

Transcript / Top News Stories of the Month January 2025

Melody King: 0:01

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 Comeaux.

Chris Comeaux: 0:23

Hello and welcome to TCNtalks. I'm excited, today our guest is Cordt Kassner. He's a PhD, a publisher of Hospice and Palliative Care Today, and he is the CEO and founder of Hospice Analytics. Cordt, welcome, good to have you.

Cordt Kassner: 0:38

Thank you, it's great to be here.

Chris Comeaux: 0:39

In a second I'll talk about why you're here, because you're gonna be here quite a bit this year, as Mark Cohen has kind of rode off into the sunset. But what does our audience need to know about you? You've got a great background in hospice and palliative care, so share a little bit of that.

Cordt Kassner: 0:52

Oh, thanks, Chris. I appreciate that I've mentioned in the past. I'm currently the CEO of Hospice Analytics, a research company designed to improve access to high quality hospice and palliative care. That's kind of the quantitative side of my brain, and then as publisher of the Hospice and Palliative Care Today newsletter, that's the qualitative side. So I love bringing these together to improve access to high quality hospice. Prior to these roles, I was the CEO of the Colorado Hospice Organization and prior to that, doing research at University of Colorado.

Chris Comeaux: 1:33

How? And then I never asked you that part of your story. So, University of Colorado and getting in this space of hospice I know Jean Kutner, you, I love Gene. I still remember sitting at the table with Jean at National Hospice Work Group, but is there a story there? How did you get into the hospice part of it?

Cordt Kassner: 1:50

My background is actually social work and I have a master's in counseling from Denver Seminary, and at that point I started working at University of Colorado clinically in the Department of Psychiatry. So I was a counselor on the inpatient units for several years and then got into research testing all the atypical antipsychotic medications. From there, with a research bent, I was on the ethics committee and Jean Kutner. Kutner who's absolutely amazing and she was opening up a new position doing research with hospice, and so I was able to shift into that position and loved it ever since.

Chris Comeaux: 2:34

I'm so glad to ask you that, Cordt, because I'm sitting here thinking I've always appreciated you. You're a bit of a unicorn, but now I really you're like a right brain, left brain unicorn with that kind of background, but then your love for data really makes you very unique. Well, that's awesome and thanks for agreeing to do this. And so, just for our listeners, this is our third year going into doing the top news stories of the month. I was taking a walk for Christmas about three or four years ago, got the idea love what Mark Cohen was doing with his Hospice News Today and thought, wow, you know, be a great service, because Mark and I would talk frequently about gosh. More hospice leaders need to be reading the newsletter.

Chris Comeaux: 3:15

But what if we did a podcast where we highlighted, hey, this is what you shouldn't have missed. And then, of course, Cordt, you purchased that from Mark. What it? It was a year ago, January, right, so 2024 was your first year. And then, uh, Mark was wonderful enough to stay on a year where we would still do the podcast. We had you a couple of times, but now it's you and I going forward, so this is going to be fun. Um, you know, I've just I think about the service that this is to hospice and palliative care leaders. One, there's a lot of readers that are staying on top of your newsletter. That's awesome. There's still a lot of people that need to, and so this is our opportunity to say, hey, this is what the quantitative data shows. And then, from my perspective, here's what the C-suite perhaps maybe you didn't click on and maybe you missed, and maybe you shouldn't have missed it. So with that, do you want to go ahead and jump in from your perspective on?

Cordt Kassner: 4:07

The quantitative side. Thanks, Chris, sure, analyzing the click-through rates for hospice and palliative care. Today's January news stories.

Cordt Kassner: 4:16

We published over 400 articles that collectively received 108,000 clicks or reads. Notably, 17 of these stories each surpassed a thousand clicks. Let's take a closer look at these key trends. The most read story, the lead story, with over 6,000 reads, was a collection of tributes to Jimmy Carter. Since we discussed this extensively in our December podcast, I won't comment on that further here. The second most read article, how to Help People Impacted by the California Fires, garnered 4,500 clicks. Additionally, a compilation of wildfire-related stories received 2,500 clicks, bringing the total to 7,000. Hundred clicks, bringing the total to 7,000.

Cordt Kassner: 5:07

Given the compassion of our readership, it's no surprise that they look for ways to contribute and support those in crisis. This pattern has been consistent, whether with Hurricane Helene recovery efforts, the California wildfires or the upcoming coverage of the tragic airline helicopter crash over the Potomac. We're fortunate to have Dr Joy Berger, our editor-in-chief, whose deep expertise in grief and loss enhances these stories with meaningful insights and valuable resources. Speaking of compassion, several articles focused on vulnerable communities also surpassed 1,000 clicks each, including passage of the Dole Act which expands access to care and benefits for veterans. Challenges in delivering hospice care to incarcerated individuals. Cancer mortality in the Appalachian region. The HAP Foundation's partnership with communities and schools of Chicago to provide grief workshops and a heartfelt wedding dress reveal at a hospital where the bride was ensured her grandmother could share in the moment before her death. Several widely read articles in January explored significant shifts in the hospice field, including an analysis of hospice agency ownership changes and a commentary by the Alliance on CMS's Hospice Special Focus Program.

Jeff Haffner: 6:36

Thank you to our TCNtalk 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, Dragonfly Health, for all the great work that you do.

Cordt Kassner: 7:31

Beyond these top performing stories, we published 70 articles that received between 500 and 1,000 reads. Major themes included articles centered on compassion. These

consistently resonated with our audience, including a piece combining recognition of the 80th International Holocaust Remembrance Day with a profile of a Jewish refugee who was the first donor to Dame Cicely Saunders St Christopher's Hospice. The importance of and rewards associated with hospice volunteering. Stories about caring for a dying spouse, including a particularly moving article on a child caring for a formerly abusive parent. A comparative analysis of pediatric palliative care programs in California, Massachusetts and Vermont. As I mentioned last month, our Saturday research issues continued to be well received. I want to thank Kathy Wagner, a retired nurse and hospice CEO, who assists with our research issues. Several research issues appeared in this mid-range readership category in January, including dementia caregiving, clinical deterioration, veteran care, advanced care planning, cancer prevention, bereavement and many more.

Cordt Kassner: 8:50

Even as I reflect on what these top and mid-level read stories have been in January, it occurs to me how the breadth and depth of the topics we cover in the newsletter every month. It really is a broad span, and that's on purpose, From leadership issues to regulatory, to waste, fraud and abuse to hospice quality. There really is a broad spectrum of information here Before I hand it back to you, Chris. A few unexpected trends stood out to me this month. There were several technology-focused stories covering 2025, digital projects, artificial intelligence and ransomware threats that did not generate significant engagement, and by that I mean 50 reads or less. And by that, I mean 50 reads or less. While hospice, regulatory and public policy stories generally perform well, they didn't receive as many clicks as anticipated this month. And lastly, taking a cue from our colleague Mark Cohen, we recognize many state legislatures are back in session. I expected to find more public policy stories addressing end of life care legislation. They weren't there, not yet, so perhaps this will pick up more in February.

Chris Comeaux: 10:13

That would be, I think, probably March. You'll start to see momentum. I just take a page from North Carolina. I think that's one of the amazing things about Mark is like things that I never thought about. Like, oh, because he's looked at news articles for so many years, he would see the leading edge of stuff and then kind of what the wake of the ship looks like after the fact. So I think that wake of the ship will probably be March or so. But good, call out because they are back in session. But I think they're just getting warmed up.

Cordt Kassner: 10:39

And Joy and I have been talking about, you know, lessons learned from 2024 and a full year of doing the newsletter. We're looking for those trends and patterns. When will those state

legislature stories pick up? When will they go away? And one of the things that we're looking for is if we cover, for example, six states are proposing medical aid and dying legislation in the spring. Well, there tends not to be news coverage of bills that don't advance. So, in June we want to take a look and look back and provide some follow-up like okay, so these bills were advanced in January, February, what happened? So, we're trying to help our readers connect the dots a little bit more than just reporting other people's news. We're trying to provide some insights into it as well.

Chris Comeaux: 11:40

That's great Cordt, well, you've mentioned Joy a couple of times. So, Joy Burgers, the editor-in-chief, works with Court and, again, together they do this incredible service which is Hospice and Palliative Care. Today We'll always include a link on this podcast in our show notes where you can subscribe yourself. It's a free newsletter and then Cordt's able to do that because he's got some amazing sponsors that actually help sponsor it and he's always looking for new sponsors as we go forward. So, cord, you said there are about 400 articles you guys flagged, so out of those I flagged 68.

Chris Comeaux: 12:14

Maybe to give the listeners a little bit of a peek behind the curtain, I'm reading your newsletter every day. I have a process where I am flagging them on our side, so I don't know your statistics till literally. You and I are about 24 hours before a show prep. You share the stats with me. I've already identified mine and sometimes there is overlap where I'm like, great look, the C-suite did read these, but probably 75%, somewhere between 60 and 75% of what I'm flagging. From 30 years of experience as a C-suite leader, folks have not been at the top 50% of your stats. So I always find it fascinating. That's what's been so great. I mean you taking it over from Mark and just adding that additional layer of the analytics and what people are clicking on. I just find it fascinating. It gives me great insight to what leaders are thinking about clicking on, et cetera. So with that I actually flagged 68, which is kind of a low month for me. I'm averaging about a hundred per month, but there are a couple of months a little bit less and so this month it was 68. We've talked before and I've shared with Cordt that I've got about 10 categories that are like my outline and interestingly those categories align with the research project that we've been doing for about seven to eight years about the challenges that hospice and palliative care programs are facing, which makes even more important the work that Cordt and Joy do, because that's the real-time intelligence what's being published out in the domain, what's the research saying. It is the tip end of the spear where things are going.

Chris Comeaux: 13:50

So, here's kind of a quick rundown of my category. So, mission moments this month were 13%. Reimbursement challenges, warning signs and implications were 10%. Competition to be aware of that's 10%. Workforce challenges was only 6% this month. Patient, family, future, customer demographics and trends that was 19%. That actually was my highest category this month. Regulatory and political, after a couple of really busy months, dropped down to 4% this month. Technology innovations was 7%. Speed of change, resiliency and reculture is 13%. A category that I call the human factor is 4%. And then my kind of hey, this is Chris's article highlights of interest. That was 12% this month.

Chris Comeaux: 14:34

So let me go through them real quick Cordt. So, under the mission moment, there is nine articles there and so I only wanted to highlight two for you guys. Which, by the way, when you get the show notes every month, jeff, our executive producer takes the document that I'm actually reading from that has the stats, all the articles I'm highlighting. It actually is. It says the headline, says podcast news article, and you could literally download that each month. Cordt, you know something maybe we might think about is maybe doing like a little summary of your stats as well. That could be a download as we go forward. That might be an interesting thing we add to the show notes going forward. So, under Mission Moment, just a couple.

Chris Comeaux: 15:15

Jimmy Carter, of course, and so that was one of your top clicked on, but obviously President Carter passing away, and one of the ones I want to highlight was from the Atlanta Journal and Constitution, Jimmy Carter delivered a positive message about hospice care. Well, how did he do that, actually? Through being cared for by a hospice. Just a beautiful article talking about the powerful message to terminally ill patients and families is about the benefits of hospice care and choosing it earlier in your actual disease trajectory. And then only one other in this category of mission moments that I wanted to point out, Cordt. You actually just did this in the past week. I'm like I did not know this.

Chris Comeaux: 15:53

It was January 27th, international Holocaust Remembrance Day. A little-known story about a Jewish refugee in Dame Cicely Saunders. Did you know today's modern hospice movement was born out of the terminal illness of a Polish-Jewish ghetto refugee and his lasting influence on the young Cicely Saunders, and upon this gentleman's death. In 1948, he left money for her to create a new place for peaceful dying, and then in 1967, she opened up St Christopher's of Hospice. I love history. I did not know that was actually part of her story. That was super cool. Thank you for highlighting that.

Cordt Kassner: 16:31

Yeah, I didn't know the connection there either. That was something Joy kind of pulled out of her archives and I found that amazing as well. Yeah, very cool.

Chris Comeaux: 16:39

Again, I love history and we better never navigate the future if we understand our history. And just knowing that that came out of World War II, that's just amazing. All right, so my next category is reimbursement challenges, warning signs and implications. There were seven articles. Let me highlight a couple, so I usually break those into two subcategories. The first is just general to hospice Kukamau, Hawaii, Medicaid Palliative Care services benefit. Hawaii now has a palliative care benefit under Medicaid. That's a big deal, guys. Tori Fields, who we did a great podcast with towards the end of 2024, is very instrumental and she is laying the tracks on that to happen in several other states as well. So please make sure you check that out and kudos to our friends in Hawaii that are now living within that. The other and I'm going to ask you a question about this, cord just a little bit later the HOPE Assessment Tool Series Understanding the Required Time Visits. This was a chat blog by Jennifer Kennedy. I think HOPE is something that I really hope is on everybody's radar because I think it's going to really change our future, and Cordt and I are going to talk about that when we finish going through just the stats, et, etc.

Chris Comeaux: 17:51

The other subcategory is Medicare Advantage under reimbursement. And so there are three below. I'm just going to read the headlines just and you could draw your own conclusion. I won't make editorial comments. The first one UnitedHealthcare taught us ways to deny claims, says a former employee. This was in NBC News. Another one CMS gives notice of a 4.3% pay hike from Medicare Advantage plans. Hmm. And then another one UnitedHealthcare mounts a full defense of his business in wake of Thompson's killing. We all know in December the assassination of the CEO of United and just the half our country was celebrating that. And which is you go? What is that about? And there was a great article in December just about. You'd think it'd be a huge wake up call when half the country celebrating the assassination of a CEO, which is horrible. But there is probably an interesting lesson to be learned in that. So again, I won't make any more editorial comments, but those are three I wanted to call attention to.

Chris Comeaux: 18:52

My next category is competition to be aware of. There were seven articles in total. I want to read the highlight or just a headline of six of them. Some wary of Providence Home Health joint venture with for-profit company. Some nurses in the state, and so this was in

Washington, say, an upcoming joint venture between Providence, home and Community Care encompasses a for-profit company with private equity ownership could have an adverse effect on health care. Some nursing advocates worry that a for-profit private equity influence could be harmful for health care. So that's what I want to point out there.

Chris Comeaux: 19:26

And then under the mergers and acquisitions subcategory, competition, here's just a few. I wanted to point out Hospice M&A market to return to sanity in 2025. And then in that article it talks about some of the prior years, just where valuations and also just a flurry of activity was through the roof. So I think they're basically saying return to sanity is not crazy, not really low, kind of in the middle, kind of in that Goldilocks zone is what this one was predicting.

Chris Comeaux: 19:54

Another article Hawaii Impowative and Hospice Care Collaborative Forms to Strengthen Advanced Illness Across the State. Love many of those folks that are involved in that, and so it was a great quote from Brenda Ho. By coming together, we're amplifying our voice, strengthening our resources, and so you go, gals. That's awesome. Next, a medicine halts the sale of home health hospice locations to vital caring. That'll be interesting to see. There's a lot of Department of Justice scrutiny, sec scrutiny about the whole merger, acquisition of a medicine and LHC under United Healthcare. And then, speaking of United Healthcare last one in this section United Health is named the world's largest insurer for the 10th straight year, and so we know the behemoth that United is.

Chris Comeaux: 20:42

So next category is workforce challenges. There are four that I highlighted only two I wanted to cite today and I just want to read you the headlines, two really interesting ones. Virtual nursing could upend traditional staff ratios, which I think is going to have to be part of our solution, because it's a math problem we won't have enough staff compared to the volume of the silver tsunami of baby boomers. But let me just read from here About virtual team-based nursing services. The term nurse-to-patient ratios is an anachorism according to nursing leaders at Providence and Trinity Health, but with the traditional Virtual team-based nursing services the term nurse-to-patient ratio is an anachronism according to nursing leaders at Providence and Trinity Health, but with their traditional primary nursing model. A mountain of research demonstrates how low nurse-to-patient ratios bolster safety and quality of care. In fact, there were some articles actually backing that research about those ratios and the impact of quality. However, as new virtual programs emerge and pick up steam, new research indicates that virtual nursing models improve

communication, safety and quality without assigning a ratio. So that's kind of interesting. In other words, the technology is enabling us to spread staff over more patients and not sacrifice quality, and I think that is going to be part of the absolute. We're going to have to figure that out as we go forward in the future to solve the math problem.

Chris Comeaux: 21:57

So one more understaffing or workforce challenges. Climb aboard the jungle gym. Career path need not be linear to be successful. This was in the Journal Gazette in Fort Wayne, Indiana. Today's ever-evolving professional landscape, more women are realizing that their careers don't have to follow a linear path. Instead, they're embracing the concept of a career jungle gym. It's a metaphor introduced by Sheryl Sandberg in her book Lean In. Unlike a ladder with one direct route, a jungle gym allows for lateral moves, creative pivots and even deliberate pauses, all of which can lead to success. For women and nurses in particular, this mindset is transformative. So I highlighted that chord because that's going to have to be part of the solution as well. We're going to get really creative and it looks like that's also what especially working moms et cetera that happen to have nursing degrees are looking for going forward. All right.

Chris Comeaux: 22:49

Next category is patient family demographic trends. That was one of my biggest ones. At 13 articles, only seven. I just want to call out just the titles because they're really so interesting and I loved our show that you and Mark and I did, and we did our predictions for 2025. Well, guess what? CNN? Human composting is rising in popularity as an earth-friendly life after death. Another one that we actually cited in our predictions this is in the San Diego Union Tribune. As drugstores close, more people are left in pharmacy deserts. So that was another prediction that we made.

Chris Comeaux: 23:24

Let's see a couple more I wanted to cite. This was interesting. It's kind of a mixed bag. New inpatient centers unveiled as other hospice programs consider closure. So in some markets like VITAS opened two locations, Alina Health reopened their hospice facility. So some openings, some closing. On the hospice inpatient side. Here's another Bestselling author.

Chris Comeaux: 23:47

I asked 26,000 people around the world their biggest regrets and these are the top four Foundation regrets, boldness regrets, moral regrets and connection regrets. And here's kind of the and this is by Daniel Pink, of which we've actually reached out to see if he'll be

on our podcast this year. We'll see. The key is to not be stuck in regret, said Pink. So you think about, you know the impact of. We only got one life to live, and so no regrets. That reminds me of my kids love the movie I can't remember, but it was Robin Williams, and he got smashed and he got a tattoo on his chest and it was supposed to be no regrets but it was no regrets because they misspelled it. That's what I think of when I think of that one. Here's another one, and so I was going to cite this one and then I forgot about it. I'm being funny.

Chris Comeaux: 24:32

United States dementia cases estimated to double by 2060. The anticipated jump especially large for women, also African-Americans and those over 75. So dementia cases, percentage of population, it looks like America is predicted to be 42%, more than double the risk reported by other studies. So that's a demographic trend that we're going to have to keep an eye on as we go forward. A couple more under the section. This is from KFF and this is a poll that the Kaiser Foundation and I always feel like these guys are leading edge. In fact, I usually try to have a call with them a couple of times a year and at some point, in time we might try to get them on the podcast.

Chris Comeaux: 25:13

Medicare spending and insurance claim denials are the top concerns of people. You know this wasn't in the top five of the presidential election Cord, but it's going to be interesting. It is top of mind for people, though still based upon this survey and then overall spending, in which that actually was a pretty big jump I think it was 8%. We had cited that in December news stories. And then insurance claim denials, and again we talked about the assassination, not a care CEO, and then the bullet actually had deny, depose, defend. On the actual bullet and that's what it was poking on was this insurance claim denials? Last one in this section this was an AARP. Where have all the doctors gone? The average wait for new patients to see a physician is 26 days, and that's for most healthy people. In a medical emergency situation it'd be even more frightening. 22% of acutely ill 65 or older sought medical help had to wait six days or more for an appointment. So that's another disturbing trend as we go forward. All right, so that's our demographic trends.

Chris Comeaux: 26:13

Next category is regulatory and political. That was a little bit quieter this month. Only three articles, only one I want to call out and Court. I want to circle back with you on that one and ask a question, but this was MPHI supports lawsuit to ensure a proper implementation of the SFP special focus program. That talks about Texas State Association, Indiana, of course, the Association for Home Care and Hospice of North Carolina, also South

Carolina, the Houston Hospice all have kind of joined in in this lawsuit related to the SFP Right.

Chris Comeaux: 26:45

Next category, technology and innovations, had five articles. Only want to call out three. Dc is America's loneliest city. In fact. My favorite president is President Truman and one of my favorite quotes of his was if you want to have a friend in DC, get a dog. But I guess there are not enough dogs because. Can 1,000 robotic pets help? This was in the Washington Post and talking about basically a frenzy capital caring and Steve Cohn and their all companion pets program, or robotic pets joy for all companion pets, and so and I think they partnered with ageless innovation providing these robotic pets. So that was a fascinating article. Thank you for highlighting that. One Great news in North Carolina I wanted to highlight UNC, which is kind of cool, and Duke, which is like you, is like major rivalries in basketball and football. They're coming together and they're going to build a children's hospital which will be very innovative and it's going to be a 500-bed children's hospital somewhere in the Raleigh-Durham area and that was in modern healthcare. And then last one, in the technology section how to prioritize AI initiatives. That's another area I want to circle back with you on. Cord is just technology how to prioritize AI initiatives a strategic framework for maximizing return on investment. That was a really great article.

Chris Comeaux: 28:02

All right, my last couple of categories this one speed of change, culture, resiliency. I had nine articles. I only want to call one out on our podcast here. To build a strong leadership team, you have to invest in the middle and, of course, the reason why I want to point that out we've seen this in the work that we do in tele-ass. Our middle leaders, first off, have the toughest job. They have it from on top hey, this is where we need to go. But then just the day-to-day crisis of staffing and patient crises, et cetera and this article in Forbes is just talking about the middle is going to make or break you, and we see this in hospice and palliative care programs, and so how you invest in those leaders, tools, resources, leadership, training is pretty critical.

Chris Comeaux: 28:44

All right, last two categories the human factor there are three that I actually cited and I just want to read the highlights of all three. There are three that I actually cited and I just want to read the highlights of all three. This was an advisorpedia Living a life without regret. What final reflections teach us? So another one on regrets. This next one, John Hopkins medicine CEO. Bring the joy back to medicine. It was in Becker's, really great article. Made me think of Patch Adams actually whenever I read that article. And then, third one if you overcome

these nine challenges in life, you are more resilient than you think. This was in Personal Branding Blog, really great article about just resiliency. And the nine challenges were just priceless. And I'll leave it at that, because now I'm going to make you curious and want to go and actually look at it. Last category Cordt. So, these are just ones I want to highlight. There are eight in the whole section only six. I'm going to read the highlights, and I find this interesting.

Chris Comeaux: 29:40

We didn't go back and kind of talk about our predictions for 24, but one of the ones I kind of predicted almost I hate to say hope, but like they got to look at UnitedHealthcare and actually it was in Becker's an unimaginable year for United Healthcare. You never wish ill on anyone, I certainly don't, but they sure had a tough year and in some respects, I think we look at United. Certainly we won't have a relationship because the number of people insured by them, but there are a 2,000 pound gorilla within healthcare and you want them to use that 2,000 pounds of girth for the betterment of healthcare. So it'll be interesting to see what happens in 2025. Next one from immortality to ugly people 100-year-old predictions about 2025. I love that you called this one out, that you cited this one. It was in Akron Beacon Journal. Nearly 100 years ago, a group of deep thinkers dared to imagine what life would be like in 2025. Some of their prophecies were off target, while others proved to be weirdly accurate and then we highlighted those. And so, again, I'll leave you hanging on that one. Make you want to go and actually look at that article. You guys are missing some good stuff. That's why we do this podcast. We don't want you to miss them.

Chris Comeaux: 30:52

This was in Hospice News Hospice CEO's top predictions for 2025. I love that because when I looked at it it was very close to the predictions that you and I and Mark made, and we also did commit that we're going to come back in beginning of 26 and kind of grade ourselves and see how well we did. Just that'll be fun. This next one Trump freezes HHS communications. This was in modern healthcare, and so one of the I don't think I had this term when we're in there, but I feel like conceptually we're in the ballpark. But one of our board members coined this term and I'm using it frequently 2025 is going to be a predictably unpredictable year. The Trump administration has definitely shown that from the get-go, so it's going to be an interesting ride this year.

Chris Comeaux: 31:33

This next one I love. This was from Stillwater Hospice CFO a winning recipe for improving rural hospice care. That was in Hospice News. That was a. Our friends in rural hospice have a lot of unique challenges. And then the last one made me think of our mutual friend, Dr Ira

Byock, Cordt. We need to talk about hospice. This was in MedCity News. This is a really great article. In the quiet corners of healthcare, this conversation needs to be had. It's a conversation about hospice and just talking about the for-profit, non-profit. What is the definition of quality? We need to have a conversation about hospice. So those are the ones that I wanted to highlight today. Again, all of our listeners. You can click on the link. You'll get that whole table has the stats I mentioned. It actually has the articles that I cited. Um some of them, I think probably about 30% were absolutely within cords um top 10, but about 70% were not. So you got any questions for me after listening to all that.

Cordt Kassner: 32:34

You know you do such a great job covering the content and the articles. There is such a volume of information that's out there and it occurs to me that last month's podcast you mentioned the challenge leaders face in filtering this vast amount of information to identify what's most important. That resonates with me as well. At Hospice and Palliative Care today, we review between 1,200 and 1,500 articles daily to select 15 key stories for our readers, and even then 15 articles can be overwhelming, hence the podcast to highlight critical insights. And as you're going through the 70 articles this month, usually, as you say, it's around 100. Even that, I mean it feels like sipping from the fire hose. There's so much content there.

Cordt Kassner: 33:31

I appreciate the 10 categories you've developed to shape discussions on hospice care trends, such as mission moments and reimbursement challenges. Joy and I have explored similar structure from a newsletter perspective. We started with Mark Cohen's original categories hospice news, clinical news, regulatory news and we have about 18 broad categories that we're continually looking at and evaluating to determine the best way to organize information effectively for the readers. So I do have a couple of questions for you, Chris. Your first category, mission moments. That aligns with our focus on compassion driven stories. It aligns with the hospice philosophy of care. Could you elaborate a little bit more on the significance in hospice care and its impact on listeners? How do you determine what stories fit into this category, that's?

Chris Comeaux: 34:36

Such a good question and I'm sitting here just processing what you said and 1500 to 1800 a day, I'm just picturing like this huge funnel and you guys are doing this huge environmental scan and then to think of what you highlight in your newsletter and then what you and I then further distill down to highlight on this show. It's just incredible just to sit here and process that and then again, we do this in service of the amazing hospice and palliative care

leaders. But in direct answer to your question, like the mission moments, there's something that Mark said. It might've been two years ago that of course I came in a hospice in 1995 and this amazing community ownership, like most communities love their hospice, especially the community-based nonprofit hospices. They're connected to the community and I can look through the rear view mirror of my time at Four Seasons Hospice in the Asheville, North Carolina area and we have these beautiful stories when we were still doing print media, when you're still putting your hands on a newspaper, and most of those newspaper stories almost once a month were just these beautiful stories that we would call mission moments. I think you talk about like you're looking for the compassion, the pictures of compassion. We just happen to call those mission moments. But Mark was talking in one show about what is the impact when you no longer have those local newspapers and therefore you're not getting that local coverage. That settled upon me because I realized wait a minute, I inherited so much as a hospice CEO and then we furthered it through those stories and then that shows up in people choosing our hospice, donations, et cetera. So it maybe made me more attuned, cord, as we go through what you guys are highlighting, those ones that are those mission moments, those pictures of that compassion.

Chris Comeaux: 36:24

Hospice threads itself into the fabric of a community unlike anything else. I'm thinking of our mutual friend John Masterjohn and their hospice in South Bend, Indiana. I got to go on my sabbatical last year. Their campus in some respects was part of a renaissance renewal of their community. That's a cool metaphor of what I've always believed about hospice, that there's something about this that impacts people's lives in just profound ways and sometimes it's hard to even put words around it, which is why we call them mission moments. So, I'm very attuned to them and when I see them, I want to call them out and maybe it's holding on to the fact that this is how we got here and I don't want to lose that as we go forward into the future.

Chris Comeaux: 37:08

Now it's also lit a fire under my butt Cordt. I've, actually I'm still shopping this idea. We are a goldmine of those stories. But we don't have that local newspaper anymore. And so is there an opportunity amidst that. Like what if there is a reality TV show of some of these amazing mission moments? That's an idea I've actually talked to someone in Hollywood about. Haven't landed it, but at least like wow, that's an interesting concept, especially on the heels of the John Oliver special. That just really pissed me off. I'm just going to say it and I get it. He's trying to, he takes stuff and that's kind of how he creates entertainment. But it also took a very small sliver of this amazing movement that is hospice, and I thought

wouldn't a great antidote, would be something that's much broader. So you really kind of lit a fire in your question there, A lot there. Does that provoke any comments from you?

Cordt Kassner: 38:01

You know, it just reminds me of the humanity of what we're doing in hospice, and I think of a couple of different stories. I remember when I was on the ethics committee at University Hospital, we'd sit down and we had a room, you know, a bunch of people, and we would sit down and start going through the agenda. And then I joined the ethics committee at a Catholic hospital and prior to getting into the agenda at that organization, they would have a morning reflection, and I thought, well, how cool is that, like, how would that work at university? Because it gets to that humanity.

Cordt Kassner: 38:42

I know one of the hospices that I work with. When a patient dies, they will put a flower on the door, they will light a candle, they will let in their inpatient unit, they will let the room rest for 24 hours before admitting another patient into that room. It's all about the respect for that patient and their life and I thought you know that's so wonderful, but not all hospices do that and not all providers have that moment to reflect on the humanity of what they're doing. And I wonder if there just aren't opportunities to incorporate that more, because this is intense work, it's hard, it's emotionally draining as much as it's emotionally encouraging and exciting, but we've got to take care of ourselves, our staff, and recognize the importance of this, and I think it's cool that that's the first category that you have listed. It got drilled into me years ago. Order is important. What's first is first for a reason, and that's why I wanted to ask why are mission moments first for?

Chris Comeaux: 39:58

You actually bring up a couple additional thoughts and you nailed this exactly why. It's first. In fact, many of the hospices we work with have codified ritually what you just said, like starting a board meeting, starting a staff meeting, with those mission moments. And it's great because I see that now, whereas maybe we're early fire starter, whereas now it's becoming more and more a norm.

Chris Comeaux: 40:17

The other thing that strikes me, you know, my mentor was Dr Lee Thayer, kind of was a human Yoda. What made him so fascinating is he read across the centuries and one of the things he used to say that tweaked me in a good way, he was an admirer of the Japanese culture, that many cultures use tradition and rituals and stories to shape the culture, and kind of in vogue since the 60s is like let's just throw off everything. Well, maybe that's good

to rethink some tradition. There are times of evolution and change but if you throw all the baby out with the bathwater, that's not good. And I think we're one of the aspects left in our culture where rituals and tradition you know, as Americans we're kind of death denying and it's very present to us because of this work that we do so to have rituals and traditions within our own hospices in a way that, as you say, honor the humanity, honor the passing of someone's life, their whole story that occurred. I think that does something to us, or it has the potential to do something to us, which is super important. I think we live at a time right that it's all about.

Chris Comeaux: 41:21

Well, what do the numbers say?

Chris Comeaux: 41:22

And I love Daniel Pink's book, where actually we've reached out to him again CVB in our podcast, a Whole New Mind.

Chris Comeaux: 41:29

He's kind of predicting like we're about ready to go into more right brain world than left brain world, because left brain world has been like data accountants and it's not you're throwing the baby out with the bathwater, but maybe the future of humans is more that right brain creativity. And I feel like that's the world that when I came into hospice I literally felt like Dorothy and the Wizard of Oz, because I grew up in corporate America. I'm like whoa, what is this? But in many respects, I feel like it's maybe saved me, recovered me, recovered my humanity. Now I didn't throw the baby out with the bathwater with the accounting and the financials that I learned, but it's a tool in the toolbox and this broader cause and purpose that we're a part of, and that's kind of where I'd land the plane on this Cordt. It is about cause and purpose, and we have a beautiful cause and purpose in this work that we get to do, that we're privileged and honored to do every day.

Cordt Kassner: 42:17

Like you say, it's that left brain, right brain balance. I had another question for you, and this falls into your regulatory category, and that's that the CMS Hospice Special Focus Program stands out as a major issue for 2025. We ran a story on December 29 with the original announcement from CMS. It described their methodology, why they were identifying poor performing hospices, and it included a list not of the 10% poorest performing hospices, which is where they began, but rather is a much smaller list of the initial 50 poorest performing hospices. So I'm thinking this is an incredibly important story and we had about 900 reads, so kind of a mid-tier readership of that story.

Cordt Kassner: 43:15

But subsequent coverage of the special focus program, such as the Alliance's analysis of implementation and NPHI's support of a related lawsuit that you commented on, those had even more reads. Like, the Alliance's analysis had 1,800 reads. NPHI's support was around 950. And it occurred to me that people are maybe more they're reading more about the backlash than they are. The original statement, the original announcement. This is why we're doing this. This is how we're doing it. What's your perspective on that from a C-suite?

Chris Comeaux: 44:01

I know we're most of the people are listeners, but if you were watching the video, I'm going to bang my head on the desk here because where you just landed it's like wait a minute. Anyone who's in hospice and palliative care space for the right reason I don't care for-profit, nonprofit, you're in for the right reason, to do good work. How could you be against highlighting programs that are in it for the wrong reasons? And there's a percentage that we're like you need to highlight that. That's the whole point of having a special focus program is to call out that stuff. And then now all of a sudden, like the headline is well, that's bad, wait, wait a minute. And unfortunately, we live in like the drive by it's gotta be a cliché, it's gotta be catchy, et cetera. And I, like you, I'm concerned we're losing something in this. Now I get, because I've actually had people reach out to me and go what the hell's up with this lawsuit? Why are they doing that? So here's the answer that I've gotten is number one, and Judi Lund Person was great last year.

Chris Comeaux: 45:00

I did not realize about 50% of hospices in America do not have cap scores because of the size of their hospice. In fact, sometimes I'd say you know, yes, maybe that national brand entity, they look big, but if you go to the local level there are a series of little 30 patient day hospices. I'm not dissing that, but in reality they're a roll-up of very small programs. And then if you go down, if you want to get really in the weeds, get down to that provider number level. That's another way they escape scrutiny is because it's kind of firewalled in all these little small programs, and so there is something needs to be done about that, because if 50% are not having patient satisfaction scores and we live in the Amazon world, right, we all go on Amazon and look at the five-star rating and you don't have that on 50%, that is an issue. I agree a hundred percent.

Chris Comeaux: 45:46

Second thing is because of some of the concern of programs. Hey, surveyor, you're going to go find something. Well, I grew up as a financial auditor. You know, if you got enough rules, show me the man. What does the Russian say? Show me the man, I'll show you the crime.

If you're going to tell a surveyor to find something, they're going to find something. And then if you're going to take that something and now you're going to say, okay, well, look, you had a something. So now you're on the list. That does seem to be an issue and maybe the core is how about consistency and survey, not just finding something. Let's find the most material things that would tell you there's an issue with quality of care. So I get those things Gord. But I thought I heard you and maybe misunderstood, that you've kind of replicated their algorithm the best you can and you think it's a pretty legitimate measure. Did I misunderstand when you said did you say that or did I manufacture that in my brain?

Cordt Kassner: 46:40

No, I said that we were talking at a different presentation around the methodology that they're using and there are questions around it. Like you say, the surveyors have been told for several years see one, cite one. You see a problem, you write a citation, and so I understand some of the question around the methodology. On the other hand, from a CMS perspective, if you're trying to limit waste, fraud and abuse, you're trying to get rid of the. You know, when I started in hospice, I thought it was about 5% bad actors. And now I actually ask people like how many bad actors? What percentage of hospices are bad actors? And I leave that a very loose-definition on purpose.

Cordt Kassner: 47:30

It's like 25 to 40 I would have said a third, I would have guessed that probably a third bad actors today and that's astounding to me, and so I appreciate that Medicare is trying to do something about that, if that's the special focus program, if that's program integrity. However, they're doing that and putting some restraints, putting some guide rails on so that we can keep the integrity and hospice where we began.

Chris Comeaux: 48:03

Well, I think you and I predicted when we did the show with Mark to open the year that I have a feeling we're going to be talking about this throughout this year. But, like you, I've kind of walked away to go wait a minute. Now the perception is the lawsuit, which means that scrutiny is bad. But yet and I actually had to reach out to people I respect and said help me, because I have people calling me going what the hell? And then now I understand more of the details and so, and again we live in, kind of give me the soundbite and this is a hard one because it's a bit complicated, but let's not lose the fact that we need to do something to highlight that one third that are not in it for the right reasons. Typical business, right.

Chris Comeaux: 48:42

If you're a crappy restaurant, the word of mouth is going to get around and eventually the market's going to punish that. This is a really tough one, because you don't get do-overs in hospice and the typical consumer thinks the word hospice is like Kleenex, like a hospital, and so not all hospices are the same a third or not. So maybe you and I will keep using this bully pulpit to at least pound that drum and eventually we'll get to a good place. 50% of hospices don't have a satisfaction survey. That's unacceptable.

Cordt Kassner: 49:14

So let's do something about that too. Yeah, I started with the National Hospice Locator back in 2012,. Just a national directory of every known hospice location and the default sort on that was largest to smallest. Just thinking the larger you are, the greater capacity you have for breadth and depth of services. So not a horrible measure, but not necessarily a great one either.

Cordt Kassner: 49:34

So about a year and a half ago I created my own metric to give a quality score to every hospice in the country and now the default sort is highest quality to lowest, and we can talk about and change and make edits to the method that I'm using and I look for that kind of feedback. But I'll tell you, at least once a month I get an email or a phone call from somebody in the world that, like I don't know, but they've used the National Hospice Locator as a family member and they reached out and said thank you for doing that, because I'm in Houston and I have 100 hospices to pick from. I don't know who's good or bad, not to say that I'm the final authority on it, but I'm trying to help the consumer figure this out and we can approach that from the high-quality perspective or, like the SFP, from the poorest performing, so there's a lot of angles on this. That's great.

Chris Comeaux: 50:40

You actually gave me an idea that I'm going to circle back with you on. Well, we're going to run out of time for me to get to all my questions. Let me pick out of the two. So I had a question for you Do you think this is going to be a pivotal year that the acceleration of technology and its impact on things like maybe another way to ask the question is artificial intelligence was kind of a novelty, but maybe beyond a novelty next year? Is this going to be a year we're going to look back Like I can remember when the internet and the very first time I was on the road traveling and sent my wife an email and just wow, and then how then it took off. Are we in one of those pivotal years for technology? Do you think this year?

Cordt Kassner: 51:18

Wow, what an interesting question. I really believe we are. I believe 2025 will be a pivotal year for the acceleration of technology, both in terms of development and implementation. So the rapid emergence and, in some cases, disappearance of new AI products is expanding the range of available options, each offering unique features. Additionally, I think there's a growing willingness among users to experiment with these technologies, despite concerns around data confidentiality and security, as people continue to evaluate the risks and benefits. We're seeing increased adoption, driven by tangible advantages that these innovations provide.

Cordt Kassner: 52:07

Like you say, using email the first time, I remember the first time I went to a gas station and paid by credit card at the pump, like can I trust this? Is this okay? And I monitored my credit card statement for two months to see if it got abused and it didn't. So I used it again and now, like we don't even think about going inside to pay. So again, it's that adaptation, the adoption of these new technologies.

Cordt Kassner: 52:38

I recently tested three different AI-powered virtual meeting note takers. So you're probably familiar with that. The listeners are familiar. It creates an executive summary. There might be a transcript verbatim of what happens. So I compared these three different tools that had different features and different pricing. Some of them stood out as significantly more effective than others. After careful evaluation, I selected one of the three for further in-depth testing and I use it on almost every meeting now, and while there's a minor risk that these meeting transcripts could be accessed, the likelihood's really low and, frankly, the content would be horribly boring to anybody outside of the immediate discussion discussion. So I think this is going to be a year not only of acceleration of technology, but the adoption of it in hospice and palliative care circles. We're not the highest tech group, but I think it's coming. I think it's just going to unfold as capital care is using the robotics as a clinical measure for patients. I think we're going to see more and more. What's your take on it?

Chris Comeaux: 53:53

Yeah, I agree with you. I can't remember the year. I think there's a pivotal year, beginning of 2026. I don't think it's ASI yet, which is artificial superintelligence, but maybe it's AGI, which is artificial general intelligence, and so that's a whole nother level. I think. I've heard the analogy that I think it's AGI At that point. If you take like 8 billion smartest people in the world, that's what's kind of packed into AGI. And then I guess ASI is like.

Chris Comeaux: 54:21

I'm thinking of that movie with Johnny Depp. Trenton is where he uploads himself into the internet, which is like. Or another one is Eagle Eye. Those are, like you know, kind of dystopian but also like wow, where's this thing going? But there's some pivotable points that are not too far in the future. So I agree with you, I think it's going to be a fascinating year.

Chris Comeaux: 54:42

There's a scary side to it, but there's also the necessity side, like that article that I cited, that there's not going to be enough staff. So how do you blend technology? Take the staff that we have put them right care, right place, right time, which is more aspirational than it is reality right now, which is where then we need tools like this. So, again, I have a feeling we're going to be talking about SFP. I think we're going to be talking about technology One. We don't have time for today, but I'll queue up next month. Cordt is the hope tool. I want us to talk about that, and just cause you've just did an amazing presentation for our network on technology, why don't next month we have you do the master's class on that? Does that sound okay?

Chris Comeaux: 55:22

Awesome Well speaking of masterclass, so Mark Cohen started something last year and like we're going to keep that up. So Cordt and I are going to kind of trade off and maybe you might bring Mark back for one or two this year. So, I'll take this month's masterclass and the concept that I want to talk about is need to know communication. And so, just being very succinct, what is need to know communication? My mentor, Dr Lee Thayer, taught it to me. Need to know is very simply this In as few words as possible, you can pay forward to other leaders what they need to know to perform their roles in the organization. Great concept, really flipping, hard to do. And what need to know is predicated upon is we understand each other's roles. By the way, that's why Cordt and Joy do the work that they do, and then we do this podcast, because knowing what's coming is absolutely need to know communication or maybe, better said, the what you're partaking of. Think of how big the funnel is, of what they're scanning and they're like, hey guys, don't miss this. That is feeding your brain and then that helps you go. Hey guys, on my team, this is what you need to know about what's coming, but then also what's happening on a day-to-day basis. You know how we normally practice communication. There's a horrible scene in Lean on Me no, stand by Me, sorry, stand by Me. And there's this kid that's brilliant in how he tells stories and he tells a story about this kid that was picked on and bullied and he goes in this pie eating contest and he also drinks a bunch of castor oil and he basically vomits all over the audience. It's a

very graphical scene, and I say that graphically because that's how many people practice communication. I don't know what you really need to know, so let me just vomit all over you, like Cordt would say you know what, I don't know what you need to know. I'm just going to pass along 1500 articles to you every day. Good luck with that. Let me know how that works. No, he does a good distilling process and we further distill here. So we're actually trying to practice need to know communication with you guys. But how does that work within your own organization? In fact, we have a great tool called prow of the ship, questions Cordt, if you think about it patient satisfaction, financial data that's all the wake of the ship. The ship's already plowed through the water. When you're looking at that data, it's the wake of the ship. So these prow of the ship questions actually came from a master's in leadership course with Dr Thayer. He actually said you know, the problem with you and most leaders is you're just looking at the wake of the ship. And I was the one brave soul and said okay, if we're on the prow of the ship, what are we looking at, what are we asking? And I took his answer and we've actually built a tool. What that's doing is building a muscle within leaders to better distill what's coming to go. Hey guys, we need to know this, we need to know this, and then you can pay that forward.

Chris Comeaux: 58:14

The other part of the equation of practice need to know is lexicon. Lexicon is not the little green guy at the end of the rainbow. Lexicon is an organization's language that we use. The opposite of lexicon would be cliché. Oh, we're about excellence in healthcare. Well, what the hell does that mean? Lexicon is that we've actually vetted the words and the words have deep, rich meaning. In fact, we always say when we're assessing an organization I'm listening to their language because it tells me a whole lot. If you lose with your language, or cliché, Dr Thayer always said that we create our meaning in the words that we use, and that actually even goes back to scripture that literally the tongue is like the rudder on a ship. So, lexicon is the words that we use to communicate with each other within the organization. That also helps quite a bit with need to know. Because an organization has taken the time to have a lexicon, you communicate much more effectively and efficiently in fewer words as possible, and then, like anything in life, you have to practice it. So one of the things that we do in TCN and we teach our members is that every week when we tell each other our priorities, we call them Big Rocks. We also try to graph in here, this is need to know. In other words, these are things that happened last week that I got to pay forward to you. That creates need-to-know muscle of communication.

Chris Comeaux: 59:25

Now people go well, what about? Just you know, having fun and talking like that's great. We don't want to get rid of that. In fact, unfortunately, most organizations it's kind of like that's

all that we do. Maybe all we're doing is shooting the breeze, which is great, you want to do that, but then when we're talking about the things that matter, are we actually talking about the things that matter, or are we just throwing a bunch of stuff at each other? So need to know is, very simply, this is what we each need to know to perform our roles today, but also where we're going as an organization. And it is a competency and, like anything, you have to practice it over and over again within your organization. So that's our Masterclass Need-to-Know, communication Cordt. Thank you for being here. This was really fun.

Cordt Kassner: 1:00:07

Well, I appreciate it. Thank you for taking some time to to dialogue, to to talk about why these stories are important and and it's not just what caught my eye it's I think this is going to shape 2025. I I think this is going to change hospice and and for that, like you say, that being on the the prow of the ship yeah, that's a term I'm unfamiliar with, but the prow, but being on the prow of the ship is incredibly important to guide our organization yeah, picture like the Titanic with Jack and Rose on the front of the ship.

Chris Comeaux: 1:00:43

That's the prow of the ship, not the, not the wake of the ship looking out the back. Well, I can't wait to keep doing this monthly, so you and I will be back and we'll do the top news stories of February and we'll be here before we know it To our listeners. Thanks for listening. Subscribe. Make sure you pay it forward to your coworkers anyone you think they'd benefit. We do this show in service to you.

Chris Comeaux: 1:01:02

There's a lot coming at us and we live in very interesting times and I think these next three to five to seven years are going to be fascinating, which, to me, makes this intelligence gathering that we're doing reading Cordt Joy's Hospice Empowered Care Today newsletter very important. And, as we always do, we always want to leave you with a quote. This one I got from Cordt's Hospice Empowered Care Today. It was on January 26th. It happens to be my favorite poem in all the world. In fact, I included it in my book, the Anatomy of Leadership. It's by Rudyard Kipling. "If and this is just one stanza you can keep your head when all about you are losing theirs and blaming it on you, you can trust yourself when all men doubt you, but make allowance for their doubting too. Thanks for listening to TCNtalks.