



Reimagining Hospice &  
Palliative Care Software

# The New Way to Buy Hospice Software:

How AI Is Transforming Time, Care, and  
Simplicity

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# The New Way to Buy Hospice Software

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# A New Era for Hospice Care Technology

Hospice and palliative care have always demanded presence, compassion, and time at the bedside. Yet today's care teams are increasingly pulled away from patients, not because they want to be, but because outdated software makes documentation, billing, and compliance harder than it needs to be.

Many of the systems used across the industry were built more than a decade ago, designed for a different reality and repurposed repeatedly to keep up. They were never created to support the daily demands of modern hospice care or the rising regulatory pressures that continue to shape it.

## **The good news: We are entering a new era.**

AI-driven hospice software is redefining what's possible by helping teams spend less time typing and more time caring. Intelligent automation now reviews notes, builds care plans, supports IDG prep, and surfaces insights that improve clinical accuracy and quality. It doesn't replace the clinician; it supports them like a trusted teammate.

This shift is more than technological. It's philosophical.

Hospice deserves tools that honor the people who deliver care. Tools that remove friction instead of adding more. Tools that return time - the most precious resource we have.

And yet, not all AI is created equal. "AI-powered" has quickly become a buzzword, and many platforms now claim innovation without addressing the real needs of hospice: time savings, accuracy, interoperability, and simplicity.

That's why this guide exists.

## **Our goal is to help hospice and palliative care leaders:**

- Understand how AI and automation are reshaping the software landscape
- Evaluate the difference between meaningful innovation and empty marketing
- Choose technology that frees caregivers to do what they do best... care

Because when technology works, clinicians have more capacity - emotional, mental, physical, and spiritual - to support patients and families through one of life's most sacred journeys.

## **This is the new way of working: Software built for the bedside, powered by intelligence, and grounded in compassion.**

Let's explore how to recognize it, evaluate it, and choose wisely.



WHY THIS MATTERS NOW.

Documentation demands continue to rise.

Workforce shortages require efficiency.

HOPE & interoperability standards are accelerating.

Patients deserve more presence, not more paperwork.



# Why the Old Way No Longer Works

Hospice and palliative care have evolved dramatically. Regulations have accelerated. Interdisciplinary teams have become more complex. Patient needs have grown. Yet most software used today still reflects an older reality, one where clinicians were expected to bend around technology rather than technology supporting clinicians.

Legacy systems once served their purpose. But now, they create more friction than value.

Here's why:

## 1. Manual Data Entry Dominates the Day

Care teams spend hours clicking, typing, and hunting for fields instead of sitting with patients and families.

When documentation becomes the center of the workday, compassion naturally falls to the margins.

What this looks like in the real world:

- Notes that take hours to complete
- Re-entering the same data in multiple places
- Long onboarding and training periods
- Evening and weekend charting to "catch up"

These tools were built for compliance, not care, and clinicians pay the price in time, burnout, and diminished presence.

## 2. Disconnected Systems Create More Work

In many organizations, clinical, billing, scheduling, and compliance data live in separate systems that can't meaningfully talk to one another. That means:

- Redundant documentation
- Broken communication loops
- Data hand-offs that increase errors
- Delays in billing and claims

The result? More work just to maintain the status quo with no added value.

Hospice is built on team-based care. When your tools don't communicate, the care suffers.



# Why the Old Way No Longer Works

## 3. Reactive Design Can't Keep Up

The regulatory landscape moves fast. New mandates like HOPE are redefining how quality is measured, documented, and reported. Emerging interoperability standards (such as FHIR) are changing how organizations must exchange data.

Legacy systems weren't built to adapt. Every change feels like a workaround. Instead of leading, they lag, leaving agencies scrambling to keep up.

## 4. "All-in-One" Is Often More Than You Asked For

Many platforms claim to be all-in-one solutions, but what they add in features, they often lack in usability.

More modules ≠ better care.

When everything is layered on without intention, the result is:

- More clicks
- More screens
- More training
- More confusion

Care teams don't need more. They need better.

## 5. Hidden Costs Keep Rising

The price of outdated software isn't just measured in licensing fees. It shows up in documentation overtime, billing delays, compliance risk, staff turnover, reduced capacity for visits, and lost presence at the bedside.

**Underperforming technology doesn't simply slow teams down. It quietly erodes care quality, staff morale, and financial sustainability.**

## The Bottom Line

The old way of buying and using hospice software - patching together outdated tools that "get the job done" - no longer works. It costs too much time. It burdens clinicians. It strains operational efficiency. And most importantly, it takes caregivers away from the work that matters most.

The industry is ready for a new standard that removes friction, restores presence, and gives clinicians the support they deserve.

In the next section, we'll explore what that new way looks like.



# The New Way: AI-Assisted Care Software

Hospice care moves at the pace of human need, unpredictable, emotional, deeply personal. Clinical teams must respond with presence and clarity, yet traditional systems were never designed for that reality. They were made to check boxes, not ease the work.

The future of hospice technology looks very different.

It is intelligent, connected, and designed to support care, not interrupt it. Modern hospice software does more than record information; it learns from it, organizes it, and helps clinicians act on it... all in real time.

## What Modern Hospice Software Looks Like

Today's leading platforms share five defining characteristics:

### 1. Intelligent

Software should think alongside you helping spot trends, surface insights, and prevent issues before they escalate.

- Review notes in real time
- Identify documentation gaps
- Flag changes in patient condition

This is more than automation. It's augmented clinical intelligence.

### 2. Embedded Automation

No jumping into separate tools or screens. No extra effort. Automation lives inside the workflow:

- Smart charting assistance
- Narrative note support
- Clean data capture

The result: faster documentation, stronger accuracy, and more capacity for care.

### 3. Connected

All disciplines, all data in one place. One source of truth across:

- Clinical documentation
- Billing
- Scheduling
- Pharmacy & DME partners
- Quality & compliance measures
- 

Interoperability isn't a promise; it's a requirement.



# What Modern Hospice Software Looks Like

## 4. Care-Driven

Technology should disappear into the background. With uncluttered screens, intuitive workflows, and minimal clicks, modern software should feel like a natural extension of how hospice teams already think, communicate, and care.

## 5. Ready for What's Next

The regulatory landscape is evolving faster than ever. New measures like HOPE, and interoperability standards such as FHIR, demand flexible systems that can adapt. Modern platforms must not only keep pace, but anticipate the future.

## Meet EVA

*She's Everyone's Virtual Assistant.*



One example of AI-assisted innovation is EVA — Everyone's Virtual Assistant, developed by Curantis Solutions.

EVA works like an always-present teammate who helps:

- Review documentation in real time
- Surface the right patient details during IDG
- Identify inconsistencies or missing information
- Support clinicians in telling the true story of care

EVA doesn't replace the clinician. She enhances their work by reducing burden and boosting accuracy. Where legacy systems ask more of clinicians, EVA gives time back.

## AI Doesn't Replace Care — It Amplifies It

AI in hospice is not about replacing human connection. It's about supporting it. AI handles repetitive tasks. It allows clinicians to spend more time at the bedside; teams make informed decisions faster; and families feel more supported. When technology removes burden, presence becomes the default. Because in hospice, time isn't just a metric. It's a gift.

FROM SOFTWARE TO CARE-DRIVEN SUPPORT.

The shift happening now isn't just technological. It's cultural.

The question is no longer:  
*"How do we capture more data?"*

The question now is:  
*"How do we create more space for care?"*

AI-assisted systems are finally answering that question by returning precious minutes and hours each day to patients, families, and interdisciplinary teams.



MODERN HOSPICE & PALLIATIVE CARE  
SOFTWARE IS NOT JUST A SYSTEM.  
IT'S A SUPPORT STRUCTURE.

It should:

Free clinicians  
Strengthen documentation  
Improve coordination  
Anticipate needs  
Protect time

This is the new way of working.



# The 5 Pitfalls of Automation (and How to Avoid Them)

The promise of automation in healthcare is powerful... less time charting, fewer errors, faster insights, more time at the bedside. But not all implementations deliver on that promise.

When automation is introduced without intention, it can:

- Create more work
- Confuse clinical teams
- Undermine documentation integrity
- Reduce quality
- Damage staff trust

The key is not whether to use automation but rather it's how you use it. Below are the five most common pitfalls hospice organizations face and how to avoid them.

## Pitfall #1 — Set-and-Forget Thinking

### **Mistake: Treating automation like a one-time setup.**

Too often, organizations view automation as a plug-and-play tool. In reality, automation is more like a new team member. It needs direction, feedback, and refinement to stay aligned with evolving workflows and regulations.

If left unattended, automation can quickly drift out of sync with clinical needs, creating inaccuracies or friction.

### **How to Avoid It: Treat automation like a partnership.**

- Monitor performance regularly
- Review and refine logic
- Adjust workflows as needs change

Modern platforms (like Curantis Solutions) are designed to learn and adapt, continuously improving support, not stagnating.

## Pitfall #2 — Bad Data In = Bad Outcomes Out

### **Mistake: Ignoring data quality.**

Automation is only as good as the information it receives. Poorly structured or incomplete documentation can cause flawed insights, inaccurate billing, and compliance risk.



# The 5 Pitfalls of Automation (and How to Avoid Them)

## Pitfall #2 — Bad Data In = Bad Outcomes Out

### How to Avoid It: Use systems that:

- Guide clinicians to clean data capture
- Support smart prompting
- Identify missing or unclear information in real-time

Curantis with EVA helps clinicians create consistent, accurate documentation ensuring downstream automation remains reliable.

Clean data → actionable insights → better care.

## Pitfall #3 — Ignoring the Human Element

### Mistake: Rolling out automation without team buy-in.

Even the best tools fail when clinicians feel confused, overwhelmed, or excluded from the process. Automation must support real-world workflow, not force clinicians to work around it.

### How to Avoid It

- Co-design workflows with clinicians
- Provide hands-on onboarding
- Reinforce the “why” behind new tools
- Offer ongoing support

When clinicians are part of the design and training process, adoption becomes natural and value accelerates.

Curantis Solutions partners closely with agencies to ensure technology feels supportive, intuitive, and empowering.

## Pitfall #4 — Replacing Human Touch

### Mistake: Using automation to depersonalize care.

Hospice is, first and always, human. Automation should reduce administrative burden, not replace the clinician’s presence, voice, or judgment. Technology that tries to take over the story of care risks undermining the trust that defines hospice.

### How to Avoid It: Use automation to:

- Handle the admin work
- Highlight what matters clinically
- Free clinicians to be fully present

Curantis believes technology should elevate care, never overshadow it. Automate the paperwork. Keep the compassion.



# The 5 Pitfalls of Automation (and How to Avoid Them)

## Pitfall #5 — The “Big Bang” Trap

**Mistake: Trying to automate everything at once.**

Large-scale automation launched overnight can overwhelm teams, degrade workflow, and derail adoption. Big-bang rollouts often fail because teams don't have a chance to learn gradually, build trust, or course-correct.

### How to Avoid It:

Start small → prove value → scale intentionally.

- Choose one workflow
- Measure time saved
- Fine-tune and expand when ready

Curantis drives incremental success building momentum, confidence, and real-world wins.

## Automation Done Wrong vs Automation Done Right

The Impact	❌ Done Wrong	✅ Done Right
Approach	One-time setup	Ongoing refinement
Data	Unstructured → chaotic	Guided → reliable
Adoption	Forced	Collaborative
Impact on Care	Adds steps	Removes friction
Focus	Replace humans	Support humans
Rollout	All at once	Start → scale
Result	Confusion, distrust	Time return, accuracy

## The Bottom Line

Automation is powerful when guided with intention. Done carelessly, it adds work. Done thoughtfully, it transforms care. Curantis was built around that principle: People first. Automation second. Always working together to elevate the mission of hospice.



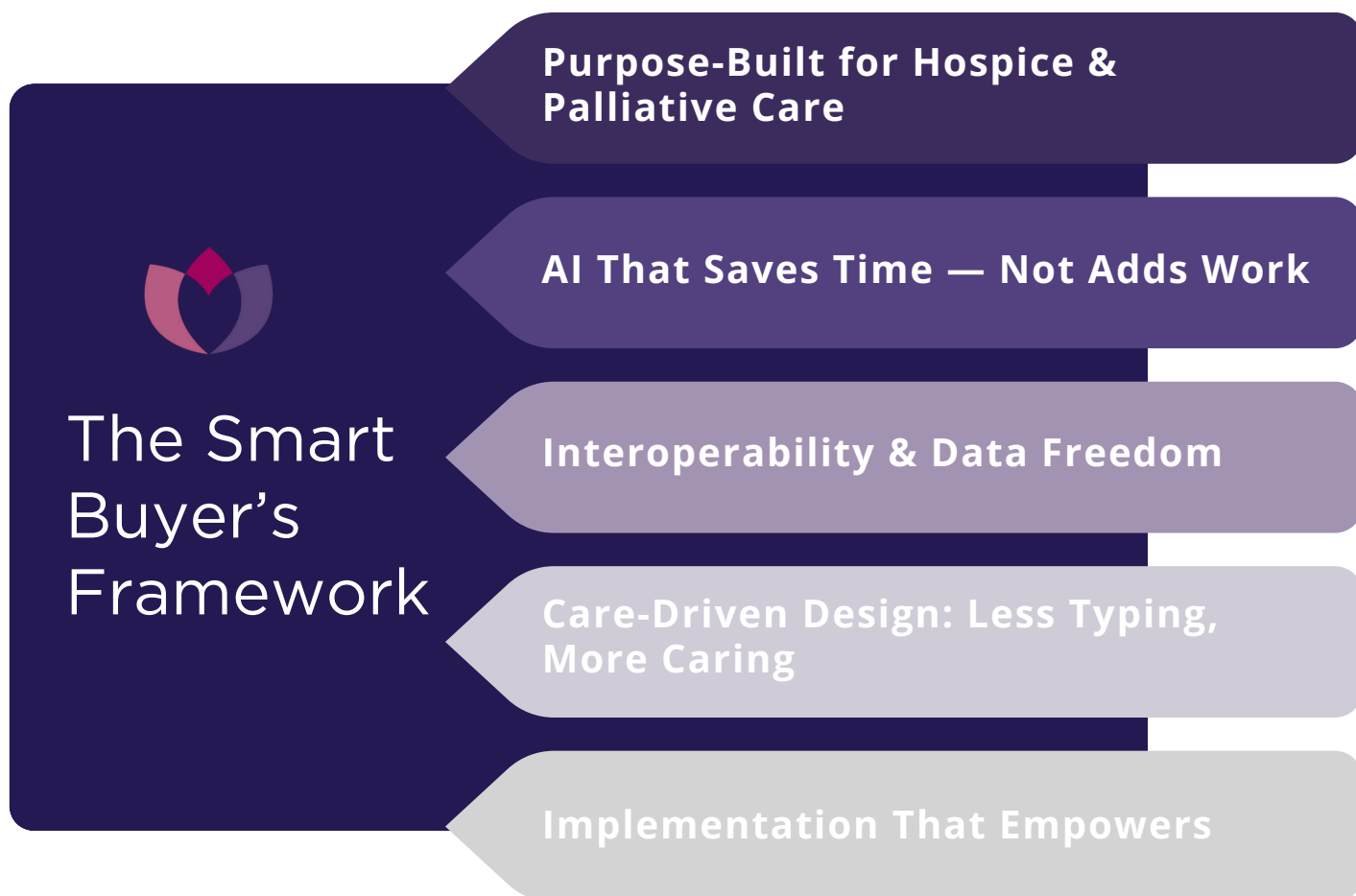
# The Smart Buyer's Framework: Choosing Software That Works for You

Selecting hospice software today is no longer just a feature comparison. It's a strategic decision that directly impacts time, care quality, clinician satisfaction, compliance, and financial health.

In an AI-driven landscape, the right software is the one that:

- Reduces administrative burden
- Improves clinical accuracy
- Supports evolving regulations
- Enhances interdisciplinary teamwork
- Returns time to care

This framework helps hospice leaders evaluate vendors with confidence and identify solutions that are truly built for the future.



# The Smart Buyer's Framework: Choosing Software That Works for You

## 1. Purpose-Built for Hospice & Palliative Care

Not every platform marketed to hospice was designed for hospice. Many solutions were re-skinned from home health, private duty, or broader post-acute tools which means they:

- Don't match hospice workflows
- Force repetitive documentation
- Add EHR complexity

Because hospice is different. Clinical voice, interdisciplinary workflow, counseling services, bereavement... These require a dedicated design philosophy.

What to look for:

- ✓ Built specifically for hospice + palliative care
- ✓ Clinical workflows designed around IDG
- ✓ Direct support for hospice regulatory needs
- ✓ Bereavement + counseling baked in

### Why it matters

A purpose-built system reduces friction and gives clinicians a natural way to document the depth and plan of care.

## 2. AI That Saves Time — Not Adds Work

“AI-powered” means nothing unless it makes life easier. Smart automation should be embedded inside the workflow, not bolted on. It should quietly support clinicians: helping them document, review, prepare, and stay aligned.

What to look for:

- ✓ Real-time charting assistance
- ✓ Narrative + structured note support
- ✓ Surface relevant details for IDG
- ✓ Real-time quality + completeness checks

### Why it matters

The best AI acts like an always-present teammate, returning time, strengthening quality, and reducing burdensome typing.

If AI requires more clicks, training, or writing... It's not helping.



# The Smart Buyer's Framework: Choosing Software That Works for You

## 3. Interoperability & Data Freedom

The future of hospice depends on flexibility - easy exchange of clinical and operational data across health systems and payers. Standards like HOPE and FHIR aren't optional. They are becoming the foundation for quality measures, benchmarking, and collaboration.

What to look for:

- ✓ HOPE readiness
- ✓ Support for FHIR + interoperability
- ✓ Integrated clinical + billing + compliance data
- ✓ Single source of truth

### Why it matters

When systems talk to each other, agencies eliminate duplicate entry, strengthen claims accuracy, and streamline compliance reporting. This is especially important as hospice care becomes more integrated with health systems across the continuum.

## 4. Care-Driven Design: Less Typing, More Caring

Technology should contour to the way clinicians think not force them to learn new patterns or fight the system.

Hospice software should:

- Feel intuitive
- Minimize clicks
- Highlight what matters
- Support clinical narrative

Because the plan of care, patient change, symptom nuance, family context, is central to hospice.

What to look for:

- ✓ Minimal screens + clicks
- ✓ Clean, intuitive layout
- ✓ Clinical narrative supported
- ✓ Integrated care plans + notes

### Why it matters

Care-driven design reduces burnout, improves documentation, and helps teams stay focused on the bedside.



# The Smart Buyer's Framework: Choosing Software That Works for You

## 5. Implementation That Empowers

Technology doesn't succeed at go-live. It succeeds when frontline teams use it confidently and feel supported as they grow. The right vendor treats implementation and onboarding as a collaborative journey, not a one-time event.

What to look for:

- ✓ Guided onboarding
- ✓ Interdisciplinary training
- ✓ Live support + optimization
- ✓ Real partnership not just a helpdesk

### Why it matters

Adoption accelerates when clinicians feel supported.

That's how automation creates real value, faster and with less friction.

## Smart Buyer's Checklist

Use this quick audit when evaluating solutions:

- ✓ **Purpose-built for hospice + palliative care**
- ✓ **AI embedded in workflow**
- ✓ **Saves time at the bedside**
- ✓ **Interoperable (FHIR + HOPE-ready)**
- ✓ **Billing, clinical, compliance integrated**
- ✓ **Clean documentation + smart prompts**
- ✓ **Intuitive workflows; minimal clicks**
- ✓ **Real partnership + dedicated support**
- ✓ **Proven track record in hospice**



# The Smart Buyer's Framework: Choosing Software That Works for You

## Questions to Ask Every Vendor

- How does your system reduce documentation time for clinicians?
- Show me how IDG preparation works in your platform.
- How do you support HOPE + FHIR interoperability today?
- Is your AI embedded or third-party?
- What percentage of your clients are hospice-only?
- How much time does your implementation typically take?
- Do clinicians need to leave the workflow to use AI features?
- How do you support continuous optimization after go-live?

## The Bottom Line

Choosing hospice software is no longer about checking boxes. It's about selecting a system that honors caregiving while preparing you for what's next.

The right platform will:

- Return time
- Strengthen the story of care
- Improve operational alignment
- Support regulatory evolution
- Reduce burnout
- Create a foundation for growth

Technology should not just record care. It should elevate it.

In the next section, we'll explore how the right decision drives ROI across clinical, operational, and financial metrics.



## Love Your Software Again

See how Curantis Solutions is reimagine hospice and palliative care to make life refreshingly simple.

[BOOK YOUR CURANTIS EXPERIENCE](#)

# The ROI of Getting It Right

**Ultimately: The greatest ROI is time — time that becomes deeper presence, better care, and a healthier clinical culture.**

## Time Returned to Care



Modern platforms dramatically reduce documentation burden, streamline coordination, and prevent repetitive entry. The result is time given back... time clinicians can reinvest at the bedside rather than behind a keyboard. Even small efficiencies gained each day translate into thousands of reclaimed hours annually across an agency. That shift supports what matters most: direct connection with patients and families.

## Reduced Burnout + Stronger Clinical Culture



When clinicians are not overwhelmed by administrative work, they bring more calm, clarity, and emotional capacity to each encounter. This helps prevent burnout, supports better work-life balance, and strengthens team morale. A healthier clinical culture leads to greater retention, easier recruitment, and more stable care delivery.

## More Accurate + Complete Documentation



AI-assisted documentation reviews notes in real time and prompts for clarity or missing information. This strengthens narrative quality and ensures the record reflects what is truly happening at the bedside. IDT members gain clearer visibility into patient trajectory, and care plans evolve more accurately. Stronger documentation reduces audit exposure, supports HOPE readiness, and protects clinical integrity.

## Cleaner, Faster Billing



When clinical, scheduling, and billing workflows are connected through a single system, claims flow more easily. Teams spend less time correcting documentation, hunting for signatures, or resolving denials. Agencies benefit from faster reimbursement, fewer write-offs, and a more predictable revenue cycle without adding administrative pressure.

## Better Team Alignment



AI-assisted platforms help interdisciplinary teams access the same information in real time. IDG preparation becomes faster and more meaningful, case managers stay aware of changes, and leadership gains clearer operational visibility. When everyone is aligned, decision-making improves and care becomes more coordinated.

## Scalable Growth



The right technology makes scaling simpler. AI-guided workflows reduce the learning curve for new staff, help distribute knowledge across the team, and allow organizations to expand without introducing additional friction. This foundation supports growth while preserving care quality, something legacy systems struggle to achieve.

## THE FUTURE IS HERE

At its heart, hospice is about presence... being there for patients and families when it matters most.

But outdated systems have taken too much of that time away.

AI-assisted software changes this.

Not by replacing clinicians, but by lifting the administrative weight that keeps them from the bedside.

When technology quietly supports the work in the background, clinicians can focus on the moments that matter: a steady hand, a shared story, a peaceful goodbye.

*The future of hospice software is simple:  
more time for care, less time documenting it.*

Those who adopt tools built for this purpose will create healthier teams, stronger documentation, and better experiences for patients and families.





WHAT COULD YOU DO WITH 30 MORE MINUTES  
IN YOUR DAY?

## **Book Your Team's Curantis Experience**

### Experience Hospice & Palliative Care Made Refreshingly Simple

The Curantis Experience isn't just a demo. It offers a first look at how your team can reclaim time, reduce compliance stress, and focus more on care.

[BOOK YOUR CURANTIS EXPERIENCE](#)

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