CEOs, we've identified seven key actions every leader should take now:

- Educate Yourself and Your Teams ...
- Develop a Clear AI Strategy ...
- Foster a Data-Driven Culture ...
- Invest in the Right Technology and Partnerships ...
- Pilot Projects, Then Scale Up ...
- Build a Cross-Functional Team ...
- Emphasize Change Management ...

69 [AAHPM CMO Joe Rotella: Hospice does not exist to save money](#)

Hospice News; by Jim Parker; 6/17/24

Dr. Joe Rotella, chief medical officer of the American Academy of Hospice and Palliative Medicine (AAHPM), calls on hospices to maintain their core principles amid a churning sea of regulatory and economic changes. Rotella began his medical career as a primary care physician in a small, rural town in central New Hampshire, where he stayed for 12 years [followed by serving Hospice & Palliative Care of Louisville, KY/Hosparus as Chief Medical director for 15 years]. ... Now, Rotella will soon retire from AAHPM. Hospice News sat down with Rotella to discuss the ways hospice and palliative care have changed during his tenure in the space, as well as the forces shaping the field's future.

...

- What are some of the ways that you've seen the field change during your tenure in hospice and palliative care? ...
 - "What I worry about sometimes is that the founding principles that were based on humanizing this care for the whole person can get lost in the details of who's paying me to do what, or what regulations let me provide or not provide. ... We're not here to save the system money. We're not



here to generate an exhaustive list of regulations and policies. We're here to treat people."

Editor's Note: Click on the title's link to read their discussion about accomplishments, the future of hospice care, and the next generation of leaders. Read this insightful article and be inspired as we face today's challenges and strategize "humanizing care for the whole person" for the future. We thank Dr. Joe Rotella for his hospice and palliative leadership. I was privileged to know, learn from, and work with "Dr. Joe" at Hospice & Palliative Care of Louisville [KY] / Hosparus. Dr. Joe Rotella lives what he says. He gives care from a compassionate heart and wise mind.

70 **[Got questions about Medicare hospice services? Here are some answers](#)**

Forbes; by Diane Omdahl; 6/11/24

Learning about services that Medicare covers, and their cost, is an important discussion topic for Medicare beneficiaries. However, there is one subject that rarely comes up: hospice, end-of-life care for the terminally ill. ... Perhaps a brief Q&A can plant the seed so those who may face an end-of-life situation in the future will know that hospice can help.

- What is hospice? ...
- How long has hospice been around? ...
- What is the patient's situation? ...
- How does hospice work? ...
- What is the cost-sharing when Medicare covers hospice services? ...
- Where can a patient receive hospice care? ...
- How can you find a Medicare-certified hospice? ...
- What is the benefit for the patient's caregivers? ...
- What if the patient has a medical issue not related to the terminal diagnosis? ...
- How does hospice work for those who elected Medicare Advantage? ...
- There's much more to learn [links to resources] ...

Editor's Note: This Forbes' article can be a great resource for your website, staff, and community education.

71 **[It pays to know: What 100 looks like!](#)**

Rafu Shimpo; by Judd Matsunaga, Esq; 6/5/24

Not too long ago, seeing a person 100 years of age was a rare thing. Now, they're becoming more commonplace. There are an estimated 90,000 centenarians living in the U.S. It's still a small percentage of the population, but it's a number that's expected to keep increasing. By 2060, there could be about 600,000 people who are 100 or older,



according to the U.S. Census Bureau. Is there a secret recipe for a longer life? What's it take to get there? That's a question geriatrician Thomas Perls, M.D., has been investigating for decades with the New England Centenarian Study. ...

- ... Choose the right life partner. ...
- ... Do what you love. ...
- ... Don't neglect your education. ...
- ... Learn tolerance. ...
- ... Cherish your friendships. ...
- ... Think positive. ...
- ... Learn from your elders. ...
- ... Believe in your own potential. ...
- ... Be kind. ...
- ... Keep moving. ...

Editor's Note: Enjoy this article's great, life-affirming wisdom!

72 4 CEOs share their uncommon - or unpopular - opinions

Becker's Hospital Review; by Kelly Gooch; 5/29/24

CEOs shared an unpopular (or uncommon) leadership or healthcare opinion they have. Here are answers collected by Becker's this year.

- Mark Keroack, MD. President and CEO of Baystate Health (Springfield, Mass.): I'm a physician, but I'm also trained in public health. So, I firmly believe that we're better off as a country when we cover all of our citizens with a basic set of health benefits...
- Todd LaPorte. CEO of HonorHealth (Scottsdale, Ariz.): "HonorHealth wants to keep people out of hospitals." We're not just a hospital system...
- Bob Riney. President and CEO of Henry Ford Health (Detroit): [We] can, and we should, compete and collaborate at the same time. It's not an either/or. It's a both/and...
- Bill Robertson. CEO of MultiCare Health System (Tacoma, Wash.): I have this odd idea that actually healthcare is way more local than that centralized decision-making does...

Publisher's Note: I edited this article to be concise; if you're interested in leadership topics, you may find this interesting.

	Total	5
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