



Board of Directors Conference Call
Monday, January 22, 2018

1:00pm ET / 12:00pm CT / 11:00am MT / 10:00am PT
Conference Line: 888.392.4560 Passcode: 7997971#

AGENDA

Mission: To relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice medical directors.

- I. Call to Order Manfredonia

- II. MINUTES Manfredonia
Action: Approve minutes of October 2-3, 2017 Board meeting

- III. STRATEGY and PLANNING
 - A. 2018 Certification Cycle
 - i. Exam Committee progress Farrell
 - ii. Application cycle update Collins

 - B. Update on ABMS Vision Initiative Manfredonia/Weir
Action: Discuss naming of recertification program

 - C. Estimate of HMD Universe Weir
Action: Discuss calculation of the number of hospice physicians in US

- IV. MANAGEMENT & OPERATIONS
 - A. Nominating Committee Operating Guidelines Manfredonia
Action: Approve Nominating Committee Composition

 - B. Financial Reports Schonwetter
Action: Accept November 2017 financial reports

 - C. 2018 Exhibit Presence Weir
 - i. AAHPM Annual Assembly Activities
 - ii. AMDA Annual Conference Activities
 - iii. NHPCO Management & Leadership Activities

 - D. Kindred Foundation Grant Update Manfredonia

- V. ADJOURNMENT Manfredonia



NEXT BOARD GATHERING

March Board Breakfast at AAHPM Assembly Boston, MA

**HMDCB Board of Directors
Meeting Minutes
October 2-3, 2017**

Present: John Manfredonia, Brian Murphy, Tommie Farrell, Ron Schonwetter, Aspasia Apostolakis Miller, Kim Bower, Tara Friedman, Joelle Vlahakis, Holly Yang

Staff: Sally Weir, Bruce Hammond, Kelly Collins

Note of Reference: AAHPM executive director, Steve Smith, and Chief Medical Officer Joe Rotella, met with the Board on October 3 to share updates from AAHPM. Smith noted their recent demographic data shows less physicians doing solely hospice work, but rather a combination of palliative and hospice roles. AAHPM continues to support the goals of HMDCB and is open to collaborating on awareness and marketing efforts.

Proper notice having been given, Manfredonia called the meeting to order at 4:02 pm CT on October 2.

Conflict of Interest Disclosures/Confidentiality

Manfredonia noted member disclosures were updated and included in the meeting materials. Incoming Board members Vlahakis & Yang shared their disclosures; Yang disclosed she serves on the Board of the San Diego County Medical Society and teaches for VitalTalk, Upaya and Harvard Macy Institute. No additional updates to the disclosures were provided at the meeting.

MINUTES

The minutes from the June 30, 2017 Board meeting were accepted.

STRATEGY, PLANNING, and GOVERNANCE

Testing Partner Performance

Weir shared results from both the PSI facility survey by exam takers following their exam and the HMDCB post-exam survey. Results from the HMDCB post-exam survey showed the percentage of candidates who answered that they were referred by their employer has steadily risen over the last four years to 29%.

To clarify the question of financial support of candidates, results showed that 47% of test takers paid for the exam themselves, 26% of organizations reimbursed their test takers regardless of outcome, 15% of test takers' organizations paid in full, 11% of test takers' organizations will reimburse them upon passing, and 1% of test takers' organizations paid a portion of the costs. Regarding prep materials, 70% of test takers paid for these themselves, 20% of test takers' organizations reimbursed the cost regardless of outcome, and 2.5% reimbursed the test taker upon passing.

Additionally, Weir noted the increase on the PSI facility questionnaire of those who ranked their experience as excellent from 52% in 2016 to 78% in 2017. For 2018, AMP and PSI will have fully completed their merger, allowing all of PSI's testing locations to be accessible to HMDCB test takers (only ¼ of the new locations were available in 2017). The Board is interested in monitoring the response rate regarding noise level experienced by test takers with the new locations.

2018 Examination Development Update

Farrell provided an update on the examination committee and development process. Diversity on both committees is present and provides value when creating items. The exam committee will meet in December to continue its work for the 2018 exam.

External Relations

Manfredonia and Weir provided an update of their meeting with NHPCO's new president & CEO, Edo Banach, JD that occurred on October 2. During the conversation, Banach offered his support for the program and to arrange an opportunity for HMDCB leadership to speak to NHPCO's CEO/Executive Director NCHPP, which is led by Brian Jones, DHSc, CHPCA, during the 2018 Management & Leadership Conference.

Additionally, Weir shared the recent conversation with AMDA The Society for Post-Acute and Long Term Care Medicine's (AMDA) leadership which identified areas of collaboration to further explore. . AMDA welcomes HMDCB as an exhibitor at their annual meeting expressing their perspective that the roles of the medical director in hospice and SNFs have unique competencies and therefore does not view HMDCB as a competitor. Data shows a crossover in HMDCB and AMDA certificants. HMDCB, AMDA, AAHPM and (AAHCM) staff plan to connect 3-4 times per year to determine if there are opportunities to further collaborate.

Finally, Weir informed the Board of an invitation to present information on HMDCB's certification program at Agape Hospice's fall Practitioners Summit in South Carolina – a relationship that was spearheaded by AAHPM president, Janet Bull. Agape is requiring all of its 30 HMDs to become certified by 2019. The Board agreed pursuing other opportunities to present to hospice organizations would be a great ROI.

Maintenance of Certification (MOC) Program

Weir shared that AMC is currently submitting an RFP for a new certification application technology platform due to the age and inflexibility of the current software, the cost of which will be divided among AMC's certification organizations; costs to be understood in the next six months. Based on HMDCB's budget and financial situation at the time, a determination will be made on whether the organization adopts it or utilizes paper applications for MOC.

Bower presented the self-assessment exercise. The requirement states at year three of the certification cycle, certificants are encouraged to set goals and learning objectives in order to prepare for the MOC examination. The self-assessment tool will include links to the MOC requirements, content blueprint, and educational resources and should allow applicants to save and return to the exercise. Additionally, it will provide access to example text that will help certificants think about how they may want to create their professional development plan. The Board discussed the communication to certificants should include an estimate of time anticipated to complete the exercise and direction of its intended purpose and meant to be based on individual needs. Discussion continued regarding what is considered complete, and the Board agreed upon 3 of 5 domains.

MOTION: To approve required completion of 3 of 5 domains by certificants, and make question 5 (regarding targeted dates for completion) in each domain optional. Additionally, after two years, HMDCB's Board will determine if data shows changes to this decision are required. Seconded. Approved.

Initial Score Report

Board members discussed whether HMDCB should provide the certificants with their initial score report, or whether it should be provided only on request. Considering a projection of only 55% recertification renewal and a likely difference between the timing of the email providing the score report and when the certificant may be ready to begin their self-assessment exercise, it was agreed less resources would be required if provided upon request. The Board did agree a link for certificants to request their reports should be provided in both the recertification email reminders and on the website.

MOTION: To provide score reports upon request. Seconded. Approved.

Additional Resources

The Board reviewed the HMDCB website that provides links to additional resources for study and preparation. Additionally, the Board agreed not to recommend consulting firms. In regard to a CME tracker, the Board would discuss once the functionality of the new application technology platform was known.

MOTION: To approve the MOC resources webpage adding FastFacts and removing consulting firms. Seconded. Approved.

Title and Name

The Board discussed several potential names for the Self-Assessment after receiving feedback from AAHPM and focus group attendees that the term "Self-Assessment" was confusing based on current offerings in the field.

MOTION: To approve the title of the exercise as "Self-Reflection Preparation Assessment – a tool to help design a professional development plan for study." Seconded. Not approved.

The Board felt that the name Professional Development Tool more effectively accomplishes the need to be descriptive while also capturing the goal of this MOC program component.

MOTION: To approve the title of the exercise as “Professional Development Tool”. Seconded. Approved.

MOC Exam

The Board discussed the pros and cons of developing a 100-question exam vs. a 150-question exam, which included cut score considerations, cost and optics of a shorter examination. The Board also discussed opportunities for certificants who fail the examination, within a specified percentage of the cut-score, to obtain additional CE within a specific time frame (six months) in order to maintain certification. The Board agreed not to provide the CE option for certificants to maintain certification.

MOTION: To approve a 100-question MOC examination. Seconded. Approved.

Testing Windows

Board members discussed the options for available testing windows for MOC. Weir shared the benchmarking data collected from relevant organizations, and confirmed if two windows were scheduled in the same year certificants would be taking the same examination. The Board inquired what options would there be for candidates with a medical exception during the sixth year testing window. Staff will further investigate how other certification programs manage this issue.

MOTION: To approve a 4-week testing window in the fall for the MOC examination and allow certificants to apply for the exam in their fifth and sixth years of their recertification cycle. Seconded. Approved.

Policy Approvals

Weir discussed updates to the Audit and Examination Policies reflecting the new MOC program, as well as the new MOC Policy which outlines the program components.

MOTION: To approve the edits to the Audit and Examination policies and approve the new MOC policy. Seconded. Approved.

Historical Perspective

Manfredonia showcased the historical data for the Board, showing the total applicants for the first four years and corresponding pass rates.

BOARD DEVELOPMENT

HMDCB staff led the Board in a development exercise meant to ensure members understood policies, information and governance data that would be beneficial for them to know in their role.

HMDCB Finance Manager Phyllis Milz joined the meeting.

MANAGEMENT and OPERATIONS

Policy

Weir presented the new Reinstatement Policy, which has been benchmarked against other organizations' policies. Board members inquired how it would be discoverable if they are not compliant, and Weir stated that certification board are typically are not proactively researching this, and instead the information comes from others or the certificant's employers. The Board agreed to edit the policy to indicate automatic revocation.

MOTION: To approve the Reinstatement Policy with the change proposed. Seconded. Approved.

2016 IRS Form 990

Murphy shared that the annual IRS Form 990 has been reviewed and filed.

MOTION: To accept the 2016 Form 990. Seconded. Approved.

Financial Reports

Murphy shared HMDCB's financial forecast. These financials show income is under budget since the goal for applicants was not met. The organization will end the year with a net excess of \$5,682. Board members inquired about the high cost of technology fees. A breakdown of internet/technology expenses and how they were allocated among AMC clients

was explained by Engle. The Board also inquired about AMC's security setup with recent breaches, and Engle provided detail of AMC's investment in cybersecurity.

MOTION: To accept the Financial Reports. Seconded. Accepted.

Grant Funding

Manfredonia provided an update on the recent grant request to Kindred Hospice Foundation, which was accepted for \$100,000 that will be used for three main areas: Identification of the Target Market, an Awareness Campaign, and Supporting Continuous Learning. HMDCB will provide regular reports to the Foundation on the grant funds' usage.

FY18 Operating Budget

Murphy shared year-end data on 2017 and presented the 2018 operating budget. Anticipated revenue in 2018 is based on 200 applicants and is less than previous years. In addition to the acceptance of the Foundation grant, a grant request to AAHPM for \$33,500 will be requested to cover remaining operating expenses. Weir confirmed for the Board that there is no cushion for additional expenses planned. Based on the recent request from Agape, the Board agreed an additional amount should be requested from AAHPM above the operating expenses to cover potential promotional opportunities to present on the certification to large hospice organizations.

Weir cautioned that this request does not include future anticipated expenses including funding for new certification software that is being explored by AMC and a practice analysis that is recommended every 5 years to ensure the exam is reflective of current HMD practice.

Additionally, due to the \$25,000 reduction in the grant from the Foundation, HMDCB will not conduct the feasibility study for alternatives to secure exam testing for MOC, though Weir will gather information over the next several months on this topic.

MOTION: To approve the 2018 budget with an increase to \$40,000 for the grant request to AAHPM. Seconded. Approved.

Recognition of Outgoing Board Members

Manfredonia thanked and recognized outgoing Board members, Tara Friedman and Kim Bower.

Adjournment

Manfredonia adjourned the meeting at 1:57 pm CT.



BOARD FACESHEET: Examination Committee Update

Timeline and Goals/Accomplishments:

Fall 2017

- Item writer training by PSI for 3 new and 7 returning volunteers
- Examination Committee (EC) members served as mentors for item writers
- Item writers created 125 new items
- Launched first item writer volunteer experience evaluation providing positive feedback and suggestions to improve the experience for future (e.g., easier access to orientation, training materials, mentor introductions, visual timeline)
- EC previewed items in advance of December's in-person meeting

2018

December 6 – 8 EC In-person Meeting (Chicago, IL)

- Six returning and two new EC member (Drs. Tim Appenheim (IL) and Stephanie Patel (MA))
- Finalize 2018 examination form including 150 questions and 30 pre-test items
- Approve additional items to build item bank

February: EC Review of Examination

- EC members will virtually review 2018 examination form including two sets of pre-test questions
 - Goal: key verification; determine content overlap or cueing; confirm reference

March - May: Application Cycle / Committee Considerations

- March 27, 2018: Application Cycle closes
- Confirm EC Members desire to continue; intent to rotate 2 members
- Identify new EC Members

May 17 - June 5, 2018: Testing Window

June: Webinar for Preliminary Item Analysis (Select EC members)

- PSI will host WebEx meeting with EC representatives for the preliminary item analysis:
Each item reviewed on how well it performed?
 - High scoring candidates with wrong answer or varied answers
 - Identify if more than one answer should be allowed
 - May address overall cut score
- PSI will generate memo summarizing findings sent to staff and EC Chair

June: HMDCB Board of Directors Call

- Final Cut Score recommendation: report to board for approval
- PSI staff will join meeting

Summer/Fall 2018: Examination Preparations for 2019

- Begins with Call for Item Writers

Blueprint/Practice Analysis

Industry best practices suggest you review/update your content blueprint every 5-6 years through a practice analysis, based on the rate of change in the field. The Exam Committee noted several changes this year and have created a tracking document for when funding becomes available to pursue a formal practice analysis.



BOARD FACESHEET: 2018 Application Cycle Update

Background

The early deadline is Tuesday, March 6. The last day to apply is Tuesday, March 27. Our budget for applicants is 200.

83 physicians have started the application process, while 40 of the 83 have paid. (At the same time last year 92 physicians had started, while 41 had paid)

HMDCB will again offer a discount code at the AAHPM Assembly in Boston, March 14 – 17. The discount code will waive the \$250 late fee for physicians who attend the Assembly and are still considering applying. In 2014, 31 individuals took advantage of the discount code; 18 in 2015; and 17 in 2016; and 19 in 2017.

Last year approximately 45% of applicants applied in the last week prior to the early bird deadline. This is a common trend we have seen through each examination cycle.



**BOARD FACESHEET:
ABMS Vision Initiative
(A shift in physician recertification)**

Attachments

1. Webinar Slides on ABMS / CMSS Ongoing Certification Vision Initiative
2. ABMS Press Release regarding *Continuing Board Certification* Initiative

Background

Staff has gathered new information since the last HMDCB Board of Directors meeting on the Maintenance of Certification program for physicians under the ABMS umbrella, specifically the launch of a joint initiative of the American Board of Medical Specialties (ABMS) and the Council of Medical Specialty Societies (CMSS) – *Continuing Board Certification: Vision for the Future*. Richard J. Baron, MD MACP, President and CEO of the American Board of Internal Medicine presented a Generative Session at the fall AAHPM Board of Directors meeting to explain the new initiative, which Holly Yang and Sally Weir attended; his presentation is attached for your review.

As we have previously discussed, one of the recent changes has been in regard to shifts to the MOC Part 3 requirement (Exam) from a secure exam every 10 years to ongoing quarterly assessments. ABIM has also suspended MOC Part 4 (Quality Improvement) due to the significant pushback from physicians on relevance, access and cost. Based on the knowledge from AAHPM representatives Julie Bruno and Tara Friedman’s involvement in the ABIM Liaison Committee for Certification and Recertification, and information shared by Dr. Baron and ABMS, ABMS is no longer using the language of “Maintenance of Certification” and the new initiative is purposely titled “Continuing Board Certification”. What results from the initiative is unknown, likewise, whether the 24 member boards will update their language.

Immediate impact for HMDCB: Name of program

Staff will continue to monitor changes to ABMS & AOA recertification programs. With the imminent launch of a communication plan to educate HMDCB certificants on requirements of the HMDCB “Maintenance of Certification program”, staff is asking the Board to consider its previous decision on the Program Name.

The following minutes from our previous 2016 Board of Directors meeting summarize the discussion when determining the name of HMDCB’s recertification program:

Program Name

Bower shared benchmarking research completed on other certification boards regarding the name of “recertification” programs and posed the question to the Board on whether HMDCB should call its program “Recertification”, “Maintenance of Certification” or other. After discussion about the merits and concerns of each, the Board agreed that MOC is a more mainstream and representative name of the program.

Motion: To approve the program name - Maintenance of Certification. Seconded. Approved.

Staff has included current benchmark data on related organizations' program names for reference.

Organization	Program Name / Examination Name
American Board of Medical Subspecialties	Continuing Board Certification
American Osteopathic Association	Osteopathic Continuous Certification
American Board of Family Medicine	Continuing Certification
American Board of Internal Medicine	Maintenance of Certification
AMDA: The Society for Post-Acute and Long-Term Care Medicine	Recertification
American Board of Obesity Medicine	Recertification
American Board of Pain Medicine	Maintenance of Certification
American Board of Urgent Care Medicine	Recertification
American Board of Wound Management	Recertification
Hospice & Palliative Credentialing Center	Recertification
National Board of Certification and Recertification of Nurse Anesthetists	Continued Professional Certification

Action

Based on the current environment's negative connotation with the program name "Maintenance of Certification" as evidenced by the significant pushback by physicians and state medical societies, as well as the newly launched initiative and intent by ABMS/CMSS to amend the name, the HMDCB Board is asked to once again consider the most appropriate name to describe our program.

CONTINUING BOARD CERTIFICATION

VISION
for the
FUTURE

October 2017

Lois Margaret Nora, MD, JD, MBA

Outline — Continuing Board Certification Vision for the Future

- Thank you
- Why?
- What?
- When?
- Who?
- Questions and Comments
- What's next?

Vision for the Future: Why?

Why?

- Board Certification and Continuing Certification are important parts of professional self-regulation and professional identity
- Substantial agreement with the expectation of ongoing requirements for continuing certification
- Substantial disagreement and anger about the specific MOC program requirements of many of the Boards
- Limited knowledge of the major changes in many Boards' continuing certification programs that are addressing relevance and burden
- Professional self-regulation should engage the broad profession; Boards have been criticized for not fully engaging profession
- Profession serves the public; Boards have been criticized for not fully engaging the public

Process

- Information gathering, program innovation, and other activities occurring for an extended period of time
- March 2017 – Concept of Initiative
- June 2017 – Board approves exploration of initiative
- Summer 2017 – Initiative designed in broad strokes and partners identified
- September 2017 – ABMS Board of Directors approves moving forward with the Continuing Board Certification: Vision for the Future Initiative

Vision for the Future: What?

Foundational Assumptions: Vision for the Future

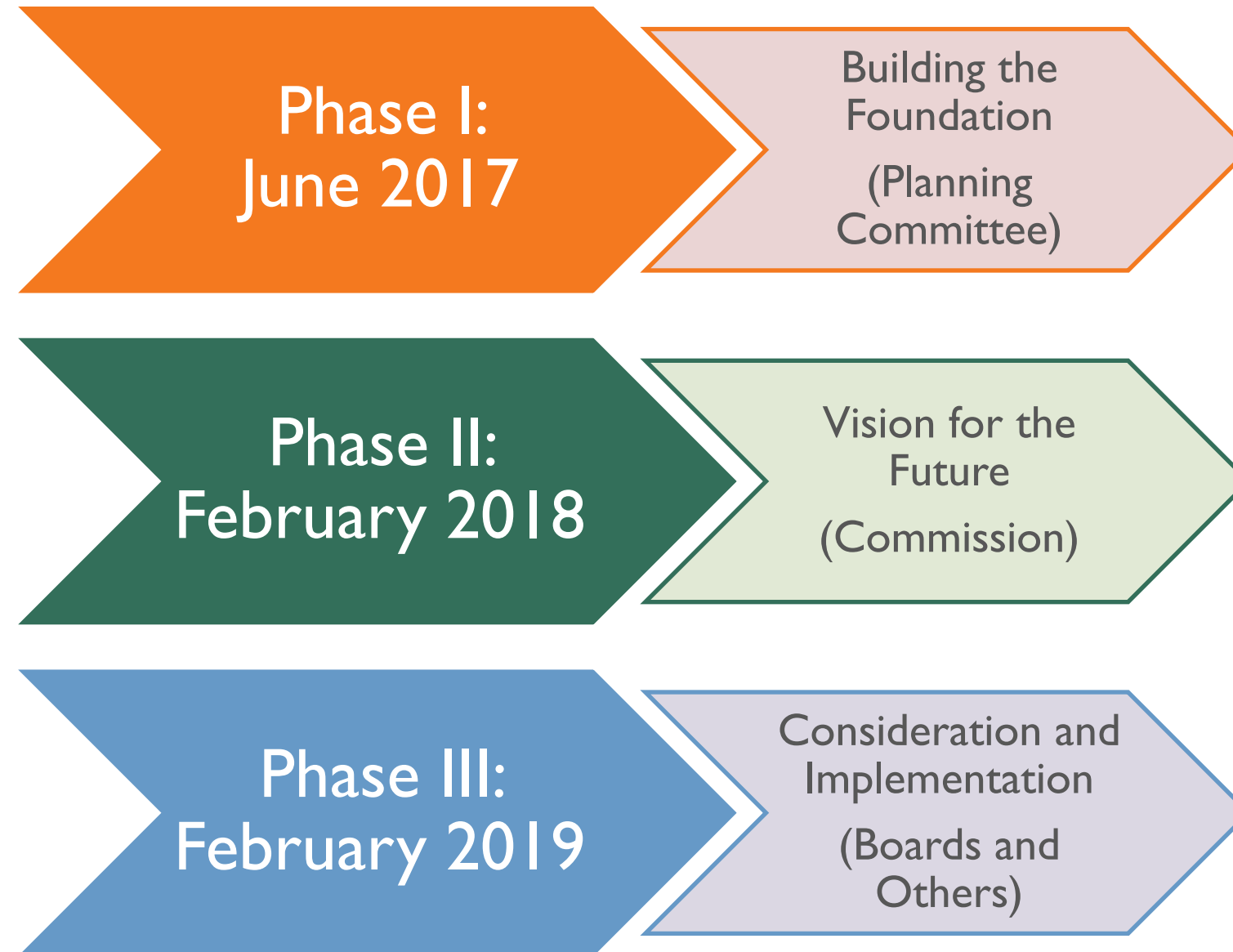
- The work assumes that the ABMS and the organizations and participants in the Commission process are:
 - Committed to professional self-regulation as both privilege and responsibility
 - Committed to the role of the continuing board certification process as part of the professional self-regulatory system

Goals

- Consider principles, frameworks and program models for the continuing board certification system
 - Responsive to the needs of those (patients, hospitals, medical practices) that rely on the system
 - Relevant, meaningful and of value to those who hold the credential
- Meaningful recommendations to the ABMS Boards Community
- Inclusive, open, collaborative, candid dialogue across stakeholder groups

Vision for the Future: When?

Three Phases

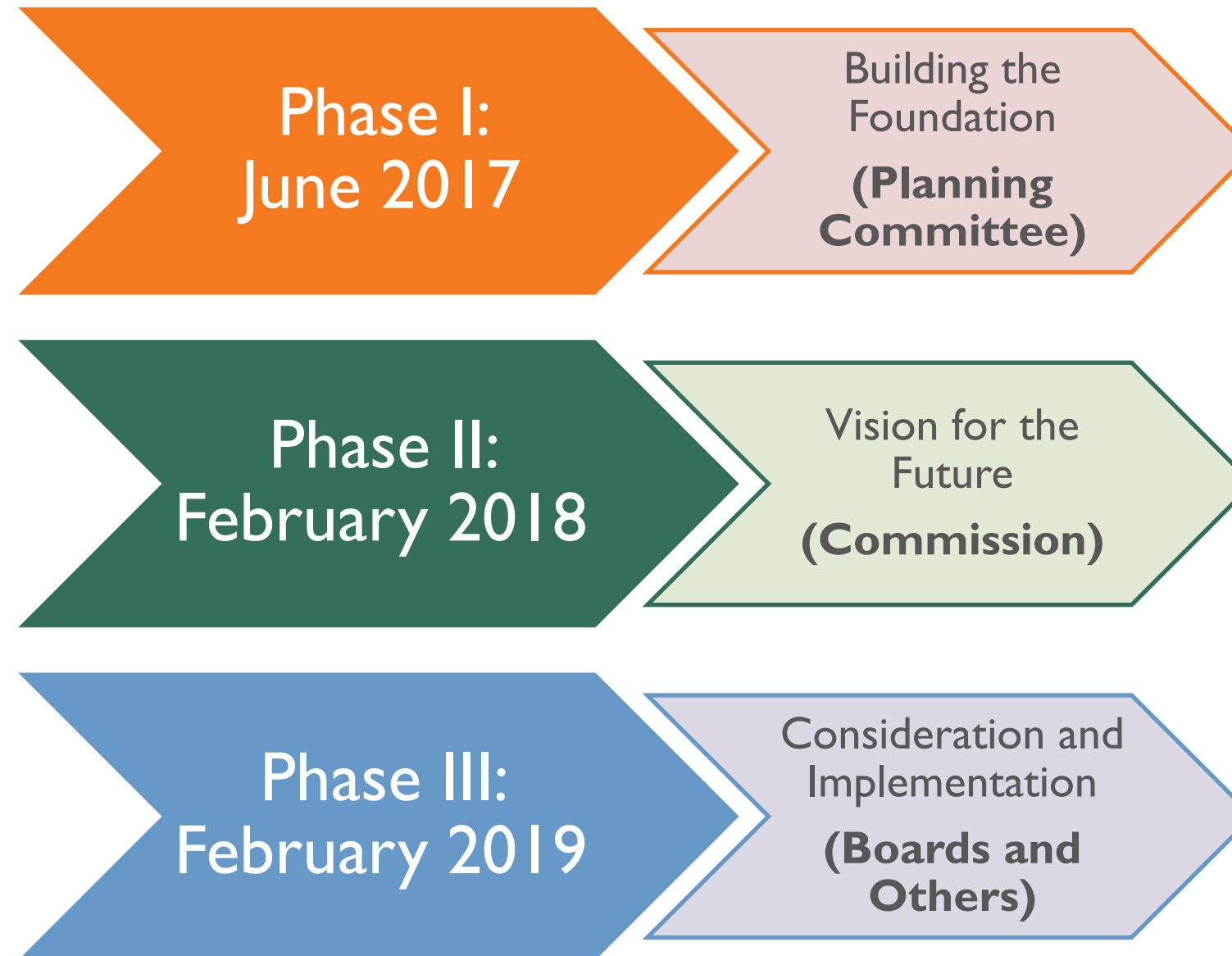


Three Phases

- **Phase One – Building the Foundation (Planning Committee)**
 - Information gathering, including oversight of national survey
 - Formulate the questions
 - Establish the Commission
- **Phase Two – Vision for the Future (Commission)**
 - Information gathering, specifically with profession, public, other stakeholders
 - Analyze the data and test concepts
 - Answer the questions
 - Make recommendations
- **Phase Three – Implementation (Boards with the Profession, particularly the Specialty Societies with input and feedback from the Public and other Stakeholders)**

Vision for the Future: Who?

Who?



Planning Committee Role

The Planning Committee will:

- Gather feedback and begin to assess the current system of continuing board certification from multiple stakeholders and a national survey;
- Develop a set of important questions to be answered in the second phase; and
- Establish a 21-25 member Commission.

Planning Committee Role: Specifics

- Provide input into questions developed for stakeholder input and oversee a national survey;
- Analyze the information received through meetings and surveys;
- Establish a set of key questions for consideration by the Commission;
- Identify and recommend a chair for the Commission;
- Identify best construct for the Commission; and
- As appropriate, establish nominating and selection processes for members of the Commission.

Planning Committee Construct

- 4 members from ABMS (2 of whom are MBEs)
- 5 members from ABMS Associate Member Organizations heavily involved in the continuing board certification discussion
 - 2 members from CMSS
 - 1 member from ACGME
 - 1 member from ACCME
 - 1 member from AMA - Council on Medical Education
- 1 ABMS Associate Member representative chosen by Coalition for Physician Accountability
- 2 Public representatives
- CMSS & ABMS CEOs (ex-officio, voting)
- 14 total members
- Staffed by ABMS

Members of the Planning Committee

- Jo Buyske, MD, ABMS/ABS
- Sandra Carson, MD, CMSS/ACOG
- Joyce Dubow, Public Member
- Jack Evans, Public Member
- Larry Green, MD, ABMS/ABFM
- Thomas Hess, JD, ABMS
- Lynne Kirk, MD, AMA CME
- Graham McMahon, MD, ACCME
- Thomas Nasca, MD, ACGME
- John Prescott, MD, AAMC & Coalition
- Stephen Wasserman, MD, ABMS/ABAI
- Steven Weinberger, MD, CMSS/ACP
- Norman Kahn, MD, CMSS, ex-officio
- Lois Margaret Nora, MD, ABMS, ex-officio

Commission

- Exact construct to be determined by the Planning Committee
- Expected to engage the Profession, Public, and other Stakeholders more broadly than Planning Committee representation
- Receive information, hold hearings, answer questions posed by Planning Committee
- Make recommendations
- **Key:** Open, transparent, collaborative, inclusive, with the appropriate level of speed

Who Will Serve on the Commission

The Planning Committee will implement a nominations process and will select representatives that may include:

- Physicians
- Member Boards
- Professional medical organizations
- National specialty and state medical societies
- Hospitals and health systems
- General public and patients
- Other stakeholders

Implementation

- Recommendations received by ABMS and the ABMS Boards
- Expect that certain innovations/practices in place by some Boards will be commented upon positively or negatively
- Expect that recommendations may range well beyond any current philosophies and practices
- Implementation will be collaborative

Questions

- Why is my organization not on the Planning Committee?
- Are there critics of MOC on the Planning Committee?
- Will people on the Planning Committee transition to the Commission?
- Is this just a sham?
- What about the current innovations that are happening?

Dr. Norman Kahn's Five Take-Away Points from the Webinar

- **Timing (speed)**
 - Long-term – a re-envisioning process of fulfilling professional self-regulation through ongoing certification – will take a year or a bit more
 - Short-term – promoting changes being made and implemented now and throughout 2018 – not waiting for the Commission process
- **Engagement**
 - Of the profession; Of the public; Of key stakeholders
- **Communication**
 - Open and transparent; Two-way
- **Responsiveness**
 - Especially to relevance, burden and cost
- **Clarity (and yes, that word... consistency)**
 - All stakeholders must understand what ongoing certification means
 - There should not be confusion generated from a perception that ongoing certification means something different for one type of physician than for another

What's Next?



**American Board
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NEWS RELEASE

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AMERICAN BOARD OF MEDICAL SPECIALTIES LAUNCHES NEW INITIATIVE: CONTINUING BOARD CERTIFICATION: VISION FOR THE FUTURE

In a transparent, open process, collaborating partners will work together to assess the current state of ABMS Continuing Board Certification and vision its structure for the future.

CHICAGO, IL – September 25, 2017 – The American Board of Medical Specialties (ABMS) and its 24 Member Boards have launched a major initiative, “Continuing Board Certification: Vision for the Future” (Commission). A collaborative process, the Commission will bring together multiple partners to vision a system of continuing board certification that is meaningful, relevant and of value, while remaining responsive to the patients, hospitals and others who expect that physicians specialists are maintaining their knowledge and skills to provide quality specialty care.

The Planning Committee to establish the Commission will include representatives from ABMS, Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, the Coalition for Physician Accountability, Council of Medical Specialty Societies (CMSS), and Council on Medical Education of the American Medical Association as well as public members. The Planning Committee will identify the construct and membership of a 21-25 member Commission, identify key questions for consideration by the Commission, and oversee a national opinion survey. The Commission construct and process will be designed to engage physicians, the public, users of the credential and other stakeholders in a collaborative, transparent, inclusive process that is rigorous, high quality and expeditious.

The Commission framework includes three phases, beginning with a comprehensive assessment of the current continuing board certification system. Feedback will be obtained from varied stakeholders through multiple methods including a national survey. The information obtained will be used by the Planning Committee and Commission to identify the key questions emerging from the initial research phase. The Commission will hold hearings, provide information publicly, and test and seek feedback on concepts and ideas during the process. The Commission’s final recommendations will be submitted to ABMS and its Member Boards for

consideration and implementation. It is estimated the Commission process will take approximately 12-15 months.

“The CMSS is pleased to serve on the Planning Committee and have the opportunity to represent the specialty society community,” stated Norman B. Kahn, Jr., CMSS Executive Vice President and Chief Executive Officer. “This is a bold and exciting initiative on the part of ABMS. The inclusiveness of this process will help to ensure that the future enhancements and improvements to the continuing board certification process will be based on input from a broad set of constituencies.”

“Patients, families, and others who rely upon the credential trust that Board Certified physicians have the knowledge and skills necessary to practice specialty medicine,” said ABMS Board of Directors Chair, John C. Moorhead, MD. “Our system of professional self-regulation includes a process of meaningful continuing certification. The work of the Planning Committee and Commission will help ABMS ensure a continuing board certification program that remains relevant and meaningful to physicians and the patients they serve well into the next decade.”

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About ABMS

Established in 1933, the American Board of Medical Specialties (ABMS) continues to be the leading not-for-profit organization overseeing physician certification in the United States. ABMS establishes the standards its 24 Member Boards use to develop and implement educational and professional evaluation, assessment, and certification of physician specialists. More than 880,000 physicians are certified in one or more of the approved 39 specialties and 86 subspecialties offered by the [ABMS Member Boards](#). For more information about ABMS, visit abms.org or call (312) 436-2600.



BOARD FACESHEET: Estimate of HMD Universe

Attachments

1. Excerpt from NHPCO's most recent Facts & Figures (2016)

Background

After the release of NHPCO's edition of its *Facts & Figures* publication, HMD CB periodically recalculates its estimate of the total HMD universe within the United States. *Facts & Figures* provides the best data regarding hospice ADC, which is then used to calculate a physician universe based on a best-guess formula.

NHPCO's recent release of 2016 Edition of *Facts & Figures* no longer lists "total hospices" to include satellite offices, but strictly total provider numbers as MedPAC reports. The publication also listed ADC using new ranges. Dr. Manfredonia and staff believe this will lead to a more accurate reflection of the reality in practice, and we have updated the formula based on the new data.

According to the recently released MedPAC numbers, the total number of hospice provider numbers in the U.S. is 4,400, which is the number used in the base formula.

For background, according to NHPCO's numbers and breakdowns, 63% of hospices have an ADC of less than 50, 31% have an ADC of 51-199, 5% have an ADC of 200-500, and 0.8% have an ADC of greater than 500.

Assumptions:

- Calculating 1.5 physicians per hospice with ADC <50.
- Calculating 3 physicians per hospice with ADC 50-199.
- Calculating 5 physicians per hospice with ADC 200-500.
- Calculating 8 physicians per hospice with ADC >500.

Calculation:

- 4,158 physicians at hospices with ADC <50 (63% of 4400 hospices x 1.5 physicians at each)
- 4,092 physicians at hospices with ADC 50-199 (31% of 4400 hospices x 3 physicians at each)
- 1,100 physicians at hospices with ADC 200-500 (5% of 4400 hospices x 5 physicians at each)
- 280 physicians at hospices with ADC >500 (.8% of 4400 hospices x 8 physicians at each)

Total Universe: 9,630

There are a number of variables that need to be considered in this calculation:

- In the <50 ADC range, there is a likelihood that there are two employed physicians at those hospices (a primary and a covering), but the realistic estimate of potential HMDC exam takers was thought to be 1.5.
- How many of the physicians are part-time vs. full-time and does that impact the assumptions?
- How many physicians work at multiple hospices, thus meaning they may be counted twice in the numbers above?
- Does the hospice have a dedicated IPU and does that impact the assumptions?
- There are significant ranges of the ADC in NHPCO's data, meaning in the 50-199 range, many of the 31% of hospices may be closer to 50 ADC than 199. That could mean the numbers may be skewed high in that section if the estimate is 3 physicians.

Recommendation

The Board is asked to discuss the new calculation, as well as the variables outlined above, to determine whether it agrees with the estimates in numbers of physicians, and whether this approach is appropriate for future estimations.

Spending by Level of Care

In 2015 the vast majority of Medicare spending for hospice care was for care at the Routine Home Care level.

Level of Care	Percentage of Medicare Payments
Routine Home Care	91.5 %
Continuous Home Care	1.5 %
Respite Care	0.3 %
General Inpatient Care	6.6 %

Spending by Setting of Care

In 2015 over half of Medicare spending for hospice care was for care provided in the home.

Setting of Care	Percentage of Medicare Payments
Home	53.0 %
Nursing Facility*	39.5 %
Hospice Inpatient Facility	4.8 %
Acute Care Hospital	1.8 %
Other	0.8 %

* Includes skilled nursing facilities, nursing facilities, assisted living facilities, and RHC days in a hospice inpatient facility.

WHO PROVIDES CARE?

How many hospices were in operation in 2015?

In 2015, 4,199 hospices were paid by CMS to provide care under the Medicare hospice benefit.

Hospice Type

In 2015 the majority of hospices were independent organizations. The others were provider-based.

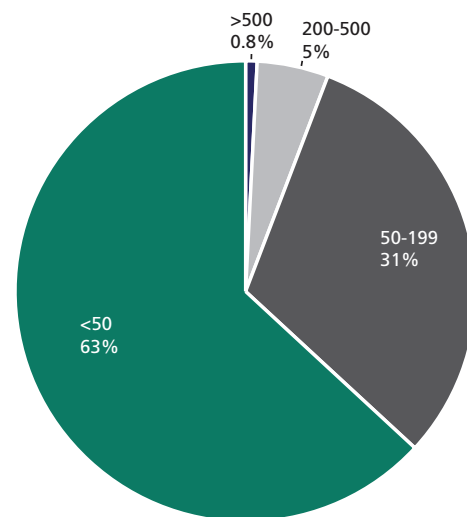
Provider Type	Percentage
Freestanding	72.2 %
Hospital	14.2 %
Home Health Agency	12.9 %
Nursing Home	0.6 %

Hospice Size

One indicator of hospice size is average daily census (ADC) or the number of patients cared for by a hospice on average each day.

In 2015 the mean ADC was 63. And, the majority of hospices had an ADC of less than 50 patients.

FIGURE 4. AVERAGE DAILY CENSUS





BOARD FACESHEET: Nominating Committee Composition

Attachments

1. Approved HMDCB Nominating Committee Operating Guidelines

Background

Upon amending the HMDCB Bylaws in 2015 to modify the Presidential cycle, every other year an Immediate Past President is no longer a position on the Board of Directors as presented below:

4yrs for Presidential Cycle Model

Year 1	President- Elect		President (Y2)
Year 2		President (Y1)	Immediate Past President
Year 3	President-Elect		President (Y2)
Year 4		President (Y1)	Immediate Past President
Year 5	President-Elect		President (Y2)

*during any one year, only two offices occupied

HMDCB's currently written Nominating Committee Operating Guidelines identify the Immediate Past President as the Chair of the Nominating Committee. To avoid assumptions, the Board is asked to confirm the composition with the awareness that the Immediate Past President every other year would not be a sitting Board Member.

The work of the Nominating Committee takes place in the first quarter of each year. The final meeting that the Immediate Past President attends would be in the previous fourth quarter.

Action

The Board is asked to confirm the composition of the Nominating Committee Operating Guidelines or make appropriate changes.

Charges

The Nominating Committee will solicit nominations for those Directors whose terms will expire at the next Annual Meeting of the Board and will submit to the Board a slate of qualified candidates to succeed those Directors. In addition, the Committee will develop a slate of officers for the Board of Directors to approve.

Composition

The Nominating Committee is chaired by the Immediate Past President and is comprised of three (3) additional members, two (2) who are former Directors of HMDCB and one (1) who is the HMDCB public member. Members of the Nominating Committee are not eligible for elected office or other elected Board position. In the event the Past President is unable or unwilling to serve, the President will submit to the board a Chairperson for approval.

~~Note: Until there are former directors, current directors would serve in this capacity.~~

Appointment and Term

The remaining Committee members will be recommended by the President and approved by a majority of the Board. Each member will serve a one-year term.

AAHPM Liaison

For the AAHPM Liaison position, a list of three HMDCB certified physicians will be requested from the AAHPM Board of Directors prior to submitting a recommended candidate to the Board.

Operating Guidelines

HMDCB is committed to diversity in its Board composition. HMDCB will solicit nominations from the field. HMDCB will assess candidates on a combination of professional accomplishments and expertise as well as leadership skills.

Director Candidate Guidelines

- *Competence:* Currently HMDCB certified in good standing
- *Leadership skills:*
 - a) Volunteer experience on a national association board, committee, or task force in the field of hospice and palliative medicine
 - b) Leadership experience in professional or community organization(s)
- *Work experience:* Demonstrate significant practice experience as a hospice medical director/hospice physician

Officer Candidate Guidelines

- Completed a minimum of one (1) year experience as a HMDCB director during the previous 5 years



January 4, 2018

Ronald Schonwetter, MD FAAHPM
Secretary/Treasurer
Hospice Medical Director Certification Board

Dear Dr. Schonwetter:

Enclosed please find the November 2017 financial statements for HMDCB. All forecasted amounts represent 12 months of activity and are based upon actual results beginning January 1, 2017 through November 30, 2017 and forecasted results for the remainder of the year. Forecast is determined based on the approved budget and adjusted for trends/known changes.

At the close of November 2017, the total fund balance is \$74,227 with current year operations reflecting an excess of \$20,110.

Highlights of the financial results include:

- The statement shows total net assets are forecasted to be \$9,017 at year end. Forecasts do fluctuate from month-to-month based upon the current month's activity and anticipated income and expenses for the remainder of the year.
- Certification revenue is anticipated to end the year under budget by approximately \$22,400. Certification and exam processing expenses associated with decrease in the number of applicants will also end under budget.
- The cost to upgrade a website application has been added to the Internet/web forecast. The upgrade is necessary this year in order to bring the format to a supported version.
- The Exam Committee meeting, which was anticipated to be held in December 2016 and included in the 2016 budget, was postponed to January 2017. Hotel & travel expenses related to the January committee meeting were not included in this year's budget, but will be expensed this year.
- Last year's AAHPM grant request included funds to help support marketing strategy efforts throughout the year. \$15,000 was designated for these expenses; however, the expense was not included in the approved budget. Unspent funds carried over from last year were directed towards supporting promotion efforts this year. The forecast includes expenses related to these promotions efforts under printing, postage and publication pre-press.
- Legal expenses are not expected for the remainder of the year.

Phyllis Milz, our Finance Manager, and I welcome any questions you have regarding the November financials. We will distribute to the full Board at the next scheduled Board of Directors meeting.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sally Weir".

Sally Weir, CAE
Executive Director



Twelve Month Financial Summary

	FORECAST (as of Nov)	ACTUAL		
	2017	2016	2015	2014
Revenue - Operating	297,340	292,371	345,930	362,841
Applications	216,100	226,800	264,600	361,900
Commission/Royalty				
Grants	80,715	65,157	81,125	-
Exhibits				-
Registrations				
Sponsorship				
Other revenue	525	414	205	941
Expense - Operating	342,441	301,642	317,323	433,394
Operating Net Excess (Deficit)	(45,101)	(9,271)	28,607	(70,553)
Investment Earnings				11
Net Excess (Deficit)	(45,101)	(9,271)	28,607	(70,542)
Metrics				
# of Certifications	199			
# Months Operating Expense in Net Assets, Unrestricted	0.3			
Net Assets, Unrestricted	\$9,017	\$54,118	\$63,389	\$34,782

Comments

Recommended benchmarks for unrestricted net assets: (i.e. # of Months of Operating expense in unrestricted net assets)
 NORI Study (all nonprofits) suggests a "minimum" OPERATING Net Asset (reserve) of 3.0 months (\$90,000) to ensure adequate liquidity
 ASAE (stand alone associations) latest benchmark for TOTAL Net Assets (reserve) is 6.0 months (\$180,000)

Hospice Medical Director Certification Board
YEAR TO DATE TRENDS
As of November 30, 2017

	2017			2016	2015
	ACTUAL	BUDGET	Actual vs. Budget Variance	ACTUAL	ACTUAL
Revenue - Operating	297,340	319,215	(21,875)	227,214	264,630
Applications	216,100	238,500	(22,400)	226,800	264,600
Commission Revenue	495	-	495	369	-
Grants	80,715	80,715	-	-	-
Pledges & Donations	-	-	-	-	-
Registrations	-	-	-	-	-
Royalty Revenue	-	-	-	-	-
Sponsorship	-	-	-	-	-
Other Revenue	30	-	30	45	30
Expense	277,230	303,924	(26,694)	257,959	279,185
Operating Net Excess (Deficit)	20,110	15,292	4,819	(30,745)	(14,555)
Investment Earnings	-	-	-	-	0
Net Excess (Deficit)	20,110	15,292	4,819	(30,745)	(14,555)

Comments

**Hospice Medical Director Certification Board
TWELVE MONTH PROGRAM SUMMARY**

	FORECAST			BUDGET			Forecast vs. Budget Variance		
	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)
ALL PROGRAMS	297,340	342,441	(45,101)	319,215	344,157	(24,942)	(21,875)	(1,715)	(20,160)
Certification	216,130	169,903	46,227	238,500	195,806	42,694	(22,370)	(25,903)	3,533
NON REVENUE GENERATING	81,210	172,538	(91,328)	80,715	148,351	(67,636)	495	24,187	(23,692)
General	81,210	144,214	(63,004)	80,715	95,291	(14,576)	495	48,924	(48,429)
Governance	-	28,323	(28,323)	-	53,060	(53,060)	-	(24,737)	24,737

Comments

**Hospice Medical Director Certification Board
BALANCE SHEET SUMMARY
For the For the Eleven Months Ending November 30, 2017**

	2017		2016	
	November Balance	Change Year to Date	Dec Balance	November Balance
Assets	84,835	(31,495)	116,330	51,222
Cash and Investment	79,068	(32,115)	111,183	47,869
Checking	79,068	(32,115)	111,183	47,869
Accounts Receivable	-	-	-	-
Other Assets	5,767	620	5,147	3,354
Prepaid Expenses	5,767	620	5,147	3,354
Liabilities and Deferred Revenue	10,608	(51,605)	62,212	18,579
Accounts Payable	10,608	(25,445)	36,053	18,579
Net Assets (Reserves)	74,227	20,110	54,117	32,644
Fund Balance - Beginning	54,117	(9,272)	63,389	63,389
Fund Balance- Current	20,110	29,382	(9,272)	(30,745)
Liabilities and Net Assets	84,835	(31,495)	116,330	51,222

**Hospice Medical Director Certification Board
ALL PROGRAMS FORECAST DETAIL**

	FORECAST	BUDGET	Forecast vs. Budget Variance
Revenue-Operating	297,340	319,215	(21,875)
Applications/Workshops	216,100	238,500	(22,400)
Grants	80,715	80,715	-
Other	30	-	30
Royalties	495	-	495
Expense-Operating	342,441	344,435	785
Administration Fee	159,753	166,647	(6,893)
Certification Processing Fees	8,947	10,616	(1,669)
Audit Fees	3,000	2,700	300
Bank & Credit Card Processing Fee	7,207	7,850	(643)
Consulting/Professional Fees	70,064	69,440	624
Dues & Subscriptions	1,018	1,275	(257)
Duplicating	1,223	1,110	113
Exhibits	3,670	3,000	670
Hotel	13,665	13,000	665
Insurance	4,627	4,600	27
Internet/Website	22,666	20,698	1,968
Legal Fees	-	5,000	(5,000)
Miscellaneous	841	600	241
Postage/Shipping	6,603	6,350	253
Printing	5,043	5,250	(207)
Promotion	2,779	2,500	279
Meeting Expense	700	-	700
Publication Pre-Press	7,536	8,150	(614)
Supplies	1,217	1,071	146
Telephone/Fax	4,112	4,300	(188)
Travel - Staff	5,410	2,800	2,610
Travel - Volunteers	12,361	7,200	5,161
Operating Net Excess/(Deficit)	(45,101)	(25,220)	(22,660)
Net Excess/(Deficit)	(45,101)	(25,220)	(22,660)

Comments

With the decrease in the number of budgeted applicants, costs associated with certification and exam processing will also end the year under budget. Hotel and Travel- Volunteers: The Exam Committee meeting was anticipated to be held in December and included in the 2016 budget. Due to scheduling availability of participants and testing company staff, the meeting was later postponed to January 2017. The 2017 budget includes an exam committee meeting which will be held at the end of the year.

Internet/website: The cost to upgrade a website application has been included in the forecast. The upgrade is required at this time because the current format is no longer supported.



BOARD FACESHEET: Exhibiting Activities Spring 2018

The following is a list of all exhibits HMDCB will be participating in this year.

WHEN: Wednesday, March 14 – Saturday, March 17, 2018

WHAT: AAHPM Annual Assembly

WHERE: Booth #927 at the Hynes Convention Center, Boston, MA

ACTIVITIES WILL INCLUDE: In addition to exhibiting, HMDCB will again meet for a Board breakfast, time and date TBD; distribute brochures at the Hospice Medical Director Update and Exam Prep Preconference; and attend the AAHPM Leadership Reception (all Board members invited).

WHEN: Thursday, March 22 – Sunday, March 25, 2018

WHAT: AMDA Annual Conference

WHERE: Booth #114 at the Gaylord Texan Resort & Convention Center, Grapevine, TX

ACTIVITIES WILL INCLUDE: This is the first time HMDCB will be exhibiting at AMDA. Dr. Farrell will be in attendance and will help promote the certification at the exhibit booth.

WHEN: Saturday, April 21 – Wednesday, April 25, 2018

WHAT: NHPCO Management and Leadership Conference

WHERE: Booth #231 at the Washington Hilton, Washington DC

ACTIVITIES WILL INCLUDE: HMDCB has been invited to present this year at the Executive Directors NCHPP in addition to the Physician NCHPP section. Dr. Ron Crossno will be in attendance and will help promote the certification at the exhibit booth.

Following all meetings, HMDCB will follow up with customized letters to physician and CEO attendees of each meeting and include promotional materials regarding the certification program.