

## Transcript / **The Challenges ahead with Jeanne Chirico**

[00:00:00] **Melody King:** Welcome to TCNtalks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

[00:00:23] **Chris Comeaux:** Hello and welcome to TCNtalks. I'm excited.

Our guest today is Jeanne Chirico. She is the president and CEO of HPCANYS, which is Hospice and Palliative Care Association of New York. I guess the S is state, Jeanne?

[00:00:37] **Jeanne Chirico:** That's right.

[00:00:38] **Chris Comeaux:** It's so good to have you, Jeanne. I actually had the opportunity we met actually at NPHI conference last year, actually when I met you, I was running out of the door for Hurricane Helene.

And then just had the honor and privilege of being with you and your whole association and some amazing CEOs in the fall in Albany. And so it was great to finally spend some [00:01:00] time with you, but also the incredible CEOs that you get to work with. Before we jump into, when we're taping this show, it's been a tough week for you, your team, your whole state.

Do you want to talk about that just for a second?

[00:01:12] **Jeanne Chirico:** Sure. During the time that you were with us, you had an opportunity to meet one of our fantastic young up and coming CEOs. Her name's Tali Sutton. And unfortunately, this week, Tali suffered a medical emergency out of the blue and she passed away this week.

And so, her organization, her whole community, and all of us who knew her are still reeling from the loss of this beautiful 38-year-old. I just can't express enough what a staunch hospice advocate she was and how she pulled together an organization that were leaders. In their community for caring for one another in [00:02:00] all different kinds of ways, not just at the bedside during hospice.

[00:02:03] **Chris Comeaux:** Wow. Jeanne I, she actually came up and I got to sign a copy of my book for her and so I only had the honor and privilege of meeting her within a small window of time, but her energy, her smile I just, I cannot imagine the loss that you guys are feeling. Of course, our prayers go out to all of you, her family.

I know she had a. A young family and so just we're have no words, but we're going to do this show in memory of her and we're actually going to include a picture of her when we actually open up the podcast So thanks for still agreeing to do this in such a tough week for you your entire state your organization

[00:02:38] **Jeanne Chirico:** Thanks, as a matter of fact, we have our upcoming advocacy Week in Albany and her staff is no, she'd want us to be there.

So we're still coming.

[00:02:48] **Chris Comeaux:** So awesome Jeanne before we jump in and to the wonderful things we want to talk about tell our audience what do they need to know about you? You have a really cool background So I'd love for you to share some

[00:02:59] **Jeanne Chirico:** well, my [00:03:00] work career actually started with the developmentally disabled and When I was working with those individuals, I, my specialization was with individuals who are aging in the intellectual disability community.

And so that kind of put me on a path of caring for individuals who are nearing the end of their life. And then I had an opportunity to come to hospice and worked in the field as volunteer, bereavement, pastoral care, social worker director, and then moved my way on up. To running the organization, hospice part of the organization and during that time I also was asked to run our licensed agency and got to have a special love affair with all the home health aides and PCAs and caregivers that dedicated their lives.

You think about people who are giving. Durant of home health aide services. The people that I worked with were going above and [00:04:00] beyond every single day. They would bring food to their patients. They were giving out of the

little amount of money that they had coming in and but so I did everything I could to help raise them up.

So we had a mutual love affair going on there. And then one of the proudest things I think I'll leave this life with is helping to bring forward a pediatric palliative care program. My mentor, Pat Heffernan helped to create a program called Compassion Net. And I helped to bring that across New York State from the Pennsylvania border to the Vermont border.

And that's a wraparound all-inclusive care. Pediatric Palliative Care Program that's still going strong today. The only one around that's being insurance sponsored.

[00:04:44] **Chris Comeaux:** Proud of that. What year did you come to HPCANY's?

[00:04:48] **Jeanne Chirico:** I arrived in HPCANY's near the end of 2020. I think August of 2020.

Wow. In the midst of COVID.

[00:04:55] **Chris Comeaux:** Again, I've just, I've felt a connection with you from the first moment that I met you, but you probably don't know my very first [00:05:00] job when I was 15 years old was actually in the development of being disabled. It was in a school where I grew up in Louisiana and I was like a teacher's assistant for the summertime, and it definitely made a huge impact on me.

I still remember that summer fondly and just the amazing people I got to work with and around. And so I love that you have that in your background. Jeanne, we get the privilege of TC and I work with hospices all over the country and I love learning about just the different challenges, but I have to admit New York state is very unique.

And so I want you to talk about that a little bit. I think that'll be really educational for our listeners. What are just some of the unique aspects of hospice and how to care just in New York state and maybe therefore that your association is dealing with?

[00:05:43] **Jeanne Chirico:** Yeah, first I'll say when people hear the word New York they automatically think that it's New York City, and most of New York is actually rural and suburban.

And then we have New York City, and then so it's very [00:06:00] dynamic in terms of the variance in not only population, but culturally the most different cultures across the country. I live in New York, so it's posed its own challenges to meeting the needs that are culturally appropriate.

But in New York, we are also a Certificate of Need state, and that has been a blessing in some regards for the, 38 not for profit hospices that are in New York. There's a total of 40 hospices in New York. And as I mentioned, 38 of them are not for profit, which is we call ourselves a unicorn in that regard.

And our Certificate of Need has helped to assure that, only good actors are here in the state. But it's a constant fight to keep the CON. There are a lot of forces that would like to see that. CON come down or some of the guardrails that are contained in there [00:07:00] removed. So, a lot of the work that we have to do is to try and ensure that they, those guardrails stay up.

The other thing I'll say is New York has the second highest cost of end-of-life care. In any state in the country. And that might have some correlation to the fact that we also have the most number of physicians being produced out of the country and therefore the number of teaching hospitals that are here in New York May also have a correlation to the fact that New York state is last in the country in hospice utilization that's a needs a lot more research to prove that theory but we are confident there's multiple factors affecting hospice utilization

[00:07:53] **Chris Comeaux:** Yeah, that again.

That's what I so appreciate when I met you, but I think that You sit in the leadership position in a [00:08:00] very unique place. I did some work back in my student days with Metropolitan Jewish Health System and what occurred to me is that I mean they deal with challenges that are almost like a global corporation in a way.

Multiple languages, multiple cultural segments that they're caring for, staffing challenges, language challenges. And so, you have that within New York City, but then you also have the rule aspect, the things that you just talked about. I

mean you, it is a community. Perfect microcosm where you're dealing with so many challenges Some of which we're going to see as we go forward into the future and you're sitting in it today and so again, I imagine I love juicy problems.

They're probably days where you're like, I wish I had less of them but you really do sit in a pretty unique place because I think you're navigating challenges that we're going to see Over the next 10 years as a country as a whole.

[00:08:47] **Jeanne Chirico:** I think we are. And it, it goes beyond maybe what appears to be the obvious problems.

Aside from the obvious challenge [00:09:00] of Certificate of Need and the forces that want to see those guardrails come down. New York State seems to be melting pot of all the issues at a federal level. Right now, one of the big issues our association is also confronting is how Medicaid and Medicare are dueling out who's going to pay for what.

And the amount of regulatory burden that's being placed on the hospices to identify not only what they're not going to cover, but what they are going to cover. So, it's the reverse of the addendum. So, you don't just say, I'm not going to cover this. You have to say, I'm going to cover what I am in the Medicaid world.

And just knowing what's being paid for in the Medicaid world is a challenge in and of itself. And then the quote, spending outside the [00:10:00] benefit. Is a challenge just to be able to serve individuals. New York State has the lowest utilization of nursing home and assisted living facilities.

Not because we don't have people in need or the staff and the willingness to serve them. But the competitive forces for those dollars is incredible in terms of Medicare, rehabable days versus hospice care in addition to a state perceived double dipping of Medicaid dollars and all these things have affected policy and funding and utilization.

[00:10:43] **Chris Comeaux:** We're going to unpack some of that, Jeanne. When I had the opportunity to be a speaker at your conference in November again, that was just truly an honor. I would just so appreciate that you guys invited me to be part of it with incredible other people like Cordt, Torrey Fields and others.

And interestingly, you and I, you gave me [00:11:00] a lot of latitude in my presentation, but you didn't know we had been doing research about seven or eight years, and we had nailed down. This is our inventory of challenges that Hospice and Bowdoin Care is facing. over the next 10 years or so. So, I included some of that in my presentation.

You did your presentation right before me and I was just sitting there just amazed. First off, you're an amazing speaker and I'm going, oh my gosh the overlay between the Venn diagram of what you talked about and what we came to in our research was very close. And so, I'd love for you to share that perspective.

And at the end of my talk, I said, Jeanne, I want to have you in my podcast because your presentation was so good because I think this will be a great resource for not only hospice and palliative care leaders but paying it forward to their board as well. So, can you talk about that, those challenges from your perspective over the next five to ten years?

[00:11:50] **Jeanne Chirico**: Sure. I think One of the things that resonated with some of the people at our conference was the fact that I come from Rochester, New York. We're the land of [00:12:00] Kodak. And there were lessons that we can learn from the debacle of the Kodak failure as they stood still. And competition moved around them and they didn't respond, and there was a sense of complacency and high horse of we're the best, and of course, we're always going to be here, and unfortunately, I think that attitude exists in our hospice industry, not in a negative way, but just in a proud sense that, we are the gold standard of care, we have been doing it right, and people, other health care service lines should be learning from us.

Unfortunately, there's other motivations that are out there that we have to pay attention to. And if we rest on our laurels, I truly believe we're going to disintegrate and we are going to be last breath care as a convenience [00:13:00] to other service lines. And in addition, the workforce issue is tremendous.

And I can't speak for other states, but I can say in New York, there's this overall Republican and Democrat support for hospice. Yet when it comes to funding workforce initiatives, there's this lack of understanding that You can't fund hospice workforce with Medicaid dollars. We are not a Medicaid primary service.

And therefore, when dollars are made available to the healthcare workforce that are tagged to Medicaid reimbursement, we sit there with a big goose egg of help. So not only individual provider workforce issues are priority, but the global response to our Workforce shortage in hospice and palliative care across the board is [00:14:00] something that our challenge we need to step up to.

[00:14:03] **Chris Comeaux:** Yep, that's a huge one. And that's one we very much aligned on. What are some of the others that you had?

[00:14:10] **Jeanne Chirico:** With all the attention that the hospice industry is getting negatively at a government level from the federal hospice integrity, issues, the hospice audits that are going on those issues affect the bottom line in a tremendous way.

And again, a complacency or a sense that I can't make a change in this will lead to a self-fulfilling prophecy of being at the will of these negative forces. So I think using your voice to say that the fact we have to do a hope tool now is negatively going to affect our finances, our productivity, and be able to show in the [00:15:00] data, What the impact is of these changes, the special focus program, the fact that you, at this point, nobody knows if they're going to end up on a special focus program because it's not a straight list of the bottom 50.

It jumped around even in their own algorithm. And there were hospices that were put on that list that if you look at how the algorithm played out, they would have been number 121 on the list, not number 50. What are we doing to support fighting these inappropriate regulatory sanctions, et cetera?

[00:15:40] **Chris Comeaux:** Yep, agreed. We're definitely aligned, so workforce, regulatory, those were two of our top ones as well. I feel are you alluding to competition, in some ways you were in the very beginning. Is that another one that you feel is pretty high?

[00:15:53] **Jeanne Chirico:** Yeah, diversification is a big challenge.

Hospice providers feel a sense [00:16:00] that they are also able to be palliative care providers, and I am 100%. behind that and have helped create many palliative care programs. The problem is that the reimbursement structure doesn't support hospice providers doing that unless you're large enough or connected enough to get insurance contracts that pay commercially.

And one of the things, the problems is that Having come from an insurance company owned hospice, I know that insurance companies don't want to have a hundred contracts with a hundred different providers. And unless there is an alliance as you know very well, unless there's a coming together to say One stop, one shop, you can contract with us.

We get left out of the network because there are vendors and venture companies who will come in and say, We, can cover the entire state for you. [00:17:00] You don't have to do a thing. Here's one contract and one point of entry for all the data and one analysis easy peasy. And that's what payers are looking for.

[00:17:13] **Chris Comeaux:** That's so good. You used the hourglass analogy in your talk that I heard. Can you share that?

[00:17:19] **Jeanne Chirico:** Sure. So, what we don't want to see our hospice providers Trying to hold on with their fist and hold on to that Medicare revenue as the sole source of revenue because it's slipping through the palm of your hand.

And what I'm suggesting is that instead of closing our hand around sand that's leaking out. We use the hourglass model, which is looking at value-based purchasing contracting with ACOs, other diversification. [00:18:00] of services so that as Medicare revenue hospice only starts to shrink, it's falling into the bottom part of the hourglass with, and we're catching it with contracts for these other services.

[00:18:13] **Chris Comeaux:** Yeah, that's great. And workforce regulation. competition, reimbursement, which is interesting, those four were actually four of ours. We actually had four more, and so one was technology. I feel like you alluded to that in your talk, was that like on your radar screen of a huge challenge?

[00:18:31] **Jeanne Chirico:** It is and sometimes not in the way that everybody thinks about, oh, the latest technology that's gonna measure this and measure that as your, this audience probably knows, technology is more intricate than that in this field. It's not only the up-and-coming AI and how that's going to be utilized and utilized to our advantage.



Are there ways to decrease documentation time using AI? Are there ways that we could use AI [00:19:00] for intake, for, tuck in service, all those types of things. But then, technology in the Interoperability and the, what will soon be knocking on our door like it has in every other door, how are we going to pay for interoperability across service lines?

[00:19:19] **Chris Comeaux:** Yeah, that's really good. And how quickly it's moving. I think the 2025 is going to be pretty fascinating with artificial intelligence and they're predicting we might be at AGI by the end of this year, beginning of 2026. And then ASI is artificial super intelligence. And you know what, within the first week of the new Trump administration, I forget how it was a huge amount, billions of dollars of investment because it comes down to the computer chips and the.

electricity, basically the power. So, if they make those investments the breathtaking breakneck speed of how fast this advances, and then how do you apply that to what we do? There's so many great juicy [00:20:00] problems within all of that.

[00:20:01] **Jeff Haffner / (Dragonfly Health Ad):** Thank you to our TCNtalk sponsor. 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

[00:20:44] **Chris Comeaux:** There's another one. I feel like I heard you allude to gene that we called out in ours Which is that our customer is changing, and I feel like again you're on the front lines of that because you live in such a diverse you have literally our country's diversity throughout your whole service area.

Is that something that [00:21:00] hits you guys right at our screen as well? We call it customer demographics. There are customers changing.

[00:21:06] **Jeanne Chirico**: Yeah, customers are changing, and expectations are changing in terms of service provision and unfortunately we have to combat not only the expectation and kind of demand.

The fact that we can't always provide the level of support that caregivers are looking for in the home to keep their loved one at home, and so we have to balance educating and supporting caregivers on how to maintain someone at home when more and more burden of care is being placed on them as the workforce shortage continues to limit the supports we can put in place.

And then in New York, absolutely, there's cultural changes in customer in population [00:22:00] dynamics. The number of individuals that are living alone. It used to be standard that we'd say, no, I'm sorry, you have to have a caregiver. But You can't say that anymore. You'd never have a referral.

[00:22:12] **Chris Comeaux**: Yep, exactly.

[00:22:12] **Jeanne Chirico**: And how to manage that and help your staff with consistent language and resources and things. It's a big challenge. And for New York, one of the things that is being studied is, what's the impact on those satisfaction surveys with changing customer cultural understanding, expectations who's filling them out and why and it has a big impact, especially when you look at special focus program using.

CHAP surveys double the weight of any other indicator.

[00:22:45] **Chris Comeaux**: Absolutely. Jean, out of those what would you say are the top three? So those are all juicy problems. Do you have a rank order in your mind?

[00:22:55] **Jeanne Chirico**: Yeah. I think workforce is primary and not [00:23:00] just workforce. How do you deal day to day?

It's workforce for our industry. Pachetta has been on the books forever, it feels at the federal government, but something's gotta be done to force the issue for higher education, especially. And then I'd say from my seat. Now I'm a grassroots activist, for, at heart any issue I'm very passionate about, I'm not afraid to go to the streets and advocate for that, and so one of the fears I have is that the sense of complacency or hopelessness about the future.

of hospice will erode our industry. And then if I had to pick a third one right now an immediate risk, I think is the social media snapshot for our federal legislators in. We're on board with hospice [00:24:00] integrity and keeping these bad actors, but it's punishing good actors as well. And not, they're throwing the baby out with the bathtub water with and using a sledgehammer with some of these things and we need to advocate to pull that back.

[00:24:15] **Chris Comeaux:** Yeah. Agreed. Yeah. Those are three really, the workforce is just huge. It's a huge math problem. And then as we're going to end up with, I think it's called 5G, 5GN. five generations in the workplace. And we each, I, you're a generation just slightly ahead of me. Maybe I'm the one right behind.

I, my actually second son works in hospice now. He's that younger generation and how we learn is different. His uptake of technology compared to like myself and just how our orientation programs are actually geared towards onboarding those new employees. There's so many juicy challenges within the whole workforce issue.

Probably someone you and I probably both know, I won't say their name on air. But they actually went to a health care conference in Japan and They're deploying [00:25:00] robots and some of those hard to feel shifts because they just don't have the human beings and the Japanese Demographic of their baby boomers is ten years ahead of ours So it's almost like going into an actual time capsule and then seeing well, what are they doing?

They're having to deploy robots because they're just not enough people like that, you know After hour shift, what we call the late hour shift. But as we know, many of our members that have inpatient units, et cetera, that's a really difficult or that after hours on call person, which I couldn't imagine a robot for that.

So, it's going to be fascinating to see what happens on the workforce front as we go forward. And speaking of fascinating we're, the show will be airing in the early spring. It's been a kind of a breakneck. Pace the first three weeks of the new administration. And do you, are you hopeful?

Are you concerned? What do you think? Is this an interesting window of opportunity since it seems to be a sea change time? Is that good? Is that bad? What are your thoughts?

[00:25:54] **Jeanne Chirico**: I wish I had a crystal ball. I'm a 50 50. I think [00:26:00] there's an opportunity for pullback on some of these regulatory burdensome things that are out there right now.

I think that a change at CMS might allow for some pause in these regulatory things that are coming our way, but at the same time I think our revenue stream is at risk. I think that there's an opportunity to show that we are cost savings, but That doesn't mean that there's going to be an increase in revenue.

And cost of living is still going to be a tremendous impact on provider survival.

[00:26:41] **Chris Comeaux**: Yeah. Totally agree. Jeanne, what are, so again, you guys have such interesting challenges. Yes, they're common to most hospices throughout the country, but you also have some that are pretty unique. So, what is the, if Jeanne waved her magic wand and said, this is the prescription for a hospice within New York state to navigate [00:27:00] the future, what would your prescription look like?

[00:27:03] **Jeanne Chirico**: My prescription would start with partnering with the referral sources that are around. The prescription isn't what the hospice provider needs to do. It's what the healthcare system needs to do. Needs to do. So, I'm giving them the prescription and the prescription the prescription is to partner with the local community-based hospice provider who can help with throughput.

And can help with decreased cost, not only for hospital admissions, but readmissions. And to see that as a benefit overall, even if it's not within your own healthcare system network. Ultimately the savings still hit the bottom line. And then I guess I'd say for the providers, it's to if they're going to continue to, It means [00:28:00] thinking out of the box in terms of non-traditional hospice reimbursement.

And finding that baseline survival amount that you can live with and offering services accordingly. To the various referral sources. It's not just hospital systems, but it's payers. It's also nursing homes. It's, there are opportunities through the value-based purchasing and ACOs to create programs that benefit other sectors.

of the health care system. The trick is getting a seat at the table. And sometimes the advocacy needs to come from the top down to, to make sure there is a chair there for you.

[00:28:46] **Chris Comeaux:** What would be some of those innovative service lines, Jeanne? I imagine palliative care is one that you're alluding to.

[00:28:51] **Jeanne Chirico:** Sure. Mental health supports. Especially not for profit providers, who else are the ones that are providing the [00:29:00] group support? No cost support as well as one on one counseling for bereavement services, but even if it's not bereavement services, so many of our hospices hire qualified, licensed social workers who can get their R numbers and bill insurance companies and support your communities through mental health services.

There are opportunities for wellness. Support programs. I think, we don't give ourselves enough credit for what we do with social determinants of health. And so many of the national waivers are requiring social determinant of health networks and hubs. There's no reason why we shouldn't be in that game and being able to support our communities like we do and get paid for it.

[00:29:48] **Chris Comeaux:** Jeanne, something that just as we're just talking again, thinking about your unique just what you say, grace over New York State, New York City my perception is so much of New York's [00:30:00] healthcare revolves around the acute healthcare systems. Some of the Like literally, global brands are within New York City.

Is that diminished once you get more into the rural areas of New York? Or is it still pretty centric around the hospitals? And the question behind my question, many people do believe the future of healthcare is healthcare in the home. Which is great for us, right? Because that's what we've done most of our careers.

But yet you're sitting in a really unique area. New York city again, is almost an entity onto its own, but you have huge acute care hospitals. In fact, I remember my time working with Metropolitan Jewish Health System, even their skilled facilities are huge compared to a big facility in most communities of our hospices is 120 beds.

I think they had some six, 700, 800 bed skilled facilities. And so, I think most people don't understand that. And can you just speak about that a little bit? Because if the future is care in the home, but yet the revolving around the sun of the healthcare system is around these huge [00:31:00] facilities, how do you see that playing out into the future?

And then how does that work? And even in your rural areas today?

[00:31:06] **Jeanne Chirico**: Sure. The consolidation. And mergers within healthcare systems and these huge vertical networks that exist are not just a New York City issue. It's across the entire state. And it does impact, hospice for sure. And I think the, being able to see what in it for the hospital health care system and how do you as a provider give them what they need is really important.

And I guess what I'm trying to say is consolidation within the health care environment exists throughout New York State. And [00:32:00] unfortunately, the hospital industry has a huge advocacy component with a lot of dollars behind it, and that does influence policy. And those policies are a risk to our providers at times.

And the easiest one to think about is hospital at home. In and of itself, you would think there's nothing wrong with hospital at home, but if it's only stage one of the map, In terms of hospital expansion, it's a problem. And in New York right now in the executive budget it says that hospitals will be allowed to provide hospital at home without getting a certificate of need for [00:33:00] home care.

So, it's embedding this waiver that already exists in permanent statute that hospitals don't need. to follow our CON. If they can do that for home care, then they could do it for palliative and hospice care as well. Now, they can already go and deliver palliative care in the home, but financially, they haven't found a way, I think, to make it work for them.

But, if they could go and provide hospice in the home and call it whatever they want to call it, then if that's where 85 percent of our referrals come from hospital. Then what are we going to do and where are referrals going to come from?

[00:33:46] **Chris Comeaux:** Is that hold true in more of the rural areas as well, Jeanne, or is it more centric to New York City, or it's really across the whole state?

It's

[00:33:53] **Jeanne Chirico:** across the state, yeah.

[00:33:54] **Chris Comeaux:** Do you guys have a lot of critical access hospitals in New York State, or not really?

[00:33:59] **Jeanne Chirico:** [00:34:00] No.

[00:34:00] **Chris Comeaux:** Okay. I didn't think so. I figured they were mostly regional, which then, they're partaking of the DRG system, not critical access, yeah, I think it's such an interesting now.

Do you have large like senior like again Metropolitan Jewish is a good example within New York City but there's some people that do believe that the solar system of health care is going to switch from revolving around the acute care To the senior living communities. They've got big balance sheets They're a little bit more geared towards, they're created cities if you will So they're a little bit more geared towards social determinants more of a holistic continuum Does that I'm just curious what your thoughts are about that.

As I look across other parts of the United States, I could buy that future some of these large senior living communities, they're interesting partners there's a word I've heard, coopetition. Are they competition or are they like a collaborative partner? And it's a bit of both. And it takes that level of, I think that's where you're poking on the complacency earlier.

But I'm just curious, does that sound Different to New York State that these senior living communities might be the [00:35:00] power center of health care What are your thoughts about that?

[00:35:05] **Jeanne Chirico:** I don't really see that yet. I do see them growing in New York State One of again, it's like policy drives What we see and right now policy is driving pace.

[00:35:21] **Chris Comeaux:** Ah, okay

[00:35:22] **Jeanne Chirico:** And that's another worrisome condition for hospices. I totally believe in the PACE program. I'm all for it. Let's just make sure that the end-of-life care that's being provided is the quality that it should be. And how can we help the PACE programs do that? And then, New York has seen a total flip flop of nursing home ownership.

So that venture capitalists own nursing homes are predominant in New York State. And I'm not sure that [00:36:00] environment will be seen as You know the hub of the future.

[00:36:04] **Chris Comeaux:** Yeah, that's a great answer actually Jeanne, what final thoughts do you have for our listeners?

[00:36:09] **Jeanne Chirico:** What I would say is again coming from my grassroots background we have to use our voice and sometimes as providers and If you're a consultant, sometimes you can be very busy putting out the fires of the daily workforce issues or the daily things that are happening and take your eyes off of the larger picture and how the chessboard is moving.

My fear is that we end up in a checkmate situation in terms of our hospice. Beloved hospice program. And it's no longer what we hoped it would be.

[00:36:56] **Chris Comeaux:** Yeah, that's very well said, Jean. We have several CEOs that are very [00:37:00] articulate in our network, and Hospice is one of the most brilliantly conceived, devised, delivered by a high quality, we're biased community based, usually nonprofits but there's some good for profits out there that actually try to do it right, that really that true IDG approach, if you have a Hospice inpatient unit in your community, that makes a beautiful addition And then if you chassis that to a great palliative care program, getting that upstream, getting that length of stay where it's at least about 60 to 90 days where we do a beautiful job and we have what we call the good death.

And then the family that survives walks away and even their grief is different than someone who didn't go through that. We need to preserve that, and we need to tell the story of that because it is interesting the baby boomers have transformed Every other part of our economy as they've aged and very rarely.



Could you look back and go that was done really? 1983. It was a brilliant model holistic care A team approach, a care plan that cinders everybody, and part of that care [00:38:00] plan should be, hey, what matters most? That's one of the beautiful aspects of hope. Hope is actually going to reward us for asking, what matters most to you?

And then we focus on that, because quite often in the rest of healthcare, that gets lost. The patient gets lost. What matters most of them gets lost and we were built to keep that at the center. I do think there's in the distraction of the crazy. Maybe we lose sight of that, and we shouldn't. And one of my favorite TS Eliot quotes is we arrived where we first began, but we know the place for the first time that feels like the wisdom of us going forward and I love your advocating for.

We got to shout that from the mountain tops. We got to go to that grassroots. Grassroots is how this thing was actually born in 1983. And let's make sure that we don't get checkmated, and people go. We just destroyed something that was great. Maybe they say that 15, 20 years later. I always, I love the quote that we have stood upon the shoulders of giants and you, and I have inherited the giants of the Mary Labyak was one of the, my heroes growing up in hospice and that's us now.

[00:39:00] So what are they going to say about us 20 years and They had their own challenges, and we've inherited what they the fights that they fought and how I got one but what are they going to say about us now? And I don't know if you want to make any final comments if that resonates with you

[00:39:13] **Jeanne Chirico**: Oh, it totally resonates with me, especially at this point in my life I've still got a lot of fight left in me, but I'm not sure how long that's going to be

[00:39:22] **Chris Comeaux**: You're still young.

So, let's make sure we keep doing this fight for quite a bit. Jeanne, thank you. You really appreciate you. And I hope this podcast will be a resource for the organizations you work with as a great kind of way to say, here's what we're up against. And I think there's some good pearls on what we could do going forward.

To our listeners, we appreciate you and we want to make sure you subscribe, pay this forward to your board, your staff and we always try to. in with a quote. And Jeanne picked this one and this really feels profound. It felt profound when you sent it to me. It feels even more profound now that we've had the conversation, Jeanne.

So, it's a Margaret Mead quote. "It's never doubt that a small group of thoughtful, [00:40:00] committed individuals can change the world. Cause in fact, the only thing that ever has. Is exactly that." Thanks for listening to TCNtalks.