

## Transcript

### Top News Stories of the Month, August 2024

#### Melody King / Intro

00:02

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 Chris Comeaux.

#### Chris Comeaux / Host

00:24

Hello and welcome to TCN Talks. This is always my favorite time of the month when Mark Cohen and I do the top news stories of the month. Welcome back, Mark.

#### Mark Cohen / Guest

00:33

Always good to have you. Thanks, Chris. Thanks for welcoming me back for another month of looking at big hospice news from August. It was quite a month.

#### Chris Comeaux / Host

00:42

It was quite a month In fact. I was kind of reflecting this morning. It's been a big regulatory summer. Just you know, again having you and I doing this for a couple of years now, you kind of get to see trends. But regulatory has definitely been a hot topic, not just for one month, but it seems like almost May into the summer, so you're ready to jump in.

## Mark Cohen / Guest

01:01

Absolutely For our review of the top news of the month, both quantitatively and qualitatively. We're indebted as always Chris, to Cordt Kassner and Joy Berger at Hospice and Palliative Care Today, the essential daily read for anyone interested in the hospice sector. Subscriptions are free and you can sign up on the website of Hospice and Palliative Care today. And the biggest news from August, of course, was John Oliver's report on hospice fraud, abuse and neglect on the HBO program Last Week Tonight, which had its first airing on Sunday night, August 18, at 11 pm Eastern. While Oliver at several points, noted the good that hospice can do, the numerous cases of fraud, abuse and neglect that he cited added up to a black eye for hospice. If there's any consolation for hospice leaders, it's that last week tonight skews to a much younger demographic than the typical hospice decision maker, but in the long run that's little consolation for us. As for the rest of the news, there was a total of 15 articles published in Hospice and Palliative Care Today that earned more than 1,000 clicks last month. I'll take a look at just a few of the more prominent ones. The big winner as you were hinting in your comment about regulatory, the big winner from August 1 was the CMS fact sheet. Quote CMS 2025 Hospice Final Rule Content and Initial Responses.

02:34

It was one of the most widely read articles since Hospice and Palliative Care Today began publishing on January 1, with more than 3,000 clicks. 1 with more than 3,000 clicks. The second most viewed article, with nearly 1,700 clicks, unfortunately, was an August 23 report in the trade publication Hospice News headlined Fraudulent Hospices Reportedly Target Homeless People Methadone Patients to Pad Census. The sixth most viewed article, with 1,500 plus clicks, was a report in McKnight's with the headline Home Health Sees Spending Utilization Decline as Hospice Equivalents Grow MedPAC Reports. And the 13th most viewed article, with 1,300 clicks, was a column by YoloCare's CEO, Craig Drusang, in the Davis, California Enterprise headlined YoloCare's Over-Regulated California Skips Key Regulations, which was a lament about needless over-regulation in some areas and lax regulation when it comes to preventing the proliferation of fraudulent hospice operators in California.

03:48

I've jumped around the top stories list this month so we could take some time to discuss John Oliver's blockbuster report, Chris. While Oliver didn't break any new ground, his recap of numerous instances of fraud, abuse, neglect and deception

over the past 15 or so years painted a devastating picture of the problems facing the hospice community. Oliver caveated his report in several places by noting the positives of good hospice care and that not every hospice provider succeeds on the back of fraudulent business practices, but the totality of the report was, as I said, devastating. One question that comes to mind, Chris, is does a report like this amplify the divisions between the growing for-profit sector and hospice in the slowly shrinking not-for-profit sector? Or does a report like this serve as an impetus for reputable providers from both the for-profit and the not-for-profit sector to join forces to protect the overall integrity of hospice and the hospice benefit?

**Chris Comeaux / Host**

04:55

What are?

04:55

your thoughts on that.

**Mark Cohen / Guest**

04:56

Yeah, well, I have a yes and a no thought and I like actually the very end of your question because absolutely we need to join forces to protect the integrity of what hospice has been and hopefully will continue to be, especially as the baby boomers are aging the demographic has been called the silver tsunami they need, want and will desire high quality end of life care. So I think it's a yes and a no question. So first, yes, from the standpoint that generally I think nonprofits. So, yes, it's a yes and a no question. So first, yes, from the standpoint that generally I think nonprofits. So, yes, it is going to increase the divide. I think nonprofits are better set up and you can push back on this Mark. But I believe I've grown up on the nonprofit side, but originally part of my career was in for-profit business before I came into healthcare, and so I think nonprofits are generally set up to do the right thing.

**Chris Comeaux / Host**

05:44

It doesn't always hold true Just because you have the moniker of a nonprofit doesn't give you the automatically. But you have some things in your favor you don't have to pay a shareholder, you don't have to pay private equity groups or investors, you don't pay taxes, but that means you've got more resources to invest back into what is supposed to matter the most. Which resources to invest back into what is supposed to matter the most, which is the care by the bedside? Mark, I've mentioned you and I talked about the whole private equity thing last month. In a couple of weeks we have a podcast coming out with the author of Ethically Challenged, the lady that did incredible research on the whole, how private equity is really the seedy side or dark side of private equity. And when I listen to it I mean there's elements of private equity that are good If you bring capital to do good, and that's where I kind of landed the plane and where I want to land the plane on this one. I don't care what business you're in If you're not about high service, high quality and efficiency. You can say maybe the value, the cost of what you do, quality and efficiency. You could say maybe the value, the cost of what you do. Why are you in business?

06:47

And you take this John Oliver episode and unfortunately, he took some of the most egregious examples and it kind of paints all of us in that light. Now the no part, where I think, no, it should not increase the divide. Now, I've always watched Carole Fisher because she's over MPHl and so she always differentiates the business model between the for-profit and the nonprofit. But she is always quick to say the people by the bedside, the people you grew up with, Mark, I mean, when you were in my kind of segment of your own career, you saw incredible people by the bedside, even though you I shouldn't say even though you worked for a very large, well-known for-profit and I know many of your peers. I have great respect for you guys. You were doing, you were all about making good care by the bedside. That's our common ground. So I think what maybe ticks me off, upsets me, is that the episode painted incredible workers throughout this country that are literally walking on sacred ground on a day-to-day basis trying to provide great care. Some of those people that are in the tougher business models, they have an even bigger challenge of trying to do that on a day-to-day basis. But thousands and thousands and thousands of hospice workers that's the part that's like. That's our common ground. Those people are all doing great work and I'm sure it upset all of them.

08:10

The other thing I was thinking, reflecting on I knew you were going to ask this the other thing that kind of upsets me. I looked up John Oliver's viewership somewhere between three and 400,000. And of course you know he he castigated nurse Julie, who actually has millions of followers. Course you know

he, he castigated nurse Julie, who actually has millions of followers. I kind of wonder the fact that you and I are talking about this. We're kind of feeding into the strategy from the get go, which is, hey, let's pick a, a almost sacred talk at topic, go very raunchy, take the most egregious examples and we'll get a whole lot of people talking about it and be darn if maybe that's not kind of part of the strategy.

## **Mark Cohen / Guest**

08:41

Well, uh, you know, it certainly is. It's all about clicks, it's all about eyeballs. I think one of the struggles we have is that there's a fuzziness between the for-profit side and the not-for-profit side. A lot of for-profit providers have not-for-profit foundations that fund things like children's grief camps and final wishes, things like that, and there are not-for-profits that have entered into joint ventures with for-profits, and so the line between the two is nowhere near as clearly demarcated today as it was 20 years ago. And you know that's confusing to people within the hospice field. Imagine how confusing it is to a consumer who knows little or nothing about the hospice field.

## **Chris Comeaux / Host**

09:38

Yeah, and I think I shared this with you before, Mark We've had some incredible. In fact, we even did a podcast with one of the best customer focus group people, I think, in our hospice field. And when you get those focus groups they're like what, for-profit, nonprofit? At the end of the day, the most important thing to them is quality of care and that to me is what's so horrible about the John Oliver episode. Taking these egregious examples and kind of painting in some respect the whole field in that light, now you may go well, wait a minute, he did differentiate, but unfortunately, if you kind of watch because unfortunately I watched it a couple of times I'm afraid the general viewer that's not what's going to stick in their brain. I'm afraid they would walk away and go, wow, is this what that whole? And unfortunately the word industry is used quite a bit. I'm sure you're going to talk about that in a second.

## **Mark Cohen / Guest**

10:23

Well related to what you just said. My second question for you. One of the things that I know frustrated a lot of hospice advocates about the Oliver report was that some of the abuses he cited were a decade or more old. People wondered, with some justification ought there not be a statute of limitations on incidences of fraud and abuse? A statute of limitations on incidences of fraud and abuse? I know when I worked for VITAS in the early and mid-2000s, competitors would occasionally bring up a series of very negative articles that had run in a major metro daily 15 years earlier and frustrated us to no end. So, Chris, as the CEO, rated us to no end. So, Chris, as a CEO, what was your reaction to Oliver's use of examples that were as aged as some of the cases he cited in his report?

**Chris Comeaux / Host**

11:13

Yeah, I think you alluded to a couple of minutes ago, mark. Unfortunately, we live in the sound bite society and what gets clicks, and you see this in all parts of our culture, right? I mean, look at the political thing People. They go and try to dredge through people's past. Um, I really do worry for our younger generation who all of their past now is cataloged always forever now on social media. And so you know I was.

11:38

I was thinking um about us talking about this show, and something came to me this morning. Think of a restaurant for a second. And so my wife and daughters and I and my sons were walking through Central Park and visiting New York City many years ago and that restaurant that's in the middle of Central Park. We're so hungry. So we get up to this restaurant and there are people dressed in rat costumes and they had signs basically saying don't eat at this restaurant, we're on strike and it has rats inside. Now, did that make me swear off restaurants the rest of my entire life? No, but it definitely made me swear off that restaurant for sure. But it's interesting that that whole experience stuck with me. Like, I do think about that from time to time because, like I mean you're talking about a guy was like six foot tall in a rat costume, so it was very sticky. You're getting my analogy right and I feel like John Oliver took the raunchiest approach to take some very egregious examples.

12:36

And yeah, dredge, you know stuff from the past and unfortunately, you know I was also thinking from a business perspective. I can't help myself this kind of my shtick. You know the feedback loop in a restaurant, like if you and I go to a bad restaurant, well, you and your wife walk away and you're like, yeah, that wasn't good, we're not going back. Unfortunately, an end-of-life care because of the vulnerability of the people at the time, generally people not realizing that they have a choice All of those things, I think, factor into that equation and to me that requires us to have a more sacred trust of the people that we serve.

**13:19**

And as one thing I agree with John Oliver Mark, there is a very deep, dark place of hell reserved for some of those people. Of those examples, like you know, he did the ratatouille about the one office which I've heard Judy Lund Persson talk about. Well, hundreds of hospices are licensed. That's not even a hospice. I mean, that's someone playing Monopoly and I do think the deepest, darkest places of hell are reserved for kind of the people doing that. Another analogy, not the best one. It's like comparing a lemonade stand of the people doing that Another analogy, not the best one. It's like that's like comparing a lemonade stand to the cheesecake factory. But then I thought that's not a good analogy because the kid in the lemonade stand still trying to do good. Those people are not even in the realm of trying to do good. So I'll get off my soapbox because really I don't want to go in a rant about this.

**Mark Cohen / Guest**

**13:59**

Well, it's um, I think, with the internet, um hospice leaders have to realize that there is no half-life for a negative story out there anymore.

**14:10**

And that means that you should always be prepared to talk about it. If you're a not-for-profit, your governing board needs to be able to talk about it. If you have a director, manager or VP of communications, you hire a new one into that position, that person needs to be fully briefed on it. You can't hide it. One would hope, actually, that any credible candidate would find that in her or his research before applying for the job and would ask about it. But those things are here to stay. And on that subject, after John Oliver, ProPublica, the year-long Washington Post series that ran in the mid to late teens, and all of the local and national stories about individual cases of fraud, abuse and neglect, some hospice leaders have got to be asking, Chris, how can we focus more on the good news and less

on the bad news? I have some thoughts, but I'd love to hear your thoughts as a CEO.

## **Chris Comeaux / Host**

15:09

Yeah, I've really thought about you as what I was thinking about, you asking me that question, and I think about your history and just your professionalism that you brought to marketing mission moments and then what we've identified as you and I've done this the show is that those mission moments are not the same volume they were before, because you don't have local print media et cetera. So what I feel like, mark, is yes, the challenge is probably higher now. There wasn't a ProPublica, there wasn't a John Oliver. I think some of the pioneers of our movement are like rolling over in their graves if they would have seen kind of the John Oliver. So to me, here's the thing, then our challenge is more important now than ever to tell the beautiful stories.

15:54

I've had the privilege and honor since early summer, before I went on sabbatical and since I've come back. This is kind of my busiest time. I travel a lot, I go out to our TCM members, so I get up and close and personal with the mission work. We are a goldmine of beautiful stories, goldmine. We have these stories. We need to be utilizing those stories instead of going to getting down in the mud pit and slinging with the John Oliver's and try to out raunchy them or out shout them. We have beautiful stories.

16:27

I was thinking this morning, Mark. The most poignant experience in my life is a woman pulled me aside at one of our fundraisers when I was still the CEO of Four Seasons, and her mom had an amazing experience. She had gone through every part of our program. She had palliative care. She even had been part of our research. She ended up passing away in the inpatient unit, but she had home hospice care and she, literally her punch line to me was this whole experience will change the rest of the trajectory of my life because of just the healing that occurred between her and her mom and the reconciliation things that unfortunately did not occur in other parts of her life. And I just remember sitting there with the weight of. That's what this is about.

17:10



Doesn't happen every time Pain symptom management, all of the IDG team coming together but we have that opportunity and that's the high ground, and there's a lot of those stories happening every day. We've got to get better, more professional. The game has changed, as you've been pointing out, compared to what you grew up in the game in terms of how do you get the story out. There's so many different channels. If you will. There's not just a few like newsprint and the local TV station. It's gotten more complex and, as you've also pointed out, the professional people in those departments are a little bit more scarce than they used to be, so that to me it says it ups the challenge.

## **Mark Cohen / Guest**

17:49

So I don't know what thoughts you have in addition to that. Well, you've got to make an investment in telling your own story and you've got to assume that your local media are only going to be so much help in telling your own story. And that means that a good hospice provider, whether not for profit or legitimate for profit, needs to become its own broadcast entity and print entity on its website. You've got to cover your provider like a reporter would cover a beat, and one of the things that always shocks me is when I run into a communications manager who's been at a provider for five years and that person has never, ever, sat in on a team meeting because they don't have the time. But the only way you get those stories is if you build up trust with those folks at the bedside. They are never going to pick up the phone and call a corporate office and say, hey, we got this great story, you need to be out there reporting it, and you do that by touching the people at the bedside. I had a case at.

18:57

VITAS, where the program that served largely the black community in Chicago took on a patient it's probably mid 2000s who was a World War Two combat veteran of the Tuskegee Airmen, and this gentleman was on service for about three months. About three months and we get a call from the program, when the patient is actively dying, asking us to arrange some, some media to come out and film him. And I said no, I'm not going to. You know, bring media out on the guy's last day of life. She called us 90 days ago when he was lucid and he could talk, um and we could, you know, tell his story. But you know the field, people don't think that way and you can't sit there and wait for the phone to ring. You've got to go out there and find the stories and that takes time and it's harder to do that today than it was 20 years ago. So I appreciate your candor on these questions,

chris. It's not in most CEOs' playbook to be that candid publicly on such a challenging issue, but there are times when leadership demands it.

20:16

And I'd also like to point out with respect to John Oliver's report, chris, that it validated one of my strongly held, if not lonely, beliefs, and that is that we should never, ever, refer to hospice as an industry. Go back and watch the report and count how many times John Oliver refers to the quote hospice industry, unquote. It's frightening. He doesn't use any other term to refer to the hospice community, the hospice sector. Last week tonight has become exhibit A in my mind as to the futility of hospice leaders, both for profit and not for profit, talking about the hospice industry. Even one of the hospice advocacy groups that put out a statement in reaction to the Oliver report inexplicably used the phrase hospice industry. Just not smart. Now, aside from John Oliver and last week tonight, what did you see, chris, from the C-suite and news coverage in August?

**Chris Comeaux / Host**

21:23

I'm going to go there in a second, but I just feel like I got to respond to what you just said, like, obviously, mark, you've been my mentor about that, about not using that word. I think the dime finally dropped, besides the fact that I'm like I have great honor and respect for you. So Mark says don't you do it. I don't do it, I'll be in conversations with other people and we'll catch ourselves and, like Mark Cohen, but here's what hit me. I'm working on a very interesting project We'll call it the Hospice Legacy Project with some amazing people we're trying to gather some of the early wisdom and stories about how this thing came to be. That is why, like I remember the HP commercial, remember the HP commercial and the two guys that founded it in the garage. They were trying to say this is something different being HP. But that was just one story. There are probably hundreds, mark, and you know many of them of the pioneers and founders that have created this thing. That is hospice To me. That's why it's not an industry. It's so different. Whatever segment of our economy, that's that different. I mean, even the hospitals don't quite have the serendipitous, the providence, the synchronicity of how this thing came together and the benefit it's other than and of course, then the work that we do is other than and I don't know this whole thing because how raunchy it was. It just hit me like that's what Mark is alluding to. This is different. There is a rich history and we're at an interesting crossroads for where does the whole sector, the field, go as we go forward? So I just wanted to give you a shout out. I'm a slow learner, but the dime finally dropped, at least I listened to you, but

now I kind of get it at a different level of what you're poking on. All right, so here's kind of my month. It's interesting now that for our listeners, please make sure you also look at when we push it. There's a link, we have a complete summary of what I'm about ready to go over and there's some great data there and the good thing is it's a summary. Joy and Court are doing incredible work at Hospice, empowered to Cure.

23:29

Today, as Mark said in the beginning of the show, they're flagging about 600 to 700 articles generally a month. Interestingly, my consistency is about 100 of those, somewhere between 90 and 100 each month. In the very beginning of our summary you'll see the actual statistics of number of mission moments, number of reimbursement, challenges, and this month, just the greatest category was the regulatory and political, at about 18% of the actual articles. Interestingly, because there are about 100 a month, that means there are actually about 18 articles and so, mark, based upon viewer feedback, like hey, I can read dude, so that's great, then they could just read the summary. I'm just going to hit about 30, so about a third of the 100 that I actually flagged, and I'm just going to hit kind of the high point. So in the mission moment, which is great, actually, there were about six articles this month that I flagged in total.

24:20

I just cite one title. This is Jelly Roll Stops Concert to Help Cancer Survivor Find a better seat. That was actually really cool. But the one I flagged was in Forbes and I put it in the Mission Moment category Nine powerful lessons on life that you can learn from experts on death.

24:38

And these were a couple of the high points. People have goals besides living longer. The last day of your life is not the sum of your life. We're sexual beings throughout our whole life. The time to consult a palliative care physician is not when you're dying, but much earlier, well before, and no one should have to suffer. Those are just the top five. I thought that was a great Mission Moment article and then I just got to cite this one, just because Joe Rotella is a great friend and just an amazing human being. Dr Joe Rotella, the importance of being human, just an amazing human being, dr Joe Rotella, the importance of being human, reflections of an aspiring medical humanist. And that's a AHPM retrieve from the internet that Court and Joy retrieved. So that's in the. So again, six in the mission moment category.

25:21

Next category is reimbursements, and there were about nine in total and so I think there's only there are two, because I have two subc, have two sub categories into reimbursement. The first general. Second is Medicare Advantage. This one is from modern health care. Cost report prompts tweaks to the ACO reach model, and so there's some tweaks coming to ACO reach and unfortunately they've saved some money mark. And when they save money the government says, oh, we've got to change the game a little bit. So some changes come to ACO Reach. Then, under the subcategory of Medicare Advantage, under reimbursement, there are two.

25:57

I flagged in this one and Habit walks away from UnitedHealthcare after nine months of unsuccessful negotiations. I thought that was an interesting strategy, mark. They actually did a news release about hey, we're walking away from the table because we can't reach a decision with UnitedHealthcare Interesting tactic. And then the other one I cited, which is kind of funny. I would do these two Optum, which is the division of UnitedHealthcare, why Optum thrives where other companies failed. Then you read the article and obviously UnitedHealthcare is huge. I think it's like up to 200 billion now. It basically cites the reason why they're successful as they own most of the pieces on the monopoly board. Just saying there was a key word in what I just said All right.

26:40

Next category is competition, and so there are about five articles in that section, and so there's some really interesting. You know, you know these big, huge, multi-billion dollar organizations now in healthcare. But CVS launches two billion in cost cuts and they also fired their CEO. Their president is actually out and so. And then, mark, you've been good to kind of flag these for me. Of course, we see it because I live near Asheville, north Carolina. So HCA pushed out providers, downgraded care after acquiring Mission Health, and so this is a report in Healthcare Dive, and just a new working draft study from Wake University alleges that HCA has driven doctors away from Mission Hospital and just goes on to catalog a lot of the negative impacts on healthcare in this amazing area where I call home. And then just one more in this section, just because many of us have been watching it with interest, is UnitedHealthcare, as they've acquired many of the pieces on the board. Amedisys and LHC included that. United Healthcare and Amedisys have reached a divestiture agreement in an effort to complete the merger. So, as they've looked at it from an antitrust standpoint, they've had to divest themselves, which theoretically opens the door for that to actually move forward. It'll be interesting to see if that's where it ends up.

28:00

My next category, which is a huge one, is workforce challenges. There were actually 11 articles in that category and I always break workforce into three parts: the picture, the implications of the challenges and then the one I always love, which is the solutions to the workforce challenges, and those are just the ones that I cited. This month was in the actual solutions. Here's one from McKnight's you want more effective hospice nurses that overhaul your onboarding, and that's some great tips and tactics related to the onboarding process for nurses. A couple more I want to cite, since I love solutions to the workforce challenge. Healthcare added 1 million workers since 2020.

28:41

Five things to know. One, healthcare's employments have rebounded. Hospital and ambulatory has created a lot of job growth, but there's still persistent workforce challenges pandemic-driven employment shifts, so in other words, the pandemic has impacted. So moving care more from the acute care side to care in the home, and there's challenges in nursing and residential care. That was in Becker's and then this was an encouraging one. The age bias declines in the workplace, but there's still challenges remains, and why I put that in the solutions category. Mark, you're a perfect example. You're a different stage of your life, but you're still working. Retirement could look different. We've got to be more welcoming for the baby boomers, to keep their wisdom engaged in the workplace, and that could be part of the solution to some of our healthcare employment challenges as well.

29:29

And then the last one under solutions 15 employment engagement examples to inspire you in 2024. And this is from the Academy to Innovate HR, and they had some great. There's 15, I'm not going to cite them all, many of which we've talked about before flexible work arrangements, employee recognition programs, a lot of investing in staff and training and their development, wellness programs, team building activities, credible culture. I could go on and on A lot of those things I'm pretty passionate about. So that was actually the workforce challenges.

30:01

The next category is one usually I have a lot. This month it was 11. So 11% patient and family and the customer demographics and trends, in other words, major trends we need to be aware of that's impacting the future of the care that we're going to provide and the people we're going to be caring for, etc. So there's several. I cited this one, the National Plan on Aging, essential to Addressing Key Issues. This is an AARP has issued a white paper. It's actually called a blueprint for developing a national plan on aging. There's some really cool pearls in that one,

Mark, I'm actually that's a tool I think I'm going to use in some strategic planning et cetera.

**30:40**

This was one, mark, I thought about you because we've talked quite frequently about the pharmacy deserts, the healthcare deserts I've never heard the term before. Cancer care deserts are spreading and this was in actually Becker's about cancer treatment. Deserts are growing as more rural hospitals close and cut services. So a pretty big trend that we need to keep an eye on as we go forward. And let's see I just had just a couple more here Health care systems, brace for the silver tsunami. I've used that term quite a bit. This is a Becker's report and just talked about how the silver tsunami wash it going sure of healthcare and just all the math problems that that's going to create in terms of workforce stretching. Do we have all the services available in the healthcare continuum that are going to be needed? All right, so that's usually a big category.

**31:28**

The next is regulatory and political, and actually this was my largest category this month, with about 17 articles. I'm not going to cite, but just a few. The biggest one, mark, you started off with the wage index. In fact, we did a whole podcast with just two of my heroes and that, kaiser and Judy, the one person where they unpack. There's a lot of interesting stuff in the wage index, so CMS rolled out the 2025 wage index. There are some tracks being laid that have major future year implications, like related to our patient family satisfaction survey called the CAPS, the HOPE tool, which is going to be many of you are familiar with home health, and OASIS. That is now the final track being laid on our version of Oasis, which is actually going to be called the hope tool. So and as you pointed out, whole lot of clicks on that as well, a lot of people having to dig into that, and hopefully you're paying attention because again it's going to change our world as we go forward.

**32:22**

And then, under regulatory busted, the top fraud schemes of 2024, unfortunately, 1, 2, 3, 4, 5, 6, 7, 8, 9, hospice is number nine at the top, and so national healthcare fraud, pharmacy, medi-cal fraud, telemarketer fraud, physical therapy, durable medical equipment, covid testing fraud, genomic testing fraud, and unfortunately there is fraudulent hospice claims and so not a top that we actually want to be on, and obviously that gives then the John Oliver's of the world some fuel to do what they did. Next one is Hospice Care Act would create reimbursement for high acuity hospice services, of course referring to Blumenthaler, congressman Blumenthaler, what he put out earlier this summer, so that was in hospice news. And then this one I kind of parked in this category,

mark, but it is a big deal the NOC, what they're calling now the NOC, nhpco. So our National Organization Alliance is what they're calling it, and Steve Landers, who's a physician, was named the inaugural chief executive officer to the CEO of the Alliance. So that was a pretty big announcement coming towards the tail end of August here.

### 33:34

Next category is always a fun one technology and innovations, and so I had about I had 11 articles in this category. There are just a few I want to call out. This was interesting Mark, Cleveland Clinic names its first chief AI officer. Isn't that interesting. I've even had some of my TCM members say, hey Chris, what should we be doing in the AI realm? And so it kind of shows in Cleveland Clinic is always a very, you know, more advanced kind of tip of the spear of what they're trying to do and that same spirit in technology. There's another one I cited from KFF, Kaiser Family Foundation rescue from above, how drones may narrow emergency response times and it actually was in Clemens, north Carolina, and how they're using drones for certain 911 calls Really interesting. And then this one ALS stole his voice but AI retrieved it, and just almost kind of a mission moment story of how AI actually helped an ALS patient get their voice back, all right.

### 34:36

So next final categories we're coming into the homestretch here. We call this one kind of the speed of change, resiliency, re-culture. You could also call it leadership, and kudos to Joy and Court, because there used to never be any articles in this category and now I'm actually finding several and I couldn't help myself. So there's more than two on this one. But how the best leaders get unstuck this is an actual McKinsey and Company article and kind of the top four in that article was enhancing their learning agenda, taking an outsider's perspective, in other words, de-centering yourself, collaboratively defining the S-curve I can't go into all the detail on what that is, but effectively how to redefine your business model and survive into the future, and I have a good friend, Meredith Ilya Powell, that talks quite a bit about this future-proofing the organization. So that's a great way to get unstuck and get beyond that paralysis of analysis.

### 35:30

And of course, Mark, you and I cited this quite a bit in the last month, but this was a good leadership article in the CEO magazine how Olympic success can offer leadership lessons, and there were some great lessons in there. I'll just cite three energy management, mindset and teamwork were three-sided, and then just one more in that section giving feedback can be daunting for new leaders. Here's how to provide it and I see so many leaders struggle with this, having the courageous

conversations, and I just thought that was an excellent article. And kudos to Joy in court because they did cite our leadership immersion course, which is November 4th through 8th, shamelessly plugging it because it is an amazing resource. Please make sure you check it out. We'll make sure we'll put it a link in our show notes and that's it in that section.

## 36:18

So coming into the home stretch Mark next, we call this one just the human factor, and this is a really interesting ethical one. I'm sure Joy is the one who cited this one Leaving your legacy via death bots. An ethicist shares their concerns and this was in Medscape and just this whole fascinating, important development in AI which just raises many questions about using death bots, and so there's just a lot of ethical quandaries related to this. Just the Joy's publisher notes. The article includes several thoughtful ethical questions regarding the use of AI via death bots. All right. And then the very last category is kind of Chris's category Mark.

## 37:03

Just a few things that actually I had quite a bit this month. I had 13 that I actually cited, but only I'll point out a few. One I just want to give a shout out is tele-ask. Clinically integrate network said it's benchmark for healthcare excellence, and to me that's so antithetical to the few examples in the Oliver podcast. But just talking about how clinically integrate network is working on high quality of care, what happens by the bedside and how it elevates all the way to the CIN and how we're putting that together to create a value proposition to people that are going to care in the future.

## 37:34

Um, what drives healthcare spending? This was a KFF article what drives healthcare spending in the US compared to other countries? And then kind of dismissed the fact that it's um related to prescription drugs. I said yeah, that's a part of it, but then it's interesting it said a lot about physician spending, which may be what it's poking on. There is the fee-for-service aspect. But it said the US also spends more on administrative costs and a lot less of long-term care. And I think I mentioned to you, mark, when I was on sabbatical this summer.

## 38:03

One of my research projects was to go back and reread TR Reid's book about the healing of America and he went and studied health care systems all over the world. It's an incredible book and it's interesting he had the same conclusion of the book is that the administrative kind of this weird patch quilt that we are in the United States, how much debt of our health care dollar that eats up, which is not



care you think of any business if you have this huge overhead burden and not in the actual business of what's in the business to do. That would be a problem and I have a feeling many years from now we're going to be talking about that on this show because at some point we have to fix that issue of the weird patch quilt that we are and how much stuff that occurs that's not actually related to healthcare and the resources eats up. And then this one you and I spent a lot of time last month on the general concept, but Steward laid off more than 1,200 Massachusetts hospital workers and just the private equity involvement in that whole circumstance was not good and actually really screwed up some really good health care. A few more New England hospital CEO warns lawmakers of a crisis mark in the rural health care system. And so Maine Health CEO is one of three who recently told federal lawmakers that rural health care systems are in a crisis, and you've been one who has constantly called that out.

39:23

And then just last one, very last one. This is something we're pretty passionate about at TCM Beyond a project management office, why transformation offices are the future and just talking about, very few transformations deliver on their goals and we've used the competency of project management. But I think we're also kind of in the business of helping organizations go from good to great, so that way it actually does reflect by the bedside with high quality of care, and just this was in human resources executive and I just want to put that in my section. So that's it, Mark, about 30 articles I want to call out, and so why don't we close with your masterclass? Anything you want to say of anything I cited?

**Mark Cohen / Guest**

40:06

No, I think you said it all, we'll get into the masterclass. And with a reluctant tip of the hat to John Oliver. This month, Chris, our masterclass in Hospice marketing and communications will be a quick review of was not the kind of crisis communication story that involves a single provider alleged to have done something egregious from a loved one alleging inadequate care to a whistleblower claiming fraud and abuse. But it does serve as a reminder to all hospices that a public crisis situation is just one media phone call away. And even if you're a hospice that does not proactively work to earn media coverage and actually particularly if your hospice does not actively work with your local media, it's important to be prepared for a crisis communication scenario. Responding appropriately to a crisis is not something you can learn in five minutes, but here's a recap of a handful of basics to give listeners a foundation upon which to build.

First things first, know who your spokespeople are, and that's spokespeople plural. In an ideal situation, you want a first-level spokesperson, such as your head of PR and marketing. Then you need a clinical spokesperson, a nurse or physician, or even a social worker or chaplain. Then you need a high-level spokesperson, likely your CEO, and if you're a not-for-profit, you ought to have a member of your governing board identified and prepped to serve as a spokesperson as well. One reason for having a first-level and then then a higher level spokesperson is that you don't want to put the public face of your organization, your CEO, on the front lines of every crisis. As I've said before in our podcast, Chris, I apply a textbook definition of economics the allocation of scarce resources amongst competing choices to define healthcare, public relations and healthcare leadership. And in all of healthcare, not just hospice the scarcest resource is the political capital, the credibility of the CEO, the face of the organization. Putting the CEO out there to respond to every negative story risks burning that scarce capital. Keep the CEO in reserve for when the credibility of the organization is definitively on the line. The CEO, for example, shouldn't be the first responder when one aggrieved family member finds a sympathetic reporter to complain to about perceived service failures.

42:41

Once you've identified your spokespeople, train them not just once, but with regular refreshers. Large healthcare organizations have crisis communications agencies on retainer to perform that training. A hospice organization on a limited budget could employ a train-the-trainer model and spend a couple thousand dollars to send the head of communications to a public relations seminar on crisis communications and then bring what she or he learned back to the organization to train the clinical spokesperson, the CEO and others. If that's more than the budget will stand, then you can at least do a Google search for crisis communications tips and put together a reasonable program outline. If you have a large employer in your community with a credible public relations operation, you can ask them if they would do a pro bono training for your designated spokespeople.

43:32

A third tip is to know your message points. How do you bridge smoothly from a reporter's gotcha question to talking about what you want to talk about, things like quality access, staff expertise, mission and the like? That naturally leads to a fourth point. As I've stated several times on our podcast, Chris, no comment is never the right response. Yes, it's what most cautious legal counsel will strangulously advise, because they are more concerned with winning in the court of law but not in the court of public opinion. And when a healthcare organization no comments a serious allegation, you can just hang a guilty sign around your

neck. You've lost and you'll never recover the lost credibility. With regards to this specific allegation, there are lots of ways to say no comment without saying the words no comment. I've outlined them in previous podcasts with you and even in presentations to the NHPCO's annual leadership conference.

**44:34**

A fifth tip is a long-term recommendation. Tell your story repeatedly and over time, over and through all available media. It shouldn't be a one-off. In the run-up to your biggest fundraising event of the year, you need to look for what you, Chris, call mission moments and get them out to the public year-round. Do that and you'll build up the reputational goodwill that will see you through most crises. Finally, if you're a large enough organization, have a pro standing by to provide advice and counsel and maybe even serve as the spokesperson who has to fall on a sword for the sake of the organization.

**45:15**

Having a pre-established relationship with the local public relations agency so that when a crisis strikes, they are ready to step in and provide assistance, is just good common sense management. That means committing the time and money each year to ensure the agency knows you, your mission, what differentiates you, how the Medicare hospice benefit works, who your best spokespeople are, what your in-house capabilities are and the like. A small investment every year will save an organization a huge amount should it have to bring in professional help cold after a crisis hits. There's a Murphy's Law that generally applies here, Chris the more a healthcare provider preps for a media crisis, the less likely it will be slammed with a media crisis. And the more a healthcare provider cheats out on prepping for a media crisis communication situation, the more likely it will get slammed with a media crisis communication situation. That's our masterclass for this month, Chris. As always, I'm happy to network with listeners who have questions and comments about hospice marketing and communications. Thanks so much.

**Chris Comeaux / Host**

**46:25**

Yeah, thank you, Mark. That's just brilliant man, that's solid gold, and I love your Murphy's Law that you kind of ended on. It's interesting we had John McBath on our Anatomy of Leadership podcast. He actually had an amazing organization called Next Century Corporation and I actually got to shadow his leadership team. He brought in one of the top professors from the Army War College and what he said is what you just said, like how they actually, why they prepare at the level

they prepare, and so that is a true masterclass in pure gold, where you landed the plane To our listeners.

**46:56**

We really do. Thank you, and I just want to encourage you subscribe, hit the follow button, pay this forward, mark, and I do this every month in service to you. We realize your jobs are incredibly hard, whether you're a leader by the bedside. Hit the follow button, pay this forward, Mark, and I do this every month in service to you. We realize your jobs are incredibly hard, whether you're a leader by the bedside, and we want you to have the greatest intel insight, what's here, what's coming, so that way you can be better prepared to do this great work that we do.

**47:17**

And, as we always do, we always end in a quote. Mark picked one and actually I picked one. Actually, our good friend Judi Lund Person emailed me last night and said I'm going to use that one. So let me use Mark's first. It's from Benjamin Franklin by failing to prepare, you're preparing to fail, which is exactly on point to his master class. And this one that I'll end with from David Bowie, which to me kind of goes through a lot of the other articles and, unfortunately, the one that we have to cite from the HBO series. But aging is an extraordinary process whereby you become the person that you always should have been. Thanks for listening to TCN Talks.

**Jeff Haffner /Ad**

**48:15**

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