

**Melody King: 0:01**

Welcome to TCN Talks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

**Chris Comeaux: 0:26**

Hello and welcome to TCNtalks. This is our first show of 2025. My gosh, Happy New Year gents. Welcome to Cordt Kassner, welcome Mark. Happy New Year to both.

**Mark Cohen: 0:34**

Good to see you Happy New Year, Chris, good to see you yeah, it's awesome to have both of you.

**Chris Comeaux: 0:40**

So this is our top news stories of the month. Mark, this one's kind of bittersweet because this is our top news stories of the month. Mark, this one's kind of bittersweet because this is your last one, so we'll let you take it in just a second. But, Cordt, welcome. We'll let you do an intro after Mark's done. But it's just great to have both you and Cordt. We're really looking forward to you doing these shows this year. But, Mark, just I'll say it again at the end man, you've just been such a blessing in my life, such a blessing to the TCNtalks listeners.

**Chris Comeaux: 1:06**

This show was envisioned. Actually, I took a walk for Christmas two years ago 2022 Christmas, actually and came up with the idea wouldn't it be awesome to do top news stories of the month? I pitched you the idea, you jumped on board and we've done it for two years and I feel like we've gotten pretty good at it, actually Gotten a lot of great feedback. I feel like it's been a great service to our hospice and palliative care leaders. That's why we do this, but we couldn't have pulled it off without you, man, so I really do appreciate you. You've been a great mentor, just a great friend to the hospice and palliative care field, and just the way you've impacted so many leaders, and with that I'll let you take it over. How about that?

**Mark Cohen: 1:47**

Oh well, thank you, Chris. This, indeed, is a landmark podcast for me. It's been a year since I ended publication of Hospice News Today and our guest Cordt Kassner and his colleague Joy Berger began publishing the newsletter's successor, hospice and Palliative Care Today. For the past 12 months, I've continued to join you on TCNtalks to look at the top stories of

the month in the hospice world, but now it's time for me to step aside and let Cordt and Joy, the folks who bring you your daily essential hospice news briefing, take over my role in this podcast. I'm grateful to you, Chris, and your producer, Jeff Haffner, for this opportunity, this platform, and for elevating the importance of scanning the environment as an essential task for every hospice leader, not just those with marketing or communications in their title. It's been amazing to watch over the years as you have developed this podcast and built your audience, and it's been a privilege to be a part of that. I look forward to hearing you, Cordt, enjoy continue scanning the environment each month and will be happy to return from time to time to add my perspective. Thank you. With Cordt on the podcast this month, I'm going to allow him to detail the top stories of the month and year in terms of views and click-throughs. My environmental scan, then, will be a quick look at what I believe were some of the most significant stories we saw in December from the perspective of hospice messaging and public relations.

**Mark Cohen: 3:18**

In December, one can't ever escape the Charles Dickens classic A Christmas Carol. So, with a tale of two cities, tip of the hat to Dickens. In terms of hospice coverage, december was a best of month, best of times, worst of times month. The best of times coverage, of course, resulted from the late December announcement of Jimmy Carter's death after more than 20 months on hospice service.

**Mark Cohen: 3:44**

So many of the headlines emphasized that President Carter's hospice admission allowed his family, friends and admirers to pay him fitting tribute as he neared the end of a remarkable life journey. The coverage implied he lived to see his 100th birthday this past October 1, at least in part thanks to his hospice care. The media coverage also noted that President Carter's public hospice journey shined a very positive light on the good that hospice can do for every patient and family and in terms of public policy, the coverage often noted that hospice's growth and development in the United States got its first big push from the hospice demonstration project that was initiated during President Carter's term and which led directly to bipartisan support for the Medicare hospice benefit which passed Congress in the first year of Ronald Reagan's presidency and which stood as the only significant social program expansion during the eight-year Reagan presidency. Chris and Cordt, how did you guys see the Carter coverage through your own hospice lens?

**Cordt Kassner: 4:49**

Sure happy to. Mark. Thanks for your personal reflections on knowing and working with President Carter. I know Joy has also asked you to write up a brief piece on your experience

and how that has impacted your career and we're going to be running that in hospice and palliative care today newsletter shortly, so looking forward to even unpacking more of the detail there. You both had very significant accomplishments while he was President. I, on the other hand, was 10 when Carter took office in 1977. And politics was not front and center in my world at the time. I had no personal interactions with the man.

**Cordt Kassner: 5:30**

Reviewing the news coverage of Carter's time in hospice, it's difficult to overestimate how many articles were written about him. We typically saw four or more articles per week during all of 2024. We ran some of those stories in hospice and palliative care today, trying to select articles with new angles or comprehensive summaries. If I put on my hospice analytics hat and think about it from maybe more of a quantitative perspective, Carter was on hospice about 19 months, or nearly 600 days, much longer than the national hospice mean length of stay, which is around 77 days. I don't believe the media ever mentioned which hospice Carter received services from, although I can look in the data and see three hospices serving the Plains Georgia area.

**Cordt Kassner: 6:25**

Obviously, Carter would have had several recertifications during his time on hospice, something that very few articles mentioned, although Joy Berger, our editor-in-chief, repeatedly highlighted. My hope is that either number one, Carter continued to meet eligibility requirements across every recertification period and the hospice billed Medicare appropriately, or two, the hospice discharged Carter due to failure to meet eligibility requirements and continued providing hospice services to him without billing Medicare, in other words, continuing to do the right thing, serving the patient, whether Medicare was reimbursed or not. I would certainly suspect, with a length of stay that long, that somebody is going to be taking a peek at his record at some point. Chris, what do you think?

**Chris Comeaux: 7:15**

Well, I'll take it much more from, maybe, a mission standpoint. I believe Mark confirmed that he elected Hospice to make a difference, like there was purpose in what he did. And one of my favorite movies Mark remembers but of course you haven't been on when I've said this is Secondhand Lions. I love that movie, and I love the line from that movie going out with your boots on.

**Chris Comeaux: 7:41**

You know, whatever your political affiliation, President Carter certainly wasn't a person of altruism. He wanted to make a difference and to make a difference all the way to the end.

Man, I love that. I want to go out with my boots on in that way and like all the way through being a hospice patient trying to make a difference with, yes, you're being served by someone, but you're also serving from that standpoint, trying to change the narrative that hospice is not about dying tomorrow. I mean, tip of the hat, what an amazing human being. And the world is a less bright place because he's now passed on. But I am so thankful for him that he took his end of days, ended up being a couple years experience and did it in such a way that would kind of blaze a path for other people that this is not something that you choose when you're dying tomorrow. I just I think he's done a great service to the hospice and palliative care community.

**Mark Cohen: 8:35**

Picking up on our Charles Dickens theme.

**Mark Cohen: 8:37**

The worst of times coverage in December began with the killing of UnitedHealthcare CEO Brian Thompson, which resulted in an outpouring of anger and resentment at corporate healthcare in general and the health insurance industry in particular. It wasn't pretty, but was pretty indicative of the coarse nature of political discourse these days. The Worst of Times coverage continued when CMS released its list of the bottom 50 hospices in its special focus program. I live by the communications philosophy that bad news for one provider is never good news for the hospice movement and, as a communications strategist, my takeaway from the release of the bottom 50 is that you never know when bad news is just around the corner for your provider and that communicating a positive message proactively and consistently is the best way to combat bad news. If you wait for the bad news to hit, you're going to expend a whole lot more money and a whole lot more time to dig out of your PR mess than if you'd been investing all along in a proactive, professional communication strategy. Any thoughts, Chris or Cordt, on the special focus bottom 50 coverage?

**Cordt Kassner: 9:54**

I think CMS's special focus program and the release of the initial cohort of 50 poor-performing hospices, including the methodology used to rank hospices, were among the most important hospice stories of 2024. The SFP and identification of poor-performing hospices will continue to be among the most important hospice stories of 2025. Given the gravitas of this information, I was surprised CMS's press release was distributed on the afternoon of Friday, December 20, just before the Christmas and Hanukkah holiday week. It's like they were trying to bury the story and perhaps they were successful. There have

been few stories about the SFP a couple, but not nearly as many as I would have expected if they had released it pretty much any other day of the year.

**Cordt Kassner: 10:49**

From an advocacy perspective, perhaps it was a win that CMS didn't release the entire 10% poorest performing hospices, although I don't think anyone was expecting a list of 50 versus 700 hospices. From a patient perspective, I can't help but notice that nursing facilities have both a star rating to highlight high performance and a red stop hand to identify poor performance on Care Compare. Hospices clearly have the star ratings highlighting high performance on Care Compare. Hospices clearly have the star ratings highlighting high performance on Care Compare. And I can't help but wonder if the special focus program will be the basis for a red stop hand to identify poor performing hospices on Care Compare for hospice. We'll see if that happens this year, Chris.

**Chris Comeaux: 11:45**

I almost want to plead the fifth like no comment on this one, because I have two minds. On one hand, like I know, many of our organizations associations, not organizations, associations have been fighting this not to actually be published and you got to go. On one hand, like what the hell don't we want to actually call out the bad actors in this whole movement in the field, but yet I get a little bit of where they're coming from. So, for instance, what about those organizations where, like you've had a couple of complaints in your survey, the survey processes are so inconsistent. The beauty of having TCN is we've got this great learning laboratory and it is an absolute crapshoot depending upon the actual surveyor that you get. It's not based upon, like we've had, organizations are, like you know what they probably should have a couple of issues that come up in the survey, Other organizations super prepared, but the outcome is the exact opposite based upon the surveyor. So I get where our associations are coming from that perspective of the lack of consistency in the survey process. So, I'm assuming this is why they were fighting it and because of their fighting it. That's probably why CMS actually dropped it when they did and instead of showing 700 hospices showed the 50, I have to admit and I'm not going to call names, but I think all three of us were like wow, there were a couple on the list. I was blown away that they were on the list.

**Chris Comeaux: 13:13**

I wasn't surprised about some of the organizations that had complaint surveys. We knew about some of those. There are even organizations we work with and that's always a challenge when you get a complaint survey. Often those are unsubstantiated, sometimes

they're kind of in the gray zone, so they get substantiated and so how they collate all of that?

**Chris Comeaux: 13:31**

Cordt, like you were talking about, and are the areas, like in nursing homes, where you have, like a red stop pan. What's the cutoff for that? Like, is it the bottom 50 right now? So it feels like there's still a lot of work to be done. So I think your prediction is dead on Cordt, this is something you and I will be talking about throughout this year that hopefully they start providing more expertise on how to get it to be the tool that I think they intend it to be, Because we do want people to be more informed in how they choose to get hospices and don't. The problem is is that this thing is not so fine-tuned, yet that you could really hang your hat on it. But again, I was pretty blown away by some of the ones that were on the bottom 50 and based upon, like their cap survey scores and things like that. So yeah, so I have two minds.

**Mark Cohen: 14:18**

Well, you know, for those who are interested, this is an old public relations tactic that was created by the Nixon White House during Watergate, and it's called the Friday afternoon bad news dump and holidays count as well and you release something at five o'clock on a Friday in hopes that it gets buried or ignored in in weekend coverage and, for whatever reason, the CMS decided to adopt that technique for the release of this list and left a lot of people, indeed, shaking their hands. Well, that's my take on the environmental scanning from 10,000 feet, but I'll turn it over to Cordt now to talk about the metrics regarding December and, as well, 2024 coverage and maybe, as you jump in Cordt, maybe reintroduce yourself, since you're going to be having the helm going forward this year, and I think it's just great.

**Chris Comeaux: 15:17**

Thank you for agreeing to do that going forward into this year. So you want to take that into an intro and then into your top clicks?

**Cordt Kassner: 15:23**

You bet. Thanks Chris and thanks Mark. Mark, again, thank you for your service, not only today but throughout the many, many years in hospice and providing these environmental scans. It's truly been remarkable, irreplaceable and extremely important. So really appreciate that In terms of why I'm on the podcast. Really, I think it's kind of.

**Cordt Kassner: 15:50**

Mark has passed the torch to me, which I'm really excited to accept, on being publisher of Hospice and Palliative Care Today, a daily email newsletter doing an environmental scan of the media coverage of hospice and end-of-life care every day of the year. So it is a free subscription. If you're not subscribed already, please go to our webpage [hospicepalliativecaretoday.com](http://hospicepalliativecaretoday.com) and subscribe. There's no cost to you as a reader. The expenses for the operation are underwritten by sponsors. Teleios is one of the sponsors, as we have several other sponsors, but if you're interested in becoming a sponsor for the newsletter, I'd love to talk with you directly about that as well.

**Cordt Kassner: 16:39**

Backing up the tape a little bit, the reason I'm publisher of Hospice and Palliative Care Today is because I started in hospice back in the late 1990s as a researcher at University of Colorado and served in that capacity for several years, left the university, became the Colorado State Hospice Organization CEO for several years and then left that position and founded Hospice Analytics, working with Medicare claims and cost reports and Care. Compare, really, the quantitative side of hospice information and the newsletter is the qualitative side of that information. So, it has a very unique appeal in terms of why this is of interest to me and to then combine what we're learning in the quantitative and how does that get covered in the media and how does the media coverage actually play out in the quantitative data. So, for example, just picking up on the thread, Chris, from your comments around the special focus program, when CMS releases the methodology, the reason that gets my attention is because then I go into the claims and replicate it so that I can assign a score using a methodology the same or at least similar to what CMS is using to be able to rank every hospice in the country and that allows us to identify not only the 50 poorest performing hospices but also the 10% and perhaps even more importantly from a hospice provider perspective, the 11 or the 12 or the 15%, so to be able to give a heads up to hospices that are near that threshold that they may or may not know that. So, there's an appeal there.

**Cordt Kassner: 18:35**

Also, your comment around the surveys caught my attention and inconsistent surveys. Because of the data accessing and working with it as I have over the years, it's opened up a lot of interesting opportunities, whether that's with academics or, in this case, working with the CHAP accreditation organization. Serving on their board and being their immediate past board chair. I have a high sensitivity to that survey process and the consistency and the professionalism and the knowledge of having a hospice surveyor who's knowledgeable about hospice and not all state surveyors are knowledgeable about hospice and so one of the advantages of accreditation by any of the accreditors is that ability to have surveyors

who know what's going on in the field. And when we look back at some of the reports that came out looking at survey processes and condition level violations, that sort of thing, deficiencies we have to put that in context of CMS back in the day when they had a C1 site one, there was an encouragement for surveyors to be citing heavily. And then they turn around and say, oh, 80% of hospices had a general deficiency and from an AO perspective, from an accreditation organization perspective, you kind of look at that and say, well, I mean yeah, because we're doing. You know, we're following your instruction here. So there are this back and forth between the surveys and the role, and now we're seeing how those survey deficiencies, particularly the condition level violations, are popping up as part of the special focus program. So, all of this quantitative and qualitative information actually weaves together in a really interesting way. So, it's a privilege to work with hospice and palliative care today and be scanning the environment daily to see what news is being picked up and, as some of these podcasts have mentioned in the past, what news isn't being picked up. So, we're looking for the gaps too. So, moving forward in terms of the most read stories for both calendar year 2024 and December of 2024, let's get started.

**Cordt Kassner: 21:18**

For the year 2024, Hospice and Palliative Care Today started publication January 1 of 2024. So, we now have one full year under our belts. With that, we have 2,000 subscribers. We ran 6,000 stories that were clicked on, or in other words, read over 825,000 times. Our most read stories, story categories through the year, were hospice, provider news headlines and research news. So, to provide some context, we have about a dozen primary categories that we put stories into and then we can track how often those categories in each story are being read. And that we had over 825,000 clicks or reads indicates we're publishing stories and information our readers are very interested in.

**Cordt Kassner: 22:14**

Our most read stories, when you get down to the actual story level, were Today's Encouragement, which I'll talk about in a minute, giving Tuesday, which occurred in December, hospice fundraising and Hurricane Helene recovery efforts, which, Chris, you've helped us with that. What we want to be doing is checking in monthly, Like, even if there isn't news coverage of a topic that's important for hospices, we can instigate some of that coverage, and you've helped us, and we appreciate your help, with covering hospices' ongoing recovery from Hurricane Helene, because that's not a week. This is going to be a process that takes a year, a couple of years to really recover from, and we don't want our readers to lose sight of that. So we have some opportunities to highlight stories that may not otherwise still be receiving news coverage. These stories were followed by CAPC's palliative care report card, a couple of stories about Chicago and VITAS hospice inpatient



units opening up and the Alliance's comments on the hospice final rule. After that there were groups of clinical and regulatory stories that were most clicked on. Regulatory stories that were most clicked on, and each of these individual stories I've been talking about has been read over 2,500 times during 2024, which is pretty remarkable. In terms of focusing on December, the month of December in 2024, several of these most read stories ran during December and Mark and I pondered this offline, like was this related to the importance of the story or readers having more time to be able to read stories during the holidays, or maybe some other reason, and I don't know, but it's really interesting to talk about these trends and try to figure that out at this point.

**Cordt Kassner: 24:23**

From my perspective, it's a really interesting observation and we're going to track to see these trends, if these trends continue in 2025. In December include expanding bereavement care, hospice utilization, rebounding to pre-pandemic levels and to focus on improving rural-based palliative care. One of the most read stories last month was about a friend and colleague, Keith Everett, being named the CEO of ProCare Hospice in Nevada, with over 1,700 clicks. So, congratulations, Keith.

**Cordt Kassner: 25:01**

As I reflect on stories read both during 2024 and last month, again thinking about the surprises or gaps, one of the surprises, today's encouragement, which is a brief quote or a saying that we put at the end of each newsletter, has been tremendously well received. It's also been really enjoyable to create Joy intentionally ran quotes from black leaders last February during Black History Month, she intentionally ran quotes from Olympians during the Olympics, and what I want to highlight here is that these quotes are specifically chosen on purpose for each newsletter. This is not something that you know today's early January, that we've loaded for the entire year of 2025. We have not. We consider what's happening in the news and try to pick a quote that is appropriate for the occasion. The Today's Encouragement is probably the single most frequently commented news item that people that I talk to when I'm out traveling around the country or having meetings with comment on they love it. They look at the table of contents, they look at today's encouragement and then they kind of go back and scan through the stories, which I think is really fascinating.

**Cordt Kassner: 26:30**

A second area that I have found really interesting in looking at the news over 2024 is the research news. As a researcher, I thought it was important to include summaries from the research literature in hospice and palliative care today. However, I wasn't sure if anybody else would find that important. We know that a lot of information is published in the peer-

reviewed literature and most of it's ignored, and so I wasn't quite sure, but I thought this was important so I wanted to test it. I wanted to try it and I've been really pleasantly surprised to see how often articles that are highlighted in our Saturday issues and we we dedicate Saturdays to research issues Sunday is the top red stories from the last week and then Monday through Friday is the news itself. I've been really surprised and pleased with how many of the research stories have been clicked on, research news being our third most clicked on category, so this is a good thing. Also, I would be remiss not to mention the important and appreciated work by Kathy Wagner, who's a retired hospice CEO and nurse educator. She helps me pull together the Saturday research newsletters and I really appreciate her help there.

**Cordt Kassner: 27:53**

Lastly, regulatory news. This is maybe one of the gaps. I've been surprised on stories that CMS has released around the hospice final rule, around the special focus Top Red Stories of the Week highlighted during these podcasts. Looking at top red stories during the month, and often, unless we bring them up, they're not. They're not in that list of most read stories, most clicked on stories Our readership is about. I mentioned we have 2,000 readers. About a third are C-suite and about a third are clinical hospice leaders, so it's interesting to see which stories get clicked on a lot versus which ones kind of don't? Chris, I welcome your thoughts around those comments, as well as your thoughts from a sweet, sweet leader perspective on December news.

**Chris Comeaux: 29:05**

Well, first off, I think this just affirms why we're doing this show. So, first off, I got to make this comment great leaders want themselves to be succeeded by someone better than themselves, or someone that takes the baton and moves it forward. I'm just sitting there reflecting. I remember when Mark first told me about him retiring, and then that oh crap, moment of well, who's going to fill that gap? And then Mark has been beating a drum for years of going. I don't understand why more leaders are not reading this, because this is what you need to know as a leader If you don't have the information and the intel to navigate the train, I don't care what kind of business you're in. You're going to make your journey that much more perilous. So, having a tool like Mark's, but then finding you Cordt and Joy, and then adding the data element to it, I imagine at some level Mark's got to be sitting there going yeah we got a really good one that's taking this forward.

**Chris Comeaux: 29:58**

And then us now doing this podcast is saying, hey guys, this is the stuff that you should not miss, and I see it being such a great compliment to one another Cordt. You know I could

defend those leaders just for a second. There's so much coming at them. There was a great book written a couple of years ago called the information diet and says that you know, the reason why people are obese today is that we have more food available in the history of mankind. But guess what? Also, we have more information available. So if you don't even have a discernment strategy for information, you can just be overwhelmed. Well, guess what? I think that's where a lot of leaders find themselves, which is where, first off, you've done a beautiful job in your process. Where they can, I love how you can scan it, just like you said scan the hand, let headlines go to the encouragement. It's exactly how I do it. Then I go back to the ones and then I have a process where I make I'm like, ooh, C-suite leaders should not miss these. And then a service with this podcast each month is they can click a link and they could get my summary document or these are the top news stories. So, kind of helping them, we got their back. You first got their front, because you've got the here's the top ones. And then I got their back in terms of hey guys, as a long-term C-suite leader, don't miss these. And so I just think we've got one hell of a dream team here and how we all work together. And it all started with Mark and now how the baton's being handed off. So with that, with that preamble, so I flagged 66 articles this month and oh, by the way, I do think there's something about your observation about December being less intensive. So now they have more time to read the article, which to me is more another affirmation of why we do this service to them, because on a day-to-day basis now I could also hear Mark in the back of my head. But damn it, how can you not make the time to read it? I'm with you, we obviously do, but at least we got their back. That with this podcast, with Quartz Daily, you got yourself covered, because then you're going to know what you need to know and you're going to pretty good chance. You're not going to miss things that you shouldn't miss. So this month was a little bit slower. So typically I'm averaging about 100 a month. This month was 66.

**Chris Comeaux: 32:06**

And so, I had five in the mission moment category. My categories are consistent each month, those you've listened before. Again, you can get this download summary. I'm just going to hit some highlights in each of these categories. But I had five in mission moments. I had eight in reimbursement challenges warning signs, implication and competition to be aware of. I had three. Workforce challenges I had 11. That was the second to highest category this month was workforce challenges Patient, family, future, customer, demographics and trends. That was nine. Regulatory and political, which was a pretty big month, at 11, as you pointed out, court Technology and innovations at eight. Speed of change, resiliency and reculture at two. The human factor at two and just articles I want to highlight. That's kind of the Chris category. That's always my 10th category. That had seventh, seven. So let me just hit a couple of high points in each of those categories. So,

the first one, mission moments, and can't go without actually highlighting President Carter again. I don't need to say a whole lot more about it, but we get it. There are just a lot of great tributes this month related to the passing of President Carter and just thanks to him again for just what he's done for our whole movement. So, the next category was reimbursement. Again, that one was about eight articles.

**Chris Comeaux: 33:21**

I only wanted to highlight one article. This was a big one. This one surprised me, port Actually, I apologize, there are a couple on this one, not just one, but one that jumped out at me. It was a hospice news article. Us healthcare spending reaches \$4.9 trillion. The nation's total healthcare expenditures rose 7.5% a new analysis by CMS. And then it just goes on and explains it. The reason why I'm pointing this out I don't believe it was on the top five issues of the presidential race about healthcare, but because of the actual trend and we're going to go to predictions in just a little bit. I do think it's going to be a year where health care is going to get to the top of the legislative. You got to do something about it. I think it's actually going to be pretty unexpected of what they actually do. So that's just an article that wasn't very high. Clicked on that. I hope leaders didn't miss A couple of articles that you and you pointed out with some editor notes.

**Chris Comeaux: 34:16**

Cordt, you enjoy quality of hospices used by Medicare Advantage and traditional fee-for-service beneficiaries. This was a JAMA article and, by the way, I meant to give you kudos Cordt, I'm one that always looks forward to the Saturday edition of the research articles and that saves me a ton of time from scouring all the journals. But this one was in JAMA. It was a cross-sectional study regular Medicare Advantage and fee-for-service beneficiaries enrolled in hospices of similar quality. However, beneficiaries in Medicare Advantage special needs plans were significantly more likely than fee-for-service beneficiaries to use hospices of inferior quality. So if they're getting MA, they're getting hospices of more inferior quality. So if they're getting MA, they're getting hospices of more inferior quality. And then the last article that I did flag in this section, which was a big one CMS scraps the VBID, and so we knew that the Corvin was being scrapped, but then scrapping all of the VBID effective at the end of the year. That felt like a pretty big deal, so I wanted to flag that to our C-suite leaders.

**Chris Comeaux: 35:20**

Next category was competition, to be aware of only had three articles in total and only one that I wanted to highlight, which was about Walgreens considering selling to PE firms Five things you should know, and kind of the maybe sub point under this is hey, these huge

retailers that were going to figure out what us little yoo-hoos could not figure out in healthcare has not proven true. You see Walmart and many others kind of backing off of going. Maybe this is a lot more difficult than we thought. So that's the third category. Fourth category is workforce challenges. I just had a couple nurse burnout and patient safety, satisfaction and quality of care, a systemic review and a meta-analysis. The kind of punchline is these findings suggest that systems level interventions for nurse burnout may improve patient outcomes. I almost want to say, well, no, duh. But yet now you've got data to prove some of these huge workforce challenges actually showing up in patient satisfaction. This one I also want to highlight union drive skyrocketed in 2023 and 2024. I think Mark was kind of a profit in that category. He's also done some great education on these podcasts in the past year. I didn't have kind of the years of history he did, but I've never seen so much unionization efforts in healthcare and then for it finally getting to actually physicians was just another kind of big trend for this year. All right, so that's the workforce category.

**Chris Comeaux: 36:48**

The next category was patient, family, demographics and trends. Here was an article, wisdom Becker's we've revolutionized care for aging adults. But is America's healthcare system ready for the senior population boom? That's a big article to me because you'll see when we get into the predictions, the baby boomer shape shaping the future of healthcare is one of my predictions for the future. One other that I just wanted to kind of highlight under these customer demographics and trends is watch, going it alone, a conversation about growing old in America. This was at KFF Health News and so just a really good article about growing old in America. And you think about in the work that we do, there's organizations that spend hundreds of thousands of dollars to be able to get customer information. Well, we have some great articles that Joy and Cordt highlight, that paint that picture on a monthly basis. That's why I create a whole category and it's usually a pretty high category for me in articles that I flag.

**Chris Comeaux: 37:47**

One other that was kind of an interesting, maybe leading edge. I didn't include this in my predictions but I think it's kind of a sub prediction. It was a JAMA neurology article the patient portal messaging crisis Neurology article the patient portal messaging crisis. The patient portal is now improved access but now patients are getting inundated with all these messages. A lot of hospice people listening are like no, you know what, Sherlock, because I feel that way in my own secure messaging internally, but now we're doing that externally and different message for a different day Cordt and I are going to think about how we do Mastersclass, but one of the things that we teach organizations we work with is the

concept of need to know. Everything is not need-to-know, so some discernment is going to be pretty important. Last thing, under customer demographics, the National Alliance for Care at Home and Transcend published a Rural American Hospice Insights Report. That is a great report. It's got a lot of good kind of demographic information. That's important as we go forward.

**Chris Comeaux: 38:43**

Next category is regulatory. That had 11 articles. One that I want to point out the Dole Act could give veterans greater access to hospice-empowered care. That was a hospice news article. Next, don't let CMS publish the list of the lowest performing hospices. Alliance tells lawmakers. We've already talked about that. And then an OIG report finds that Medicare program improperly paid acute care hospitals for outpatient services provided to hospice enrollees, and so this is a pretty big article. I don't think it was very well clicked on within courts that I would hope hospice leaders don't miss. Another, how the downfall of the Chevron doctrine could actually affect hospices and courts. This was in Hospice News, it was an article by Holly Vossel, and so that's a pretty good article and then a couple of articles about, again, the SMFP that we've already talked about. One last thing Congress did actually extend the telehealth flexibilities through the end of March or not through the end of March, sorry, mid-March, March 14th through 2025. That's something I know a lot of our members were anxiously awaiting to see what happened right.

**Chris Comeaux: 39:53**

Next category technology and innovations. I only think I flagged two. On this one hospital at home saves lives and money. This was a CMS report. So, hospital at home is now actually showing that it actually is saving money, and so we could look at this as a potential collaboration, but also maybe a substitution competition to hospice. So, we got to be aware of that. And this one, court and Mark this was pretty interesting. Hologram technology wows rural care patients. This was in Becker's Cancer. Patients in rural Tennessee are testing virtual visits from hologram health consultants and yes, that is correct. That's pretty freaking cool. So that might be one of those predictions and I actually did include that in my predictions. Let's see here. I think that's it under that category.

**Chris Comeaux: 40:40**

The next category is speed of change and resiliency. I actually didn't flag any. I do have three in there that certainly you want to check out. Next category was the human factor. I've got a couple articles in that one. I didn't flag any of interest already. What Mark pointed out the whole UnitedHealthcare CEO was obviously a huge issue.

**Chris Comeaux: 41:01**

So there are a couple of articles about that. But one that jumped out at me was in MedCity News and I actually know the physician, Dr Shaw. Neil Shaw a healthcare system's moral bankruptcy goes viral. It's a really interesting read. I really would encourage you. You know there's certainly a lot of sensationalism and who would think that certain people in America are actually happy that someone got shot and killed? But I think actually Neil took a really good, balanced view of step back and ask yourself why would people even be reacting in that way? And I like the way it titled the healthcare systems moral bankruptcy goes viral.

**Chris Comeaux: 41:37**

And I think that's one last one here. Caregiver reported quality and hospice is owned by private equity firms and publicly traded companies. This was an article I believe that Cordt had on a Saturday and actually was in JAMA. So that's it, gents. That's my top news stories of this month. Again our readers. They'll have a link in our summary. They could click that link and they get the exact summary and probably 10 minutes. You can scan all of those articles because we've really we're not going to take the time to read them all to you each month in this podcast. So, gents, how about we do something fun? Why don't we do some predictions for next year? Mark, you want to go?

**Mark Cohen: 42:12**

First sure thanks, Chris, with the caveat that my predictions are always from the perspective of public relations and communications. Here are five for May, or five and a half actually. Number one there will be at least one shocking M&A event in 2025. That likely will not be the federal government rejecting the UnitedHealthcare Optum acquisition of Amedisys. It may be two large regional or national for-profits getting together. It may be another not-for-profit being swept off the table, like VITAS acquiring Covenant Care in northwest Florida and Alabama last spring.

**Mark Cohen: 42:57**

Number two hospices, both for-profit and not-for-profit, will begin to feel the effects of the demolition of Roe vs Wade and the consequent statewide bans on procedures essential to women's reproductive care. We'll continue to see fewer med school graduates applying for residencies and fellowships in states where legislatures inhibit the practice of evidence-based medicine. Fewer senior executives, particularly women and women dominate the ranks of hospice executives. Fewer senior executives will be eager to relocate to those states that insert legislators and policymakers in the exam room with their OBGYN. Hospice staff with LGBTQ plus children will be looking for opportunities in states where their kids can get the care they believe their kids need. It's still relatively early in the post-Dobbs, in the Dobbs era, but the anecdotal evidence is certainly mounting that its impact

is being felt in ways unintended by those who voted for these draconian laws. Number three another prediction the state associations working in the hospice sector will be caught by surprise at least once by some policy initiative announced, probably via social media, probably in the middle of the night, by the Trump administration. Still, what that means is that more environment scanning for hospice executives is needed, not less. Number four in the current political environment, and despite the recent action in Britain to legalize medical aid in dying, I suspect the medical aid in dying movement will not make much progress at the state level over the next year. On the other hand, we may see reinvigorated efforts in Republican-dominated states to loosen or abolish certificate of need laws, a movement that is led by libertarian interests on the Republican side.

**Mark Cohen: 44:46**

Fifth and final prediction the advocates like the Lown Institute looking to hold health care providers both for profit and not for profit, hold them accountable for their community service obligations. They will keep up the pressure. The UnitedHealthcare case showed how much animosity there is toward for-profit healthcare, but advocates like the Lown Institute will continue to focus on the perceived failures of the not-for-profit sector to return a tangible community benefit greater than the tax exemption benefits not-for-profits receive. Any for-profit that bemoans the demonization of for-profit hospice, any not-for-profit that markets itself in whole or in part by denigrating for-profit hospice. Both types, at some point during the year, will refer to the hospice industry in their messaging and they will have no clue as to the irony, let alone the shoot-yourself-in-the-foot idiocy, of the embrace of the phrase hospice industry. Those are my predictions, Cordt.

**Cordt Kassner: 45:49**

Thanks, Mark. All three of us share the common belief that scanning the environment is extremely important. With an overview of both quantitative and qualitative information available, then it's important, in my opinion, to consider, to predict what's ahead, whether that's this month, this year, this decade or even in the next hundred years. We need to be thinking these thoughts so we can drive the direction of the hospice movement. So here are my five predictions for 2025. Of the hospice movement. So here are my five predictions for 2025. Number one there's going to be an important focus on hospice quality. That's going to be a foundational aspect of the conversation in 2025. This is a dual-edged sword, that is, high quality will be discussed in relationship to hospice reimbursement and low quality will be discussed in relationship to waste, fraud and abuse through the Special Focus Program nationally, the Enhanced Oversight Project in Arizona, California, Nevada and Texas, as well as others.



**Cordt Kassner: 46:53**

Number two hospice utilization will continue to increase. We saw this hiccup, we saw this bump in utilization the first decrease in hospice utilization ever during COVID and now we're starting to see that rebound come back, which I think is both very positive and somewhat predictable. We're going to surpass previous rates, perhaps up to 53% in 2025. Due to the baby boomer generation. We expect an increase in the raw numbers of deaths between now and 2050. And we generally expect hospices to serve higher percentages of them year over year. Number three staffing is going to continue to be challenging, both in terms of filling open positions and retirement of many of our seasoned hospice leaders.

**Cordt Kassner: 47:46**

Number four a hospice philosophy of care. Chris, you use the term hospice mission to be determined Like. We're going to monitor this very closely in 2025. Monitor this very closely in 2025. This is a difficult one to measure, but the question that I'm posing is really, using Ira Byock's terminology, is whether hospice and palliative care patients will receive the best care possible. Unquestionably, in some cases, the answers are resounding yes, and we will highlight those stories in hospice and palliative care today.

**Cordt Kassner: 48:22**

However, in the balance of mission versus money, the scale appears to be weighted towards money and, to be clear, I believe this has more to do with leadership than profit status or private equity ownership. But there's a lot to unpack around this and more questions to be asked. More research needs to be done to fully understand how we can have hospice organizations that are profitable financially to keep their doors open, to expand services, to serve vulnerable populations While meeting the mission of hospice, you have to have money. It's just where that balance is going to be.

**Cordt Kassner: 49:06**

Lastly, the use of Ai will increase exponentially in 2025. This will be in terms of communications written, so email kind of communications as well as verbal meaning automated phone calls going out to patients. That may be disaster planning oriented. They might be just general follow-up questions, weekend check-in calls, that sort of thing. Ai is going to increase in documentation, prognosis, wearable devices, the use of wearable devices by patients and how that can help hospice clinicians, as well as virtual health care. Chris, I'm sensing you're going to head towards the holograms. I was headed towards robotics and how robotics might help fill the staffing shortages. That's my five, Chris.

**Chris Comeaux: 50:02**

Yep, that's good. Actually, court, and actually I wasn't going to be that specific, although I love that article about hologram. First off, I just want to call out the wisdom and what you said about prediction. I remember our good friend Andrew Reed whenever I was a young CFO Andrew saying a great CFO should predict what the financials are going to be. CFO Andrew saying a great CFO should predict what the financials are going to be, and I remember that kind of butt puckering of going, oh my God, how can I get to that place? But it was such a great challenge and I think, in that same spirit, you're challenging leaders to go look, we should make some predictions. And so, I took your wisdom. We actually created a little bit of a fun contest within our leadership team, so I now have a spreadsheet of all our team's predictions. I'm just going to give you my predictions today. And we made it fun \$25 Amazon gift card. Who has the most accuracy when we get to December of next year? And, mark, I'm hoping we could bring you back next year so we could kind of check our accuracy. That'll be a fun show. So here are mine.

**Chris Comeaux: 50:58**

I've got kind of the two categories the predictable category, which I'll do last. The first is kind of like the unpredictable, like maybe surprises, if you will. I kind of surprised myself with these, and so here's my overall. I think that a key phrase this is going to be a year of the unexpected, a key phrase that you're going to hear over and over again is man, I didn't see that coming. Just a lot of unexpected is going to happen, and so that's just a broad theme A lot more innovations in this serious illness space. I think you're going to see a lot of that.

**Chris Comeaux: 51:30**

I do think UnitedHealthcare's problems are going to continue. This one's a little bit I wouldn't say controversial, but again, maybe a little unpredictable. Less labor disputes coming up this year. The baby boomers are really going to start shaping and asking for their version of healthcare. Yeah, yeah, you people, this is what you do. I'm the customer, this is what I want, and I think you're going to start seeing the voice of that. And then one that Mark has been kind of a leading-edge person, our mutual friend Drew Mihalyo. But pharmacy deserts are going to get to a crisis point and the outcry is going to be so great the government's going to have to do something, and in that you're going to get the whole shining the light on what are PBMs really, and you're going to see analogies like paying off. It's like paying off the mob, it's like a middleman that adds no value whatsoever to that whole chain. So, I think the whole pharmacy desert thing is going to get to a head and it's going to be really interesting as they start to unpack it to figure out what's the actual

solution. And here's the last one Human composting as a burial alternative is really going to start to take off in 2025.

**Chris Comeaux: 52:43**

And so those are my kind of unpredictable, if you will, or just a little bit out there. The more predictable ones is the continued staffing shortages, the continual financial pressures, technology integration and fast pace of advancements, especially in the Ai realm. And yes, Cordt, you'll see that manifest as holograms and robotics. Those are going to be kind of like the last five yards of the implications of the technology. But the whole Ai and how quickly it's going to move and then how it's going to then show up by the bedside is going to be really interesting.

**Chris Comeaux: 53:17**

Medicare Advantage, as it continues, is going to be in the headlines this year. You're going to see supply chain challenges continue. Cyber threats, unfortunately, are going to really continue this year. The private equity debate is going to probably reach some type of crescendo this year. M&A and Mergers and Acquisitions is going to be sought after as a panacea. And then just the last one more innovative, creative collaboration and partnerships is my last prediction. So those are our predictions, gents. We'll come back to that at the end of the year. Mark, if you don't mind, I'd love for you to do one final masterclass for and when I say final, we'll probably bring you back a couple of times during the year, as your schedule allows, but at least we'd like you to do one.

**Mark Cohen: 54:00**

Thanks, Chris. I appreciate it, for my final monthly Masterclass. I'm going to recap some of my favorite tips from the past two years of these podcasts. Number one on my hit parade as always is for everyone not just hospice communicators, but everyone to stop referring to hospice as an industry, and that includes you, ai content generators. The logic is simple at a time when not-for-profit hospices are desperately trying to differentiate themselves from for-profit hospices, why would a not-for-profit provider want to utilize terminology generally associated with the for-profit sector? And at a time when for-profit hospices are keen to fuzz the differences between for-profit and not-for-profit hospices, why would a for-profit provider want to utilize terminology that underscores the notion of for-profit hospice care? As I've said many times before, we started out as a hospice movement and evolved to be a hospice community. When we're speaking of the business side, we are the hospice out as a hospice movement and evolved to be a hospice community. When we're speaking of the business side, we are the hospice sector or the hospice field. Hard stop. And this advice applies not just to providers, but also to the vendors that serve them. There are few things

more self-defeating than a vendor citing its record of achievement serving the hospice industry when pitching a prospective provider client.

**Mark Cohen: 55:27**

Another tip I fully recognize that the days of hospices whether for-profit or not-for-profit, employing senior-level strategic public relations experts as their chief communicators are largely a thing of the past. But that doesn't mean it's okay to onboard a coordinator or manager-level communicator and let her flounder without any support. Instead of setting up mostly meaningless metrics of like one social media post today, why not establish metrics that will build your communicator's hospice IQ? Require her to sit in on every team's team meeting once a quarter. Require her to spend one day each month on ride-alongs with a hospice team member and have her go on ride-alongs with each of your sales reps every quarter. Metrics like those will pay far greater dividends than one more social media reminder about an ongoing support group. And get that coordinator level or manager level communicator a mentor and an editor. It could be a retired journalist or a retired public relations pro, but keep in mind every communicator needs a buddy, no matter how senior they are. Especially if the headcount in your communications department equals the number one, that person needs a buddy.

**Mark Cohen: 56:51**

Finally, for our listeners at Not-for-Profit Providers, if you build your mission fulfillment messaging on a charity care foundation, if the keystone of your philanthropic appeals is charity care. You simply don't get it and you run the risk that one day you will run into a smart reporter who understands the difference between genuine charity care and unfunded care, when, in most cases, 99% of your patients are covered by Medicare, Medicaid, Tricare or commercial insurance. Even at the largest providers, charity care is simply negligible, because providing services not mandated by the conditions of participation to a funded patient is simply not charity care. It's unfunded care and there's a big difference. Instead of messaging about charity care, message about all the unfunded care you provide that goes well above and beyond what the conditions of participation require of every provider. You'll have a much more accurate, much fuller, much more satisfying messaging foundation for your mission driven provider. Thank you, as always, Chris, for giving me the chance to share my expertise and my opinions with your listeners.

**Chris Comeaux: 58:09**

You bet, Mark. We just want to thank you again just for how you've poured into so many of us. You're that professor, that dang. He's demanding but he always makes you better and I can certainly say that's exactly how I felt about our relationship. We're not going to let you

go. In total, you're still doing consulting out there. So folks that still want to reach out to Mark can we are going to try to bring Mark back a couple of times this year to do a Masterclass, kind of salt and pepper that into this year and then work, maybe think about maybe court and I bringing you back this time next year and we can do the full show together and kind of look like how we did on our predictions. How's that? Sounds great.

**Mark Cohen: 58:44**

Thank you.

**Chris Comeaux: 58:45**

Well, gents, Happy New Years to all of you, to our listeners. Happy New Years to all of you. We're looking forward to a great 2025 together. Thank you for letting us do this in service to you. Hit the subscribe button, pay the show forward to all of your friends, your coworkers, your colleagues throughout this whole hospice field, because this is something that you need to just get better at doing your job leading at a higher level, navigating your team, your department, your organization. Again, this is why we do this show in service to you and, as we always do, we always leave you with a quote and kudos to Cordt and Joy, because I actually stole these two straight up from their daily encouragement.

**Chris Comeaux: 59:24**

This was at the very end of the year and the beginning of the year. The first one is from Nito Qubein. I love Nido. He's actually here in North Carolina at High Point University, and a great one for the beginning of the year. "Your present circumstances don't determine where you can go, they merely determine where you start." And then the last one is from Abraham Lincoln. "In the end, it's not the years in your life that count, it's the life in your years."

**Chris Comeaux: 1:00:11**

Thanks for listening to TCNtalks.

**Jeff Haffner: 1:00:14**

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