The Hospice Medical Director: What Should They Be Doing?
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Disclosure
• Governing Board and Exam Chair for the Hospice Medical Director Certification Board (HMDCB)
• Not on the planning committee for this conference
• Exam Blueprint will be reviewed, but no exam material will be reviewed and this should not be considered preparation for the HMDCB

Objectives
• Be prepared to perform the key roles of a Hospice Medical Director
• List the key work activities of a Hospice Medical Director as defined by work surveys from the industry
• Know the resources available to help you in this role
• Consider the benefits of certification within the field
For Hospice Administrators / Nurses

• What would you like from a Hospice Medical Director?

For Hospice Medical Directors

• What roles would you like to participate in?
• Why do you do this job?

HMD Roles

• Patient Care
• Nursing Responsiveness
• Face for Hospice
• Regulatory Compliance
• Others?
History

• 1978: National Hospice Organization Formed, later evolves into the National Hospice and Palliative Care Organization (NHPCO).
• 1982: Congress includes a provision to create a Medicare hospice benefit in the Tax Equity and Fiscal Responsibility Act of 1982, with a 1986 sunset provision.
• 1984: JCAHO initiates hospice accreditation.
• 1986: The Medicare Hospice Benefit is made permanent by Congress and hospices are given a 10% increase in reimbursement rates. States are given the option of including hospice in their Medicaid programs. Hospice care is now available to terminally ill nursing home residents.

History

• 1998: American Academy of Hospice and Palliative Medicine (AAHPM) Founded
• 1998: Institute of Medicine releases report – Approaching Death: Improving Care at the End of Life
• 1998: Care Beyond Cure: Physician Education in End-of-Life Care is released by the Annenberg Center for Health Sciences and the National Hospice Foundation.

History

• 2000: The Duke Institute on Care at the End of Life is established.
• 2006: The American Board of Medical Specialties (ABMS) recognizes hospice and palliative medicine as a medical specialty.
History

- **2008:** ABMS and AOA board certification initiated
- **2008:** The Medical Director Education Committee of the AAHPM, with support from the NHPCO, launched a multiphase research project to validate the need for and interest in a certification program for physicians practicing in hospice (medical directors or staff physicians) intending to become hospice medical directors.

- **2009:** The Accreditation Council for Graduate Medical Education adds hospice and palliative medicine to its list of accredited programs.
- **2011:** AAHPM’s Medical Director Education Committee recommended establishment of a separate 501(c)6 certification organization to develop and oversee a certification to meet the needs of physicians providing hospice care.

- **2012:** An organizing board of directors for the Hospice Medical Director Certification Board® (HMDCB) was appointed and began work on incorporation and development of the certification program.
- **2013:** Program development including an initial practice analysis study leading to Blueprint of Essential HMD Work Practices.
- **2014:** Last opportunity for physicians to take the ABMS Board for Hospice and Palliative Medicine without completing a Accredited Program.
History

- **2014:** Institute of Medicine (IOM) releases the report Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life

HMD Competencies

- Patient and Family Care
- Medical Knowledge
- Medical Leadership and Communication
- Professionalism
- Systems-Based Practice

Patient and Family Care

- Oversee and manage:
  - family meetings
  - goals of care
  - do not resuscitate (DNR) orders/orders for life-sustaining treatment
  - conflict resolution
  - withdrawal of life-sustaining therapies
  - palliative sedation
  - medication review
Patient and Family Care

- Assess patient and family with regards to cultural and personal diversities
- Educate the patient and family (e.g., disease trajectory, prognosis, symptom management, impending death, and complication anticipation)
- Assess and document the patient’s decision-making capacity
- Serve as a patient advocate
- Facilitate legal surrogate’s role in decision making

Patient and Family Care

- Support the family through the moment of death
- Ensure provision of primary care to Hospice patients (e.g., when primary physician is not available)
- Recognize social problems experienced by hospice patients and their families and collaborate with the interdisciplinary group to assess and manage them
- Assess and resolve issues with family dynamics (e.g., coping styles, psychological defenses, and developmental stages)

Medical Knowledge

- Assess and differentiate types of pain including total pain
- Assess and manage:
  - acute and chronic pain
  - medications for pain
  - non-opioid medications for pain
  - non-pain symptoms*
  - non-pharmacologic measures for pain and non-pain symptoms (complementary and alternative therapies)
  - disorders* (e.g., delirium, dementia, depression, and anxiety)
**Medical Knowledge**

- Demonstrate knowledge of:
  - the physical, emotional, spiritual, and psychological dimensions of care
  - settings where hospice and palliative care are provided
  - symptom assessment and management across hospice care settings
  - medication, arterial and central venous access, and invasive procedure
  - brain death, persistent vegetative state, and minimally conscious state
  - normal and complex grief
  - pediatric life-threatening conditions
  - signs and symptoms of impending death
  - various routes of medication delivery
  - palliative sedation

- Manage medical conditions commonly encountered in hospice care
- Assess and manage of risk associated with drug abuse, addiction and diversion
- Identify indications for interventional symptom management, including radiation therapy
- Formulate and certify prognosis for hospice patients by:
  - Reviewing available clinical data* (e.g., comorbid and secondary conditions, medical findings, disease progression, medications and treatment orders)
  - Understanding patient’s and family’s expectations and goals for care
  - Demonstrating knowledge of, and recognize limitations of, evidence-based medicine in hospice care

**Medical Leadership and Communication**

- Demonstrate interpersonal communication skills*
- Model empathic communication (e.g., expression of compassion)
- Communicate with referring and consultant clinicians about the care plan
- Facilitate conflict resolution and ’service recovery’*
- Explain physician culture and behaviors to hospice staff
- Educate Hospice staff about communication with physicians
- Provide ongoing education for Hospice staff
Medical Leadership and Communication

- Provide education of the community at large
- Provide emotional support to staff around difficult decisions and care scenarios
- Communicate the mission of hospice to hospital administrators, clinicians, and community at large
- Facilitate the interdisciplinary group process
- Demonstrate the ability to reflect on his/her personal leadership style and use different styles to suit the situation and goals
- Demonstrate skill as a supervisor and mentor

Medical Leadership and Communication

- Supervise team providers (e.g., physician and nurse practitioners) related to:
  - Certification and recertification*
  - Development of a plan of care
  - Symptom management
  - Clinical assessment and face-to-face encounters
  - Pharmacy and formulary management
  - Performance improvement
  - Fatigue and burnout
  - Documentation of care
  - Billing and coding

Professionalism

- Recognize and manage fatigue and burnout
- Practice active self-care
- Demonstrate boundaries with colleagues, patients, and families and help interdisciplinary group members do the same
- Recognize and accept responsibility for errors when appropriate
- Disclose medical errors in accord with institutional policies and professional ethics
Professionalism

- Make recommendations to attending and consulting physicians(s) and coordinate medical care
- Collaborate with other health professionals to coordinate the plan of care
- Demonstrate commitment to continuing professional development and lifelong learning
- Seek feedback and engage in the self-assessment process

System-Based Practice

- Apply knowledge of ethics and law related to:
  - informed consent
  - confidentiality
  - decision-making capacity for patient and surrogate
  - limits of organ-specific decision-making
  - multi-organ simultaneous decision-making
  - withdrawal/withholding life-sustaining therapies
  - medical futility

- Apply knowledge of ethics and law related to:
  - use of artificial hydration and nutrition
  - physician-assisted living (assisted suicide)
  - euthanasia
  - principle of double effect
  - organ donation
  - nurse-physician collaboration
  - indications for referring to an ethics consultant
  - conflicts of interest

System-Based Practice

- Demonstrate knowledge of hospice regulation and reimbursement
  - utilize local coverage determinations and understand limitations
- Participate in the process of:
  - additional development requests (ADR)
  - reevaluation or reconsideration
  - testifying to the Administrative Law Judge
  - differentiate and respond to technical and medical denials
System-Based Practice

- Participate in the following aspects of the survey process:
  - the role of clinical documentation
  - focused or targeted medical review
  - of a Corrective Action Plan
- Ensure patient access to allied health professionals (e.g., speech therapist, nutritionist)

System-Based Practice

- Comply with legal and regulatory issues surrounding opioid prescribing
- Comply with Medicare/Medicaid Hospice Benefit* (e.g., Conditions of Participation, requirements for certification, related/unrelated to terminal diagnosis, and levels of hospice care)
- Perform pre-hospice consultation
- Ensure compliance with accreditation policies (e.g., The Joint Commission, CHAP)

System-Based Practice

- Understand these elements of quality improvement (QI) in the hospice setting:
  - differentiate quality assurance and performance improvement*
  - role of clinical indicators
  - approach to data collection for quality review
  - role of focused QI studies
- Assist in the design of clinically relevant quality-of-care outcome measures
System-Based Practice

- Use data to demonstrate clinical, utilization, and financial outcomes of hospice care
- Demonstrate awareness of and adherence to patient safety standards
- Observe hospice policy (e.g., related to infection control, employee safety, emergency preparedness, harassment)
- Promote the role of the medical director as a member of the leadership team
- Develop strategies to manage barriers to utilization of medications (including controlled drugs) in different clinical care settings

HMD Resources

- AAHPM Hospice Medical Director Conference
- AAHPM discussion forums - [http://connect.aahpm.org/home](http://connect.aahpm.org/home)
- Fast Facts - [https://www.capc.org/fast-facts/](https://www.capc.org/fast-facts/)
- Journal of Pain and Symptom Management and PC-FACTs - [http://amc.aahpm.informz.net/InformzDataService/OnlineVersion/Ind/bWFpbGluZ0luc3RhbmdpbGllcy50YXNtcGFuY29jZS5jb20v](http://amc.aahpm.informz.net/InformzDataService/OnlineVersion/Ind/bWFpbGluZ0luc3RhbmdpbGllcy50YXNtcGFuY29jZS5jb20v)
- Risk Evaluation and Mitigation Strategy (REMS) for Extended-Release and Long-Acting Opioids - [http://aahpm.org/self-study/rem](http://aahpm.org/self-study/rem)
Consider Certification

- Reasons for employers
  - Create an environment of professionalism and a culture of retention.
  - Minimize exposure to compliance issues, including fraud and abuse charges.
  - Build a strong team committed to quality standards of care.
  - Differentiate your hospice from competitors.
  - Demonstrate to patients and families that you attract committed healthcare professionals.
  - Will future regulatory agencies require this?
Other Thoughts and Questions?

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