



Top News Stories of the Month, September 2024

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A1 Mission Moments

1 [Hospice patient publishes first poetry book](#)

BBC News, Derby, United Kingdom; by Jude Winter; 8/26/24

A woman receiving end-of-life care has fulfilled an ambition by publishing a book of poems. Sarah Colina started writing the poems more than 40 years ago but never got round to getting her work published despite encouragement from friends and family. The 60-year-old has been receiving care at Ashgate Hospice since being admitted to its Inpatient Unit in Old Brampton, Chesterfield. ... he added staff at the hospice had been "so supportive" and is selling 50 of her books to raise money to support their work. "I'm hoping it will be nicely received and people will enjoy reading my poems", said Ms Colina. She added: "Some of the poems are very dark, but some make you laugh. "I'm hoping it gives people an insight into their inner person."

2 [‘His Three Daughters’: A sister act that’s among the year’s best movies](#)

The Washington Post - Arts & Entertainment; by Ty Burr; 9/5/24

Carrie Coon, Elizabeth Olsen and Natasha Lyonne give career-peak performances in Azazel Jacobs's relatable family drama. ... "His Three Daughters" is in all its simplicity



and complexity the story of how these women get along over the course of their dad's final week. Spoiler alert: They don't. If that sounds like a downer, the movie's kept from terminal morbidity by writer-director Jacobs's uncanny ear for dialogue and by the empathy of the three central performances. There's humor here, gallows and otherwise. But there's also an overflowing heartfelt of feeling, approached from three different angles by three different people who all happen to love the same parent. Other people come and go: a hospice worker (Rudy Galvan) whose smooth bromides eventually grate on the sisters' nerves and ours; a night nurse (Jasmine Bracey) with patience and kindness and a full, unseen life outside the apartment; ... In its final moments, the movie takes a risk — a huge gamble, really — that for my money pays off on any number of levels, and in doing so finally confirms its writer-director's talent. ... Available Sept. 20 on Netflix. [Netflix trailer and reminder available now.]

3 [Bittersweet bouquet: Hospice worker transforms her grief into a garden of memories](#)

ABC 13, Grand Rapids, MI; by Matt Gard; 9/5/24

For the most part, Kaitlyn Dawson's desk at the Emmanuel Hospice office is exactly what you'd expect it to be. On her left, she has office supplies, ... but it's what's on the wall over her left shoulder that really gives this workspace character. Inside three separate picture frames are hundreds of flowers. Kaitlyn was an art major at Grand Valley State University before she switched to social work, and she still has a passion for creativity. Every one of those flowers – whether red, purple or orange - was her creation. ... "These flowers represent patients that I have been able to be a part of their journey at end of life," said Kaitlyn, who has worked in hospice for about four years. "I had one particular case that was really difficult, and I remember leaving that visit and thinking 'I'm going to start doing this process in honor of her.' And I went to the store and I bought pencils and a notebook and decided I was going to do flowers. It was easy. It was simple. It was something I could sit down and do in the evening, and if I lost a couple of people that day, I could draw a couple of flowers." Before Kaitlyn knew it, she had a "bittersweet bouquet."

4 [Hospice patient's final life wish comes true at Colts game](#)

WISHTV.com-8, Indianapolis, IN; by Kyla Russell; 9/8/24

Indianapolis hospice patient Calvin Simmons is terminally ill and had one final life wish: to attend a Colts game. "It was one of those things that you say, 'I got to do this, I got to do this,'" Simmons said Saturday morning. "My dad used to tell a story about me



being about three years old, running back and forth in the house wearing a Colts helmet.” The Marine veteran lives at the Abbie Hunt Bryce Home on the northeast side of the city. The home is run by nonprofit Morning Light, Inc. and offers end of life care for free to those in need. The lifelong Colts fan started his day out in his decked out Colts hospice room. Soon enough, his dream came true when he traveled to Lucas Oil Stadium to see the Colts face the Texans for their season opener.

5 National Alliance for Care at Home CEO Dr. Steven Landers: Build a better future for hospice, home health

Hospice News; by Jim Parker; 9/16/24

Spreading the home-based care community’s message is about more than health care, it also speaks to the priorities and values of society at large, according to Dr. Steven Landers, the newly appointed CEO of the National Alliance for Care at Home (NACH). The alliance last month announced that it had [tapped](#) Landers as its top executive. NACH is the newly combined organization formed by the June [merger](#) of National Association for Home Care & Hospice (NAHC) and the National Hospice and Palliative Care Organization (NHPCO). Landers on Monday outlined a vision for the alliance at legacy NHPCO’s Annual Leadership Conference in Denver. “The story of this work needs to be told louder, more clearly, with the best possible data, with the strongest team, the best resources, because it’s easy to get drowned out. It’s easy to get drowned out in a world where there’s so many people competing for federal dollars, for attention. I think we’ve got a chance with this alliance,” Landers said at the conference. “This isn’t just about health care. It’s about our society. It’s about our compassion, our love for one another, connectedness. It’s a deep and important cause.”

6 Talk about death, but live your life: What people working in end-of-life care have learned

Yahoo Life; by Elena Sheppard; 9/16/24

Eventually, we are all going to die. It’s a reality that most people are uncomfortable with



and do everything they can to avoid thinking about. But for people who work in end-of-life care, such as hospice workers and death doulas, death is both a fact of the job and a part of their everyday reality. While the work may sound grim, those who do it say that their daily proximity to death doesn't cast a shadow over their lives; rather, it has enabled them to more purposefully celebrate life's beauty. ... Yahoo Life spoke to hospice professionals to hear the life lessons they've learned by working so closely with death. Here's what they said. ...

1. Keep your sense of humor ...
2. Prioritize your relationships
3. Acknowledge your mortality--and talk about it
4. The body knows how to die
5. Live your life

7 NHPCO and the National Alliance for Care at Home celebrate healthcare leader and volunteer award honorees at final NHPCO Conference

NHPCO Press Release; by Elyssa Katz; 9/19/24

This week, the National Hospice and Palliative Care Organization (NHPCO) and the new National Alliance for Care at Home (the Alliance) honored standout members of the hospice and palliative care community during the 2024 NHPCO Annual Leadership Conference in Denver, Colorado. [Click on the title's link for the full list and its descriptions.]

- NHPCO Founders Award
 - Susan Lloyd, Delaware Hospice and Chair of Hospice Action Network Board
 - Sandy Kulman, Hospice Services of Northwest Kansas
- Dr. Bernice Catherine Harper Trailblazer Award: the Cultural Diversity Team of the MJHS Health System in New York, NY



- We Honor Veterans Outstanding Program Award: Geisinger Hospice in Danville, PA
- We Honor Veterans Leadership Award: Scott Shreve of the Department of Veterans Affairs
- Volunteers are the Foundation of Hospice Awards:
 - Organizational Support Award: Richard D. Bressler, Weinstein Hospice, Atlanta, GA
 - Patient and Family Service Award: Morag Hunt, Hospice del Valle, Alamosa, CO
 - Specialized Krysta Cash: St. Catherine Hospice, Garden City, KS
 - We Honor Veterans Volunteer Service Award: Linda Collins, Empath Tideswell Hospice, Englewood, FL
 - Young Leader Service Award: Madison Helmick, Empath Tideswell Grief Care Blue Butterfly
- NHPCO Board Members' leadership through this "important time of transformation": Melinda Gruber, Chair; Tarrah Lowry, Vice Chair; Samira Beckwith; Pete Brun nick; Trisha Crissman; Ronald Crossno; Carla Davis; Jim Deal; Liz Fowler; Stacy Groff; Katy Lanz; Susan Lloyd; Ben Marcantonio; Christine McMichael; Norman McRae; Sarah McSpadden; Bob Parker; Clevis Parker; Joe Rogers; Lynne Sexten; Terri Warren; Nick Westfall; Tracy Wood; Kristen Yntema
- Visionary Leadership Award: Ben Marcantonio, Chief Integration Office for the Alliance
- Galen Miller Leadership Award: Melinda Gruber, Core well Health Southwest of Michigan and Samira Beckwith, Chapters Health System
- Healthcare Architect Awards: Carla Davis, LHC Group and HAN Board; Bob Parker, Mindful Health and Alliance Transition Board
- Heart of Hospice Awards: Ronald Crossno, Gentiva and Bernice Burkart, Tufts Medicine Care at Home



Editor's note: Join us in congratulating these leaders for their timely expertise and contributions--past, present, and yet ahead! Whom do you know on this list, or at their organizations? Reach out, celebrate, and thank them!

	Total	7
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A2 Reimbursement Challenges, Warning Signs, and Implications

A. General to Hospice

8 [A wave of change is coming for healthcare benefits — are hospitals ready?](#)

Becker's Hospital CFO Report; by Jakob Emerson; 9/3/24

Surveys of employers are making one thing clear: Healthcare costs are rising faster than they did before the pandemic, and those costs are being driven by inflation, the increasing use of weight loss medications, and higher overall medical expenses. ... As financial pressures mount, many employers are exploring or expanding alternative payment and coverage models, a trend that could significantly alter hospital's revenue streams. ... The average cost of employer-sponsored coverage is expected to jump 9 % from 2024 to 2025, according to estimates from Aon published in August. Healthcare costs per employee are projected to surpass \$16,000 per employee in 2025, driven by rising employment levels, inflation and rising pharmaceutical costs. In 2024, employers budgeted an average of \$14,823 per employee for healthcare costs. These costs have risen by more than 20% over the past five years and by 43% over the past decade.

B. Medicare Advantage

9 [Humana to depart 13 Medicare Advantage markets](#)

Modern Healthcare; by Lauren Berryman; 9/4/24

Humana previewed its Medicare Advantage strategy for the coming plan year, including a decision to quit 13 counties where performance has been unsatisfactory, at the Wells Fargo Healthcare Conference on Wednesday. The Medicare Advantage heavyweight, which had 6.2 million members in those plans as of the second quarter, expects to lose a few hundred thousand enrollees in 2025 as it prioritizes profitable markets, Chief Financial Officer Susan Diamond told investors at the event in Everett, Massachusetts. In addition to leaving those 13 counties, Humana will offer fewer plans in some other areas, Diamond said. About 560,000 members will have to choose new policies for 2025, most of whom will have other Humana plans available to them, she said. ... Diamond did



not specify what markets will be affected, but Humana will continue selling Medicare Advantage plans in every state. The company is committed to a presence in certain favorable regions, including south Florida, she said.

10 [22 health systems dropping Medicare Advantage plans | 2024](#)

Becker's Hospital CFO Report; by Jakob Emerson; 9/4/24

Medicare Advantage provides health coverage to more than half of the nation's older adults, but some hospitals and health systems are opting to end their contracts with MA plans over administrative challenges. Among the most commonly cited reasons are excessive prior authorization denial rates and slow payments from insurers. [See article for list of 22 health systems dropping Medicare Advantage plans - including KS, ME, SD, NE, NV, MI, MN, OH, NY, IN, OK, TX, PA, DE, NC, OR, MO, KY, and CA.]

11 [Medicare Advantage vendors brace for supplemental benefits cuts](#)

Modern Healthcare; by Lauren Berryman; 9/4/24

Companies that have profited from the largesse of Medicare Advantage insurers seeking to lure customers with generous perks are looking ahead to a tough 2025. Humana and CVS Health subsidiary Aetna are among those signaling that curtailing supplemental benefits such as transportation, fitness memberships, in-home support services, and vision, dental and hearing coverage will be a key part of their strategies to restore margins in a business troubled by high costs and a more restrictive regulatory environment.

12 [Trends in post-acute care use in Medicare Advantage versus Traditional Medicare: A retrospective cohort analysis](#)

Journal of the American Medical Directors Association; by Robert E Burke, Indrakshi Roy, Franya Hutchins, Song Zhong, Syama Patel, Liam Rose, Amit Kumar, Rachel M Werner; 8/24

We sought to describe national trends in hospitalization and post-acute care utilization rates in skilled nursing facilities (SNFs) and home health (HH) for both Medicare Advantage (MA) and Traditional Medicare (TM) beneficiaries, reaching up to the COVID-19 pandemic (2015-2019). We found hospitalizations, SNF stays, and HH stays were all



decreasing over time in both populations. Although similar proportions of MA and TM beneficiaries received SNF or HH care, MA beneficiaries received fewer days. The largest difference we found was in the number of post-acute care providers used in TM and MA, with MA using far fewer; however, quality ratings were similar among post-acute care providers used in each program.

13 **The 'great disruption' coming for Medicare Advantage**

Becker's Payer Issues; by Jakob Emerson; 9/9/24

Come mid-October, the Medicare Advantage program will enter its annual enrollment period, marked by significant changes for older adults. Among these changes are increased government [scrutiny](#), tighter CMS regulations, reduced base payments, and rising healthcare costs. ... "Taken together, some are calling these cuts 'the great disruption,'" wrote Sachin Jain, MD, CEO of SCAN Group, a nonprofit MA carrier with more than 285,000 members, in a LinkedIn post on Sept. 4. Dr. Jain outlined five key observations about the evolving landscape:

1. Benefit stability will win out among beneficiaries over "innovation."
2. MA organizations will need to improve care management, including avoiding hospitalizations and proactively managing chronic conditions.
3. MA competition will increasingly focus on a plan's effectiveness and service quality.
4. Brokers will become more important than ever.
5. Stronger relationships will prevail over "partnering with everyone."

14 **Medicare Advantage bonus payments decline for first time since 2015**

Becker's Payer Issues; by Rylee Wilson; 9/11/24

Bonus payments to Medicare Advantage plans will decline by around 8% in 2024 compared to 2023, according to a report from KFF. The analysis, published Sept. 11, found bonus payments to MA plans will decline by around \$1 billion to \$11.8 billion in 2024. Although this was the first decline since 2015, the \$11.8 billion in payments will



still exceed amounts for every year from 2015 to 2022. The number of bonus payments will decline because of temporary policies in place during the COVID-19 pandemic increased star ratings for some plans, according to KFF. When the policies ended, some plans took a hit in bonus payments. CMS pays Medicare Advantage plans bonus payments for achieving a star rating of four or higher.

15 Hospitals target Medicare Advantage in DSH payment lawsuit

Modern Healthcare; by Alex Kacik; 9/11/24

Hospitals allege in a new lawsuit that the federal government unlawfully changed Medicare disproportionate share hospital payment calculations to include care provided to Medicare Advantage patients, and facilities lost billions of dollars in the process. Eighty hospitals on Monday sued the Health and Human Services Department over how the agency factors inpatient care for Medicare Advantage patients into DSH payments, which are meant to bolster providers that treat many low-income patients. Hospitals from states including California, Ohio, Pennsylvania and Texas allege HHS violated the Administrative Procedure Act by not following the typical rulemaking process when it finalized a rule in June 2023 on how Medicare Advantage influences DSH calculations.

16 More home health providers sunset relationships with largest Medicare Advantage players

Home Health Care News; by Andrew Donlan; 9/13/24

Essentia Health--a regional nonprofit health system with a substantial home health arm--announced this week that it will no longer serve as an in-network provider for UnitedHealth Group. ... Dr. Cathy Cantor, Essentia's chief medical officer for population health, said in a statement ... "The frequent denials and associated delays negatively impact our ability to provide the timely and appropriate care our patients deserve. This is the right thing to do for the people we are honored to serve." Headquartered in Duluth [MN], Essentia Health provides care across Minnesota, Wisconsin and North Dakota. Its network includes about 15,000 employees, 14 hospitals, 78 clinics, six long-term care facilities, six assisted living and independent living facilities, and much more. It also has a robust home health and hospice business. The company has informed patients that it will no longer serve as an in-network provider for the above-mentioned



MA payers beginning Jan. 1. ... Sanford Health, a health system based in Sioux Falls, South Dakota, announced a similar plan this week.

17 Cigna to cut Medicare Advantage plans in several states

Modern Healthcare; by Lauren Berryman; 9/19/24

Cigna Group's health insurance unit is scaling back Medicare Advantage offerings in eight states next year, according to a notice to third-party marketers published by the insurance brokerage Pinnacle Financial Services. Members in 36 health plans will be affected by Cigna Healthcare's cuts and service area reductions in Colorado, Florida, Illinois, Missouri, North Carolina, Tennessee, Texas and Utah. Most people will have another Cigna Medicare Advantage plan available in their counties. The company's Medicare Advantage business is fully exiting at least three counties: two in Missouri and one in North Carolina, the notice said.

18 UnitedHealth Group's Optum to lay off 160 employees

Modern Healthcare; by Hayley Desilva; 9/19/24

UnitedHealth Group's Optum filed plans to lay off 160 employees at one of its locations in Basking Ridge, New Jersey. The majority of the cuts will occur on Dec. 11, with a single worker laid off Jan. 22, according to a Worker Adjustment and Retraining Notification Act notice filed with the state of New Jersey this month. ... The provider, pharmacy and technology services business said in the filing the planned layoffs are due to a need for "alignment of capabilities and services to meet the evolving needs of our business and those we serve." The employees will be eligible for severance pay and continue to receive their regular wages until their termination date.

Total	11
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A3 Competition to be Aware of

19 [Why one health system thinks its new PBM can disrupt the market](#)

Modern Healthcare; by Lauren Berryman; 8/23/24

The University of North Carolina-affiliated health system announced a plan this month to launch UNC Health Pharmacy Solutions, a "transparent" PBM for employers seeking an alternative to CVS Health subsidiary CVS Caremark, Cigna division Express Scripts and UnitedHealth Group unit OptumRx, which dominate the market... "Our costs were skyrocketing," DeFalco said. UNC Health has since in-sourced key PBM functions and customized its formulary to focus on lower net cost drugs. UNC Health Pharmacy Solutions is similar to others that market themselves as transparent. UNC Health will charge clients administrative fees and pass through all rebates to plan sponsors. The health system has saved 32% on employee pharmacy costs and expects to deliver similar results to employers in North Carolina and South Carolina, DeFalco said. The health system may consider partnering with businesses in bordering states down the line, she said... The landscape comprises around 70 players, but CVS Caremark, Express Scripts and OptumRx have a combined market share of about 80%, and the top six PBMs control 90%. Larger PBMs generally can use scale to extract better rebates from drugmakers, which at face value could look attractive to benefits brokers even though it may not mean lower overall savings.

20 [NAHC and NHPCO unveil name, logo, and website for newly formed organization](#)

Press Release; 9/5/24

The National Alliance for Care at Home will combine the strengths of the two largest national organizations representing healthcare providers delivering care primarily in homes. The Alliance will provide unparalleled resources and representation to support the care-at-home community.

21 [Gilchrist and Hospice of Washington County join forces in landmark affiliation agreement](#)

Gilchrist [MD] press release; 9/9/24

Hospice of Washington County and Gilchrist, Maryland's leading provider of geriatric, palliative, and hospice care, have announced an affiliation agreement. This partnership will unite two of Maryland's oldest and most experienced nonprofit organizations, together with nearly 70 years of service to their communities.



22 Kaiser Permanente to exit skilled nursing business

Modern Healthcare; by Diane Eastabrook; 9/11/24

Kaiser Permanente is getting out of the nursing home business, closing its lone skilled nursing facility, a spokesperson confirmed in an email Wednesday. The nonprofit health system is shutting down the 176-bed nursing home in San Leandro, California in November, which will displace approximately 250 workers, the spokesperson said. He added that staff are working to transition patients either to their homes or to other skilled nursing facilities in the area.

23 Why CenterWell is moving into Walmart

Becker's Payer Issues; by Rylee Wilson; 9/17/24

Primary care clinics focusing mainly on older adults are more likely to serve Black patients and those dually eligible for Medicare and Medicaid, a study from Humana found. The study, published in *Health Affairs* in September, studied the outcomes of older adult-focused primary care organizations and found the organizations tend to enter and serve historically more disadvantaged communities. The authors defined such organizations as reimbursed predominantly through population-based payment arrangements and serving mostly older adults with Medicare. Humana's CenterWell is one such organization, alongside Oak Street Health and One Medical Seniors. CenterWell is expanding, [with plans](#) to enter three new markets in 2024. The company aims to add 30 to 50 new centers per year through 2025 and will also open clinics at 23 former Walmart Health sites.

A. Mergers & Acquisitions

24 Bon Secours Mercy Health partners with private equity-owned provider

[VA] VPM; by Adrienne Hoar McGibbon; 8/27/24

There is a growing demand for hospice care in Virginia. 40,000 people received hospice care in the state in 2023, according to the U.S. Centers for Medicare and Medicaid



Services. The joint venture with Compassus plans for expanded hospice and home health care. Bon Secours Mercy Health’s home health and hospice care division is teaming up with national home health care provider Compassus as part of a newly minted partnership. The home health and hospice program will now be called Bon Secours Home Care and Hospice by Compassus... The merger will also impact BSMH locations in Florida, Illinois, Kentucky, Ohio and South Carolina.

25 [BrightSpring Health Services announces definitive agreement to acquire Haven Hospice, expanding hospice services into Florida](#)

Business Insider, Louisville, KY; by Globe Newswire Press Release; 9/3/24

BrightSpring Health Service ... announced that it completed the acquisition of the assets of North Central Florida Hospice, Inc. and Haven Medical Group, LLC (collectively “Haven Hospice”), a Florida-based company holding a Certificate of Need (CON) for comprehensive hospice care services in 18 counties in north central Florida, effective September 1, 2024. “We are excited to welcome Haven Hospice into BrightSpring, expanding our existing hospice services into the CON state of Florida,” said BrightSpring’s President and CEO Jon Rousseau.

Publisher's note: This story reports the acquisition completion that was originally announced 6/26/24: [BrightSpring Health Services announces definitive agreement to acquire Haven Hospice, expanding its hospice services into the CON state of Florida.](#)

26 [Florida-based Synthase Collaborative and Southern Care Collaborative merge: Bringing 10 community health organizations together across four states](#)

Hospice Savannah; by Erin Allen; 9/9/24

Florida-based Synthase Collaborative and Georgia-based Southern Care Collaborative have announced their merger to create a regional group of ten nonprofit post-acute and home-based care organizations operating in Florida, Georgia, North Carolina, and South Carolina. By strategically aligning operations under a regional collaborative, the community-based providers will be better positioned to achieve greater economies of scale and payor relations in the delivery of care. “This merger represents a significant step forward in optimizing resources and enhancing the efficiency of delivering compassionate care and support to patients and families across the care continuum.”



said Synthase Founder and President/CEO of Avow, Jaysen Roa. ... Synthase providers – Avow, Inc, St. Francis Reflections Lifestage Care, Inc. and Treasure Health, Inc. – care for more than 2,200 patients daily across Florida. Southern Care Collaborative’s six community-based organizations – Hospice Savannah, Inc., Hospice of South Georgia, Inc., Visiting Nurse Health System/Hospice Atlanta, Hospice Care of the Lowcountry, AuthoraCare Collective and Hospice and Palliative Care of Iredall County – serve an estimated 3,000 patients per day throughout more than seventy counties across George, North Carolina, and South Carolina.

27 More nonprofit hospices consolidating amid economic, regulatory pressures

Hospice News; by Jim Parker; 9/12/24

As M&A in the for-profit space continues its two-year slump, nonprofits are consolidating in rising numbers. Recent years have seen an uptick in consolidation activity among nonprofits in the hospice space. Increasingly, nonprofits are pursuing acquisitions and affiliations, as well as forming regional collaboratives. In addition, some nonprofits have also been acquired by for-profit companies. Driving this trend are reimbursement and regulatory pressures, as well as a need to compete with larger, well-capitalized for-profit entities, according to Mark Kulik, senior managing director for the M&A advisory firm The Braff Group. [Click on the title's link to continue reading this significant article.]

28 How the Fed’s interest rate cuts could affect hospice M&A

Hospice News; by Jim Parker; 9/19/24

The Federal Reserve cut interest rates by 0.5% on Wednesday, which will likely have an impact on hospice M&A. Interest rates have widespread implications for the hospice mergers and acquisitions market, particularly when it comes to private equity investments. PE firms, and some publicly traded companies, tend to finance their acquisitions by taking on debt. The rate reduction — from close to 5.5% to between 5% and 4.75% — means that the flow of dollars may pick up as borrowing gets less



expensive. The slash in interest rates could result in a resurgence of M&A in the hospice space through the end of the year and into 2025, according to Cory Mertz, managing partner at M&A advisory firm Mertz Taggart. ...

29 State scrutiny of UnitedHealth Group-Amedisys deal pushes timeline back further

Home Health Care News; by Audrie Martin; 9/19/24

UnitedHealth Group’s acquisition of Amedisys is still pending. That could be due to a variety of factors, but one is clear: the Oregon Health Authority’s (OHA) ongoing review, which is expected to continue until at least the end of November. OHA’s Health Care Market Oversight (HCMO) program reviews health care business deals to ensure they do not harm the state’s citizens or communities. In July, both UnitedHealth Group and Amedisys submitted responses to the OHA’s request for information. The authority is still seeking public comments on this matter. In addition to the issue in Oregon, the deal has faced scrutiny from federal antitrust regulators, including the U.S. Department of Justice (DOJ).

Total	11
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A4 Workforce Challenges

A. Paints the Picture

30 Healthcare faces deficit of 100,000 workers by 2028

Becker's Hospital Review; by Molly Gamble; 8/29/24

A nationwide shortage of 100,000 healthcare workers is anticipated by 2028, with some states facing projected surpluses or severe deficits between future supply and demand. The finding comes from Mercer, which examined projected changes to the U.S. healthcare labor market by 2028 for states and metro and micro statistical areas. If current U.S. workforce trends continue, the healthcare workforce is projected to reach 18.6 million by 2028, an increase of over 1.5 million from 2023. However, with demand expected to rise to 18.7 million, this still leaves a shortfall of more than 100,000 workers



within five years. While this gap may not seem critical in absolute terms, it adds significant strain to a healthcare system already burdened by geographic and demographic disparities in access to care.

Publisher's note: This finding is particularly important for hospices already facing workforce shortages and challenges finding staff committed to the hospice philosophy of care.

31 **One healthcare job poised for the greatest shortage**

Becker's Hospital Review; by Molly Gamble; 9/6/24

Nursing assistants face the greatest projected deficit over any other analyzed healthcare occupation, with a projected shortage of more than 73,000 assistants nationwide by 2028. The forecast comes from Mercer, which projects a nationwide shortage of more than 100,000 healthcare workers by 2028. The need for nursing assistants is expected to be greatest, with only 13 states expected to meet or exceed future demand. "The projected supply of nursing assistants — an occupation that constitutes 8% of the total US healthcare workforce and 40% of healthcare support occupations in 2023 — is discouraging," Mercer consultants wrote in their Aug. 29 report, "Future of the U.S. Healthcare Industry: Labor Market Projections by 2028."

B. Implications of the issue

32 **This was the year advanced practice nurses thought they'd get full practice authority in NC. They were wrong.**

NC Health News - NC Board of Nursing; by TwumasiD-Mensah; 8/29/24

Every so often, Megan Conner, a nurse anesthetist in Greenville said she sees a patient who's driven for hours to come for a screening colonoscopy but who instead has to be sent to the emergency department. ... It frustrates Conner that so many patients, who have to travel sometimes hours for care in eastern North Carolina, end up not getting it because of common ailments they can't get treated closer to home. That's why Conner is a big believer in the Safe, Accessible, Value-directed and Excellent Health Care Act (SAVE Act), which would give advanced practice registered nurses (APRNs) like her full practice authority. She argues the data show that more nurse practitioners would provide primary care in rural North Carolina if the state would give them autonomy to



practice, bringing care to small burghs that often go without. And now, the demands for care are being driven by hundreds of thousands of patients newly eligible for care because of Medicaid expansion. Along with a growing number of lawmakers who believe the legislation is overdue, advanced practice nurses thought this would be the year that the SAVE Act finally passed. They were wrong. *[Click on the title's link to continue reading.]*

Editor's Note: Pair this with today's post, [Rounds with Leadership: Focusing on the outcomes of NP practice](#).

33 [Bargaining, contract fights heat up across health systems](#)

Modern Healthcare; by Mari Devereaux; 9/3/24

Thousands of healthcare workers nationwide are negotiating for new contracts, and staff at some facilities are preparing for the possibility of strikes in the coming months. Nurses at HCA Healthcare's MountainView Hospital in Las Vegas voted last week to authorize a strike if no progress is made in negotiating for a contract that ensures higher pay, meal breaks for nurses and better retention strategies. National Nurses United members at the health system's Mission Hospital in Asheville, North Carolina, are conducting a strike authorization vote. These moves, combined with dozens of pickets, protests and contract fights across the country, exemplify the ongoing tension between healthcare employers and staff.

Discussion includes: HCA Healthcare, Albany Medical Center, Sharp HealthCare, Kaiser Permanente, Keck Medicine of USC, and University of Michigan Health-Sparrow.

[Mental health jobs to grow 3X more than the rate of all US jobs](#)

Becker's Hospital Review; by Erica Carbajal; 9/9/24

By 2033, employment growth in mental health professions is expected to triple that of average job growth in the U.S., according to a [CNN](#) analysis of data from the Bureau of Labor Statistics. While the median projected employment growth for all occupations across the next decade is 4%, the rate for mental health-related jobs is 12%. This includes psychiatrists, psychologists, therapists, counselors, psychiatric aids and social workers, according to *CNN's* report published Sept. 7.

Editor's note: Too often, mental health health jobs in hospice and palliative care are



relegated to low status on priorities for staffing, instead of the regulatory high priority for "whole-person" care defined throughout the CMS Hospice Conditions of Participation. As significant changes continue to unfold for hospice and palliative services, we will continue to report trends and shifts that emerge in the healthcare landscape for mental health jobs.

34 Bayada Home Health Care settled nurses' wages class action lawsuit for \$13.5 million

Head Topics - Daily Botique; 9/13/24

The settlement, if approved by a judge, will cover nearly 11,000 Bayada nurses in Pennsylvania. Bayada Home Health Care Inc., one of the nation's largest home care providers, agreed to settle a class-action lawsuit in Philadelphia alleging the company failed to pay nurses for time spent updating the incoming nurse or caregiver on a patient's condition and for time spent in mandatory training sessions the \$13.5 million Philadelphia Court of Common Pleas settlement.

Editor's note: [Additional information is behind a paywall at the Philadelphia Inquirer.](#)

35 New data explores trust gap between execs and employees

HR Daily Advisor; by Lin Gensing-Pophal; 9/19/24

Creating a harmonious workplace where trust flourishes between employers and employees is crucial for aligning incentives and driving employee engagement. Unfortunately, that trust is often hard to find in the business world. ... Consider, for example, these data points from the PwC survey:

- 93% of business executives agree that building and maintaining trust improves the bottom line.
- 94% of executives say they face at least one challenge when building trust with stakeholders.



- 86% of executives say they highly trust their employees, but only 60% of employees feel highly trusted.

... Addressing this issue requires a multifaceted approach, starting with fostering open dialogue, implementing transparent policies, and demonstrating a genuine commitment to employee and customer well-being. Encouragingly, some businesses are leading by example, actively working to narrow the trust gap by integrating these principles into their corporate DNA.

36 HHS awards \$100M to address workforce shortages

Becker's Hospital Review; by Kristin Kuchno; 9/18/24

The Health Resources and Services Administration, an agency of HHS, announced it will award \$100 million to organizations including medical schools and state health departments to address healthcare workforce shortages, according to a Sept. 17 news release from HHS. With a shortage of 100,000 healthcare workers expected nationwide by 2028, some health systems have focused on nurse faculty shortages, such as New Bedford, Mass.-based Southcoast Health. ...

37 The growing, troublesome issues around non-solicitation agreements in home care

Home Health Care News; by Audrie Martin; 9/23/24

In August, Comfort Keepers was fined \$500,000 and forced to remove language from its contracts restricting caregivers from accepting positions with home care clients up to one year after terminating employment. That contract language, dubbed a non-solicitation agreement, is a widely used clause in home care contracts to protect providers' businesses. On its end, the Irvine, California-based Comfort Keepers is a large franchise that offers non-medical in-home support, including meal preparation, companionship and personal assistance. The company required each client to execute a care agreement containing this language before receiving services. California Attorney



General Rob Bonta concluded that this agreement violated California law by restraining worker mobility, as caregivers could not be hired by any Comfort Keepers client, not just the client to whom they were assigned to provide services. ...

C. Solutions

38 [CareXM and Enhabit increase clinician capacity by 250% using virtual visits amid staffing shortages](#)

GlobeNewswire; by CareXM; 8/27/24

CareXM ... is proud to announce some of the exciting results with Enhabit in their quick connect Virtual Visits platform. ... "We saw an increase in clinician capacity, allowing us to do more with less," says Vice President of Care Management Shelley Baker of Enhabit, which provides care annually to 228,000 patients. "Completing visits virtually, when appropriate, has freed up our clinicians to better manage their schedules so they can be with patients who need hands-on care." "While virtual visits do not replace the need for in-home visits, they do offer the ability to connect with patients more frequently, supplementing the visits that do need to be in-person," said Si Luo, CEO at CareXM, "We see a growing need not just for visit utilization but for visit prioritization-let's save our field nurses for those visits that truly do need to be in-person. ..."

39 [Hospice leaders: Culture the key to sustaining the workforce](#)

Hospice News; by Jim Parker; 8/30/24

In a time of workforce shortages, hospices are seeking the "secret sauce" that will help keep employees on board and bring new people into their fold. To find the right mix, hospice providers that have achieved national recognition for employer best practices point to a particular secret ingredient — a supportive culture with open lines of communication, a career path with room to grow and competitive compensation. For the California-based YoloCares, culture is critical, according to the nonprofit's CEO Craig Dresang.

Notable mentions: YoloCares, Vit as, Jennifer Blades of Haven Hospice.



Employer educational assistance programs can help long-term care workers pay off student loans

McKnight's Senior Living; by John Roszkowski; 9/3/24

Employer-based educational programs still can be used to help pay off worker students' loans through the end of next year, potentially enabling long-term care employers to provide relief to their workers who are struggling to pay off such debt. The IRS issued a reminder last week that employers who offer educational assistance programs also can use them to help pay for their employees' student loan obligations through Dec. 31, 2025. Although educational assistance programs have been available to employees for many years to help them pay for tuition, books, supplies and other educational expenses, the option to use them to help workers pay off student loans has only been available for payments made after March 27, 2000, according to the IRS. The student loan provision will expire at the end of 2025. The student loan payment initiative may be one way for senior living, nursing home, home care and hospice employers to attract and retain employees, many of whom may be trying to pay off student loans.

Publisher's note: Some hospices offer employer-based educational programs - does yours?

40 Innovative program reduces nurse turnover and fosters development

Oncology Nursing News; by Heather Wood, RN, OCN and Marie Garcia, RN, OCN; 9/12/24

Cancer incidence is on the rise in the US, especially among the growing older population. ... Unfortunately, the current shortage of oncology nurses is expected to worsen, as fewer people enter the profession while aging nurses retire. By 2025, a shortage of 200,000 to 450,000 oncology nurses is predicted in the US. ... In response, The US Oncology Network (The Network) has developed one of the most comprehensive programs in the nation to support the professional development and retention of new oncology nurses. ... Designed to enhance their knowledge of fundamental oncology, OCEAN is a collaborative effort bringing together a multidisciplinary team of experts and speakers from across The Network. The program



provides fundamental oncology knowledge around 12 core areas delivered over 22.5 hours of live virtual learning. Content ranges from ... various treatment modalities ... to palliative care and advanced care planning. OCEAN's impact extends beyond skill development, fostering a sense of belonging and purpose among participating nurses. ... Early results from the program are promising, such as increased retention rates [12% better than the national average] and cost savings.

41 10 strategies for positive company culture in long-term care

McKnight's Home Care; by Julie Rupenski; 9/11/24

Creating a great home care, senior living or other long-term care or organizational culture doesn't happen by accident. It's deliberate and requires intentional leadership strategies that foster positive, productive and inclusive work environments. Your leadership has a profound impact on company culture. Strong leaders inspire others with a feeling of direction, purpose, and team collaboration... Here are 10 strategies:

1. Lead by example
2. Instill transparency
3. Prioritize hiring and retention
4. Empower employees
5. Implement cross functional training
6. Foster teamwork and collaboration
7. Promote from within
8. Enhance resilience
9. Emphasize self care and well-being
10. Keep lines of communication open

Publisher's note: Please click on the article link above for additional detail about each of these strategies and why they are important.



42 Employee engagement can define senior living’s value proposition: panel

McKnights Senior Living, Washington, DC; by Kimberly Bonvissuto; 9/26/24

The senior living industry knew it had workforce challenges at least 15 years before COVID-19 hit, but it didn’t do enough about them. Today, the sector has the opportunity to be proactive and build a workforce to meet the rapidly increasing demand for senior living and care services by investing in workers and improving employee engagement. ... [Senior living leaders described the] pivotal role that cultivating a satisfied, engaged workforce plays in organizational success as well as the ability to significantly enhance operational efficiency, resident satisfaction and the bottom line through culture. Two-thirds of Fortune 500 companies invest resources in employee engagement, according to Todd Kiziminski, vice president of talent acquisition at Trilogy Health Services, who said they recognize the link between engagement strategies and the bottom line.

43 How healthcare leaders view Gen Z in the workforce

Becker's Hospital Review; by Kristin Kuchno; 9/18/24

As more members of Generation Z move into the workforce, some have clashed with management or disagree with how their employees view them. The group, born between 1997 and 2012, has been described as both tech-savvy and overly reliant on technology. Some human resources professionals have said they lack work ethic and time management skills. The early-career employees themselves have said they find enjoyment in full-time work and value career growth and planning. Here are three healthcare leaders' perceptions of Gen Z in the workforce.

- Passion and purpose ...
- Comfort with technology ...
- Interest in growth ...

	Total	14
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A5 Patient, Family, and Future Customer Demographics and Trends

44 [Loneliness tied to death ideation in older adults, study finds](#)

McKnight's Long-Term Care News; by Kristen Fischer; 8/29/24

A new study explored the relationship between loneliness, suicidal thoughts and death ideation in older adults. Overall, feeling lonely was linked with thoughts of wanting to die, according to the results... The researchers found that the subjective feeling of loneliness was more strongly linked with death ideation than with other measures of social disconnection, such as living alone or being socially isolated. The association between loneliness and a wish to die remained strong after the team controlled for depression and other markers of social disconnection. Regular attendance at religious services and other communal activities helped lower death ideation among the adults. Cognitive-behavioral therapy targeting depression and anxiety may also reduce the impact of loneliness.

Publisher's note: It is difficult to underestimate the impact of loneliness and social disconnection. This article and study provide interesting implications for hospice patients and those who love them.

45 [Grief redoubled by a death certificate delayed: A seven-week odyssey in search of a vital record](#)

The Provincetown Independent; by Aden Choate; 9/4/24

Richard Pask, 72, came to the select board on Aug. 27 distraught. His wife, Carol Harris, 69, who had ALS, had died at home in hospice care on July 18, he said, and the town had still not issued a death certificate. Without the certificate, Pask could not access his late wife's pension payments, manage their mutual assets, update annuity contracts, or cancel service accounts in her name. The Social Security Administration, which has continued to issue payments to Harris — a death certificate is required to stop them — had launched an investigation into possible fraud, ...

Editor's note: Root causes from this complex case study relate to the family having used a "green burial" which is becoming more common, where permitted. This case study represents a gap in collaboration between typical systems. Hospice personnel who have any 'touch-points' with the death certificate process must know and adhere to federal, state, and local policies and procedures, especially when variables occur (such as green burials).

46 [Ohio hospital closes amid financial challenges](#)

Becker's Hospital CFO Report; by Madeline Ashley; 9/4/24



Hicksville, Ohio-based Community Memorial Hospital permanently closed its doors Aug. 31 after temporarily shutting down in May due to financial challenges, Bill Cherry, former CEO of Community Memorial Hospital, confirmed with Becker's. "The decision to close Community Memorial Hospital follows thorough efforts to find a viable path to continue operations," Mr. Cherry said in a Sept. 4 statement shared with Becker's. "Unfortunately, despite all our efforts made, CMH has not been able to identify a sustainable solution. We understand the profound impact this closure will have on the community and we extend our deepest gratitude to the residents of Northwest Ohio and Northeast Indiana for their unwavering support and trust over the years."

47 Age-friendly care: What it is and how reporters should cover it

Association of Health Care Journalists; by Liz Seegert; 9/13/24

You may have heard of age-friendly care... Age-friendly care, an initiative of The Institute for Health Care Improvement and The John A. Hartford Foundation, is modeled on the evidence-based 4Ms framework:

1. What matters most. Know and align care with each older adult's specific outcome goals and care preferences, including but not limited to end-of-life care and across care settings.
2. Medication. If medication is necessary, use age-friendly medication that does not interfere with what matters most to the older adult (mobility or mentation) across care settings.
3. Mobility. Ensure that older adults move safely daily to maintain function and do what matters.
4. Mentation. Prevent, identify, treat and manage dementia, depression, and delirium across care settings.



Community Health Accreditation Partner (CHAP) [among others] provides an age-friendly designation for home care companies and has a collection of at-home resources and standards.

48 Historic numbers of Americans live by themselves as they age

California Healthline, originally published by KFF and ran in The Washington Post; by Judith Graham; 9/17/24

Gerri Norington, 78, never wanted to be on her own as she grew old. ... Norington is part of a large but often overlooked group: the more than 16 million Americans living alone while growing old. Surprisingly little is known about their experiences. This slice of the older population has significant health issues: Nearly 4 in 10 seniors living alone have vision or hearing loss, difficulty caring for themselves and living independently, problems with cognition, or other disabilities, according to a KFF analysis of 2022 census data. ... Multiple studies find that seniors on their own are at higher risk of becoming isolated, depressed, and inactive, having accidents, and neglecting to care for themselves. As a result, they tend to be hospitalized more often and suffer earlier-than-expected deaths. ... The most reliable, up-to-date data about older adults who live alone comes from the U.S. Census Bureau. According to its 2023 Current Population Survey, about 28% of people 65 and older live by themselves, including slightly fewer than 6 million men and slightly more than 10 million women. (The figure doesn't include seniors living in institutions, primarily assisted living and nursing homes.) By contrast, 1 in 10 older Americans lived on their own in 1950. ... *[Click on the title's link for the full article. Includes information to republish for free.]*

49 Mirror, mirror 2024: A portrait of the failing U.S. health system - comparing performance in 10 nations

The Commonwealth Fund; by David Blumenthal, Evan D. Gumas, Arnav Shah, Munira Z. Gunja, and Reginald D. Williams II

Goal: Compare health system performance in 10 countries, including the United States,



to glean insights for U.S. improvement.

Methods: Analysis of 70 health system performance measures in five areas: access to care, care process, administrative efficiency, equity, and health outcomes.

Key Findings: The top three countries are Australia, the Netherlands, and the United Kingdom, although differences in overall performance between most countries are relatively small. The only clear outlier is the U.S., where health system performance is dramatically lower.

Conclusion: The U.S. continues to be in a class by itself in the underperformance of its health care sector. While the other nine countries differ in the details of their systems and in their performance on domains, unlike the U.S., they all have found a way to meet their residents' most basic health care needs, including universal coverage.

50 How can we make dementia care more human? Practical insights for providers.

CHAP - Community Health Accreditation Partner; by Jennifer Kennedy, PhD; 9/20/24

This year's World Alzheimer's Day brings a renewed focus on advancing dementia care, especially with the recent launch of the CMS *GUIDE Model*. This groundbreaking approach emphasizes comprehensive, coordinated care, not only improving the lives of patients but also significantly easing the burden on caregivers. As healthcare providers, there's a critical opportunity to adopt strategies that go beyond clinical treatment, focusing on the human experience and addressing the emotional, physical, and financial challenges that dementia brings. ... As we reflect on the progress made in dementia care, there are several actionable strategies healthcare providers can implement to enhance their programs:

1. Comprehensive Care Plans ...
2. Multidisciplinary Teams ...
3. Health Equity and Access ...
4. Caregiver Support ...
5. Preventing Hospitalizations ...



6. Continuous Education and Certification ...

A Human-Centered Approach: While programs like the *GUIDE Model* and CHAP's certification provide a framework for quality care, it's important to remember that dementia care is deeply personal. ...

Editor's note: CHAP is a sponsor for our newsletter.

51 Top 5 regrets people have on their deathbeds: What they can teach us about living healthy, fulfilled lives, from an internal medicine doctor

NBC-6 South Florida; by Alex Koller, CNBC; 9/23/24

To live a meaningful, fulfilling life, you have to accept that it'll eventually come to an end, says Shoshana Ungerleider. Over the years of caring for ill hospital patients, Ungerleider — a doctor who specializes in internal medicine — has observed regrets among people near the end of their lives, she tells CNBC Make It. Here are five regrets she says people often express:

- I didn't spend enough time with the people I love.
- I worked too much and missed out on life.
- I let fear control my decisions and didn't take risks.
- I wish I'd been braver in the face of uncertainty or opportunity.
- I focused too much on the future and lost touch with the present.

Ungerleider's advice for getting ahead of those regrets is simple: Remind yourself that your time is limited and unpredictable, and regularly ask yourself some big, important questions. How do I want to spend my time? What matters most to me in my life?

	Total	8
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A6 Regulatory and Political

52 **Editorial: Palliative care can drive change via new payment models**

Hospice News; by Jim Parker; 8/27/24

A range of emerging payment model demonstrations are integrating principles traditionally associated with “palliative care” into their structures, but without using that term. The Center for Medicare & Medicaid Innovation’s (CMMI) has unveiled a series of models that incorporate elements designed to provide patient-centered care to improve seriously ill patients’ quality of life. Examples include the Guiding an Improved Dementia Experience (GUIDE), the Kidney Care Choices and Enhancing Oncology models. The GUIDE model, for example, includes language requiring “person-centered care meant to improve quality of life, delivered by interdisciplinary teams.” Thus, one could argue that palliative care principles are becoming more integrated into the larger system, even if stakeholders are not using the same terminology. ...

53 **Hospice care standards are important. Congress must be careful tinkering with them.**

NorthJersey.com, Special to the USA TODAY Network; by Patrick Maron; 8/28/24

... As hospice care grows, real attention needs to be paid to the differences between nonprofit and for-profit centers. [A] staggering 73% of hospice programs today are for-profit and are driven by financial motives, ... Rep. Earl Blumenauer, D-Oregon, is drafting legislation that, if enacted, would represent the most significant reforms to date for hospice payment and oversight. Though Blumenauer’s bill, the Hospice Care Accountability, Reform, and Enforcement — or Hospice CARE — Act, is still in development, key provisions will likely include a new payment mechanism for high-acuity palliative services, changes to the per-diem payment process and actions to improve quality and combat fraud. The bill would also implement a temporary, national moratorium on the enrollment of new hospices into Medicare, to help stem the tide of fraudulent activities ... However, there are significant challenges for nonprofit freestanding inpatient hospice facilities like Villa Marie Claire in Saddle River. Most



important, the proposed five-year moratorium on enrolling new hospice programs into Medicare could limit our ability to expand services, straining resources of the Villa ... What's more, the legislation mandates more frequent inspections and enhanced oversight, which could lead to operational stress and higher costs. *[Click on the title's link to continue reading.]*

54 Prepping for the hospice HOPE tool: Starting the journey

CHAP email; by Jennifer Kennedy; 9/6/24

The Centers for Medicare and Medicaid Services (CMS) recently finalized the implementation date of the hospice HOPE assessment tool in the FY 2025 Hospice Payment Update final rule. This quality requirement signals a new beginning for hospice providers related to quality measurement and future payment reform. Implementation is scheduled for October 1, 2025, so the clock is ticking, and the interval is short for provider and software vendor preparation for compliance.

Publisher's note: Excellent article with helpful resource links.

55 Walgreens to pay \$107M fine for prescription billing fraud claims

Modern Healthcare; by Katherine Davis; 9/13/24

Walgreens Boots Alliance has agreed to pay a \$106.8 million fine to the U.S. Department of Justice to settle allegations that it billed government healthcare programs for prescriptions never dispensed.

56 CMS submits 75,000 pages to federal court to justify nursing home staffing mandate

McKnight's Long-Term Care News; by Kimberly Marselas; 9/15/24

The Department of Health and Human Services filed more than 75,000 pages of rule-making records with a federal court Friday, beginning its formal defense of its controversial nursing home staffing mandate. The submission of the administrative



record is the first significant advance in the case since the American Health Care Association brought its challenge to the minimum staffing standard in late May. The Texas Health Care Association, three Texas providers and LeadingAge are also part of the case. In another development, District Court for the Northern District of Texas Judge Matthew Kacsmayk on Sept. 10 agreed to fold in a separate federal challenge against the staffing mandate filed by the state of Texas. He noted that the two cases “share common questions of law or fact, consist of similar parties, the same claims, and [have] the same relief sought.”

57 Final HOPE materials released

NAHC email; 9/17/24

Hospices will begin completing the Hospice Outcome & Patient Evaluation (HOPE) on October 1, 2025. The final HOPE item sets – HOPE Admission v1.00, HOPE Update Visit (HUV) v1.00, HOPE Discharge v1.00 and HOPE ALL Item v1.00 – and accompanying HOPE Guidance Manual v1.00 were released on September 16. These documents can be accessed from the downloads section on the [Centers for Medicare & Medicaid Services \(CMS\) HQRP HOPE webpage](#).

[Accessing full article may require membership login.]

58 The Medicare Complaints Process

Urban Institute Research Report; by Laura Skopec, Avani Pugazhendhi, Judith Feder; 9/13/24

The Medicare complaints process allows beneficiaries to file complaints or grievances about the quality of the services they receive from Medicare plans, including issues with enrollment, customer service, or the ability to use their benefits. The US Department of Health and Human Services also funds State Health Insurance Assistance Programs (SHIPs) to provide in-person and telephone support to beneficiaries in their local area who need help enrolling in or using their Medicare coverage, including filing complaints... To explore how the Medicare complaints process works, we held three



roundtables with SHIP staff, beneficiary advocates, and provider associations to identify issues and opportunities in the Medicare complaints process and possible paths for improvement... Our roundtable participants identified three primary groups of issues with the Medicare complaints process:

1. Many beneficiaries, SHIPs, and other assisters have difficulty navigating the Medicare complaint process through to resolution.
2. SHIP staff, beneficiary advocates, and provider association representatives were all unclear on CMS processes for resolving complaints, how complaint data is used internally, and how CMS uses complaints to hold Medicare plans accountable.
3. Roundtable attendees noted that Medicare consumer assistance programs lack sufficient resources to effectively help beneficiaries navigate complex enrollment, appeal, and complaint processes without adequate assistance.

Suggested Approaches to Improve and Expand the Medicare Complaints Process:

- Reduce beneficiary barriers to filing complaints.
- Reduce barriers to complaint assistance.
- Improve transparency and accountability.
- Continue refining oversight and rulemaking to address abuses identified via complaints.
- Consider establishing an online complaint form for providers to identify systemic issues that may be occurring across multiple beneficiaries.

Finally, we further encourage Congress to appropriate additional funds for consumer assistance in Medicare to support enrollment assistance and help resolve complaints and grievances.

Publisher's note: In light of recent hospice complaints, this is an important report on how



such complaints are heard, tracked, and resolved (or not). The full report can be downloaded [here](#).

59 New red flags emerge in hospice UPIC auditing

Hospice News; by Holly Vossel; 9/20/24

Unified Program Integrity Contractor (UPIC) auditors are taking a sharper look at nursing home room-and-board for hospice patients. Hospices have increasingly faced more regulatory scrutiny in recent years amid rising program integrity concerns, including ramped up UPIC audits, among various others. These audits are designed to instill oversight measures aimed at safeguarding against bad actors in the hospice industry. Regulators have been zeroing in around hospices' data when it comes to patient interviews and Medicaid skilled nursing room-and-board payments, among other aspects of care delivery. These data could give UPIC auditors clues as to potential malfeasance. However, auditors' data extrapolation methodology is flawed and poses risks for quality hospice providers, according to Bryan Nowicki, partner at the law firm Husch Blackwell.

60 Telehealth bill for Medicare approved by House Panel

Retirement Daily; by Retirement Daily; 9/21/24

House Ways and Means Committee on Sept. 18, 2024, passed the Preserving Telehealth, Hospital, and Ambulance Access Act by a vote of 41-0 after lawmakers raised concerns about the need for more guardrails and hospice recertification. The move sets up the legislation for passage by the full House later this year. The markup included objections by Democrats and Republicans to the high cost durable medical equipment and clinical diagnostics guardrails proposed in the bill, saying the provisions merely restate existing authorities of the Center for Medicare and Medicaid Services. The bill requires reports on DME and clinical diagnostics fraud which some lawmakers think have already been established and don't need further study. Many lawmakers likewise expressed concern about the extension of hospice recertification via telehealth. Some



lawmakers raised concern about fraud in the hospice program, which they say the telehealth requirement could let fester.

Total	9
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A7 Technology and Innovations

61 [It could happen to you — how to prepare for and mitigate the fallout from a cyberattack](#)

McKnight's Senior Living; by Kimberly Bonvissuto; 8/28/24

Everyone thinks they know about cybersecurity, but thinking about the effects a cyberattack could have on an organization should be enough to lose sleep over, according to risk management experts. ... Cybersecurity, at its core, is about confidentiality, integrity and availability, according to John P. DiMaggio, co-founder and CEO of Blue Orange Compliance, a risk assessment company. Including senior living in the definition of healthcare, he said that healthcare organizations are targets of cyber criminals because of their relatively weak defenses, the value of the data necessary for operations, and the numerous interfaces and sharing of information that occurs among providers. ... Reasonable security practices — considered the minimum — include risk analysis and management, access control measures, training, incident response planning, physical controls, technical safeguards, third party/vendor management, backup and disaster recovery and patch management. But DiMaggio recommended going above that minimum threshold by using recognized security practices to mitigate penalties and ensure regulatory compliance. Those practices, he said, include email and endpoint protection, access management, data loss prevention, asset and network management, vulnerability management, incident response, medical device security and cybersecurity policies.

62 [Netsmart announces acquisition of HealthPivots to support value-based care transition for healthcare providers](#)

Press release; by Natalie Caruso; 9/4/24

Netsmart announced it has acquired HealthPivots, an Oregon-based market intelligence company for the post-acute care continuum. The combination of the Netsmart CareFabric® with the HealthPivots DataLab will lead to consolidated, robust data and advanced analytics, providing an industry-leading platform that will help enhance post-acute care providers transition to value-based care.



63 **Seven pillars to put healthcare consumers at the heart of the digital transformation**

Forbes; by Hélène Musikas, Géraldine Maouchi, Lorenzo Mandelli, Daniel Brown; 9/6/24
The digital age has seen many industries undergo a profound transformation, evolving into agile "Hybrid Organizations" that blend traditional and digital business models. ... The healthcare sector, however, faces a unique set of challenges on its journey toward this transformation. ... One of the most significant shifts in healthcare is the rising concept of "Self-Care". Seven Ways To Harmonize The Digital Landscape In Healthcare ...

1. Develop a Vision Shared Within and Outside the Organization ...
2. Diversify and Integrate Digital Business Models ...
3. Blend Digital and Traditional Expertise ...
4. Prioritize Patient/Consumer Centricity ...
5. Empower Employees as Consumers and Citizen ...
6. Build an Extended Partner Ecosystem ...
7. Safeguard Medical Confidentiality ...

64 **Rethinking medical records and electronic health**

EMR Industry - Information & Intelligence; 9/11/24

Since healthcare delivery is rapidly moving toward a more digital model, electronic health records, or EHRs, are likely to become even more important and impactful in the years to come. EHRs are the foundation for providing safe and effective care. The themes covered in this seventh edition of Healthcare Foresight are insight-driven decision making based on data platforms, developing regional EHR approaches that enable integrated care, and avoiding implementation problems. ... The phrase "electronic medical record" is becoming a bit archaic. It has been replaced by an electronic health record, or patient record, which compiles clinical data from several locations into a single, all-encompassing picture of the patient. Healthcare providers can now more easily achieve the long-aspired-for health data ideal of one patient, one



record, thanks to developments in cloud computing, cybersecurity, and artificial intelligence (AI). Patients moving between multiple care settings—the community, hospitals, primary care clinics, and wherever else they might receive care—should have a seamless experience thanks to the EHR. However, the possibilities are far more.

65 AI 'early warning' system shows promise in preventing hospital deaths, study says

Pique NewsMagazine, Toronto, Canada; by Nicole Ireland; 9/16/24

An AI early-warning system that predicts which patients are at risk of deteriorating while in hospital was associated with a decrease in unexpected deaths, a new study says. The study, published Monday in the Canadian Medical Association Journal, found a 26 per cent reduction in non-palliative deaths among patients in St. Michael's Hospital's general internal medicine unit when the AI tool was used. "We've seen that there is a lot of hype and excitement around artificial intelligence in medicine. We've also seen not as much actual deployment of these tools in real clinical environments," said lead author Dr. Amol Verma, a general internal medicine specialist and scientist at the hospital in Toronto. "This is an early example of a tool that's deployed that was rigorously tested and evaluated and where it's showing promise for actually helping improve patient care." ... The technology called CHARTwatch continuously analyzed more than 100 different pieces of information about each patient in the unit, Verma said. When the AI tool predicted that a patient was deteriorating, it sent an alert to physicians and nurses, prompting them to quickly intervene.

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A8 Speed of Change, Resiliency, and Re-Culture

66 TCN podcast: Mapping the Future via the Mission with John McBeth

Teleios Collaborative Network (TCN); podcast hosted by Chris Comeaux, with John McBeth; 8/28/24

In this episode of the Anatomy of Leadership podcast, John McBeth, Former Co-founder and CEO of Next Century Corporation, shares his journey in the technology industry,



from software engineer to CEO roles. McBeth emphasizes the importance of creating high-performance organizations and having a great and worthy purpose. He discusses his experience with Vistage where he met Dr. Lee Thayer and the profound impact of working with Dr. Thayer had on him and his organizations. McBeth also shares the inspirational story of starting Next Century Corporation and their mission to protect the country and save lives through real-time actionable information. The conversation emphasized the importance of mission and purpose in mapping the future for both individuals and organizations.

67 [The art of asking: How effective questioning transforms leadership](#)

Forbes; by Keli Frazier-Cox; 8/29/24

As a leader, it can be tempting to fall into the trap of thinking you have all the answers. After all, successful problem-solving and making quick decisions were a big part of getting to where you are in the first place—right? But that’s not the whole story. Seeking input from people around you is important no matter what your position. This is especially true as we rise in seniority and the problems we face become more complex. Asking questions is a crucial but often overlooked leadership skill that moves us into a space of co-creation—finding the best solution, not just your solution. Engaging your teams, peers and other colleagues builds trust, loyalty and enthusiasm, helping guide everyone toward mutual success.

68 [Inclusive leadership: Fostering diversity and inclusion](#)

Forbes; by Lynda Silsbee and the Forbes Coaches Council; 9/5/24

In today's work world, diversity and inclusion are more than just buzzwords—they are essential components of a successful and innovative organization. Inclusive leadership, which actively seeks to embrace diversity and create an environment where all individuals feel valued and empowered, is critical to fostering this philosophy. Leaders who prioritize inclusion can harness the full potential of their teams, driving creativity, engagement and productivity. ... A study by Bersin by Deloitte shows that inclusive and diverse companies have "2.3 times higher cash flow per employee" and smaller businesses enjoyed 13 times higher cash flow. In addition, these companies had greater readiness for change and innovation. Inclusive leadership goes beyond the



representation of different demographics within an organization. It involves creating a culture where diverse perspectives are actively sought out, respected and integrated into decision-making processes. Such leadership fosters a sense of belonging, where everyone feels valued for their unique contributions.

69 20 leadership skills that are still relevant in the AI age

Forbes; by Forbes Expert Panel / Business Development Council; 9/6/24

Artificial intelligence has the power to automate and streamline countless business processes and improve efficiency across just about every sector. However, AI tools (and the humans using them) need guidance and training to perform to their full potential, which makes strong leadership more important than ever. Members of Forbes Business Development Council discuss the leadership skills that are still relevant in the age of AI. From strong critical thinking skills to communication and empathy, these traits are crucial to leading any organization through the transitions that come with new technology. [These leadership skills include the following:] 1. Emotional Intelligence ... 2. Empathy ... 3. Transparency ... 4. The Ability to Identify Areas for Improvement ... 5. A Commitment to Continuous Learning ... 6. Adaptability ... 7. High-Level Communication Skills ... 8. Humility ... 9. Mental Agility ... 10. Knowledge of When to Apply AI ... 11. Prioritization Skills ... 12. Authenticity ... 13. Compassion and Understanding ... 14. An Understanding of How AI Can Complement Human Skills ... 15. Timely, Action-Oriented Decision-Making ... 16. Relationship Building ... 17. Resiliency ...

Editor's note: Especially when recruiting and hiring AI leadership and setting up AI strategies for hospice and palliative care, use these qualities (1) within yourself in how you approach AI and (2) leadership skills you seek out from AI high-tech leadership/staff candidates. Explore how this candidate will likely relate with the staff who serve and--if needed--the patients, caregivers, and families you serve.

70 Leadership in the age of AI: At the crossroads of humanity and technology

Forbes; by Dr. Adil Dalal, DBA; 9/9/24



It has only been 200 years since the First Industrial Revolution and the mass adoption of what we now call technology... The Second Industrial Revolution in the late 19th and early 20th centuries, marked by great progress in mass production, ... emphasizing the importance of machines over humans and managers over employees. ... Today, the world stands on the precipice of the Fourth Industrial Revolution with artificial intelligence, which is not just reshaping industries but also redefining the very essence of leadership and decision-making. ... A technology-driven leader [TDL] who prioritizes novelty over humanity can pose significant risks, potentially leading to societal downfall. ... A human-centric leader [HCL] prioritizes the well-being, growth and empowerment of people, steering humanity toward greatness. ... So is there an ideal Technology Age leader who can lead humanity through this historical moment? Yes! ... They must embody and demonstrate the following three qualities:

1. Empathy With Technological Insight ...
2. Visionary Thinking With Ethical Considerations ...
3. Inclusive Leadership, With A Focus On Empowerment ...

The future of leadership in an AI-driven world is one of collaboration, ethical responsibility and relentless pursuit of innovation.

71 From profit to purpose: Adapting leadership in the nonprofit sector

Forbes; by Peter Sanchez; 9/16/24

Some leadership traits are universal: empathy, integrity, positivity and clear communication. Others are specific to certain kinds of businesses. In my journey from large for-profit companies and tech startups to the nonprofit sector, I have had to adapt my leadership approach in some fundamental ways. Here are a few tips for anyone making this transition.

- Being Different ...
- Valuing Employees ...



- Finding Purpose ...
- Mastering the Art of Decision-Making ...

72 **How can you spot bad leadership quickly? Look for 6 warning signs**

Inc.; by Marcel Schwantes; 9/16/24

Back in my HR days many moons ago, I hired a candidate for a senior management position. During his first week on the job, I stopped by his office to greet him. I overheard him on the phone with a vendor, and his behavior was in stark contrast to the person we had hired. I felt embarrassed by his conduct. Over time, there was a high turnover in his department. I have witnessed numerous counterproductive behaviors in middle and upper management. Here are six toxic traits that I have identified, which are detrimental to leading effectively. ...

- Steals the spotlight ...
- Lacks self-awareness ...
- Doesn't acknowledge making mistakes ...
- Has control over too many decisions ...
- Avoids interaction with others ...
- Loves to blame others ...

73 **5 signs that quickly identify someone with good leadership skills**

Inc., by Marcel Schwantes; 9/25/24

Not every person in charge of another person, team, or company is aware of which behaviors motivates and inspires others. Do you agree with this statement? For any human relationship to thrive, it has to be founded on trust. ... Great Place To Work -- the global research consultancy that partners with Fortune to conduct the annual study of those best companies -- has confirmed that trust is the human behavior you cannot afford not to have. It found that 92 percent of employees believe that their managers are people they can trust. ... Not every person in charge of another person, team, or company is aware of which behaviors produce the kind of trust that motivates and



inspires others. For those who do, it is a continuous journey of personal development. In their journey, they'll most likely find that trust is only present when certain behaviors are displayed daily. Here are five that I have identified as leading to trust:

1. Believe in your people first. ...
2. Lead with humility. ...
3. Give others credit. ...
4. Listen and accept honest feedback. ...
5. Share information. ...

	Total	8
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A9 The Human Factor

74 [Hospice & Palliative Care Today exceeds over half a million source-connections!](#)

Announcement; 9/4/24

We glean the news for you for timely relevance. Much of the news you read in Hospice & Palliative Care Today is in bite-sized summaries, keeping you aware of important information and trends across the continuum of palliative and hospice care. One of our goals is to connect you to the primary source of information. This gives you access to the full article, its publisher and author, follow-up, and best practices for applying its information to your context. We are proud to report that in these first 8 months as *Hospice & Palliative Care Today*, we have connected you--our readers--to the source articles over half a million times! (529,000+) Help us continue to grow by inviting your colleagues to register for free at <https://hospicepalliativecaretoday.com/registration>.

75 [How to get people to do what you want and still like you in 3 steps, from a leadership expert](#)

CNBS - Make It - Leadership; by Tom Huddleston, Jr.; 9/2/24

One of the biggest challenges for any leader is figuring out how to hold people accountable for their mistakes without creating bad blood. In those situations, playing the blame game is always a losing strategy, according to leadership expert and bestselling author Michael Timms. The secret to calling out poor performance while maintaining a positive relationship with employees is to own up to your own mistakes



first so you can inspire others to do the same, Timms said in a TED Talk in January. It’s a strategy called “modeling accountability.” Timms ... noted that he and other leaders often fall into the same trap: “blaming other people for a problem without considering my part in it.” “[This is] something I teach management teams: You can’t inspire accountability in others until you model it yourself,” he said.

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A10 Highlighted Articles of Interest

76 [Hospital to hold focus groups after Facebook controversy](#)

Becker's Health IT; by Giles Bruce; 8/29/24

An Idaho hospital plans to host focus groups after a Facebook post received a flood of negative comments about its emergency care. Local resident Cassidy Chun posted Aug. 13 on Facebook about her grandfather's emergency department experience at Rexburg, Idaho-based Madison Memorial Hospital, where she said he had to wait hours to see a physician after crushing his hands in an accident and deal with apathetic staff along the way. Her post on the Life in Rexburg Facebook group received more than 200 comments, many of them echoing similar problems with the hospital's ED.

Publisher's note: How does your hospice track social media comments? How do you respond?

77 [“Rehabbed to Death” in oncology: Where do we go from here?](#)

JCO Oncology Practice; by Daniel E. Lage, Craig D. Blinderman, Corita R. Grudzen; 9/3/24

You can go to rehab to see if you get stronger for chemo. These are words that every clinician caring for hospitalized patients with cancer has heard or said countless times. And yet, especially when it comes to older adults with advanced solid tumors, less than a third of these patients will ever receive systemic therapy again. Furthermore, their symptom profile is more similar to those discharged to hospice than to those discharged home, and they face debilitating functional decline and early mortality—leading some to coin the term “rehabbed to death” to describe this phenomenon. We suggest a few keys area of focus: (1) reframing hospital discharge conversations, including incorporating practices of disclosing prognoses using validated tools or other algorithms; (2) empowering team-based care and inclusion of palliative care clinicians in the SNF setting; and (3) identifying patients failing to make functional progress early.

[Also see accompanying article: [Respect for the patient-oncologist relationship may limit serious illness communication by acute and post acute care clinicians after](#)



[discharge to a skilled nursing facility](#) by Sarguni Singh, Ashley Dafoe, John Cagle, Elizabeth R. Kessler, Hillary D. Lum, Brooke Dorsey Holliman, Stacy Fischer.]

78 Private equity ownership of US hospice centers boomed in recent years – study

The Guardian; by Jessica Glenza; 9/3/24

Investors spent about \$1tn buying healthcare facilities over last decade, leading to reports of worsening patient care. Private equity investors are increasingly buying up hospice centers – healthcare facilities meant to focus on pain relief and emotional support for people near the end of their lives. The new study was published in the journal Health Affairs

79 Private equity acquisitions of hospices are increasing; Ownership remains opaque

Health Affairs; by Melissa D. Aldridge, Lauren J. Hunt, Zelle Halloran, Krista L. Harrison; 9/24

Private equity ownership across the US health care system is rapidly increasing, yet ownership structures are complex and opaque. We used an economic data set tracking mergers and acquisitions linked to Medicare data to identify private equity hospice acquisitions. Given the influence of for-profit ownership on hospice quality, transparent data on private equity investment are fundamental to ensuring high-quality end-of-life care.

80 Growing private equity involvement suggests rapid consolidation in hospice industry: study

McKnight's Home Care; by Adam Healy; 9/4/24

Increasingly, many hospices are being acquired by private equity firms, which may indicate growing consolidation of the industry, according to a new [study](#). Between 2015 and 2022, 47 PE firms were responsible for 124 US hospice acquisitions. The larger share of these transactions occurred in more recent years, the researchers found. Fewer than 10 PE-backed acquisitions were made each year from 2015 to 2017, but from 2018 and



beyond, PE firms acquired between roughly 15 and 35 hospices per year. Some of these acquisitions involved a large number of agencies, a sign of PE-fueled consolidation in the hospice sector, the researchers noted.

*Publisher's note: We first covered this story in The Guardian 9/5/24 (**Private equity ownership of US hospice centers boomed in recent years – study**) and include McKnight's story to highlight the impact this study is having.*

81 Antitrust lessons for healthcare roll-ups – and everyone else

Competition Policy International - CPI Columns US & Canada; by Lauren F. Dayton & Swara Saraiya; 9/12/24

... The practice described in the U.S. Anesthesia Partners suit, known as a “roll-up,” is a common strategy employed by private equity firms through which smaller businesses in adjacent markets are acquired and consolidated. Large healthcare networks acquire smaller practices for similar reasons. That consolidation enables companies to build a greater presence, operate more efficiently, and can allow them to attract better talent. But that same consolidation can also create the risk of anticompetitive effects. The FTC’s suit is noteworthy because federal competition regulators have historically focused on the companies themselves, not their financial sponsors. The case is in step with statements by competition regulators about increased scrutiny of the healthcare industry, and of acquisitions by private equity firms, in particular. ...

82 Private equity acquisition of physician practices — Looking for ethical guidance from professional societies

JAMA Network; by Peter A. Ubel; 9/13/24

In 2012, private equity firms purchased approximately 75 physician-owned practices; by 2021, that number had risen to almost 500. Most commonly, firms have sought high-paid subspecialty practices. For example, dermatologists make up approximately 1% of physicians in the US, whereas dermatology practices account for 15% of private equity acquisitions. Private equity firms can offer valuable administrative support to clinical



practices. Some firms offer expertise to help practices respond to rapidly changing regulatory and reimbursement environments. Firms also provide financial rewards to clinicians who have often spent decades building successful practices. However, private equity acquisitions can also lead to ethically troubling consequences. For example, to maximize the return on their investments, private equity firms sometimes pressure clinicians to see more patients, perform more procedures on those patients, and upsell patients on products not reimbursed by insurance, such as acne creams stocked in dermatology offices. In addition, after being acquired by firms, medical practices often raise medical prices, including an increase in out-of-network billing and surprise bills. These price increases harm patients by increasing their out-of-pocket expenses and, potentially, reducing their ability to pay for care, thus contributing to financial nonadherence and medical debt... In short, some professional societies offer guidance on how to promote members' interests when selling to private equity, even reminding them to factor the value of their real estate into the sale price, but they offer scant information on the ethical tradeoffs created by such sales.

- First, professional societies should convene panels of experts from within and outside their specialties to review the ethical and economic effects of private equity (and other profit-maximizing entities) on patients.
- Second, professional societies should develop written materials that can be easily accessed by members to explain in clear and direct terms that the decision whether to sell one's practice is not just a matter of economics or of professional quality of life but is also an ethical choice and one that must be consistent with professional duties to current and future patients.
- Third, professional societies should develop ethics guidelines to provide members with practical moral advice.

83 Chris Comeaux, A name to watch in the hospice space

CEOWorld Magazine; by Despina Wilson; 9/21/24

Few names resonate as strongly as Chris Comeaux. As the founder and CEO of Teleios



Collaborative Network (TCN), Comeaux has become a transformative figure in an industry grappling with constant change. His leadership style, marked by innovation and compassion, has not only shaped TCN but is redefining how nonprofit hospices approach their mission. This article delves into Comeaux’s journey, his leadership philosophy, and the indelible mark he’s leaving on end-of-life care.

Publisher's note: Teleios Collaborative Network is a Hospice & Palliative Care Today sponsor. Notable mentions include Janet Bull.

84 Report: US has worst healthcare of 10 developed countries

McKnight's Long-Term Care News; by Kristen Fischer; 9/19/24

Americans die earlier and are the sickest — and have the worst healthcare on the whole — compared with nine other developed countries, a [new report](#) shows. “The United States is failing one of its principal obligations as a nation: to protect the health and welfare of its people,” Joseph Betancourt, MD, president of the Commonwealth Fund, said in a HealthDay article. ... Despite its deficiencies, the US spends the most on healthcare, the report noted. Australia, the Netherlands and the United Kingdom had the highest rankings, data showed. The other countries included in the report were Germany, New Zealand, Sweden, Canada, France, and Switzerland

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