

Transcript for Top News Stories of the Month October 2024

Chris Comeaux - Host

00:00

Hi TCNtalks listeners and Anatomy of Leadership podcast listeners as well. We're just appending this message to the beginning of our podcast. Many of you know about the devastation from Hurricane Helene that has hit Western North Carolina, Eastern Tennessee and Virginia. We've got many of the hospices that we work with. Three of the most impacted hospices Four Seasons, AMOREM and CCWNC Compassionate Care, western North Carolina. We're going to include links of how you can support those hospices.

00:29

I want to thank you. The overwhelming response already has been incredible. We've even had other hospices get together and actually create a huge shipment of medical supplies and supplies for staff and the patients and families we serve. So just want to say thank you, just want to keep it in front of you guys. The road to recovery is going to be years.

00:50

This is one of the most devastating events I know I've ever seen in my life and I've grown up in Louisiana, lived in Florida with my wife and I've just never seen the level of destruction. So we appreciate your support. We ask that you continue to keep us in your thoughts and prayers because this is going to be a long road to recovery. There are a lot of other great organizations that you can support as well, they're helping just the community. People like Samaritan's Purse, Operation Helo, the Cajun Navy those are incredible organizations that we can tell you are doing a great job on the ground helping people. Again, this challenge has been unprecedented. It's really taken an all-hands-on-deck approach. So thank you for listening to our podcast, thank you for supporting us. We really appreciate you.

Melody King - Announcement

01:35

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 - Host

01:57

Hello and welcome to TCNtalks. This is my favorite time of the month and it feels even more favorite this month. Welcome, Mark Cohen. We're doing a Top News Stories of the Month and, man, we unfortunately had to take an unplanned kind of month off. We didn't totally take it off, Jeff and I recorded a message about Hurricane Helene. My guess is you and I are both going to talk about that this month, but it's really good to have you back this month. It's good to be back talking about the top news stories of the month after man, some pretty unprecedented time that we've been through here.

Mark Cohen - Guest

02:28

That's absolutely right. Thank you, Chris, and hello everybody. Thanks to Hurricane Helene, we've got a lot to cover this month because we're actually going to review news coverage from both September and October. We're all glad that you're safe and that Teleios itself is on the road to recovery. We're grateful for all the support your organization has been providing to patients and staff alike who suffered damage and loss as a result of the storm. For our review of the Top News, both quantitatively and qualitatively, we're indebted, as always, to Cordt Kassner and Joy Berger at Hospice and Palliative Care Today, the essential daily read for anyone in hospice and the broader post-acute sector.

03:16

Hospice and Palliative Care Today published summaries of 850 articles of interest to hospice decision makers during September and October. About 25 of those articles received a significant number of hits, and in that group of 25, we found a wide range of topics. Congressman Earl Blumenauer's proposed legislation to overhaul the Medicare hospice benefit had the third most clicks and click-throughs, and deservedly so, with about 2,500 hits. A variety of mergers and acquisitions garnered substantial click-throughs. The NHPCO-NAHC merger, of course, was in that group. Articles on the merger of Hospice of Washington County in Western Maryland and Franklin Hospice, its sister program, in Southern Pennsylvania, both of them merging with Baltimore-based Gilchrist Hospice. Those articles landed twice in the top 25 in the past two months, as well as an article about the rumored purchase of for-profit Three Oaks Hospice down in the Southwest. Three Oaks Hospice down in the southwest. A couple of articles about the impact of Hurricane Helene naturally made the top 25 list and there were a couple of patient care heart of hospice

stories that also garnered a thousand or more click-throughs. I was glad to see that the news release from NHPCO announcing publication of the 2024 Facts and Figures book, an annual publication, gathered more than 1,500 click-throughs.

04:50

If your hospice job entails interacting with referral sources, the media, donors or the community at large, if you work at a not-for-profit that competes with several for-profits, or if you work at a for-profit that competes with a legacy not-for-profit, then the NHBCO Facts and Figures book should be an essential item in your hospice toolkit. I've got digital copies that go back to 2003, and I lament the earlier print-only copies that I left behind over the years. In a final note, Chris, it's important to note that a number of stories broke at the end of October, the impact of which is not reflected in the quantitative data that Cordt Joy provide to us and that drives this podcast. Those stories include the addition of four highly regarded legacy hospices in California, Nevada and Oregon to the Chapters Health family of hospices, another cohort of not-for-profit hospices that have decided to join the National Partnership for Hospice Innovation, and news from VITAS's quarterly earnings release that its relatively recent acquisition and integration of Covenant Hospice, which you know well in Northwest Florida and Alabama, was already contributing significantly to VITAS's bottom line. No big metrics on click-throughs yet behind those stories, but there's no doubting their significance. So I'll close this segment of the podcast, Chris, with a simple observation and reminder.

06:21

We're taping this on the first day of November and there's been a frightful amount of news this day after Halloween about the hospice sector in recent days, much of it having to do with mergers and acquisitions, as I noted a moment ago. A lot about pieces moving on the chessboard at blinding speed in some cases. Folks in several markets who thought their legacy hospice would never change hands woke up to some big surprises. Folks who thought a formerly hesitant buyer among the larger for-profits might have made a mistake when it jumped back in the game also have seen some surprising news. It's what we call, in public relations and crisis communications, scanning the environment. It's as essential to success as a decision maker as being up to speed on the latest theories on leadership development or making the time to be genuine and present with your rank and file staff.

07:17

And while scanning the environment can be tedious and time consuming, there is an effective shortcut. It's the daily newsletter I mentioned, Hospice and Palliative Care Today, published by our friends Cordt Kassner and Joy Berger. Subscriptions are free. The newsletter arrives seven days a week in your inbox at 6 am Eastern time. It's essential, not just for every decision maker in a hospice organization, but their direct reports as well. If you don't subscribe, bear this in mind. Many of your competitors do subscribe. You can find out more on the web at hospicepalliativecaretoday.com. Thanks Now when you weren't knee-deep in hurricane recovery mode the last five or so weeks. Chris, what news from the past two months has intrigued you the most?

Chris Comeaux - Host

08:07

Yeah, thank you, Mark, and actually I was thinking I'd probably use an analogy because obviously Hurricane Helene is still top of mind. I think that my particular community, Henderson County we're blessed compared to you go further north and the Asheville area. We've got a TCN member in what's called Yancey County. Their city is Burnsville, you go to where AMOREM and April Moore and her team, which covers, like Avery, Ashe County, a lot of people know about Boone, North Carolina, Appalachian State, so those are the areas that were impacted the most. But I was thinking when this hit so I was actually at an NPHI meeting, Mark, when it actually hit and I talked to my wife on that Thursday night, actually Thursday afternoon, and I said, hey, do you think I should try to make it back? And she goes, do you think you can? And I checked, there really was no way to get there, and she goes. It's probably better that you just try to come back after the storm, because a lot of people are like, why weren't you guys prepared?

09:03

No one ever thought what was going to happen in Helene, because I've gone through hurricanes in the mountains before. The worst was Hurricane Ivan that came straight up from Pensacola. We had family in Pensacola pretty devastated by Ivan. But once it gets to the mountains, the winds maybe you get 50, maybe 60 miles. What we experienced was 100 mile per hour wind gust in some mountain communities with somewhere between 15 and 20 inches of rain. I mean, this was absolutely biblical. So I ended up sleeping in a car in a supermarket parking lot in South Carolina because I could not make it up the mountain. I was able to get back into Greenville, south Carolina, which was kind of amazing because then I started driving around Even in South Carolina was devastated with huge old oak trees

down everywhere, and the best I was able to make it was up the interstate pretty close to what's called Saluda, north Carolina, and I had to turn back and went back to South Carolina right across the border and slept in a supermarket parking lot that night and I learned an interesting lesson.

10:06

That's where I'm going to draw it back to your point about hospice and palliative care today. So I wake up like 5 am in the morning, I sleep in the back of a car as much as you can sleep and, number one, there is no communication, no cell phone to have no communication. So, number two, you need intelligence. How am I going to get home what's going on. And so intelligence was talking to people in the parking lot and luckily, one of the tree crews that had been dispatched they slept in the parking lot as well because they couldn't make it through the night before. I mean, literally a lot of West North Carolina became an island because major interstates were completely washed out and a huge amount of secondary roads.

10:45

Intelligence was absolutely critical and knowing good intelligence from bad intelligence was absolutely critical. And then taking that intelligence and then kind of making decisions on your own. And, interestingly, people were like coming down the interstate on the one way because it was still actually blocked on Saturday morning and I had enough intelligence that I pulled over let everybody else. Literally I was coming up the one way of the interstate and I was one of the first people to make it through Saturday morning. And there's a great lesson in that.

11:17

The whole point of Hospice and Palliative Care Today is number one. It's a very credible resource. I mean, they're scanning the environment and you have a one-stop shop of knowing what do I need to know as a leader to keep navigating my organization? Why would you not partake of it? Especially, it's a free resource. It's paid for by some amazing advertisers that are trying to further the whole movement, the sector, the field, et cetera. So I learned that lesson, Mark. The importance of communication and intelligence were two fundamental things navigating throughout the storm, and I just thought I'd draw that corollary. And I just want to continue to thank you, Cordt and Joy, for the work that they're

doing. In fact, you and I will have a little bit more announcements about future top news stories of the month as we get into the end of our 2024 year, beginning of 2025. They're going to be involved in this show a whole lot more.

12:11

So, Mark, the other thing I wanted to point out and so to do this work, I'm reading every day and love that you're so. There's somewhere between 800 and a thousand articles a month that they are publishing. I'm generally flagging somewhere between eight and 10%. I went back and looked at my statistics throughout the year, but now, working with our Teleios team, they have put together a phenomenal summary. So every time you and I do this podcast and like I had a friend go, you know I love listening to more you and Mark talk. Chris, you could talk a whole lot less about the articles, so duly noted. I'm going to make sure I take that going forward. But he said the best resource is that summary that you guys do so every time in our summary. You click on that link and you'll get a beautiful summary. The very top has the statistics I'll cite in just a moment and you can kind of see my categories that have become pretty solidified now.

13:01

I'm a natural organizer. I'm an accountant. Right, accountants kind of take a lot of data and they start to put them in little buckets and my buckets started to become pretty obvious to me probably over, well over a year and a half ago, and so I kind of grouped articles in those buckets and then you could have that top eight to 10% and what I love about what Mark and I do. Mark takes it from a different perspective Now. He has the actual data from Cordt and Joy, from Hospice and Palliative Care Today, so you can see what people are reading.

13:29

I've now gone back, mark, for at least about three quarters. What I flag is different and so and it's usually the top articles I have flagged, but I am flagging articles that might be in the bottom, like this past month I looked in like the teens, like the teens, and below that I'm like that's interesting, only 10 or 12 people are clicking on some of the articles that I'm flagging. So my purview is supposed to be hey, if you're a C-suite leader, I've got about 30 years now in this field. If you're a C-suite leader, you shouldn't be missing these articles. So I think that we're kind of proving that this really does provide a lot of good value. We've got the quantitative data what is everybody looking at? But then my purview from the C-suite. So

with that, three kind of major themes that in what I flagged, mark, there's a lot of regulatory stuff, a lot of payer potential impacts, a lot of regulatory stuff and, of course, a lot of Helene, because that was pretty biblical, but also a lot of big merger announcements. Those are like four big themes that feel maybe a little bit, I want to say, different but have a lot of volume this month.

14:34

So real quick, my categories mission moments was about 5%. Reimbursement challenges, warning signs and implications that was actually about 11%. So that was pretty significant this month. Competition, to be aware of about 5%. Workforce challenges about 6%. Patient, family, future, customer, demographic trends that was about 6%. Regulatory and political 10%. So my two top this month were the reimbursement challenges and regulatory and political Technology innovations was about 5%. The speed of change, resiliency, reculture that was 4%. And kudos to Court Joy because, as I've kind of named my categories, I find I barely used to see anything in kind of speed of change in the human factor. That has changed and that's great because I believe everything rises and falls on leadership and culture will eat strategy all day. So kudos to them because I think they're enhancing the value of their product.

15:28

The next category is I call the human factor. That had 3%, and then articles that I always want to highlight. This month that was actually 9%. So with that, Mark, I'll kind of jump into just hitting a high point in each of those categories. Of course, in the mission moment there's a lot of great articles about Hurricane Helene. There was one that was on NPR. The death toll rises as rescue crews respond. I think the state at death toll now is 100. There's still thousands of people that are missing and unfortunately, heartbreaks at this point if folks are missing it's because they've not recovered the bodies and their entire communities that got wiped out and people are probably, unfortunately, heartbreakingly, are buried under that silt. So that was kind of under mission moment category.

16:14

President Carter, Mark, and again I feel closer to him, since you and I have done this, knowing your history with him. But the article was in the Atlanta Journal-Constitution. President Carter defies odds with a 19-month hospice stay. Former president's experience

shines light on the program. So again we said before just kudos. I love that term. One of my favorite movies is Secondhand Lions going out with your boots on, and I feel like that's President Carter's way of going out with his boots on, making a difference in the world all the way to the end.

16:47

So the next category is reimbursement challenges and I had just a couple I wanted to highlight in this one. There is a study in medical or at least it was published in Medical Express, but it was conducted by MIT and guess what? Hospice care provides major Medicare savings, and so now we're starting to get a little bit more tools in our toolbox where we can say things that you and I probably say to a lot of our career Mark that hospice done well key point, done well can save dollars. We bend that cost curve and, paradoxically, even though the patient dies. There's incredible satisfaction and it actually saves money. The other one I just want to kind of point in this category was how the title is a hospice news article by Holly Vossel how today's hospice fraud could warp tomorrow's reimbursement outlook. And, mark, you and I've highlighted a lot of the you probably more so than anyone of the risk in a lot of this hospice fraud that's going on out there. And, of course, we've done some amazing podcasts this year with our mutual friend, Judy Lund Person. Judy is on a quest to try to root out that stuff because she knows what it does to the overall hospice name.

17:56

I have a subcategory under reimbursement for Medicare Advantage. I had a lot of articles under this one. There's just two I wanted to highlight. Medicare Advantage is jeopardizing rural hospitals. This was in Becker's and we've talked about that before.

18:10

Mark, how these Medicare Advantage plans I highlight it, not highlight it, but I flag several but I'm not going to highlight them, but it's interesting. There's some major hospitals, mark, that are like basically pushing back from the table. I've seen it as a negotiating ploy before but they're like literally walking away, like okay, we no longer have Medicare Advantage with Humana or with United. In fact, there's one that just came out today. We're recording this on the first. That will probably be highlighted next month but about rural home health deserts, because home health is also pushing back and basically, you know, for years

Medicare Advantage is taking kind of a I say a heavy-handed negotiation approach, kind of take it or leave it, and some people are going, okay, well then, we're going to leave it. And now what's happening is you're ending up with deserts where you don't have certain aspects of the healthcare continuum. That's going to be interesting as we go into 2025. Maybe when you and I do the early show, maybe we'll do kind of predictions for the year, for next year.

19:10

This other interesting thing. So two more on the Medicare advantage Humana, United Healthcare and Aetna all fall in the MA star ratings, and now I have not seen a lot of articles, but I've seen like kind of national headlines, but none that have been picked up by Hospice and Palliative Care today. But there are lawsuits now where the insurers are actually suing about their MA star ratings. I've never seen that before, mark. Is that something you've seen in the past where they've sued regarding the actual ratings that they got?

Mark Cohen - Guest

19:40

It might have happened very infrequently a year ago. It might have happened very infrequently a year ago, but this is the first time I recall seeing the number of stories, the amount of traction that this phenomenon is getting.

Chris ComeauxHost

19:55

And this is just kind of theoretical or not theoretical, but conjecture, I think it's. The Chevron ruling was kind of interesting because it enables people to push back a little bit more on CMS and others is my interpretation of that ruling. And so I asked someone out loud the other day and they said huh, that's interesting. So I wonder, are they suing more about their ratings because of the Chevron decision? I don't know if you know anything about it, but it's just I was ruminating out loud that I wonder if that's kind of contributing to it.

Mark CohenGuest

20:23

It's just I was ruminating out loud that I wonder if that's kind of contributing to it. I think just generally, Medicare Advantage is not the happy ship that everybody thought it would be when it was first rolled out and approved, people were getting all these fabulous things for free that they weren't getting under Medicare fee for service.

Chris Comeaux - Host

20:42

Yep, well said. There's one more in this section, I think. I think this is still to be determined what the impact is. But Blue Cross Blue Shield Association reached an antitrust settlement for two point eight billion dollars. But in that settlement there's some interesting things that again, this would be conjecture. But in that settlement there's some interesting things. That again, this would be conjecture. But could it be a little bit less restrictive on what they require people to be able to contract with them is some at least conjecture that. I've heard other people. It basically changes how Blue Cross Blue Shield will process claims, communicates contracts with, makes payment to providers. So that's going to be an interesting one.

21:17

Not many people clicked on it. That's one I think is going to have implications in the future as we go forward in the future. One other thing I know I said it was the last one, but just one thing to watch for. Cigna and Humana are talking again Now. I've seen it's like every day. It's like waxing and waning. Cigna's like we're not too hopeful about it, but if those two came together now, you'd have United as the whatever \$280 billion company it is today you put Cigna and Humana would certainly be, I think, in the hundreds of billions. As for a size organization, and I'm just going to say there was an article several months back that the Cigna executives were seen in Bentonville, Arkansas. I'll let you draw the conclusions of what else is in Bentonville Arkansas. That would be interesting as well. I'll let you draw the conclusions of what else is in Bentonville, Arkansas. That would be interesting as well. All right, next category is competition. To be aware of A lot of merger and acquisition stuff, the Cigna and Humana talking. Mark pointed out chapters Kudos to Andrew Malosky and his team creating a Chapters Health West division. So you've got Hospice of the East Bay, Hospice of Santa Cruz, Nathan Adelson and Willamette that's in Salem, Oregon, and so they're going to create a division as Chapters Health West, and so that'll be really

interesting to watch. And then the other one, mark, that you pointed out about where I started my hospice career at Covenant Hospice, contributing so much to VITAS's numbers which I'm sure we might have that as a highlight the next month after that. One other article that was just in this section of M&A that again not many people clicked on Hospice News. It was by Jim Parker New FTC regulations could create obstacles for hospice M&A and so changes to the federal rule governing mergers and acquisitions could have sweeping effects. The final finalized rule will implement changes that require pre-merger notification forms. So maybe in the past, where we wouldn't have thought about that on the hospice and palliative care side, it might require at least a little bit more red tape and paperwork and things like that.

23:16

Next category workforce challenges. And so I only had, I think, a couple on this one, Mark, I found this was interesting. You and I, of course, we've talked about the implications of the workforce challenges and we've seen a whole lot more unionization. Mental health workers at Kaiser began an open-ended strike and then that was their article and then they actually did go on strike. So not only just in like hospitals and physician practices that we've seen, but now also behavioral health. So I just wanted to kind of call that one out. And then under the solution portion we always break out, our workforce challenges is, uh, the implications. Um, basically paints the picture of the implications, but then the solutions under the solutions.

23:59

It was kind of a way of shamelessly bragging on our TCN network, Mark, but Modern Healthcare, best Places to Work they usually name that. People made the list, but then they do the rollout of their big gala which occurred at the very beginning of October. That feels like a lifetime ago. And so we actually had five TCN members and then TCN ourself. But there were a lot of. There was one, two, three, four, five, six, seven, eight, nine, 10, 11. And well, one of them's not really a hospice, one's more of a vendor. So let's say 10 hospices, nine if you take TELEIOS out of it two potential vendors if you call TCN a vendor.

24:35

But I want to give a shout out. So Tillery was in the top 10 and ANCORA was in the top 10. TELEIOS was number 16, Four Seasons and Carolina Caring All those programs were in the

top 50. Two Tillery and ANCORA went in the top 10. And so I just want to give them a shout out. There's a lot of hard work to create a great culture where people love to work, and so to me that's actually part of the solution as we go forward. And then one other thing under solution patient and staff satisfaction brings the biggest return on investment. By being a trauma-informed organization, this is something that TCN has done, a lot of kind of groundbreaking work. Carole Fisher at MPHI has been a huge proponent about just being more trauma-informed in people's lives. She's brought a lot of light to the domestic violence via her podcast, but now they're starting to have data that organizations are trauma-informed, actually have a better workplace environment, happier, more engaged employees, et cetera. So all that's part of the solutions, all right.

25:37

So my next category, Mark, is always an interesting one. This month it was, interestingly, it was only about 6%, and past months 6%. This month was about seven articles, but it's patient, family, customer, demographic and trends, and so just where are the trends going? So here's a couple. This one was actually caused by Hurricane Helene. I called a mutual friend of you and mine. I said have you heard about the IV shortage? And he had not heard about it, and kudos to Court and Joy because they flagged it immediately.

26:12

Unbeknownst to a lot of people, almost 70, somewhere between 60 and 70% of all IV fluids come out of one factory in Spruce Pine, North Carolina, and that factory got devastated. So the government actually had to invoke wartime power to try to lay claim to what inventory was there. In fact, I got a text yesterday and someone told me hospitals are putting off surgeries because of lack of access. Now I think that factory is finally coming back online and so hopefully it'll be temporary, but, gosh man, you just sometimes you never know the logistical, the risk whenever something like that gets taken out and it was almost like whoa, what do you mean? Most of the 70%, 60, 70% comes out of Spruce Pine, North Carolina. Isn't that crazy?

26:58

One interesting thing, because I've got no aging parents under that demographics category eight important financial questions to ask your aging parents. I actually just went through this in September. It was in Life Hacker magazine, but here are those eight questions what

are their wishes for their money? Do they have an estate plan? What are their assets and how are they titled? How are they funding retirement? Have they designated a power of attorney? Do they have updated beneficiaries? How will care be provided and paid for and how can important information be accessed if needed? So I flagged that again. That was one of those. When I go back and look at mine, those are usually in the smaller category and that felt like a pretty important article, right, regulatory and political. Again, this month that one was close to 10%, one of the top clicked articles.

27:50

You already cited as well, mark, but Congressman Blumenauer he's going to be retiring and is maybe part of his swan song. Was this pretty, I'll say bold potential. Now, whether it gets done or not, you know you and I are recording this on the first next week. It's going to be interesting because of the election. Can this get across the finish line? There's some pretty interesting things in here.

28:14

I was actually at that MPHI meeting when Hurricane Helene hit and we actually had some staff members and also some CMS people. One thing that just his heart is a hundred percent in the right place. He's trying to do the right thing. He's trying to drum out some of the bad actors and some of the things they're doing. My only concern in the angle is that kind of like reporting a lot more about visits.

28:39

Mark, you know, I know we've grown up in this. The magic in hospice is the IDG, and sometimes that's the IDG interacting with each other that then creates the magic that happens by the bedside, and so that's my only concern is remember the old fable of the goose that laid the golden eggs and they cut the goose and they dissected the goose to get to the golden eggs and they killed the goose. My concern is if you try to start dissecting it, and again, I think their heart's in the right place. But that was one thing that I literally was walking out of that meeting and then the poop hit the fan with Helene and I never got to say that until now. So that's just one of my cautions about some of the meat that was on the bone of their proposal. My guess is it's probably going to shape future conversations and it won't get across the finish line. But who knows, it's a lot of. It's going to probably determine what happens in the election. I don't know if you had a comment on any of that.

Mark CohenGuest

29:29

Well, I I do think that, uh, the election will be wholly determinative on this and, I guess, in terms of the fly by night hospices.

Chris Comeaux - Host

29:44

Your mention of IDT do they even have IDT meetings? Yeah, for the fly-by-night exactly. I don't even know if they could spell IDT. You're like, what the hell does that stand for? Yeah, there are two other things in the regulatory that I just want to make sure because, again, this was not clicked on very much. A federal judge has struck down the whistleblower provisions of the False Claims Act with broad implications on hospice and health care enforcement actions, and so the title was Court Rules False Claims Act Provisions Unconstitutional with Implications. So again it's in our summary. If you missed that one, make sure you go back and look at it in the summary.

30:18

One final thing, and my good friend Andrea, Andrea Hill, giving her a shout out. She's been saying for a while hope tool is coming. Hope is going to be like Oasis was to home health. I could remember I was my first year and I was thinking ending my first year, going to my second year is when Oasis hit home health and it was earth shattering. In fact, we got a lot of leaders that left home health and came to hospice because of what it did to home health. Hope has that potential for hospice and so 25 is our year to get our stuff together, and then it's going to be implemented beginning of our the government's new 2026 fiscal year, october of next year. So that's a big deal, and so if you don't know what hope is, you definitely want to find out because that's going to be a big implication on the future. Right Next category, Mark, is technology.

31:05

This month it was only about 5%. There are just a couple. This one I found fascinating because I actually watched the video Elon Musk had done a rollout of their Optimus Prime robots, which are fascinating Compared to his first time. It was a guy dressed up in a robot

suit. This was a legit like team of robots and they even did like a dance thing. But this was a really interesting article. Was an Android central? The Tesla bot is the future of at home care, but not the way Elon Musk wants you to think. So the way Elon Musk would want you to think is hey, robot, go give the patient a bath or a shower, and now the technology is pretty much there. But what he said in this article is picture that robot. So let's say, mark, you had a VR headset on. That robot is your avatar and theoretically that would be actually possible, and so that's what he's saying is nothing replaces full face-to-face human interaction, but the ability for a fully remote controlled robot that can be embodied by anyone with a VR headset. He said that's the future I'd like to embrace. That was an awesome article. Again, very few people clicked on it, but when I read that I thought, wow, that's pretty cool.

32:23

I know what Zoom has done for our TCN team. We always talk about the early days where we're on the road. Probably 100% of the time. We look back in the rearview mirror and say there's no way that would have been sustainable. Many of us probably would have been dead legitimately at this point in time because the travel was so tough and we'd be in five different places over the course of the week. Quite often that was road travel. And what Zoom is? It allows us to virtually interact with people. I could be interacting with people all over the country throughout the day. You do the same thing, mark, but then, thinking about robots in that way, I think that's got some interesting legs as we go forward in the future.

33:04

Just two more on the technology I wanted to point out Change, Healthcare, Cyber Attack. That's very much in the rear view mirror now, but it impacted. Now they actually have the data a hundred million people. Think about that. At this point in time. If you're someone who's not been impacted by any type of cyber attack, you've got to be in the minority. The vast majority of people have been hit with one, but 100 million people is kind of the final count on that. I think I saw an article of the actual Financial Impact United. It was definitely in the billions of dollars. I don't remember exactly what that specific number was.

33:34

And then just this last one. I picked this one more because the person quoted was very provocative in their language, so that makes a little bit stickier in the brain. The title is

Pinnacle Home Care CEO. Home health margins will increase significantly with artificial intelligence. And then here is the sticky part. It starts off if you don't like change, you're going to hate extinction. Don't like change, you're going to hate extinction. That's a phrase that should be hung up on home health providers' walls across the country, says the pinnacle home care CEO, shane Donaldson. There's traditional Medicare rate cuts, medicare Advantage, staff shortages, regulatory changes, but Donaldson sees solutions to most of these problems on the horizon. Emerging technologies, in particular artificial intelligence, will alleviate some of the contemporary pressures in the space, and when those pressures are alleviated, margins will skyrocket. I'm a little dubious about the prognostication, but there's some pretty provocative thoughts in there that I've been ruminating on. So it's less about the hey, this guy is exactly on point, and more about what it made me think about when I read that article.

34:38

All right, Mark, my last couple of categories. The next one we title Speed of Change, Resiliency and Reculture. This one caught my attention. I'm just going to read the title Healthcare systems abandon rigid hierarchies. And so really talking about these overbloated bureaucracies that healthcare systems have become, here's another one that caught my eye Kudos again to Cordt and Joy because they're doing more leadership articles. This was in Forbes. Maybe we should select leaders based on their character. Wait, you think, Mark, it's kind of like no kidding, but it actually was a really good article. Maybe we should select their leaders based upon their character.

35:18

And then another Forbes article Leadership is an Ongoing and Endless Pursuit, process and Journey. I actually wrote about that in my book, the Anatomy of Leadership. It is not a journey with a destination. Then a great article in Inc Magazine. It's official how to be a servant leader comes down to six behaviors. They demonstrate raw authenticity. They grow themselves and others. They demonstrate raw authenticity. They grow themselves in others. They value their people, they build community and they provide direction and a way forward. And that felt very affirming because a lot of those things I highlighted in my book All right.

35:50

Last two categories, Mark. The human factor why your drugstore is closing. This is a great article in CNN, no-transcript. The chains were the ones that were staying in business, but those are some pretty major numbers if you actually think about that. All right, one more under the human factor five reasons you should work with people who think differently. Mark, I thought about you. This is why I think you and I make such a cool team, because I do think we look at the world differently. We make each other better. Make such a cool team because I do think we look at the world differently. We make each other better.

36:42

Last category just articles that Chris wanted to highlight because we did a whole podcast on private equity. It's interesting Gavin Newsom actually vetoed a bill that would actually have affected the ability for private equity to keep investing in health care. I actually sent it to the author of that book, ethically Challenged. We did the podcast with and I'm like what do you make of this? And she's like, hmm, because that bill is what we were kind of hoping that you'd see a little bit more of. This is an article, because, on the heels of Helene and then I'll wrap up Five cornerstones of hospitals' hurricane emergency planning. That was in Becker's, and those five categories are really good. We're going to be doing a lot of tabletop exercises and reflective practice and kind of lessons learned in Helene so we can help ourselves and our members if we ever go through this again. One just because of the whole private equity thing. This was in Medical Express.

37:36

Researchers raised concern about the financial sector's rising role in US illness care. It is getting a whole lot more scrutiny. It needs to. And then I don't know the name of D-N-Y-U-Z I'm not sure what that is, but this is the name of the publication but powerful companies driving your local drugstores out of business Again. Just wanted to highlight that Again. Mark and I have highlighted that much in the past.

38:02

And then just this is the last one. And then I'm going to hand it to Mark for the Masterclass. Large healthcare systems, Mark, are outsourcing home care to focus on their core business. We did a podcast with Rich Church, who's the chief innovation officer, Parkview

in Indiana, and they as well are looking like for a big player. That in their case for home health, and so large healthcare systems are outsourcing a lot of the post-acute, or at least looking for someone who that's their specialty. I think that bodes well, potentially for organizations like us. And then I know said last one, but this is one I did highlight, so make sure folks didn't miss it I didn't know. There's a United States power outage tracker One place, one website, where you can see power outages all over the country. It's updated every 15 minutes. That's the very last article that I highlighted in our summary, because now it's actually bookmarked online. So that's mine for the month.

Chris Comeaux - Host

39:08

Mark, any comments on any of those before you jump into the masterclass?

Mark Cohen - Guest

39:09

Oh, I think the pharmacy desert story has legs and the private equity stories have legs and we'll be talking about them for a long time still, I agree. All right, why don't you land the plane with the masterclass Great Well, our masterclass this month, Chris, is on hospice communication strategies involving natural disasters.

39:18

Well, our Master Class this month, Chris, is on hospice communication strategies involving natural disasters. Communications, both internal and external, should be an integral part of your disaster plans and should be included in your periodic testing and review of those plans. I was head of communications at the nation's second largest hospital, Jackson Memorial in Miami, when Hurricane Andrew devastated a large swath of South Florida in August of 1991. And since South Florida had not had a killer hurricane strike in more than a generation, there was a lot to learn as we improvised our response. But 30 plus years later, what I most remember about Hurricane Andrew was what I experienced four and a half years later when I moved over to VITAS as its first ever VP of communications. It was the stories members did to care for patients and families, as well as to support the company provided to the many staff members who lived in South Dade County whose homes were swept away by the record winds of Andrew. Those stories were ingrained in the corporate

culture at VITAS. They became an essential touchstone for the corporate culture for years and years after the actual event. The corporate culture for years and years after the actual event. So the first tactic about natural disasters and communications, Chris, is to capture and tell the stories, the heroic stories and the day-to-day struggles. Share them. Capture them in the immediate aftermath, when they are fresh. Don't put it on next year's to-do list. Capture them when the emotions are fresh and raw and share them up and down the organization and with your donors and the community at large that you serve.

41:07

In addition to capturing heart of hospice stories before, during and after a natural disaster, there's a lot that hospice communicators and hospice leaders can do well in advance of a disaster situation. Keep in mind that the worst time to communicate effectively about how to cope with a natural disaster is in the middle of a natural disaster. How many hospices that operate in areas where disasters are largely seasonal hurricanes in the southeast and the Gulf Coast, winter storms across the northern tier, fire anywhere during the dry season how many hospices take the time a couple months beforehand to brief their local newsrooms on essential information relative to hospice and natural disasters? For example, how does your hospice handle prescription refills and medical supplies in advance of an evacuation order or extended disaster like a three-day snowstorm? If the disaster is something like a hurricane or fire that calls for evacuation plans. Does your hospice staff any of the local shelters? What's the hospice organization's shelter policy at your hospice inpatient unit? In the case of an evacuation order, how does your hospice prepare for each hurricane season, fire season, winter season in terms of essentials like generators, gasoline for staff, food and potable water and the like? Most editors and news directors would welcome the opportunity for an advanced briefing like this to better inform their coverage in the event of a natural disaster.

42:45

For those hospices that are located in an area where natural disasters are likely to occur, there's another communications tactic they ought to consider, and the beauty of this tactic is that it is also best deployed long, long before a disaster hits. It involves, Chris, a term of art called feeding the beast. Quote unquote. Feeding the beast that's a term broadcast and cable newscasters use to describe what they need to do when they go to 24-hour wall-to-wall coverage of a natural disaster. If you've ever watched the Weather Channel when a hurricane or winter storm is threatening, after a few hours you realize they're just rerunning

a lot of the same video features over and over and over and over again. That's how they quote feed the beast, unquote.

43:38

So think about your local news broadcaster or local cable all-news channel they have even fewer resources than a national cable network. To fill the air when they go to all-disaster, all-the-time coverage. To fill the air when they go to all disaster, all the time coverage. The objective here is to help newscasters fill all those minutes. So if you live in a hurricane prone area, for example, think about pitching the news director at a local station or all news cable outlet months before the start of hurricane season, on June 1. Or all-news cable outlet months before the start of hurricane season on June 1. Pitch the news director on a package of stories they can shoot in one day at your office or inpatient center Stories like these what needs to be in a family's emergency kit when your household includes someone who is chronically or seriously ill?

44:30

What needs to be in an evacuation kit or a go kit or a run kit if you live in an evacuation zone? How do you prepare for an extended power outage when your household includes someone who is chronically or seriously ill? How do you manage prescription medications, including those that need to be refrigerated, when your household includes someone who is chronically or seriously ill? What do caregivers need to know about providing emotional support to a chronically or seriously ill loved one in the middle of a natural disaster? And what do caregivers need to do? Need to have to take care of themselves in the middle of a natural disaster? To take care of themselves in the middle of a natural disaster? That's just a half dozen story ideas. There are easily another half dozen more.

45:20

Line up and train your spokespeople. Think about how you can provide background video footage to complement interviews on subjects like these and then make your best pitch to one or more local news directors. A good news director will appreciate both the forethought and the long lead time to hurricane season, fire season, snow season, whatever. If you package everything carefully, a news team should be able to shoot

everything in one day. And should a natural disaster strike, that newscast will have unique and valuable local content that it can run repeatedly and fill valuable on-air minutes before, during and after a natural disaster.

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45:58

Your hospice will burnish its reputation as a leader, as a trusted community resource, as an authority on things most people hope they never have to deal with. Never have to deal with. If a natural disaster strikes, the viewers of that newscast will be better prepared and quite possibly, at some of your competition, they'll be driven a little bit crazy seeing the coverage that you've earned. That's our masterclass for this month, Chris. As always, I'm happy to network with listeners who have questions and comments about hospice marketing and communications. Thank you.

Chris Comeaux - Host

46:32

No, thank you, Mark man, that was solid gold, absolutely solid gold. I was sitting there thinking, dang wish I actually had that more. But that's the whole point is that now a lot of other people are going to have it because, God forbid, I know we're still going to have whatever it is, if it's a wildfire, a snowstorm or continual hurricanes or just horrible weather events. So that was solid gold. Well, to our listeners, we always appreciate you. Make sure you hit the subscribe button. Share this If it shows you that this is your first time. I thought you know what. As an adult learner, we've got to hear things a couple times. Here's what you've walked into, mark, and I do this every month. It's the top news stories of the prior month. The source is Hospice and Palliative Care Today. It is a free source. You'd be crazy not to subscribe to it. And then Mark cites the data, the quantitative data, because the wonderful thing is working with Cordt and Joy. Now, with Hospice and Palliative Care Today, they give us the quantitative data what are the most read stories out of their newsletter? And then my perspective is the C-suite. Hey, here's the stuff that I think you did miss, based upon the data that you want to make sure you pay attention to. And then the last thing is we're giving you that summary. So in the summary there's a click, you get a whole PDF. It's got the quantitative data and it's got the actual articles that I've actually cited. And so we appreciate you, our listeners, we always appreciate Mark doing this.

47:56

This has been his retirement. I have my finger in air quotes. He's still a great consultant doing great work out there, but I've, I've, I kind of recruited him to do this one more year and he and I are talking about how we're going to land the plane and how this is going to continue into 2025, where Cordt and Joy are going to be maybe more part of this. So, as always, we leave you with a quote. Mark picked this one and it's really good. It's from Mary Barra and she's the CEO at GM, at General Motors, and here's the title, and I think it very much pokes on why we do the show. "Why you need intelligence as a leader is where things are going. Here's the quote what's the secret to your longevity? She says part of it is having a great team, but it's also about being agile and continuing to understand how the environment is changing. Not waiting and letting things happen to you, but being proactive. That's why we do this podcast. Thanks for listening to TCNtalks.

Jeff Haffner - Ad

49:15

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