

## Cordt Kassner

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## March 10th, 2024

**Sunday Newsletters:** *Top read stories of the last week (in order) is the focus of Sunday newsletters - enjoy!*

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## Headlines

### **[Aspirus Health completes St. Luke's Duluth acquisition](#)**

*Modern Healthcare, by Alex Kacik; 3/1/24*

Aspirus Health finalized its acquisition of St. Luke's Duluth, forming a 19-hospital system spanning northeastern Minnesota, northern and central Wisconsin and Michigan's Upper Peninsula. ... As part of the [transaction](#), Aspirus will invest at least \$300 million over eight years in St. Luke's and will expand its health plan to St. Luke's service area within two years. In addition, Aspirus will honor all physician, labor and union contracts, the system said in a news release Friday.

*Editor's Note: Both Aspirus Health and St. Luke's Duluth provide hospice care.*

### **[Change Healthcare's temporary funding program 'not even a Band-Aid,' AHA says](#)**

*Becker's Health IT, by Giles Bruce; 3/4/24*

The American Hospital Association called Change Healthcare's temporary funding program for providers affected by the cyberattack on the UnitedHealth Group subsidiary inadequate, while a U.S. Senate leader asked CMS to speed up payments to hospitals. Change Healthcare [set up](#) the funding assistance March 1 for providers [facing](#) cash-flow issues after losing access to its payer systems, which have been down since the Feb. 21 ransomware attack. However, AHA President and CEO Rick Pollack wrote in a March 4 [letter](#) to UnitedHealth Group that the program is "not even a Band-Aid on the payment problems you identify."

### **[Premier Hospice Phoenix exits Medicare program, impacting local healthcare](#)**

*BNN, by Mazhar Abbas; 3/4/24*

Premier Hospice in Phoenix ends its Medicare agreement, sparking concerns among patients and providers. Explore the impact and future of hospice care.



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### **Contract CNA staffing associated with worse care quality outcomes: study**

*McKnights Senior Living, by Kathleen Steele Gaivin; 3/1/24*

Nursing homes that use contract staffing to fill certified nursing assistant position vacancies are more likely to experience worse care quality than those that do not, according to the results of a [study](#) by PHI. The proportion of total CNA hours filled by contract CNAs in SNFs increased from 2% in 2017 to 11% in 2022, the study found.

### **Podcast: Dr. Robert Carolla's reflections on life and mortality**

*Springfield Daily Citizen; 2/28/24*

Dr. Carolla, a pioneer in his field, sheds light on the delicate balance between life and mortality that oncologists navigate daily. Through his work with the Hospice Foundation of the Ozarks and national recognition from StoryCorps broadcasts, he and his wife, Peg, have touched countless lives with their compassion and dedication. Dr. Carolla's journey offers a profound perspective shift on life, death, grief and the human experience.

### **Home health disparities: Medicare Advantage patients receive fewer visits, worse outcomes**

*Home Health Care News, by Patirck Filbin; 3/1/24*

Home health patients under Medicare Advantage (MA) plans have worse functional outcomes compared to traditional Medicare patients, likely as a result of receiving fewer visits, according to a new study.



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## **What is the appropriate response when a colleague is not following an aid-in-dying law?**

*American Clinicians Academy on Medical Aid in Dying - Ethics Consultation Service; posted by Jean Abbott, MD, MH; originally posted 2/2/24 and emailed 3/4/24*

Outline of Ethics Question: A resource practitioner for aid-in-dying care has encountered practitioners who have not followed the requirements of the laws in that state, including eligibility, documentation, and other standard legal or medical elements of aid-in-dying care. The resource practitioner wonders what ethical responsibilities should guide their response to these concerns. Definition of "resource practitioner": An experienced prescriber who acts as a source of information or a mentor for others prescribing or consulting for patients considering aid in dying. Their role is to advise the provider on aid-in-dying best medical practices and the process required to comply with the law.

## **Maryland: Medical aid-in-dying legislation won't pass this year**

*The Baltimore Banner, by Pamela Wood; 3/1/24*

The Maryland General Assembly will not vote this year on a bill that would allow terminally ill residents to be prescribed medication they could take to initiate their own death. Versions of the proposal have been considered, but not passed, in Maryland since 2015.

## **Why not-for-profit health systems need positive margins: Deloitte**

*Becker's Hospital CFO, by Andrew Cass; 2/28/24*

Health system margins are the "lifeblood of a healthy, patient-centered, innovative health care system and community," according to a [report](#) from consulting firm Deloitte. "Claims that profits are not important in fact undermine the ability to fund the mission, serve the community, and deliver better, equitable care," Deloitte said in the report. ... "[Systems] should consider a holistic approach that integrates margin drivers to create a balanced transformation portfolio, according to the report. Timing and sequencing are important within each driver and "a full understanding of the dollar impact and priority of each is necessary for margin improvement to be successful."



## **Home-based palliative care shows promise in reducing ER visits, hospitalizations**

*Home Health Care News, by Patrick Filbin; 2/28/24*

Patients who receive home-based palliative care (HBPC) services experience fewer emergency department visits, fewer hospitalizations and lower costs once they start receiving services. That's according to a recent study conducted by the West Health Research Institute of Blue Shield of California.

## **Today's Encouragement**

**Everything that irritates us about others can lead us to an understanding of ourselves. ~Carl Jung**



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