

TRANSCRIPT

Addressing Workforce Challenges - Hospice in the News, April 2025

[00:00:00] **Melody King:** Welcome to TCNtalks. 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 Cuomo.

[00:00:23] **Chris Comeaux:** Hello and welcome to TCNtalks. This is always my favorite time of the month when Cordt Kassner and I get together and talk about the top news stories of the month. So this is for the month of April. How are you, Cordt?

[00:00:35] **Cordt Kassner:** Doing great, Chris. Thanks for having me back.

[00:00:37] **Chris Comeaux:** Yeah, man. Did you wanna start with, uh, maybe a question this month?

[00:00:39] **Cordt Kassner:** Sure. You know, I was taking a look and, and a question that came up.

If you could pick up a new skill in an instant, what would it be and why?

[00:00:47] **Chris Comeaux:** Hmm. I love that. I've always had a dream of playing the piano. And then, uh, of course, I, I've been doing a couple weeks of, of pretty tough travel and, uh, I Rewatched Maverick Top Gun and just watching them in the beginning of [00:01:00] the movie, man jamming on that piano.

I've always wanted to play the piano, but maybe a more practical skillset. Um. It's almost computer programming. And so I just think going forward into the future, like for instance, we able to program a bot, um, that's actually a skill that I feel like we're gonna need to have, to be able to build your own bot.

I don't mean like a robot, I mean a bot. Like go check my email and craft an actual draft or something along those lines. And so that's actually something I'm actively working on. It's funny on the piano side, um, I had broke my femur

in an accident many moons ago and I thought, I'm kinda laid up. I did two things.

I studied for my CPA exam and I took a piano lesson three days a week, and I made a little progress, but I didn't ever, I've never had the time to do it again in my life after that. So How about you? How would you answer that question?

[00:01:48] **Cordt Kassner:** You know, I, I actually go with the piano. We're we're similar in that I played a little bit as a, as a little kid and.

Discipline, the time to [00:02:00] good it. And I think it would be fun to entertain other people with it just to, uh, just to enjoy playing. So maybe that's a, a retirement bucket list for me.

[00:02:13] **Chris Comeaux:** And you're a little bit of a right brain, left brain guy. Just a little bit. I've gotten to know you and so you're probably a little bit more inclined to it.

I've always wanted to do it 'cause I thought it would stretch me to become more of a right brain person. It's

[00:02:26] **Cordt Kassner:** a, I always try to balance the artistic against kind of the. The quantitative, the math side, and, uh, there's, there's so many advantages to both actually. Dr. Joy Berger and I, the, the editor of Hospice and Palliative Care Today, she is a, has her doctorate in music and is a concert pianist, an organist, and we often have those right brain, left brain conversations because that, that was her first career was in music.

[00:02:54] **Chris Comeaux:** I not know that. I knew she was special. She's, but now that just explains a whole bunch. Another reason why she's so [00:03:00] special.

[00:03:00] **Cordt Kassner:** She's amazing at that. And, and maybe that's why it's top of mind for me.

Like I can do the math, I can do the, the computer programming to a degree, but, but music, like, uh, I just, I haven't taken the time to figure it out.

[00:03:14] **Chris Comeaux:** All right, man. Well, let's jump into the data. So what does the data show this month for Hospice and Palliative Care Today?

[00:03:20] **Cordt Kassner:** You know, analyzing the click-through rates for Hospice and Palliative Care.

Today's April News stories, we published 379 articles that collectively received 157,000 clicks or reads. Wow. Notably, 37 of those stories surpassed a thousand clicks each. Uh, all of these metrics surpassed previous months, so we're, we're in readership and interest and rates, which we're. Interestingly, the most clicked on story in April was head and Shoulders, the most clicked on story [00:04:00] head and shoulders above any other story we've ever ran.

Wow. And that was around medical aid and dying annual reports. The background of this was I. Saw a news clip that the Oregon Health Authority released their 2024 Oregon Death with Dignity Act Data Summary Report. So this is like their 26th, 27th annual report. Uh, they release them every spring. It, it triggered in my mind that Colorado, where I'm also the, the Colorado Department of Public Health and Environment releases their annual reports every spring. So, and when looking across all of the states where Made is legal to provide an update, updated statistical reports for each state. So, there's 10 states plus DC where medical aid and dying is legal, and Oregon is the only state that has their 2024 report data out. So.[00:05:00]

Reports that it's time. So to our most read stories have had, but this made compilation had over on. Which was stunning to me. Our second most read story or, or a category of stories surrounded the Pope's death, Passover and Easter, and belief in the afterlife. This group of stories, uh, focusing on spiritual and religious themes, uh, had about 3000 clicks each. Perhaps that makes sense in, in context of the holidays of April.

Uh, on a side note, a joy, our editor in chief, uh, and I had an interesting conversation around covering the Pope's death. This is, you know, maybe a little peek behind the curtain as we talk about. How do we run a story and [00:06:00] what stories do we run and how do we put that information out there? Uh, it, it became interesting because we'd done a lot of coverage of Jimmy Carter, who not only as a, a former president and in influential person, he had an extended hospice experience, the Pope Palliative.

Gave us pause to discuss how we cover that.

[00:06:30] **Chris Comeaux:** Yeah, I to, I totally get that Cordt. 'cause I saw one of you guys actually did it and I was actually traveling that day and I happened

to look up and um, I'm like, did the Pope die? I saw it all over the, the TVs in the airport and so, and I did see you guys release that and I think something that's that big and national, it totally made sense to me that you guys actually did do that.

The other interesting thing that just occurred to me in this category about belief in the afterlife, you know, to this day are. Most viral podcast we put out was [00:07:00] with John Burke on Imagine Heaven. Mm-hmm. And so I do believe, especially in this work that we do in hospice and pouch care, that there is a lot of interest regarding that.

So that didn't surprise me that that was a pretty high category for you this month. I,

[00:07:13] **Cordt Kassner:** it's, it's interesting to consider, I think it more conversation around spiritual care, spiritual issues. You even from a Medicare perspective where we collect information, hospice report information on discipline visits.

For doctors and NPS and nurses and aides, but not chaplains and, and maybe there's, there's something in these experiences that, that we can use to nudge CMS around collecting spiritual care visits and, and the importance of spiritual care in hospice that might differentiate from other healthcare fields.

[00:07:50] **Chris Comeaux:** Yeah. I mean, to me it's, it's what made us so fascinating from the get go is that it was the first model of healthcare designed around the, the belief, and also maybe [00:08:00] today you could also call it the belief and the understanding that people are body, mind, spirit, social, emotional component, that we're not human doings, we're human beings.

So we're kind of these spiritual beings having kind of a human experience. And so having a model, especially at the end of your life. Where that is woven in, of course, always according to whether the patient or family wants that support, um, has always made us different and it's interesting, one of the most profound hospice mission moment stories I could think of where the, the caregiver or the survive surviving family have come up to me and the aspect of the pain symptom management, all of that they expected from us.

But the transformative aspect was. What happens spiritually and relationally with the family. And so, um, again, those are probably and probably the most

impactful for me as well in terms of, oh, that's why we do this work. And the complete package is all important. Pain, symptom management, all of that. But the thing that seems to transcend is those things on the relational and spiritual side.[00:09:00]

[00:09:00] **Cordt Kassner:** All right, what else you got? Our third group of categories was, was really kinda our grouping, uh, Joy and my, uh, categories around executive personnel changes, social media watched, and today's encouragement. So these are things that we've kind of developed along the way. Uh, about a year ago, joy began compiling executive personnel changes to highlight leadership changes in our field.

Typically are not CEOs, uh, because a CEO change is typically a standalone news story, but when we were looking at COOs and CMOs and, and other positions, uh, it's kind of a, a way to keep track of where some of the people who are, who've been longtime leaders in the field have landed and, and so has become a very popular category.

We introduced the social media watch category about a month ago to spotlight information found on LinkedIn and other social media sites. Really nobody else that, [00:10:00] that I'm aware of has been following or reporting on LinkedIn postings, which open up a whole new category. It's not peer review journal articles.

It's not a a reviewed newspaper story. Careful in. But interesting that readers have really, uh, aligned with those.

[00:10:20] **Jeff Haffner:** Thank you to our TCN talk sponsor, Dragonfly Health. Dragonfly Health is also the title sponsor for leadership immersion courses. Dragonfly Health is a leading care at home data technology and service platform.

With a 20-year history, Dragonfly Health uses advanced technology and robust analytics to manage durable medical equipment and pharmaceutical services as part of a single efficient solution for caregivers, patients, and their families. The company serves millions of patients annually across all 50 states.

Thank you, [00:11:00] Dragonfly Health for all the great work that you do.

[00:11:07] **Cordt Kassner:** And our Sunday newsletters highlight the most read stories of the, so just recently we began running what was the top? A year ago, that week. Mm-hmm. And, and so, uh, quite honestly, uh, the first couple of times we've tried this, there's been very little traction, very little, very few clicks on it, but I think it's more of a, a pondering, a reflection.

Like, has anything changed? What has changed in the last year? So, so we're gonna keep doing this for a little while and, and seek some feedback on that.

[00:11:41] **Chris Comeaux:** Just personal feedback. Kudos on both of those. I thought the social media post was brilliant. I, 'cause you're right, you don't see it anywhere else. And then it makes me wonder, did I already catch that on LinkedIn?

And I thought that was actually brilliant. And I think you're probably right about the click through Cordt, 'cause I, for me it's more of a brain kinda bookmark of. Oh my gosh, that was a [00:12:00] year ago. As opposed to necessarily going back to the article, but just think and then thinking about, hey, a year has passed, what has kind of transpired related to this issue?

So I think it's a great service. So you guys keep it up.

[00:12:12] **Cordt Kassner:** You've, you've always been a fan of the history and trending over time, so I'm curious if, if our other readers are gonna find that intriguing and general themes, you know, even thinking about what stories. Maybe that I thought would have high click-throughs that didn't.

Um, really just, you know, kind of our general themes around regulatory stories around the proposed hospice rule. Stories about volunteer week and National healthcare decisions day, veterans stories, clinical issues, research articles. Uh, we had a couple of stories about Vitas.

All of those had around a thousand clicks each. So, uh, it rounded out to be a pretty, [00:13:00] pretty interesting month that overall had our highest click throughs ever. What about you, Chris? What, what were your insights? As you take a look at the April news?

[00:13:08] **Chris Comeaux:** And just maybe one final comment and yours, just to remind our listeners that, um, if, hopefully you always listen to this podcast

with Cordt and I, if you're ever pressed for time, we actually publish his summary so you could see that actual data and statistics.

And then of course, what I'm gonna cover in just a second, top news stories from the C-Suite perspective. Um. We publish this document as well, so it's a very quick way. Good summary. If you're like, Hmm, whenever they mention that, I'd like to go back to something. So here's my categories are always pretty consistent and so mission moments.

This first category, we had about 7% articles, 7% of the articles. By the way, there are 75 that I flagged this month Cordt. And so, um. Reimbursement workforce challenges and highlighted articles of interest is kind of my category. Were the top three this month. So reimbursement had 17% [00:14:00] competition to be aware of.

Actually only had 1%. Workforce challenges had 21%. Uh, patient, family, future customer demographics and trends. That was 11%. Regulatory and political, 7% technology and innovation, 7% speed of change, resiliency, and reculture, 5%. The human factor 3% and then highlighted articles of interest. You could call it Chris's category, 21%.

So let's go through them. I'll highlight just a few in some of the categories, like the first one, mission Moments, there were five total articles outta that percentage and only one that I wanted to point out. All five were pretty cool. Um, always liked doing the mission moment, um, articles. 'cause I think about our good friend Mark Cohen, when we used to do this, and he would always kind of, um, bemoan the fact that you get less and less of those articles.

And is that, had that been a tool in newspapers of how we've kind of impressed people, maybe impressive is not the right word, educated people about hospice and palliative care and so when you see less and [00:15:00] less of those, I like pointing them out. So the one that I pointed out. I want to bring to our attention is kind of cool.

It was from Fandom Wire, but it was about the fourth episode of the Pit. And so, uh, kind of the executive summary, it's an, it's a homage, Noah Wow. Quietly sneaked in a tribute and one of the best episodes of the pit. And so his character, Robbie monitored a patient during his final hours where dealing with his own thoughts about the death of his beloved mentor, Dr.

Adamson. And he remembers the res, the advice he received from him and shared it with the children of the diet patient as they waited for the father to pass. The phrase is, I love you. Thank you. I forgive me, and please forgive me. So Cordt, that's the tip of the hat to our good friend, Dr. Byock. Um, it's actually my favorite book of his, and so.

That they wove that into the pit. And it's actually my son and his fiancé introduced me to the pit and I had not actually seen that episode, so that was too cool to see that was highlighted this month.

[00:15:58] **Cordt Kassner:** That's so cool. And, [00:16:00] uh, I agree with you, you know, the work that IRA has done and, and half a dozen books and, and uncountable numbers of.

These four points are the number one things that I hear people talking about informally if they credit him or not. I, and, and in my own experience, I, I mentioned last month, my mother passing away recently that, uh, as I was sitting at her bedside, I kind of sat there and I thought, what, what basis do I need to cover?

I love you. Thank you. I forgive you. Please forgive me. I thought, wow, thanks Ira. And I, I hear that, those four points over and over. So it, it was really cool to see this picked up on the show.

[00:16:40] **Chris Comeaux:** Yep. I agree. And a number of times, times I have mentioned that to other people, um, who maybe weren't getting hospice or maybe they even were in hospice and just like knowing it was getting close, um, gosh, I've probably done that 50 times.

I've recommended that to other people. Alright, next category. Reimbursement challenges, warning signs and [00:17:00] implications. So there are 13 articles. I'm just gonna read the titles of them because they were really good. But it also shows you we live at a fascinating time Cordt with what's going on in, in DC. So here we go.

Kennedy, slashing 10,000 jobs and Health Department overhaul. White House cuts 12 billion in health funds, five updates. Medicare Advantage contractors Max do not consistently meet Medicare cost report oversight requirements. Widespread firings start at federal health agencies, including many and leadership.

H-H-H-H-S restructures, duals PACE offices amid department overhaul. How ACOs think CMS should change the rules for value-based care. CMS halt spending for non-medical in-home Medicaid services likely affecting providers. Regulatory leaked HHS budget signals 40 billion in cuts and assumes a CA subsidies will expire.

[00:18:00] Ohio payer beats UnitedHealthcare, and racketeering lawsuit awarded 50 million. Evaluation of the Medicare Advantage value-based insurance design model test from 2020 to 2023 and Medicare Advantage and Part D. Rate announcement. DO J'S lawsuit against a Mesis UnitedHealthcare set for mediation valuation of Medicare Advantage, value-based insurance model.

Key takeaways from the VBID. And I think that's it for that category. So I just wanted to cite those. There weren't a lot of, um, clickthroughs on those and I felt like every one of those was pretty meaty. And C-suite leaders need to be aware of those. Right. Next category? Yeah. Next category competition to be aware of.

Only have one article, and I'm not even gonna call it out in that category. Next was workforce Challenges and 16 articles. I'm just gonna read the title. Um. Kudos to you and um, joy. 'cause there were some really good ones this month in that category. And everywhere I go, I've just come off of MPH i's national conference, [00:19:00] another national, um.

Conference that was a part of, um, that one's more leadership focused, but workforces like on the top of so many different industries, kind of top concerns. So here's the titles, the cost of nurse turnover in 24 numbers. Those was a great article. Two key trends shaping the hospice workforce in 2025.

Hospice Care Aids largest occupation in the US as of last May. Health systems spend millions to reduce workplace violence. Federal court strikes down minimum staffing rule. The details you might not know behind the actual decision. 40% of nurses I exit by 2029. Healthcare employee turnover by role. And here's on the solution side, managing oncology nurse burnout through peer support and emotional intelligence.

The evolution of work, how Gen Z is reshaping leadership and workplace culture. That was a really good article. Bids build sustainable schedules to [00:20:00] support physician wellbeing. What role do immigrants play in the

long-term? Uh, direct long-term care workforce and the future of management is hybrid leading human AI teams in a new era of work.

That was a pretty fascinating article how physicians CEOs are re energizing later career CLI clinicians. What leadership training is the next big thing in the RN to BSN programs? That was actually Nevada State University gave our good friend Nathan Delson, a heads up on that one. What's driving health system investment and Gen Z leadership and then the last one by the Bay forges educational partnerships to grow hospice and home-based care workforce.

So 16 of those, again, just wanna call it the titles. They were really great. Not a lot of click throughs on those next category. It's always tends to be a big one. There's just two I'm gonna highlight, but there were. Eight in my summary. Under patient, family, future demographics and trends. Um, there were two here.

What happens when someone passes at home? [00:21:00] It depends. And this was actually in the Bozeman Daily Chronicle and another one here.

[00:21:06] **Cordt Kassner:** Uh, I thought it was a really interesting story as well. Out Bozeman.

[00:21:10] **Chris Comeaux:** Yep. Really was. So, next one is HO housing instability complicates end of life care for aging unhoused populations.

This was in the conversation out of University of Denver. Um, I'm bumping into this more and more. There's the, one of the interesting canning sub. Subplot of the silver tsunami is the housing, uh, insecurity for the baby boomers are aging. They're also Cordt the first generation that didn't have defined pension plants.

So they're kind of the first of the 401k kinda generation, if you will. Hmm. So they're not all as well off as you would think. And so there's a lot of housing insecurity. So that's gonna play out more and more in our healthcare world as we go forward into the future. All right, so next category, regulatory and political.

There are five articles, um, that I kind of put in the summary. There's only one I was gonna call out. Hopefully by now all of our [00:22:00] listeners know this, but the proposed FY 26 hospice wage index and payment rate was released.

And so in fact, we maybe even didn't have an upcoming podcast. And Annette Kaiser, where we're gonna talk about that.

Next category is technology and innovations. There were five articles in my summary, only two. I was gonna call out healthcare data breaches average 11 million per incident. And this was a report out of Becker's. Um, I actually spent some time with a chief technology officer of a healthcare company Corps back in March.

And. What he told me. Scared the heck outta me. Related to Cybersecurity, I mean, what's happening day to day in the Cybersecurity realm? We have to be super diligent in this area. Um, other one that I wanted to call out under technology inside Amazon's strategy to partner with digital health companies.

This was a modern healthcare article that also kind of tweaked me. Cordt, have you seen the um, one medical Amazon commercials yet? Man, those are fascinating, aren't they? [00:23:00] Um, and just, it just looks so can me. I've not tried it yet. Have you tried to actually book an appointment that way or would you ever, do you think

[00:23:07] **Cordt Kassner:** Our family health insurance actually includes a concierge medical component that.

Sold to one Medical. And so we actually use that now. And I would say the transition has actually been pretty smooth. The, you know, how quickly we can get appointments and telehealth appointments and, and annual physicals and that sort of thing has been remarkably smooth. And I, it creates an interesting question, what Amazon's.

[00:23:41] **Chris Comeaux:** Yeah, I wondered about that too. I mean, obviously the convenience of that, but then also the convenience of your pharmaceuticals via Amazon type interactive function. Those two things make sense to me, but I like kind of how you leave that question hanging. What are they kinda thinking in into the future?

It's gonna be really interesting to watch.

[00:23:59] **Cordt Kassner:** Absolutely. [00:24:00]

[00:24:00] **Chris Comeaux:** Next category, speed of change, resiliency, and reculture. They have four articles. I only want to kind of point out one. So four in the summary build. Being a high performer, CEO is not enough. True leadership involves empathy. This was in fast company.

This moment calls for executives who can balance strong analytical skills with emotional intelligence. The CEO's role is evolving. Private equity is playing an increasingly influential role in shaping the expectations, performance, and the tenure of CEOs. The financial environment is also changing with influence, increasingly moving from public markets to private capital, and this landscape CEO's increasingly being measured by their ability to generate financial returns.

But capital BUT true leadership requires hitting more than financial targets. The most effective leaders understand that long-term success depends upon balancing financial acumen with empathetic leadership, those who fail to adapt risk. [00:25:00] Becoming transactional managers rather than transformational leaders.

And understanding the shift in defining one's leadership approach is more critical now than ever. So, kudos for per pointing that one out. I thought that was an awesome article. Mm-hmm. All right, last two. So, the human factor, they only had two in this category. Only one I wanted to point out. One red flag that reveals bad leadership fast.

One clear sign can tell you a lot about whether someone is leading well or failing miserably. Bad leadership isn't always obnoxious, toxic, or obvious. Sometimes it shows up in small everyday moments how someone talks to their team, how they handle mistakes and how they treat people when no one's watching.

So that was a great article. All right, last category, which is the Chris category. I had 1613, of which I'm gonna point out 'cause all of them are just so fascinating and none of them really had high click through rates. Um, first one. Bill Gates, AI jobs. Three roles that will survive despite the [00:26:00] potential for widespread right widespread automation.

Gates identifies three key areas where human expertise will remain indispensable. Number one, creative work. Those that require high levels of emotional intelligence, guess what the superpower of the future is gonna be. We've got a podcast coming out with Daniel Pink that, um. Talk about his book,

A Whole New Mind, which is really what he wrote about in that whole book about left brain skills are not the future.

And then the last one, which kudos to my third son who's actually a HV, an HVAC skilled trades. That's the one that AI is not coming for. So I thought that was a great article. 'cause that's, I, I dunno about you, but I see a lot of consternation about, well what is this gonna mean for like jobs? We even had an interesting discussion amongst our own team and I keep kinda reiterating, perform your job in such a way that.

Robot never could replace you in and never will. Mm-hmm. Which is really poking on kinda that level of bastardy. All right, so next article are hospitalists Becoming Defacto [00:27:00] PCPs Primary Care Physicians for Patients with Complex Illness hospitalists. Hospitalists are becoming primary physicians for patients in decline.

Hospitals in the new clinic for patients with complex illness and hospitalists are increasingly initiating discussions about patients values. And their goals sounds like kind of them adapting some superpowers that we see in our Palliative Care teams. So I thought that was a great article. Next one, seeking human empathy.

Health insurers turn to ai. Let me read that again. You're laughing too. Seeking human empathy. The health insurers turn to ai. It's a modern healthcare article, and I'm just gonna let the title speak for itself because I even had to read it a couple times and I, I see your editors note. Is this backwards?

What happened to you? Kindness, courtesy, and core of respect. Yeah. So next one, senior living demand hits an all time high. This was in McKnights and I think the trend [00:28:00] line on that is supposed to be more and more and more. I have a good friend that's predicted that the um, healthcare solar system will no longer revolve around healthcare systems.

It will actually revolve around senior living communities. Not that there's not a place for hospice and palliative care. There is. It's just like, you know, who has the big biggest balance sheets, the biggest resources available, et cetera. All right. This was interesting. New York legislature passes Bill banning new I.

For-profit hospices. So kudos to our good friends in, in New York state for getting that passed. Thought that was kind of a big one.

[00:28:33] **Cordt Kassner:** Passed through the legislature. Uh, I was talking with Jean and she, it, it's going to the desk of the governor and so we're gonna see if that, uh, gets signed into law or not.

But it did pass the legislature.

[00:28:45] **Chris Comeaux:** Yep. Well said. Thank. New Mexico passes the nation's first legislature driven Psilocybin Access Act. Of course, we dropped the podcast last week of Dr. Rohini Kanniganti talking about the use of ketamine and other psilocybins in [00:29:00] the Hospice and Palliative Care space. Um, even my son actually circled back and said That was an awesome podcast.

So check it out if you haven't listened to it. Um, next one. Dr. Oz outlines his vision for CMS. Eight key notes. This was actually in Becker. I'll just hit like five of them. As a first step, CMS will implement President Trump's executive order from February aimed at boosting healthcare price. Transparency number two CMS will work to streamline access to lifesaving treatments by equipping providers with better patient information versus unnecessary paperwork.

Number three, identifying and eliminating fraud, waste and abuse is a top priority for the agency CMS. Number four CMS will focus on prevention. Wellness. Hey guys. Shout out for us Chronic Disease Management. And then Dr. Oz promoted the use of artificial intelligence avatars during his first all staff CMS meeting.

So those are just top five. There are, there are three more, but those are the most important ones I wanted to point out next, closing the [00:30:00] gap in end of life care coverage, the role of nonprofits and policy advocacy. Kudos to James Desmond at Hospice of the Low Country. He didn't. Awesome article for Forbes and just talked about his end of life grow, so will the gap between care the patients need and what they receive.

Then he talks about a lot of the challenges that people see, workforce shortages, restrictive regulations, outdated reimbursement models, misconceptions around hospice services, or keeping millions of Americans from accessing quality hospice and palliative care. Those barriers, disproportionately affect low-income families, rural communities, and communities of color, unlike for profit entities.

Nonprofits are able to prioritize community needs over shareholders return share what shareholders looking for on profits. We could prioritize patient wellbeing over profits. And to say it more directly, we put people over profits. And I've seen firsthand how advocacy can drive progress. And they talk about the things that nonprofits must engage in, must engage in raising awareness and education, [00:31:00] lobbying and legislative engagement, and of course expanding access.

So, kudos to James. That was an awesome article and awesome that Forbes picked it up. Next pace growth expected to continue amid HHS reorganization and provider uncertainty. So, a couple of red flags are just maybe concerns, it'll be interesting to see next. Avena, CEO Medicaid uncertainty is detrimental to the market.

So the Vena, CEO, just kind of, um. Bemoaning kind of the uncertainty of what's going on in Medicaid and how that's affecting some of the markets and the share prices around some of the publicly traded, uh, hospice home health companies, et cetera. Next quality of nonprofit hospice affiliated with integrated healthcare systems.

Research shows that hospice primary caregivers report better quality of care at nonprofit than for-profit hospices. But there's variation in quality across nonprofit hospices. CAP hospice scores did not differ for a hospital, so it's part of an [00:32:00] integrated healthcare system. I'm not surprised by that.

Cordt, I'm sure you probably wanna comment on this too, but you know. Some people think that joining a healthcare system is like a, A is a safe harbor. When the reality is, is hospitals are going through major changes and challenges to their own reimbursement model. They're having to go through a huge metamorphosis, and so it's not like they got a lot of capital lying around and go, yeah, we don't really understand your business, so we're gonna put all these resources.

In fact, what happens is hospital hospices and part of hospitals. You're a sub sub, sub, sub sub department and you don't get the resources. And so we've actually done a couple consulting projects where we've actually helped hospital hospices and you just see that they don't have the resources, they don't have the focus, and it's really hard for them to get it.

In fact, the healthcare system, if there's any margin, the healthcare system sucks the capital out and puts into, 'cause they've got their own challenges. Like we gotta build a new ER or, or a new bunch of beds, et cetera.

[00:32:55] **Cordt Kassner:** Yeah. And I, yeah, I would just tack onto that maybe a, a slightly different angle.

[00:33:00] Whenever I see Joan Tino's name on an article, like, I stop and I read it twice because I just, I respect so much what Dr. Tino does, the, the work she does, her perspectives, the, the broad array of topics that she examines. And I, I think there has been a. The for-profit sector in hospice and looking at, you know, private equity and publicly traded versus independent, freestanding for-profit hospices.

What does that look like? Why is it changing? This was one of those few articles that I've seen. They kind of parse apart different sectors within nonprofit hospice and is looking for comparisons in, in which sectors of nonprofit hospice provide highest quality of care and sustainability and, and some of those issues.

So I, I thought it was really pretty interesting that the Dr. Tino took this on and. [00:34:00]

Sometimes there are not differences. And that's interesting too. Like everything, uh, that's important does not have to be statistically significant. It when there's no difference sometimes. That's pretty interesting too.

[00:34:13] **Chris Comeaux:** Well said. Really well said. It's something you also made me think about that just, this is kind of tangentially related, but you know, that there's the huge movement and, and Mark Cohen was the first to predict about hospitals, their nonprofit status being challenged.

Um. That's gonna be an interesting one. I was trying to see if, I'm almost positive. It was in one of our predictions that that was gonna kinda ratchet up this year. I think it was actually one of Mark's predictions and that's actually occurring with the Vengeances right now. So that's gonna be really interesting to see.

I mean, you kind of go, well they're only called a nonprofit because they're under this kind of broader umbrella of the nonprofit of the hospital. But yet,

you know, kind of what a lot of um. Like Cerner, Grassley has been a key one kind of pushing in and say, you don't really look like a nonprofit. Um, and so, but that'll be interesting how that [00:35:00] plays out as well.

Two last articles, belief in an afterlife is increasing in the United States, even among the non-religious, and so kudos for citing that. One. You and I kind talked about that earlier. Again, our, our top podcast was Imagine Heaven with John Burke. And then just the last one, this is so interesting and timely Special report examining group health coverage alternatives for small employers.

And so Cordt, as we look for what rocks can you pick up and find some cost savings, um, we actually have a visionary council meeting that only our TCM members are a part of that's coming up in May. And we're actually gonna bring one of the top. Firms in the country and talk about some interesting, innovative ways.

There are some really cool things that are happening that they're, um, there's just so many more flavor of menus of things you can do now to save money. You don't have to go fully self-insured. There's some interesting kind of hybrid products, et cetera. So maybe you and I can talk about that a little bit ear, uh, further.

But again, this one wasn't clicked on very much and I know a lot of [00:36:00] my C-suite peers out in the country were like, man, you know, 2% rate increase. That's not gonna cover the inflationary things that we're dealing with. So then where are the cost savings? There may be some stuff in your benefits that you didn't even know were sitting there.

Some possibilities, some innovations where you could maybe even increase some services and save costs. I mean, where, where, is there any win-win these days or not many of them.

[00:36:22] **Cordt Kassner:** Yeah, absolutely

[00:36:23] **Chris Comeaux:** right. Cordt. So again, there were 75 in total. Those are just the ones that I wanted to point out this month.

[00:36:28] **Cordt Kassner:** You covered a lot of ground with that.

I'd love to follow up with you for, for a second around one question that kind of ties into our, our predictions for 2025. Uh, we had talked about workforce challenges and it, I noticed you had the most articles in workforce challenges.

We've gotten through first quarter of 2025 as we look ahead through the rest of 2025. From a leadership perspective, [00:37:00] what are your thoughts related to workforce challenges? How can hospices better position themselves to maximize impact the remainder of this year?

[00:37:10] **Chris Comeaux:** I love this question, so, um. Whenever Covid hit, we had obviously just the Oh crap moment of 'cause just it hit so acutely with staffing.

So one of the things that we do with our members is we institute something called LDI Leadership Development Institutes, where on some frequency they bring their leaders together and do some leadership training. So given the acuity of it during that kind of first, uh, year of 2020, we had actually dedicated about half of probably three, maybe four LDI of certain members where we did some brainstorming with the leaders of our member and some TCN team members and, and of Cordt. I'm, I'm a, I'm an accountant and so I started to see some categories of like the ideas that they were actually throwing out. And we actually started to create kind of a [00:38:00] plan of kind of gathering those ideas.

In fact, we called it OS one, I can't see on air, but it was o. With the S word one because of just how acute the issue was and actually we're pretty close. Um. It's gonna be first available to our members, but it's basically being calling this workforce solution comprehensive toolkit basically. And I'll just kind of cite some of the categories that came out of like, these are some things that you could work on.

I know we live in Silver Bullet, quick fix drive-through. These are not quick fix, kind of drive-through type things. They're broad categories that you need to work on. Over the course of time, because here's the reality, this is not gonna get any easier. It's gonna get even more difficult as the silver tsunami of the baby boomers crashes on shore.

So what can you do? And we'll, and we actually have a category of technology and innovations, because I do think we're gonna see robots in healthcare. There's no question about it. As we get beyond our first segment of [00:39:00]

artificial intelligence to a agentic ai, or some people call a GI, and then you're gonna get to super ai.

At super AI is when the robotics and the AI is gonna come together and you're gonna have a thing that can actually reason, um, maybe could even project empathy, et cetera. And we know that sometimes Japan is a little bit further ahead with technology. They have actually deployed robots and actually some hard to staff situations.

So you're ready. Gap kinda an experiment running, um, and other parts of the globe today. Here are the categories, so clinical documentation, communication, culture, diversity, equity, inclusion and belonging, reward recognition, engagement and support, innovations in technology, learning and development, protocols and compliance.

'cause some of our protocols in compliance create friction with staff. So if you could actually lessen some of that friction, then you can help with staffing issues, talent acquisition, salary and benefits, and work environment and schedules. So each of those categories have a whole bunch of solutions that you could [00:40:00] deploy to, to work on the workforce issue.

Also, Cordt, one of the things that, so this is one of our top challenges we identified there are eight in total. We did about seven, seven to eight years of research came to the conclusion there are eight challenges. Workforce is a huge one. In fact, Jeanne Chirico and I kind of did a podcast together with kind of her categories, and there was a lot of overlap between hers and mine.

But workforce, again, was one of the biggest ones. So, one of the things we. Deployed this year is future councils. So, we're bringing our members together, even some of their board of directors, and I recruited some national experts in these categories, and we are wrestling with the challenge and what are some solutions that could be deployed.

This is a good template of what I hope will come outta all those challenges. It just so happens this one was a work in progress already coming out of Covid in 2020, et cetera. So, all that to say we're actively working on this one. Um, I wish it was oh. We found there is this one island where these healthcare workers are being cranked out.

We've now got the [00:41:00] immigration policy, so we have the corner in the market of that people factory. Uh, no, it's not gonna be something like that. It's gonna be working on these broad categories over the course of time. So I'm curious what thoughts you have. I.

[00:41:11] **Cordt Kassner:** You know, I, I think you just gave the masterclass in that, and, and I, I know that's not what's queued up for today, but, uh, we, we might wanna circle back with that in mind for a, for a future masterclass.

'cause, um, I, it is brilliant. It, it is so multifactoral and challenging to, uh, I tend to approach it some of the data.

How does that impact a hospice financially from, from having employees versus having to hire traveling workers, which costs a lot more. How does that impact your average daily census and the ability to bring more patients on if you don't have staff to actually serve them with the [00:42:00] degree of quality that you does?

Utilization. So it to me, I'm, I'm trying to tie together some of the, the data components around the impact of workforce shortages and I, it, it, workforce shortages is one of the key factors of 2024 we're already predicting and, and seeing how that.

In Cordt's perfect world, we're gonna start pulling outta that being a major challenge in 2026, so kind of next year as, as, as our country is evolving and changing. It's gonna be fascinating, but I, I think we're, we're getting there and the topics that you covered on that are, are, need to be unpacked. I mean, that was, that was brilliant.

[00:42:57] **Chris Comeaux:** Oh, thank you. And actually, yeah, I, my prediction [00:43:00] for 26 NBI is it's not gonna go away. And so it's maybe we just gotten cozy with it, but it's gonna continue to be a challenge in the things that you poked on, like using contract staff. Um, that's just a bandaid. And so you've really gotta work on this. I'll give you one small example that's kind of tucked in, uh, to one of those categories I mentioned.

Can we graph in other disciplines? Like, um, what about paramedicine, especially community, community paramedicine. Now do the regs actually support that? And so quite often, right, the regs do not support or don't sometimes even their counter to innovation. What about community health

workers? Um, and so when you look at some of our peers internationally, that is a discipline graft into more, so that way people could really practice at the top of their license.

So yeah, you, you nailed it. It's probably a future discussion, future podcast, future masterclass. 'cause there's a whole lot more to unpack. And we'll also have a whole lot more this year as that future council wrestles with this concept. So you mentioned masterclass, you're up this month, you wanna take [00:44:00] it away?

[00:44:00] **Cordt Kassner:** Yeah. Thank you. We had, uh, talked about perhaps spending a, a couple of minutes better understanding the National Hospice Locator, which is a website that I created back in. And the impact that it's having now. Uh, and there's some data pieces, some quality pieces that, that fall into this. Uh, so for those of you unfamiliar with the National Hospice Locator, it can be found at the URL www.nationalhospicelocator.com.

Uh, it is near the top of Google results. When searching find hospice or hospice near me, it receives over 12 hits. And the purpose of the NL loved.

Not only on quality, but also based on name, zip, city, county, or state the first [00:45:00] included in, and this such a web. A little controversial, like what does it mean to rank hospices by quality? How does that work? That's what we wanna talk about today. So really two points to highlight for listeners. First, this website includes information about every known hospice location in the country.

Let's talk about that for a second and second. Default results are sorted on quality and we're. So, first, this website includes information on every known hospice location in the country. I start with the Medicare current provider of service file, which lists all active hospices. And then based on my research, uh, overlapping with state departments of health and other websites, I add in satellite offices, prison hospices, pediatric hospices.

Non volunteer hospices and more, uh, [00:46:00] update.

It's challenging, like you think, oh, we need a directory of hospices. How hard can it be? Well, it gets difficult, uh, just to pick, pick friends in, uh, grand Junction, Colorado. Hope West has one CMS provider ID and four locations.

Mm-hmm. We could talk about Vitas in Florida. They have one provider ID in Miami and 50 80 locations across the state of Florida.

So, if we're counting hospices, are we talking about the one or are we talking about the 80? And from a Medicare claims perspective, we're talking one. Mm-hmm. 'cause it's based on the billing address. If. Hospice locator. We're talking first directory of [00:47:00] name, address, phone number, web address, sort of. Then I had more publicly available information, such as, are they accredited average daily census, which comes out of hospice items set.

Now, uh, initial data, Medicare certification. Some of those fields are actually based on longstanding reports, how to choose a hospice. N-H-B-C-O had a, a list of 10 items, how to pick a hospice. And so those kinds of components have been integrated to help public. The more controversial piece.

Hospice by quality. So, in 2012 when I started this, I, I sought and, and was able to get some underwriting from four hospices across the country that were, that also saw the value in this kind of a webpage. And [00:48:00] the default sort was based on average daily census, largest to smallest. The idea.

We don't know if big hospices do that, but it was a reasonable assumption that they would. Uh, and about three years ago with input from hospice leaders around the country, I created a quality matrix and assigned a ranking score to every hospice. So how does that work? First, it's not one criteria point, it's not a star rating of which only a third of hospices have a star rating.

So I, chose seven criteria from different sources, hospice visits in the last days of life from the hospice item set staffing ratios, which is information pulled from the claims levels of care, which is pulled. Simply does the hospice provide all [00:49:00] four levels of care? And, and there's a, a way that we rank that, uh, we look at the hospice caps and the, the, uh, question around definitely recommending this hospice stability is the fifth criteria.

So, six plus years since initial Medicare certification or the latest change of ownership coming out of their provider of service files, are they accredited? Coming out a provider of service file and a health equity measure, which is do they provide any Medicaid pulled from cost reports? Then I calculate a score with the highest possible value being a hundred points.

So, if each of these measures, if these seven measures were all considered equal, each of the seven measures would a value of 14 points. Consider they're not all considered the same weight, the same value. Hospice visits in the last days of life has a potential of 30 points out of the [00:50:00] 100, so almost a third.

And that's really coming from feedback from CMS, from Kelly Vantran, the CMS Deputy Director of Hospice, who has been quoted several times around. Hospices have to show up. You have to put a person in the room. And, and so this, uh, issue around hospice visits in the last days of life or hospice is showing up.

That's why that's weighted so highly. Staffing ratios 20 points. So, these first two measures account for half of the weighted value that came from a conversation with Dr. Byock, uh, around the importance of physicians and nursing and the other disciplines. Showing up in appropriate patient staff ratios, similar conversations and, and, uh, examples for each of these seven measures.

There's a couple of questions around this that often come up. Can, how does a hospice update their [00:51:00] information? Like if they change their address, change their brand, change their name, how do we update it? On the NHL, there's a link at the web out a form update. Do I need permission to do this? I, I recently had someone not so happy with their quality ranking and, uh, being on this website at all.

Frankly, no, I, I don't need in, I don't need consent or permission because all of the information we're using is publicly available. I, I'm trying to present it in a helpful format, but I, I really don't need permission around this. This individual about a month ago, threatened to report me and my loc.

Just suggested she say hello to them for me because I've met with the hospice team and discussed this with them. So I, it's not to be argumentative. [00:52:00] This is a tool intended to help the public find high quality hospice. How does a hospice improve its quality score? That's kind of the last frequently asked question.

I'm happy to meet with any hospice leader and review their quality score where they're at. Sometimes when I, I get calls from hospice leaders, it starts off a little heated, like, who are you to judge my quality with a low quality

score? I. I'm a nobody researcher in Colorado. Like this isn't about me. So let's take a look at the formula.

Let's take a look at your hospice visits in the last days of life score. Oh, I see. It's a little bit low. It's like 45%. You know that right? You know, that's pretty low nationally, right? I And that's about when the conversation tone changes? Well, yeah. You know, we, we do know that's kind of low when we're working on it.

Okay. [00:53:00] Well if you wanna improve the NHL quality ranking, let's start with improving your hospice visits in the last days of life score. So its, it's not how. And so let me, let me end with kinda a story and a challenge. Uh, last I mentioned last month my mom had died. She was in the hospital and, uh, prior to being admitted to hospice, the hospital social worker called me and said, your dad said you might have an opinion on which hospice we should contact for your mother.

I was driving at the time and I said, well, yeah, I do an opinion about that. Could you please go to National Hospice Locator and type in the. She did and, and I said, I want one of the first three hospices listed. And she said, what is this? And I said, well, it's a tool that ranks every hospice by quality, and there were 20 hospices in this city.

I [00:54:00] said, I want one of the first three. Like, I believe in this. I'm so confident.

I trusted to the care that my own mother received. Hmm. There and there were some challenges around that. Uh, but like conceptually, this, this was a really important step and a challenge. Like I recognize publicly sorting hospices by quality can be controversial. However, at least someone, somebody who's doing it.

Has 25 years of research experience working in hospice. At least somebody who's who's qualified is steering the ship. And when I go looking for healthcare, when I'm talking with family members and friends, I sure wish somebody with 25 years of research experience in prostate cancer could guide me to the highest quality.

Urology, urology, oncologist, highest quality breast cancer doc. Best, COPD [00:55:00] doc or dementia doc, the best home health agency, the best nursing

home. Right. I mean, we could go on and on because when, when I go looking for the best of any of these, there's nothing out there. Mm-hmm. And, and that's frustrating. So.

At least we're trying to do something. Uh, and the, like I said, the intention is good. I'm highlighting the high quality. I'm not trying to spotlight or shame and embarrass poor quality. I just say, gosh, if the, if the score is low, maybe we don't have information. I like, that's not the purpose. I'm not trying to throw anybody in jail here, high perform.

I work in data and, and if, if, if I accept a challenge like this to try to improve access to high quality care, what's your corner of the world? How can you improve care? How [00:56:00] can you improve patient quality in your corner of the world? So thank you for letting me take a, a minute to explain that. I'm happy to talk with anybody more about that offline that.

[00:56:13] **Chris Comeaux:** No, I totally appreciate you explaining that Cordt and also thank you for the work that you do in this area. Um, first off, my team had asked me because they had actually used your locator for something and so I knew we were doing this masterclass, so I'm gonna share it with all of them 'cause they were asking me for the methodology.

So now everyone has the methodology. Um, quite often I will quote and say, you know. How many of you ordered something for Amazon this past week? And of course, everybody's hand always goes up in the presentation. How many of you looked at the reviews before you actually press, press the purchase button? We all do that, right?

And we're all expecting that in every facet. And so healthcare is obviously a lot more difficult and kudos to you because it is difficult. Um. I had Peter Benjamin on a year ago, and he is like, here we are, you know, 40 years later. And we said, oh no. What defines quality? Well, do we not? [00:57:00] Um, you know, we do.

It's not perfect. I mean, that's the challenge is that what does a good death look like and what's the best measure? I. There is measures. And so I just, my hat's off to you that you're doing this. Um, the number of times I get a call per month, Hey Chris, do you know someone in um, Topeka, Kansas? Or do you know if someone in Phoenix, Arizona, who would you recommend?

And so pointing people to your website is more and more. Number one, I usually do have recommendation 'cause I usually know people in the market. And number two, you also can go and look for yourself. So again, hats off to you. Thank you for the work that you're doing in this area. And now people have feedback.

I know you're willing to receive that feedback.

[00:57:38] **Cordt Kassner:** Always. And that's always ~~the~~, the big question is, how would you do it differently? How can I do this better? Do we need different measures? Do we need more measures? Do we need to wait them differently? Like, I can change the methodology and upload it nationally.

It takes. Like this is not something [00:58:00] that needs, you know, lots of consultation and takes three years to, to change the methodology. This can happen quickly and, and that's really the point of it.

[00:58:11] **Chris Comeaux:** Yeah. I have a feeling someone's gonna take you up on that too. Might be one of the team members, so, which is great.

I hope so. I hope so. And, and I think it'll be a good debate and a good discussion. So. Alright, well Cordt, thank you to our listeners. We always appreciate you. Thank you. Cordt and I do this. First off, the work that he enjoyed do at hospice and palliative care today is a great service. How they scour all these different resources and give you a daily tool of here's what you shouldn't have missed.

And then us then making sure once a month we're like, Hey guys, here's what the data showed and here's what my perspective is as a C-Suite leader. And so again, we do this in service to you. You have a tough enough job as, as it is being a hospice palliative care leader. But staying abreast of what's coming is absolutely necessary, especially these next five years.

I think they're gonna be pretty fascinating. So be sure to hit the subscribe button, pay it [00:59:00] forward to your friends, your family, especially your coworkers, your fellow workers, et cetera. And as always, we always like to leave you with a quote. Always make you think more. This actually came from Hospice and Palliative Care Today on April the eighth.

" The scores you share become lighthouses for other people who are headed for the same rocks that you hit." That's by John Acuff.

Thanks for listening to TCNtalks.