

## Cordt Kassner

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TODAY**

## June 18th, 2024

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## Headlines

### **[AAHPM CMO Joe Rotella: Hospice does not exist to save money](#)**

*Hospice News; by Jim Parker; 6/17/24*

Dr. Joe Rotella, chief medical officer of the American Academy of Hospice and Palliative Medicine (AAHPM), calls on hospices to maintain their core principles amid a churning sea of regulatory and economic changes. Rotella began his medical career as a primary care physician in a small, rural town in central New Hampshire, where he stayed for 12 years [followed by serving Hospice & Palliative Care of Louisville, KY/Hosparus as Chief Medical director for 15 years]. ... Now, Rotella will soon retire from AAHPM. Hospice News sat down with Rotella to discuss the ways hospice and palliative care have changed during his tenure in the space, as well as the forces shaping the field's future. ...

- What are some of the ways that you've seen the field change during your tenure in hospice and palliative care? ...
  - "What I worry about sometimes is that the founding principles that were based on humanizing this care for the whole person can get lost in the details of who's paying me to do what, or what regulations let me provide or not provide. ... We're not here to save the system money. We're not here to generate an exhaustive list of regulations and policies. We're here to treat people."

*Editor's Note: Click on the title's link to read their discussion about accomplishments, the future of hospice care, and the next generation of leaders. Read this insightful article and be inspired as we face today's challenges and strategize "humanizing care for the whole person" for the future. We thank Dr. Joe Rotella for his hospice and*

*palliative leadership. I was privileged to know, learn from, and work with "Dr. Joe" at Hospice & Palliative Care of Louisville [KY] / Hosparus. Dr. Joe Rotella lives what he says. He gives care from a compassionate heart and wise mind.*

## **MedPAC releases June 2024 report on Medicare and the health care delivery system**

*MedPac - Medicare Payment Advisory Commission; Press Release; 6/13/24*

The Medicare Payment Advisory Commission (MedPAC) released its June 2024 Report [on June 13, 2024] to the Congress: Medicare and the Health Care Delivery System. Each June, as part of its mandate from the Congress, MedPAC reports on improvements to Medicare payment systems, issues affecting the Medicare program, and changes to health care delivery and the market for health care services. This year's report covers the following topics:

- Approaches for updating clinician payments and incentivizing participation in alternative payment models. ...
- Provider networks and prior authorization in Medicare Advantage. ...
- Assessing data sources for measuring health care utilization by Medicare Advantage enrollees: Encounter data and other sources. ...
- Paying for software technologies in Medicare. ...
- Considering ways to lower Medicare payment rates for select conditions in inpatient rehabilitation facilities. ...
- Medicare's Acute Hospital Care at Home program. ...

The full report is available at MedPAC's website (<http://www.medpac.gov>).

## **Hospice Provider News**

### **Alive welcomes experienced hospice leader as new CEO**

*Alive Press Release; 6/13/24*

Alive, Middle Tennessee's only nonprofit provider of hospice and palliative care and end-of-life services, ... announced Kerry Hamilton as the organization's new president and chief executive officer. He will begin his new role on June 24. A highly accomplished health care leader, Hamilton joins Alive with more than 20 years of direct hospice management experience, including a decade as CEO of nonprofit Hospice of Central Ohio.

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## Palliative Care Provider News

### **Misconceptions about palliative care still abound, two experts assert**

*McKnight's Home Care; by Liza Berger, Brynn Bowman, Allison Silvers; 6/12/24*

[Podcast] While awareness has grown, a sound understanding of palliative care — specialized medical care for people living with serious illnesses — still lacks among the general public and among physicians and other healthcare professionals. The misconceptions present a barrier to its wider use, according to Brynn Bowman, CEO, and Allison Silvers, chief healthcare transformation officer, of the Center to Advance Palliative Care, who spoke to McKnight's Home Care in a Newsmakers podcast. Among the many myths is that palliative care is not paid for; it is a service under Medicare Part B, they clarified.

## Clinical News

### **Spousal caregivers need emotional support before losses, not just after, study finds**

*McKnight's Long-Term Care News; by Donna Shryer; 6/9/24*

A [recent study](#) suggests that healthcare professionals and policymakers should expand their focus on supporting the emotional well-being of individuals whose spouses have dementia, especially in the years leading up to their partners' deaths. The clinical investigation, published in the Journal of the American Geriatrics Society, indicates that these caregivers experience heightened levels of psychological distress compared to those whose partners have normal cognitive function. ... After the partner's death, the levels of loneliness and depression

were similar across all groups, regardless of the deceased partner's cognitive status. This suggests that the period before the loss is particularly challenging for those caring for a spouse with dementia. Furthermore, about two-thirds (64%) of these spouses reported lower life satisfaction compared to nearly three-quarters (74%) of those with cognitively healthy partners. However, the study found no significant difference in social isolation levels among the groups.

## Regulatory News

### Care provider to pay \$14.9M over false claims involving assisted living communities

*McKnight's Senior Living; Kimberly Bonvissuto; 6/10/24*

A chronic disease management provider will have to shell out \$14.9 million over allegations related to false claims involving assisted living communities, memory care communities and group homes. Bluestone Physician Services of Florida LLC, Bluestone Physician Services PA of Minnesota and Bluestone National LLC of Wisconsin agreed to a \$14.9 million settlement with the Justice Department. The federal government alleged that Bluestone knowingly submitted false claims to Medicare, Medicaid and TRICARE — the healthcare program for active duty service members and their families — for certain evaluation and management codes for services related to chronic care management of assisted living residents. The settlement agreement resolves allegations that Bluestone submitted “inflated” claims between Jan. 1, 2015, and Dec. 31, 2019, that did not support the level of service provided. The federal government will receive \$13.8 million from the settlement, with more than \$1 million going to the states of Florida and Minnesota.



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## Public Policy News

### HPNA Position Statement: Medical Aid in Dying (MAiD)

*Hospice & Palliative Nurses Association / HPNA; retrieved from the internet 6/17/24*

HPNA's position, policy, and value statements are reviewed every five years. Prior to approval from the Board of Directors, all new, revised, and updated position or value statements are posted for public comment to allow for opinions relevant to the position or value statement for a 30-day period. Statement open for comments through July 7, 2024.

*[Position statement - scroll down and click on its "Statement Open for Comments - Medical Aid in Dying \(MAiD\)"; \[Public Comment Feedback Form\]\(#\)](#)*

## **Mergers & Acquisition News**

### **[Revenue pressures driving home care consolidation, private equity's growing influence, provider group says](#)**

*McKnight's Home Care; by Adam Healy; 6/11/24*

Pressures such as insufficient government reimbursement and rising Medicare Advantage penetration are contributing to consolidation in home care and hospice, LeadingAge told regulators last week in response to a February request for information surrounding healthcare market competition. "Sustainable fee-for-service rates that cover the continually rising costs of delivering care are of critical importance," LeadingAge said. "Outside revenue pressures such as lower reimbursement rates from managed care plans, reduced units of service through accountable and managed care organizations, and an increasing need to be an organization of a certain size in order to contract with managed care organizations and accountable care organizations are also factors that drive consideration of consolidation options." One particular concern, LeadingAge noted, is the growing investment in healthcare by private equity firms. Private equity firms have driven a significant share of home care and hospice consolidation in recent years. PE firms had a hand in 35 home health deals, 15 personal care deals and 13 hospice deals last year, according to a recent report. And studies have shown that patients receiving care from PE-owned providers may experience worse health outcomes than patients at nonprofit agencies.

## **Post-Acute Care News**

### **[Private equity, consolidation divide aging services sector as multi-agency effort gets underway](#)**

*McKnight's Long-Term Care News; by Kimberly Marselas, Kimberly Bonvissuto;*

6/10/24

While some aging services providers last week warned that more scrutiny of healthcare consolidation and rules that seek to limit it further could create “unintended consequences,” others encouraged three federal agencies to proceed with promised work on the issue. Private equity ownership is associated with increases in short-term mortality of Medicare patients, as well as declines in other quality measures of patient well-being, and reductions in staffing, services, supplies, or equipment, said LeadingAge, in comments authored by Jonathan Lips, vice president of Legal Affairs, citing research. They also acknowledged that another study using the government’s own data showed PE’s stake in the skilled nursing sector had declined to just 5% by 2022. Further research showed that slowdown persisted into 2023.



## Technology / Innovations News

### **End of pandemic internet subsidies threatens a health care lifeline for rural America**

*KFF Health News; by Sarah Jane Tribble; 6/5/24*

Myrna Broncho is standing outdoors beside a wooden fence that lines a large, open field on a sunny day. Since signing up for the Affordable Connectivity Program last year, Myrna Broncho’s internet bill has been fully paid by the



discount. The program provided \$75 discounts for internet access in tribal or high-cost areas like Broncho's, but it is out of money.

### **Ransomware spikes after Change hack**

*Becker's Health IT; by Naomi Diaz; 6/13/24*

Following Change Healthcare's admission that it paid off hackers after its ransomware attack, there has been a spike in healthcare-related cyber incidents, *Wired* reported June 12. In April, cybersecurity firm Recorded Future identified 44 instances of cybercriminal groups targeting healthcare organizations with ransomware attacks. These attacks involved stealing data, encrypting systems and demanding ransom payments while holding networks hostage. This marks the highest number of healthcare ransomware victims recorded in a single month during Recorded Future's four years of data collection, Allan Liska, a threat intelligence analyst at the company told *Wired*.

### **'I don't ever trust Epic to be correct': Nurses raise more AI concerns**

*Becker's Health IT; by Giles Bruce; 6/14/24*

Nurses [continue](#) to voice concerns about artificial intelligence and its integration into EHRs, saying the technology is ineffective and interferes with patient care. Nurses from health systems around the country spoke to National Nurses United, their largest labor union, for a June 5 story about issues with such programs as automated nurse handoffs, patient classification systems and sepsis alerts. Multiple nurses cited problems with EHR-based programs from Epic and Oracle Health that use algorithms to determine patient acuity and nurse staffing levels. "I don't ever trust Epic to be correct," Craig Cedotal, RN, a pediatric oncology nurse at Kaiser Permanente Oakland (Calif.) Medical Center, told the nurses' union. "It's never a reflection of what we need, but more a snapshot of what we've done." ... Hundreds of nurses protested AI at Kaiser Permanente San Francisco Medical Center in April.





## General News

### **RN pay for all 50 states adjusted by cost of living | 2024**

*Becker's Hospital Review; by Mackenzie Bean; 6/13/24*

California has the highest hourly mean wage for registered nurses, even after adjusted for cost of living, according to data from the Bureau of Labor Statistics. [Following] are the mean hourly wages for nurses in all 50 states and Washington, D.C., adjusted for cost of living. *Becker's* calculated these figures using May 2023 salary [data](#) from BLS and 2024 cost of living index [data](#) from the World Population Review. *(Click on this title's link for each state's (1) RN hourly mean wage, (2) Cost of living index, and (3) RN hourly mean wage, adjusted by cost of living.*

### **Nurse's union reacts to order that medical company pay \$17M in bills**

*Rhode Island News - Providence Now ABC 6; by Gino DeAngelis; 6/13/24*

The United Nurses and Allied Professionals said it has been "sounding the alarm for years" about Prospect Medical Holdings' lack of investment in both Our Lady of Fatima Hospital and Roger Williams Medical Center. The company was ordered to pay \$17 million in overdue bills to vendors of both hospitals. UNAP said it represents 1,200 employees at both hospitals as well as at Prospect Home Health and Hospice. ... "This decision by Judge Stern further highlights the need for the next owner – whether it is Centur ion Foundation or someone else – to invest their own capital into these important hospitals and healthcare facilities. We simply can not rely on saddling these hospitals with more and more debt as is being currently proposed."

## Today's Encouragement

I don't mind solving problems, I just want to solve new ones. - Anonymous



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