



## Top News Stories of the Month, October 2024

Article Summary		
Category	#	%
A1 Mission Moments	6	4.7%
A2 Reimbursement Challenges, Warning Signs, and Implications	14	11.0%
A3 Competition to be Aware of	6	4.7%
A4 Workforce Challenges	8	6.3%
A5 Patient, Family, and Future Customer Demographics and Trends	7	5.5%
A6 Regulatory and Political	12	9.5%
A7 Technology and Innovations	6	4.7%
A8 Speed of Change, Resiliency, and Re-Culture	5	4.0%
A9 The Human Factor	4	3.2%
A10 Highlighted Articles of Interest	11	8.7%
<b>Totals</b>	<b>79</b>	<b>100%</b>

### A1 Mission Moments

**1 [The death toll rises as rescue crews respond to Hurricane Helene's devastation](#)**

*NPR Network; by Emma Bowman; 9/29/24, 4:35pm*

As rescue teams continued to respond in the wake of Hurricane Helene’s destruction in the Southeast U.S. and southern Appalachia on Sunday, the death toll continued to climb. Hundreds remained missing across the region. At least 64 people were killed across Florida, Georgia, North Carolina, South Carolina and Virginia, The Associated Press [reported](#). Many people drowned after not heeding evacuation orders; others were killed in their homes and cars by falling trees and road signs. At least two Georgians were killed when a tornado picked up their car. Large portions of the region remained in darkness with power still knocked out to [more than 2 million customers in five states](#) on Sunday evening, nearly three days after Helene made landfall in Florida’s Big Bend region.

An important note from our [Publisher](#) and [Editor](#): [Click here for a real-time map of multi-state power outages spread across FL, GA, SC, NC, and VA](#), linked from the Asheville (NC) Citizen Times. We are looking for (and asking for) stories about how the storm impacted Hospices--staff and patients--and opportunities to assist.



**Key national organizations for community crisis preparation, relief, and recovery**

List compiled for end-of-life care organizations and the public by *Composing Life Out of Loss*; 2022.

[American Red Cross Disaster and Emergency Preparedness and Relief](#)

[American Trauma Society](#)

[FEMA – Federal Emergency Management Agency](#)

[International Critical Incident Stress Foundation](#)

[National Association of State EMS Officials](#)

[National Emergency Management Association](#)

[National Voluntary Organizations Active in Disaster](#)

[U.S. Department of Health & Human Services & n dash; The Medical Reserves Corps](#)

[U.S. Department of Health & Human Services – Trauma and Critical Care Teams](#)

[U.S. Department of Justice – Office for Victims of Crime](#)

[World Central Kitchen](#)

[World Health Organization](#)

Editor's note: Disclosure, [Composing Life Out of Loss](#) is a newsletter sponsor.

**2 [Carter defies odds with 19-month Hospice stay: Former president's experience shines light on program](#)**

*The Atlanta Journal-Constitution*; by Shelia Poole; 9/27/24

The Rev. Tony Lowden recently visited former President Jimmy Carter at his Plains home, where he is under Hospice Care. Carter, who turns 100 on Tuesday, was doing "good, fantastic," said Lowden, who has been Carter's personal pastor for seven years. Few would have expected such news about Carter, who has been under home Hospice Care for roughly 19 months. Only 10% of people on Medicare who died while under Hospice Care were in the program for 275 days or longer in 2022, according to MedPAC, an independent agency that advises Congress on issues affecting the Medicare program. Carter's longevity while under Hospice Care continues to defy the odds, but that doesn't surprise those who know his grit. ... Facts and Figures About Hospice Care:

- The first Hospice in the United States was founded in 1974.
- More than 90% of Hospice Care in the U.S. is provided in the patient's home, whether a private residence, an assisted living facility or a nursing home.
- Roughly 1.72 million Medicare beneficiaries were enrolled in Hospice Care for a day or more in 2022. In Georgia, more than 55,600 Medicare patients died while in Hospice Care that year.
- More than 90% of Hospice Care in the nation is paid for by Medicare.



- Only those with a prognosis of six months or less to live are considered for admission to a Hospice facility or for a "home Hospice" program providing limited nursing care during the day, and often 24/7 support by phone.

### 3 [Family matriarch crosses ocean swim off bucket list](#)

*Star News Group, Manasquan, NJ; by Alex Dyer; 10/3/24*

Dorothy Jean "Dot" Temple ventured into the rough surf, her arms supported by loved ones, her feet tickled by sea foam and soft sand. Wading in the ocean is an ordinary pleasure. But on this day, it was special for Temple and for everyone who came to watch her enjoy the water. At age 93, it's no longer an easy task for Temple to indulge in her love of ocean swimming, an activity in which she had excelled for a majority of her life. ... Dot was recently admitted to the hospital, where the family was not "sure if she would survive the night." Afterwards, she was put on Hospice, where she was advised to cease her medication. "We were heartbroken at the prospect of possibly losing her, but in typical Nanny fashion...she is holding her own and is still doing great — all things considered," said Gasetel. "A strong-headed woman, she has been very vocal that before she passes, she absolutely must go swimming in the ocean one more time; so that's exactly what we did."

### 4 ['Trying not to cry:' Helene's wrath sets new normal in battered western North Carolina town](#)

*CBS WBTW-13, Florence, SC; by Adrianna Lawrence; 10/8/24*

Kyle Katona has lived through his share of hurricanes. But nothing could ready him for the wrath Helene unleashed across the idyllic valleys of western North Carolina. "I've never seen the amount of devastation that Hurricane Helene caused in the mountains," the Four Seasons Hospice store driver said. He wasn't alone. "I don't think anybody was prepared for the level of catastrophe that was going to occur," said Rikki Hooper, Four Seasons' clinical operations officer. Traumatized residents awoke to the sound of water coursing into their homes before the sun came up -- taking everything and, in some heartbreaking instances, everyone, with it. ... At Lake Lure -- a beloved vacation spot minutes from Chimney Rock -- mud stands in for where water once flowed. Instead, officials and first responders were providing medical treatment. Military helicopters flicked across the sky and bulldozers cleared out areas. If it sounds like a warzone, that's because it was as close as it could be to one, Pixie Moore [a resident] said.

*Editor's note: [Click here to donate directly to Four Seasons' hurricane relief needs](#); or [Amazon Wish List](#). [Click here for our 10/2 interview with TCN leaders about Helene's](#)*



*devastation and Hospice needs for Four Seasons, Amorem, Compassionate Care of Western North Carolina (CCWNC), and Carolina Caring.*

## 5 [Top questions people ask about Hospice](#)

*The Star News, Medford, WI; 10/9/24*

1. When should a decision about entering a Hospice program be made and who should make it? ...
2. Should I wait for our physician to raise the possibility of Hospice, or should I raise it first?
3. Can a Hospice patient who shows signs of recovery be returned to regular medical treatment?
4. What does the Hospice admission process involve?
5. Is there any special equipment or changes I have to make in my home before Hospice Care begins?
6. How many family members or friends does it take to care for a patient at home?
7. Must someone be with the patient at all times?
8. What specific assistance does Hospice provide homebased patients?
9. Does Hospice do anything to make death come sooner?
10. Is caring for the patient at home the only place Hospice Care can be delivered?
11. How does Hospice "manage pain?"

## 6 [Rosalynn Carter Institute redefines caregiving field with the launch of research informed profiles of experiences of caregiving©](#)

*BusinessWire - Rosalynn Carter Institute for Caregivers, Americus, GA; by Ava Jafarmadar; 10/15/24*

The Rosalynn Carter Institute for Caregivers (RCI) today announced the launch of the Profiles of Experiences of Caregiving© (Caregiver Profiles©), an innovative framework that leads within the caregiver field by reimagining and elevating family caregivers, so they are better seen, understood, and supported. Developed in partnership with Duke



University through an extensive review of over 10,000 research papers and comprehensive caregiver focus groups, these profiles shift the focus from the care recipient’s diagnosis to the caregiver’s unique experience. This new approach aims to provide more tailored, holistic support to the over 105 million people in the United States who are actively engaged in family caregiving.

	<b>Total</b>	<b>6</b>
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 7 [The best bets for Palliative Care reimbursement post-VBID](#)

*Hospice News; by Jim Parker; 10/8/24*

The Hospice component of the value-based insurance design model (VBID) will sunset at the end of this year, but opportunities for payment through Medicare Advantage and other models remain. The Hospice component is part of the larger VBID program, which will continue through 2030. The component was designed to test coverage of Hospice through Medicare Advantage. It also contained elements intended to expand access to Palliative Care, for which reimbursement in general is scarce. Hospice News spoke with Dr. Bob Parker, chief clinical officer and chief compliance officer for the Texas-based Hospice provider Kindful Health, about the opportunities in place for Palliative Care providers. [Click on the title's link for this interview.]

#### 8 [Hospital-at-home care’s future still hangs in the balance](#)

*Home Health Care News; by Joyce Famakinwa; 10/7/24*

Even with a proven track record for clinical effectiveness and cost savings, the hospital-at-home model’s future hangs in the balance. “The data suggests that, for the populations that have been studied in multiple different places, it’s a very safe service to be done and with high-quality care, low readmission rates, low escalation rates, low infection rates,” Dr. Adam Groff, co-founder Maribel Health, told Home Health Care News. “The bottom line is people love it, patients love it and it’s a high-quality care experience.” ... In 2020, the hospital-at-home model had its breakthrough. Though the model was common internationally, it was considered niche in the U.S. This changed with the introduction of the Centers for Medicare & Medicaid Services’ (CMS) Acute Hospital Care at Home program. A recent report from CMS found that the program has



been largely successful. ... Despite the momentum the model has seen in recent years, challenges still exist when it comes to operations and scalability. Specifically, less than 9% of waiver-approved hospitals accounted for more than 70% of all U.S. admissions, according to data from MedPAC's June 2024 report to Congress. ...

**9 Study: Hospice care provides major Medicare savings**

*Medical Xpress; by Peter Dizikes, Massachusetts Institute of Technology; 10/24/24*

Hospice care aims to provide a health care alternative for people nearing the end of life, by sparing them unwanted medical procedures and focusing on the patient's comfort. A new study co-authored by MIT scholars shows Hospice also has a clear fiscal benefit: It generates substantial savings for the U.S. Medicare system. ... In recent decades, Hospice Care has grown substantially. That growth has been accompanied by concerns that for-profit Hospice organizations, in particular, might be overly aggressive in pursuing patients. There have also been instances of fraud by organizations in the field. Yet, the study shows that the overall dynamics of Hospice are the intended ones: People are indeed receiving Palliative-type care, based around comfort rather than elaborate medical procedures, at less cost.

*Editor's note: This study limited its data to for profit Hospice agencies. That said, its results cannot be misconstrued to provide any type of comparison between for-profits and nonprofits, in that data from nonprofits was (apparently) not examined.*

**10 UnitedHealth Group, Amedisys to meet with Justice Department to push for acquisition's closure**

*Hospice News; by Jim Parker; 10/26/24*

Executives from UnitedHealth Group and Amedisys reportedly will meet with U.S. Justice Department officials in an effort to seal their pending deal. Amedisys has indicated that it expects the deal to close in Q4. However, the Justice Department (DOJ) has been making inquiries into the transaction and reportedly has been considering a lawsuit to block it, due to potential antitrust concerns. To date, neither Amedisys nor UnitedHealth Group have been accused of any wrongdoing. Bloomberg first reported



on the DOJ meeting, which might begin on Monday, according to sources “familiar with the matter.” The meeting will include Jonathan Kanter, assistant attorney general for the DOJ’s Antitrust Division, Bloomberg reported.

**11 How today’s Hospice fraud could warp tomorrow’s reimbursement outlook**

*Hospice News; by Holly Vossel; 10/28/24*

This is the second of a two-part Hospice News series that explores how fraud, waste and abuse in the Hospice space could create headwinds for the industry at large. Fraudsters mispend millions of Medicare dollars annually, though the actual Hospice-specific amounts are difficult to determine, regulators previously told Hospice News. Industry stakeholders have questioned whether the malfeasance will stymie the U.S. Centers for Medicare & Medicaid Services’ (CMS) ability to justify future reimbursement rate increases, which many Hospice providers already consider insufficient to support the full range of their interdisciplinary services in today’s economic climate.

**12 Chapters Health System launches new Chapters Health West Division**

*Cision PRWeb; by Chapters Health System; 10/30/24*

Chapters Health System, in collaboration with four highly respected not-for-profit organizations — Hospice East Bay (Pleasant Hill, CA), Hospice of Santa Cruz County (Santa Cruz, CA), Nathan Adelson Hospice (Las Vegas, NV) and Willamette Vital Health (Salem, OR) — is proud to announce the creation and official launch of Chapters Health West. This landmark partnership signifies the beginning of a new era in not-for-profit Hospice Care across the Western United States, blending innovation with a commitment to compassionate, community-based care. "We are building a future where we can do more, innovate more and serve more," said Andrew Molosky, MBA, CHPCA, president and chief executive officer for Chapters Health. "By aligning our strengths, we will continue to deliver exceptional care while expanding our capacity to meet the growing needs of those navigating serious illness and grief in our communities." ... "While joining forces under the broader Chapters Health System, each



Hospice will maintain its local leadership, culture and deep-rooted community relationships. This ensures that care remains personal, meaningful and aligned with the values of each unique community."

**13 [Covenant Care deal a growth engine for Vitas](#)**

*Hospice News; by Jim Parker; 10/30/24*

VITAS Healthcare's acquisition of Covenant Health and Community Services Hospice business has emerged as a growth engine for the company. In April, VITAS acquired Covenant's Hospice operations as well as one assisted living facility in an \$85 million deal. The transaction brought VITAS into the Alabama market and expanded its geographic footprint in Florida and marked the company's entry into the assisted living space. Covenant Health contributed close to \$11 million to VITAS' \$391.4 million third quarter revenue, which is up 17.3% year over year. In addition to the acquisition, the company in Q3 saw a 15.5% increase in average daily census (ADC) reaching 21,785. Admissions also rose 6.3% to 16,775.

***B. Medicare Advantage***

**14 [Medicare Advantage Value-Based Insurance Design Model Calendar Year 2025 Model Participation](#)**

*CMS Newsroom; Fact Sheet; 9/27/24*

The Centers for Medicare & Medicaid Services (CMS) is announcing the Calendar Year (CY) 2025 participants in the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model. As part of the VBID Model, MA plans offer additional supplemental benefits and/or reduced cost sharing (in some cases to zero). MA plans participating in the VBID Model may also use reward and incentive programs. ... For CY 2025, the VBID Model has 62 participating Medicare Advantage Organizations (MAOs) testing the model in 48 states, D.C., and Puerto Rico through 967 plan benefit packages (PBPs). All 62 participating MAOs prepared Health Equity Plans on how they will address potential inequities and disparities in access, outcomes, and/or enrollee experience of care as it relates to their participation in the VBID Model.





**15 Medicare Advantage is 'jeopardizing' rural hospitals, execs say**

*Becker's Hospital CFO Report; by Alan Condon; 10/2/24*

Medicare Advantage is "failing patients" and "jeopardizing" Nebraska hospitals, according to a survey of 92 member hospitals from the Nebraska Hospital Association. MA provides health coverage to more than 55% of the nation's older adults, about 33.8 million people, but some hospitals and health systems are ending their contracts with MA plans over administrative challenges that include excessive prior authorization denial rates and slow payments from insurers. "Medicare Advantage challenges the future of critical access hospitals due to lower reimbursement rates, slower or denied payments, and increased administrative burdens," Jed Hansen, executive director of the Nebraska Rural Health Association, said during an Oct. 2 virtual meeting with hospital leaders. Without changes to MA, our rural hospitals may be forced to cut staff and services, further harming patient care. Over time, some of our rural hospitals may be forced to close altogether."

**16 Humana, UnitedHealthcare, Aetna fall in new MA star ratings**

*Modern Healthcare; by Nona Tepper; 10/10/24*

The Centers for Medicare and Medicaid Services sought to make it more challenging for Medicare Advantage insurers to win top quality scores and the payment bonuses that go along with them. It's working. On Thursday, CMS released the latest Medicare Advantage star ratings, and the contrast to just a few years ago is stark. In 2022, 74 Medicare Advantage with prescription drug coverage contracts garnered five-out-of-five stars. For the 2025 plan year, only seven did.

**17 BCBS reaches record antitrust settlement for \$2.8B**

*Becker's Payer Issues; by Jakob Emerson; 10/16/24*

The Blue Cross Blue Shield Association, along with the 33 independent BCBS companies, have agreed to pay \$2.8 billion to settle antitrust claims from healthcare providers, marking the largest settlement of its kind in the healthcare industry. In addition to the cash settlement, the plaintiffs stated in an Oct. 14 filing in Alabama federal court that BCBS plans must implement significant operational changes across 16 categories. These changes include how BCBS processes claims, communicates, contracts with, and



makes payments to providers. The new operational requirements are expected to alleviate administrative burdens and inefficiencies experienced by providers, according to the plaintiffs' counsel. The settlement applies to providers who treated BCBS members between July 2008 and October 2024. The tentative agreement still requires approval from U.S. District Judge R. David Proctor. The BCBS Association denies the allegations made in the lawsuit.

**18 Duke Health CFOs' plan to reach 1 in 4 North Carolinians**

*Becker's Hospital CFO Report; by Madeline Ashley; 10/21/24*

Since Lisa Goodlett was **named** senior vice president, CFO and treasurer of Durham, N.C.-based Duke University Health System in March, one of the health system's main goals has been to increase access to the health system from 8% of North Carolina's population to more than 25%. To achieve this, the health system is leveraging technology and looking at expanding partnerships to ensure services are more widely available. ... As Duke Health continues to push expanded care access, the health system has also been in contract negotiations with UnitedHealthcare for the last few weeks regarding 172,000 of its patients. ... If the parties cannot come to an agreement by Nov. 1, Duke Health's hospitals, facilities and physicians would be out of network for employer-sponsored commercial plans, including UMR and Medicare Advantage plans, including a group retiree and dual special-needs plans.

**19 Cigna considers Humana acquisition – What it means for the stocks**

*MarketBeat; by Jea Yu; 10/29/24*

There has been speculation of a massive merger in the medical sector between two massive health insurers. Specifically, the rumor is The Cigna Group NYSE: CI is interested in acquiring Humana Inc. NYSE: HUM. The conjecture caused both stocks to react, as Cigna stock fell 10% as the rumored surfaced on Oct. 18, 2024, and Humana stock remained relatively flat. Based on the reactions, the market doesn't see this as a favorable merger, and for good reason. While there are many potential synergies in a



merger, assuming it passes the regulatory antitrust sniff test (which is a big "if"), there is also a major sticking point that sinks any possibility of it coming to fruition called Medicare Advantage (MA).

**20 [LeadingAge: Diverting patients from SNF to home health does more harm than good](#)**

*McKnights Home Care; by Adam Healy; 10/28/24*

Mounting evidence suggests that Medicare Advantage plans are directing beneficiaries to home health when they should receive skilled nursing facility care, which is negatively affecting providers' care quality, according to LeadingAge. The Senate Committee Permanent Subcommittee on Investigations recently reported that MA plans may be diverting patients in need of SNF care to home health as a means of saving money. In an Oct. 25 letter, LeadingAge said this practice damages care quality and patient health outcomes, and asked the Medicare Payment Advisory Commission (MedPAC) to investigate the issue further.

<b>Total</b>	<b>14</b>
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**A3 Competition to be Aware of**

**21 [CVS Health to lay off nearly 3,000 workers in cost-cutting drive](#)**

*CNN; by Olesya Dmitracova; 10/1/24*

CVS Health is planning to cut about 2,900 jobs in an effort to slash costs, the US health care company said Tuesday. "We've embarked on a multi-year initiative to deliver \$2 billion in cost savings by reducing expenses and investing in technologies to enhance how we work," a spokesperson said in a statement. The layoffs represent less than 1% of CVS Health's (CVS) workforce. "Impacted positions are primarily corporate roles. The reductions will not impact front-line jobs in our stores, pharmacies and distribution centers," the spokesperson added. The job cuts at the company, which runs a network of pharmacies across the United States among other businesses, add to the 5,000 or so layoffs disclosed last year. In 2021, CVS Health announced that it would close around 900 stores between 2022 and 2024.



**22 [Stratis Health builds framework for expanding rural community-based Palliative Care](#)**

*Hospice News; by Jim Parker; 10/16/24*

The health care performance improvement company Stratis Health has developed a framework for expanding access to Palliative Care in rural communities. The company's strategy convenes resources and organizations that already exist in a given community to help meet patient's Palliative Care, psychosocial, spiritual and social determinants of health needs. It leverages those resources to offer a wraparound suite of services for seniors and seriously ill patients. Hospice News spoke with Karla Weng, senior program manager for Stratis Health, about how health care providers and other stakeholders serving rural communities can come together to better serve their patients and clients. ... The field has shifted in more recent years, so that community-based really means anywhere but the hospital. It might be in a clinic. It might be home care. We're not that prescriptive. So we have sometimes shifted to using the language "community centric." The way that we work with communities who are interested in going down this path is helping them first to do a gap analysis and assessment of the resources that are already there in their community. ... [Click on the title's link to continue reading.]

**23 [Cigna resumes merger discussions with Humana](#)**

*Modern Healthcare; by Michelle F. Davis, John Tozzi; 10/18/24*

Cigna Group has revived efforts to combine with its smaller rival Humana Inc. after merger talks fell apart late last year, according to people familiar with the matter... The discussions are in early stages, they added.

**24 [Providence, Compassus form home care joint venture](#)**

*Modern Healthcare; by Diane Eastabrook; 10/22/24*

Home care provider Compassus will take over management of Providence's home-based care services through a joint venture the two companies announced Tuesday. Under the arrangement, Brentwood, Texas-based Compassus would manage and jointly own Providence's home health, Hospice, community-based Palliative Care and private duty nursing services under the name Providence at Home with Compassus, the companies said in a news release. Neither company would disclose financial terms of the deal, which is subject to approval by state and federal regulators.



*Publisher's note: This joint venture is different from other recent Compassus joint ventures with Mercy Health, OhioHealth, and Bon Secours.*

**A. Mergers & Acquisitions**

**25 SSM Health at Home joins Wisconsin Hospice & Palliative Care Collaborative**

*Hospice News; by Jim Parker; 10/22/24*

The home health and Hospice provider SSM Health at Home has joined the Wisconsin Hospice & Palliative Care Collaborative (WHPCC). SSM Health at Home is part of the SSM Health System. Headquartered in Missouri, the system also services patients in Illinois, Wisconsin and Oklahoma. WHPCC was incorporated as a 501c3 organization in 2021. The collaborative includes members Agrace, Rainbow Hospice Care, Unity Hospice, Adoray Home Health & Hospice, Hospice Alliance and Sharon S. Richardson Community Hospice. Their combined geographic footprint covers 80% of the state.

**26 New FTC regulations could create obstacles for Hospice M&A**

*Hospice News; by Jim Parker; 10/24/24*

Changes to federal rules governing mergers and acquisitions could have sweeping effects on Hospice and other health care transactions. The Federal Trade Commission (FTC) recently [finalized a rule](#) that will implement changes to required pre-merger notification forms. Pursuant to the Hart-Scott-Rodino Act, parties to certain transactions must submit these documents to the FTC and other regulatory agencies to help identify and address potential antitrust concerns. The law requires that transactions exceeding \$120 million must submit the form which agencies will use to conduct a 30-day premerger assessment, according to Luke Smith, member at the law firm Bass, Berry and Sims. The final rule will likely complicate the closing of some Hospice acquisitions.

<b>Total</b>	<b>6</b>
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## A4 Workforce Challenges

### A. Paints the Picture

No articles noted for "Paints the Picture" this month

### B. Implications of the issue

#### 27 [The road ahead: 2 pressures framing the future of Hospice Care](#)

**Hospice News; by Jim Parker; 10/1/24**

The workforce shortage and value-based care will shape the future of Hospice, according to some providers. The health care reimbursement environment is moving towards significant change. The U.S. Centers for Medicare & Medicaid Services (CMS) has signaled its intention to align every Medicare beneficiary with a value-based payment system by 2030. To keep pace, Hospice providers must start preparing now, according to Phil Ward, president and CEO of Community Hospice of Northeast Florida. "We're implementing quality movement projects now. So that when these changes come, we're not taken by surprise," Ward said at the National Hospice and Palliative Care Organization (NHPCO) Annual Leadership Conference. ... The second major force that could mold the industry's future is the staffing shortage, Leigh Anderson, medical director for Our Hospice of Indiana, said during the NHPCO conference. This includes issues like turnover, nurse-to-patient ratios and health care worker burnout, she said.

#### 28 [2,400 Kaiser mental health workers to begin open-ended strike: 6 things to know](#)

*Becker's Hospital Review; by Kelly Gooch; 10/11/24*

Members of the National Union of Healthcare Workers are set to begin an open-ended strike Oct. 21 at Kaiser Permanente locations in Southern California. Six things to know:

1. The union represents about 2,400 mental health workers at Kaiser facilities throughout Los Angeles, San Diego, Bakersfield, Orange County and the Inland Empire ...
2. Union members authorized a strike in early October. ...
3. Kaiser told *Becker's* via statement that its offer during negotiations "has no takeaways. ..."
4. The union contends that during bargaining, Kaiser has refused to extend benefits from last year's contract for Northern California mental health workers — such as providing therapists with seven hours per week for critical patient care — to their Southern California counterparts.
5. "We want to be with our patients, but we can't keep working in a system that doesn't meet their needs and treats us like assembly line workers trying to meet a quota," ...
6. "We will stay at the table until this deal is done," Kaiser said in its statement.



### C. Solutions

#### 29 **Mission Hospital nurses, HCA agree to new contract**

*Becker's Hospital Review; by Erica Carbajal; 10/10/24*

Union nurses at Mission Hospital in Asheville, N.C., have approved a new labor contract with Nashville, Tenn.-based HCA Healthcare, which owns the hospital. National Nurses United, which represents more than 1,600 Mission Hospital nurses, shared news of the new agreement in an Oct. 9 news release. The three-year agreement includes up to 29% wage increases for some nurses, a pilot program to ensure nurses can take meal and rest breaks during their shifts, new measures to ensure nurses are floated to units similar to their usual specialty, and the ability to use preferred names and personal pronouns on name badges. "Mission Hospital is so important to Asheville and all of western North Carolina," Hannah Drummond, RN, a nurse in the hospital's catheterization lab recovery unit, said in the union's news release. "This contract is another step forward to making Mission the hospital it needs to be for our patients. Nurses are the backbone of Mission Hospital, and this contract adds steel to our spine."

#### 30 **Hospices seek creative hiring, retention solutions as labor costs rise**

*Hospice News; by Holly Vossel; 10/11/24*

Fierce competition for clinical resources amid widespread workforce shortages has Hospices taking nimble approaches to their recruitment strategies, including pivoting financial investments and building stronger educational partnerships. Competition in the health care market has been driving up salaries, particularly among nurses, according to Jennifer Lemere, vice president of clinical operations at St. Croix Hospice, a portfolio company of the private equity firm H.I.G. Capital. But rising compensation trends are also occurring across the interdisciplinary spectrum, Lemere added. ...

#### 31 **Why home health providers want employees working at top of license**

*Home Health Care News; by Audrie Martin; 10/17/24*

As home health organizations fight for a margin in tough labor and payment environments, they are increasingly seeking ways to help employees practice at the top of their licenses. By applying top-of-license assignments in organizations, less complex work is handed off to the level below. This allows organizations to see more patients, bill for more services, reduce burnout and provide better care. The process helps employees feel more satisfied, and also could help with recruitment. "What we've got to do is improve our margins," Pinnacle Home Care CEO Shane Donaldson recently said



at Home Health Care News' FUTURE conference. "That means we've got to get evaluating clinicians to do as many evaluations and assessments as possible, and we've got to get the non-evaluating clinicians doing the majority of straight visits."

### **32 Best Places to Work in Healthcare - 2024**

*Modern Healthcare; 10/16/24*

Transparency, compassion and trust are the hallmarks of any good relationship — including those between employers and employees. The winning companies of this year's Best Places to Work in Healthcare awards keep their staff engaged by offering expansive benefits, flexible schedules and the chance to give back to their communities. The honorees also set high standards of integrity and accountability, while providing opportunities for growth. [Congratulations to all award winners, including:]

- Tillery Compassionate Care, Albemarle
- Ancora Compassionate Care, Reidsville
- Hospice Home Care, Little Rock
- VNA Home Care and Hospice of the Wabash Valley, Terre Haute
- Teleios Collaborative Network, Flat Rock
- Four Seasons, The Care You Trust, Flat Rock
- Avow Hospice, Naples
- YoloCares, Davis
- Nathan Adelson Hospice, Las Vegas
- Trella Health, Atlanta
- Carolina Caring, Newton

### **33 Patient, staff satisfaction biggest ROIs of trauma-informed Hospice Care**

*Hospice News; by Holly Vossel; 10/23/24*

Improved patient and staff satisfaction are among the most significant returns on investment for Hospices that are pouring greater resources into trauma-informed





training. The ability to build a trusting relationship with patients and their families is a key skill set for any Hospice professional to possess, but one that takes on a profoundly different meaning when caring for survivors of abuse, violence and trauma. This is according to Amber Ash, pediatric Hospice and Palliative Care social worker at Ohio-based Hospice of the Western Reserve. Trauma-informed education should be a normalized part of Hospice’s interdisciplinary training to help staff recognize and respond to a range of experiences, Ash indicated. This type of training can help provide opportunities for improved goal-concordant care while also aligning with staff’s professional goals and personal values, she stated.

**34 [Top 5 workforce priorities for leaders in 2025](#)**

*Forbes; by Brent Gleeson; 10/26/24*

As organizations evolve and face new challenges, leaders and managers are preparing to tackle pressing workforce priorities that will shape the future of work. Based on our data and experience at EXCELR8, and supported by extensive research conducted by Gartner, these priorities reflect the most significant areas HR leaders (and all leaders in the organization) need to focus on to remain competitive, retain top talent, and drive business outcomes. Below are the top five workforce priorities leaders must incorporate into their strategic imperatives for 2025. We highlight the key trends that will influence human resources strategies moving forward.

1. Leader and Manager Development ...
2. Organizational Culture ...
3. Strategic Workforce Planning ...
4. Change Management ...
5. HR Technology ...

Each of these priorities is interconnected, and success in one area will often reinforce success in another. As we look to 2025, organizations that proactively address these challenges will not only retain top talent but also drive sustainable growth and innovation.



	<b>Total</b>	<b>8</b>
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**A5 Patient, Family, and Future Customer Demographics and Trends**

**35 [Heartless activist who took selfie with woman’s dying father in Hospice shows no emotion upon learning of her fate following sick harassment campaign](#)**

*What'sNew2Day; written by "Jack," with another author listed "Bethan Sexton for Dailymail.com"; 10/5/24*

An activist who snuck into a Hospice and took a selfie with a woman’s dying father because he opposed her support for LGBTQ rights showed no emotion as he was sentenced for his sickening campaign of harassment. Bubba Pollock, 35, was sentenced to two months in prison after pleading guilty to criminally harassing Britt Leroux, 38. Pollock, from London, Ontario, openly protested the drag queen stories and was seen on video promising to pay people up to \$500 to sabotage events. He had a fierce debate with Leroux, which culminated in him driving 120 miles to the Windsor Hospice where Leroux’s father, Andre Leroux, was receiving Palliative Care and taking the photograph in an attempt to mock his victim.

*Editor's note: What social media Policies and Procedures do you have in place for any and all persons who might abuse the privacy and rights of the persons and families you serve? Based on this incident--which could be replicated easily--what might you need to write, educate, and enforce in order to protect your patients and their families?*

**36 [Hoping to reach 100? You’re not going to like these new life expectancy projections](#)**

*New York Post; by Tracy Swartz; 10/7/24*

Let’s keep it 100 — your chances of [becoming a centenarian](#) are slim. Medical breakthroughs, public health achievements and better diets led to steep increases in global life expectancy in the 1800s and 1900s. But startling new research finds this momentum has slowed and the biggest boosts to longevity may be in the rearview mirror. “Most people alive today at older ages are living on time that was manufactured by medicine,” said lead study author S. Jay Olshansky, a professor of epidemiology and biostatistics at the University of Illinois at Chicago. “But these medical Band-Aids are producing fewer years of life even though they’re occurring at an accelerated pace, implying that the period of rapid increases in life expectancy is now documented to be over,” Olshansky added. The analysis, conducted with researchers from the University of Hawaii, Harvard and UCLA, includes data from eight countries with the longest-living



populations (Australia, France, Italy, Japan, South Korea, Spain, Sweden and Switzerland), Hong Kong and the US from 1990 to 2019.

**37 Patient considerations of social media account management after death**

*Supportive Care in Cancer; Rida Khan, Jacqueline Tschanz, Maxine De La Cruz, David Hui, Diana Urbauer, Astrid Grouls, Eduardo Bruera; 10/24*

Social media is widely used but few studies have examined how patients with advanced cancer want their accounts managed after death. The objective of this study was to determine the proportion of our patients with advanced cancer who have discussed the post-mortem management of their social media accounts with their family or friends. Conclusion: Few patients have had conversations on the management of their accounts after death, although more were interested in exploring their options further. More research is needed to examine the role of social media as a digital legacy and a coping tool for patients with advanced cancer.

**38 As IV shortage continues after hurricane, U.S. invokes wartime power to speed recovery**

*CBS News; by Alexander Tin; 10/15/24*

The Biden administration says it has invoked the wartime powers of the Defense Production Act to speed rebuilding of a major American factory of intravenous fluids that was wrecked by Hurricane Helene last month. Damage to the plant in North Carolina has worsened a nationwide shortage of IV fluids, and hospitals say they are still postponing some surgeries and other procedures as a result. Some 60% of the nation's IV supplies had relied on production from the plant, run by medical supplier Baxter, before it was damaged by the storm. "Ensuring people have medical supplies they need is a top priority of the Administration. It's exactly why we are working closely with Baxter to support cleanup and restoration of the facility, including invoking the Defense Production Act to help production resume as quickly as possible," an official with the Department of Health and Human Services told CBS News on Tuesday.



### 39 **5 reasons why green burial services are a growing trend**

*The LaGrange Daily News; by Syndication Cloud; 10/17/24*

Times are quickly changing throughout the country, and many of our common rituals are beginning to shift. The conventional funeral involving an expensive casket, embalming services, flowers and other costly expenses are no longer as popular as they once were. Instead, individuals and families are turning toward eco-friendly burial services, which are known as green burials. The green burial services Springfield Ohio specialists at Jackson, Lytle & Lewis ... have supported countless families with this growing trend. Below are five reasons why green burials are continuing to grow in popularity throughout the United States.

- Minimal Environmental Impact ...
- More Affordable Than Funeral Costs ...
- Becoming a Tree & Green Legacies ...
- Preserving Nature for Future Generations ...
- Embracing The Circle of Life ...

### 40 **Millennials are reporting a mysterious wave of memory problems. What's going on?**

*Globe Magazine, Boston, MA; by Felice J. Freyer; 10/21/24*

... Memory lapses are expected as we age, but there's evidence that many younger people — in the prime of life, ages 20 to 50 — are losing their grip on thoughts, struggling to retain new information and retrieve old knowledge. Experts blame the way we live and the world we live in, abuzz with distracting technologies amid endless demands on our time and minds. Dr. Andrew E. Budson, a Boston University neurologist who specializes in memory disorders in older adults, runs into younger people whenever he gives a talk. Inevitably, someone in their 30s or 40s will approach him afterward with: My memory is terrible. . . . I know I'm young, but I'm concerned I'm getting Alzheimer's disease. ... [Click on the title's link to continue reading.]



**41 Eight important financial questions to ask your aging parents**

*LifeHacker; by Emily Long; 10/23/24*

Money conversations can be uncomfortable, but they are also essential. ... When you start asking financial questions of your parents, remember that you don't need specifics, such as dollar amounts or who is inheriting what. The purpose of these discussions is to ensure your parents' wishes are backed by a plan and to understand whether (and how) they want or need your support as they age. Their plan may also affect you directly if you have power of attorney, help with paying bills, or are expected to be a caregiver in the future.

- What are their wishes for their money? ...
- Do they have an estate plan? ...
- What are their assets (and how are they titled)? ...
- How are they funding retirement? ...
- Have they designated a power of attorney? ...
- Do they have updated beneficiaries? ...
- How will care be provided and paid for? ...
- How can important information be accessed if needed? ...

	<b>Total</b>	<b>7</b>
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**A6 Regulatory and Political**

**42 Blumenauer proposes overhaul to Hospice Benefit: If enacted, the legislation would be the single most significant update to the Hospice benefit and payment structure since its inception in 1982.**

*U.S. Congressman Earl Blumenauer, Washington, DC; Press Release; 9/26/24*

Today, Congressman Earl Blumenauer (D-OR), a senior member of the Ways and Means Committee, introduced the Hospice Care Accountability, Reform and Enforcement Act ([Hospice CARE Act](#)) to modernize Medicare’s Hospice benefit, which has remained largely unchanged since its inception in 1982. The proposal comes as [egregious](#)



[reports](#) of fraud and abuse within the benefit [persist](#), despite action from Centers for Medicare & Medicaid Services (CMS). The legislation is the product of years of collaboration between stakeholders, lawmakers, and industry leaders. It builds on Blumenauer’s decades-long commitment to ensure the federal government supports families at a time of great stress and vulnerability: the end of life.

“The United States spends significantly more on health care than other developed nations for worse outcomes. Nowhere is this more egregious than in the Hospice industry,” **said Congressman Earl Blumenauer**. “Patients and families deserve better. We need a reset. It is past time for Congress to act to end the fraud, waste, and abuse within the Hospice benefit and bring it into the 21st century.”

To protect patients and taxpayers, the Hospice CARE Act would institute a number of long overdue reforms to crackdown on fraud while incentivizing high-quality care. Critically, it would:

- **Reform the payment structure:** ... [Click on the title's link to continue reading.]
- **Bolster program integrity:** ... [Click on the title's link to continue reading.]

A one-page fact sheet can be found [here](#). Bill text [here](#).  
 [Click on the title's link to continue reading.]

43 [\*\*Alliance sees Hospice CARE Act as opportunity to advance Hospice benefit discussion\*\*](#)

*NHCPO / National Alliance for Care at Home; Press Release; 9/26/24*

The National Alliance for Care at Home (the Alliance), a new national organization formed by the integration of the National Association for Home Care & Hospice (NAHC) and the National Hospice and Palliative Care Organization (NHPCO) recognizes the introduction of the Hospice Care Accountability, Reform, and Enforcement (CARE) Act, by Congressman Earl Blumenauer (OR-3). The Alliance shares Rep. Blumenauer’s desire to update the Medicare Hospice benefit to address the evolving needs of our country’s aging population while ensuring the sustainability and integrity of the Hospice program. As a long-standing champion of Hospice Care, Rep. Blumenauer has consistently demonstrated a commitment to ensuring that Hospice services remain accessible, compassionate, and of the highest quality for patients and their families. The Alliance appreciates Rep. Blumenauer’s commitment to involving a diverse group of stakeholders in developing this legislation and will continue to work closely with congressional leaders on the finer points of the proposed bill to ensure that the final legislation supports the needs of patients, families, and providers alike.



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[Click on the title's link to continue reading.]



**45 Community Healthcare CEO: Enact moratorium to combat Hospice fraud**

*Hospice News; by Jim Parker; 10/4/24*

Community Healthcare of Texas CEO Viki Jingle has kept her finger on the pulse of potential Hospice fraud occurring in her home state. She and her colleagues recently brought a range of concerns to a discussion with Rep. Beth Van Duyne (R-Texas) in Community Healthcare's second meeting with the Congress member. Van Duyne has been among the legislators who have been most vocal about Hospice fraud since the problem began to emerge. Among the most important issues under discussion is a rash of newly licensed Hospice operators in multiple states that some have associated with suspicious or unethical practices. The issue first gained attention in 2022 in California, but stakeholders have also raised concerns about providers in Nevada, Arizona and Texas. [Click on the title's link to continue reading.]

**46 Hospice 'license flipping' still plagues sector, though regulations help**

*Hospice News; by Jim Parker; 10/3/24*

"Shady" brokers allegedly continue to facilitate "license flipping" among fraudulent Hospices, though new regulations have started bearing down on the practice. Soon after obtaining them, or before regulators can act on alleged malfeasance, according to several industry sources who spoke with Hospice News. The practice appears to stem from a rash of newly licensed Hospices that have emerged in California, Nevada, Texas and Arizona – states identified by federal watchdogs as hotspots for Hospice fraud. Many of these sales involve certain brokers who move the licenses between owners. "There's a lot of shady people out there, and they put a high value on their agencies. Right now they're selling like hot tamales from anywhere between \$300,000 to \$500,000 per license," one former Hospice leader told Hospice News on condition of anonymity. "They're all done through the same brokers and the same people."

**47 Court rules False Claims Act Provisions unconstitutional, with implications for Hospice cases**





*Hospice News; by Jim Parker; 10/7/24*

A federal judge has struck down the whistleblower provisions of the False Claims Act, with broad implications for Hospice and other health care enforcement actions. The ruling centers on the law's qui tam clauses, which the court found unconstitutional. In a qui tam action, a whistleblower, called a "relator" by the courts, files a False Claims Act suit on behalf of the government and possibly receives a portion of any funds recovered by the government via the lawsuit, typically ranging from 15% to 25%. The overwhelming majority of False Claims Act cases involve qui tam whistleblowers. In Fiscal Year 2023, for example, these cases recovered \$2.3 billion of the total \$2.68 billion recouped by the government in FCA settlements and judgements, according to a report from the law firm Polsinelli. ... FCA cases have been rampant in the Hospice space during the last several years. Many of the major cases and settlements that have occurred during that time have been qui tam actions, including two major actions this year. ...

**48 NCCI unveils new, more precise Workers' Comp Medical Price Index**

*Insurance Journal; by William Rabb; 10/7/24*

In recent years, workers' compensation insurers have struggled to accurately gauge the precise trends in medical costs, and have had to rely on indexes that weren't quite on-point: The U.S. Consumer Price Index is geared toward what patients pay and does not include Medicare's reimbursement rates, which so many states now tie their workers' comp fee schedules to. ... Comes now the National Council on Compensation Insurance with a new measuring stick, the Workers' Compensation Weighted Medical Price Index. It was unveiled recently and has received favorable feedback from carriers, Stephen Cooper, NCCI's executive director and senior economist, said in a webinar. "By taking the PHC and its construction, we've gone and re-created a similar index using similar methodology," Cooper said. ...



**49 [In case you missed it] The HOPE Assessment Tool: What you need to know [free webinar by CHAP]**

*Community Health Accreditation Partner (CHAP); 10/21/24*

On October 16, 2024, we hosted a webinar on the upcoming implementation of the HOPE Assessment Tool, which will catalyze Hospice Care starting in 2025. The webinar provided valuable insights into the tool's implementation, content highlights, and its anticipated impact on Hospice program operations. During the session, participants asked numerous important questions, many of which we've compiled into this FAQ for further clarification. Access the [recorded session](#) and [handouts](#) if you missed it or would like to review the presentation.

**50 New Hospice special focus program**

*American Health Association / National Center for Assisted Living; by Amy Miller; 10/22/23*

As required under the [Consolidated Appropriations Act of 2021](#), CMS has established a Hospice special focus program (SFP) in the [Calendar Year \(CY\) 2024 Home Health Prospective Payment System \(HH PPS\) final rule](#) (88 FR 77676). Through increased regulatory oversight and enforcement of the selected poor performing Hospice programs, the SFP will address issues that could place Hospice beneficiaries at risk of receiving poor quality of care. The Hospice SFP is like the current Special Focus Facility (SFF) program in place for nursing homes. As many nursing homes refer residents to Hospice programs and may receive questions from residents or their families, it will be important to keep informed if there are noted quality of care issues.

**51 Hospices: Boost quality assurance, training amid switch to HOPE, compliance experts say**

*McKnight's Home Care; by Adam Healy; 10/22/24*

The new Hospice Outcomes and Patient Evaluation (HOPE) tool officially launches in less than a year, so now is the time to begin modifying operations and training staff to



adapt to the new quality reporting framework, according to Jennifer Kennedy, vice president of quality, standards and compliance, and Kimberly Skehan, vice president of accreditation at Community Health Accreditation Partner. On Oct. 1, 2025, the [HOPE tool](#) will replace the Hospice Item Set for Hospice quality reporting. For providers, HOPE demands more critical thinking than the legacy Hospice Item Set, Kennedy said Monday during the 2024 National Association for Home Care & Hospice conference in Tampa, FL. HOPE's quality measures include Hospice's health outcomes, sociodemographic impacts, administrative performance and more. For some, adapting to HOPE might require internal Quality Assurance and Performance Improvement (QAPI) program upgrades.

**52 Medicare Part D paid millions for drugs for which payment was available under the Medicare Part A Skilled Nursing Facility Benefit**

*HHS Office of Inspector General; Report Highlights; 10/27/24*

What OIG Found: ... On the basis of our sample results, for 2018 through 2020, we estimated that up to the entire Part D total cost of \$465.1 million was improperly paid for drugs for which payment was available under the Part A SNF benefit. Of that amount, we estimated that approximately \$245.4 million was for drugs that the medical records showed were administered to Part D enrollees during their Part A SNF stays. What OIG Recommends: We made five recommendations, including that CMS work with its plan sponsors to adjust or delete PDEs, as necessary, and determine the impact to the Federal Government related to the Part D total costs of \$953,370 for drugs associated with our sample items for which payment was available under the Part A SNF benefit; work with its plan sponsors to identify similar instances of noncompliance that occurred during our audit period and determine the impact to the Federal Government, which could have amounted up to an estimated \$465.1 million in Part D total cost; and provide plan sponsors with timely and accurate information, such as dates of covered Part A SNF stays, to reduce instances of inappropriate Part D payment for drugs for



which payment is available under the Part A SNF benefit. ... CMS concurred with all five recommendations.

**53 [Home health agencies may soon claim telehealth services during patients' hospital stays](#)**

*McKnights Home Care; by Adam Healy; 10/17/24*

In a recent change, the Centers for Medicare & Medicaid Services announced that it would allow home health providers to submit claims for telehealth while their clients are receiving inpatient care. Currently, Medicare beneficiaries may not be inpatients in a hospital or skilled nursing facility and simultaneously receive home healthcare. CMS rejects any home health service claims that overlap with a patient's hospital or SNF stay, and providers are responsible for submitting a new claim without any dates for service that coincide with an inpatient stay. In a recent change request, CMS announced that it would modify its rule to allow home health providers to submit telehealth claims even when their clients are in hospital or SNF care. The change specifically applies to telehealth services that fall under the G0320, G0321 or G0322 Healthcare Common Procedure Coding System Codes.

<b>Total</b>	<b>12</b>
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**A7 Technology and Innovations**

**54 [How Mass General Brigham built the largest 'hospital at home'](#)**

*Becker's Health IT; by Giles Bruce; 10/1/24*

Somerville, Mass.-based Mass General Brigham has built the biggest hospital-at-home program in the country by getting buy-in from leadership and clinicians and through tech partnerships, executives said at a recent conference. The health system now has a capacity for acute hospital care at home of 70 patients, and is currently treating about 50 to 60 a day. The goal is to move to 10% of Mass General Brigham's overall capacity, or about 200 to 300 patients.

*Publisher's note: How might this be an opportunity for Hospice? How might it be a threat?*

**55 [Mass General Brigham tests drones for 'hospital at home': 6 things to know](#)**

*Becker's Health IT; by Giles Bruce; 10/15/24*



Somerville, Mass.-based Mass General Brigham has tested out drone delivery for its hospital-at-home program. Here are six things to know:

1. The health system rolled out the first phase of its proof-of-concept drone project for medical delivery in August at Brigham and Women's Faulkner Hospital in Boston. ...
2. While Mass General Brigham already has the largest hospital-at-home program in the U.S., with the capacity to treat 70 patients at a time, drone delivery would give it the ability to expand further, ...
3. The drone program is still aways off from going live. ...
4. Cost is another factor. ...
5. Dr. Levine cited a possible use case: ...
6. Drones could ultimately be just one part of the technological supply chain that powers "hospital-at-home," which already relies on remote monitoring and smart devices to provide acute care at home. ...

**56 The Tesla Bot is the future of at-home care, but not the way Elon wants you to think**

*AndroidCentral; by Nicholas Sutrich; 10/17/24*

Imagine waking up on your 91st birthday to a friendly robot companion that brings your morning coffee and a nice warm robe to start the day in. After making you breakfast, it bids you good day and heads back into the closet for a quick charge-up. At around 11 a.m., you realize there's a new pain in your leg that you haven't experienced before, so you make a quick phone call to the doctor, and, in a minute, your robot companion emerges from the closet, entirely remote-controlled by your doctor. They can run scans, have a full conversation, and even perform exams, all without you having to leave your home and go through the irritating task of trying to find transportation across town. ... Nothing replaces full face-to-face human interaction, but the ability for a fully remote-controlled robot that can be embodied by anyone with a VR headset like the Meta Quest 3 is a future I want to fully embrace.

**57 Virtual reality videos for symptom management in Hospice and Palliative Care**

*Mayo Clinic Proceedings - Digital Health; by James R Deming, Kassie J Dunbar, Joshua F*



*Lueck, Yoonsin Oh; 8/24*

Nature scenes significantly improved total symptom scores, as well as scores for drowsiness, tiredness, depression, anxiety, well-being, and dyspnea. The improved scores were not sustained 2 days later. Overall, bucket-list videos did not significantly improve symptoms. Neither previous experience with an activity nor a strong connection correlated with significant improvement; however, when patients rated video quality as outstanding, scores improved. Patients with lower functional status tended to have more symptoms beforehand and improve the most.

**58 Change Healthcare cyberattack impacts 100 million people**

*Becker's Health IT; by Naomi Diaz; 10/25/24*

The Feb. 21 ransomware attack on UnitedHealth Group subsidiary Change Healthcare has impacted 100 million individuals. The number of impacted individuals was posted on the Office for Civil Rights Breach Portal, which is used for reporting breaches of unsecured protected health information under HIPAA. Previously, UnitedHealth said that the data stolen by hackers likely covered a "substantial proportion of people in America." The cyberattack crippled financial operations for hospitals, insurers, pharmacies and medical groups nationwide. In July, the organization began sending out breach notification letters to individuals affected by the attack.

**59 Pinnacle home care CEO: Home health margins will increase 'significantly' with AI**

*Home Health Care News; by Andrew Donlan; 10/22/24*

If you don't like change, you're going to hate extinction. That's a phrase that should be hung up on home health providers' walls across the country, according to Pinnacle Home Care CEO Shane Donaldson. There are traditional Medicare rate cuts, Medicare Advantage (MA) penetration, staffing shortages and regulatory challenges in the home health market. But Donaldson sees solutions to most of those problems on the horizon. Emerging technologies – and in particular, artificial intelligence – will alleviate some of



the contemporary pressures in the space, he believes. And when those pressures are alleviated, margins will skyrocket.

<b>Total</b>	<b>6</b>
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## A8 Speed of Change, Resiliency, and Re-Culture

### 60 [Health systems abandon rigid hierarchies](#)

*Becker's Hospital Review; by Laura Dyrda; 9/27/24*

Health systems are relinquishing traditional leadership structures to reimagine a more effective healthcare delivery organization. The rigid hierarchies instilled within many hospitals and health systems years ago ensured a tight grip on quality and management. But times have changed; the rapid evolution of digital technology and need for nimbleness are forcing hospitals to change. "As an industry, healthcare must transition from hierarchical, top-down leadership to more agile, decentralized models that empower teams and promote innovation at all levels," said Wendy Horton, PharmD, CEO of UVA Health University Medical Center in Charlottesville, Va. "Excellent communication skills will be vital for navigating these changes, along with a strong emphasis on workforce well-being including strategies to address mental health, retention and burnout." ... Dr. Horton also elevates empathy and effective communication for healthcare leaders. ... The proliferation of artificial intelligence and other technologies in healthcare is streamlining the purely administrative tasks, further emphasizing the human connection between leaders and their teams.

### 61 [Maybe we should select leaders based on their character](#)

*Forbes; by Joyce E. A. Russell; 10/1/24*

When we hire leaders for our organizations and communities, shouldn't we pick them based on not only their expertise and ability to do the job, but also their character? Over two decades ago, prominent leadership researchers Kouzes and Posner published a book called *Credibility*. In their research, they noted that across the globe credibility was the most highly rated and important characteristic of leaders. They stated that, "most of us admire leaders who are honest, forward-looking, inspiring, and competent." They followed that up with another book with even more evidence called *The Truth about Leadership*, where they noted that credibility is the foundation of leadership for



organizations across the world, and this is based on international data across multiple generations.

**62 Leadership is an ongoing and endless pursuit, process, and journey**

*Forbes; by Len Jessup; 10/3/24*

Have you ever wondered how the sacrifices, pain, sadness, and regrets you've faced shape your leadership journey? After decades in higher education, I've certainly experienced my share of difficulties and made my share of mistakes. Some were small, while others were significant. In each instance, I've tried hard to learn and grow, recognizing that leadership is an ongoing journey and an endless pursuit. ... I strive to be a better dad, friend, brother, husband, partner, and leader by being caring, loving, supportive, respectful, kind, and in service to others. This involves being selfless in both mindset and actions. Selfless leadership, as I write about here, isn't about reaching a destination. It's about making daily choices that reflect this commitment. Leadership should be thought of as an ongoing journey, something we continue to develop and hone over time. I don't think of myself as a leader. I think of myself as a student of leadership. I'm always learning, growing, and striving to get better, continually seeking ways to do more for others. ...

**63 It's official: How to be a Servant Leader comes down to 6 behaviors, says research**

*Inc.com; by Marcel Schwantes; 10/4/24*

The best leadership philosophy in the world, simplified to its most basic tenets. Workplace culture became a critical business topic a decade ago, with more executives and HR leaders recognizing that shared values and behaviors drive engagement, innovation, and performance. Building a strong culture, however, requires visionary leadership. One framework I've been using to develop leaders in my coaching and training practice is based on the seminal research of organizational leadership scholar Dr. Jim Laub. Laub identified six key leadership behaviors essential to fostering a thriving culture. These behaviors are rooted in the principles of Servant Leadership, a





people-centric approach where leaders prioritize serving others, creating environments of trust, engagement, and productivity. ...

1. They demonstrate raw authenticity ...
2. They grow themselves and others ...
3. They value their people ...
4. They build community ...
5. They provide direction and a way forward ...
6. They share their power and grow other leaders ...

**64 What the best leadership teams do right**

*Harvard Business Review; by Ron Carucci, Mindy Millward, and Eric Hansen; 10/22/24*

Given the unique responsibilities of executive teams, it would seem obvious that they require a specialized set of skills and approaches to be effective. And yet few have cracked the code on building and sustaining such effectiveness. There are three critical, highly interdependent roles they must play to have lasting impact on the company’s performance, culture, and ability to adapt. Executive teams often perform one or two of these reasonably well but fall short in integrating all three. The good news is that, with persistent effort, executive teams willing to put in the work can learn to play all three of these roles — setting themselves apart from the many willing to settle for much less.

- They set competitive direction and secure resources. ...
- They shape healthy culture by building relationships and modeling values. ...
- They establish disciplined governance to synchronize performance. ...

	<b>Total</b>	<b>5</b>
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**A9 The Human Factor**

**65 Why your drug store is closing**

*CNN Business, New York, NY; by Nathaniel Meyerson; 10/16/24*



CVS is closing 900 stores. Rite-Aid is closing 500. Walgreens announced Tuesday it plans to close 1,200 stores, meaning 1 in 7 will disappear. What is going on with America's drug stores? Walgreens and other chains overexpanded during the 1990s and 2000s to drive out competitors and draw more customers. They are now shutting down because of shifting consumer habits, competition and changes in the pharmacy industry. Around 25% of Walgreens' stores aren't profitable, CEO Tim Wentworth said in an interview with the Wall Street Journal in June, and the chain will look to close stores that are right by one another or struggling to hold down theft. ... CVS, the largest US chain, closed 244 stores between 2018 and 2020. In 2021, it announced plans to close an additional 900 stores. Earlier this month, CVS said it planned to cut about 2,900 jobs corporate jobs. And Rite Aid filed for bankruptcy last year, closing up to 500 stores.

*Editor's note: Additionally, [Associated Press reports, "Walgreens didn't say where the store closings would take place. It will prioritize poor-performing stores where the property is owned by the company, or where leases are expiring."](#)*

## 66 **5 Reasons you should work with people who think differently**

*Forbes; by Kate Vitasek; 10/17/24*

One of the most common pitfalls we see in the business world is when organizations exclusively work with people who think like they do. While at first glance, this could seem like it would help the organization become more unified; in the long run, it can actually do more harm than good. Instead, you should seek to work with people who think differently from you. By bringing in people with unique perspectives and backgrounds, you can unlock a host of valuable benefits that will serve you well in the short and long term.

1. Avoid The Perils of Groupthink
2. Increase Innovation
3. Make Decisions Faster
4. Improve Problem-Solving Capabilities
5. Learn Together



**67 A moral code: Ethical dilemmas in medicine — three physicians face crossroads in patient care**

*MedPage Today; podcast by Genevieve Friedman, Perspectives Editor; 10/25/24*

We are back for another episode of our medical podcast, which we hope isn't really a podcast about medicine, but a podcast about life, death, dilemma, the challenges, and sometimes the joys of medicine. ... Now, medicine is complicated because a lot of times there aren't hard and fast rules ... One treatment isn't always right or wrong for someone. One surgery isn't always successful or unsuccessful, and one diagnosis isn't always correct. Decisions aren't black and white, they're varying shades of gray. So we come up with principles to help handle this -- codes if you will. But even those get a bit marred by complexity at times. As you'll hear in this episode of Anamnesis with the theme of "A Moral Code: Ethical Dilemmas in Medicine," one of our biggest codes is "do no harm." But what is harm? Who decides what harm is, what happens if we disagree?

**68 Less activity, more sitting linked with higher death risks: study**

*McKnight's Long-Term Care News; by Kristen Fischer; 10/28/24*

Low physical activity is associated with a higher risk of dying from all causes as well as from cardiovascular disease, diabetes, and kidney disease. In addition, the combination of reduced activity and longer sitting time every day is linked with a higher risk of death from any cause, a new study finds. Staying active and reducing sitting time may lower the risks, authors of the report wrote. The report was published Oct. 26 in *BMC Geriatrics*.

*Editor's note: Calling all leaders who have desk-bound employees, and who sit too long (yourselves) ... What creative ways do you encourage healthy work habits, movement, and more? Do you provide ergonomic sit/stand desks? Healthy chairs? More? Read this and remember that as we age, today's habits impact tomorrow's health.*

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## A10 Highlighted Articles of Interest

69 [Teleios Collaborative Network develops Quintuple Aim Strategy to enhance Hospice Care](#)

*Business Insider / Markets Insider, Flat Rock, NC; Press Release; 9/27/24*

Teleios Collaborative Network (TCN) has officially announced the launch of its Quintuple Aim Strategy, aimed at setting a new standard for excellence in Hospice and serious illness care. This initiative addresses the pressing need for improved quality of life for patients nearing the end of life, as many Hospices face challenges in providing comprehensive care. ... The Quintuple Aim Strategy emphasizes five key goals: improving patient experience, enhancing population health, reducing costs, promoting provider well-being, and advancing health equity. This holistic approach enables member organizations to focus on their core mission of delivering high-quality, compassionate care. One of the key components of TCN's model is the provision of comprehensive back-office support services. By offering shared resources in areas such as credentialing, billing, marketing, and finance, TCN allows its members to minimize administrative burdens and prioritize patient care. In just seven years, TCN has grown to include 15 member organizations across 10 states, and it has been recognized as one of Modern Healthcare's Best Places to Work for four consecutive years, underscoring its commitment to fostering a supportive and effective work environment. ...

*Editor's note: Teleios Collaborative Network is a sponsor of this newsletter.*

70 [Governor vetoes private equity bill that would have affected healthcare transactions](#)

*McKnight's Senior Living; by Kathleen Steele Gaivin; 10/1/24*

California Gov. Gavin Newsom (D) on Saturday vetoed a bill that would have required private equity firms and hedge fund organizations in the state to provide advance notice to the state's attorney general of acquisitions or changes in control. The bill would have given the attorney general authority to grant, deny or impose conditions on a proposed transaction, after determining the likelihood of anticompetitive effects, "including a substantial risk of lessening competition or of tending to create a monopoly, or may create a significant effect on the access or availability of healthcare services to the affected community." The governor's veto "was a surprise to many in the healthcare industry," Arent Fox Schiff attorneys wrote for the National Law Review.



## 71 **Nurses' top 10 AI concerns**

*Becker's Health IT; by Giles Bruce; 10/1/24*

Nearly a quarter of nurses are uncomfortable with artificial intelligence's use in healthcare, according to an Oct. 1 McKinsey & Co. report. Here are nurses' top 10 concerns about AI, per the management consultant's joint survey with the American Nurses Foundation of 7,200 nurses:

1. Trust in accuracy: 61%
2. Lack of human interaction: 49%
3. Lack of knowledge on how to use: 36%
4. Increase patient safety risk: 34%
5. Data privacy: 30%
6. Information overload: 20%
7. Poor usability: 20%
8. Job elimination due to automation: 19%
9. Bias and fairness: 19%
10. Lack of time: 6%

*Publisher's note: How might Hospices work to address and alleviate these concerns?*

## 72 **5 cornerstones of hospitals' hurricane emergency planning**

*Becker's Hospital Review; by Stefanie Asin; 10/9/24*

As the number of natural disasters grows in the U.S. and in the world, so must the readiness of hospitals and other healthcare facilities. In 2023, the U.S. saw 28 billion-dollar natural disasters, [surpassing the 2020 total](#). Worldwide, there was a fivefold increase in the number of weather-related disasters in the last 50 years. Healthcare facilities must be diligent and prepared as the incidents of natural disasters are not expected to slow down. In fact, they are predicted to get worse. Recent events have underscored this necessity. ... [Click on the title's link to continue reading.]



**73** **FTC finalizes premerger rule: 9 things to know**

*Becker's Hospital Review; by Alan Condon; 10/10/24*

The Federal Trade Commission [voted](#) 5-0 to finalize changes to premerger notifications under the Hart-Scott-Rodino Act, which requires organizations to report large transactions to the FTC and Justice Department for antitrust review. "Premerger review is a critical task for the antitrust agencies and to do it well, we need information about each deal's potential antitrust risk," Shaoul Sussman, associate director for litigation of the FTC's bureau of competition, said in an Oct. 10 [news release](#). "This rulemaking is a much needed update to address changes in the marketplace that have undermined the agencies' ability to detect and prevent illegal mergers, while at the same time creating a more efficient review process. Nine things to know: [Click on the title's link for this list.]

**74** **Researchers raise concerns about the financial sector's rising role in US illness care**

*Medical Xpress; by Mary Ann Liebert, Inc; 10/16/24*

The authors of a new article in *Journal of Palliative Medicine* state that the "growing role of the financial sector in home health and Hospice, a reflection of larger trends in U.S. health care, is concerning and has major implications for care quality unless reforms are undertaken." Co-authors Lauren Hunt, Ph.D., RN, FN, with the University of California, San Francisco, and R. Sean Morrison, MD, with the Icahn School of Medicine at Mount Sinai in New York, observe that home health and hospice began as nonprofit organizations with close ties to their communities. However, the overwhelming majority are now for-profit entities, many of which have become targets for private equity buyouts. The authors note that "big business's emphasis on maximizing profit can be at odds with patient welfare. Indeed, a substantial body of evidence now demonstrates that care quality is consistently worse in for-profits as compared to nonprofits," they state. The authors further express concern that "pressure to achieve



high returns on very short-term time horizons may conflict with the need for longer-term investments in quality, training, and staffing, thus reducing care quality.

**75 The powerful companies driving local drugstores out of business**

*DNYUZ; 10/19/24*

The small-town drugstore closed for the last time on a clear and chilly afternoon in February. Jon Jacobs, who owned Yough Valley Pharmacy, hugged his employees goodbye. He cleared the shelves and packed pill bottles into plastic bins. Mr. Jacobs, a 70-year-old pharmacist, had spent more than half his life building his drugstore into a bedrock of Confluence, Pa., a rural community of roughly 1,000 people. Now the town was losing its only health care provider. Obscure but powerful health care middlemen — companies known as pharmacy benefit managers, or P.B.M.s — had destroyed his business. This has been happening all over the country, a New York Times investigation found. P.B.M.s, which employers and government programs hire to oversee prescription drug benefits, have been systematically underpaying small pharmacies, helping to drive hundreds out of business.

**76 Large systems outsource home care to focus on 'core business'**

*Becker's Hospital CFO Report; by Alan Condon; 10/25/24*

A growing number of health systems are outsourcing home health and Hospice operations to third-party specialists with broader geographic reach to reduce cost and administrative burdens and focus on core services. The regulatory environment for home health and Hospice is complex, with stringent requirements for reimbursement, reporting and patient care standards. Partnering with an outsourced provider also helps systems mitigate the risks associated with non-compliance and operational issues. Here are four health systems that have outsourced or plan to outsource home health and Hospice Care:



1. Renton, Wash.-based Providence plans to outsource home-based care services to Compassus, a home care provider with 270 locations across 30 states, through a new joint venture. ....
2. Columbus-based OhioHealth is also outsourcing its home health and Hospice services to Compassus. ...
3. Cincinnati-based Bon Secours Mercy Health in March finalized an agreement to transfer operations of its home health and Hospice operations across five states to Compassus. ...
4. In February, Nashville, Tenn.-based Ascension Saint Thomas transitioned its home care operations to Compassus. ...

## 77 **What is narrative medicine? Finding humanity in health care**

*Rheumatology Advisor; by Matthew Eck, MS; 10/25/24*

Health care requires humanity. At its roots, narrative medicine embodies this ideology. Coined in 2000 by internist and scholar Rita Charon, MD, PhD, the field is “medicine practiced with the narrative competence to recognize, interpret, and be moved to action by the predicament of others.” ... Narrative medicine is less a specific practice and more a theoretical framework that equips caregivers and health care professionals with tools to provide more holistic care. These tools stem from storytelling principles and literature, which can hone our empathic and listening skills. ... Medical schools across the country are increasingly tailoring their curricula to include humanities-focused aspects, ... Conclusion: Regardless of one’s feelings about health care infrastructure in the United States, narrative medicine illuminates a profound truth — more can be done to accommodate patients of different backgrounds. Narrative medicine can offer health care providers a new way of thinking, attending, and recognizing. It could bring us closer to the human condition than ever before.





**78 Helene will likely cause thousands of deaths over decades, study suggests**

*USA Today; by Doyle Rice; 10/2/24*

[Note the 10/2 date of this article. Helene's death toll is now 230+ and rising. Hurricane Milton's predictions were new.] A new study ... says that hurricanes and tropical storms are far deadlier than initial death tolls suggest. ... Overall, the death toll of a tropical cyclone may be a broader public health issue than previously thought, as disasters frequently trigger a domino effect of other threats to affected populations. ... Researchers found that these excess deaths were due to causes such as diabetes, suicide, sudden infant death syndrome or another cause that was not recorded. Cardiovascular disease was the next most common cause, followed by cancer. Official government statistics record only the number of individuals killed during these storms. Usually, these direct deaths, which average 24 per storm in official estimates, occur through drowning or some other type of trauma, according to the study. "People are dying earlier than they would have if the storm hadn't hit their community," said senior study author Solomon Hsiang, a professor of environmental social sciences at Stanford University. Looking at the death and destruction from Helene, Hsiang told the Associated Press that "Watching what's happened here makes you think that this is going to be a decade of hardship on tap, not just what's happening over the next couple of weeks."

**79 [United States Power Outage Tracker: Updates automatically every 15 minutes](#)**

*Retrieved from the internet 10/9/24*

As severe weather or blizzards threaten, this database aggregates power outage information from more than 1,000 companies nationwide. It will automatically update every 15 minutes. [\[Click here.\]](#)

Companion article: [Florida power outage map: Track where power is out as Hurricane Milton approaches landfall.](#)

*USA Today; by Julia Gomez and C.A. Bridges; 10/9/24*

Utility providers were preparing for over a million power outages when Hurricane Milton hits Florida, which comes as the state is still recovering from Hurricane Helene. More than 25,000 outages had already been reported in Florida by 1:15 p.m. ET



Wednesday, according to the USA TODAY power outage tracker, with many more expected as Milton approaches landfall late Wednesday night or early Thursday morning. [\[You can follow the latest outage numbers by clicking here.\]](#)

*Editor's note: For all affected by Hurricane Milton--evacuees, first responders, long distance family members and friends, colleagues, businesses, more. Stay informed about power outages in areas impacted by both Milton and Helene. The companion article provides important safety information about downed power lines, reporting outages, and more. (We are highlighting the map for your fast, easy access.) See "[Today's Encouragement](#)."*

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