



## Monthly Teleios Podcast Articles

May 2024

### Summary: 93 Selected Articles

Category	# / %
A1 Mission Moments	7 / 8%
A2 Reimbursement Challenges and Warning Signs and Implications	11 / 12%
A3 Competition to be aware of	17 / 18%
A4 Workforce Challenges	17 / 18%
A5 Patient, Family, and Future Customer Demographics and Trends	9 / 10%
A6 Regulatory and Political	9 / 10%
A7 Technology and Innovations	8 / 9%
A8 Speed of Change and Resiliency and Re-culture	6 / 6%
A9 The Human Factor	3 / 3%
A10 Articles of Interest I will highlight	6 / 6%

### A1 Mission Moments (N=7)

1. [98-year-old Marine veteran in hospice care finally receives his high school diploma](#)

*[MD] WJLA; by Jay Korff; 5/18/24*

A nearly 100-year-old Marine veteran in hospice Friday was hand-delivered the high school diploma he never received. 98-year-old Richard Remp was unable to get his diploma back in the 1940s because he dropped out at age 17 to serve in World War II, then Korea, and then Vietnam. But he savored the remarkable moment Friday.

2. [Musician grants dying wish to hospice patient](#)

*The Platte County Citizen; by Rimsie McConiga; 5/14/24*

Jazz musician, Stanton Kessler, was surprised when he was contacted recently by his friend, a hospice nurse, who reached out to him with an unusual request. A

patient at the Kansas City hospice where she works told her his last wish would be to hear his favorite song, 'Feels So Good' before he died. During their conversations Kessler's impression was that this was his friend's first experience with a request such as this. "There was an element of urgency," Kessler said. "She said he was near death." ... An incredibly emotional and rewarding moment followed when Kessler began to play the patient's beloved song. The man's eyes remained closed, but his fingers began to move. ...

*Editor's Note: For research-based, hospice clinical stories, and rich music metaphors for ways to use music with the dying and bereaved, examine the book, [Music of the Soul, Chapter 7 "The Final Cadence,"](#) in Routledge's international Series in Death, Dying, and Bereavement (series edited Robert A. Neimeyer), authored by Joy S. Berger, DMA, FT, BCC, MT-BC (editor for this newsletter).*

3. **[Beyond medicine: 'Being Mortal' challenges healthcare's approach to death and dying](#)**

*SwiftTelecast; by Shawn Butlere; 5/11/24*

This video from the "Frontline" series, titled "Being Mortal," follows Dr. Atul Gawande as he explores the complex relationships between doctors, patients, and end-of-life decisions. Based on his best-selling book "Being Mortal," Gawande discusses how medical training often falls short in preparing doctors for the realities of death and dying. The documentary highlights personal stories, including Gawande's own experiences with his father's illness and death, to illustrate the challenges in balancing hope with realistic outcomes and the importance of quality life in the face of terminal illness.

4. **[Two documentaries could bring attention, not all of it wanted](#)**

*McKnight's Senior Living - Editors' Columns; by Lois A. Bowers; 5/13/24*

The past couple of weeks have brought news of two upcoming documentaries that promise to shine a spotlight on senior living, warts and all. One, "Caregiving," will focus on professional and family caregivers "as the United States' long-term care system threatens to tip into crisis," according to public media station [WETA](#). The two-hour film will debut on PBS in spring 2025. No doubt the project will draw attention because one of the executive producers is Bradley Cooper, who

was a caregiver to his late father when he had lung cancer. "That was a wake-up call for me, ..." he said ...

Another project premieres sooner — [today 5/14] — on Paramount+. Whereas "Caregiving" includes someone famous, "Pillowcase Murders" centers on someone infamous, at least to the readers of *McKnight's Senior Living*.

5. **[At age 99, Jimmy Carter is still exercising his right to vote](#)**

*Story by CNN and Atlanta News First; 5/10/24*

Former President Jimmy Carter, age 99, is still exercising his right to vote. Carter's grandson, Jason Carter, said the nation's 39th president cast a mail-in ballot this week for the May 21 Georgia primary, emphasizing his grandfather is not going to miss an election. The former president entered hospice care more than a year ago in his hometown of Plains, Georgia. Since then he celebrated his 99th birthday last October and [attended](#) the annual Peanut Festival, which celebrates the region's cash crop. He also mourned the loss of his wife, Rosalynn Carter, who died in November at the age of 96. To date, that has been Jimmy Carter's last public appearance.

6. **[Paris in spring, Bali in winter. How 'bucket lists' help cancer patients handle life and death](#)**

*The Conversation; by Vivian Lam; 5/8/24*

In the 2007 film *The Bucket List* Jack Nicholson and Morgan Freeman play two main characters who respond to their terminal cancer diagnoses by rejecting experimental treatment. Instead, they go on a range of energetic, overseas escapades. Since then, the term "bucket list" – a list of experiences or achievements to complete before you "kick the bucket" or die – has become common. ... But there is a more serious side to the idea behind bucket lists. One of the key forms of suffering at the end of life is regret for things left unsaid or undone. So bucket lists can serve as a form of insurance against this potential regret. The bucket-list search for adventure, memories and meaning takes on a life of its own with a diagnosis of life-limiting illness.

*Editor's Note: Health acuity (especially for hospice patients), finances, and other practical factors can prevent actualization of the person's bucket list wishes. Yes, fulfilling items can happen! And when not possible (perhaps the most common*

*response), the clinician's sensitive presence, validation of the person's hope, and gentle exploration of why it matters can bring relevant, meaningful support. Involving family members (with the patient's permission) can inspire other generations to fulfill the person's wish, bringing new purpose to mourning and grief-restoration processes ahead.*

7. **[Highlighting Nurses Week: From aerospace manufacturing to health care, this hospice nurse found his true calling](#)**

*St. Louis Post-Dispatch; by Dana Fouchia; 5/1/24*

Kevin Ross didn't start out in health care. Far from it. With a degree in computer science, Ross was using his talents working for an aerospace manufacturer. When a friend's mother, who was a nurse, encouraged him to find a job that brought him joy, he not only listened to her, he also found his life's calling. "I've come to conclude that eventually we need to take care of each other, and we've got to keep that in mind when we have our complaints every day," Ross said. ...

*Editor's Note: We celebrate Kevin and the many hospice and palliative nurses who--like Kevin--find joy in their chosen work. Honoring Nurses Week, May 6-12, 2024! See "Today's Encouragement" for a quote from Florence Nightingale.*

## **A2 Reimbursement Challenges and Warning Signs and Implications (N=11)**

### **General to Hospice (N=2)**

8. **[Physician Group Practices Accrued Large Bonuses Under Medicare's Bundled Payment Model, 2018–20](#)**

*Health Affairs; by Sukruth A. Shashikumar, Zoey Chopra, Jason D. Buxbaum, Karen E. Joynt Maddox, Andrew M. Ryan; 5/24*

The Bundled Payments for Care Improvement Advanced Model (BPCI-A), a voluntary Alternative Payment Model for Medicare, incentivizes hospitals and physician group practices to reduce spending for patient care episodes below preset target prices. The experience of physician groups in BPCI-A is not well understood. We found that physician groups earned \$421 million in incentive payments during BPCI-A's first four performance periods (2018–20). Target prices were positively associated with bonuses, with a mean reconciliation payment of \$139 per episode in the lowest decile of target prices and \$2,775 in the highest decile. In the first year of the COVID-19 pandemic, mean bonuses increased from

\$815 per episode to \$2,736 per episode. These findings suggest that further policy changes, such as improving target price accuracy and refining participation rules, will be important as the Centers for Medicare and Medicaid Services continues to expand BPCI-A and develop other bundled payment models.

*Publisher's Note: For those keeping an eye on alternative payment models...*

9. **[What Hospice VBID's ending means for palliative care](#)**

*Hospice News; by Markisan Naso; 5/1/24*

The impending demise of the hospice component of U.S. Centers for Medicare & Medicaid Services' value-based insurance design (VBID) model has largely been met with a sense of relief by providers as they plan new initiatives for palliative care in 2025. ... The program, which initially contained promising components designed to give patients better access to palliative care, instead became an increasing source of frustration for organizations. ... With the end date for the hospice component of the VBID model approaching, many palliative care providers are left with concern for their patients and questions about the coming transition, as they shift focus to what happens next.

*Editor's Note: This article includes perspectives from Rory Farrand, Vice President of Palliative and Advanced Medicine at NHPACO, and Mollie Gurian, Vice President of Home-Based and HCBS Policy at LeadingAge.*

**Medicare Advantage (N=9)**

10. **[US News adds Medicare Advantage data to rankings](#)**

*Becker's Hospital Review; by Laura Dyrda; 5/22/24*

U.S. News & World Report is now including Medicare Advantage data in the rankings for Best Hospitals, according to a [U.S. News blog post](#). The publication previously relied on Medicare data, but as more beneficiaries opt for commercial Medicare Advantage plans, U.S. News decided to expand its scope. The next set of rankings, scheduled for publication on July 16, will include risk-adjusted mortality rates for Medicare Advantage beneficiaries in 11 adult specialties. U.S. News weighted mortality scores at 36% of the overall ratings with traditional Medicare data. The weight will shift with the combined mortality score from both Medicare and Medicare Advantage plans.

11. [\*\*Medicare Advantage will 'sink' rural hospitals, experts warn\*\*](#)

*Modern Healthcare; by Michael Mcauliff; 5/14/24*

Rural hospitals, which tend to run on thinner operating margins than metro-area hospitals, have been hurt by reimbursement cuts, staffing constraints, inflation, the aging population and interest rate hikes. ... Studies by Chartis [Center for Rural Health] and others paint the bleak picture for rural hospitals. According to a recent estimate by the nonprofit Center for Healthcare Quality and Payment Reform, about 700 rural hospitals are at risk of closing. A recent Chartis report estimated 167 rural hospitals have closed since 2010, with another 418 vulnerable to closure now. [Click on the title's link for patient care examples and more stats.]

12. [\*\*Humana, Aetna likely to lose Medicare Advantage members\*\*](#)

*Modern Healthcare; by Nona Tepper and Lauren Berryman; 5/14/24*

Industry heavyweights CVS Health Aetna and Humana foresee Medicare Advantage membership losses next year. Anticipated changes to health plan offerings and benefit design to achieve long-term business profitability could mean losing a significant portion of their Medicare Advantage membership, executives told investors at the Bank of America Securities Healthcare Conference on Tuesday. ... Headed into next year, Aetna may adjust benefits, tighten its prior authorization policies, reassess its provider networks and exit markets, CVS Health Chief Financial Officer Tom Cowhey told investors. ... [Humana Chief Financial Officer Susan Diamond] anticipates losing about 5% of its 6.1 million Medicare Advantage members, ... Conversely, UnitedHealth Group's UnitedHealthcare insurance business appears to be better positioned for growth heading into 2025 ..., executives said. UnitedHealth Group CEO Andrew Witty said, ... "The thing we don't want is unsustainable ups and downs in our performance in any particular regard. ... You should just expect more of the same from us in terms of what we're doing."

13. [\*\*Hospice remains underserved by Medicare Advantage, data shows\*\*](#)

*BioMedWire; 5/13/24*

While the Medicare Advantage space grows bigger, it is difficult for regulators and the medical industry to decide how best to integrate hospice into MA

programs. This is a major concern because hospice care is the only segment of the healthcare sector that isn't catered for in Medicare Advantage (MA).

... Almost 50% of all individuals (1.7 million) on MA programs that succumbed to their terminal illnesses in 2022 were recipients of hospice services. ...

14. [Medicare program suddenly ending leaves seniors in limbo](#)

*Newsweek; by Suzanne Blake; 5/6/24*

Some hospice patients on Medicare Advantage are now facing uncertainty after the government ended a pilot program. Medicare Advantage is one of the top programs for seniors looking for health insurance, and more than 50 percent of those eligible now use the privatized Medicare Advantage option instead of just traditional Medicare. ... According to the Medicare Payment Advisory Commission, around half of 1.7 million Medicare Advantage recipients who died in 2022 were in hospice for end-of-life care.

15. [Hospice remains a blind spot for Medicare Advantage](#)

*Axios; by Maya Goldman; 5/6/24*

As Medicare Advantage grows bigger and bigger, there's one area the industry and regulators haven't figured out how to make work yet: hospice.

**Why it matters:** The end-of-life care option is the only Medicare service that can't be offered in the private-run alternative, which now covers over half of enrollees. ...

**Catch up quick:** Usually, when a Medicare Advantage beneficiary decides to enter hospice after receiving a terminal diagnosis, traditional Medicare pays for this care while they remain enrolled in their private plan. ...

Editor's Note: This practical, user-friendly article outlines the purposes, challenges, and outcomes of Medicare Advantage with hospice patients. Share this with your leaders.

16. [Optum layoffs affect teams in Medicare Advantage I-SNP, IE-SNP business](#)

*Skilled Nursing News; by Zahida Siddiqui; 5/2/24*

Optum is paring back its workforce, including in the parts of the business related to Medicare Advantage plans for nursing home and assisted living residents. ... The recent layoffs at Optum number hundreds of people across

various parts of the company, according to multiple news reports. The company is discontinuing its virtual care business, as Endpoints first confirmed. ... Multiple sources have shared that out of a roughly 20% to 30% of a 400-person workforce [in IE-SNP business] has been laid off in this part of Optum. ... The reduction in staff was across the board from senior leaders on the clinical end to low-level employees, industry sources said.

17. [CVS buys Medicare Advantage brokerage](#)

*Modern Healthcare; by Nona Tepper; 4/30/24*

CVS Health paid an undisclosed sum to acquire Hella Health, according to the Medicare Advantage brokerage's founder. Hella Health debuted in 2020 and claims to offer more than 3,000 Medicare plans from insurers such as CVS Health subsidiary Aetna, UnitedHealth Group subsidiary UnitedHealthcare and Humana.

18. [Medicare Advantage complaints that the plans don't want – and the review of systems that wasn't done](#)

*RACmonitor; by Ronald Hirsch, MD, FACP, ACPA-C, CHCQM, CHRI; 4/24/24*

... In the past, I have talked about complaining to your regional Centers for Medicare & Medicaid Services (CMS) office about violations of CMS-4201-F, but Dr. [Eddie] Hu described how to do it to actually get action. [Click on the title's link for details] ... Now, why should you take the time to file these complaints? ... Why should you take the time to file these complaints? Because CMS tracks formal complaints, and a lot of complaints can significantly affect their quality bonus – and we know how when their money is at risk, the MA plans suddenly pay attention. ...

**A3 Competition to be aware of (N=17)**

**General (N=9)**

19. [Why Walmart's exit from healthcare is a wake-up call to providers](#)

*Modern Healthcare; by Marty Bonick; 5/10/24*

Marty Bonick is president and CEO of Nashville, Tennessee-based Ardent Health. Try healthcare, they said. It will be easy. There's so much to improve, they said. We can do it better. While "they" — the retailers and disruptors once



keen to transform healthcare — weren't completely wrong, there's no doubt this thinking has shifted in recent months. ... Walmart's decision to shutter its health clinics and virtual care services is the latest high-profile exit in the retail health sector. Already this year, Walgreens has announced plans to close 160 VillageMD clinics while Amazon cut jobs within its One Medical unit and Optum is closing its telehealth business.

20. [\*\*Best Buy lands new health system partner\*\*](#)

*Becker's Health IT; by Giles Bruce; 5/10/24*

The tech retailer said it joined forces with Bethlehem, Pa.-based St. Luke's University Health Network in the first quarter. The health system will use Best Buy's Current Health remote monitoring platform to treat post-discharge congestive heart failure patients. "We talk a lot about our big goal to enable care at home for everyone, and we're intentional about our role as the enabler," Best Buy Health said in a May 9 statement. "Partnering with providers, health plans and biopharma organizations is at the core of our strategy." Best Buy has been leaning into healthcare in recent years, acquiring Current Health in 2021 for \$400 million and sending Geek Squad members into patients' homes to set up hospital-at-home technology.

21. [\*\*It's 'unbelievable' Walmart couldn't figure out how to operate primary care clinics profitably, expert says\*\*](#)

*Healthcare Brew; by Maia Anderson; 5/7/24*

Walmart's decision to shutter its Walmart Health initiative at the end of April left some healthcare industry experts wondering: If Walmart—the largest company in the world by revenue—can't profitably operate primary care clinics, who can? Given the retailer's enormous scale, it's more likely Walmart simply decided to focus on more profitable aspects of healthcare, one expert told Healthcare Brew.

22. [\*\*Financial strain on nursing homes sparks buying binge\*\*](#)

*Modern Healthcare; by Diane Eastabrook; 5/8/24*

Skilled nursing facility deals increased more than 80% in the first quarter of 2024 compared with the same period in 2023. There were 57 nursing home

acquisitions valued at nearly \$1.4 billion in the first quarter of this year compared with 31 deals valued at \$448 million during the same period last year, according to Levin Associates, which tracks healthcare mergers and acquisitions. ... Last year was the worst year for healthcare bankruptcies in five years, according to restructuring and consulting firm [Gibbins Advisors](#). Senior living and pharmaceuticals accounted for half of the 79 Chapter 11 filings in healthcare in 2023, the company said. It predicted continued distress for the senior care industry this year in a January research report.

23. **[Van Duyne, Blumenauer, 38 lawmakers push CMS on hospice integrity](#)**

[VanDuyne.house.gov](#); Press Release; 5/8/24

Today, Congresswoman Beth Van Duyne (R-TX) and Congressman Earl Blumenauer (D-OR) led a bipartisan group of 38 lawmakers demanding answers from Centers for Medicare & Medicaid Services (CMS) on the implementation of recent reforms aimed at combatting hospice fraud and abuse.

"When electing to receive hospice care, individuals and their families must be confident the provider is committed to delivering individualized, compassionate care that optimizes quality of life; however, we continue to hear about instances of pervasive fraud and abuse," the lawmakers wrote. ... To better understand the steps CMS has taken to increase program integrity, the lawmakers continued the letter with detailed questions on the implementation of reforms. Read the full letter [here](#). ...

"Thank you, Representatives Blumenauer and Van Duyne, for your leadership in holding CMS accountable and safeguarding hospice patients and families from fraudulent activities," said Ben Marcantonio, Interim CEO of the National Hospice and Palliative Care Organization. "Preserving the integrity of the Medicare Hospice Benefit is paramount to ensure high-quality care for Americans with serious illness and end-of-life care needs."

24. **[Noncompete ban may squeeze rural hospitals, report shows](#)**

*Modern Healthcare*; by Alex Kacik; 5/2/24

The federal noncompete ban may squeeze rural nonprofit hospitals that continue to see labor costs rise, a new report shows. Last week, the Federal Trade Commission [voted to finalize a rule](#) preventing most employers from

enforcing or issuing contracts that restrict employees from working for a competitor. ... Larger hospitals are more likely to have the [financial flexibility](#) to offer clinicians and staff higher wages, likely at the expense of [smaller, rural hospitals](#), Fitch Senior Director Kevin Holloran said.

25. [\*\*Big Bend Hospice, Tallahassee Memorial HealthCare Partner on transformative approach to transitional care\*\*](#)

*Business Wire; 5/2/24*

Big Bend Hospice (BBH) and Tallahassee Memorial HealthCare (TMH) announced a partnership today to improve patient navigation within the healthcare system. This collaboration aims to streamline transitions between hospitals, doctor's offices, rehabilitation centers, and home care. The signing of the Affiliation Agreement creates a governance structure that will develop a transformative approach to improving *transitions of care* in the Big Bend community. *Transitions of care* involve a patient's movement between healthcare settings, such as doctor's offices, hospitals, rehabilitation centers, long-term care, home health, hospice, etc. This partnership establishes a network of connected healthcare services, creating a seamless patient journey regardless of specific needs.

26. [\*\*Walmart Health is closing\*\*](#)

*Walmart; 4/30/24*

Back in 2019, we launched Walmart Health centers. During our five-year journey, we made meaningful impacts with patients while continuing to learn, pivot and evolve. While our mission to help people save money and live better remains, today we are sharing the difficult decision to close Walmart Health and Walmart Health Virtual Care. Through our experience managing Walmart Health centers and Walmart Health Virtual Care, we determined there is not a sustainable business model for us to continue.

27. [\*\*6 top execs that have recently left Optum\*\*](#)

*Becker's Payer Issues; by Jakob Emerson; 4/23/24*

In 2024, at least six top executives previously with UnitedHealth Group's Optum have announced their departures for new positions with companies across the

country. [Click on the title's link for names positions.] Optum executive departures in 2023 are [here](#).

## **M&A (N=8)**

### 28. [\*\*Early talks about governance essential for nonprofit hospice affiliations\*\*](#)

*Hospice News, by Jim Parker; 5/28/24*

Nonprofit hospices can combine their businesses in a number of ways, including traditional acquisitions, board member substitutions and other types of affiliations. However, member substitutions are becoming more common, according to Meg Pekarske, partner at the law firm Husch Blackwell. While this model offers benefits it can also become a political minefield that can sink an affiliation. ...

### 29. [\*\*NAHC, NHPCO to merge, Dombi to retire\*\*](#)

*McKnight's Home Care; by Adam Healy; 5/23/24*

The National Association for Home Care & Hospice and the National Hospice and Palliative Care Organization are on track to begin merging by July. In a related development, NAHC's president William Dombi disclosed that he intends to retire by the end of 2024. "Both boards have authorized an affiliation agreement; it's fully drafted," Ken Albert, chair of NAHC's board of directors, told *McKnight's Home Care Daily Pulse* in an interview. "We're looking to transition July 1 of this year. The transition board has been selected. I'll serve as chair of that transition board; [NHPCO board chair] Melinda Gruber will serve as vice chair. Board members have been identified, and then that next six months from July to December will kind of be the operational integration. We're in the process of recruiting a new CEO right now, and then all the tech-side, the backend, office-end, that's going on right now." Albert added that neither Bill Dombi nor Ben Marcantonio, NHPCO's chief executive officer, would be eligible to lead the new organization.

### 30. [\*\*Optum spent \\$31B on acquisitions in 2 years\*\*](#)

*Becker's Health IT; by Naomi Diaz; 5/13/24*

In the last two years, Optum has spent \$31 billion on acquisitions, The Oregonian reported May 13. In the state of Oregon, Optum has acquired 12

healthcare provider companies including Oregon Medical Group, GreenField Health System, Family Medical Group Northeast as well as an independent physician association in Portland. ... This comes as Optum is currently pursuing authorization to acquire Amedisys, a home health care firm, for \$3.3 billion.

31. **[Medicaid 80/20 rule could drive surge in home care deals](#)**

*Modern Healthcare; by Diane Eastabrook; 4/10/24*

Private equity firms and large home care companies could soon be going head-to-head to buy smaller personal care operators expected to exit the industry because of a new regulation. The potential for industry consolidation stems from the Centers for Medicare and Medicaid Services' Ensuring Access to Medicaid Services rule that will require home care companies to spend 80% of Medicaid reimbursements on caregiver wages. Mergers and acquisitions advisers predict the so-called 80/20 rule, [finalized April 22](#), could prompt many smaller operators to sell.

32. **[Amedisys to sell 100 locations to advance UnitedHealth Group deal](#)**

*Hospice News; by Holly Vossel; 5/8/24*

Amedisys Inc. has agreed to divest upwards of 100 home health and hospice locations to an undisclosed private equity buyer as the company addresses regulators' antitrust concerns in its pending acquisition by the UnitedHealth Group's (UNH) health care services arm Optum. The news came in a recent social media post from The Capitol Forum. Selling off some of Amedisys' locations in overlapping markets within Optum's service region may help push the transaction forward amid mounting regulatory concerns. The U.S. Department of Justice (DOJ) is mulling a possible lawsuit to block the acquisition, citing potential antitrust issues related to the deal. The concerns center around the ability for other providers to compete if Optum and Amedisys combine their geographic footprints.

33. **[Bon Secours Mercy Health, Compassus finalize hospice and home health partnership](#)**

*PR Newswire; news provided by Bon Secours Mercy Health and Compassus; 5/2/24*

Bon Secours Mercy Health (BSMH), the fifth-largest Catholic health system in the U.S., and Compassus, a leading national provider of innovative home-based health care services, have finalized an agreement to form a joint venture partnership. Compassus will manage 10 home health agencies and 11 hospice operations formerly led by BSMH serving patients in Florida, Illinois, Kentucky, Ohio, South Carolina and Virginia.

34. **[TRU Community Care and St. Paul's Senior Services explore strategic partnership to transform senior care landscape](#)**

*My Prime Time News, Lafayette, CO; 4/29/24*

TRU Community Care and St. Paul's Senior Services are exploring affiliation as two well-established nonprofit healthcare providers in Colorado and California, respectively. Under the leadership of Scott Gresser, President and CEO of TRU Community Care and Michael McHale, President and CEO of St. Paul's Senior Services, organizational integration would allow TRU and St. Paul's to expand the serious illness continuum of care that each currently provides, including senior services from independent living to memory care, PACE (Program of All-Inclusive Care for the Elderly), palliative and hospice care, and community support programs such as bereavement services.

35. **[Vitas bullish on hospice, palliative care acquisitions following Covenant deal](#)**

*Hospice News; by Holly Vossel; 4/25/24*

Chemed Corp. ... subsidiary Vitas Healthcare is ramping up its strategic growth plans in both hospice and palliative care amid rising demand for these services. Vitas earlier this month [completed](#) its \$85 million acquisition of Covenant Health and Community Services' hospice operations and one assisted living facility location. Announced in March, the deal marked the company's first purchase in several years. More transactions are on the horizon amid changes in the marketplace and increased clinical capacity, according to Vitas Chairman and CEO Nick Westfall.

#### A4 Workforce Challenges (N=17)

##### Paints picture of the issue (N=6)

36. [What nurses really need is better staffing: The common strategies to raise nurse morale need an update](#)

*Penn LDI - Leonard Davis Institute of Health Economics; by Karen Lasater, PhD, RN, and Jane Muir, PhD, APRN; 5/10/24*

Pizza. Coloring books. Goody bags. They could be activities at a 5-year-old's birthday party. But they're not: These are many employers' attempts to lift the morale of nurses on the frontlines of chronically understaffed organizations. What nurses really want are better working conditions so they can deliver the best care possible to their patients. As researchers at the University of Pennsylvania School of Nursing, we asked thousands of nurses why they are leaving their profession. Their answers are straightforward ... In our study, which was published in *JAMA Network Open*, ... The playbook of corporate health care asks nurses to do much with little, but nurses aren't willing to skimp on quality and safety. ...

37. [Highlighting Nurses Week: Best, worst states for nurses in 2024](#)

*Becker's Hospital Review; by Erica Carbajal; 4/30/24*

WalletHub has deemed Washington the best state for nurses to practice in 2024 — a recognition based on an analysis of earnings, job growth and working conditions. For the annual ranking, the financial services company compared 50 states across two key dimensions: opportunity and competition, and work environment. Twenty metrics were grouped into those two dimensions, ... Here are the 10 best and worst states for nurses in 2024, per the ranking: ...

38. [He thinks his wife died in an understaffed hospital. Now he's trying to change the industry.](#)

*Fortune; by KFF Health News and Kate Wells; 4/19/24*

For the past year, police Detective Tim Lillard has spent most of his waking hours unofficially investigating his wife's death. The question has never been

exactly how Ann Picha-Lillard died on Nov. 19, 2022: She succumbed to respiratory failure after an infection put too much strain on her weakened lungs. She was 65. For Tim Lillard, the question has been why.

*Publisher's Note: We often discuss workforce shortages in terms of staff stress. This interesting and heartbreaking story explores workforce shortages in terms of patient harm.*

39. [\*\*National Nurses Week 2024: RN reflects on the state of the profession, calls for change\*\*](#)

*USA Today / Columbia Daily Tribune; by Julia Gomez, USA Today; 5/6/24*

Monday, May 6 kicks off National Nurses Week, and it gives folks an opportunity to show their love and appreciation for the people who take care of the sick, injured and dying. From neonatal nurses who help welcome newborns into the world to hospice nurses that provide peace and comfort to their dying patients, nurses play a crucial role in the medical industry. ... Catherine Kennedy, a registered nurse and the Vice President of National Nurses United, told USA TODAY that there needs to be systemic change on the federal level to give nurses the best chance to care for their patients. A study published by the National Library of Medicine states that in 2021, nurses would work an average of "8.2 hours of paid overtime and 5.8 hours of unpaid overtime per week that year — making up the equivalent of more than 9000 full-time jobs." ...

40. [\*\*Southern states fare worst in USA Today's searchable staffing level database\*\*](#)

*McKnights Long-Term Care News; by Josh Henreckson; 4/26/24*

Many US skilled nursing facilities currently meet some provisions of the new federal staffing rule at least some of the time, but only 160 — slightly more than 1% — consistently meet all requirements, according to a new analysis. Facilities located in southern states had the most ground to make up on staffing, based on a re view of summer 2023 Centers for Medicare & Medicaid Services data by *USA Today*. The analysis, published Wednesday, includes a searchable database with information on individual facilities — including the facility's name, address and the average hours of care per resident per day compared to the new national standard of 3.48.



41. [HCA's CEO-to-worker pay ratio over the past 5 years](#)

*Hospital CFO Report; by Andrew Cass; 4/22/24*

Nashville, TN-based HCA Healthcare CEO, Sam Hazen, was paid between 254 and 556 times more than the health system's median employee since becoming the health system's chief executive in 2019, according to proxy statements filed with the Securities and Exchange Commission. ... Here is how the CEO-to-median-worker pay ratio has changed in the past five years: ...

**Implications of the issue (N=8)**

42. [Kaiser physicians vote to unionize](#)

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

Residents and fellow physicians employed by Kaiser Permanente hospitals in Northern California voted to join the Committee of Interns and Residents, a local chapter of the Service Employees International Union. Nearly all participating voters (99%) cast ballots in favor of unionization, according to a May 23 CIR/SEIU news release. The National Labor Relations Board has not yet certified the results. Pending certification, the total percentage of residents represented by CIR/SEIU in California will reach 82%, according to the union.

43. [Hospital staffing shortages draws hundreds to California rally](#)

*AFSCME, American Federation of State, County & Municipal Employees; by UNANC/UHCP and AFSCME International Staff; 5/21/24*

SACRAMENTO, Calif. – More than 400 health care union members went to the California state Capitol during National Nurses Week this month to appeal to the state's elected leaders to fix the nursing education backlog and hospital staffing issues that affect patient care. ... Rally participants pressed lawmakers to make health care education and training programs more accessible, so students remain in their California communities for their health care careers. They also appealed to lawmakers to empower health care professionals to enforce safe staffing standards in the state's hospitals.

44. [A disconnect between healthcare leaders, workers](#)

*Becker's Hospital Review; by Mariah Taylor; 5/17/24*

A recent Indeed survey suggests that many workers do not intend to leave healthcare entirely, but rather break ties from individual employers due to dissatisfaction with the job, a recent Indeed survey suggests. The survey also cites a gap in perception between what the workers find important and what management thinks they find important. Indeed commissioned a survey of 1,014 healthcare job seekers and 489 professionals engaged in recruiting or hiring healthcare employees. Participants were surveyed between November and January. [Highlights include:]

- Nine percent of respondents said they were dissatisfied with the profession overall, but 82% plan to stay in the healthcare industry.
- Fifty-four percent of healthcare employers say the average tenure of their employees is four years or less.
- The top two reasons for job dissatisfaction were related to pay, including shift incentives (36%) and sign-on bonuses (34%).
- Healthcare workers said they are most satisfied with their relationships with patients (72%), colleagues (67%) and managers (56%).
- Employers, meanwhile, underestimate employees' stance on several issues. When asked, only 20% of employers thought workers put importance on appropriate staffing in the workplace, compared to 50% of workers who said it was important to them. Similar gaps were also seen in work-life balance (48% vs. 78%), flexibility with shifts (26% vs. 56%) and psychological safety measures (8% vs. 20%).

45. **[‘Great Resignation’ becomes ‘Great Reshuffle’ of American jobs](#)**

*McKnight's Senior Living; by Kathleen Steele Gaivin; 5/16/24*

After a record number of workers left their jobs in the early part of the decade in what was known as the "Great Resignation," the American workforce has entered a period now dubbed the "Great Reshuffle," according to the World Economic Forum. "While quit rates remain high, hiring rates continue to outpace them as many workers have been transitioning to other jobs in search of an improved work-life balance and flexibility, increased compensation, or a strong company culture," the US Chamber of Commerce reported.

46. **[800+ California nurses to receive 22.5% pay hike](#)**

*Becker's Hospital Review; by Kelly Gooch; 5/10/24*

Members of the California Nurses Association have [approved](#) a new labor contract with Washington Hospital Healthcare System in Fremont, Calif. The four-year agreement covers roughly 840 nurses, according to a union news release. It was approved by union members May 3 and by the Washington Township Health Care District Board of Directors on May 8. ... According to the CNA, the new deal includes a 22.5% across-the-board increase in wages over four years. It also includes "precedent-setting standard expanding infectious disease protocols and workplace violence protections"; language that protects union members' ability to take meal and rest periods; and protections for part-time positions, according to the union.

*Editor's Note: These new terms reflect nationwide trends of healthcare/nurse strikes and reasons for leaving their jobs, i.e., pay, patient safety, workplace violence, work/home life balance, and more.*

47. [\*\*Maryland becomes sixth state to require salary, wage disclosures in job listings\*\*](#)

*McKnight's Senior Living; by Kathleen Steele Gaivin; 5/10/24*

Maryland soon will join five other states and Washington, DC, in requiring employers to disclose salary or wage ranges upfront in job listings. Maryland's requirement goes into effect Oct. 1. The states of California, Colorado, Hawaii, New York, and Washington have similar laws in place, with the requirement expected to go into effect in the nation's capital, on June 30. ... After a first violation, the employer will receive a warning. Fines for noncompliance then will range from \$300 for the second violation to \$600 for subsequent violations.

48. [\*\*Minnesota's new labor board votes for nearly \\$23.50 an hour minimum wage for nursing home workers\*\*](#)

*Minnesota Reformer; by Max Nesterak; 4/29/24*

'Today has been a long time coming,' said nursing home worker Nessa Higgins at a news conference after Minnesota's first labor standards board voted on April 29, 2024, to raise the minimum wage for nursing home workers to \$20.50 per hour by 2027. Minnesota's new workforce standards board took its first significant vote on Monday, agreeing to raise the pay floor to \$23.49 per hour

on average in 2027 for nursing home workers, while guaranteeing 11 paid holidays. The worker and government representatives on the board approved the minimum wages without the support of the board's nursing home industry representatives, who abstained.

49. **[Nurses protest AI at Kaiser Permanente](#)**

*Becker's Health IT; by Giles Bruce; 4/22/24*

Hundreds of nurses gathered on April 22 to protest the use of artificial intelligence at Oakland, Calif.-based Kaiser Permanente. The California Nurses Association held the demonstration at Kaiser Permanente's San Francisco Medical Center to coincide with the beginning of KP International's Integrated Care Experience conference. "It is deeply troubling to see Kaiser promote itself as a leader in AI in healthcare, when we know their use of these technologies comes at the expense of patient care, all in service of boosting profits," said Michelle Gutierrez Vo, BSN, RN, a president of the California Nursing Association and registered nurse at Kaiser Permanente Fremont (Calif.) Medical Center, in a statement. ...

**Solutions (N=3)**

50. **[Three ways to communicate with Gen-Z—and why it's important](#)**

*Forbes; by Clarissa Windham-Bradstock; 5/28/24*

"It's not what you said, it's how you said it!" ... Gen-Z (born 1996-2015) is leading the charge on this one, according to a new Gallup survey. ... They want to hear full transparency. ... How to Speak Gen-Z: ...

1. Clarify your organization's mission and mission. ...
2. Foster connections. ...
3. Let them be heard. ...

*Editor's Note: Calling all hospice and palliative leaders born before 1996: Read, learn, listen, and reframe your communications with your Gen-Z employees. Identify a current conflict and examine your communications against this model and its guides. What communication changes can you pilot and evaluate? For an example, pair this with another article in today's newsletter, "What AccentCare's clinicians wanted from the company's AI implementation."*

51. [Investing in employee engagement can add a competitive advantage](#)

*HomeCare; by Jeffrey Knapp; 5/9/24*

You cannot pay people enough to care. But it is possible to attract and retain great talent and bring out the best in them by fully engaging employees in a shared purpose, giving them a sense that their work is worthwhile and that they are making a difference in the world. That is the culture effect on health care staffing. ... For leaders who want either to start building or to invest more in a culture infrastructure, do not forget these essential steps:

1. Identify and clearly communicate your organization's values and teach managers how to put them into action. ...
2. Intentionally plan the key activities that make up your culture cycle, then build and refine the infrastructure and cadence. ...
3. Measure and refine cultural engagement with the best tools for your organization. This will include the most relevant and effective employee experience survey and management tools.

52. [How leaders are building the healthcare workforce pipeline](#)

*Becker's Hospital Review; by Kelly Gooch; 4/24/24*

The workforce is top of mind for hospitals and health systems, and executives are investing in retention and upskilling to address shortages and reduce reliance on contract labor. ... "We've got to start thinking about it differently and probably getting to people a lot earlier than we do now," Laura Hurst, administrator for Cooper Green Mercy Health Services Authority, an affiliate of Birmingham, Ala.-based UAB Health System, told Becker's. ... These strategies include working more closely with high schools, community colleges and other schools to help provide instruction and support and highlight the benefits of working in healthcare.

**A5 Patient, Family, and Future Customer Demographics and Trends (N=9)**

53. [Caring for an aging US population—the good news and the bad news](#)

*JAMA Health Forum; by Stuart M. Butler; 5/23/24*

The US is a rapidly aging society. The proportion of the population older than the retirement age is increasing, and more people will reach very old age. The proportion of people older than 65 years of age is projected to increase from

18% today to 23% by 2054, with the number of individuals older than 100 years of age quadrupling. This trend poses enormous challenges for the health care system and the social structure of the US. For instance, aging is associated with loss of social connections, which is linked to accelerating mental and physical deterioration, including dementia. Caring for very old people with dementia and other chronic conditions is costly, compounded by a desperate shortage of care workers. In 2023, the yearly average cost was more than \$116,000 for a private room at a nursing home and the cost was more than \$75,000 for a home health aide. Affordable housing options continue to be in short supply. Community and health service organizations are bracing for a major increase in older people experiencing homelessness, especially among those with dementia and mental illness. An increasing number of older people may have to move into Medicaid-financed nursing homes as their private resources are depleted, which would also place increasing strain on state and federal budgets. However, there is some good news regarding innovations in health care, technology, and housing ...

54. **[The Check-Up: How seniors can better take care of their mental health](#)**

*The Keene Sentinel; by Olivia Belanger Sentinel Staff; 5/8/24*

My generation talks about mental health a lot. In our late 20s, my friends and I routinely check in to see how we're feeling, reschedule plans because we're in a mental funk or talk about how we can help support each other when we're not feeling mentally healthy. ... But I know that for older generations, this can be hard to come by. ... [Older] adults are more likely to experience life changes — like coping with a serious illness or losing a loved one — which can lead to feelings of grief, social isolation or loneliness, according to the National Institute of Mental Health (NIMH). Loneliness in particular is one of the biggest threats to seniors, especially those who live in rural areas like the Monadnock Region where reliable transportation is limited. Research shows loneliness is as bad for people's health as smoking 15 cigarettes per day, according to the U.S. Surgeon General. Signs that you may need to help your mental health, NIMH says, include: ...

55. [Patients, caregivers more willing to spend extra for home-based care, study finds](#)

*McKnight's Home Care; by Adam Healy; 4/30/24*

[According to a new study published in *JAMA Network Open*:] ... On average, respondents were willing to spend an extra \$51.81 for care that takes place in the home, compared to facility-based care such as that in a skilled nursing facility. They were also more willing to pay more for care that can reduce their recovery time or reduce caregivers' burden. Caregivers, meanwhile, also prioritized higher-quality care, even if it came with a heftier price tag.

56. [Breaking the silence: The mounting need for trauma-informed hospice care](#)

*Hospice News; by Holly Vossel; 5/3/24*

Traumatized and abused hospice patients and providers often experience an array of lingering physical, emotional and psychological effects that can fall into a silent abyss of unmet needs. ... Many seniors have experienced some form of trauma or abuse in their lifetime. ... More data has become available in recent years around the prevalence of different types of abuse and trauma. Roughly 10% of seniors 65 and older nationwide are victims of some type of abuse each year, the U.S. Department of Justice (DOJ) [reported](#). Caregiver neglect represents 5.1% of these cases, with psychological and physical abuse impacting 4.6% and 1.6% of seniors, respectively. ...

*Editor's Note: This article highlights interviews with Dr. Ashwin Kotwal, assistant professor at the University California San Francisco; Carole Fisher, president, National Partnership for Healthcare and Hospice Innovation (NPHI); Dr. Cameron Muir, chief innovation officer, NPHI; Andrea Devoti, executive vice president at the National Association for Home Care & Hospice (NAHC); Lindsey Owen, executive director of Disability Rights Vermont.*

57. [The cost of dying is going up, leaving some Florida families scrambling](#)

*Tampa Bay Times; by Lauren Peace; 5/1/24*

Christina Nall sat in the hospital parking lot gasping for air. Four hours earlier, her father, Bill Burke, had been alive. He'd eaten Golden Grahams for breakfast and wrapped his grandkids in tight hugs before school. He was putting on his

shoes to leave the house when Nall, 33, found him slouched over on the couch. Doctors said it was a blood clot. He was 56 years old. Now, outside the Zephyrhills hospital, a fog of grief hung over Nall as the funeral director's words cut into her. To get her dad back to his home in Missouri would cost upward of \$2,000. The service and burial he wanted would cost another \$6,000.

58. [\*\*Why health systems should embrace advanced in-home care models\*\*](#)

*McKnights Home Care; by Marcy Carty, MD, MPH; 4/25/24*

Over the next two decades, the adult demographic over 50 years of age will increase by 25 million, and with over 75% expressing a strong desire to age in place, it's imperative to champion care models that support safe, high-quality care within the home. Despite proactive care models to support aging in the home, acute needs still arise. Health systems stand to gain manifold by embracing the paradigm shift to care in the home. By moving more advanced care delivery into peoples' homes, systems can effectively curb acute healthcare utilization, decreasing hospital-acquired conditions and drastically improving patient and family experience.

59. [\*\*20 states with most rural hospital closures\*\*](#)

*Hospital CFO Report; by Molly Gamble; 4/29/24*

Since 2005, 192 hospitals in rural America have shut down, and the COVID-19 pandemic only accelerated rural hospitals' risk of closure. Eight rural hospitals closed in 2023, as many as in 2022 and 2021 combined, according to the report. This followed a landmark 18 rural hospital closures in 2020, more than any year in the previous decade. Click on the title's link for:

- a listing of the states that have seen the greatest number of rural hospital closures over the past 19 years.
- 25 states ranked by the percentage of their rural hospitals at risk of closure in the next two to three years maximum.
- the report from CHQPR assessing each state's rural hospital health and risks.

60. [\*\*America's graying. We need to change the way we think about age.\*\*](#)

*The Harvard Gazette; by Alvin Powell; 4/25/24*



Experts say instead of disability, focus needs to shift to ability, health, with greater participation, economically and socially. People in their 70s, 80s, and even 90s run marathons, write books, and go to work daily. But the predominant national conversation on aging focuses on disability rather than ability, something experts say is a problem as participation of America's older adults grows more important, economically and socially, as the nation ages.

61. **[Living our lives – and planning for the inevitable](#)**

*Forbes; by Naomi Cahn; 4/28/24*

More than half of those with at least \$100,000 in investable assets and who have retired – or are planning to do so – do not yet have an estate plan, according to an April 2024 Ameriprise [report](#). ... Recent news about advance medical planning, retirement stability and estate planning show that few are prepared. Approximately two of every three adults do not have an advance directive, a plan in place for when they are incapacitated or need end-of-life decision making.

*Editor's Note: Hospice and palliative executive leaders, are your advance directives in place? If not, what conversations and decisions are you avoiding? Ask some seasoned clinicians what kinds of patient/family situations they have experienced when advance directives were not ready; and potential conflicts that were diverted because of previous decisions and documents.*

## **A6 Regulatory and Political (N=9)**

62. **[Compliance strategies for forthcoming hospice HOPE tool](#)**

*Hospice News; by Holly Vossel; 5/16/24*

Hospices will have a learning curve when it comes to implementing the Hospice Outcomes and Patient Evaluation Tool (HOPE) tool. The U.S. Centers for Medicare & Medicaid Services (CMS) is currently developing quality measures that will be included in the HOPE tool, which will replace the current Hospice Item Set (HIS). After years of development, the agency in its recent hospice proposed rule indicated that the HOPE tool's implementation would begin in 2025.

*Notable Mentions: Jennifer Kennedy, CHAP; Kimberly Skehan, CHAP.*

63. [Old but important news] [Consumer alerts added to the Nursing Home Compare website and the Five Star Quality Rating System](#)

*CMS; 10/7/19*

Adding an "abuse icon" to facilities cited for abuse: Every nursing home resident deserves be treated with respect at all times. Abuse is never acceptable, and CMS is very concerned about incidents related to abuse (including neglect and exploitation) in nursing homes. ... As part of this strategy, we want to make it easier for consumers to identify facilities with instances of non-compliance related to abuse. To do this, in October 2019, we are adding an icon to highlight facilities that meet the following criteria: 1) Facilities cited for abuse where residents were found to be harmed (Scope/Severity of G or higher) on the most recent standard survey, or on a complaint survey within the past 12 months; or 2) Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on the most recent standard survey or a complaint survey within the past 12 months, and on the previous (i.e., second most recent) standard survey or on a complaint survey in the prior 12 months (i.e., from 24 months ago to 12 months ago).

*Publisher's Note: With apologies for "old news", this was "new news" to me - i.e., that Care Compare for Nursing Facilities includes a "red stop hand" and a "yellow triangle warning" to warn consumers of poor performers. When might this be added to Care Compare for Hospice, and what criteria might be used?*

64. [New DOJ task force to tackle competition-related concerns in healthcare](#)

*McKnight's Senior Living; by Kathleen Steele Gaivin; 5/13/24*

The Justice Department said its Antitrust Division's new Task Force on Health Care Monopolies and Collusion will consider "widespread competition concerns shared by patients, healthcare professionals, businesses and entrepreneurs, including issues regarding payer-provider consolidation, serial acquisitions, labor and quality of care, medical billing, healthcare IT services, access to and misuse of healthcare data and more." The group's mandate is to facilitate policy advocacy, investigations and, where warranted, civil and criminal enforcement in healthcare markets.

65. [NHPCO and HAN secure significant policy victories in Congress](#)

*NHPCO; Press Release; 5/10/24*

This week marked a series of triumphs for the National Hospice and Palliative Care Organization (NHPCO) and its advocacy arm, the Hospice Action Network (HAN), in collaboration with the National Association for Home Care & Hospice (NAHC). Notably, the trade associations spearheaded discussions with the House of Representatives' Ways and Means Committee, resulting in crucial advancements in telehealth flexibility for hospice care. The passage of the "Preserving Telehealth, Hospital, and Ambulance Access Act" through committee signifies a pivotal moment for the future of hospice care. ...

HAN's meticulous engagement with the Ways & Means Committee staff also successfully thwarted potential cuts, safeguarding the capacity of hospices to provide essential care to vulnerable populations. "With an aging population and escalating demand for end-of-life care, particularly in underserved regions, protecting hospice funding is imperative to guarantee compassionate and dignified care for all individuals in their final days," said NHPCO COO and Interim CEO, Ben Marcantonio.

*Notable Mentions: Logan Hoover, NHPCO VP of Policy and Government Relations; Dr. Joseph Shega, Vitas' Chief Medical Officer*

66. [\*\*Associations between Certificate of Need policies and hospice quality outcomes\*\*](#)

*American Journal of Hospice & Palliative Medicine; by Arlen G. Gaines, John G. Cagle; 5/24*

Approximately 86% of hospices are in states without a hospice CON provision. The unadjusted mean HIS scores for all measures were higher in CON states (M range 94.40-99.59) than Non-CON (M range 90.50-99.53) with significant differences in all except treatment preferences. ... The study suggests that CON regulations may have a modest, but beneficial impact on hospice-reported quality outcomes, particularly for small and medium-sized hospices.

67. [\*\*Hospice care scam has FBI issuing warning after 'huge increase in complaints'\*\*](#)

*ABC TV 13, Houston, TX; by Samica Knight; 4/29/24*

The Federal Bureau of Investigations is warning about a scam in which crooks sign people up for hospice care without their knowledge. The FBI has received numerous reports from victims in the Houston area about this costly scam. "It's a little bit more egregious and distasteful than some of the other Medicare frauds we typically deal with," FBI Supervisory Special Agent Shannon Brady said. "We've had a huge increase in complaints." Fraudsters are actually signing mostly elderly victims up for end-of-life hospice care when they don't need it and without the victim even knowing about it.

68. [\*\*How the FTC's ban on noncompetes will shake up healthcare workforce strategies\*\*](#)

*Healthleaders; by Jay Asser; 4/25/24*

CEOs will have to adjust their strategies to maintain their workforce if the final rule stands.

Key Takeaways:

- In a seismic decision impacting providers, the FTC passed a 3-2 vote to ban employers from using noncompete clauses.
- However, the FTC's lack of jurisdiction on nonprofits means that the rule may only apply to for-profit entities, potentially creating an uneven playing field and negative outcomes for both types of organizations.
- Healthcare leaders will have to recalibrate their recruitment and retention efforts as the competition for talent will become even more robust.

*Editor's Note: For detailed information about how this will apply to some nonprofits, see "How the FTC noncompete ban affects nonprofit providers" in our newsletter today.*

69. [\*\*Examining how improper payments cost taxpayers billions and weaken Medicare and Medicaid\*\*](#)

*HHS-OIG; by Christi A. Grimm, Inspector General, Office of Inspector General, U.S. Department of Health and Human Services; 4/16/24*

HHS Inspector General Christi A. Grimm Testifies Before the U.S. House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations on April 16, 2024. IG Grimm briefs members on HHS-OIG's work

to address improper payments in Medicare and Medicaid managed care programs.

[Click here to watch the testimony.](#)

70. **[Extra: CMS publishes rule outlining final staffing requirements](#)**

*McKnights Long-Term Care News; by Kimberly Marselas; 4/22/24*

The Centers for Medicare & Medicaid Services said it would exempt nursing homes from having registered nurse coverage for up to 8 out of 24 hours a day “under certain circumstances,” unveiling a critical new detail in the second part of today’s staffing rule rollout. A director of nursing also can count toward the rule’s 24/7 RN requirement, CMS said, noting a change that providers will likely appreciate given their persistent challenges hiring RNs across the country. “The RN onsite 24 hours a day, seven days a week requirement ensures that there is an RN available to help mitigate, and ultimately reduce, the likelihood of preventable safety events, particularly during evenings, nights, weekends, and holidays,” CMS said. ...

## **A7 Technology and Innovations (N=8)**

71. **[What Walmart’s exit means for the future of telehealth](#)**

*Modern Helathcare; Brock E.W. Turner; 5/3/24*

There is a dark cloud hovering over virtual care as big companies have struggled to launch telehealth-centric businesses. Retail giant Walmart announced Tuesday it was closing all of its clinics and shuttering its virtual care platform. The decision impacted 51 clinics across five states and represents a sharp reversal of a five-year strategy. ... Here is what five telehealth executives and investors had to say about recent challenges in virtual care. ...

72. **[CIOs' top 15 priorities over next 3 years](#)**

*Becker's Health IT; by Giles Bruce; 5/1/24*

CIOs' top priority over the next one to three years will be driving business innovation, according to a recent *CIO* survey. That differs from their current No. 1 [focus](#), which is cybersecurity, per an April *CIO* story. Here are the activities

CIOs plan to spend more time on in the next one to three years, according to the 2024 [survey](#) of 1,126 IT leaders: ...

73. [\*\*Nurses have reservations about use of AI on the job: survey\*\*](#)

*McKnight's Senior Living; by Kathleen Steele Gaivin; 4/29/24*

More than half of the nurses responding to a new survey by Cross Country Healthcare said they have reservations about the potential benefits of artificial intelligence in the nursing field. The online survey of 1,127 nursing professionals and students at hospitals and other healthcare facilities was conducted Jan. 18 to March 11. Respondents who said they are uncomfortable using AI expressed concerns about the potential absence of empathy and diminished patient connection. Those who said that they are comfortable with using AI on the job expressed a belief that the technology enhances efficiency, documentation, data analysis and research, upskilling opportunities and automated monitoring systems.

74. [\*\*The value of hospice-emergency department collaboration\*\*](#)

*Hospice News; by Jim Parker; 4/29/24*

Fostering greater collaboration between hospices and hospice emergency departments can help reduce health care costs, generate revenue and improve patient outcomes. Reducing hospitalizations and emergency department (ED) visits are key goals for many health care stakeholders, particularly those that operate within a value-based environment. ... Nearly 40 million seniors visit the ED annually, according to the Institute for Healthcare Policy and Innovation at the University of Michigan. For patients, however, the ED may not always be the best option, Rebeka Malloy, director of clinical engagement for Compassion and Choices, said at the National Hospice and Palliative Care Organization's (NHPCO) Virtual Interdisciplinary Conference. ...

75. [\*\*Cleveland Clinic eHospital expands to monitor 300,000 patients\*\*](#)

*Becker's Health IT; by Naomi Diaz; 4/24/24*

Cleveland Clinic's eHospital program has expanded and now monitors 248 patient beds in ICUs and other units across the organization's network. The eHospital program [launched](#) in 2014 as a pilot in one intensive care unit. ... The program has enabled more patients to receive care at community hospitals,

reducing the need for transfers to the main campus, according to Cleveland Clinic. It has also helped decrease ICU lengths of stay and minimize the volume of calls received at night.

76. [\*\*Generative AI is supposed to save doctors from burnout. New data show it needs more training\*\*](#)

*STAT+; by Casey Ross; 4/25/24*

After stratospheric levels of hype, early evidence may be bringing generative artificial intelligence down to Earth. A series of recent research papers by academic hospitals has revealed significant limitations of large language models (LLMs) in medical settings, undercutting common industry talking points that they will save time and money, and soon liberate clinicians from the drudgery of documentation.

77. [\*\*Environmental comfort in promoting sleep in critically ill patients: A scoping review\*\*](#)

*[Portugal] Dimensions of Critical Care Nursing; by Derek Braga Moura, Débora de Fátima Sousa Andrade, Carla Rodrigues Silva, Igor Emanuel Soares-Pinto; 5/24*

It is important to understand the concept of comfort as a whole to build an assistance intervention plan that meets the person's needs. Therefore, it is necessary to monitor and assess the person's sleep by considering the surrounding environment, to provide a comfortable environment that is quiet and provides privacy, especially in contexts of difficult management of environmental factors in the approach to the person in critical condition.

*Publisher's note: Recall 2/16/24 article "[\*\*Bristol Hospice's quest to help patients sleep\*\*](#)".*

78. [\*\*Remote access technologies expose home care firms to cybersecurity vulnerabilities, experts say\*\*](#)

*McKnights Home Care; by Adam Healy; 4/18/24*

Some of the most commonly used technologies in home care are also among the easiest for criminals to exploit. ... Remote access systems include any technology that allows users to connect to and access a computer, server, or network remotely. Within home care, this could be tools such as remote patient

monitoring devices, secure messaging apps, telehealth platforms, cloud-based applications or systems that allow users to remotely access patient data, according to the [Department of Health and Human Services](#). And while these technologies bring efficiency, they can also expose providers and their patients to risk.

## **A8 Speed of Change and Resiliency and Re-culture (N=6)**

### 79. [Would an 'unbossed' culture work in healthcare?](#)

*Becker's Hospital Review; by Madeline Ashley; 5/24/24*

The workforce has seen an influx of changes and trends come and go in a post-pandemic world, with more employees taking the reins and standing up for new, flexible ways to get their jobs done. One such trend catching on lately is the "unbossed culture." The term describes a work environment wherein management assumes more of a leadership role than a supervisor role. The hands-off approach makes for fewer check-ins, allowing employees to have more ownership over how they tackle and complete their tasks. While this new workforce trend spreads across multiple industries, the glaring question remains, "Would an unbossed culture work in healthcare?"

*Editor's Note: Let's push that question further, "Would an unbossed culture work in hospice care?" Or perhaps, what new short-term trends and longer-term evolution is happening in hospice/healthcare leadership, management, accountability, collaboration, and outcomes? How has technology changed long-standing patterns for organizational communications, assessments, planning, implementation and evaluation?*

### 80. ["Mental wellbeing is as important as physical wellbeing – both are interconnected"](#)

*Marie Curie Hospice; by Anne Finucane, Marie Curie Senior Research Fellow, and David Gillanders, Senior Lecturer, Clinical Psychology, The University of Edinburgh, United Kingdom; 5/13/24*

At least one in every four people living with a terminal diagnosis will experience depression, anxiety, adjustment disorder or low mood. Many more will experience distress because of deteriorating health and related uncertainty. Feelings of hopelessness, discouragement and even a desire for hastened death



can occur. People have reported that psychological support helps them develop better coping strategies, helps them be more open to their situation and improves communication with their families and those involved in their care.

*Editor's Note: Executive leaders, what value do you give to your interdisciplinary team members and their contributions to patients' mental/emotional care? What advocacy, support and recognition do you have for your social workers, chaplains, counselors? What mental wellbeing measures do your employees experience throughout your organization--and more directly--from your leadership with them? Perhaps it's time to "take the pulse" of your culture's mental wellbeing.*

81. [\*\*The role of mindfulness and resilience in Navy SEAL training\*\*](#)

*Military Psychology; by Andrew Ledford, Celeste Raver Luning, Deirdre P. Dixon, Patti Miles, Scott M. Lynch; 5/24*

Mindfulness and resilience are thought to be essential qualities of the military's special operations community. Both are tested daily in Special Operations Forces (SOF) assessment and selection efforts to prepare candidates to persist through grueling training and complex combat situations; but these qualities are rarely measured. While military leadership places value on the concepts of mindfulness and resilience, there is minimal empirical research examining the role that they play in the completion of training. This longitudinal study followed three classes of SEAL candidates at Basic Underwater Demolition/SEAL (BUD/S) training over their six-month selection program. We estimated logit models predicting successful completion of BUD/S and specific types of failure in that training environment with indexes of mindfulness and resilience at the start of the program as predictors of completion. The results indicate that mindfulness is generally unrelated to completion, while resilience generally predicts completion.

*Publisher's note: A leadership-oriented article from another field (the military) that can be applied to healthcare.*

82. [\*\*Five lessons I have learned in my first year as a hospice CEO\*\*](#)

*Sussex World, UK; by Jasmine Cotton; 4/29/24*

We spoke to Lois Howell, Chief Executive Officer at St Wilfrid's Hospice in Chichester, about the top five lessons she has learnt in her first year as a hospice

CEO. ... "I started my role as Chief Executive Officer at St Wilfrid's Hospice, Chichester on March 27, 2023. Prior to this, I worked as the Director of Governance and Risk at the NHS Trust on the Isle of Wight ... These are five things I have learnt in my first year as CEO of a local hospice, ..."

1. People don't realize how much they value hospice care until they need it.  
...
2. Charity retail is amazing! ...
3. As a local hospice we should be a good neighbor in the community ...
4. We couldn't run our services without volunteers ...
5. Our expert care is excellent, and it shouldn't be overshadowed by the fabulous stuff ...

83. **[Beyond compensation: Culture as a benefit](#)**

*HR Daily Advisor; by G Hatfield; 4/24/24*

Compensation is not the only factor that nurses consider when choosing a health system. Benefits packages, workplace culture, safety, and flexibility all play a role in the decision-making process. CNOs should take a look at their health system's offerings to make sure they are attractive to new nurses and that they are staying competitive in the industry. During the *HealthLeaders'* Nurse Labor and Compensation NOW Summit, Robin Steaban, Chief Nursing Officer at Vanderbilt University Hospital, spoke about innovative perks to attract and keep nurses, and how workplace culture and safety play a role as benefits alongside compensation.

84. **[\[Change Management\] Improving governance and compliance with knowledge management](#)**

*Outsourced Pharma; Guest Column by Irwin Hirsh; 4/23/24*

Knowledge management and knowledge sharing provide powerful levers for removing obstacles to business success. Here, ... I want to raise awareness of how knowledge management supports the demands of compliance and governance. ... [Includes:]

- Customer-Centric, Yes, But Who Is Your Customer? ...
- Process Level and System Level Governance ...
  - Process level ...

- System level ...
- Change Management ... [well-communicated X-matrix with easy-to-access digital bowling charts ...]
- Obstacles to Implementation ...
- Knowledge Sharing ...
- Mutual Respect ...
- Enable Continuous Improvement ...
- Cross Business Lines ...

### **A9 The Human Factor (N=3)**

#### 85. **[25 best places to live: US News](#)**

*Becker's Hospital Review; by Alan Condon; 5/21/24*

Naples, Fla., is the best place to live in the country, with Boise, Idaho, following closely behind, according to [U.S. News & World Report's "150 best places to live in the U.S. in 2024-25" list](#), published May 21. U.S. News & World Report ranked 150 major U.S. cities across four indexes: quality of life (including crime rates, well-being scores, and availability of healthcare), value (including housing availability and price parity), desirability (including weather temperateness and net migration levels) and the job market (including average salary and unemployment rate).

#### 86. **[The human side of AI: Insights on balancing automation and empathy](#)**

*Innovation & Tech Today; by Enrico Palmerino; 5/20/24*

... As AI automates more tasks with clinical precision, empathy is a critical human element we cannot overlook. That intangible ability to understand and share the feelings of another isn't just a soft skill — it's an essential catalyst for trust, loyalty, and genuine connection. Consider the healthcare industry, where empathy is (quite literally) often a matter of life and death. Can an AI-powered diagnostic system truly grasp a patient's fear and vulnerability when facing a serious illness? ... Finding the delicate balance between leveraging AI automation and preserving human empathy is the new challenge before us. It's a duality that will shape how businesses operate and how we interact with technology. ... Let the machines optimize processes while we optimize the ability

to connect and inspire. In this harmonious future, [AI is a tool](#) that elevates us — not replaces us.

*Editor's Note: Is AI a hot topic among your leaders and interdisciplinary clinicians? Often, "empathy" and "communication" are cited as key cautions and conflicts. See the previous article, "Nurses don't trust employers to safely implement AI tools, survey shows."*

87. **[Understanding is better than criticism](#)**

*The Pike County News Watchman; by Loren Hardin; 4/26/24*

The first time I met Glenn was at his brother, Kenny's, and sister-in-law, Tressie's wedding anniversary party. ... Glenn walked into the party with a swagger, was wearing dark tinted sunglasses, grabbed his belt, pulled up his pants, stuck out his chest and sat down at the kitchen table. I thought, "Who is this guy wearing dark sunglasses on an overcast day?" To be honest, I thought, "This guy is kind of cocky acting". Little did I know that in the not-too-distant future, I would become Glenn's hospice social worker, nor did he? ... [Click on the title's link to read more of this insightful, inspirational story.]

**A10 Articles of Interest I will highlight (N=6)**

88. **[Health equity: Insights on the CMS Framework and Leadership in Healthcare](#)**

*CHAPcast [podcast]; by CHAP and Marisette Hassan; 5/23/24*

As a nurse, witnessing the pervasive disparities in healthcare access was a profound wake-up call. Our conversation with Marisette Hassan takes us on a journey through the challenges and aspirations of achieving health equity, a mission that has never been more critical than in the shadow of the COVID-19 pandemic. When systems fail to serve everyone equally, the consequences are dire, and our discussion underlines the urgency of this issue. With Marisette's insights on the CMS health equity framework, we unpack the layers of this complex issue, from the importance of data collection to the necessity of culturally tailored services.

89. **[Have EHRs been good for healthcare?](#)**

*Becker's Health IT; by Giles Bruce; 5/3/24*

Fifteen years after meaningful use incentives propelled the shift to EHRs, health system leaders told *Becker's* that digitizing medical records has been a net positive for the industry — with some caveats. "Regardless of your position, there is no doubt that EHRs have changed the face of healthcare," said Sandra Hales, associate vice president for IT clinical applications at Phoenix-based Banner Health. "Patients now have timely access to records and data that is simplified for understanding, and there's a level of inclusivity and responsibility for patients to engage in their own care."

90. **Potential progress at Optum Tri-State complicated by corporate care crisis: 'It's bonuses for bodies'**

*The Examiner News; by Adam Stone; 5/13/24*

'It's Bonuses for Bodies'

This is the 16th installment in an investigative [series](#), launched in December 2022, about CareMount/Optum/UnitedHealth and broader concerns about corporate medical care. ... I know this piece is a long ride to the larger point but buckle up and pretend you're reading a few book chapters instead of a newspaper column, because all of the context matters, and interconnects. ...

- 'Preferably on Hospice': ... the group would give bonuses to medical professionals linked to end-of-life care.
- "It's bonuses for bodies," a medical staffer told me ...
- 'Palliative Pathway': Insiders said the unsettling reality of financially-incentivized patient care features coercive company tactics, subjective criteria for hospice qualification and attempts to rebrand the bonuses as a palliative care incentive, all under the implied threat of professional retaliation for staff who don't comply.

91. **A Philadelphia pharmacy's closure after 26 years highlights the industry's growing challenges**

*Times Daily; by Lizzy McClellan Ravitch, The Philadelphia Inquirer; 5/11/24*

Last Monday, Friendly Pharmacy filled 318 prescriptions. For about 100 of them, insurance companies paid the pharmacy less than \$3. In 22 instances that day, the reimbursement was less than the cost of the medication. ... [Managing pharmacist Brad] Tabaac plans to close his doors on May 31 after 26 years in

business. ... Independent pharmacies like Friendly, as well as some chains, have been pinched by pricing and fees set by pharmacy benefit managers — the companies that handle prescription drug plans for health insurance. The three biggest pharmacy benefit managers are CVS Health, Optum Rx and Express Scripts. They control nearly 90% of the market, according to the National Community Pharmacists Association (NCPA), and some of their parent companies also own pharmacies.

92. **[Why hospital executives think Walmart Health failed](#)**

*Becker's Health IT; by Giles Bruce; 5/1/24*

Health system leaders told *Becker's* they're not surprised by the failure of Walmart Health given the arduous economics of healthcare and the difficulty of providing primary care at scale.

Walmart [said](#) April 30 it would be closing its 51 Walmart Health Centers and virtual care offerings five years into its foray into healthcare. The company cited the "challenging reimbursement environment" and "escalating operating costs" that left its healthcare arm unprofitable.

93. **[How to overcome the disruptive forces that can impede high-value innovation](#)**

*Healthcare Financial Management Association (hfma.org); by Liz DeForest; 4/28/24*

... Healthcare is full of what we call "missing innovations" — good ideas that never go beyond promising pilot tests or, like EHRs, are adopted so slowly that their progress is measured in decades, even though other industries were adopting digital solutions very rapidly. Switchover disruptions are among the reasons for these missing innovations. ... [The author interviewed authors of *Why not better and cheaper?* (Oxford University Press, June 2023), written by industry analysts and twin brothers James B. and Robert S. Rebitzer about their observations of health system action and inaction. James Rebitzer is the Peter and Deborah Wexler Professor at Boston University's Questrom School of Business. Robert Rebitzer is a national adviser at the consulting firm Manatt Health.]