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TODAY**

June 4th, 2024

Reminders for the new Hospice Certifying Physician Claim Edit: Effective June 3, 2024

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Hospice Provider News

[How hospice valuations are shaping up in 2024](#)

Hospice News; by Jim Parker; 5/30/24

When it comes to hospice acquisitions, buyers' and sellers' expectations on price tags are becoming more aligned. A surge of deals in 2021 and 2022 led to record-high valuations in the space with multiples reaching in excess of 30x in some instances. While many buyers were willing to pay that premium, some stepped out of the market due to the high valuations. But deal volume has largely declined in late 2023 and early 2024, and valuations are starting to come down.

[The state of the hospice nursing workforce](#)

Hospice News; by Holly Vossel; 5/28/24

Honing clinical scheduling and onboarding models is key to sustaining the hospice nurse workforce as demand for these clinicians rises and wages lag compared to those in other settings. Future generations of health care clinicians may be woefully unprepared to address both the quantity and the complexity of emotional, physical and spiritual needs among a swelling aging population nearing the end of life.

Palliative Care Provider News

[Telehealth delivers early palliative care as effectively as in-person care](#)

AJMC, American Society of Clinical Oncology; by Laura Joszt, MA; 6/2/24

Early palliative care can be delivered via telehealth with equivalent quality-of-life

effects as palliative care delivered in person to patients with advanced non-small cell lung cancer (NSCLC), according to late-breaking results presented during [a] plenary session at the 2024 American Society of Clinical Oncology (ASCO) annual meeting. Whether the palliative care was delivered in person or via telehealth, the most common topics discussed during the visit were similar and included building and establishing rapport to create a relationship with the patient and their family, identifying symptoms and grading symptom management, and coping with serious illness, explained Joseph Greer, PhD, codirector of the Cancer Outcomes Research & Education Program at Massachusetts General Hospital Cancer Center and associate professor of psychology in the Department of Psychiatry at Harvard Medical School ...



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Clinical News

The lonely Americans paying \$3,000 for 'death doulas' to hold their hand while they die

DailyMail; by Alexa Lardieri; 6/1/24

When it became clear that 88 year-old John Binder was dying, his daughter started making preparations to quit her job and travel nearly 1,000 miles across the country to take care of her elderly dad. The retired mechanic, who suffered kidney failure as a result of diabetes, couldn't be looked after by his wife, as she was also elderly and had recently undergone cancer treatment, and he refused to go to a hospice center. But then, a church leader recommended the family contact a death doula.

Publisher's Note: Opportunities (missed opportunities?) hospices might consider.

Public Policy News

CU researchers analyze prevalence, impact of ethical or religious barriers to providing Medical Aid in Dying

University of Colorado Anschutz press release; by Tayler Shaw; 5/31/24

The [recently published paper](#) finds that 26% of physician respondents reported large ethical or religious barriers to participating in medical aid in dying, but many of these physicians were still willing to engage in discussions with patients and provide referrals for care.

Post-Acute Care News

Improving nursing home care goes beyond helping nurses

McKnight's Long-Term Care News; by Kristen Fischer; 5/30/24

An editorial published Monday in the Journal of the American Geriatrics Society [[Quality of care for older adults in nursing homes: It begins with registered nurses but does not end there!](#)] points out flaws in moves to improve nursing home care outlined in a report published in March. Authors of the March report [[RNs in nursing homes—It is not always about the numbers](#)] shared a method to move beyond staffing numbers and optimize the workload of registered nurses. The model detailed nurse accountability, decision making, continuity of information and continuity of care. The authors shared the differences between RN work in the nursing home compared with acute care hospitals, and they also emphasized the importance of geriatric nursing knowledge.



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Pacs Group CEO calls for caution when dealing with private equity

Modern Healthcare; by Diane Eastabrook; 5/30/24

Do you think private equity is becoming a problem for nursing homes? [Pacs Group Chair and CEO Jason Murray replies] I'm not saying that all private equity is inherently bad, but I do think that if providers are not careful about how the capital is aligned with their mission as a company, then you can get into some dangerous situations. As the company tries to perform, they might not be at the

level where the capital partner would like them to be, so the business plan changes. Whenever that business plan changes from patient care to a return on capital, it's a losing scenario.

4 CEOs share their uncommon - or unpopular - opinions

Becker's Hospital Review; by Kelly Gooch; 5/29/24

CEOs shared an unpopular (or uncommon) leadership or healthcare opinion they have. Here are answers collected by Becker's this year.

- Mark Keroack, MD. President and CEO of Baystate Health (Springfield, Mass.): I'm a physician, but I'm also trained in public health. So I firmly believe that we're better off as a country when we cover all of our citizens with a basic set of health benefits...
- Todd LaPorte. CEO of HonorHealth (Scottsdale, Ariz.): "HonorHealth wants to keep people out of hospitals." We're not just a hospital system...
- Bob Riney. President and CEO of Henry Ford Health (Detroit): [We] can, and we should, compete and collaborate at the same time. It's not an either/or. It's a both/and...
- Bill Robertson. CEO of MultiCare Health System (Tacoma, Wash.): I have this odd idea that actually healthcare is way more local than that centralized decision-making does...

Publisher's Note: I edited this article to be concise; if you're interested in leadership topics, you may find this interesting.

UnitedHealth Group continues to leverage home-based care to drive value-based strategy

Home Health Care News; by Robert Holly; 5/30/24

Value-based care has long been a core focus for UnitedHealth Group and its Optum arm. Recently, however, the health care giant has started to view value-based care as a sustainable business model that it can lean into to drive growth across its operations. ... "Although it's a topic that has been talked about for probably 30 years as a theme, I would say, really, only within UnitedHealth Group and Optum are you seeing value-based care now on a scale and presence [that] allows it to operate truly as a business model," UnitedHealth Group CEO Andrew Witty said Wednesday, speaking at an investor conference.



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Dr. Marc Boom confronts the new dynamics of CEO burnout

Becker's Hospital Review; by Kelly Gooch; 5/23/24

While the topic of burnout among hospital CEOs is not new, there are new dynamics in play to consider as part of the discussion. Those in the role today encounter increased pressures ranging from financial to operational. "There are new pressures that have emerged in the healthcare delivery world - everything from reimbursement cuts and escalating drug and supply costs, and labor expenses - that have created a lot of financial headwinds for organizations," said Scott Sette, a partner with Chicago-based executive search firm Heidrick & Struggles. "Plus, regulatory changes have forced CEOs to spend more resources on compliance, cybersecurity, EMR administration." Additionally, "there have just been so many workforce challenges. ... Then you have the impact of the remote and hybrid workforce and the impact of that on organizational culture. Plus, you've got many social issues going on. Clearly, [diversity, equity and inclusion] continues to be top of mind, but also you've got political unrest. You have mass shootings. You have gender-affirming care and other social issues that organizations have to address. And all of these topics [have] created even more pressures for hospitals and health systems to deal with, in addition to delivering high-quality care and delivering customer-centric experiences. There is a lot for CEOs to deal with on a daily basis." Marc Boom, MD, has served as president and

CEO of Houston Methodist, an eight-hospital system with more than 32,000 employees, since 2012. He acknowledged these pressures in a recent interview with Becker's. He also discussed the prevalence of burnout and shared advice for how leaders can reduce the potential for it.

Technology / Innovations News

More older adults becoming comfortable with using technology to help them age in place

McKnight's Senior Living; by Kimberly Bonvissuto; 5/28/24

Although fewer older adults say their homes are equipped to allow them to age in place in 2024 compared with 2023, more of them are getting comfortable with the idea of using assistive or health-related technologies to keep them living where they are, according to the results of a US News & World Report survey. ... The majority of survey participants (95%) agreed that aging in place was an important goal, up from 93% in 2023. The 2024 report took a deeper look at why older adults are — or are not — using assistive and health-related technologies, which technologies they use the most and their experiences with that technology.

5 things to know about the sorry state of healthcare cybersecurity

MedCity News; by Katie Adams; 5/22/24

Nitin Natarajan, deputy director at the Cybersecurity and Infrastructure Security Agency (CISA), shared some key ideas that people need to understand about the current state of cybersecurity in the healthcare industry.

1. Everybody's a target.
2. Things won't get better overnight.
3. Cybersecurity requires an all-hands-on deck approach.
4. There are free tools that providers should be taking advantage of.
5. "Secure by design" is the future.



General News

Most people don't get the end-of-life care they really want. Here's what you can do to change that.

[Maria Shriver's] Sunday Paper; by Karen Spencer; 6/1/24

My mother died of cancer in 2011, when I was in my 30s. My father had died a decade earlier, and most of our family lived far away. So even though I lived in Boston and my mom was in Denver, we had to figure out how I could help care for her from a distance. ... Here are 3 lessons I've learned along the way that I hope will help you, too.

- Lesson No. 1: The doctors don't always know more than you do.
- Lesson No. 2: Be proactive and ask questions about end-of-life care - even before you need it.
- Lesson No. 3: Educate yourself about the kinds of end-of-life care available to you.

EPCSO, Hospice of El Paso make dream come true for teen facing terminal illness

ABC KVIA; by Tyaun Marshburn; 5/29/24

Evan Molina was sworn in Wednesday by El Paso County Sheriff Richard Wiles to be honorary Sheriff of El Paso for the day. Molina is a pediatric patient at Hospice of El Paso. He said he has always wanted to be a sheriff, and today the El Paso County Sheriff's Office and Hospice of El Paso made that wish come true.

Today's Encouragement

Great things are not done by impulse, but by a series of small things brought together. - George Eliot



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