Transcript
**Top News Stories Of The Month - March**

00:01 - Melody King (Announcement)

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.

00:24 - Chris Comeaux (Host)

Welcome to TCN Talks. This is my favorite time of the month where Mark Cohen and I actually review or kind of call out the top news stories of the month from each of our different perspectives. How are you?

00:34 - Mark Cohen (Guest)

mark, welcome. I'm great, Chris. Thank you very much. Glad to be here.

00:39 - Chris Comeaux (Host)

It's always good to have you. Well, Mark you ready to jump in. Yeah, you bet month, March.

00:44 - Mark Cohen (Guest)

As you know, Chris, is a long month and there certainly was a significant amount of news coverage vital to hospice leaders in the month of March. While you'll be doing your deep dive into what interested you from the C-suite, I'd like to review the most read stories in March, as calculated by hospice and palliative care today, and discuss the significance from an issues management perspective of several of those stories. As for the most clicked upon stories, thanks to the data supplied by Hospice and Palliative Care Today publisher, court Kastner, who joined us on last month's podcast, out of 512 articles that the newsletter ran in the last month, four garnered 2,000 plus click-throughs and another 16, a sweet 16, if you will, given the time of year received 1,000 or more click-throughs. Quite impressive. Court currently reports that its readership is subscriber-based it's a little over 1,500, which means that a lot of people are clicking through to some articles twice, checking back on them, or they're sharing the newsletter with others who are clicking through to read the articles. So really impressive numbers.

01:59

The most clicked upon article had nothing to do with Medicare, vbid reimbursement rates, fraud, mergers and acquisitions or any other business-related topic. The headline of this article in McKnight's Home Care Daily speaks volumes, rising suicide risk among seniors due to loneliness, mobility, financial insecurity, study, fines. It's a somber topic, to be sure, but it's reassuring to know that a patient and family care issue like suicide prevention suicidal ideation attracted so much interest from the readers of Hospice and Palliative Care today. Second most clicked upon article last month was about HHS Secretary Becerra's problematic testimony before the House Ways and Means Committee. The topic of the hearing was the budget, but a couple of members grilled him on why HHS appears to be continuing to grant Medicare licenses to proprietors of fly-by-night Medicare operations in states like California and Arizona. These were providers requesting licenses who listed as their business address the same address that 100, 150 other Medicare providers used in a small strip mall office building in Southern California or Arizona. The Secretary was clearly not prepared for that line of questioning.

03:33

Medpac's release of its March 2024 payment policy report, somewhat surprisingly to me at least, was only the third most clicked upon article last month, with only three quarters the views that the suicide article had For those critics who claim hospice is all about the money. The contrast between the 2,700 views for the suicide article and the 2,100 views of the MedPAC article presents a compelling counterpoint. The fourth and last article with 2,000 plus views was about the technical corrections and clarifications to the CAHPS hospice survey. It's worth noting that the last two articles appeared in technical reports and that the Becerra item came from a congressional committee report. The McKnight story on suicide was the only general media story among the four most click-through articles, all of which had 2,000-plus hits.

04:29

Among the sweet 16 articles that received between 1,000 and 2,000 views, the big winner was one of many reports on the change healthcare hack. In the interest of time, Chris, I won't go through all 16 of these articles, as I'm sure many landed in your list as well, but a few that are worth noting. From my issues management perspective would include first a column by a McKnight's home care editor about the end of the VBID experiment for hospice, entitled CMS Hears you, hospice Providers, and the editor wrote I chalk this up to a win for providers and a clear example of advocacy in action. Great endorsement for the work that the professional organizations like NHPCO and LeadingAge did on lobbying against or for broader hospice voice on VBID.

05:31 - Chris Comeaux (Host)

And PHI as well.

05:32 - Mark Cohen (Guest)

Yep and NOC. Sorry for that. Next, continuing the run of good news coverage for PACE that goes back many months now. Home health care news took note of the trend in a March 19 article headline quote home-focused PACE model continues to gain traction across US. Looking at the positive coverage of PACE, it's sometimes hard to believe that there are still fewer than 100,000 PACE participants nationwide, although the number continues to grow slowly, something we've discussed far too frequently.

06:11

Chris, the subject of rural healthcare deserts and the closure of rural providers again received a lot of attention last March from readers of Hospice and Palliative Care Today. This was a Becker's Hospital CFO report article that looked back at the 36 rural hospitals that have closed since 2020. And, as we've said before, when the one local hospital closes in a small community, it's bad for quality of life, home values, economic development, employment and also every other provider in the continuum from local clinics and physician practices to skilled nursing, home health, hospice and local pharmacies. In its report, headlined Hospice Group Pushes for Clarity in New York State Budget as Some Warm to For-Profit. The hyper-local 24-hour cable newscast, spectrum News, serving upstate New York, contrasted the state's last place ranking in hospice access and utilization with suggestions that the state may be opening to for-profit hospice, but tying that potential opening to the ever-growing interest at HHS, ftc and Congress in the ramifications of the growing presence of private equity across the healthcare continuum. And one last article I found noteworthy from this suite 16 of highly viewed articles was this report from Becker's Hospital CFO, entitled why Not-for-Profit Healthcare Systems Need Positive Margins, attributed to the big four accounting firm Deloitte, although the article obviously focused on large not-for-profit hospitals, every not-for-profit hospice leader should be scanning articles like this for best practices on how to talk about profitability and sustainability of their mission-driven organization profitability and sustainability of their mission-driven organization. And before the listeners of this podcast who are at for-profit providers start rolling their eyes, you too should be scanning articles like this, if only to keep up to date on how your not-for-profit competitors ought to be messaging.

08:25

I'll hit the pause button here, Chris, but I do want to note that, as we're taping this segment between the Elite Eight and Final Four, the women's NCAA basketball tournament we did a little trash talking last year when your LSU Tigers defeated my Iowa Hawkeyes to capture LSU's first ever NCAA championship. We agreed last year that it was a great moment for women's collegiate athletics and this year's rollercoaster rematch between LSU and Iowa and the Elite Eight certainly gave the sport another huge boost. This time my team emerged victorious and by the time this podcast airs, I guess we'll know whether they prevailed in Cleveland at the Final Four. We'll know whether they prevailed in Cleveland at the final four.

09:10

I'd like to close with a reminder, Chris, that Hospice and Palliative Care Today, the newsletter we've been referencing and the successor to my newsletter, hospice News Today operates on a free subscription model. There's a growing audience of hospice decision makers reading the daily newsletter, which accepts only limited advertising. If you're listening to this podcast but have not yet subscribed to Hospice and Palliative Care today, you should fix that as soon as this podcast is over. Back to you.

09:38 - Chris Comeaux (Host)

Chris. All right, Thank you, Mark, and we'll definitely include a link, as we've been doing the last couple months, as to your trash-talking hats off to the Iowa Hawkeyes. Caitlin Clark is incredible, Gosh, if we're going to be beat as LSU Tigers, what a great team to be beat by and what an amazing Final Four. I'll always draw a corollary back to leadership and hospice. When you get four amazing programs like that Connecticut, South Carolina, Iowa and LSU just the competition elevates the whole sport, which is why great hospice care right, Mark, Right, we don't want those horrible hospices. Great hospice care elevates everyone, so yeah.

10:15 - Mark Cohen (Guest)

I can't wait to see it. Except correction your home state of North Carolina. You said Final Four and you said LSU.

10:21 - Chris Comeaux (Host)

It's North Carolina State, yes, my bad, my bad absolutely, and the men's NC State, yeah, and Duke absolutely In the men's NC State and Duke absolutely as well. So really really good college basketball this year. All right back to hospice. So, mark, I feel like I'm getting to drive kind of a really cool sports car now. So all of this great data that court's giving back, I get to kind of compare to what I flag and now I get this really cool dashboard. So I flagged 100 articles this past month, which is kind of cool because having a hundred articles, the number of articles corresponds with the percentage. So this is kind of high level. And I'll go through the detail. My categories now that have been consistent. So the first category is mission moments that's about 7% of the articles I flagged. Next category is reimbursement challenges, warning signs, implications that was 18%. Competition to be aware of that was 12%. Workforce challenges 18%. Patient, family, future, customer, demographics and trends that's almost a quarter. So about 23%. That seems to be my biggest category each month and maybe because I'm taking it from the C-suite perspective, those looking out of the windshield kind of trends are pretty important to be able to flag. Next, regulatory and political that was 4%. Technology and innovations that was 12%. I've got a maybe it's a weirdly titled category, but just the speed of change, resiliency and culture. Things had 0% on that one this month, another one I call the human factor You'll see when I get to that one article that was 1%. And then, finally, about just articles of interest that I want to highlight. That was actually 4%. So those are my categories, so let me go through them. So first, mission moments. The first one, a daily Sentinel article, is titled living a special life. To the end it was a beautiful article. It was about a Grand Junction high school, Colorado Mesa university graduate, enthusiast friend of Coach K and lover of sunsets and sunrises. It was just today's a good day to have a good day. The sun will come up in the east and it will set in the west. All you have to do is match its energy. It was a mantra of Andy Smith and again, he was a graduate of Grand Junction High School in Colorado Mesa. Just a beautiful mission moment.

12:27

Then they had a couple of articles. I won't go through them in detail, but President Carter kudos to him. I think Mark and I have been calling him out for what a year and almost a quarter now, of just the gift that he has been to the whole hospice movement and being very open about his journey. So there are a couple of great articles. It was Northeastern Global News and the ABC News article. And then a global news article because my kids love the new Dune movie. Man's Dying Wish was to see the newest Dune film. A director actually made it happen before the release and so that was actually pretty cool. And then there was a Harvard Business Review I'm sorry, Harvard Business School article Case histories of significant advances Cicely Saunders and the modern hospice movement. The case history describes the role of Dom Cicely Sanders in shaping the modern hospice movement and it's narrated in first person through the words of her brother, Christopher Saunders, as told to one of the authors of the paper. So I thought that was pretty cool. I'll put that in a mission moment. And to round out this section, inspirational duo a boy with terminal condition and his puppy tackles a hundred kilometers challenge for hospice care. This was in the UK and just a beautiful mission moment story. So that was my first category, mark.

13:39

So the next category was reimbursement challenges. So again, this was about 10%. First one it was kind of a busy month for kind of regulatory things. So, first off, the physical year for 2025 hospice payment rate update proposed rule, and so this was from CMS. They're proposing an update percentage of 2.6% for next year. We'll actually have Judy Lundperson coming on a podcast and she's going to talk about that a little bit. There are some really, I'll say, cool things actually were packed into the new release of this wage index.

14:12

Next one is this seems kind of like these are maybe two sides of the coin. This one was MedPAC. Medpac releases the March 2024 report and in that report they're basically recommending no update to hospice. So this would be future, beyond 2025. And they actually recommended payment reductions for three post-acute sectors skilled nursing, home health and inpatient rehab. So we'll see how that plays out. Medpac makes those recommendations and it goes through the process that it goes through.

14:41

Next one was nearly 53% of hospices undergo multiple audits simultaneously. It was an article by Jim Parker and hospice news just talking about something about 53%. So greater than half of the whole field is undergoing multiple audits simultaneously and of course, that's because the government figures out. They make about $5 for every $1 they spent on those audits. Next is hospice welcomes, vbids, demise, and so, as many of our listeners know by now that the VBID demonstration is being sunset in December Multiple. I've been on a couple of podcasts. We've had guests on our podcast. We even went back and recorded an addendo with Katy Lanz talking about that. So that's been all over the news.

15:24

Next, providers meet with OMB to prevent the devastating effect of the 80-20 provision. This is in home care, private duty. So stakeholders have been busy in Capitol Hill voicing concerns about the controversial provision of the proposed Medicaid access rule. But the long story short of it, the rule is an 80-20 rule. That says 80% of the Medicaid payment for personal care must go towards the workers' compensation. The Medicaid payment for personal care must go towards the workers' compensation. So, it's an interesting way of kind of capping margins in that kind of segment field, if you will. So, kind of interesting and always take note of those things because you may go. Well, we don't have private duty. I always find it funny, mark, they call it Centers for Medicare and Medicaid Innovation, because you kind of look at what they do to other people, and you wonder at some point does it come to you? So, I think it's kind of paradoxical. It's called innovation, all right.

16:13

Next one is value-based care. Now driving home-based primary care growth, and this was interesting this was in McKnight's, when the independents at home. So, the Centers for Medicare and Medicaid Services home-based primary care initiative concluded at the end of 2023, after more than a decade. It marked the end of an era. Over the period of the model, the rise of value-based care has given providers a wealth of opportunities to bring primary care into patients' homes. And then the last one in this section CMS cracked down on fraudulent hospices providers in full effect in 2024, expert says. Which is kind of contrary to what you were saying about the HHS director being on the hot seat. But in recent years, unscrupulous hospice providers have cropped up in California and other states. In response, CMS has prepared a slew of tools to curtail the fraud. States continue to feel the effects. As an example, a hospice operator last week was convicted in a fraud scheme for billing nearly $3 million in services that patients did not need, according to the Department of Justice.

17:12

All right, so now segueing to my next category, which is my Medicare Advantage category. I had about eight articles in that section. I won't highlight all eight of them, but here's just kind of an appetizer of them. Nearly half of the health systems are considering dropping Medicare Advantage plans Mark Nearly half, which is interesting because now we know that greater half of the health systems are considering dropping Medicare Advantage plans Mark nearly half, which is interesting because now we know that greater about 50% of total Medicare participants are in MA plans. And so you see this really interesting, tough jockeying. In fact, in an area where I live in North Carolina, recently the largest insurance company in the hospital were basically loggerheads sent out a notice and said you know, as of this date you may not have United or this hospital will no longer accept. I guess I said the insurance company out loud. Anyway, it was a public news, and so you see a lot of that throughout the country where health systems, I think, are digging in and basically not kind of accepting whatever the rates that the insurance company All right. So here's another one, a fond farewell musings on the end of the Medicare Advantage Hospice Carven demonstration.

18:16

That was a Hush Blackwell podcast with Meg Prokarski. I was honored to be on that with her and we talked about the VBID. Next, the states where Medicare beneficiaries have Medicare Advantage plans. That was in Becker's 26 states now have more than half of the Medicare enrollees in MA plans and, by the way, our listeners. I should have pointed out the wonderful thing is now partnering with Hospice about care. Today, all of these articles on our site is now actually a PDF download that goes along with our, so you could get kind of a summary of what I'm reading from here If you're kind of more of a quicker reader than kind of a listener. Summary of what I'm reading from here, if you're kind of more of a quicker reader than kind of a listener.

18:51

Next one is UnitedHealthcare. Humana and Aetna continue to outgain their peers in Medicare Advantage and now these Medicare plans that represent more than half of all Medicare beneficiaries in MA plans. So those are kind of the top MA providers. Another one home health disparities. Medicare Advantage patients receive fewer visits and worse outcomes. So Medicare Advantage and how they partner with home health not some good outcomes there. And then just the last one MA cost management tools may be hurting home health quality outcomes, so very similar to the one that I just cited.

19:25

Next category is, of course, the competition to be aware of. So we had about 12% of my articles there. Here's just kind of again an appetizer. Private equity-backed consolidation divides physicians Fewer physicians only 46.7 in 2022, compared with 60% in 2012,. Work in practices wholly owned by doctors. Work and practice is wholly owned by doctors. So in other words, you're seeing a lot more private equity, basically, and how that's dividing the physician profession.

19:56

Next, the FTC and Department of Justice signal greatly increased scrutiny of private equity firms, acquisitions in health care. So you're seeing a lot more hearings and scrutiny about the influence of private equity and what it's doing to healthcare. And then next, for-profit nursing homes are cutting corners on safety and draining resources with financial shenanigans, especially at mid-sized chains that dodge public scrutiny. It was in a publication called the Conversation Overall. Private equity investors wreak havoc on nursing homes, slashing RN hours per resident day by more than 12%, and it says the aftermath is grim, with a dawning 14% surge in deficiency score index. All right, so that's that category.

20:40

This is kind of another subcategory in the competition. I just call it mergers and acquisitions, and so MA volume may shift from hospice to home health, and so this is a hospice news and kind of a project in for 2024. Next this was pretty big news Steward to sell highly desired physician group to Optum. The Dallas-based Stewart Healthcare plans to sell its physician group to United Healthcare Group's subsidiary, optum and the Boston Globe reported on this on March 26. And then another, maybe related articles. I kind of find at the same time United's purchasing this group, the department. So should the Department of Justice break up United Healthcare Group? This is a MedCity News. The Department of Justice has reportedly recently launched an antitrust investigation into United Healthcare Group, which begs the question of whether the healthcare giant should be broken up. Experts have many varying opinions on that. And then this was in Home Healthcare News, what the UnitedHealthcare Group antitrust investigation means for a medicine in the home health industry.

21:45

And then, Mark, this is one I'm sure didn't escape your notice I started my career at Covenant Hospice in Pensacola. Vitas to buy hospice assets of Covenant Care in Florida and Alabama, and so VITAS for an aggregate purchase price of $85 million. And that's where I started my hospice career. So that includes the Pensacola market, all the way throughout the panhandle towards Tallahassee and into Alabama. Next, private equity set sites on home care and hospice. New report finds the home care segment increasingly has become an attractive target for private equity buyers, particularly personal care and hospice. Private equities plot against older Americans, and so this was in the Journal of American Geriatrics. Over the past decades, more than 140 private equity investment firms have acquired entities and major components of healthcare in the United States.

22:39

All right, so next category is workforce challenges, and so you might probably remember, Mark, I kind of sub-stratify those into three categories. The first category is these articles paint the picture of just the challenge of what's going on in the workforce. So this first one 20 states facing acute nursing shortages, 20 states that was actually in Becker's Next workforce trends that CFOs must know. Here's the list. Number one resentment, resentee-ism, resentee-ism I've never heard that word before, but just a lot of resentment going on in healthcare. Number two rage applying Like I'm ticked off my employer, I'm going to go play at this other place, and then you wonder why they don't actually follow through on the application or the interview or whatever. Number three acting your wage, kind of interesting play on words. Lazy girl jobs, kind of that gig economy, career cushioning bore out bare minimum Mondays and quick talk. So it was kind of a provocative article, but there's a lot of interesting kind of quips and kind of plays on words in that one. All right, so that was the first category of workforce.

23:42

The next category is the implications of the workforce shortage. Well, this first one. We've seen a lot of this, especially last year and now coming into this year, home care unionization efforts beginning to tick back up. And then 2,300 University of Michigan health workers unionized as part of growing labor movement. And then back in my own home state, new Orleans, nurses rally before union contract negotiations. This is for University Medical Center in New Orleans. Nurses rally before union contract negotiations. This is for the University Medical Center in New Orleans.

24:13

And then this was an interesting article, kind of provocative Are the robots coming for my nursing job? And so it talks about, while medication dispensing robots, telemetry, electronic fetal monitoring, artificial intelligence, other technological advances have altered our work as nurses, and fears that robots will replace us and send nurses into the historical career dustbin. Maybe we could talk about that afterwards. I don't think that'll be the case, but maybe it might eliminate the things that aren't the best part of the job. Next is home care-based employment exceeding pre-pandemic levels. So almost on all aspects of healthcare, now that it actually is actually now beyond what was before pre-pandemic, which I think is just going to continue to go in that direction as you look at the silver tsunami of baby boomers, smaller wage increases predicted for 2024. And so now, as things kind of leveling out they're kind of predicting, and also inflation is leveling out somewhat, although still prevalent.

25:10

Next is is healthcare paying enough attention to nurse leaders? And so, just talking about the survey of 2,400 nurse leaders they were surveyed 35% of respondents indicated they were considering an exit from their roles, 35%. 12% said they intend to leave, 23% said they may leave within the next six months. And then last article, before we move to solutions roughly 1,000 nursing home workers hit the picket lines across the Twin Cities area, and that was a CBS News report. All right, so on the solution side, I actually had eight this month. I'll just give you an appetizer of them. But the good thing is I love whenever I see a month of a lot more kind of solutions of what do we do with those staffing challenges, home care providers, creative benefit packages are paying off. So some really kind of cool quips there of some interesting innovations and benefit packages.

26:00

Next one in Becker's, inside Jefferson's push to engage retired nurses. So interesting innovation of how to take those retired nurses who are not looking to work full-time again but still would like to be doing something. So that was a great article. Providence's chief nursing officer all hospitals should be using these three tools. Number one, robots, which is kind of what I was saying earlier, wearable monitors and virtual nursing, and that being part of the solution, which I think it's going to have to be there, just not going to be enough human beings, considering the volume we're going to have to care for.

26:34

Next, in the MedCity news, how the analytics of care can balance workforce capacity, and just a little sample on that US healthcare is experiencing a supply and demand crisis as it races to keep pace with the aging population, midst of workforce shortage and mounting financial pressures, and the situation appears unlikely to improve, and it's not going to anytime soon. And recent projections anticipate a shortfall of 139,000 physicians in the next decade. And one limiting factor preventing the efficient management of the workforce resource is lack of data and inoperability. In other words, what the article is saying is how do we take data and then get people to the right place at the right time, in other words, spread them so that way they can make maximum efficient use of the time that they have? All right, so a few more States eye and deny a four-day work week. The shortened work week appeals to most Americans. A July survey found that 81% full-time US workforce supports a four-day work schedule. 89% would sacrifice something else for an extra day off and so but interesting multiple states have introduced their own legislation to support it, but varying levels of success. I have a feeling this is going to keep coming up over and over again. Next, physicians grow louder on non-competes. As you're getting more of a scarce resource, physicians are pushing back on something that's been somewhat traditional in healthcare, which is contractual non-compete clauses. And then just last one here in this section, where hospices are investing their 2024 recruitment and retention dollars and just had some really good quips and suggestions of really smart investment in those recruitment and retention dollars. All right, mark. The next one is the biggest one, so I will skip around in this one, because this had 23 articles but patient, family and future customer demographics and trends. You call this one out 36 rural hospitals have closed since 2020. Now, next month, I just bumped into an interesting article that actually did some margin analysis and that had some kind of mixed results in it, almost kind of saying that the rural hospitals aren't any worse off than all the other hospitals. So I have a feeling, you know, I'll talk about that next month.

28:43

Next one mortality risk following end-of-life caregiving. We've known this for a long time A population-based analysis of hospice users and their families. Here's a couple of key points. Exposure to end-of-life caregiving may increase mortality risk for the surviving family the longer the hospice duration. In being the only nearby family member are risk factors. Gender and relationship modify survivor's mentality risk. Having more family members is protective against a survivor's mortality risk. Makes common sense if you think about it. Right. If just one person's carrying that burden Having a spouse with dementia is particularly risky for surviving widow's health based upon that data, all right.

29:24

When the American dream becomes survival short, doc chronicles rural health care crisis. And so this was in PBS, and really, if dreams were lightning. Rural healthcare crisis a startling look at the challenges facing rural communities, in which hospitals are closing and leaving residents without options for care. All right, let's see here. Long-term care costs can cripple families with aging loved ones, and so this was in the Modesta B. Next, most Americans would rather feel 25% healthier than live 25% longer. So in other words, it's about quality of life. Here's how to lengthen your health span.

30:03

That was actually in Fortune, and so really great article. This one a little alarming. But when Medicaid comes after the family home. This was in the. But when Medicaid comes after the family home, this was in the New York Times and as family members in fact my own wife's family just kind of journeyed this. Federal law requires states to seek reimbursement from the assets usually the home of people who died after receiving benefits for long-term care. Let's see next. This was a KFF article. The cost of long-term care financial ruin is baked into the system. Thousands of readers reacted to the articles in Dying Broke, a series about the financial burden of long-term care in the United States. They offered assessments for the government market failures to drain the lifetime savings of so many American families. So a couple of thematic articles there and you can see why I called it out in kind of trends.

30:49

Let's see here the US prison population Mark. I thought this is another interesting kind of macro trend. The US prison population is rapidly graying and prisons are not built for what's coming. We know that court is pretty passionate about the Angola project and I think that's going to be an interesting, maybe like a best practice that hopefully we might get to see. But I didn't know. Like I saw some of the data about the aging of our prison population. Let's see here. What else do I want to call out Scary state. Two-thirds of nursing home operators. Two-third fear closure without some type of staffing relief. Of nearly 450 nursing home providers surveyed, two-thirds are concerned that escalating workforce challenges may force them to close their facility. And Mark, you called this one out rising suicide risk among seniors due to loneliness, mobility and financial insecurity. All right, so I think that's all. Again, I have a whole bunch more. Again, if you guys want to get a copy whenever you see it being pushed, we have a link and you could get all of the ones I cited under that category.

31:55

Next, regulatory and political. The next will go a lot quicker because I only had a few under those. So, regulatory and political the hospice special focus program. What is it and why is it important? This is about how the program aims to shed light on poorly performing hospices. Cms has publicly stated it's looking closely at the hospice industry due to increasing concerns regarding fraud, waste and abuse.

32:16

And then the secretary. How do you say his name? You said Mark is Becerra Becerra, secretary Becerra. So his testimony.

32:26

This was on a different one. We're with you on telehealth flexibilities. And so how? The flexibility that came out of COVID and the basic saying we're with you health care. So hopefully maybe they'll codify those things to stay going forward. This was a hospice news article by Holly Vossel how CLN laws influence hospice quality and program integrity Variations in hospice state. Cln the acronym state laws are raising program integrity concerns. And then last one, in this section, legislation aims to increase scrutiny of private equity healthcare acquisitions and we'll, of course, pointed that out a little bit earlier as well and one of my favorite categories, which is technology and innovations. And so let's see here I've got how many. I've got 12 articles. So again, I'll do an appetizer Five weeks of uncertainty, how the change breach has unfolded.

33:17

I mean, mark, this is probably the most impactful cybersecurity attack that I could think of, as far reaching throughout healthcare. And then now there's even starting to be government hearings about how did this happen. And then also kind of the reaction to it. And there's also been some kind of blowback to. You know, a lot of people have had cashflow crisis and United has offered some things, but some people feel like it was maybe not enough as far as what it could have been. And coming out of that, double your cyber security spending. CIO warns amid change healthcare attack, and so obviously I think that's going to be really interesting on the backside.

33:54

Next, digital avatars and personalized voices how AI is hoping to restore speech to patients. That was actually in JAMA, and the conversation is part of a series of interviews with the editor-in-chief and guests exploring issues surrounding the rapidly evolving intersection of artificial intelligence and medicine. And then this was in modern healthcare, which I felt like this probably maybe because you think, oh, ai, maybe it's going to just change everything tomorrow. This says give generative AI another decade to revolutionize healthcare, and just talked about what it's going to take for us actually to get to that point. So another decade, we'll probably be blown away where we're going to be, and so you'll see a trajectory throughout the next 10 years. Let's see here.

34:40

The US healthcare system should focus on pre-acute care, not post-acute care. I think that's a term we've been using for quite a while. This was in Forbes. Us healthcare system focuses an enormous amount of money and attention on post-acute care medical treatment patients receive after they've been discharged from a hospital. But would it be more cost-effective and far better for patients to refocus on what you might call pre-acute care and how we prevent those re-hospitalizations in the first place, Amen. I feel like we spent a lot of our career in that and with hospice-empowered care. Let's see here. I'll kind of skip a few. Let me do one more how AI will help the world's top hospital CEOs transform healthcare. That was in Newsweek and again kind of that. It's a sexy title. Artificial intelligence is quickly showing the potential to revolutionize many aspects of caregiving, from cancer diagnosis to clerical work. With the release of Newsweek's ranking of the world's best hospitals, executives at leading hospitals around the world told us how they're going to use the power of AI to transform the future.

35:45

All right, last couple articles, mark. This next one is I always kind of put it in the human factor category. It says what you should and shouldn't say to a friend going through a major illness. It was an MSN article and just here's kind of five key points. I love you, I'm here for you. I don't exactly know what to say, but I'm thinking of you. I can't imagine how you're feeling, but whatever your emotions, you're experiencing are perfectly valid. Let me do X, fill in the blank for you how does that sound? And you don't have to say anything. I just thought that was a great human-interest article. All right. The last one, I kind of put my 10th category is things I wanted to kind of call out. This was interesting for me because kind of it's the windsock of where things are blowing in the future Five C-suite roles that talent leaders are looking out for.

36:35

So think about that Talent leaders, talent recruiters Number one. Chief information officers and cybersecurity executives Number two data analytics and business intelligence executives. Number three dual C-suite roles. So, people are playing multiple roles, let's say like a chief experience officer and chief nursing officer or chief experience officer, chief operating officer. The fourth is chief population health officers and then the fifth, chief clinical officers, chief nursing officers and service line executives. So busy month, mark, busy month. Any comments on that before I hand it to you for your masterclass?

37:14 - Mark Cohen (Guest)

A lot of things for readers, hospice leaders to keep an eye on, and it's great to have hospice and palliative care today to help you sort through everything and pick out that which is most important to you while keeping you abreast of a broader field of interest.

37:34 - Jeff Haffner (Ad)

Thank you to our TCN Talks sponsor, DeltaCare Rx. DeltaCare Rx is also the title sponsor for our April and November 2024 Leadership Immersion Courses. DeltaCare Rx is primarily known as a national hospice PBM and prescription mail order company. DeltaCare Rx is a premier vendor of TCN and provides not only pharmaceutical care but also niche software innovations that save their customers time, stress and money. Thank you, DeltaCare Rx, for all the great work you do in the end-of-life and serious illness care no-transcript for a second month in a row.

38:50 - Mark Cohen (Guest)

And like last month, where the subject was short handing the name of your hospice, this month's topic likely will be a bit uncomfortable for many. The subject stock photography On your website and your printed marketing materials and if you utilize a paid news release distribution service, perhaps even to accompany your news releases, if you choose to pay for a stock photograph to accompany your release, if you choose to pay for a stock photograph to accompany your release, stock photography photographs, often using paid models, you either obtain for free from a website or other provider or purchase from a commercial source. They do nothing to define your brand, differentiate your brand from your competitors or communicate an accurate hospice message. One reason why that's the case is that there are so few stock photos that show someone who might possibly remotely look like a hospice patient, so that many hospices end up using photos of seniors, even seniors in a hospital bed or wheelchair, who look like they are more likely to go out and play three sets of tennis or a round of golf than die within the next six months. Stock photos of seniors generally are more appropriate to sell an incontinence product or an erectile dysfunction medication than they are to illustrate the benefits of a timely and appropriate admission to hospice the benefits of a timely and appropriate admission to hospice but the photographers in the photo agencies that sell photos to marketers of every description. There isn't a whole lot of money to be made taking and selling photos of people who look like they're terminally ill. So even if you're convinced that you don't need photos of healthy, smiling people when describing the benefits of hospice on your website, there are not a whole lot of realistic looking photos from which to choose. That, of course, assumes you're even willing to pay for stock photography, and while there is a lot of expensive stock photography available to anyone with a credit card, most hospice marketers find themselves limited by budget to utilizing either rights-free stock photography, photography for which there is no cost, or stock photography with a ridiculously low purchase price of, say, $100 for a photo.

41:11

Using no-cost or low-cost photography raises another problem the fact that your competitors might choose to use either the exact photo or a similar photo from a set of photos with the same model in the same setting, and my question is how does that help define and differentiate your hospice brand? If you choose to rely on stock photography to illustrate your brand, there are definite risks and rewards the reward of paying nothing for the photographs you use versus the risk of your crosstown competitor using the same photo. Now you can purchase stock photography. Paying, say, $500 for a photograph likely limits the number of your competitors who would even consider buying that same photograph. You can even spend a lot more to secure exclusivity, meaning the photo can't be sold to anyone else during a specific time frame, usually a year or two, or maybe a specific geographic market. Many hospices, however, will say that they would never spend several hundred dollars for a stock photograph, but they insist on using stock photographs. And to those who say I couldn't possibly pay $500 for a photo; what I'm hearing you say is our valued 40-year-old brand isn't worth $500.

42:30

But there are other solutions aside from stock photography. One is to build your own photo library using a local photographer and actual patients, with appropriate permissions, of course, from patients and families. Another, less obvious solution is to stop using photos of people to illustrate your website and your marketing materials altogether. You can use objects or symbols, or you can use drawings of people and situations instead of actual photographers. As there are libraries of stock photographs, there are also libraries of illustrations, all done in a singular style, many of them with a healthcare theme. Some are actually quite good and the cost is usually quite manageable usually cheaper than stock photography and it allows you the drawings, allow you to change the color palette so you could end up with drawings that are reflective of the color palette of your brand, for example.

43:27

I'm sure that by this time some listeners are wondering whether this is much ado about nothing. I've got probably a dozen real-life examples from my career in healthcare communications, Chris, that demonstrate there actually is much ado, and I'll close with two. First, there is a universally recognized stock photo rights-free of a young Black woman, likely a nurse, dressed in scrubs with a stethoscope slung around her neck. The photo is at least 35 years old. I remember seeing it when I was at Jackson Memorial Hospital in the early 1990s and it is the go-to photo for nurse recruitment advertising. It is so overused, even today, in fact, that any clinician who spent any time at all looking for a next job has likely run into the photo and the promotional materials from dozens of prospective employers. Employers use this photo to convey the sense of a young, diverse workforce, I think, to the clinician who's seen the photo multiples of times it actually sends a different message that you are no different than any of a dozen other providers seeking to recruit clinicians.

44:47

And then a personal story. In the mid-1990s I joined a small hospital system that had undergone a million-dollar rebranding a year earlier. Cardiothoracic surgery was one of the few highly profitable service lines at this hospital and it was a huge part of our TV, print and outdoor advertising campaigns. The print and outdoor advertising designed by the agency that had led the rebrand used a retouched photo of an older male receding hairline in a suit and tie, with his hands raised toward the heavens, standing in the surf. The hospital was located on the east coast of Florida. I asked the agency about the photo and they assured me it was unique to our campaign.

45:32

But about six months after I got to this hospital system, a national LASIK surgery chain that had offices in and around our market launched a large national outdoor advertising campaign featuring the same photo of the business-suited elder male reaching skyward without the surf.

45:52

Our agency, in fact, had used a low-dollar stock photo with very limited exclusivity rights as the centerpiece of a campaign supporting our most profitable service line. Now, since I'm competing here, in this case with a national advertiser, there was no way I was going to convince them to end their campaign, so I had no choice but to take down the billboards and redesign the print advertising. The agency did not discount its fee when redesigning the campaign and within a year or so the agency no longer handled our account. The bottom-line stock photos may be budget-friendly, at least in the short run, but they are generally costly to your brand and there are better solutions. So that's our master class this month. I hope it causes a stir among people who have plastered the same stock photography their competitors use all over their website and their print materials. It's really a discussion that people ought to be having, particularly when they're approaching a rebrand.

46:59 - Chris Comeaux (Host)

Thank you, Mark. You're always thought-provoking. You were talking about the one that's gotten used. That's really old.

47:05

Your point is that if everyone's using the same picture, you're not painting any picture very unique. It's almost like if you walked into my home and I had pictures on the wall and it was the stock photography that comes with the advertisement, as opposed to pictures of my own family. That doesn't tell you very much about our family, it doesn't feel very personal and that's the vision that kept coming to me. There's no joke that my wife and I, years ago, we brought this amazing comedian to one of our hospice events and one of his key funnies was you know, the first two kids. You got pictures all over the house and by the last two kids you just keep the stock picture that's in there. It's got a funny way of making your same point. And so well.

47:45

I appreciate you, Mark. You always make us think and to our listeners, we really appreciate you. Make sure you subscribe Also, pay this forward to lots of your friends in the hospice field. And so, as always, mark and I want to leave you with a quote. This one is from Minot Simons no pleasure philosophy, no sensuality, no place, no power, no material success can for a moment give such inner satisfaction as the sense of living for a good purpose. Thanks for listening to TCN Talks.