

## Cordt Kassner

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## May 23rd, 2024

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## Hospice Provider News

### **[In good hands: VA medical center introduces new inpatient hospice room and dialysis suites](#)**

*Salisbury Post; by Brad Dountz; 5/21/24*

The W.B. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center ... held a ribbon cutting ceremony for the new inpatient hospice room, dialysis suites and six patient care rooms earlier this month. The amenities will allow veterans to get the treatment they need. Construction began during the days of COVID, but thanks to the work of the VA employees who built it, veterans can finally reap the benefits. "We come together to honor those who have selflessly served our country and now require specialized care. Some of them are in their final moments," said Dr. Kamran Lateef, chief of hospital medicine. "In this sanctuary of compassion and solace, every detail has been meticulously crafted to offer the highest quality of care tailored to the unique needs of our beloved veterans."

### **[Resurgita Health Solutions and Ennoble Care's Georgia Housecalls Practice finalize combination to strengthen healthcare access in Georgia](#)**

*KSN.com News - Cision PR Newswire; by PR Newswire; 5/20/24*

Resurgita Health Solutions and Ennoble Care have united to strengthen healthcare access in Georgia. ... Under the regional leadership of Kevin Charles and Dr. Mark Bradshaw, Ennoble's Georgia home-based primary care practice will be integrated into Resurgita's regional operations and Ennoble's national operations. Renee Brack, FNP, will work closely with Mr. Charles and Dr. Bradshaw in Georgia, as the operational leader of palliative and hospice care in Georgia, ensuring continuity. ... "We are thrilled to combine our strong programs to expand home-based primary and palliative care access in Georgia." said Molly Viscardi, PhD, RN, Chief Operating Officer of Ennoble Care.

## Palliative Care Provider News

### **Congress earmarks \$12.5 million for palliative care research**

*Hospice News; by Holly Vossel; 5/20/24*

Congress recently passed the 2024 Labor Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill. Introduced [in July 2023](#), the appropriation included \$12.5 million in funding to “focus, expand and intensify” palliative care research and workforce development efforts, the bill’s language stated. The funds support the development and implementation of a national multi-disease strategy that will grow palliative care research programs at institutions across the country, according to the National Institute on Aging (NIA), a division of the U.S. Department of Health & Human Services’ (HHS) National Institutes of Health (NIH). The funding will allow for palliative research projects that may not have been otherwise possible, the NIA stated.

*Editor's Note: For more initial information, see the article we posted on 4/4/24, "[2024 budget and paylines update: \[\\$12.5 million for palliative care research\]](#)."*



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## Clinical News

### **Life support decisions are usually made within 72 hours. Is that too soon?**

*Advisory Board; by Daily Briefing; 5/21/24*

After a patient suffers a traumatic brain injury (TBI) and is on a ventilator, when is the right time to withdraw life support? A new study published in the *Journal of Neurotrauma* suggests that doctors and patient family members should wait a bit longer than usual. ... The researchers found that the majority of patients whose life support wasn't withdrawn ended up dying in the hospital anyways within about six days. However, 42% of patients who continued life support recovered enough within the following year to have some level of independence, and a few even returned to their former lives.

## **End-of-life talks, planning benefit all racial groups, study finds**

*McKnights Long-Term Care News; by Kristen Fischer*

... Having formal advanced care planning (ACP) in place was linked to higher odds of receiving care that aligned with individuals' goals, the researchers found. The study evaluated how ACP and goal-concordant care (GCC) — an approach that aims to meet the patient's goal and includes ACP and conversations about care goals — affected people of different races. The [report](#) was published on May 18 in the *Journal of the American Geriatrics Society*. The framework is especially important for people in racial or ethnic minority populations who have a greater risk of poor end-of-life outcomes and don't receive GCC. ... Older adults are more likely to receive hospice care at the end of life compared to previous decades, but a lot of people still report care that didn't meet their preferences, the authors noted.

## **Cooling down the clinic: How to de-escalate angry patients and family members**

*Oncology Nurse Advisor; by Kathleen Wolf, MBA, BSN, RN, NEA-BC; 5/17/24*

Handling challenging interactions with patients and families can be a source of stress for oncology nurses. Patients and caregivers could be feeling angry for any number of reasons. The key is to not take their anger personally. It's more productive to instead understand the cause of their anger. [Read more for common causes and basic de-escalation strategies.]



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## **Public Policy News**

### **Senate ramps up push to reform doctors' Medicare pay**

*Modern Healthcare; by Michael Mcauliff; 5/20/24*

Declining doctors' pay in Medicare is getting its most serious look in nearly a decade in the Senate, with a bipartisan push launched Friday by the Senate Finance Committee. Doctors have grown especially vocal in recent years about falling [Medicare reimbursement](#). Groups including the American Medical

Association have estimated doctors were effectively getting paid 26% less in 2023 than in 2001 because the physician fee schedule set by the Centers for Medicare and Medicaid Services is not adjusted for inflation. Physicians have also called for more flexibility within the pay system.

## Post-Acute Care News

### **Home health, hospice veterans behind BoldAge PACE's nationwide expansion**

*Home Health Care News; by Andrew Donlan; 5/20/24*

BoldAge PACE – a Program of All-Inclusive Care for the Elderly (PACE) operator – is expanding, led by a leadership team filled with multiple home health and hospice veterans. In May, the company opened two new locations in Kentucky and Indiana, and the plan is to open up more locations in short order. As of right now, it has 14 locations spanning coast to coast, located in California, Illinois, Indiana, Kentucky, Ohio, South Carolina, Florida and New Jersey. ... “I think there’s a lot of similarities [between PACE] and where hospice was in the ‘80s,” Russell Hilliard, the chief growth officer of BoldAge PACE, told Home Health Care News’ sister site Hospice News. ... Currently, there are 163 PACE organizations operating more than 300 centers, according to the National PACE Association. There are nearly 76,000 PACE participants across the country.

### **CVS could lose 10% of its Medicare Advantage members in 2025**


*Becker's Payer Issues; by Rylee Wilson; 5/14/24*

CVS Health executives are bracing to lose up to 10% of Aetna's Medicare Advantage members next year, Bloomberg reported May 14. At an investor conference on May 14, CVS CFO Tom Cowhey said it's "entirely possible" the company loses a portion of its members in the coming year as it prioritizes profitability, according to Bloomberg. "That's OK because we need to get this business back on track," Mr. Cowhey said. Executives at CVS Health have said they will prioritize "margins over membership" in Medicare Advantage in the coming year.



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## Technology / Innovations News

### **Nurses don't trust employers to safely implement AI tools, survey shows**

*MedPage Today; by Shannon Firth; 5/16/24*

Predictive models, chatbots may undermine clinical judgment and compromise patient care, they say. Three out of five nurses said they don't trust their employer to place patient safety as the most important factor when using artificial intelligence (AI) tools, according to a survey from National Nurses United (NNU), the largest union of RNs in the U.S.

*Editor's Note: See the next article, "The human side of AI: Insights on balancing automation and Empathy"*

### **The human side of AI: Insights on balancing automation and empathy**

*Innovation & Tech Today; by Enrico Palmerino; 5/20/24*

... As AI automates more tasks with clinical precision, empathy is a critical human element we cannot overlook. That intangible ability to understand and share the feelings of another isn't just a soft skill — it's an essential catalyst for trust, loyalty, and genuine connection. Consider the healthcare industry, where empathy is (quite literally) often a matter of life and death. Can an AI-powered diagnostic system truly grasp a patient's fear and vulnerability when facing a serious illness? ... Finding the delicate balance between leveraging AI automation



and preserving human empathy is the new challenge before us. It's a duality that will shape how businesses operate and how we interact with technology. ... Let the machines optimize processes while we optimize the ability to connect and inspire. In this harmonious future, [AI is a tool](#) that elevates us — not replaces us. *Editor's Note: Is AI a hot topic among your leaders and interdisciplinary clinicians? Often, "empathy" and "communication" are cited as key cautions and conflicts. See the previous article, "Nurses don't trust employers to safely implement AI tools, survey shows."*

## **HHS puts \$50M toward hospitals' ransomware fight**

*Becker's Health IT; by Molly Gamble; 5/20/24*

A new agency within the National Institutes of Health is launching a \$50 million initiative to develop tools for hospital IT teams that enhance their cybersecurity measures and resources to combat ransomware. On May 20, the Advanced Research Projects Agency for Health introduced its Universal PatchinG and Remediation for Autonomous DEfense, or UPGRADE, program. "What if every hospital could autonomously protect itself and patients from cyber threats?" That is the guiding question for the initiative, which aims to develop a tailored and scalable software suite of remediation s and patches for hospitals, reducing the patching time for vulnerable healthcare products to days or weeks.



## **Telehealth is far from dead, says Providence's Virtual Care Chief**

*MedCity News; by Katie Adams; 5/15/24*

This year has been a messy one for virtual care companies, but that doesn't mean that telehealth is dead, according to Eve Cunningham, Providence's chief of virtual care and digital health. In her view, virtual care can definitely still be an important part of the care delivery model — but only if it is embedded into the

greater healthcare delivery ecosystem. This year hasn't been a great one for virtual care companies. Optum shuttered its virtual care unit in April, Walmart closed its virtual care offering (as well as its entire healthcare unit) in May, and two of the country's largest telehealth providers - Teladoc Health and Amwell - have both enacted major rounds of layoffs this year. But this doesn't mean telehealth is dead, said Eve Cunningham, chief of virtual care and digital health at Providence, during a Tuesday interview at the Reuters Digital Health conference in San Diego.

## General News

### **Continuing a 35-Year history, AHRQ pursues vital pathways to improve patient care**

*AHRQ News; by Robert Otto Valdez; 5/16/24*

The theme of our [35th anniversary celebration](#) is "Today's Research, Tomorrow's Healthcare." As I've told my colleagues, we must redouble our efforts to improve healthcare not only in 2024 but also in the decades ahead. AHRQ fuels research and development in the healthcare industry. Now is the time to plant the seeds for healthcare systems to thrive today and in the future.

*Publisher's Note: Congratulations to AHRQ and your 35th anniversary! Thank you for the important contributions you've made to hospice, palliative care, and healthcare. We ran this story on 4/1/24, which was funded by AHRQ: **Hospice providers serving assisted living residents: Association of higher volume with lower quality.***

### **Union president speaks on possible Ascension Genesys nurses strike**

*WNEM-TV5, GeneseeCo., MI; by Zain Omair and Hannah Mose; 5/20/24*

Registered nurses are ready to strike this week if union negotiations with a mid-Michigan hospital aren't successful. Union president Dan Glass said if the union and Ascension Genesys don't have a tentative agreement by Friday morning, May 24, the nurses represented by the union will hit the picket line for a strike.

... According to Glass, the union is looking for wage increases, but the biggest piece is staffing shortages and patient care concerns.





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### **Optum Rx puts emphasis on predictability with new pricing model**

*Fierce Healthcare; by Paige Minemyer; 5/20/24*

Optum Rx is rolling out a new pharmacy model that seeks to make drug costs more predictable and transparent for clients. The Optum Rx Clear Trend Guarantee aligns guarantees into single per member cost, encompassing retail, home delivery, specialty drug and rebate components in one guarantee. It provides an alternative to Optum's Cost Made Clear offering, which includes pass-through models and cost-plus pricing. ... Clear Trend Guarantee will be available on Jan. 1 alongside the existing Cost Made Clear program, Optum said.

## Today's Encouragement

**For Mental Health Month - May 2024: Anything that's human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. – Fred Rogers**

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