

Podcast Transcript / Top News Stories of the Month, June 2024

00:02 - 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.

00:24 - Chris Comeaux (Host)

Hello and welcome to TCN Talks. I'm excited. This is my favorite time of the month, and especially since I skipped a month, so this makes me even more excited. Welcome, Mark Cohen. Good to have you.

00:35 - Mark Cohen (Guest)

Thanks, Chris, good to be back, as always, and good to see you.

00:39 - Chris Comeaux (Host)

Yeah, good to see you. So we're going to review the top news stories of the month. Before we jump in, I did want to thank you, Mark. You and Cordt and Joy did a phenomenal job, and a lot of people don't ever get to see Jeff, who's our executive producer, um, but you guys did a great job while I was out on sabbatical. Thank you so much for doing that.

00:56 - Mark Cohen (Guest)

That was a huge blessing and I feel like then maybe I could go away every month and well I thank you for drafting me to fill in as host last month on the Top News Stories podcast and our two guests Cordt Kassner and Joy Berger from Hospice and Palliative Care Today. They contributed to a very lively dialogue and I certainly appreciated the opportunity to throw the microphone to them repeatedly throughout the show.

01:27 - Chris Comeaux (Host)

All right, well, without further ado, you ready to jump in.

01:29 - Mark Cohen (Guest)

Yeah, you bet. So when we look at the top news stories of the month that are of interest to hospice decision makers, Chris, it was a month of skyrocketing interest. According to the click through data that were provided by our friends Cordt Kassner and Joy Berger at Hospice and Palliative Care today, total of 16 articles last month were clicked on by a minimum of 1,000 readers each time, which I believe is a record since Cordt and Joy started publishing their newsletter on January 1 as a successor to my Hospice News Today daily briefing. A feel-good story led the list with 2,910 clicks, titled Normandy Welcomes World War II Heroes 80th Anniversary. It was a news release from the Department of Defense in commemoration of the 80th anniversary of D-Day. You know, as we reflect on that, Chris, 2,500 US troops died on D-Day itself, June 6, and approximately 29,000 US soldiers were killed in the entirety of the Battle of Normandy.

02:37

I happen to have known a GI who was shot in the knee on D-Day and endured a lifelong disability as a result, although he did live into his 90s. And I always ask my hospice consulting clients that participate in we Honor Veterans. Okay, you honor the vets, I get that, obviously. But what about the gold star moms, the gold star fathers, the brothers and sisters, the sons and daughters who lost someone in combat, brothers and sisters, the sons and daughters who lost someone in combat. Those survivors, in my opinion, have suffered and sacrificed too, and I'm unfamiliar with any hospice that honors them for their sacrifice in losing a loved one in combat, and I'd really love to see somebody pick that up, but so far I haven't been able to make the sale.

03:21

That's really interesting, but so far I haven't been able to make the sale. That's really interesting. Other highly popular articles in hospice and palliative care today in the month of June. I'm not going to go through all 16 of them, but in second place was Improving Advanced Care Planning for Late-Stage Cancer, which was a post on the Medical Express blog that ran on June 24. Which was a post on the Medical Express blog that ran on June 24. The post was based on findings published in JAMA Oncology and it was viewed about 2,200 times.

03:56

Mental distress, depression, drug deaths increasing among older adults which was the title of an article in Becker's Behavioral Health that was reporting on the America's Health Ranking 2024. This piece was clicked on about 2,100 times. A bit of a surprise, in my opinion, that this wasn't at the top of the list. An article headlined MedPAC releases June 2024 report on Medicare and the healthcare delivery system, which was from MedPAC itself and which garnered about 1,550 views. An article that many hospice decision makers no doubt welcomed was US Rep Beth Van Duyne crackdown on hospice fraud from Hospice News, which earned 1,530 clicks. The Texas Republican who, like Oregon Democratic Rep Earl Blumenauer, has been a real champion of hospice care in Congress. She, like Blumenauer, is also leaving Congress, unfortunately at the end of this congressional session.

04:53

Another feel-good story National Nurses Honor Guard Coalition ran in the Journal of Hospice and Palliative Nursing on June 24 and received about 1,530 clicks. If you've ever had the opportunity to view a nurse's honor guard ceremony or even hear one of the nurse participants talk about the experience, you know that it's as meaningful as the work hospices do in conjunction with we Honor Veterans. More hospices, in my opinion, ought to be looking at starting an Honor Guard chapter. I'll cover just two more of the top 16 articles. Chris coming in with about 1,400 plus views.

05:33

Silverstone Health expands care continuum beyond hospice sees skyrocketing census growth, which is the typical profile of a for-profit hospice which formerly was Comfort Care Hospice in Texas. It was a profile published by Hospice News on June 19. And on the other end of that spectrum, there was a statement from National Partnership for Healthcare and Hospice Innovation which called for increased scrutiny of private equity ownership and hospice. That was covered by Hospice News on June 11 and garnered about 1,050 newsletter reader clicks those folks who want to take a closer look at it. So there's a lot more here this month, Chris, but I assume that, after being on the sidelines through May's podcast, you're probably chomping at the bit to look at the top stories from your C-suite perch.

06:30 - Chris Comeaux (Host)

You know me so well Mark. Yeah, absolutely. And kudos to Jeff and also our TCN admin team, because while you guys sat in for me last month, they still did that summary and we've gotten such good feedback about us doing that. So each time those you get the podcast, just know that in the summary that we push that's also on our tele-ass website we've got a link to what I'm about ready to go over which actually shows the top stories that I've flagged from a c-suite perspective. So here's the stats for June on that. And we've been pretty consistent with our categories almost two years now really starting to see a coalescing, as I've really gotten to listen and learn with Mark as we do these. So first category is mission moments. That was almost 10% this month. By the way, I flagged 72 articles. You may go wait a minute. You were gone for a whole month on sabbatical, yeah, so I did a lot of reading within the last week and so that's why it's so important to stay on top of this on a weekly basis. But again, if you miss it, that's why Mark and I do this podcast. So I flagged 72 articles. Seven were mission moments, so that was 10%. Next category is reimbursement challenges, warning signs and implications there were six articles. That was about 8%. Next category is competition to be aware of. There were 15 articles. That was about 21%. Workforce challenges there was only five articles this month and that percentage is 7%. Interestingly, we're always doing this at the end of the month Already. I've seen in the first week of July. I don't know if Cordt and Joy are just all of a sudden focusing on them, but already I'm seeing that being the majority of July, but that'll be next month. So again, we had five and that was 7%.

08:09

Next category is patient, family, future, customer, demographics and trends. That always is a big category. There were 12 articles 17%, and I think that's always a lot because there are a lot of articles just fall into that category. Next is regulatory and political. It was a pretty active month. Mark's already alluded to that. There were 10 articles. That was about 14%. Next is technology and innovations that was nine articles. It was about 13%. And then speed of change, resiliency and reculture.

08:38

That's kind of a Chris category, if you will, stuff. That I'm just looking out for because we have so much to navigate in the future, which is again why Mark and I do this podcast for

you guys to at least synthesize the intelligence you should be aware of. But there was one article in that category which is about 1%, the human factor, which is kind of speaking this, another kind of I'll call it a catch-all category, but just kind of human interest type stuff that I want to point out, and Cordt's done a good job of even starting to look for stuff that might be in leadership in that category. So there were two articles this month that was about 3% and then the last one is just articles I want to highlight. It's kind of my catch-all category, maybe from Chris's perspective maybe I'll retitl it that. But there were five articles which was about 7%. So, Mark, I'm going to jump in.

09:24

First was Mission Moments. A good article from the Miami Herald about Jimmy Carter's long stay in hospice dispels myths about end-of-life care and, Mark, we've talked in the past about your wonderful connection to Jimmy Carter, president Carter and his family, but now he's been over 16 months and how that makes him an outlier. But that's also kind of helped dispel a lot of myths, especially the biggest myth being, well, if I'm in hospice that means I'm dying tomorrow. So that was one of my mission moment articles. The next one was a man living with ALS for 24 years knocks an item off of his bucket list which was skydiving. A 66-year-old ALS patient achieved his dream of skydiving. I thought that was pretty cool. Third one, and Mark, you alluded to this and so well, actually, maybe you didn't allude to this. Actually, several people emailed me about this, including our good friend Judy Lundperson, and also Christy Burchard, Christy Whitney, but it was an article about Hospice of Connecticut, their 50th anniversary of being America's first hospice, and so that was a really great article, just kind of celebrating their amazing history.

10:31

And then the next one. And then I'll get to the D-Day one. That's the one you flagged patients wish to visit Graceland. Granted, with the help of Texas's Heritage Hospice, there's a hospice patient had a wish to visit Graceland ever since she was 10 years old and they made that dream come true, which was really cool.

10:47

My next two were the D-Day ones. So surprise, d-day veteran honored on anniversary. At the tender age of 18, arizona resident Ned Kent joined the Army. It was 1940, just four months into World War II. He served faithfully through 1945, virtually to the end of the war,

and it just talks about his amazing dedication. He actually won the bronze star for heroic action storming Normandy under the German bombardment on D-Day 80 years ago. So I thought that was a great article. And then another one put up by the US Department of Defense Normandy welcomes World War II heroes 80th anniversary. So, man, 80 years, it's just amazing. My sons, Mark and I, have been watching the Apple TV, the Masters of the Air, which is kind of like a band of brothers which is just going back to World War II. It's been a great watch.

11:36

And then, last one in this category Hospice of El Paso makes dream come true for teen facing terminal illness. This one's kind of near and dear to my heart because my oldest is in federal law enforcement. But this patient was sworn in Wednesday by El Paso's sheriff office to be an honorary sheriff of El Paso for the day. So that was my first mission moment. The cool thing is, Mark, you've pointed out very appropriately and almost alarmingly in a good way of how we've seen those stories on the decline, especially as you look through the rearview mirror. So I don't know if it's just my heart was looking more for mission stuff coming off a sabbatical, but I flagged a lot more this month in this category. But this remains a major concern going forward because, as you've pointed out, like I remember, a lot of our hospice coverage at Four Seasons, where I was in many years were these type of beautiful mission moments and that is becoming a little bit less, but it was good to see a good month where at least I saw several of them. All right.

12:33

Next category is reimbursement challenges, and so leading age. CMS is right on track with high acuity hospice RFI, so the leading age is praised. Us centers for Medicare and Medicaid so CMS into high acuity palliative care, but expressed concern over reimbursement staffing issues. So the agency's 2025 proposed hospice rule featured a series of requests RFIs on issues like health equity, social determinants of health and future quality measures. RFI contains further questions about the utilization of higher cost palliative care treatments under the Medicare hospice benefit Agency proposed similar queries in the proposed rule for 2024. The new proposal seeks greater clarity on the financial risk and the cost that providers say represent barriers to providing those services, such as palliative chemo, radiation, dialysis, etc.

13:28

Next one this was pretty good under reimbursement Hawaii, the first state to provide Palliative care coverage, and so that was a really great development and a lot of good friends that we have in Hawaii, and so I know they've worked with Torrey Fields and others. This has been many years in the work and this is going to be great. I think we're going to cite this in many other states. I know what Teleos works and so kudos to Hawaii, blue Shield of California and Tori Fields and the great work she did there probably paved the way quite a bit for this. So this will be really good to see how we can build off of that in other states. Next article CMS website. Her hospice cap scores were updated on 5-22-24. So you know we live in the Amazon era, guys, and so how many of you ordered something from Amazon and you look at the ratings? That's the world that we're going into, so those cap scores are going to matter more and more in the future.

14:18

Right Under reimbursement, always have a sub category for Medicare Advantage and so less care at a higher cost, the Medicare Advantage paradox. So, Mark, these are things you and I theorized on about a year ago, but now we're seeing some articles so celebrating Medicare Advantage milestone enrollment in these private plans has now surpassed 30 million. But basically, talking about the fact that you're looking at the data, looks like people are getting less care at a higher cost, and they may plans have made the case for a while. Well, no, you don't understand. We have all this coding that shows these patients are more acute. Well, if they're more acute, then why are they're actually getting less care from you guys? So I think this can be interesting. We're now starting to get some interesting data. Another Medicare Advantage this was in Becker's Medicare Advantage members spent over \$2,500 less than traditional Medicare enrollees. So, again, things that you and I have theorized about in the past there's now putting some meat on the bone and some data to back that up. It's going to be interesting to see what the impact is on MA plans.

15:16

I have one more in this category. Unitedhealthcare Group continues to leverage home-based care to drive their value-based strategy, and so, just talking about how United is using its OptumWarm and how they've started to view value-based care as a sustainable business model they can lean into and drive growth across its operations. So, in other words, united is looking at Optum to be more and more of its future within United Healthcare Group. So that's my reimbursement category, Mark. My next one is competition

to be aware of, and so, first one, California hospice ownership changes from 2018 to 2020. It's a spatial analysis and case illustration.

15:56

Hospices in California have undergone significant and complicated ownership changes in recent years. Binding showed that ownership changes were significant and complicated. It influx of for-profit organizations in the California market is primarily responsible for these changes. And so something that I know, Judy Lundperson we talked about that in my podcast with her and so hopefully I mean some of it's got some real. It smells really bad, some of the for-profit activity going on in California and of, of course, congressman Blumenauer and so what he has proposed I think that actually is going to come out in July articles, but it's very much kind of hot off the presses some stuff that he's proposing to try to put a dent in some of that very suspicious for-profit hyperbolic activity in states like Nevada, California, etc. This next one Bright Spring Health Services announces a definite agreement to acquire Haven Hospice. So, Mark, I know you're familiar with Haven, I am as well and it leaves one of not only really leaves Alevia, formerly Community Hospice, Empowered Care in the northern part of Florida as the only nonprofit left in that part of the state. So that was a big announcement that Bright Spring acquired Haven.

17:09

And then a series of articles about private equity. So here's one from McKnight's private equity consolidation divide aging services sectors. Multi-agency effort gets underway, and so a lot more scrutiny about what is private equity doing to healthcare. Mphi put out a position statement increased scrutiny of PE hospice transactions. Federal regulators should increase scrutiny of private equity activity in the hospice space, according to MPHI, and so that was a really good one. Here's one from Hospice News by Jim Parker why private equity hospice investors need to refocus on patients. And then there was an article last one in this category experts urge the legislature in New York to pass a bill preventing for-profit and private equity hospice in New York. I'm super excited. We're going to have an announcement pretty soon. There's an incredible book that was well-researched about what private, the whole movement of private equity, not just in hospice-empowered care, but also in autism dental kind of the recovery centers.

18:16

Yeah, behavioral health recovery centers, also air ambulance, and how private equity has really negatively impacted all of those different kind of movement segments Some people call them industries, and so I am pretty hopeful. It looks like the author has agreed, so that's going to be an awesome podcast. A little bit later this year we're going to delve into that specific book. Jeff and I are kind of tying up the final, so be looking for that in the fall. That'll be a great kind of podcast.

18:45

But there's a lot of scrutiny going on in private equity and I think that's a good thing. Next under this kind of category of competition is mergers and acquisitions and, Mark, you even emailed me on my sabbatical about this one Ryzant Health Plans to Acquire North Carolina Systems. So Ryzant, which is a nonprofit formed by Kaiser Permanente, has signed a definite agreement to acquire Greensboro North Carolina cone system, and so this comes less than three months after Ryzant acquired its first healthcare system, which was Geisinger. So really interesting entity evolving here. I'm not sure exactly their model, if it's more of like a tele-house model or if it's more of like the Advocate Aurora affiliation with Atrium, the large healthcare system in North Carolina, and so they're kind of coming together and they're a new system, and so that's going to be interesting to see exactly what the model is. Obviously, kaiser's got years and years of best practices, being that complete vertical integration, including the payer side. Next, Mark, I think you certainly you emailed me about this but NOC and NHPCO inked the deal completing their affiliation that was announced during the month of June. The board chairs and C-suite execs at NOC and NHPCO recently met in Washington DC to ink the deal. The affiliation is rooted in a shared belief that unification will benefit their respective members. That was according to Bill Dombey, my good friend. Dave Cook and Bluegrass Navigators have announced a landmark affiliation agreement, and so two great organizations, and so Liz Fowler at Bluegrass and Dave Cook at Hospice. So that's going to be an interesting one to watch to see exactly kind of what form that takes on. Oregon reviews its UnitedHealthcare deal for a Medisys, and so what's going to have to happen is that Medisys is going to have to divest in certain markets to be able to pass a lot of this kind of antitrust scrutiny that's occurring, but it does look like they're going to do that divestiture, which makes you think then eventually this is going to get across the finish line. And then Medisys, which LHC was formerly. So you got LHC, now Medisys, all going to be part of that Optum continuum.

20:43

And then this was an interesting article, Mark should all healthcare workers take the Hippocratic Oath? This was in Becker's Don Berwick, which I love, don, and so he basically kind of put out that look in a lot of this private equity stuff that should everyone in healthcare someone like me, a CEO, administrators should they have to take the Hippocratic Oath. And it's a really interesting article on Becker's Again. Hopefully you'll look at our summary. I definitely think that would be one worth looking at.

21:13

And then one about community hospice and palliative care we talked about a couple moments earlier Setting their sights on Florida, georgia expansion. Florida-based community hospice recently opened a new location in its home state as they continue to expand in Georgia. And then let's see here just a couple more Our good friends at DeltaCare who've come together with StateServe. They've now agreed to rebrand as Dragonfly Health, and so StateServe and DeltaCare going forward, they're going to be rebranded as Dragonfly Health. So kudos to Drew and his team and all the state serve team and the new brand and banner. They're going to come under SC. Here. Modern healthcare. Pace Group CEO calls for caution. We're dealing with private equity and so even on the pay side they're seeing private equity kind of go into Pace.

22:02

And then the last one kind of into this category of competition hospice valuations how they're shaping up in 2024. The executive summary is that some of those high like 30X valuations are starting to come down. So it says, while many buyers are willing to pay that premium, some have stepped out of the market and so the deal volume has largely declined in late 2023 coming into 2024. So valuations are starting to come down, so probably the peak part of that valuation is kind of over. Is what the gist of that article Right?

22:33

Next one is workforce challenges, which in prior months has been a big one, this one not so much, and so I always kind of substratify into three. The first is any articles that paint the picture. This was a great one by Holly Vossel with Hospice News, the state of the hospice nursing workforce, and just kind of talked about how future generations of healthcare clinicians may be woefully unprepared to address both the quantity and complexity of the emotional, physical and spiritual needs among the swelling aging population. So what we

call the silver tsunami among the swelling aging population. So what we call the silver tsunami.

23:07

Next up stratification of staffing issues is the implications of the issue, and so this one really caught my eye more because I've said this many times, but the title is we may not ever be fully staffed Whole system C-suites plan for the future. And basically talking about again something that we've said on this podcast, that I don't know if there's ever going to be a day, as we look at the aging of America, staffing is only going to get worse. It's not going to get better. It's basically a math problem. So that's a huge implication. Continuing on the implications, 3,000 plus nurses at six Providence facilities are striking, and so that was in Portland and Oregon six facilities that are striking. And then a modern healthcare article, the last option, why doctor resident unions continue to grow. And, Mark, you were kind of on the forefront of basically saying, look, this is almost a natural outcome of the staffing challenges and first time I'd seen it in healthcare in my career. But you've had some good commentary about this and my guess is we're going to continue to see this. And then, continuing along the lines, union ratifies the Oregon contract with Ascension Genesis, and so this was an Ascension Genesis hospital, I'm not sure exactly where in the country that actually was, but oh, it was in Michigan, so actually in Michigan. So so that was under all of our staffing issues.

24:28

So the next category this one's always a meaty one, so I'll not hit each one, but patient, family, demographic trends. But here's an interesting article it's your funeral how to plan ahead for the best party you'll never attend. I thought that was an interesting article. Of course June was Pride Month, and so staff training key to improving hospice quality among LGBTQ plus patients. And just start talking about some of the training. I believe SAGE is the name of the certification to help hospice and palliative care programs better serve that population. And so next is Minnesota family featured a new Amazon docu-series covering end-of-life care. I thought that was kind of interesting. Take Me Out Feet. First, amazon Prime's new six-episode docu-series. So that's certainly interesting.

25:16

Next, the aging revolution Growing old in America is becoming more dignified, but with the senior population booming. And then here's the kind of the punchline Is the nation's healthcare system prepared? That was an article in Business Wire. And then, is long-term care evolving or is it devolving? And so that was an actual McKnight's article. Next is rural pharmacy owners are saying it's getting harder to stay open. This was in the Times Western Virginian. So, Mark, that's the whole pharmacy deserts.

25:48

You and I have done a lot of talking about that, and so just something I want to make sure we keep on the forefront. And then 61% of US adults will have cardiovascular disease by 2050, according to the American Heart Association. So around 61% are likely to be diagnosed with a form of cardiovascular disease by 2050. So that's like a sub statistic within what we call the silver tsunami. And then reap what you sow. Newly released Federal Trade Commission data showing that consumers report losing more than \$10 billion to fraud in 2023, marking the first time that fraud losses have reached that benchmark. This marks a 14% increase over reported losses. So again, kind of consumer demographic thing to be aware of. This is why things like audit, things like that, are not going to go away. And just a couple more National Aging Framework outlines government-wide initiatives promoting home-based care. This was an Ignite article highlighting. The Department of Health and Human Services released a framework for the National Plan on Aging, so I have a feeling this framework is something we're going to bump into quite a bit as we go forward. Probably legislation will refer to it, et cetera.

27:01

Next article. Most people don't get the end-of-life care they really want. Here's what you can do to change that. And there's Maria Shriver Sunday paper, and so just a great article there. And then the lonely Americans paying \$3,000 for a death doula to hold their hand while they die. Mark, you were one of the early ones in this podcast just pointing out about death doulas. And then the last one this one is very concerning Deaths of despair surged among black people over the past decade. Guided by findings reported in 2015, researchers have thought that the uptick in midlife deaths of despair those resulting from suicide, drug overdose, alcohol, liver disease have disproportionately affected white people. Now the data in JAMA shows that the decrease in life expectancy from deaths of despair among people age 45 to 54 is not unique to white individuals. And so just talking about how we're going to have to do a better job of serving a lot of minority populations,

and we've not done a good job of that in the past. So again, big statistics to think about as our consumer continues to morph as we go forward into the future, our customer, patient, family that we serve All right, a lot of regulatory stuff this month, Mark, and so an HPNA position statement about medical aid in dying.

28:19

That one jumped out at me, Mark, because you were one of the first ones to say hey, as you're a hospice leader and someone says where do you stand in medical aid and dying, are you going to have an answer? And so HPNA has put out a position statement related to that. Definitely, if I was a C-suite leader I'd want to be reading that, and then I've called this one out earlier Congressman Earl Blumenauer plans landmark hospice reform bill and so he's drafted a landmark bill. That bill has now actually been put out. In fact, while Mark and I are taping this, we have a national meeting of some really smart people looking at that and where we can support that and where we may actually ask that it be cleaned up a little bit.

28:58

Next, under regulatory kickbacks and medical unnecessary treatments, five major quantum settlements from May 2024. Definitely one. You want to check out how fraudulent hospices evade regulators. That was in hospice news by Jim Parker and really calling out a lot of those fraudulent hospices in California. Then the proposed hope tool seeks to fill hospice data gaps, but it needs tweaking. Experts say that was a McKnight's article talking about our hope tool, and if you guys don't know what the hope tool. You definitely want to be reading this because that is going to affect a lot of our future. If any of you went through home health and Oasis, this is going to be our form of Oasis and hospice. Next, hospice groups to CMS.

29:39

Don't rush caps changes. This was in hospice news by Jim Parker, and so just talking about some of the cap changes that are coming out, but then just some key concerns are actually raised related to that. Next, lessons learned establishing the palliative care research cooperative quality data repository, and so palliative care research cooperative, pcrc, basically partnered with the quality data repository, so QDR, to establish the first serious illness and palliative care quality data repository. So when you think about caps on the hospice side, the PCRC data being merged with QDR this is the type of stuff that's going to

drive the future quality measures on the palliative care side and, Mark, we actually, when I was at Four Seasons, were on the forefront of the development of all that, so they didn't just come up with cap scores one day in hospice. It was the years and years of multiple iterations, what we used to call the fact survey. Same thing is now happening on the palliative care side, and so you think any part of healthcare. You're going to get away without some type of data measurements. Again, think about Amazon. How often do we purchase stuff on Amazon? We look at those reviews. Our consumers can expect that in every part of society. You even look at it whenever you go in Google reviews, whether it's a restaurant or whatever, and so that's why I kind of pointed that one out.

31:00

Right Knock and NHPCO comment on the revision of the hospice certified physician enrollment requirement, and so all of this was supposed to become. On June 6th, cms rescinded its guidance to align with current regulations, offering clarity for providers. Another article about this hospice certifying physician edit and effect American Academy of Professional Coders, centers for Medicare. So CMS and Home Health are all systems go for this new and potentially troublesome claim system edit, and the edit went into effect in early June. So if you don't know about that, you definitely want to click on that article again, and we include that as part of what we push out with the final summary. One more NHPCO, cms did not account for the full burden of implementing the HO Hope tool, so that was 10 articles this month. So it feels like a big regulatory month mark, and so certainly felt that way when I was kind of reading, kind of catching up, and like wow, this feels a little bit different compared to past months.

31:56

All right, next is technology and innovations. This was our good friends at Carolina Caring. Rendover and Lenovo collaborate to bring virtual reality experiences to Carolina Caring seniors. So kudos to Carolina Caring. Rendover and Lenovo collaborate to bring virtual reality experiences to Carolina Caring seniors. So kudos to Carolina Caring and how they're bringing VR technology to their hospice and palliative care patients. In fact, this is one we'll be asking Carolina Caring to share a whole lot more, because they're obviously on the cutting edge, doing some great stuff in this category. And I think actually we have a good friend who is publishing a book, I think in late fall Mark, about how even VR, so virtual reality, can actually decrease the utilization of opioids, so, in other words, vr can actually help with pain and symptom management. So I think this is some future innovations, which

is obviously what this category is about. Continuing on that, prisma, which is based in Greenville, south Carolina, uses VR tech to bring outdoors to hospice patients. That was in the upstate today, so I think we're going to see a lot more of that going forward.

32:54

There's a negative side to technology and so I think it was Ascension that was hacked, was hacked Mark, whenever I was out on sabbatical. So the White House says it, yeah, big time. In fact, my son's good friend who works at Ascension Hospital they were on paper for two weeks, so this was in Becker. White House enlists Microsoft and Google for rural hospital cyber defense. So obviously these rural hospitals do not have the same resources as, like, let's say, an Ascension health care system, and so White House is trying to get Google and Microsoft to help with cyber defense. In fact, I had one kind of fun book I read in sabbatical Mark, and it was one of those kind of political thrillers and it was actually about a ransomware attack. It was basically like in a Tesla, I'm sorry, like a SpaceX. It was a fascinating kind of read, but it just shows that ransomware and cyber attacks are going to be much more part of the future and certainly been very high profile this year.

33:51

Screening tool predicts older adults need for end of life care intervention. This was a McKnight's article. So again, under technology and innovation, a computerized tool can actually identify older adults visiting the ER who have high risk of dying within six months. So good side of technology where we can start saying, hey, you know what you need to pay attention to this patient, whereas in the past maybe, we just did that based upon a discharge planner. And then a couple articles about AI, empathetic AI, how GNI virtual agents will be leveraged, and it says imagine that you're shopping online or in a store and have a question about a product, but then basically taking that concept and are you going to see that in health care? And then Joy, our wonderful editor, with Hospice Body Care Today this is one of her notes this AI solution might be great for shopping, but is it ethical for hospice care, especially when the person calling might be elderly and assumes they're talking with a person? So it could be a lot of interesting grappling questions with the utilization of AI in healthcare, as you were starting to see it more and more utilized.

34:54

In fact, I called a help desk for something when I was on sabbatical Mark and it took me probably 15 minutes on the call to realize I was interacting with an AI. It was actually pretty impressive to see how far the technology came. Um, I consider myself a fairly learned individual and it took me that long like, wait a minute. I don't think this is actually a human being I'm actually talking to more older adults become comfortable with using technology, help them age in place. It was a mcknight article talking about how, as we're seeing more and more of that silver tsunami, those older adults are getting more and more comfortable with technology, helping them to stay wherever they choose to call home.

35:31

And then five things to know about the sorry state of health care, cybersecurity. And let's see here and then last one, under technology is tech solutions for better patient care, how modern tools are transforming hospice management and this was in something in NerdBot how, basically in EHRs, telehealth, mobile apps, predictive analytics and future directions. In fact, Jeff released a podcast the first week of June where we brought in the folks from Lincoln Intelligence Group and did a whole podcast on a lot of these, almost like flavors in technology. It was a great way to kind of substratify what's going on in the technology section, so check out that podcast if you haven't heard it. All right, my last three categories and these always go a lot quicker Mark is the speed of change, resiliency I had one article, article Be Well Led, well Pulse a scientifically backed assessment empowering leaders to make well-being a game changer for teams, workplaces and communities but starting with themselves. It's a holistic tool for human development. So that was a great article flagged by Cordt and Joy. So I'm glad they pointed that one out and of course I put it in that category.

36:41

The next is the human factor. So I had just a few categories or just a few articles under this. One man killed elderly parents, partnering himself, in a murder-suicide at Southwest Miami-Dade home. So my guess is, Mark, that probably hit your radar screen, considering your background and connection in that part of Florida. But a man shot and killed his elderly parents and partner before turning the gun on himself in a murder-suicide at home in southwest Miami Dade. According to police, he shot and killed his parents. Police identified family members said his wife, before turning the gun on himself. The bodies were discovered by family and friends and whose mother was bringing food and the mother was

under hospice care. So I just point that one out under human factor, Mark, I just think the mental health issues of our country, the spillover and systemic impacts of that.

37:29

In fact we're probably going to have a podcast in the fall just about mental illness and the mental health care. I say system almost tongue in cheek because it's more of a patch quilt than it is an actual system. So I pointed that one out under human factor. In fact, I just had a call today with a hospice leader and she pointed out I'm worried about mental illness for our overall population but also our staff as we go forward. So that's why I pointed that one out.

37:57

Dr Mark Boom confronts the new dynamics of CEO burnout, so you can see why I probably pointed that one out more, while the topic of burnout among hospital CEOs is not new, there are new dynamics in play to consider as part of the discussion. Those in a role today encounter increased pressures, ranging from financial to operational. So I pointed that out under human factor. Maybe people might think well, the CEO they've got it easy because they're their CEO. Ceo is not easy, which is why I'm so blessed to have had a sabbatical. I didn't realize how much I desperately needed that rest, but I totally identified with a lot of the challenges a lot of my peers that they're dealing with. And so again, confronts the new dynamics of CEO burnout. We talked about nurse, all the different IDG team members, of course, physician burnout.

38:43

There's been a huge number of articles. It's the first time I've actually seen an article about CEO burnout. So I just pointed that one out under human factor, all right. Last one is kind of Chris's category highlight articles of interest the inter-AI period, in other words, the inter-artificial intelligence period. Seven key actions that leaders should take now. Number one educate yourself. Number two develop a clear AI strategy. Number three foster a data-driven culture. Number four best in the right technology and partnerships. Number five pilot projects. Then scale, build a cross-functional team and then emphasize change management. I thought that was a great article. It was in CEO World Magazine. Then there was an article that Joy and Cordt picked up on AHPM CMO Joe Rotella.

39:31

Hospice does not exist to save money. Those who love Joe one of my just heroes in hospice-empowered care and talked about that. What are some of the ways that you've seen the field change during your tenure? He said what I worry about sometimes is the founding principles that were based on humanizing this care for the whole person and that can get lost in the details of who's paying for what and what regulations. Let me provide or not provide. We're not here to save the system money. We're not here to generate an exhaustive list of regulations and policies. We're here to treat people. So kudos to Joe for taking us back to the mission and what this work is really all about. Obviously, we can't not pay attention to those other things, but at the end of the day, I think sometimes we kind of forget, we throw the baby out with the bathwater and we forget what we're actually here to do. So I thought that was a great article by Dr Joe.

40:20

Next, great questions about Medicare hospice services. Here are some answers. A reason why I pointed this out this was in Forbes magazine. This was pointed out on June 11th Hospice and Palliative Care Today. And then let's see, I think I got two more and that's it, Mark, it pays to know what 100 looks like. Not too long ago, seeing a person 100 years of age was a rare thing. Now they're becoming more commonplace. They're now an estimated 90,000 centenarians living in the United States still a small percent of the population, but that number is expected to keep increasing. I could have put that under patient family demographics, but I thought that was kind of a cool one to kind of point out under just Chris' articles of interest.

40:59

Last one, and then I'm done, Mark. As you said, I'd be a little long-winded. This month, four CEOs share their uncommon or unpopular opinions. This was a Becker's article and these CEOs shared unpopular or uncommon leadership or healthcare opinions that they have, and so I'll again this would be a good teaser for you to check out that article in our summary it's the last one in the very summary so somewhat of a busy month, Mark. I think I had 100 last month, maybe it was 99, but I had 72 this month. But there were 72 kind of meaty articles with a lot of key need to know in our leader. So any thoughts about any of those, Mark, before we let you do your master's class?

41:38 - Mark Cohen (Guest)

Well, what's your unpopular opinion or unpopular reform?

41:45 - Chris Comeaux (Host)

Hmm, that's interesting, I think, and you and I were talked about. So, first off, I am so blessed that I was able to take a sabbatical. I think that I've always been a fan of Intel and the fact that Intel built that into their culture. We have a great blog on our website talks about the rhythms of life and another title is Work, life, harmony and there's some great tactics in there and some very brilliant people like Mother Teresa built things like that even into her culture in the nuns and the work that they were doing in her order in Calcutta. So maybe my unpopular opinion is well, should we do sabbatical for almost everybody in the organization in healthcare? Why shouldn't we? And there's some great tactics in that overall blog.

42:33

Like I have a friend who I'm like you're the most productive person I've ever met. Can you tell me your secret? And she said Sabbath and I'm like what? And she said Sabbath, not in a religious standpoint, but once a week. You just you unplug for a day and you do things that feed your soul, but every six weeks take a three-day weekend, if you can. I mean most hospice and palliative care programs, even for-profit, have more generous paid time off type programs compared to the typical world and I think that's smart. But then people don't use it. They like squirrel it away and they and then we tell people they could cash it out at like 50 cents on the dollar. Didn't that defeat the purpose? So, like Stephen Covey said years ago, like sharpening the saw.

43:15

So, having lived this Mark, I'm almost 30 years now in the hospice and powder cure space, first time I've ever taken a sabbatical almost 30 years now in the hospice and powder cure space, first time I've ever taken a sabbatical. What I learned about myself and how I function on a day-to-day basis? I think I'm going to be able to bring more of my heart and head into my work on a day-to-day basis and I would hope a lot of people would think

about that. We have that built into our culture at Teleos. I hope many of our members start to think about that. You could space it out.

43:41

Obviously there's lots of practical challenges of how can you pull a policy like that off? I get that we did a lot of research before we implemented it. I was employee number one, so the challenge is the implementation of the rest of our workforce will be living that into the future, but it's that type of uncommon thinking going forward into the future. So that would be my first answer, Mark. Second answer is Dr Joe's article. I get the challenges I'm raised as an accountant the financial challenges, the regulatory challenges. We cannot forget the mission of our work and I think that's probably my greatest blessing of coming back from sabbatical. I remembered why I'm doing this work, why you and I do this podcast, and there's so many ancillary things to the core of the mission, of the care by the bedside, but it all comes back to that, the mission. And so, while you may go, well, that's not very unpopular. Maybe it's not unpopular, maybe it's kind of gotten lost in some of the craziness and all the other stuff.

44:37 - Mark Cohen (Guest)

Great. Well, my unpopular position is I think we should abolish the 5% volunteer rule, not make it mandatory, and I believe that because I think the good hospices, regardless of ownership status, will continue to use volunteers. Hospices aren't meeting the requirement anyway. Just because they're not getting dinged by CMS doesn't mean they're meeting the requirement, and I think it becomes a differentiator for all good hospices, regardless of ownership status, to remain relevant in their community and provide higher quality care. You know we forget that when Hugh Westbrook wrote the volunteer requirement into the original hospice licensing law, which was the Florida law, he did it because he wanted hospices to reflect the communities they serve and he felt that having volunteers an essential part of the workforce in the hospice, regardless of ownership status, would ensure that a hospice remained close to its roots. And I think good hospices will continue to do that and the bad hospices? It just becomes another thing. Good hospices can beat them over the head on, frankly.

45:59 - Chris Comeaux (Host)

Interesting. Well, I don't know if I definitely get where you're coming from. To me, that's a key takeaway in what you just said. What a great differentiator and it's interesting you mentioned that, Mark, because in my podcast with Judy Lund Person, that was one of my key takeaways as well is what a great differentiator. Instead of kind of railing against the world about what they don't do, that's kind of like saying, well, you as my competitor, don't do that and going wait a minute, duh, that's my differentiator. I'm not going to kind of throw that card on the table, I'm going to, I'm going to scream that from the mountaintops and make sure that my customer realizes. That's what makes me different.

46:31 - Mark Cohen (Guest)

Yeah, it'd be. It'd be interesting to see what would happen if we did that. And look, you know how many hundreds of hospices are in places like Arizona and California that are just going through the motions and billing Medicare and opening up and shutting down before they get caught. Are any of them meeting the 5% requirement? Of course not. So they're lying or they're deceiving or they're not even bothering. So why do we have it? Why do we have the requirement? If the requirement went away tomorrow, every good hospice would continue to use volunteers. We continue to have volunteer coordinators, volunteer managers managing a large volunteer workforce.

47:14 - Chris Comeaux (Host)

Well, I don't think that's your master's class, is it?

47:17 - Mark Cohen (Guest)

I think you have something else in store my master's class this month, Chris. I'd like to revisit a golden oldie. How do we talk about ownership status in the hospice sector, where 70% of the providers are now for-profits and 30% are not-for-profits which is a far cry from when I first joined VITAS in 1996, and more than 90% of the hospice community was comprised of not-for-profits or government-owned entities? I bring this up because a client of mine recently has become the target of attacks based on ownership status and it's painful to see the same mistakes, the same robotic, cookie-cutter responses deployed time after time on this question. First rule when looking at the issue of messaging competitively about ownership status neither not-for-profits nor for-profits message properly on this issue, even though it's been around in one form or another since the early to mid-1980s.

48:18

The danger of hospices relying on cookie-cutter messaging is that the issue is unique to some degree in every market. For example, in a market where the dominant not-for-profit hospital gets slammed repeatedly by the Lown Institute, Propublica and others for failing to do the work necessary to merit its tax exemption, a hospice painting all for-profits as inherently evil and all not-for-profits as angels of God might not meet many receptive ears. Yet it happens. One of the problems with cookie-cutter responses to the ownership back and forth in hospice is that all healthcare messaging is predominantly influenced by the hospital and physician sectors, which represent the biggest slices of the Medicare pie. But what works for hospital messaging? As someone who started out in healthcare doing hospital messaging, what works for hospital messaging isn't always what works best for hospice messaging. Let's look at an example that now picks apart a key component of for-profit hospice messaging on ownership status.

49:28

For-profit hospitals, when under attack from a not-for-profit competitor, love to complain about the taxes they pay, while they whine about a level playing field, since all providers are reimbursed the same amount in the market for the same DRG, and that's great for hospitals. Hospitals maintain large physical plants and for-profit hospitals are often among the top corporate taxpayers in a local community. But have you ever asked a for-profit hospice what it pays in taxes? How many for-profit hospices actually own real estate on which they pay local property taxes? Very few. Not-for-profit hospices, in fact, usually own more real estate in the local market than their for-profit competitors, which opens up another can of worms, perhaps for future podcasts or future masterclass. Which opens up another can of worms, perhaps for future podcasts or future masterclass. And while we're on the subject of level playing fields, not-for-profit hospices have to disclose a lot of financial information in their Form 990 tax filings. How many privately held for-profit hospices choose to quote level the playing field unquote by disclosing similar information? When you find one, I'd really like to know because I know of none.

50:49

In short, Chris, it's not a cookie cutter issue. It's a complex, market-specific discussion and the real question is who benefits when hospice discussion is focused on ownership status?

How many consumers understand what it means to be a not-for-profit healthcare provider? How many healthcare decision makers wrestling with the hospice decision for a loved one from a thousand miles away know or care who is a not-for-profit provider? And over the past 20 years, not-for-profit healthcare providers have been anything but immune from negative scrutiny from elected officials, regulators, tax assessors and others. The solution, I think, is to focus on the basic differentiators quality, access, speed to care, depth and breadth of your interdisciplinary team members, depth and breadth of the programs and services you offer that go above and beyond the basics Medicare requires of every hospice provider. Chris, I've been dialoguing with hospices on both sides of this question for 20 years and would love to engage any of your listeners if they're interested. So thanks for allowing me to get up once again on my favorite soapbox issue.

52:07 - Chris Comeaux (Host)

Thank you, Mark, and you remind me, and so your good friend and my good friend, Peter Benjamin, Peter and I did it. We do an extended play that's just for TCM members, and Peter and I kind of compared notes a little bit. People call him all the time. My guess is people call you all the time as well, Mark, and say, hey, I've got a family member in Portland, Oregon or wherever, and who would you recommend? And so we've all built kind of a rubric in our mind over the years and you know we never say just go on tax status. We tell them here are the things I would be looking for in the provider and the things to be asking. My godfather, my aunt, died under a hospice in Texas and you know that's the hotbed of a whole lot of for-profit hospice and I gave him about five different things in his kind of rubric when he was interviewing hospice providers. The other thing that kind of occurs to me one of our TCM members did some really fascinating focus groups and I got to listen in almost like kind of watching in the fishbowl, and they had a great diverse group and the guy we actually just had a podcast with, the guy who did this focus group. He's masterful and he asked a question around tech status, and from the customer's mouth, they basically said I'm not sure what that means, but what I would want to know is what does that have to do with quality of care, which is the first one that you said? So, again, always appreciate you, Mark, and you've been a little under the weather. Thank you for doing this, even not feeling at your best. But our listeners wouldn't even know that if I wouldn't even have said that. And so, to our listeners, we really appreciate you. Again, I'm so glad to be back. Make sure you subscribe if this is the first time you're listening. Pay it forward to all of your co-workers and friends in hospice and palliative care.

53:52

Don't miss any episode of TCN Talks, and, as we always do, we always leave with a quote. This time I picked three, Mark, added one to the two that you and I picked. Two of these actually came from our friends at Hospice and Palliative Care today. You can see in a second why I picked these two, but I'm going to lead off with this one A good friend, Craig Jeffries, who works for Compassus. He sent me an email welcoming me back and here was his final word A lot is happening, but little has changed.

54:21

I feel like that is a great quote because I read through all of these different articles that I missed in catching up almost five weeks worth of reading on. A lot is happening, but little has changed. Here's the other two quotes. I love being on vacation and never knowing what day of the week it is. That's anonymous. Hopefully a lot of you are planning some time off this summer and then the last one. You don't need a new year to make a change. All you need is Monday. Make this the week to change your life. That's anonymous as well.

54:50 - Jeff Haffner (Ad)

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