

Transcript for TCNtalks with guest Mike Campbell, 2024

On Hospice and Paramedicine Collaborations

00:01 - Melody King (Announcement)

Welcome to TCN Talks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

00:23 - Chris Comeaux (Host)

Hello and welcome to TCN Talks. Our guest today is Mike Campbell. He's the training division chief at Stanly County EMS, and that's Stanly County, North Carolina. Welcome, mike, it's good to have you.

00:35 - Mike Campbell (Guest)

Oh, thank you for having me, chris. I'm excited to be here.

00:38 - Chris Comeaux (Host)

Yeah, Mike. What do you want our audience to know about you?

00:41 - Mike Campbell (Guest)

Well, I've been in EMS since 2010. I currently serve as the training division chief here at Stanly County EMS, so I oversee all of the training, the education, and I also oversee the community paramedic division at EMS, which is why we're here today. Talk about the community paramedic division.

01:03 - Chris Comeaux (Host)

Yeah, what about some stuff about you personally?

01:06 - Mike Campbell (Guest)

I'm happily married. I have two amazing daughters. One is 17. The other is 13. My 17 year old is currently on the college track, so we're looking at colleges where she wants to go. In my free time we like to go out on the lake, go out on the boat. We uh enjoy being up in the mountains of north carolina, where we also have some property, hunting, fishing and just being outside. Anything like that that's awesome.

01:33

We'll put in north carolina out of curiosity uh, it's in alleging county, so alleging county kind of borders. The north carolina and virginia state line, we're about 11 miles as the crow flies to Galax, Virginia, from up there.

01:46 - Chris Comeaux (Host)

Yeah, that's some beautiful, that's beautiful country out there. Gosh, that's beautiful. Well, I got to meet Mike. So our listeners may be wondering wait a minute, did I tune in? This is TCN Talks, right, what is it? Paramedicine, and they're might go on. Well, what's going on here? And so I had the honor and privilege of meeting you.

02:02

I was on site at our amazing tele-ass member, formerly a hospice of Stanly County, now Tillery Compassionate Care, and they, like a lot of hospices, are concerned as we go forward into the future. The math doesn't work when we look at the number of people that are going to need our services compared to the people that are in healthcare, unless we scarf all the healthcare staff out of hospitals et cetera, which maybe some of that's gonna occur, but we don't want all of that to occur. We still want acute care. And so, tillery, like some of our other TCM members are just thinking about, we've got to get more innovative and are there other disciplines that we can maybe partner with? And got to meet you. You came, you and the artillery team were talking about some innovative stuff and I asked you. I

said, mike, I want to have you in my podcast. So I appreciate it took us a while to get it scheduled. I think this was like last, I think it was like right before Thanksgiving of 2023.

02:56

So, before we jump in about those specifics, though, just tell us more about the Stanly County community paramedicine program. I mean, it blew me away. It wasn't the gift I was expecting of that day and not realizing. Man, you guys are doing some innovative stuff, so can you talk about that?

03:13 - Mike Campbell (Guest)

Well, yeah, yeah. And first let's talk about just what EMS is in general and the general perception of emergency services, and that is 911 response. People have in emergencies that's when they call 911, who shows up to your door and people assume that when we come out there that we're going to take you to the hospital. We do a lot of lights and sirens. It's a really exciting job and it is. But there's also another side of it that's kind of developed over the last 10 years, which is called community paramedicine, which is where we take highly trained paramedics, we train them to think a little bit differently and they focus on the needs that the community has. So these paramedics have a wide variety of skill sets and can do a whole lot of different things on the ambulance. So we're trying to transition those skill sets, the critical thinking and the knowledge they have, into community based initiatives and infusing ourselves as paramedics into other realms of the health care system.

04:13

So, and just like any other health care industry, right now we face staffing challenges as well.

04:33

So a lot of times when someone calls an ambulance actually most of the time when someone calls an ambulance the issues that arise can be mitigated in the home without even going to the hospital, and that's where we've created this concept of community

paramedics and community health and addressing the needs in our local community in Stanly County.

04:45

Addressing the needs in our local community in Stanly County, and a lot of that did fall back on hospice and palliative care patients for a plethora of reasons, but what we realized was, you know, taking them to the hospital every time something happened was probably not the best idea. There's potential negative outcomes that could happen, but at the end of the day, people want to stay in their homes and our community paramedics are trained to help with that, so we can do these treatments in the homes. We can perform a lot of diagnostic testing and a lot of different things without even having to leave the patient's house, which is where that patient needs to be. They need to be at home, they need to be with their family. They just have some needs that need to be met, and that's where the community paramedic role plays a large part in that.

05:35 - Chris Comeaux (Host)

That's really good, Mike. There's a couple of things that occur to me. I was traveling this past week. I was at a national conference and I haven't been a huge Uber fan. I'm more kind of like a traditionalist. So I traditionally used a taxi but I used a lot of Uber. This week Maybe I got more comfortable with the app and I was just kind of sitting there and just marveling at that business model and one of the Uber drivers that drove me I was looking, they have their little bios on there and apparently he works it from town to town and then in some downtime he drives Uber and it occurred to me he's taking his downtime and he's repurposing it where kind of when people call it the gig economy.

06:15

And it just kind of occurred to me that, as an analogy, you know paramedicine paramedics. They're sitting there and they're waiting for that emergency, and so was. And obviously you guys I want to talk about that in a second you guys are almost like the MacGyvers of healthcare. By the way, every paramedic I've met it's like the superpower of being a MacGyver. But is that some of this? Is that sometimes you have underutilized capacity, I guess I should say, and then you're taking that capacity and then serving a need in healthcare. Would that be accurate Reed?

06:48 - Mike Campbell (Guest)

I think that's a good perception to have, but I could almost say it's almost the opposite of that, where EMS is overutilized in a lot of situations and there's too many people being taken to the hospital, which you know again, is not good for the patients, it's not good for our 911 crews and you know a lot of the burnout that is caused in healthcare and EMS is doing, you know, the same thing over and over, when it may not necessarily be the most relevant or the most beneficial thing for that patient.

07:23

So our mission is to reduce call volume for our 911 agency, keep patients where they're at and it's also a very cost-effective measure because it is less expensive for a 911 system to send one paramedic out and treat them in the home versus sending two paramedics out and a quarter million dollar ambulance and the fuel and everything else it costs to take that patient to the hospital. And then that patient incurs those costs. They incur the healthcare costs associated with being in the emergency room and just by sending one person out there to spend a little bit of extra time with that patient using the same skillset that they would on the ambulance is a very cost-effective measure for an EMS agency and it's also a very beneficial intervention for the patient receiving those services.

08:14 - Chris Comeaux (Host)

I love that, Mike. So that just totally repositions my understanding. But perfectly, you know, I'm trained as an accountant so I would have just assumed that because I do see our EMS every once in a while. But thanks for connecting those dots because, you're right, every hospice I talked to their EMS is backed up because they're so flipping busy. So it sounds like you guys more got. Well, what's the root cause and how do we change the paradigm and become part of the solution and not perpetuate the problem?

08:43 - Mike Campbell (Guest)

And a lot of times when a patient calls to go to the ambulance or go to the hospital, it's the I don't know what to do. So I called y'all and historically, paramedics, emts and EMS services says okay, well, we'll take you to a doctor who knows what to do. And now we've adjusted the way we provide healthcare and community paramedics do know what to do. They're

critical thinkers, they can work autonomously and by knowing what to do at the right place at the right time, we can prevent that ambulance transport and we can improve outcomes in the home without having that patient to go to the hospital in the first place.

09:29 - Chris Comeaux (Host)

Just I'm sitting there thinking every paramedic I've known and maybe it's, maybe it's just unique, but they're like there are like MacGyvers, and so do you find that is that kind of number one? Probably you have to be, probably attracted to some level of kind of high adrenaline type situations, but is that resonate with you?

09:43 - Mike Campbell (Guest)

Yes, absolutely, absolutely, absolutely.

09:46 - Chris Comeaux (Host)

Yeah, and I'm curious do you guys hire for that? Do you look for that kind of your interview process or people?

09:52 - Mike Campbell (Guest)

We value someone who can critically think, who can work independently and autonomously and who can make good decisions quickly. Absolutely, absolutely.

10:03 - Chris Comeaux (Host)

Well, so now probably the meat of what our listeners so you know, our listeners in the hospice and palliative care field, and you're talking to Tillery about some interesting innovations. What are some of those innovations that you guys are considering together?

10:17 - Mike Campbell (Guest)

So some of the things that we're able to do to assist with the hospice or the palliative care patients are the things that prompt a 911 call from the hospice nurse or from the patient themselves is such as you know, I have chest pain and I don't really know what to do.

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Or I may have a UTI and I don't know what to do.

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In that sense, and just with us in staffing challenges, there are staffing challenges in the nursing field and if a nurse can't get out there to evaluate the patient, the default is, you know, call the ambulance and go to the hospital, and by doing that it opens up the patient to a wide variety of potentially negative outcomes. But our community paramedics can go out there, they can evaluate the chest pain, they can give suggestions on mitigation efforts. If it's a possible urinary tract infection, they can obtain a lab sample and take it to the lab. If someone's experiencing acute onset of pain, they can treat that pain in the home now, get the patient comfortable and then not have to take them to the hospital for the same exact thing. So, basically, we're bringing health care to the patient, we're treating them in the home and then we're leaving them with some education, we're leaving them with contact information and a little bit of relief, knowing that they didn't have to go to the hospital, even though a paramedic went out there to see them.

11:41 - Chris Comeaux (Host)

That's really good. Now, Mike, do you guys. So how are you funded for that, Because that's so much more proactive than the typical reactive responding to a 911 call? Is it grant funded? Where's the funding come from?

11:53 - Mike Campbell (Guest)

So we have a couple of different funding models in our community paramedic division.

11:58

We did start off with a grant from Blue Cross, blue Shield, actually back in 2019 to do some mitigation efforts related to the opioid crisis and by responding to opioid overdoses and interacting with patients in a more proactive versus reactive approach and just connecting those patients to the right resource instead of the emergency room, we found to be very beneficial with that sense.

12:26

So by being successful in that, we were lucky enough to have a lot of county support here in Stanley County and we got a good majority of our community paramedic division funded by the county themselves. But then we also have relationships with our local hospital systems to where our community paramedics go out and do high-risk readmission mitigation efforts. So anybody who's been admitted to the hospital for a heart attack or for a respiratory disease or a stroke or something similar and they have a high potential of being readmitted back into the hospital our community paramedics are actually able to go out and intervene in those situations as well and prevent that readmission back to the hospital. So some of our revenue is also generated from the hospital system and seeing those patients and preventing those readmissions.

13:19 - Chris Comeaux (Host)

Yeah, it just strikes me that's so progressive in its thinking, like first off your county to realize, because you know many county EMS says. I'm so glad you reconnected the dots for me on that because, again, every hospice I talk to, especially those that have inpatient units, the bottleneck is basically getting the patients transported out of the hospital. So instead of just throwing more bodies at that problem, thinking more creatively about well, what's causing this problem, Can we be more proactive? County government hospital and you're not like in a major metropolitan area, um, and so what's the? What's the biggest city in the county, in Stanley County?

13:59 - Mike Campbell (Guest)

So the biggest city in Stanly County is Albemarle, North Carolina.

14:03 - Chris Comeaux (Host)

Yeah, and so it's not like this major. So obviously some brilliant people live in your area. Just thinking about the whole ecosystem of how people have thought creatively about that. Well, one other thing I was thinking, Mike, that would probably be helpful to our listeners. I mean, you and I were chatting when we visited in the fall you share with me the different levels of paramedics, how they're certified. Can you just share more of that? Because that really kind of helped my mind kind of get wrapped around the because, like you know, in healthcare we've got our nurses, our social workers, our chaplains, our CNAs, so can you share more about that?

14:37 - Mike Campbell (Guest)

Yeah, yeah. So in EMS there are a bunch of different levels of providers. Your EMT is your entry-level pre-hospital provider. It takes about a semester of training and some clinical time to get that certification. Then we have our advanced EMT, which is similar to LPN or something like that, where they have a little bit more clinical capabilities. Their depth and breadth of medical knowledge is a little bit deeper than the EMTs and they can start performing some of the more immediate life-saving measures when they respond out to the scene.

15:12

And then after that is the paramedic of practice. There's a lot that they can do, a lot of skills that they can perform, and that's usually what you see most ambulances staffed with is a paramedic in North Carolina. Outside of that there's all kinds of specialty divisions in paramedicine and one of those is community paramedic and that's an additional 200 hours of training, some clinical time, and really those are community-specific. So we focus on what our community needs, based off of community health assessments, and then what social determinants of health are in the community that is causing health disparities and increased health care costs. And you know, at the end of the day we focus on what our community needs based off of what we find in those community health assessments. So no community paramedic division is exactly the same, because every community has different needs.

16:33 - Chris Comeaux (Host)

That's really good. Well, given the vision perhaps of where maybe paramedic collaborations can go in the hospice and palliative care space, we're worried. I think one of the original

initiatives is we're worried about having enough staff by the bedside. Are you guys worried about the same thing? Are there going to be enough paramedics? Is there projected shortage? Are you guys doing anything about that?

16:56 - Mike Campbell (Guest)

You know there is concern that there's not going to be enough paramedics in the future and there are some things that we're doing to mitigate those efforts as far as changing the way we deliver education, changing the way paramedicine is performed out in the field, and trying to reel people in based off of what we think may be a good job satisfaction for them. Obviously, you know, pay and burnout are two of the biggest things in all healthcare industries that are causing people to leave healthcare. So we're actively trying to mitigate some of those issues and by having these special certifications and expanding the scope of practice and the things that paramedics can do out in the field seems to actually be having the reverse effect and it looks like in the last 18 months or so, we're getting more people interested in public safety and paramedicine, which is really exciting to see what the future is going to look like.

17:52 - Chris Comeaux (Host)

Yeah, I'm not a big TV watcher but you know, tv shapes culture and one of my family, one of the few shows that we watch somewhat religiously is the Rookie, and it just is occurring to me that there's some. It's a great way of kind of painting the picture of the sexy part of some of these positions and roles. I was sharing with you before pre-show prep. You and I were sharing with you my son's in law enforcement and I'm trying to think about kind of what attracted him to that. I'm sure there were things in his past, but do do you guys actively like, is that anything that you do like, um, local colleges, schools, just to help kind of put out there to attract like those young people when they're thinking about their future career?

18:34 - Mike Campbell (Guest)

So we do, we do. We have a whole public relations committee that goes out and tries to recruit from different areas of the community itself. One is the community college where a lot of our education and even continuing education is run through and other things are getting involved with local school systems. We're actively in the middle of right now is doing hands-only CPR training at all of the schools and getting all of the students, as well as the teachers and the faculty there, trained in hands-only CPR. And sometimes, or even a lot of

times, just coming in with a CPR mannequin and some really energized and engaged field training officers piques their interest and makes them want to do a little more. And obviously having good relationships with the fire department, local law enforcement and getting everybody engaged seems to be helping to make that turn into a positive for public safety in Stanly County and in North Carolina.

19:35 - Chris Comeaux (Host)

I'm trying to think of oh HOSA, that's what the name of it is. I know they get a lot of CNAs out of HOSA. I'm trying to think of oh HOSA, that's what the name of it is. I know they get a lot of CNAs out of HOSA. I think it's like healthcare occupancy.

19:47 - Mike Campbell (Guest)

Do you get paramedics out of that in that high school club? So there is some of those happening across the state and right now it's more of a new thing in public safety where EMT classes are being taught in the high schools, and I was a HOSA member when I was in high school.

20:00

I got my CNA when I graduated in 2003 and remember going to those competitions and that was really, really fun and we're starting to see that more and more in the high schools in North Carolina as well is getting initial EMT training in the schools and gauging a lot of interest, and it's really awesome to see that young people are interested in public safety right now and we're hoping to keep that momentum moving forward.

20:28 - Chris Comeaux (Host)

That's awesome. Well, I really have deep appreciation for what you guys do. Our family's joke is I'm a crash test dummy. Let's just say I've had a couple of interesting traumas. One was a horse and a car and another was me and a bike and a road.

20:44

So, deep appreciation and a personal experience for what EMTs and paramedics do. The other thing that really impressed me, Mike, when we first met and again our listeners all over the country. You've got people coming from all over the country to visit you guys. Can you talk about that a little bit?

20:59 - Mike Campbell (Guest)

So, yeah, so we've been lucky to be successful with some of our efforts, especially regarding the opioid crisis and when we started that back in 2019. And we were some of the first in the nation to start doing some of those mitigation efforts. Regarding that and, again, being rural in central North Carolina, not having the ability to connect with a lot of resources, not having resources readily available in our community, we had to start thinking outside the box on how to get some people connected to care and luckily, it was very successful for us. We put a lot of hard work into it. We started studying what best practices were and then we started creating some best practices ourselves and we've seen the number of opioid overdoses in our community exponentially decrease.

21:50

And, unfortunately, for a while, Stanly County was number one in North Carolina for overdose deaths, hospital visits, EMS runs, and that's not a number one that we're proud to own.

22:03

Blue ribbons are great, but that's not one blue ribbon we were excited to have and we realized that if we did the same thing that we've been doing for the last 20 years in EMS, that the problem would never get better.

22:15

So we thought outside the box, we eliminated some stigma behind what opioid addiction was, and we got people connected to care in a different manner. And I'm proud to say for the last three years we haven't even been on the top 10 of that list. So that created a lot of good publicity for us. And now we're lucky to be trainers for other agencies across the country who want to come and learn how to provide, you know, a different type of care in

the pre-hospital environment and connect patients to resources. And again, taking people to the hospital every time they call 911 is not always the best answer. The best answer is connecting people to the right resource when they call 911. They're not going to stop calling 911, and we don't want them to, but we want to make sure that the right person is interacting with them, and a lot of times the emergency room just isn't the right place for a lot of different types of calls.

23:18 - Chris Comeaux (Host)

We have listeners all over the country. If they're listening to this and they're like man, I'd like to connect my local EMS with you guys. Is it just should I use your email, or is there a special email you need to get me?

23:27 - Mike Campbell (Guest)

Yeah, you can use my email, that'll be fine.

23:29 - Chris Comeaux (Host)

Perfect, We'll include that when we actually put it in the show notes afterwards. The other thing that's occurring to me is you think about this potential collaboration with Tillery. I'd imagine coordination, communication challenges like everything in life, right, you start to bring different people working on the same problem. Have you guys started to anticipate some of those coordination and communication challenges and any solutions you've come up with?

23:53 - Mike Campbell (Guest)

You know, we've had some of those challenges in some of our other efforts in the past. So we were aware that those would arise and, you know, the biggest thing is making sure that we can share communication, you know, safely and effectively between two different organizations and making sure that there was access to each organization whenever the arise needed. So our community paramedics are staffed 24-7. So if something happens at two o'clock in the morning, we need to be able to, you know, respond to whatever that is, and it seems like we're doing a good job with, you know, getting the right paperwork signed and making sure legal reviews, everything. And now I'm proud to say that we can effectively

communicate, you know, both ways across the board. And in turn, that is producing better outcomes for the patients that need community paramedic intervention because there's no more waiting period for them.

24:47

If it's two o'clock in the morning and a hospice patient is in a pain crisis, they don't have to wait till eight o'clock in the morning for someone to come out there.

24:56

A paramedic can get out there and they can treat that pain and get that patient more comfortable. Or if there's something going on with a palliative patient and we don't want to send them to the hospital but we're worried they may have an infection of some sort. Our community paramedic can get out there, you know, right then, and there draw the labs, get them to the hospital and if there is an infection or whatever the case is, once those labs are ran the paramedic can go to the pharmacy, pick up the medicine, take it back out to the patient, you know, get that first dose in them, give education to the family. And we just made a good outcome for that patient. They didn't have to go to the ER, they didn't risk, you know, acquiring a hospital-borne infection, they didn't risk being confused about the medications that they were on and they have a chance to get a little bit of relief without even having to leave the home.

25:48 - Chris Comeaux (Host)

That's good, Mike. Have you guys talked about like the palliative care side makes so much sense, especially with the community peer medicine there? Have you guys talked about on the hospice side for community peer medicine Love the let's about on the hospice side for community peer medicine Love the let's make sure, do everything we can to keep them out of the ER. But have you guys talked about any ideas on the hospice side?

26:07 - Mike Campbell (Guest)

So yeah, so yeah, we have some great hospice mitigation efforts as well. So in North Carolina we actually have a hospice and palliative care protocol that allows our paramedics to go out and treat when a hospice patient becomes symptomatic for their

disease. So, whether it's agitation or pain or restlessness or breathing issues, our paramedics can either use the comfort pack that is provided by hospice to the patient. But we also have a protocol that allows us to use our equivalent medications that we carry on our vehicles, so that way, if they're not in the home again, it prevents that delay in care and we can immediately start administering these comfort medications, get the patient comfortable and at the same time, we can give education to the family while we're using another support member to go to the pharmacy, pick up that comfort pack, get it out to the house and there's no delay in that patient care and they don't risk being uncomfortable for too, too long.

27:10 - Chris Comeaux (Host)

This is all awesome. Mike, I really appreciate you being on the show. I think there's so many pearls on what you're saying. Any final thoughts for our listeners?

27:18 - Mike Campbell (Guest)

Yeah, yeah, I do, I do, I do. You know, healthcare is an ever-changing world. When we sign up to work in the healthcare industry, we sign up to be lifelong learners. In 2024, we are learning at an exponentially faster rate than we ever have been, and we look at how medical knowledge doubles over time. And in the 1950s medical knowledge was predicted to double every 50 years. So it would take half a century to learn twice as much as what we knew then in 1950. In 1980, medical knowledge doubled every seven years. So that's an exponential increase just in a short amount of time.

27:57

If you fast forward to 2024, medical knowledge is doubling every 73 days. So every two and a half months the healthcare industry knows twice as much as what they did two and a half months prior. It's up to us to keep up with those times and it's up to us to stay lifelong learners. And then it's up to us to develop new best practices, because we don't want to get left behind, and when we get left behind, our patients get left behind. So by staying on top of those best practices and even being innovative and creating new best practices, we are contributing to that medical knowledge doubling even faster.

28:35

But we're also contributing exponentially to good patient outcomes, and our goal is to not let anybody in Stanly County go without health care for any reason at all, and the hospice and palliative care patients in our community are such an amazing demographic of patients, such a delicate demographic of patients, and they can't afford to have a delay in the care they need, which is why I'm so passionate about providing these services, and my father was a hospice patient and he passed away in 2017.

29:08

We were up in Allegheny County in the middle of nowhere, with even less resources than there are here, and when we were taking care of him, it's like man. We could do this as an EMS agency, and there was many times where he had a delay in care just because of staffing challenges, geographical challenges, time it takes to get from one end of the community to the other, and by infusing these paramedics into these workflows, you're creating new best practices, and I'll say that, as high speed as EMS is and the crazy adrenaline that comes from some of these calls we run, our community paramedics have more job satisfaction from interacting with hospice and palliative care patients than they have with any other work efforts they've had previously, and I think that's a testament to being a lifelong learner had previously, and I think that's a testament to being a lifelong learner learning new ways of doing things and then interacting with people in a different capacity and from a different perspective.

30:06 - Chris Comeaux (Host)

That's so good, mike. No wonder you're such a good partner for the Tillery team. I just there's so many things. Just listening to your leadership, your values, I see why you guys have just been such good collaborative partners. Thank you for what you and your team are doing and just the innovation. I'm always a great student of people being innovative, trying to make a difference in the world, and you guys are, so I just want to say thank you.

30:28 - Mike Campbell (Guest)

Oh well, thank you, I appreciate it and it's a blessing to be able to do this kind of work. You know, 10 years ago you would have never thought that EMS would be responding to overdoses the way they do now. You never thought EMS would even care about patients being readmitted to the hospital and you never would have thought that EMS would be infusing into hospice and palliative care where, just based off of the dynamics, emergency

medical services is. But we've learned, we've transitioned, we've changed and we've developed a healthcare model that seems to be beneficial for everybody in our community, regardless of what their healthcare needs are.

31:09 - Chris Comeaux (Host)

That's awesome, mike. Well again, thank you Well to our listeners. We appreciate you. Make sure you subscribe, make sure you share this with many of your team members, other leaders throughout the country. That's why we do this show. We want to be a resource for hospice and palliative care leaders and just keep being innovative, keep doing this great work. And, as we always do, we always want to leave our listeners with a quote, just something to think a little bit more, and Mike picked this one. I love it. It's actually a Ralph Waldo Emerson. Can't say that. Waldo can't say that. Emerson quote "do not follow where the path may lead. Go instead where there is no path and leave a trail.

32:03 - Jeff Haffner (Ad)

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