
HOSPICE NEWS NETWORK

Reports on recent media to inform hospice, palliative care, and policy leaders

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A Service of State Hospice Organizations

HOSPICE NOTES

~ **“How Do We Encourage and Advance the Quality of Hospice Care In America?”** An article in *AAHPM*, authored by Larry Beresford, offers a robust exploration of the state of hospice care and the rampant growth of fraud. The article shares feedback from numerous experts on ways to better face and address this crisis. The article shares the ideas of leaders within the hospice and palliative care communities, clarifies differences in quality issues and outright fraud, and calls for continuing efforts to address, and offers ideas for action for members of AAHPM. (AAHPM, Spring 2025, <https://aahpm.org/publications/aahpm-quarterly/issue-archive/spring-2025/how-do-we-encourage-and-advance-the-quality-of-hospice-care-in-america/>)

~ **“One Size Doesn’t Fit All: Figuring Out What is Your Hospice+”** is a podcast offered by **Husch Blackwell**. The presentation focuses on individualization of growth strategies for each hospice. The podcast is a part of the Hospice Insights series and is online at the link below. (*Hospice Law Insights*, 4/2, <https://hospicelawinsights.simplecast.com/episodes/one-size-doesnt-fit-all-figuring-out-what-is-your-hospice-iXgOXDfi>)

~ **MAC company Palmetto reports that enhanced oversight of hospices by CMS for California, Nevada, Arizona and Texas have yielded about \$456,000 claims denials to date.** This is a 40% rate of denial and the claims reviewed total over \$1.5 million. Palmetto, however, did not indicate if any of the hospices with claim denials have been implicated in fraud. (*Hospice News*, 5/7, <https://hospicenews.com/2025/05/07/enhanced-cms-oversight-in-4-states-yields-40-claims-denial-rate/>)

~ **Physician Ira Byock joins Joe Sanok for a podcast titled “The Future of Dying.”** The podcast is online at the link below and there is also a transcript of the podcast. (*Practice of the Practice*, 5/13, <https://practiceofthepactice.com/the-future-of-dying-with-dr-ira-byock-pop-1205/>)

~ **Empath Health introduced its “One Hospice Model—a first-of-its-kind framework that preserves community-based hospice while adding the scale, innovation and accountability of a statewide system.”** The link below leads to details about the integration of seven Florida hospices who, together, serve 20% of all Florida hospice patients. (*finance.yahoo.com*, 5/5, <https://finance.yahoo.com/news/empath-health-introduces-one-hospice-120000110.html>)

~ **An article in *Hospice News* explores how hospices boost staff retention by focusing on employee's priorities.** The article examines staffing challenges and explores the complexities of addressing employees' priorities. (*Hospice News*, 4/30, <https://hospicenews.com/2025/04/30/hospices-boost-retention-by-understanding-employees-priorities/>)

~ ***TCNtalks* for April 2025 features Cordt Kassner talking with host Chris Comeaux about workforce challenges for hospices.** The two “explore personal aspirations, data insights, the impact of spiritual care, emerging categories in news reporting, and key themes such as reimbursement and workforce challenges. The conversation also touches on mission moments, regulatory changes, technology innovations, and the evolving nature of leadership in healthcare, particularly in the context of AI and human skills.” The link below leads to the audio presentation, and an AI transcript. (Teleioscn.org, 5/7, <https://www.teleioscn.org/tcntalkspodcast/addressing-workforce-challenges-hospice-in-the-news-april-2025>)

~ **Several leaders, speaking at *Hospice News*' ELEVATE conference, share tips and insights on diversification of services by hospices.** The speakers share about their own efforts at diversification. (*Hospice News*, 4/29, <https://hospicenews.com/2025/04/29/avoiding-cannibalizing-trends-in-hospice-service-diversification/>)

~ **Californian Petros Fichidzhyan is sentenced to 12 years in prison and three years of supervised release for his part in defrauding Medicare of over \$17 million through sham hospices and his home health company.** Details of the case are online at the link below. (Justice.gov, 5/6, <https://www.justice.gov/opa/pr/california-man-sentenced-12-years-imprisonment-connection-17-m-medicare-fraud-schemes>)

~ **The National Alliance for Care at Home launched a newly redesigned website, AllianceForCareAtHome.org, reflecting its commitment to innovation, accessibility, and enhanced value for its members and the broader care at home community.** The modernized site features improved navigation, faster performance across devices, and easier access to key resources, news, and expert analysis. Notable additions include a comprehensive Resource Hub, redesigned member message boards, and enhanced newsletter access. The site will continue to expand with new features in the coming months, and all stakeholders are encouraged to explore and stay informed through the platform. (National Alliance for Care at Home, 5/5, <https://allianceforcareathome.org/the-national-alliance-for-care-at-home-unveils-new-website-to-enhance-member-experience/>)

~ ***Federal Register* published the CMS proposed rule for FY 2026 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program.** The document is now online at the link below, and public comments are called for by 6/30/2025. (*Federal Register*, 4/30, <https://www.federalregister.gov/documents/2025/04/30/2025-06317/medicare-program-fy-2026-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting>)

~ **A hospice nurse in Providence, R.I., was fired after a viral Facebook video posted by a patient's granddaughter allegedly showed the nurse verbally abusing the granddaughter's terminally ill grandfather.** The granddaughter said she overheard and recorded the nurse mocking and threatening her grandfather, who was in late-stage emphysema. The facility

investigated, apologized, and removed the nurse, who has since been terminated. The man was brought home by his family and died peacefully two days later. The granddaughter hopes the incident raises awareness about patient mistreatment. (*10WJAR*, 5/16, <https://turnto10.com/news/local/hospice-nurse-fired-after-granddaughter-shares-video-alleged-misconduct-palliative-care-main-street-providence-may-16-2025>)

~ **TCNtalks features a session with host Chris Comeaux talking with Dr. Rohini Kanniganti about the use of ketamine in hospice medicine.** Kanniganti shares from her own experiences about the ethical use of ketamine and “its potential future acceptance in hospice environments.” The presentation is online at the link below. (*YouTube*, 4/30, https://www.youtube.com/watch?v=G8Y36QmPUZA&ab_channel=TCNtalks)

~ **Hospice News offers its “Hospice Top 50 report” that explores details of the largest hospice chains in the US by Medicare claims.** Using public and proprietary data, “including Medicare payments and SEC filings, the report tracks changes in ownership and acquisitions, offering a comprehensive view of the industry landscape.” The 15 largest providers, says the report, account for about 33% of all Medicare hospice patients. And the role of private equity continues to grow, with six of the top 10 providers being PE-owned. 2025 promises to bring more transformation due to market consolidation, regulatory shifts and demographic changes. The report is online at the second link below and requires registration. (*Hospice News*, 4/30, <https://hospicenews.com/2025/04/30/top-50-hospice-providers-report-now-available/>; <https://hospicenews.com/flagship-report/hospicenews50/>)

~ **Hospice physician Charlotte Grinberg shares “But They Are Dying.”** Grinberg focuses on the reality that hospice physicians like herself “can’t usually offer patients the care they need.” She addresses, specifically, patient needs for inpatient care and Medicare’s restrictions on payment that often do not support this care. She shares stories of specific patients and the advantages of inpatient care for many patients. “I am committed to adhering to the regulations that govern hospice care, and to upholding my clinical responsibilities as a physician,” says Grinberg. “But I can’t deny the complex thoughts and emotions these rules engender. I sometimes feel a sense of relief if someone dies quickly while on GIP so that we don’t have to navigate a transition back to routine hospice care (typically at home or in a nursing home).” Grinberg’s article is online at the link below. (*Slate*, 4/22, <https://slate.com/technology/2025/04/death-hospice-benefits-cost-insurance.html>)

~ **Oregon’s Providence Health wants to put a Tennessee equity-backed company, Compassus, in charge of hospice and homecare in Oregon.** A preliminary review by Oregon Health Authority (OHA) offers information about the proposal, and is online at the second link below. The state report will now guide a six-month preview of Providence’s proposed transaction, examining the proposal’s impact on “patient care, admissions and discharges as well as staffing levels and employee compensation.” The Oregon Nurses Association and its members have expressed concern and alarm “based on number of patient visits rather than an hourly rate, with which nurses say they have more time to provide proper care.” Details of the study are highlighted in an article in *The Lund Report*, and this article is found at the first link below. (*The Lund Report*, 4/22, <https://www.thelundreport.org/content/providences-push-hand-hospice-home-care-oregon-tennessee-firm-gets-closer-look>; [Oregon.gov/oha, https://www.oregon.gov/oha/HPA/HP/HCMOPageDocs/043-Preliminary-Report.pdf?utm_medium=email&utm_source=govdelivery](https://www.oregon.gov/oha/HPA/HP/HCMOPageDocs/043-Preliminary-Report.pdf?utm_medium=email&utm_source=govdelivery))

~ **Hospice News offers “The Problematic State of Health Equity in Hospice.”** The article shares feedback from Hospice News’ Elevate conference. Speakers from that meeting examine issues of underserved populations, measures to improve health equity, and gaps in hospice care. The speakers also address quality issues, fraud, and mistrust, and call for systematic changes. (*Hospice News*, 4/22, <https://hospicenews.com/2025/04/22/the-problematic-state-of-health-equity-in-hospice/>)

~ **On April 22, CMS released HOPE Guidance Manual (V. 1.01) and Tables.** Hope becomes effective on 10/1/25. The materials are online at the link below. **CHAP shares HOPE assessment tools and they are online at the second link below.** (CMS, 4/22, <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf>; CHAP, <https://chapinc.org/blog-news/hope-assessment-tool-administration-and-preferences/>)

~ **The California Department of Health Care Services (DHCS) has clarified that Medicaid managed care plans must reimburse hospices for nursing home room and board for dually eligible patients.** Previously, confusion led to nonpayment. A new All Plan Letter now mandates pass-through payments regardless of network status, eliminates prior authorization for most hospice services, and requires plan compliance. Prompted by the California Hospice and Palliative Care Association (CHAPCA) advocacy, this move has already led to improved payments and is seen as a major step toward resolving long-standing billing issues. (*Hospice News*, 5/15, <https://hospicenews.com/2025/05/15/medicaid-hospice-payments-for-room-and-board-to-resume-in-california/>)

~ **A study reported in *Journal of Pain and Symptom Management* explores how hospice caregivers of people with dementia view AI.** Caregivers saw AI as a helpful source of quick, personalized information but had concerns about reliability, privacy, and lack of human touch. Ease of use depended on technical support and training. Overall, caregivers were open to AI if properly supported. (*Journal of Pain and Symptom Management*, May 2025, [https://www.jpmsjournal.com/article/S0885-3924\(25\)00322-7/fulltext](https://www.jpmsjournal.com/article/S0885-3924(25)00322-7/fulltext))

~ **“4 Ways AI Technology is Elevating Hospice Care” is offered by Maxwell Healthcare Associates.** The hospice care industry, says the article, faces challenges like staffing shortages, compliance pressures, and growing demand for quality care. AI technology is helping agencies improve outcomes and efficiency through offering more personalized care, use of predictive analytics, operational efficiency and cost savings. AI is transforming hospice care by enhancing support, reducing costs, and empowering caregiving. (Maxwell Healthcare Associates, 4/15, <https://www.maxwellhca.com/resources/improve-hospice-quality-and-care-with-ai-tools>)

~ **Rhode Island Governor Dan McKee’s fiscal 2026 budget calls for elimination of the requirement that hospice providers meet the CON requirements.** A commentary in *Boston Globe* opposes this action. President and CEO of HopeHealth Hospice and Palliative Care Diana Franchitto writes, “We strongly urge the General Assembly not to weaken Rhode Island’s Certificate of Need process. Instead, we should recommit to maintaining the high-quality hospice system that provides a level of care that Rhode Islanders have come to expect — and deserve — from their hospice providers by keeping hospice in CON.” (*Boston Globe*, 5/16, <https://www.bostonglobe.com/2025/05/16/metro/commentary-ri-hospice-care-providers-medicaid/>)

~ **A Florida woman faced the abrupt discharge of her 91-year-old grandmother from hospice care due to Medicare requirements.** Medicare's "live discharge" policy meant that Amy Yates' grandmother, who has dementia, was discharged because her condition was considered stable, and she was no longer deemed to meet the requirements for continued hospice services. Despite the family's appeal, the decision was upheld, but they eventually re-applied for hospice care at another facility. This situation highlights the challenges that dementia patients and their families face with Medicare's stringent criteria for hospice care eligibility. Amy Yates has since started a Facebook support group, A Familiar Face Project, to assist other caregivers facing similar issues. The Facebook link is also below. (*Clickorlando.com*, 5/14, <https://www.clickorlando.com/news/local/2025/05/14/dementia-patient-discharged-from-hospice-over-medicare-requirement-heres-why-it-happened/>; Facebook, <https://www.facebook.com/people/The-Familiar-Face-Project/61576199216681/>)

PALLIATIVE CARE NOTES

~ **AMA "recently adopted policy and a new opinion in the Code of Medical Ethics which establishes an ethical duty for all physicians, in all specialties, to assure the provision of palliative care to patients who stand to benefit."** More details are in an article in *Journal of Pain and Symptom Management*. A link to the abstract is below. (*Journal of Pain and Symptom Management*, 4/11, <https://pubmed.ncbi.nlm.nih.gov/40222436/>)

~ **Iowa's House File 933, also known as Mason's Law, is headed to the governor.** The legislation would "would create a pediatric palliative care license for residential care facilities for people under 21 with chronic and life-threatening illnesses who are expected to have shortened life expectancies. Under the legislation, these facilities would be limited to 12 patients." More details are available at the article linked below. (*The Gazette*, 5/9, <https://www.thegazette.com/state-government/capitol-notebook-legislation-would-require-lawmaker-approval-for-iowa-capitol-events/>)

~ **Pediatric hospice and palliative care programs face financial and referral challenges, often needing strong philanthropic support and education to grow.** At the Hospice News ELEVATE conference, Dr. Rebecca MacDonell-Yilmaz of HopeHealth emphasized the importance of educating payers and clinicians on the cost-saving benefits of concurrent care. Building strong referral partnerships requires early and ongoing education for medical professionals to better understand and support pediatric palliative services. (*Hospice News*, 5/14, <https://hospicenews.com/2025/05/14/extra-steps-building-strong-pediatric-palliative-referral-partnerships>)

~ **Recent research from Mount Sinai Health System reveals that complex regulatory policies aimed at controlling opioid misuse are unintentionally harming seriously ill patients in palliative care by limiting access to essential pain medications.** A study published in *NEJM Catalyst* found that 88% of surveyed palliative care clinicians reported frequent opioid access issues, leading to suboptimal pain control, reduced quality of life, and increased hospitalizations. Key barriers include pharmacy shortages, insurance authorization delays, high drug costs, and regulatory restrictions. These challenges have also contributed to clinician burnout and administrative burdens. While policies have helped address opioid misuse, the study

emphasizes the urgent need for a balanced approach that safeguards access for vulnerable patients requiring pain relief. (*NEJM Catalyst*, 4/16, <https://catalyst.nejm.org/doi/full/10.1056/CAT.24.0380>; *Hospice News*, 5/9, <https://hospicenews.com/2025/05/09/opioid-regulations-create-barriers-for-pain-relief-for-palliative-care-patients/>)

~ **A commentary in *JAMA Network Open* highlights the first international expert consensus on referral criteria for specialist palliative care in dementia—an important milestone in improving care.** It also clearly outlines that consensus is only a starting point. What’s now required is real-world validation, greater caregiver consideration, and flexible, context-specific implementation to truly optimize care for those living with dementia and those who support them. (*JAMA Network Open*, 5/14, 10.1001/jamanetworkopen.2025.10304)

END-OF-LIFE NOTES

~ **Nevada’s medical aid-in-dying bill, Assembly Bill 346, passed the Assembly and has moved on to the Senate.** The governor, who vetoed the bill in 2023, says, “Expansions in palliative care services and continued improvements in advanced pain management make the end-of-life provisions in AB346 unnecessary, and I would encourage the 2025 Legislature to disregard AB346 because I will not sign it. (*Las Vegas Review-Journal*, 4/17, <https://www.reviewjournal.com/news/politics-and-government/nevada/medical-aid-in-dying-bill-passes-nevada-assembly-despite-lombardo-veto-threat-3353125/>)

~ **The Illinois House Restorative Justice & Public Safety Committee has approved a bill requiring the Illinois Department of Corrections to submit an annual report on hospice and palliative care provided to prisoners.** With over 1,000 inmates aged 65 or older, the bill aims to address inconsistent end-of-life care across facilities. The report must include demographic data and be submitted by December 1 each year. Senate Bill 1524 passed the Senate and from the House committee, and is now headed to the House floor. (*Wand News*, 5/8, https://www.wandtv.com/news/statehouse/illinois-plan-calls-for-annual-report-on-hospice-palliative-care-for-prisoners/article_0bc98354-9cbd-4480-ad8f-4b15b69d69f2.html)

~ **Some people with advanced illnesses may experience sudden, temporary bursts of clarity or energy before death, known as end-of-life rallies or terminal lucidity.** Though unexplained, they are more common than many realize. Caregivers are encouraged to treat these moments as gifts—spend quality time, stay present, and avoid assuming the person is recovering. An article in AARP explains the topic to caregivers. (AARP, 5/19, <https://www.aarp.org/caregiving/health/info-2025/end-of-life-rallies.html>)

~ **“The Last Ecstatic Days” is a documentary about the last days in the life of Ethan Sisser.** Sisser asked Director Scott Kirshenbaum to make the film, that included days in the hospital and in a borrowed home Asheville, North Carolina. More details are in the article linked below. (*Monterey County Now*, 5/1, https://www.montereycountynow.com/archives/2025/0501/a-powerful-film-chronicles-one-man-s-last-days-within-a-loving-community-for-all/article_a94664a0-92f8-46a5-9241-313fc732e8ca.html#tncms-source=mosaic)

~ ***Journal of Palliative Medicine* shares an article that examines the perspectives, data and lessons from Colorado’s first years of legal medical aid in dying in the state.** From January of 2018 through June of 2024, 660 patients met inclusion criteria, including patients with cancer, lung disease, and cardiac disease. The program, notes the article, helped “650 Colorado patients in their quest for assessing medical aid in dying care, providing a wide continuum of services from initial intake and counseling, visits, and financial aid to specific grief counseling for loved ones. We believe our centralized system may function as a model for other hospitals considering the need to improve aid in dying access and care.” (*Journal of Palliative Medicine*, 4/14, <https://www.liebertpub.com/doi/abs/10.1089/jpm.2024.0322>)

~ **The New York state Assembly passed a bill to allow “medically assisted suicide,” but the bill still faces opposition that could keep it from passing the Senate vote.** (*Gothamist*, 4/29, <https://gothamist.com/news/new-york-legislators-advance-bill-to-allow-medically-assisted-suicide>)

~ **Physician and ethicist L. S. Dugdale reflects on the limits of intensive care and criticizes New York’s proposed Medical Aid in Dying Act, arguing it risks abandoning vulnerable patients.** He shared his commentary in *New York Times*. While, Dugdale says, the bill is intended to promote autonomy, it may expose the mentally ill, disabled, and poor to physician-assisted suicide without adequate safeguards—particularly lacking mandatory depression screening. The author advocates for a compassionate, community-based approach to dying that affirms patient dignity rather than enabling despair. (*New York Times*, 5/11, <https://www.nytimes.com/2025/05/11/opinion/medical-aid-dying-new-york.html>)

~ **A study on the four most common pharmacological approaches to physician-assisted dying is shared in *Journal of Palliative Medicine*.** Researchers report, “This first-time analysis of aid-in-dying medication protocols showed that while a sedative alone had the best median time to death, the most recent sedative/cardiotoxin protocol had an acceptable median time to death of 0.8 hours, but with fewer prolonged-death outliers.” (*Journal of Palliative Medicine*, 4/25, <https://pubmed.ncbi.nlm.nih.gov/39874553/>)

~ **The State of New York’s Senate has passed the Medical Aid in Dying Act in the State Assembly, and goes next to the State Senate.** A summary of the last decade of the process, the basics of the Act, and next steps are included in the article at the link below. (*Yonkers Times*, 5/8, <https://yonkerstimes.com/paulins-medical-aid-in-dying-act-passes-assembly-state-senate-still-needs-to-vote/>)

~ **A study published in *JAMA Health Forum* examined end-of-life (EOL) care for Medicare beneficiaries with dementia and found no significant differences in care processes, outcomes, or health care spending between those enrolled in Medicare Shared Savings Program Accountable Care Organizations (ACOs) and those who were not.** Analyzing data from over 162,000 beneficiaries who died between 2017 and 2020, researchers observed that ACO participation did not lead to improved EOL care or cost savings. The findings suggest that alternative payment models may be necessary to effectively enhance care quality and reduce spending for this vulnerable population. (*JAMA Health Forum*, 5/9, <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2833722>)

~ **The American Heart Association issued a scientific statement on palliative and end-of-life care during critical cardiovascular illness.** Cardiac intensive care units are seeing more patients with advanced cardiovascular and other chronic conditions. Despite medical advances, many still face high risks of suffering, complications, and death. This American Heart Association statement highlights the importance of integrating palliative care—which focuses on relieving suffering and aligning treatment with patient values—into the management of critically ill cardiovascular patients. It emphasizes a more holistic approach to care that includes physical, emotional, psychosocial, and spiritual support. The entire publication is online at the link below. (AHA, 5/15, <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001334>)

~ **An article in *Kaiser Family Foundation Health News* says U.S. prisons often neglect established guidelines for honoring dying inmates' end-of-life choices.** Despite policies meant to ensure humane care, incarcerated individuals frequently face barriers to accessing palliative care, creating advance directives, or dying with dignity. Families and advocates report that prison systems prioritize security over compassion, leaving many to suffer needlessly in their final days. The article, and many more details, is online at the link below. (*KFF HealthNews*, 5/15, <https://kffhealthnews.org/news/article/prison-end-of-life-care-dying-inmates-rights-alabama/>)

GRIEF NOTE

~ **In her reflective piece, psychiatrist Dr. Devina Maya Wadhwa shares how the death of her father profoundly transformed her approach to patient care.** Though well-versed in the clinical aspects of grief, experiencing it firsthand gave her a deeper, more personal understanding of loss, vulnerability, and empathy. This journey taught her that true compassion in medicine comes not just from knowledge, but from bearing witness to suffering and connecting with patients as fellow human beings. Grieving made her more present, emotionally attuned, and self-compassionate—ultimately enriching her practice and reshaping her view of medicine as not just a science, but a deeply human art. (*KevinMD*, 5/12, <https://kevinmd.com/2025/05/how-grief-transformed-a-psychiatrists-approach-to-patient-care.html>)

OTHER NOTES

~ **“Caregiving” is a new documentary that examines the daily challenges and realities of unpaid caregivers, while also exploring cultural and economic conditions creating a nationwide caregiving crisis.** The document will premier <https://hospicenews.com/2025/04/09/film-caregiving-aims-to-amplify-awareness-ignite-systemic-change/>

~ **Amid growing political backlash against LGBTQ+ rights and DEI initiatives, the 2025 *Long-Term Care Equality Index* from the Human Rights Campaign Foundation and SAGE highlights encouraging progress in LGBTQ+ inclusion within senior care.** The report shows a 37% increase in participation from 2023, with 274 long-term care communities across 33 states committing to inclusive practices for over 29,000 residents. Many facilities have updated non-discrimination policies and improved employee benefits for LGBTQ+ staff. Despite challenges like Medicaid cuts and anti-DEI sentiment, a growing number of providers are actively creating

safe, affirming spaces for LGBTQ+ elders to age with dignity and pride. (Human Rights Campaign and SAGE, 2025, [https://www.hrc.org/resources/long-term-care-equality-index#xd_co_f=ZjA2YWZhM2EtZTg0My00ZDI2LWIwNmEtMmFLOGZjYzQ3ZGY2~;McKnight's Senior Living](https://www.hrc.org/resources/long-term-care-equality-index#xd_co_f=ZjA2YWZhM2EtZTg0My00ZDI2LWIwNmEtMmFLOGZjYzQ3ZGY2~;McKnight's_Senior_Living), 5/14, <https://www.mcknightsseniorliving.com/news/surprisingly-hopeful-story-emerges-about-lgbtq-rights-efforts-in-senior-living/>)

~ **The entire May 5 issue of the *AMA Journal of Ethics* is focused on private equity in health care.** A PDF of the entire journal is online at the link below. (*AMA Journal of Ethics*, May 2025, https://journalofethics.ama-assn.org/sites/joedb/files/2025-04/joe-2505_0.pdf)

~ **Critical and Palliative care physician Jessica Zitter has produced three storytelling documentaries focused on inspiring healthcare providers to perform their work with increased “purpose, community and in compassion.”** Zitter’s latest documentary, “The Chaplain and the Doctor,” explores her relationship with Betty Clark, a chaplain on Zitter’s palliative care team. An interview with Zitter, online at the link below, shares more about her movement to movie making and about this latest movie. (*Medpage Today*, 4/15, <https://www.medpagetoday.com/popmedicine/popmedicine/115130>)

~ **Burnout, stress, and dissatisfaction threaten to sorely impact the long-term workforce.** A survey of 800,000 nurses revealed that nearly 40% plan to exit the field within the next five years. More findings and information are on line at the two links below. (*Becker’s Hospital Review*, 4/17, <https://www.beckershospitalreview.com/workforce/40-of-nurses-eye-exit-by-2029-5-findings-from-ncsbns-new-workforce-report/>; NCSBN, <https://www.ncsbn.org/workforce>)

~ **The CMS Innovation Center's 2025 strategy aims to “Make America Healthy Again” by focusing on prevention, patient empowerment, and competition, while protecting federal taxpayers.** The strategy is built on three pillars of promoting evidence-based prevention, empowering people to achieve their health goals, and driving choice and competition. These pillars support a vision of healthier lives through smarter, more efficient healthcare. The foundational principle is ensuring fiscal responsibility and protecting taxpayers. To that end, all model tests must be fiscally sound, prioritize high-value care, involve financial risk-sharing, and promote accountable care for Medicare and Medicaid beneficiaries. The Innovation Center will also streamline benchmarking and ensure equitable distribution of healthcare funds. (CMS, 5/13, <https://www.cms.gov/priorities/innovation/about/strategic-direction>)

NOTE: Some URL links require subscription, membership and/or registration.

Hospice Analytics is the national sponsor of Hospice News Network for 2025. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.

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