

Transcript - Top News Stories of the Month November 2024.docx

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: 0:24

Hello and welcome to TCNtalks. I hope all of you had a happy and blessed Thanksgiving. This is my favorite time of the month. Mark Cohen, welcome back.

Mark Cohen: 0:33

Hi, Chris, thanks very much. I hope you had a great holiday and all your staff did too.

Chris Comeaux: 0:38

Yep, absolutely, really blessed and so glad to be taping this show. Mark our Top News Stories of the Month of November. I think we got a lot to talk about you ready to jump in, you bet?

Mark Cohen: 0:49

Even with the Thanksgiving holiday, Chris, we still have a great amount of data on the news stories that readers of Hospice and Palliative Care Today found most interesting during the month of November. But there are also a handful of other stories that I think, and I think you agree, are worth discussing. So I'm going to zip through the list of the most clicked upon articles as quickly as I can and then tee up a few for a public relations, public affairs related discussion for the two of us. For the top stories, there were 10 stories last month that garnered 1,500 or more click-throughs at hospice and palliative care today and after that a huge drop-off in clicks after that. First 10.

Mark Cohen: 1:39

Editors Cordt Kassner and Joy Berger compiled nearly a dozen local hospice-related articles about Veterans Day and what hospices were doing to commemorate it. Number two the Alliance Celebrates National Care at Home Month, which was a news release from the new Alliance for Care at Home. Number three older Americans living alone often rely on

neighbors or others willing to help. That was from California Healthline and KFF Health News and it was authored by Judith Graham, who has one of the two or three most respected bylines nationally on aging-related issues. Number four a purely local piece Envoy Hospice welcomes Senate proclamation honoring National Hospice Month, which was a news release from the provider that was published in a local Louisiana paper. Number five you're very familiar with Hurricane Helene North Carolina recovery update after one month, which was an update on disaster recovery efforts in Western North Carolina from you and the Teleios Collaborative Network. Number six was one of today's encouragements, actually from the newsletter from November 2, which used this quote from Oscar Wilde be yourself, everyone else is already taken.

Mark Cohen: 2:58

Number seven was a piece on for-profit hospice earnings. Headlined VITAS touts significant Q3 success projects future growth, which was a report on VITAS's quarterly earnings release and conference call as reported by McKnight's Home Care. Number eight, another purely local piece Meyer donates \$10,000 in memory of longtime employee a report from a local television station in Grand Rapids, Michigan, about a donation from the large local supermarket chain. Number nine National Partnership for Health Care and Hospice Innovation and American Cancer Society unveil advanced cancer guide to support patients and families Terminal Cancer, which obviously was a news release from NPHI. In number 10, another news release Europe Funeral Products and Services Market Size, share and Trends Analysis Report by Type, by Country and Segment, which was a news release from a research company. That's an interesting and perhaps even a bit eclectic mix, Chris. It obviously demonstrates that the now several thousand subscribers to hospice and palliative care today represent a wide variety of interests across hospice and the broader post-acute sector. You have any thoughts, Chris, from a quantitative perspective, on any of those top 10?

Chris Comeaux: 4:25

Well, the first thing to me, Mark, that just strikes me is there's so much that I've learned from doing this show with you, like in the past I never would have even paid attention to national things and how that affects news cycles. But I do wonder, like November was obviously a historic election You'll see in just a little bit. I flagged about half the articles I typically do so I wonder if kind of the election cycle kind of impacted, because it was a very eclectic and interesting group of articles. You'll see that and I'm glad we do this because my portion is what would I have hoped C-suite leaders would not have missed? And there's a lot that I flagged that are not in the most clicked upon articles. It does make you wonder,

like what's going through people's minds when they click through the day to day. I mean kudos to them that they're actually taking the time.

Chris Comeaux: 5:12

You've always been a big proponent that the point of people reading Hospice and Boundary Care Today is required reading as a leader, because it's what's coming. But then it's interesting to go okay. Well then, what are they actually clicking upon? And it's just a. It's almost like a buffet of like different articles this month. But it makes me even more excited the ones I'm going to highlight in just a little bit. But I just want to give you kudos. I just never paid attention to how national things in the past would have impacted different months, like I've noticed. This past year when we looked at the rear-view mirror, we had a couple of months that were really high regulatory, a lot of stuff occurring. I could look through the rear-view mirror and think about the whole election cycle and go, oh, that's kind of why that was occurring is because we're kind of building up to election. So, if you're going to get some stuff done, now would have been the time to get it done. So those are my quick kind of thoughts related to that.

Mark Cohen: 6:14

Well, I will share with you that when I was editing Hospice News today, the week or two before election day was one of the easier times for me because there were far fewer articles published. That's partly a result of the fact that reporters who don't cover politics and elections and government are being pulled off of their other beats as newspapers expand their pre-election coverage. It also has to do with the fact that if you're looking to make news and it's not about the election, your public relations counselors are going to tell you don't even bother during election time, you're just going to get minimal coverage, if any, because that's not where newsrooms are focusing their attention at that time. So, the week before election day was always an easier week for me in producing the newsletter because there were just fewer articles for me to read and scan and evaluate for inclusion in the newsletter. So, I'm glad to see you pick that up too. But I would like to dig deeper on a few items that didn't break into the top 10. And frankly I was a little disappointed in this. First one're not breaking into the top 10.

Mark Cohen: 7:23

The headline Reps Van Duyne, Panetta Introduce Bill to Reform Hospice Special Focus Program. This was a November 6 article in Hospice News. It was a straightforward news account of the legislation introduced by the retiring Republican member of the House of Representatives from Texas and the second-generation Democratic member from California. What struck me about this article, which included quotes from LeadingAge, the

National Partnership for Hospice Innovation and the Alliance for Care at Home, is how public affairs has changed in the last 20-25 years in the hospice sector. Today we depend on our trade and membership associations. Today we depend on our trade and membership associations. In olden days the associations most likely would have teed up their elected chair people for a quote in a trade publication article like this, while at the same time cajoling their member CEOs and the board members of their member organizations to write letters to their congressional representatives, visit the members both in Washington and their district offices and also, at the same time, asking staff and volunteers on a broad basis to call their member offices and register their support for the new proposed legislation.

Mark Cohen: 8:41

But I guess, as executive and support staff get squeezed, we depend much more on the associations to be the voice of the hospice movement, or some mischaracterize it. The hospice industry, which use of that phrase, ought to automatically disqualify them from serving as spokespeople on behalf of hospice. But all those voices, those staff leaders of those member and trade associations are not local. When they hosted the same Rep Van Dwyne at their offices to talk about hospice and talk specifically about fly-by-night hospices that were imperiling the good that hospice organizations do. There can never be enough of that.

Mark Cohen: 9:37

And a generation ago Bob Graham, as Florida's governor and future senator, would regularly spend a full day working at every type of job around the state, including a day as a VITAS home health aide. For Graham it was good politics and good public relations. As an aside, by the way, the Democratic co-sponsor of this legislation, Jimmy Panetta, is the son of former Congressman and Democratic Administration Senior Official, Leon Panetta, who was one of the original four sponsors of the Medicare Hospice Benefit in 1981. So compared to your I'm curious, Chris compared to your early days in the hospice movement, two legacy not-for-profits do you see a difference in how hospice and the post-acute sector manage their public affairs work today?

Chris Comeaux: 10:30

I do actually, Mark, and it's funny because I wouldn't have actually thought about it until you actually poked on it. But I always kind of hold up Samara Beckwith as an example. Samara literally had probably most of the congressmen and senators in her cell phone contact list and she could pick up the phone and call them, and I can really put myself in the shoes of a lot of CEOs these days, have a really good process, especially related to this

special focus program, because there's some problems within the algorithm and so they make it super easy where you can sign on and then send a letter to your congressman, kind of point and click fire and forget. And that's awesome that they could do that. Because the reality is, I think today, while there are some CEOs that I know that are part of NPHI kind of like Samira always has those key influencers on a speed dial, many of us do not anymore. So then, to use that kind of fire and forget, making it easy, but it's not the same as actually kind of reaching out or if you actually had a good relationship with the staffer so long way around the board and say, yeah, I do see it's different, you know, if I was in the shoes of a CEO I can't remember if it's Dale Knee that I learned it from, or watching Samira or both of them but I always made it a point that we would host annually or have our congressman come, our local state legislators, our local senator, etc. So that way when you had times like that, you really could pick up the phone, call them and let your voice be heard.

Chris Comeaux: 12:12

But by the same token, there's so much stuff coming at leaders today, Mark, like you pointed out. I mean, budgets are getting tighter and so you don't have the people like you did during the high watermark of the reimbursement, and so because of that, there's just a ton of stuff coming at people. So, I don't fault them. There is a way that you probably do need to prioritize it, but I do think there is something different compared to the past. Now, interestingly, I was at the NPHI meeting whenever Hurricane Helene was actually hitting and Congressman Ben Doon actually came and talked to us, so we actually did have her in the room. A lot of great nonprofit hospice leaders had face-to-face time with her during that time. So kudos to NPHI, you know, bringing those key influencers like that, so then we could kind of walk up to them and have those hallway conversations after the fact.

Mark Cohen: 13:01

Oh great, yeah, it's um, you know, community, um health of Texas. Vicki Jingle figured out a way to get it done and I know there are Florida hospices that bring in their state legislators and you can never do too much of that. Let's hope that hospices continue to see the value in that and they continue to leverage the relationships of their board members not-for-profit hospices to do that.

Chris Comeaux: 13:28

A great point, Mark.

Chris Comeaux: 13:29

And, by the way, I love that you brought up Bob Graham. And so I was 25, 26 when I met Bob. I went to a meeting in place of Dale and got to meet Bob and boy, they just don't make them like him anymore, but I love how he would go out. And then I forgot about the him actually playing a CNA for a day. That just wow. I think that actually sets such a great tone yeah.

Mark Cohen: 13:51

I mean, he did every job in Florida toll taker on the uh, through a sanitation worker, um, environmental services at a hospital, you name it. He did it, um, truly amazing. Another story, uh, worth a deeper dive, Chris, was the column, a regular monthly feature authored by Craig Drissang for the Davis California Enterprise. It was headlined the Case for Independence and in it the YoloCare CEO offered a negative view of the cross-country outreach by Tampa-based Chapters Health System. That led to four not-for-profit providers recently in Nevada, California and Oregon to join the multi-state Chapters organization. It was a frank piece, frank enough to cause some heartburn among some of those in the hospice sector. There was, in fact, some pushback on the decision by the publisher and editor of Hospice and Palliative Care Today, Cordt Kassner and Joy Berger, on their decision to include the piece in the daily newsletter.

Mark Cohen: 14:53

In my 11 years publishing hospice news today, I occasionally ran into the same kind of buzzsaw. Chris, my governing principle was simple as somebody with a journalism degree, I looked at it from a journalism perspective solely, and that was if a news article or opinion column was published in a reputable, readily available news source, it was out there. Hard stop. It was out there and I would summarize it in the newsletter no debate, no pause. My guiding philosophy you can't effectively scan the environment if you're ignoring that which might cause someone to have the vapors.

Mark Cohen: 15:35

I recall in 2014, my third year of publication of Hospice News Today when the Washington Post began publishing its year-long, mostly negative series on quote dying and profits the evolution of hospice.

Mark Cohen: 15:50

I received one very angry email from a subscriber to the newsletter, the CEO of a small not-for-profit provider in upstate New York. She was just simply outraged that I would give credence to the article by including it in the Daily News summary an article, by the way, that, because it was published in the Washington Post, was likely noted by every

congressional and Senate office in Washington, including her own two senators and her own member of Congress. I can understand the naivete that drives one to exert her inner ostrich and rush to stick her head in the ground and ignore reality. In my opinion, however, that's a pretty sad modus operandi for someone charged with leading a community-based health care provider dependent upon federal and state dollars for more than 90% of her budget. But that's my perspective from the world of journalism, Chris, and from the world of public relations. How did you see Craig's column and its impact on the not-for-profit sector.

Chris Comeaux: 16:54

Well, first off, something occurs to me, Mark. I mean I agree with your point about if it's out there, you pick it up. That's exactly the point of what Cordt and Joy do, as opposed to maybe another publication out there. That's the only articles that they publish. This one scans the whole environment, which is what makes us such a value-added service.

Chris Comeaux: 17:12

Quint Studer taught me many years ago where's the rumor mill beating you? And so, and usually in an absence of information, people will fill in the gap and it's usually much more sensationalized than the truth. So, it's always better to kind of be out there. Let's try to get ahead of it. So, let's get more to the meat of the actual his editorial. I think I've got kind of two minds related to it. Um, the first part of the article I felt like and I mean I actually I know Andrew and I think he's probably one of the smartest guys um out there in the Hospice and Palliative Care field and space, and also know his I don't want to say I shouldn't, I know his heart, but I do know some of the things that Craig was poking on politically. I know that Andrew is a huge proponent for people to get all the care, regardless of race, sexual identity, any of that stuff. So that part I felt was just really kind of unfair. The real meat is the second part, and I think we're living at a time when we're going to end up with large platforms. You've seen it in healthcare systems, and so kudos to Andrew for being a first mover.

Chris Comeaux: 18:18

You look at some of the large healthcare systems, like Intermountain, advocate, aurora Atrium that was in the Carolinas. I mean these large healthcare systems, many of them. What's the other one? Common Spirit and Ascension. Common Spirit is the one, I couldn't remember the name. So, you know those are aggregations that started many years ago and so our team like, obviously, TCN has created a different model where people can stay local, independent. TCN has created a different model where people can stay local, independent. And our team, kind of wring their hands. I'm like, oh my gosh, what if you get

these large platforms? I'm like you're going to get the large platforms. It's just pretty predictable when you have fragmented markets. There are people that are going to move forward with that strategy, whether the strategy works or not. So that's where actually we've been working, Mark, as a team, to increase our competency with one of the top consultants in the entire world who happens to live in the States about integration work.

Chris Comeaux: 19:13

There's a reason why those platforms don't work as a panacea and a silver bullet, and a lot of it has to do with the hard work of the actual integration. So we're positioning ourselves to be an assistant to organizations, like what Andrew is actually trying to do, and, whether they use us or not, hopefully they do that work, because then that way a lot of the things that Craig's poking on I mean I get. There's nothing more local than your local hospice. In fact, I make a joke quite often, mark, because it's football season. Can you imagine LSU and University of Alabama merging Not going to happen? I like my Tigers, someone else likes their Roll Tide, and there's something about your local hospice. So the local connection with the community is just so different than the typical business and I think because of that it makes the integration work that much harder.

Chris Comeaux: 20:04

That's the latter part of the things I think Craig was poking on. Of course, he talked about data like cap scores, and I do think it's a little early. Some of that stuff is kind of unfair, because I happen to know the organizations that have become part of the Chapter's platform and some of those issues were theirs. They've come into the platform. It takes years to get the return and investment from the integration work. So, I think the best way to gauge whether that work is going to be working is going to be another three to four to five years out. So, it's going to be interesting to see.

Chris Comeaux: 20:35

I could see why Craig did the editorial and Craig's a really good guy and I could see why he did the editorial kind of making the case to his local community. If I'm not mistaken he was part of a California group and a couple of those splintered off to now be part of Chapter. So I'm sure there was a little bit of hard feelings related to that as well. But as far as it being like the end-all commentary that all national platforms are not going to work, there's a lot more devil in the details that's going to determine whether it does or doesn't, and I think the future is going to tell. But again, I do think Andrew is probably one of the brightest guys out there. I do know of the concept that he's working on and I think the concept he's working on is pretty fascinating. So all that to say, we're just going to have to see as we go forward.

Mark Cohen: 21:19

Well, I think one conclusion I would draw from your comments is that it's not a bad thing for the not-for-profit sector to be having this conversation. No, and Craig's article spurred that conversation, and you know, whether you remain local as standalone or whether you join this platform or that platform, you know this article, this column, should spur some increased dialogue on that and that should be a good thing for the long-term sustainability of the not-for-profit sector. That is well said.

Chris Comeaux: 21:56

And that's actually going to be a good segue, Mark, are we about ready to segue to my part?

Mark Cohen: 22:00

I'm ready to toss it to you for your C-suite perspective.

Chris Comeaux: 22:03

Yeah, that's actually a perfect segue. I didn't know actually we were going to segue that way. I was actually in I was not far from you actually with the folks in New York State, the Hospice and Palliative Care Association of New York State, and that was awesome because I hadn't gotten to meet those folks before and one of my presentations was just really about the challenges that we face. Interestingly kind of, the way I organized that presentation about the challenges is very similar to how I organize my articles each month and I think where you just got to like you know why would someone be looking at a model like chapters Because of the challenges we face are unprecedented. I mean, we live in very interesting times. At Chinese Proverb, may you live in interesting times. We're there, which is another reason why I think hospice and palliative care today is such a great and needed source out there. And then us doing this podcast what is the data say, what is Mark's years of experience say, and then my perspective of this is what C-suite folks shouldn't have missed. And again, how I organize my categories are very similar to this presentation that I do and the result of that presentation Mark is seven years of external environmental scan and we saw about eight themes emerge from that. That are the challenges going forward and that's exactly why, um, and those are really the things we should be talking about. And then what's the solution for those things obviously is up to each kind of local hospice and palliative care organization. So with that I actually flagged about half Mark. So I had about 50 articles this month. Typically, I'm flagging about a hundred out of I think it's about 15 to 1600 or so that court and them are actually running through Hospice and Palliative Care today.

Chris Comeaux: 23:45

So about 17% were in mission moments this this month. About 9% were about reimbursement challenges, about 13% and our competition. We need to be aware of 17% under the workforce challenges. 11% of the articles were patient, family and future customer demographics and trends. About nine percent regulatory and political. Only two percent this month were techno, a lot technology and innovations. That was kind of weird. That was like a really slow month for technology innovations. In fact, I have to admit I had none. And then, the very last day of articles actually grabbed one, um, and you'll I'll actually probably highlight it. And then, uh, what? Last day of articles, I actually grabbed one and I'll actually probably highlight it. And then what we call the speed of change, resiliency and reculture. That category is about 9%, the human factor, 2%, and then just my catch-all category, which is articles that Chris wants to highlight there was about 13%. So let me go through. I'm just going to pick one from each of those categories, Mark. Maybe two Under our mission moments.

Chris Comeaux: 24:48

Of course, November is National Hospice Month, so there are a lot of great kind of mission moment articles. NPHI celebrates National Hospice and the Path of Care Month. I picked one under the mission moments Mark. It actually was a pretty well-clicked-on grouping. It was our podcast on Imagine Heaven with a guy named John Burke, which was about near-death experiences, and we did that podcast to give people hope and light. In fact we're probably going to re-release that podcast as we get closer to Christmas in the next few weeks here. And then, of course, November being Veterans Month, there were many good Mission Moment articles. This was one that was in the Lunington Daily News in Michigan Local veteran continues to serve by visiting hospice veterans. So, I had several more.

Chris Comeaux: 25:39

But those are kind of the three key themes from the month that I want to highlight under Mission Moment, under reimbursement challenges. This is a big one that was not clicked through very much and I'm like God I hope leaders don't miss this but CMS finalized a 2.9% cut in physician payments for 2025. And this includes palliative care. So we're looking at about a 3% pay cut for a pouch care which already loses money at one of the most inflationary times I've experienced in my 30 year career. That was a pretty biggie and not many people clicked through that one. And oh, by the way, Mark, I probably should have pointed out in the narrative summary all of these articles. We have a really good summary with all the data and statistics that is going to be available via PDF to all of our listeners. So everything I'm going through here, I'm just hitting the high points, but all of these articles you'll have that complete summary that. These are the ones from my perspective as a C-suite leader that you shouldn't have missed.

Chris Comeaux: 26:40

Next category is competition to be aware of. We had quite a bit in this category this month, but one I just want to point out because I find it fascinating the Justice. This was in the Minnesota Star Tribune. The Justice Department sues to block United Healthcare Group's \$3.3 billion purchase of Amedisys. It's really interesting, Mark, because if you actually look at it just from a pure antitrust standpoint. Amedisys doesn't own all the market, but what this will create is a true payvider or vertical integration situation. You can't really tell from the article, but I got to wonder if that's the actual angle that the Justice Department is actually taking, and then isn't it going to be really interesting, right? I mean, I don't think this is going to get concluded by December and then you're going to have a change in administration the beginning of the year, so that's one In the beginning of the year.

Chris Comeaux: 27:36

You and I did like our predictions for trends. This is one that at least I was hopefully like. It just makes me concerned if you have vertical integration. There's not a lot of good examples in American history or business history where vertical integration works out well for the customer, and we have so many challenges in health care. So I'm kind of happy to see this, but I think it's going to be groundbreaking, future trend setting, whichever way this thing goes. So I have kind of mixed emotions about it. Now it's actually actually occurring, so it'd be interesting to see where that ends up.

Chris Comeaux: 28:15

My next category is workforce challenges, and we had quite a bit of solutions this month. But before we get to solutions, the implications of the issue. I usually have three categories things that are like trends what are the implications? But then solutions Under the implications. This was a really interesting one, mark, the healthcare job that's most in demand in each state, based upon data. I have to admit I was surprised. Well, I was and I wasn't. It's Home Health and Personal Care Aides.

Chris Comeaux: 28:48

The US expects to add close to a million jobs in this profession over the next decade, and so, on one hand, again, I'm surprised, but then I'm not surprised because we know those are the ones that usually bond the most with patients and families. You have a lot of private duty companies now nursing homes, CCRS. I mean, these are the people that are. They're the line level workers. If this was a manufacturing entity, this is the people doing the work on the factory floor. Obviously, we're not a factory. This is all about the human service business, but it does make you wonder where are these folks going to come from Now? That's why, when we get to solution,

Mark Cohen: 29:25

where are they going to?

Mark Cohen: 29:25

come from, particularly if there's a crackdown on the immigrant community.

Chris Comeaux: 29:33

That's a great point, Mark, which is a whole other conversation, right? I mean, immigration has got to be part of the solution. Although there are a couple of articles I think it was last month about you know no, it wasn't actually. Although there are a couple articles I think it was last month about you know no, it wasn't actually, it was in a focus group that I'm a part of, a forum via MPH that we have to be careful. If we take all of the health care workers from other countries, you know they're going to have other problems. But then I guess you could say, in the capitalistic realm, whatever country has got the best perks, you know, bring us your tired, your downtrodden, and we want those people and we need those people to fill a lot of those jobs. But I wanted to highlight a solution, and so one of our TCN members, Carolina Caring, this is an article in the Focus in Newton, North Carolina Carolina Caring celebrates its fourth graduating class of CNA training and job placement program. So kudos, what a great innovation. They're actually cranking out their own CNAs, which is a really great innovation to do this.

Chris Comeaux: 30:31

And one more I wanted to point out under, because I think this is also part of the solution. We've talked about this with our TCN members. This was in the business. Well, the Westfair Business Journal and up your way in New York, Mark Grant helps launch paramedicine program for patients in need, and so this was a pretty large grant over \$100,000 to launch a Westchester community paramedicine program. So paramedics are going to be I mean, those guys are like the Marines of healthcare. You train them. In fact, we have one of our TCN members that some of the areas that maybe they're not trained in, but then they need them to be more exposed to because they're graphing some community paramedicine into their palliative care side and man, those paramedics will just absorb, like sponges, a lot of that training. And so I think paramedics are going to be part of that solution, because there's just not going to be enough clinicians to go around. All right, so, unless you don't have any other comments on that one, there was a.

Mark Cohen: 31:28

I had a query from a client about paramedicine actually this the week before Thanksgiving and I had run. There was a small flurry of articles about paramedicine and hospice. That ran

in the mid 20s 2000. Teens came out of mostly California and then the coverage just ended. But you know there were some folks who were working on incorporating paramedicine into the broader hospice and palliative care continuum. So it'll be. It'll be interesting to see if that gets revived again.

Chris Comeaux: 32:14

I think it is, Mark. Actually, we did a podcast earlier this year. Stanley County, North Carolina, is actually one of the most innovative places in the country. People from what? Stanley County? Yes, Stanley County, North Carolina, Albemarle, is the city that people are traveling from all over the country because their community paramedicine program is so innovative. So, we had the head of EMS department in Stanley County and they're doing some innovative stuff. They're working with our TCN member Tillery, and now we have other TCN members that are reaching out to their EMS and then having their EMS reach out to Stanley County. So I hope that we end up being some of the first movers, because I think graphing in paramedics, especially on the palliative care side, makes a ton of sense. But if you could even do it on the hospice side, because there are not going to be enough people, I think that's something we're going to have to look at in the future. All right, I'm going to move on, Mark.

Chris Comeaux: 33:06

So next is the patient, family, customer, demographic and trends. And so there's one article that actually two sorry. Traffic and trends. And so there's one article that, um, actually two sorry. First one leading causes of death in the United States from 2019 to 2023. This was a JAMA article. I mean, think about it. That's the key trend that we need to know as hospice leaders. Um wasn't a well clicked on article, but the top ones were heart disease, cancer, of course, unintentional injuries, covid-19, chronic lower respiratory diseases, stroke, alzheimer's disease, diabetes, kidney disease, influenza, pneumonia and then suicide. Those are the top 10 leading causes of death in 2023. So that's a key trend that we need to know about. And then this feels like it's similar as far as a trend. This was in AOL.com, I'm 68 and totally alone. 50 people share what it's like being seniors and just the loneliness epidemic is just huge. And as we go forward in the baby boomers, this is going to be more and more a challenge that hopefully we're working on being part of the solution.

Chris Comeaux: 34:12

Next section is regulatory and political. Obviously a pretty big month related to the election, but there was a couple articles one article here, sorry, not a couple that I wanted to point out. Seven of 30 hospices reviewed did not comply or may not have complied with the terms and conditions and federal requirements for provider relief fund payments. This

is actually from HHS the officer inspector general. That's like a little bit of a red flag. I just want to point that out to C-suite leaders, and so it's possible we may be seeing some audits in this area related to the provider relief funds. It is interesting, Mark.

Chris Comeaux: 34:52

I picked these and then I go back and look at the statistics and it is pretty fascinating to me. This month these are some pretty important articles and they didn't have a lot of click-throughs, which again is why we're doing this podcast. Next category was technology and innovations, and I said there weren't really many this month and but this one I did pick up on the very last day, Nebraska's department of correctional services launches a hospice care volunteer program. Of course, our friend court has been such a great um highlighter of Angola and the gentleman who is pretty critical In fact, he was one of the keynote speakers at that New York conference and I just thought it was pretty awesome that Nebraska is picking that up and I do think that's a great innovation. As we know from the Angola program, just how it's rehabbed and just brought compassion and just the implications on the prisoners and the prison itself is just the fruits have been amazing. Next category is speed of change, resiliency and reculture.

Chris Comeaux: 36:06

This was an article in Inc. Mm-hmm build up your people, the leader pipeline, number two, focus on career paths for employees, and we have lots of tools that we could help folks who might be interested in something like that. And then there's one more article in this section, Actually, Lynn Flanagan brought it to my attention. It was in People and the title of the article is Embracing the Soft Front in Strong Back Leadership Style and it's really talking about you know, I came into hospice.

Chris Comeaux: 36:36

I think I was one of maybe five males or something like that. Mark, that's probably overstated because you were one of the five in hospice in 1995. It was it's mostly been women, but I think we live in a time that people say well, not people say, but people have the perception that to be a leader you have to be hard. And this was just a beautiful article that just showed maybe more of what the more feminine style of leadership strong, basically a soft front but a strong back leadership style and I love the way they actually frame that and that for women to be great leaders you don't have to emulate males, and I think I've seen that more beautifully in hospice than any other industry movement field out there. So I just wanted to call out that article as a well done article. I hope a lot of amazing female leaders are out there Take a look at it, because there's some really good pearls in it,

and also men as well, because I do think really good men, especially in the hospice space, adapt some of these characteristics as well.

Chris Comeaux: 37:35

Right Last categories the human factor. I only pointed out two in this one, and so the pursuit of quick profits makes hospice care worse, new research shows, and so this was an Ohio Capital Journal. Private equity firms, high dollar investors, are known for aggressively seeking profits and basically, guess what it makes hospice care worse. We did that great podcast this year with Laura Katz Olson, who wrote the book Ethically Challenged and really talks about the icky side of private equity and really what it's done, not only in the hospice but a lot of other industries as well. All right, last section, this kind of Chris's catch-all section. I just had a few. This is interesting, mark. You and I have talked about pharmacy deserts. Our friend Diana Franchitto predicted this one, but why home health deserts are spreading across rural states? That was in modern healthcare. Do you want to guess, Mark, why home health deserts are spreading across rural states?

Mark Cohen: 38:37

Because hospitals are closing, because physician offices are moving away, because pharmacies are closing and where does the reimbursement come from?

Chris Comeaux: 38:51

What do you think the reimbursement, Medicare Advantage, right, it's what's driving all of those things away? And is seeing the same thing. And I was at dinner with Dana Franchitto and she kind of predicted this. And now it's interesting, this was January of 23. And now we're actually starting to see this throughout the country, which is awful because I mean, anytime you have a desert of anything in health care, right, when you have more and more baby boomers aging, that's not a good thing for our communities. All right.

Chris Comeaux: 39:20

Last couple things Palliative Care, ACO collaborations fuel historic savings in the MSSP program, and so palliative care collaborating with ACOs, guess what they actually save dollars. And then just the last one I wanted is probably a selfish one, not selfish in a bad way, selfish in a good way. But one of my team members, Lara McKinnis, who actually was personally impacted by Hurricane Helene, did an amazing article and the title of it was Navigating the Aftermath of Natural Disasters. Within our network it's gotten great traction. It didn't get a whole lot of click-throughs, but there is great pearls navigating the aftermath of natural disasters. So those are my articles this month, Mark, and I'm glad I pointed them out because we looked through the statistics, they weren't really clicked on very much, so

hopefully folks will go back and take a look at the summary. It'll be a great source to them because there's some really important articles this month.

Mark Cohen: 40:12

Okay, Chris. Well, based on what I saw in November, I'd like to devote our masterclass this month to a rerun of a fundamental rule I've covered before. I was frankly disappointed to see way too many news releases, pay-for-play articles and free media placements. In November that began with the thrilling and compelling headline quote November is National Hospice Month. Unquote. That simply is a ridiculous headline to put on your press release for National Hospice Month. Why? Because how many readers will scan a says-nothing headline like that and decide to continue reading? Frankly, not many.

Mark Cohen: 40:58

November's hospice month, national hospice month, says nothing. It means nothing to a reader. There's no compelling information, no hook to pull the reader into the story. Headlines signal the reader and a headline that reads November is National Hospice Month signals the reader that there will be nothing of interest that follows. It will be just more meaningless blather. I'm sorry that's harsh, that's cruel, but that's what good editors are supposed to be when presented with badly written, inadequate copy. But enough of the negative.

Mark Cohen: 41:35

So what would be some good headlines for a National Hospice Month press release? If you want to focus on the qualifications and experience of your staff, for example, a compelling headline might be Hospice XYZ. Staff count more than 500 years of combined care for the seriously and terminally ill? Or in a similar vein, how about hospice XYZ accompanied more than 300 families on life's final journey in the past year. I don't know about you, but if I didn't know much about hospice but had a loved one dealing with advanced age and or serious health issues, I'd keep reading. If I ran into headlines like those. Of course, given the time of year, a lot of hospice month news releases and articles focus on grief and bereavement. So instead of a headline that reads November is National Hospice Month, how about a headline that reads Hospice XYZ grief experts touched more than 500 families across the community last year? Or Hospice XYZ grief experts work with anyone who has suffered the loss of a loved one?

Mark Cohen: 42:45

By the way, you can tell, November's National Hospice Month is a worthless headline. One way to do that is to look at it grammatically. The verb in the headline is a worthless

headline. One way to do that is to look at it grammatically. The verb in the headline is a being verb is. It conveys no action. In almost every case, a headline that relies on one of the 22 being verbs simply isn't going to be a compelling headline.

Mark Cohen: 43:10

And for those who need a grammar refresher. The 22 being verbs are BM, is, our was, were, been, have, has, had, do, does, did, can, could, shall, should, will, would, may, might, must, which lists my seventh-grade class, not only had to memorize but had to recite as quickly as possible, on command, on demand. Look at the sample headlines I offered. They used the verbs count, accompanied, touched and work, not a being verb among them, and all of them far more compelling verbs than is. This is stuff I learned in high school journalism class a long, long time ago, but it's still relevant today. Chris, if it's worth a hospice's time to issue a news release, it's worth the effort to do it right. Hard stop and thanks for the soapbox this month.

Chris Comeaux: 44:05

Thanks, Mark. Well, we always appreciate your masterclasses, especially at a time where artificial intelligence is taking away from just some of these pearls of wisdom. I'm glad that you bring them to the forefront Well to our listeners. I hope this show is a service to you. We sure mean it that way. There's a lot coming at us and so, just knowing statistically, this is what people are looking at. Number two here's what you should miss as a C-suite leader things that from Mark's perspective and, of course, with this masterclass. So thanks for listening to TCNtalks and, as we always do, we want to leave you with a quote. I ran this one by Mark and so this one's from Coretta Scott King, and I think it's very applicable to what we've talked about today and also coming out of the political month that we've come out of in November. "The greatness of a community, which goes back to the local, is most accurately measured by the compassionate actions of its members. That speaks directly to all of us as hospice people.

Jeff Haffner: 45:20

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