

Transcript

Top News Stories of the Month, May 2024

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 - Mark Cohen (Host)

Surprise everybody, I am not your host, Chris Comeaux. I'm Chris's frequent guest, Mark Cohen, a Hospice communication strategist and the longtime editor of Hospice News Today newsletter. Chris isn't here to discuss our takes on the Top News Stories of the Month, which he says is always his favorite podcast, because Chris has just started a week's long sabbatical, which is one of the forward-thinking employee perks that Teleios Collaborative Network offers to its employees. That helps the network earn designation each year as the best place to work in healthcare and the rankings that are published by Modern Healthcare and the Workforce Research Group. Chris vowed that he is going off on sabbatical with a huge pile of books to plow through, so expect to hear a lot about organizational improvement, change management, servant leadership and the like in the months ahead. But no worries, the podcast will go on to look at the top news stories in May and I'm joined by two guests to help us analyze what was making news for hospice decision makers in May. We're bringing back a guest from earlier this year, Cordt Kassner, who is publisher of Hospice and Palliative Care Today. The successor publication to my Hospice News Today and with Cordt today, is Joy Berger, editor of Hospice and Palliative Care Today.

01:46

Many of you in the hospice community know Cordt from his work in a past life as head of the Colorado Hospice Association, as well as his frequent presentations to hospice groups and his work as a Medicare data cruncher and analyst at his firm Hospice Analytics.

02:02

Joy Berger has a career ladder hospice clinicians can only envy. She's a PhD and a fellow in dying, death and bereavement. Joy brings a unique blend of hospice patient care as a board-certified chaplain and music therapist in Louisville, where she worked for many years for the non-profit provider that's now known as Hosparus. She followed that with 20-plus years of education, leadership for hospice, palliative and grief professionals throughout the nation For her direct patient care. She was honored with the

National Heart of Hospice of Psychosocial Spiritual Care. She was the director for the Hospice Institute in Louisville, director of education for the Hospice Education Network, chair of the NHPCO Research, academics and Education Section and most recently was Executive Director for the Association for Death Education and Counseling, better known as ADEC. There's a lot more, but you can read about both Court and Joy on the Hospice and Palliative Care Today website. So welcome court and welcome joy. Take it away.

03:08 - Cordt Kassner (Guest)

Thanks, Mark, it's great to be back.

03:10 - Joy Berger (Guest)

Great, great to be with you. Thanks, Mark.

03:12 - Mark Cohen (Host)

Well, so I'll. Uh, it's interesting that we have three folks here who, um, have or have or are currently publishing hospice newsletters. Uh, so, while we don't want to give away any of our trade secrets, we thought it might be worth a couple of minutes to talk about how I produced Hospice News Today and how Joy and Cordt put together hospice and palliative care today, so our subscribers can get a sense for how much work really goes into producing the daily product. For the 11 plus years I published hospice news today, I relied on a variety of sources, a wide variety. I ran alerts on several search engines, including about 80 specific alerts that ran three times a day on Google. I supplemented that with a similar number of alerts that ran on an expensive proprietary news database called Nexus.

04:03

I subscribed to dozens of national regional newspapers and business and trade publications and signed up for literally hundreds of email newsletters from a variety of print and online sources. I worked off and on throughout the day gathering articles and did a final extensive run through sources in the early morning before hitting the send button around 7 am Eastern time. By the time I hit send for the last time on December 31 last year, I'd capsulized tens of thousands of articles for busy hospice decision makers. Cordt and Joy did not adopt my system. They have created their own method to create their own comprehensive publication. So tell me, how do you guys do it?

04:45 - Joy Berger (Guest)

Well, Mark, first, we really appreciate your expertise and your warm handoff to us. We have replicated most of your processes. Yes, we have digitalized delivery and now with a free subscription for all, for you, our listeners, our readers, for you to know, Monday through Friday, we glean what is in the news and we discern what will be meaningful, helpful for you. We start with you, our readers. Currently, we have 1,600 readers and are growing. Our data shows that about a third of our readers are C-suite, another third are clinicians, are clinical leaders, another third are hospice and palliative care professionals, and we encourage you to sign up. Have your colleagues sign up Now.

05:36

In Hospice care, we talk about our interdisciplinary clinical teams. We approach our newsletter as an interdisciplinary leadership teams and as an interdisciplinary organization, interdisciplinary departments that must function together. We are constantly looking for a balance of topics, of dates, sources and applications. We've developed some 20 primary categories that we assign to any article, with multiple tags for our ongoing research and reference. We are constantly tracking hospice, palliative care or end-of-life care, death dying, grief-related articles to be sure that we are targeting at least 40% of Hospice Palliative-Specific articles in each issue and we are often hitting 50% or more. Again, we are continually monitoring data topics, relevancy and then how these different articles are trending with each other are related, so on and so forth. Again, this is a free subscription for all. Now that's our Monday through Friday issues. Our Saturday issue is specific to research journal topics. We give you state-of-the-art research to integrate into your utilization of hospice professionals. Take the research that is being developed and then implement it into improving patient care. And how wonderful to be in this role where we can help empower you to do this. Our Sunday issue summarizes and reposts those highest reads. You can think of this, in case you missed it, with this Cordt and I have a good time going through these articles. We listen to you, we learn from you as we seek to guide you with the information that is the most relevant, meaningful, applicable for you, what speaks to your needs. We're constantly asking that and we welcome your feedback.

08:11

I would like to bring share with you Concentric Circles of Learning, Jeff, if you will pull this up on the screen. I've been using this for years as an educator and this is from Understanding by Design, and this fits for all kinds of learning. Now it starts with, for those of you who are listening and can't see this, these are three concentric circles. So the first inner circle is the core purpose, and this is what applies to all, and this is important for me when choosing articles and for you when you are sharing information with others, and there'll be some examples of these, as we share last month's articles with you.

08:56

The next piece is important what is it important for you to know and do? What do you need to know in your head and what do you need to do with your hands for your job? Now, one article is going to be different, is going to be perceived, used in different ways by different, of course, your different team members. So the same article is going to have different no and do's for your CEO, for your quality compliance person, or your CFO, for a clinical manager, so on and so forth, and yet it should still have that same basic core purpose for all. Worth being familiar with. These are things that we think you need to be aware of.

09:45

There are a lot of these in post-acute care, because in Hospice and Palliative Care, we are intersecting with working with hospitals, long-term care facilities, home health, With PACE. We are seeing more and more up. We provide the information, you use it. So I share with you these three concentric circles. We are using these in selecting, are using these in selecting, and then for you to also use this in this model for what you choose to use and share with others.

10:23

Occasionally, there will be editor's notes or publisher's notes at the end of an article. This is to help connect the dots for you with how this article might apply to hospice and palliative care. Sometimes I might pair it with another article, offer suggestions, raise questions and issues, concerns, ideas for you to use, and always we seek to send you back to the key source, especially for anything that is related to CMS. Always we value your feedback to CMS. Always we value your feedback. For example, we recently got some feedback that, oh, this is just too much, too many articles. We've cut back, and we will be monitoring data for that. So again, oh, just one other piece. Tough topics yes, they are there. They will continue to be there. Cord and I discuss these. We seek balance, integrity, facts. We steer away from intentionally inflammatory excuse me, intentionally inflammatory, overly opinionated items. When these occur, cord and I discuss these. We voice our concerns and we work out a resolution before presenting it to you. Cordt, I think we want to hear from you some of your aspirations for the publication.

11:46 - Cordt Kassner (Guest)

Thanks, Joy. I think you and Mark have really done a great job describing the enormous amount of passion and work that go into producing a relevant daily newsletter. From a publisher's perspective, I'll just comment on some of our goals and aspirations for hospice and palliative care today over the next year. First, our most important audience is you, the reader. We will continue to provide daily relevant, important content for everyone interested in access to high quality end-of-life care.

12:18

As Joy mentioned, this takes many forms, from 50% hospice palliative care focused content to translating research into practice on the Saturday issues, to carefully listening for feedback, for example, Chris's interest in leadership topics and addressing his strategic initiatives. Or Drew Mahalio's interest in technology and pharmacy deserts. Or Carol Fisher's interest in elder abuse. We listen to what our subscribers are talking about and really passionate about, so that when articles appear along those lines of interest, we include them in the newsletter, knowing that people are interested in these particular topics. By listening and doing the work, I believe our subscriber base is going to grow from, as Joy said, 1,600 readers now to over 5,000 by the end of the year. It's been helpful to remind everybody that subscribing is free, so please subscribe and tell your colleagues about our tremendous resource. I also believe our sponsor base will continue growing because they want to efficiently and professionally reach our audience. Thanks so much, Mark. We'll turn it back over to you.

13:35 - Mark Cohen (Host)

Okay, thank you, Cordt, thank you, Joy, appreciate it very much. I hope folks got an appreciation for how much work goes into producing that daily newspaper they get every morning now at 6 am Eastern. But let's dive into the top stories for the month. Cordt and Joy will do a much deeper dive, as Chris usually does in this podcast. I'm going to quickly cover the most clicked upon stories as they appeared in hospice and palliative care today in the month of May, and I'm going to go out of order and talk about the third most clicked upon item first, because it was the item that announced last month's TCN Talks podcast about the top news stories in April. It ranked third with about 2,300 clicks. Thank you, Joy and Cordt, for running that. It was rewarding to see that it had more clicks than there are subscribers to the newsletter.

14:31

The most popular item last month was from the Saturday May 11 newsletter. The Saturday newsletters, as Joy and Cordt indicated, are devoted to clinical and journal articles, something I did not do for a couple of reasons with Hospice News today. Symptom Management was titled Retraumatization when an Adult Child Cares for the Parent who Harmed them Through Serious Illness or End-of-Life Care. The article had nearly 2,900 clicks, 250 clicks more than the second most viewed article. That article was a news release from King's College London as reprinted in the online news site Medical Express. It was titled UK survey finds 65% of adults are worried about access to palliative care.

15:23

I think most people in Britain these days are worried about access to all kinds of health care. The massive troubles plaguing the British national health system have been getting a huge amount of coverage in the British press, and the state of the NHS is clearly one of the top three or four issues in the ongoing parliamentary election that will be held July 4, which is expected, at this time at least, to bring down the Tory government. The fourth most viewed article was a summary of executive changes that ran on May

3, and it was nice to see a wish fulfillment article in fifth place with about 1,500 plus clicks, titled Musician Grants Dying Wish to Hospice Patient as a music therapist Joy. Any thoughts on that particular article?

16:08 - Joy Berger (Guest)

Just that music takes us there, fast, immediately, to memories, our mind, to the heart, to the emotions, to relationships with each other, and so I'm just so pleased that it got so many clicks. It shows a universal connection. Thank you, Mark.

16:29 - Mark Cohen (Host)

Yeah, I think if you look back 20, 25 years, a lot of hospice providers defined music therapy as a volunteer with a boombox, and today in a lot of markets, definitely not it. But today, when you go to a lot of hospice markets, music therapy isn't a nice to do, it's actually a ticket to play for any serious provider.

16:50 - Cordt Kassner (Guest)

And.

16:50 - Mark Cohen (Host)

I think that's a huge statement on behalf of that profession. And I think that's a huge statement on behalf of that profession. We had our first most popular regulatory article, next in sixth place in May, a notice from CMS titled Hospice Claims Edits for Certifying Physicians, and right behind it the seventh most popular article also came from the regulatory world, an article titled HHS Issues New Rule to Strengthen Non-Discrimination Protections and Advance Civil Rights in Healthcare this one, I noticed, from HHS, not CMS. The eighth and last article I'll mention, with 1,431 views, was our second Mission Moment article, as Chris calls them from among the most popular, the article titled Maddie Beloy had only one year to live after cancer diagnosis and chose Joy. Don't let anything defy her.

17:44

That article ran in People Magazine and was viewed in the newsletter, as I said, 1,400 plus times. I'm going to stop there Court and Joy because instead of going to 10 articles, there was just such a drop-off between the number eight article, with 1,400 clicks, and the next article, which had about 450 fewer clicks, that I think the top 10 lists this month ought to stop at the top eight. So usually when I'm done, Chris will take a much more substantive dive into articles of interest to him each podcast and to fill in for Chris with that and give their own unique perspective on that. Joy and Court are going to take over.

18:26 - Joy Berger (Guest)

So Chris Como has 10 different categories that he uses, and Court and I are going to kind of volley back and forth with these 10 categories and just highlight some of those articles that speak to us. So the first category is Mission Moments and Chris's top one that he liked was a 98-year-old Marine veteran in hospice care finally receives his high school diploma, and so like so much of the news recently about the 80th D-Day anniversary, this gentleman sacrificed and went off to war and then life continued, and this is one of those heartwarming, inspirational moments that, for us, gets to that core purpose of meaning making of so much of what we're able to provide. Another one under mission moments, two documentaries could bring attention. Not all of it wanted.

19:29

This tells about a pbs two hour film to debut in spring of 2025 and its executive director is Bradley Cooper. Well, it's like oh wow, that's going to be all nice and warm and wonderful about our core purpose, but it indicates that actually it shows a lot of crisis, a lot of challenges, probably to our assumptions about the wonderful work that we are doing, and this documentary should challenge and strengthen our core mission. When we watch it it will be reflecting back from consumers, from family caregivers challenges. We need to be ready to listen and to respond. As hospice and palliative professionals Cord to you.

20:19 - Cordt Kassner (Guest)

Thanks, joy. And for context for our listeners, we ran 447 articles in May and Chris selected 93, or about a quarter of them, to highlight. And of those 93 articles highlight, and of those 93 articles, 11 of them fell into his second category, which is reimbursement challenges and warning signs. In the reimbursement challenges section, articles on physician group practices and how the hospice VBID ending impacts palliative care were highlighted. There were also several articles discussing Medicare Advantage, ranging from additional transparency of MA data ratings to MA challenges for rural hospitals, to Medicare Advantage providers trying to figure out how to best integrate hospice services. These articles all address larger system issues beyond the daily provision of clinical care that our leaders need to be aware of.

21:21 - Joy Berger (Guest)

Next topic, competition to be aware of, and an article why Walmart's exit from health care is a wake-up call to providers. So in the larger scope of articles, there have been things about Best Buy, one of Best Buy lands, new health system partners, things about Google, microsoft, target, cvs and Amazon all entering the healthcare arena. With that in another section is about why Walmart is now failing. So we are seeing these across a trajectory of time. Also, there's a solution in here Big Bend Hospice, talese

Memorial Healthcare Partner on Transformative Approach to Transitional Care. Check it out, read it. Articles like a Medicis to sell 100 locations to advance United Health Group deal. Well, sorry folks For me. I hear this, I read it. It looks like are these hospice organizations poker chips and how do these interrupt patient care? So we are giving you the information and then others. So back to you. Cork workforce challenges.

22:35 - Cordt Kassner (Guest)

Thanks, Joy. Like the competition section Joy just talked about, workforce challenges had 17 articles tied for the most articles in any of these 10 sections. Nurses Week fell during the month of May, so there were several articles appreciating the hard work our nurses do. From a workforce challenges perspective, some of these articles focused on nursing shortages and retention issues. An interesting article reported by Kaiser Health News and Fortune shared the unfortunate story of police detective Tim Lillard, whose wife died in the hospital. His perspective is that workforce shortages directly contributed to her death.

23:16

We often think about workforce shortages from a provider or staffing or financial perspective, but this article reminds us the most important impact is the impact it has on our patients. Mark, you've expressed interest in how unions impact healthcare and there were several articles this month about unions and the frustrations of healthcare workers' unmet needs, unions and the frustrations of healthcare workers' unmet needs, and Chris also, as Joy said, likes to highlight solutions. So I would direct listeners to three solution-focused articles this month one in Forbes about communicating with Gen Z employees, one in Home Care about investing in employee engagement and finally one in Becker's about building the healthcare workforce pipeline.

24:01 - Joy Berger (Guest)

Joy, Next category patient, family and future customer demographics and trends and for us to help you identify trends and stay ahead is one of our core purposes. I'm highlighting our article titled Caring for an Aging US Population the Good News and the Bad News. This is for you to use in your strategic planning with the core purpose what you need to know and do and what you need to be aware of and an article like this, of course, is going to be ideal for different roles and responsibilities among your interdisciplinary leadership team, with your utilization plans and your community partnerships and collaborations. Another significant article it uses the word trauma, like the one that Mark identified before, and it is titled Breaking the Silence the Mounting Need for Trauma-Informed Hospice Care, and it highlights the work of Carol Fisher, who is the president for the National Partnership for Health Care and Hospice Innovation.

25:08

My ears as direct patient care, as chaplain and as grief care. How the person and family copes today with the dying and the death and the grief are outgrowths from previous life experiences. Coping mechanisms today were formed in previous life traumas, life deaths, life coping. This can be a crucial time of healing, reframing and growth. A crucial time of healing, reframing and growth.

25:38

I cannot emphasize enough for myself from my clinical background the mounting need for trauma-informed hospice care. So at the core of this, I'm going to use those three concentric circles with this one article. The core of this is that we want to foster a quality of life and a good death, and yet there can be all of these other challenges. The know and do piece of this are for different clinicians, different persons in whatever roles, to apply this within the scope of one's own practice. Within the scope of one's own practice and then within the awareness, to strengthen empathy, compassion, smart, safety folks and hopefully reduce workplace violence. I could start talking and fill up on both hands incidents when I was in the field that had potential for workplace violence or where violent situations were happening, and thankfully I was with an organization that had systems in place, policies, procedures, great teamwork, communication, assessments of family and so on and so forth. One of my favorites Breaking the Silence the Mounting Need for Trauma-Informed Hospice.

27:02 - Cordt Kassner (Guest)

Care.

27:02 - Joy Berger (Guest)

Sorry if I went a little over Back to you Court.

27:05 - Cordt Kassner (Guest)

The sixth category is regulatory and political, and I'd like to take a moment to highlight one of the nine articles that Chris focused on in this section. I was at the Home Care and Hospice Association of Colorado's annual conference in May and had several minutes to talk with leadership from Sanger DeCristo Hospice and Palliative Care in Pueblo. They showed me something that I hadn't seen before on Nursing Home. Compare a red stop hand and a yellow warning triangle warning triangle. So CMS is not only spotlighting high quality providers, they're putting warnings on potentially concerning providers.

When do you think that might come to hospice compare and what kind of criteria do you think they might use to do it?

27:52 - Joy Berger (Guest)

Technology and innovations is our next category, and so an article that says CIOs, chief Information Officers, top 15 priorities over the next three years. One, driving business innovation. Two, redesigning business processes. Three, security management. And then the details of how this happens in the hospice and palliative field are found in many, many other articles. Now I'm going to pair this with another article. Nurses have reservations about the use of AI on the job, ai artificial intelligence. This is showing up repeatedly all over the place. Themes about technology and innovations include themes of cybersecurity vulnerabilities, artificial intelligence versus empathic care, increases in telehealth and challenges to that, and then also challenges of our EMR record systems. An article that really drew interest was environmental comfort in promoting sleep in critically ill patients a scoping review so ways to use technology to actually improve the sleep of seriously ill, palliative and hospice patients.

29:20 - Cordt Kassner (Guest)

The eighth category is speed of change, resiliency and reculture, and Chris highlighted six articles in this section. A couple of them focused on employee well-being, and I'd like to mention two interesting articles One on an unbossed culture trend where management assumes more of a leadership role than a supervisory role how might that work in hospice? And another article focused on mindfulness and resiliency in Navy SEAL training. I always find it interesting to examine how expertise in non-health care fields can support end-of-life care.

30:00 - Joy Berger (Guest)

Joy Category, the human factor, and I'm choosing one article from that. Understanding is better than criticism. Let me say that again, understanding is better than criticism, and this is a story by a hospice social worker. Read the story. But this also, I think, is very relevant for our purposes. With this newsletter, we seek to see and present different perspectives that are grounded in our hospice and palliative care. Back to those core purposes. Yes, we will make you aware of misuses, fraud, abuse, workplace violence, financial things, ethics, and we will always bring this back to our leadership focus with, hopefully, a tone of interdisciplinary respect and perspectives. With that, I'd like to share with you the word perspective or spectacles. The root word spect actually means to see. Respect is to see it again. We hope to help you see and for us to see these same issues again and again and from different perspectives, and again and from different perspectives. Spectacles spectators inspect Cord and I seek to see from the news and to help you see and understand and navigate the landscape more clearly, more effectively and efficiently. Cord.

31:36 - Cordt Kassner (Guest)

Thanks, joy. In the 10th and final section of Chris's categories, he highlights six articles of general interest. The first one was a podcast produced by the Community Health Accreditation Partner, or CHAP, and Maset Hassan, former CEO of the Carolina Center for Hospice and End-of-Life Care, who's now doing consulting work. The podcast discusses CMS's framework and leadership and health equity issues. And then, in the last article in this section he listed, it was by the Healthcare Financial Management Association about overcoming disruptive forces that can impede high-value innovation. We all see good ideas that have a lot of potential energy that never quite hit the target. That's what this article focuses on. My last comment is really directed to all of our listeners. All of these articles are summarized and posted on the TCN Talks website. Please check them out, download them and review them and, of course, please subscribe to Hospice and Palliative Care today for your daily environmental scan of important end-of-life care news. Mark back to you.

32:47 - Mark Cohen (Host)

Great.

32:48

Thank you both. That was really interesting. I want to go back and comment on the article from the competition section about Walmart pulling back from their community health centers. About Walmart pulling back from their community health centers. You know, sometimes we get caught up in the day-to-day headlines but it occurs to me that within the last six months we've seen two totally unrelated issues that have flourished over recent years and are now pulling back. And the first one, of course, was VBID. Nobody would have sat here three, four years ago and said, oh, the government's going to pull the plug on the program, but in reality they did. And there was all this coverage over the years about how all these providers are making all the changes necessary to participate in VBID and then the program goes away. And then you see all these stories that you know I certainly ran as many of them as I could see about Best Buy and Walmart and Target and CVS and Rite Aid and Walgreens and a whole bunch of others getting into the local health clinic business. And now everybody has started. Well, not everybody, but many of the players are pulling back.

34:03

And what I found interesting in the health clinic coverage is people covered it from the business perspective. Oh, they're going to open up 300 clinics in the next two years or something. Nobody looked at where that fit into the broader continuum of care, both in terms of primary care and also of interest to us, post-acute care. I mean, how we're you know, if the whole world started getting its primary care

from these clinics, what would that do to the referral stream for a local hospice? Nobody really looked at that issue and from the home health referral perspective, it was only from the perspective that companies like CVS that had a piece of home health would be going into this to try and protect their franchise or build a franchise. But I think there were some fails there by the business media in covering both of those issues, jumping on the bandwagon and not asking what if Well.

35:12 - Cordt Kassner (Guest)

Mark, just to take on to that. I'm reminded of the podcast that Chris and Drew Mahalio did a couple of weeks ago on pharmacy deserts, which, of course, started with food deserts and grocery stores and where they're located and not located, and the concept got transferred over to pharmacy and other fields, where a new pharmacy will come into a local community, put the local pharmacy out of business and then, after a year or two, decide the profit margin wasn't great enough and then that pharmacy leaves, leaving the community without a local pharmacy at all. And I've been pondering of late and you're touching on this, with these large corporations that are kind of moving in and then out of communities, what's that long-term impact? Where are our hospice deserts? How is the ebb and flow of hospice providers changing the landscape? And do we have situations across the country where there are hospice deserts that used to be served by a provider and no longer are served by anybody now? So Drew and I are continuing to chat about that offline, but you're bringing up a great point.

36:23 - Mark Cohen (Host)

Yeah, I ran. I remember running a really impactful article in the newsletter I can't remember how many years ago, it wasn't all that long ago about a nurse in West Texas who covered this massive territory and she was the only nurse left working for a hospice that was headquartered probably in someplace like Midland or Waco or something, and it spoke to there was nobody else covering the area. Now, on the subject of pharmacy desert, I remember hearing Richard Payne talking about opioid deserts in urban areas more than 15 years ago maybe not 20 years ago, but certainly 15 plus years ago. He was talking about the difficulty that patients in low income urban neighborhoods had getting their hospice opioid prescriptions filled because of pharma. So you know, the pharmacy desert issue has actually resulted from two issues morphing the hospital healthcare desert and then also the opioid desert issue. So, and you know that issue both hospital desert and pharmacy desert it's not going anywhere. It's getting worse, absolutely.

37:42

So this was an interesting introduction to our master class this month. Actually, never before in the annals of TCN Talks have there been three people on the show at one time who are all dedicated to sharing the news, scanning the environment for the hospice community. So it's only fitting, I think that this month's masterclass focuses on issues management. In last month's podcast, one of the masterclass

tips that I shared was to recommend that our listeners learn about and use Boolean logic searching to supercharge any online searching and news monitoring they do. It naturally follows, then, that this month's masterclass addresses the broader subject of issues management. A textbook definition of issues management reads quote issues management is an anticipatory strategic management process that helps organizations detect and respond appropriately to emerging trends or changes in the sociopolitical environment unquote. The textbook definition then continues quote at its best, issues management is stewardship for building, maintaining and repairing relationships with stakeholders. Organizations engage in issues management if decision makers are actively looking for, anticipating and responding to shifting stakeholder expectations and perceptions likely to have important consequences for the organization. Unquote. That's accurate. It may be a little academic jargon or a little dense, particularly if you're just hearing it and not reading it, but it is hugely accurate. A more simplified explanation of issues management is this If you're responsible for your organization's reputation, if you're responsible for public relations and external communications, if you face the public in any way in your role and you're not doing issues management, then you're not doing your job.

39:43

Hard stop. How about a contemporary example and you are not tracking the growing pushback on private equity ownership in healthcare, a trend that started in the hospital sector but that has certainly seeped into nursing homes, home health and hospice. If you're not watching that issue, then you are failing your employees, you're failing your owners and you're failing the community you're serving and not to leave not-for-profits off the hook. If you're at a not-for-profit and you're not tracking the ebb and flow locally, regionally and nationally as to whether not-for-profit healthcare providers all healthcare providers are doing enough to justify their tax-exempt status, you're just as guilty of failing your employees, your donors and the community you're serving. If you were watching the tax status issue 20 years ago, you saw that large not-for-profit hospitals were starting to come under attack from local tax assessors, other local and state regulators and officials and even the ranking Republican on the Senate Finance Committee. And if you were watching the issue, then you certainly wouldn't have been surprised about a decade later when JourneyCare's tax-exempt status in Barrington, Illinois, was successfully challenged, in part in the years before it was sold to a for-profit.

41:17

And here's an older and, frankly, more brutal example of issues management from when I was doing hospital public relations in Miami in the early 1990s. At that time several nurses unions, including SEIU and the National Nurses Union, were ramping up organizing activities, mostly in California and Washington State, but certainly creeping eastward and all the way to the east coast. They weren't stirring the pot over pay and benefits, but they were stirring the pot about nurse-patient ratios and safe staffing, which they defined as transferring nurses from unit to unit without giving them the proper training, such as taking a nurse off a general med-surg unit and throwing her in labor delivery because

you've taking a nurse off a general med surge unit and throwing her in labor delivery because you've got a nurse shortage in labor delivery. And I remember calling the head of public relations for a midsize, then standalone hospital on Florida's Treasure Coast that had just become the target of a unionization effort for more than one union at the same time, my peer and his CEO were just absolutely floored that the unions targeting their hospital weren't screaming about pay but instead were focusing on wait for it, staffing ratios and safe staffing. My peer didn't even know the correct names of the unions that were working in his hospital to get cards signed for a union election because he wasn't scanning the hospital environment. In my eyes, and I'm sorry to say this, it was just a complete and total fail.

42:55

And when I present on public relations basics in hospice and healthcare, I put up a text-heavy slide with a sample listing of about 40 topics. A good hospice practitioner PR practitioner should be actively monitoring every day. There's the obvious, like tax status, private equity, medical aid in dying, and the somewhat less obvious, particularly to newcomers to hospice Terry Shivo, zoning, disputes over hospice, inpatient care and hospital closures. I'm happy to share that list with anyone among our listeners who requests it, and that's the way to do. Issues management. Before I close the masterclass, court and Joy, with your academic background, do you have any thoughts yourselves on issues management?

43:43 - Cordt Kassner (Guest)

I always think about it in terms of two sides of a coin Mark that you take any issue and you mentioned several medical aid in dying or whatever how important it is to look at both sides of the coin. And I frame that you're framing it from a communications perspective. I would frame it from a healthcare ethics perspective that you're trying to understand. You have to be aware of what's going on in the environment and then you've got to be able to understand it, or try to understand it from multiple perspectives before launching out on a. You know this is the direction I or my organization is going to take and often you know we pull the trigger and then aim instead of aim and pull the trigger. And I kept thinking of that analogy while you were talking and how important it is for our hospices to be aware of their environment and be prepared to respond to it.

44:46 - Joy Berger (Guest)

I'll add to that. I'm going to come back to my description of interdisciplinary leadership and I don't mean that to be, you know, just again, just clinical, but back to the readers, again just clinical, but back to the readers that the diversity of readers that we have, the diversity of training, of expertise, of experience, of influence, of the scope of one's own practice, and so, with issues management, how important it is for us to come back to those three concentric circles have a core purpose that unites us to know what each of us is responsible to know and do within the scope of our own roles, and then also to really be aware of each other's roles, how we intersect, aware of each other's roles, how we intersect of opinions, views

that are opposite of our own, and to be aware of those conflicts. And then again, what of those can we resolve and move forward, and which of those do we need to take a stand to ensure that we are empowering, providing best patient care possible within the day-to-day and larger challenges that we all face?

46:13 - Mark Cohen (Host)

Yep, well said. And to state the obvious, for our listeners, listening to TCN Talks and subscribing for free to Hospice and Palliative Care Today are two great foundations on which to build an effective, cost-effective, low-cost issues management program. So I hope everybody does that. Obviously, if you're listening, you're halfway there, at the very least. Chris often tells us that he gets a lot of feedback from listeners to this Top News of the Month podcast.

46:45

We'd like to encourage listeners after listening to this podcast to direct questions to us about what we're talking about this month and we'll try to answer them in next month's podcast. Take a look at your screen for the email address to use or visit the TCN Talks website. For those of you among our listeners who read Hospice News Today regularly and who now devour Courts and Joys Hospice and Palliative Care Today, you'll know that one of the fun changes that they implemented, starting on day one, was to include a quote of the day they call it today's encouragement at the end of each day's newsletter. So it's only fitting, as we're filling in for Christmas month, that newsletter editor, Joy Berger, who provided so much inspiration herself over the years as a board certified chaplain and music therapist and educator, share a quote to end our podcast.

47:36 - Joy Berger (Guest)

Thanks, mark. So I have two quotes. First is from one that Chris identified that he really likes. It was in a recent newsletter. It is failure is not the opposite of success. It's part of successes by Arianna Huffington, and we are sure to have our failures in bits and pieces of the newsletter and we know that you will let us know those kinds of things. But we see that as part of our ongoing learning, seeking truth, seeking to improve and to give you our best. The quote that I'd like to share with you was from a recent issue that came out on D-Day, June the 6th, from Franklin Delano Roosevelt, and this quote is courage is not the absence of fear. Let me say that again, because a lot of the articles that we have induce, a lot of the articles we present induce fear with the state of things and where they might be going. Here's the quote courage is not the absence of fear, but rather the assessment that something else is more important than fear. Thank you, mark, for having us today.

48:55 - Mark Cohen (Host)

Great. Thank you guys. Well, believe it or not, we've gotten through this podcast with the absence of your permanent host, Chris Como. A special hat tip goes to the man behind the scenes, Jeff Hafner, who produces every one of these podcasts for Chris and makes everyone who appears look and sound better than we actually are. Thank you, Joy and Court, for joining us and for the vital work you do for the hospice movement. Every day, I know myself what a labor of hospice love that is, and all three of us want to thank Chris Como for gifting us this time with his podcast audience. We are grateful to be able to walk in your shoes this month, Chris, and we look forward to seeing how your sabbatical has refreshed, recharged and inspired. You have a great month, everyone. Thank you.

50:12 - Jeff Haffner (Ad)

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