Board of Directors Conference Call
Thursday, January 24, 2019

11:00am ET / 10:00am CT / 9:00am MT / 8:00am PT
Conference Line: 888.392.4560 Passcode: 7997971#

AGENDA

HMDCB helps to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians.

I. Call to Order — Murphy

II. MINUTES — Murphy
Action: Approve minutes of October 11/12, 2018 Board meeting

III. GENERATIVE
AAHPM Workforce Study — Yang
Receive overview of current HPM workforce

IV. STRATEGY and PLANNING
A. Recertification
Action: Discuss renewal rates — Murphy

B. 2019 Certification Cycle
i. Exam Committee progress — Farrell
ii. Application cycle update — Collins

C. HMDCB Tagline — Hammond
Action: Approve final version

V. MANAGEMENT & OPERATIONS
A. Nominating Committee — Murphy
Action: Approve Nominating Committee Composition

B. Financial Reports — Schonwetter
Action: *Accept November 2018 financial reports*

C. Kindred Foundation Grant Update — Weir
Action: Receive grant proposal

D. 2019 Exhibit Presence & Activities — Weir
   i. AMDA Annual Conference
   ii. AAHPM Annual Assembly
   iii. NHPCO Leadership & Advocacy Conference

VI. ADJOURNMENT — Murphy

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NEXT BOARD GATHERING/MEETING

March 13-15, 2019	AAHPM Assembly	Orlando, FL

HMDCB Board of Directors
Meeting Minutes
October 11-12, 2018

Present: John Manfredonia, Brian Murphy, Tommie Farrell, Ron Schonwetter, Aspasia Apostolakis Miller (Friday only), Joelle Vlahakis, Holly Yang, Beryl Bills
Staff: Sally Weir, Bruce Hammond, Kelly Collins

Proper notice having been given, Manfredonia called the meeting to order at 5:30 pm CT on October 11.

STRATEGY & PLANNING

The Board welcomed Beryl Bills as new Public Board Member. Manfredonia shared that HMDCB will again be applying for grant funding from the Kindred Foundation. In his previous discussion with Mary Griffin, she asked HMDCB to provide her a summarized value proposition as to why HMDCB needs this funding to share with her new Board. Manfredonia invited the Board to collectively brainstorm this question. Vlahakis explained this certification has value specifically to part time hospice physicians, who otherwise may not seek additional education or certification. Schonwetter described three benefits the HMDCB certification provides: improved workforce, mentoring and quality of care. Vlahakis also pointed out that an investment in this certification now will pay off in the future as certification is becoming more common in the hospice field. Manfredonia and Yang agreed to send the HMDCB content blueprint, highlighting the knowledge base required in hospice, to Griffin.

Conflict of Interest Disclosures/Confidentiality
Manfredonia noted member disclosures were updated and included in the meeting materials. No additional updates to the disclosures were provided at the meeting.

MINUTES

Motion: To approve the minutes from the June 22, 2018 Board meeting. Seconded. Approved.

STRATEGY & PLANNING Cont'd

Manfredonia reviewed highlights of HMDCB history for perspective.

HMDCB's Intended Audience
Manfredonia explained there are two parts of this conversation which include potential expansion of certifications offered by HMDCB addressing a need to consider additional revenue streams and clarification of our intended audience due to some confusion of the "Medical Director" title. Manfredonia asked the board if it is feasible or of interest to branch out to additional hospice professionals (e.g., Physician Assistants, Social Workers, etc). The Board then discussed issues to be considered including volume of this potential candidate group is; what efforts have previously been made by the group to develop certification; what certifications, materials, and resources already exists for the group. The Board agreed it is appropriate to explore these groups as potential new revenue streams, while also being diligent in remembering our current certification was developed based on the role of the hospice physician.

Manfredonia then reviewed the recent CMS change of recognizing only one Hospice Medical Director per hospice and confusion through our name and mission statement on the intended audience. The Board agreed to update the mission statement to reflect eligibility of all hospice physicians, not only hospice medical directors.
MOTION: To approve the updated HMDCB Mission Statement as presented. Seconded. Approved.

In addition to updating the mission statement, the Board discussed the opportunity of using a tagline alongside the logo. The Board discussed name changes, however the awareness built around this name and logo will be lost if the name is changed. Farrell reminded the Board that 73% of physicians who have sought certification, did so to receive recognition in their field which is potentially something to be reflected in the tagline.

The Board collectively decided their top two choices for taglines:

1. Hospice physician excellence. Quality patient care.
2. Recognizing hospice physicians. Quality patient care.

Weir will discuss these options with our legal counsel and determine which tagline best suits the certification program with minimal risk.

Incomplete Application Survey

The Board reviewed the Incomplete Application survey responses of those who did not complete the application during the 2018 certification cycle. In regard to the question on how applicants heard of HMDCB, it was agreed to add a skip logic question for "Supervisor recommendation" to specify 'Physician Supervisor' or 'Administrator Supervisor'. The Board is in agreement that this should be an annual survey.

2018 Testing Window Surveys

HMDCB Survey - The Board reviewed the 2018 Testing Window survey responses. The Board asked for updates to the survey as follows: including how data has changed over time (i.e., 4 year trends); regarding how candidates heard of HMDCB, changing the response of 'marketing efforts' to be "marketing materials" and adding "AMDA" as a response options; and regarding funding of exam and prep materials, the results needs to add up to 100%. Yang brought up the idea of surveying employers to see how many are more likely to increase pay to certified physicians.

PSI Survey - Weir shared that the overall ratings for PSI assessment centers had improved. The 'Noise Level' rating, which has been a consistent problem in the past, has also improved by several points which is likely a reflection of the PSI testing site expansion. Weir shared that Larry Fabrey (PSI) is retiring at the end of 2018 and an intentional process is underway to build rapport with new staff members, including holding the 2018 winter Exam Committee meeting at the PSI headquarters in Kansas City. Farrell explained that the Exam Committee feels comfortable in their experience with the test development staff of PSI.

Examination Development 2019/2020 Update

Farrell reviewed the current Examination Committee composition and the responsibilities for the 2019 certification cycle. All eight Item Writers are returning for this year and are diverse to obtain a fair balance of examination items. We are operating in our best practice model of the "One-Third Rule". Farrell provided an update on the timeline and responsibilities of the Item Writing Committee, Exam Committee as well as PSI's role. Farrell then explained the timeline for Recertification.

Recertification Marketing Efforts

Hammond shared the efforts HMDCB has taken and plans to take for promoting the Continuing Certification Program. There are several different types of messaging information including: Requirements, Timeline, Value, etc. Hammond also explained the efforts staff has taken to launch the Continuing Certification Program (CCP) such as updating the website with the appropriate information and communicating Reduced Requirements for certificants from 2014-2016. Finally, a new HMDCB newsletter for current certificants is planned.

MANAGEMENT & OPERATIONS

Taxes and Audits

Schonwetter shared that the 2017 IRS Form 990 has been reviewed and filed.
MOTION: To receive the 2017 990. Seconded. Approved.

Finance Manager, Phyllis Milz, presented the financial statement services available including the 2013 decision by this Board to conduct a Review versus a Compilation or Audit. Schonwetter mentioned we have not had any significant

changes to the financial position, which would suggest a need for an audit. The Board agreed to discuss again in 2021 following the first recertification activity.
MOTION: To approve conducting an annual review for 2018. Seconded. Approved.

Financial Reports and Forecast
Schonwetter shared HMDCB's financial forecast as of August 2018. Currently, HMDCB is anticipating a FY18 net excess of $26,065.
MOTION: To accept the August Financial Reports. Seconded. Accepted.

Pam Saltzman, AMC Senior Finance Manager, joined the meeting at this time.
FY19 Operating Budget
Saltzman presented the AMC technology services fee reclassification and 2019 increase. Saltzman presented IT staff roles, improved data privacy and security, partnership with certification boards and services used, and IT strategy. Weir then presented the new certification platform and informed the Board implementation fees will be spread over three years.

Schonwetter presented HMDCB's FY19 operating revenue is $248,000, with an anticipated expense of $320,107. Schonwetter also explained HMDCB will forego complete exam development in 2019 (for 2020 examination) and instead prepare a modified exam form to reduce costs. In addition, the Board discussed the anticipated number of certificants who would register to take the recertification exam one year early in 2019.
The Board also discussed information needed to consider the 2020 recertification registration budget including: age ranges of certificants from HMDCB and those of benchmarking organizations; percentage of HMDCB certifications who are also HPM certified through ABMS and AOA.
MOTION: To approve the 2019 budget after adjusting the number of recertification applicants to 20. Seconded. Approved.
Saltzman left the meeting at this time.

The Board discussed how much funds should be requested from AAHPM. Weir reminded the Board that the minimum would be $50,000 to cover total expenses. The Board noted the value in maintaining the $26,000 forecasted 2018 net excess as reserves allowing for the uncertainty in the number of certificants from 2014 who choose to recertify a year early, and therefore a need to request $70,000 in funding support. Based on the uncertainty, Yang felt the request to the AAHPM Board members would be appropriate.
MOTION: To approve a funding request of $70,000 from AAHPM. Seconded. Approved.

AMC principal Mark Engle joined the meeting at this time.
AMC Evaluation Surveys
Engle reviewed the results of the AMC Evaluation survey and noted that Weir, Manfredonia and he had reviewed the report in detail earlier in the week. The results and data points were positive. The Board had limited discussions of a strategy session in 2021 following recertification and the critical need for ongoing marketing strategy.
Engle left the meeting at this time.

Recognition of Outgoing Board Members
Manfredonia thanked and recognized outgoing Public Board member, Aspasia Apostolakis Miller.

Recognition of Incoming President
Manfredonia welcomed Brian Murphy as the new and current HMDCB President, and Murphy thanked Manfredonia for his service as President.

Adjournment
Manfredonia adjourned the meeting at 2:21 pm CT.

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

BOARD FACESHEET: AAHPM Workforce Studies

Attachments

1. Executive Summary: A Profile of Active Hospice and Palliative Medicine Physicians, 2016
2. Executive Summary: Survey of Hospice and Palliative Medicine Fellows Who Completed Training in 2016
3. Executive Summary: Survey of Hospice and Palliative Medicine Fellows Who Completed Training in 2015

Background

In 2015, AAHPM engaged the George Washington University Health Workforce Institute to begin a workforce study on the supply, distribution, need and demand for hospice and palliative medicine physicians.

The current state of the workforce is described by three resources of which their executive summaries are attached for review. The full reports are available on the AAHPM Website.

Action

No action is required, this information is presented to create an awareness within our Board of the current state of the hospice and palliative medicine workforce, especially in the hospice setting.

Profile of Active Hospice and Palliative Medicine Physicians, 2016

By
George Washington University Health Workforce Institute
Leo Quigley, MPH
Edward Salsberg, MPA FAAN
Dale Lupu, PhD MPH

In Collaboration with
American Academy of Hospice and Palliative Medicine

September 2017

Health Workforce Institute
THE GEORGE WASHINGTON UNIVERSITY

aahpm
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

Executive Summary

- As of January 2016 there were nearly 6,400 active HPM physicians as reported by the American Medical Association (AMA), of which the vast majority (93.5%) was focused on patient care. Among physicians who have achieved subspecialty certification in HPM from 2008 through 2015, 4,200 were certified by the American Board of Internal Medicine (ABIM), 1,723 were certified by the American Board of Family Medicine (ABFM), and 234 were certified by the American Board of Pediatrics (ABP).
- On average across the United States, there were 15.7 HPM physicians per 100,000 people aged 65 years and older.
- Overall, HPM physicians are younger than the general physician workforce. Thirty-six percent were 55 years or older in 2014 compared with 43% for all active physicians. Physicians entering training in HPM generally are older than for other specialties (36.2 years vs 30.2 years, respectively), so this likely reflects the relatively recent recognition of the specialty by the American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA).

- Representation of women in HPM is rapidly increasing. Overall, 53% of active HPM physicians are men, but 61.7% of HPM fellows are women. Men are the majority for age groups 50 years and older, and women are the majority for age groups younger than 50 years.
- Although the race and ethnicity composition of practicing HPM physicians is not readily available, black/African American physicians are 4.5% of HPM fellows compared with 5.3% of all physicians from 2010 through 2012. Hispanics/Latinos are 7.7% of HPM fellows compared with 6% of all physicians from 2010 through 2012.
- US allopathic medical school graduates (MDs) represent 67.9% of all active HPM physicians and 62.8% of fellows. International medical school graduates (IMGs) represent 26.4% of practicing HPMs and 21.9% of fellows. The representation of DOs in HPM is rapidly increasing. Only 5.8% of active HPMs are DOs compared with 15.3% of HPM fellows.
- The supply of HPM physicians is not distributed evenly across the country, and wide variation by region can be seen in the ratio of number of HPM physicians per 100,000 people 65 years and older. Analyzing the distribution by the Dartmouth Hospital Referral Regions (HRRs), in 2016 the bottom quartile of HRRs had between 0 and 8.5 HPM physicians per 100,000 people aged 65 years and older, and the top quartile of HRRs had between 17.3 and 55 HPM physicians per 100,000 people who were 65 years and older.
- The supply of HPM physicians likely will increase significantly in coming years. Although it is difficult to predict, in part because the number of HPM fellowship positions has more than doubled in the past 8 years, continued growth is likely. At the current number of physicians trained in HPM fellowship programs—about 300 new fellows per year—about 1,500 new HPM physicians would enter the workforce per 5-year cohort, compared with 900 or fewer practicing HPM physicians in the 55 to 59 years and 60 to 64 years age cohorts who may retire.

A Profile of New Hospice and Palliative Medicine Physicians

Results from the Survey of Hospice and Palliative Medicine Fellows Who Completed Training in 2016

By
George Washington University Health Workforce Institute
Leo Quigley, MPH
Edward Salsberg, MPA FAAN
Dale Lupu, PhD MPH

In Collaboration with
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January 2017

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aahpm
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

Executive Summary

In response to rising demand and need, along with the recent formal recognition of the specialty by the American Board of Medical Specialties (ABMS) in 2006 and the American Osteopathic Association (AOA) in 2007, the specialty of hospice and palliative medicine (HPM) is growing rapidly. The number of fellows training in HPM in the Accreditation Council for Graduate Medical Education (ACGME) accredited programs has grown from 120 fellows in the 2009-2010 academic year to 274 in 2015-2016[1] and an estimated 325 in 2016-2017[2]. To better understand current and future supply and demand and to inform decisions regarding how much more growth would be advisable, the George Washington University Health Workforce Institute (GWHWI) in collaboration with the American Academy of Hospice and Palliative Medicine (AAHPM) undertook a survey of the physicians who trained in the specialty in 2015-2016. The survey was designed to provide information about who is going into HPM, where they are going after training, and their experience in the job market.

In October and November 2016, GWHWI surveyed physicians who recently had finished their fellowship. AAHPM provided GWHWI with e-mail addresses of 230 of the estimated 274 2015-2016 fellows. One hundred and thirty-six (136) of the 230 responded for a 59% response rate, representing 50% of all 274 HPM residents. Compared with the demographic and educational characteristics of all HPM fellows as reported to the ACGME, the survey respondents were more likely to be female and osteopathic physicians (DOs) and less likely to be international medical school graduates (IMGs), African American, or Hispanic than all HPM fellows. Only the sex difference was significant ($P = .0254$).

1 ACGME Data Resource Book, Academic Year 2015-2016
2 AAHPM Internal Documents

Key Findings

- The vast majority of new HPM physicians in 2016 came from primary care specialties (80.3%; 40.7% from internal medicine, 24.4% from family medicine, 6.7% from general pediatrics); 5.9% came from geriatrics and 7.4% from emergency medicine; several other specialties also are represented (**Exhibit 1** [Exhibit 14 in full report]).
- New HPM physicians can be divided into three groups: those going directly into fellowship training from a prior residency or fellowship program in another specialty (61.5%), those with 1 to 4 years of practice prior to the fellowship (17%), and those with 5 or more years of experience (21.5%). This contributes to the average age of completion of training (37 years) being older than for most specialties.
- The diverse specialty training backgrounds and the presence of a subgroup of experienced graduates is a notable feature of HPM graduates. Although most HPM fellows enter training right after prior graduate medical education (GME), most physicians coming from the specialties of emergency medicine, obstetrics/gynecology, and surgery had 5 or more years of prior medical practice experience (Exhibit 1 [Exhibit 14]).
- Of the 52 physicians with practice experience prior to their HPM fellowship, 10 indicated they had been providing HPM services prior to their fellowship. This represents 7% of total respondents.

Exhibit 1: Last Specialty Prior to Fellowship by Years of Experience

		Years of experience before fellowship*		
Last specialty prior to fellowship	All respondents*	*None*	*1 to 4 years*	*5 or more years*
Internal medicine	55 (40.7%)	39 (70.9%)	9 (16.4%)	7 (12.7%)
Family medicine	33 (24.4%)	19 (57.6%)	5 (15.2%)	9 (27.3%)
Emergency medicine	10 (7.4%)	2 (20%)	3 (30%)	5 (50%)
Pediatrics	9 (6.7%)	3 (33.3%)	4 (44.4%)	2 (22.2%)
Geriatrics	8 (5.9%)	8 (100%)	0 (0%)	0 (0%)
Other	6 (4.4%)	2 (33.3%)	2 (33.3%)	2 (33.3%)
Pediatric subspecialty	4 (3%)	4 (100%)	0 (0%)	0 (0%)
Obstetrics and gynecology	3 (2.2%)	1 (33.3%)	0 (0%)	2 (66.7%)
Surgery	3 (2.2%)	1 (33.3%)	0 (0%)	2 (66.7%)
Physical medicine and rehabilitation	2 (1.5%)	2 (100%)	0 (0%)	0 (0%)
Psychiatry and neurology	2 (1.5%)	2 (100%)	0 (0%)	0 (0%)
Total	**135 (100%)**	**83 (61.5%)**	**23 (17.0%)**	**29 (21.5%)**

** "All respondents" shows column percent; "Years of experience" shows row percent.*

Post-Training Activities

- In regard to their current or forthcoming practice, 52% of the fellows said their principal clinical activity was exclusively in either palliative medicine or hospice care, 28% were in a mix of palliative/hospice care and non-HPM care, and only 3% were in patient care that did not involve palliative or hospice care (**Exhibit 2** [Exhibit 16]). Four (3%) were undertaking further training.
- Most of the new HPM physicians (68%) are working for hospitals or hospital-affiliated practices. Only 10 of 115 respondents were working for hospice as their main practice (**Exhibit 3** [Exhibit 21]).

Exhibit 2: Principal HPM Activity Following Completion of Training Program

What best describes your principal activity now that you have completed your HPM fellowship program?	Frequency	Percent
Patient care—exclusively HPM	68	51.9
Patient care—mixed HPM and non-HPM	37	28.2
Other	9	6.9
Temporarily out of field of medicine	5	3.8
Patient care—exclusively non-HPM	4	3.1
Additional subspecialty training or fellowship	4	3.1
Educator	3	2.3
Undecided/don't know yet	1	0.8
Totals	**131**	**100**

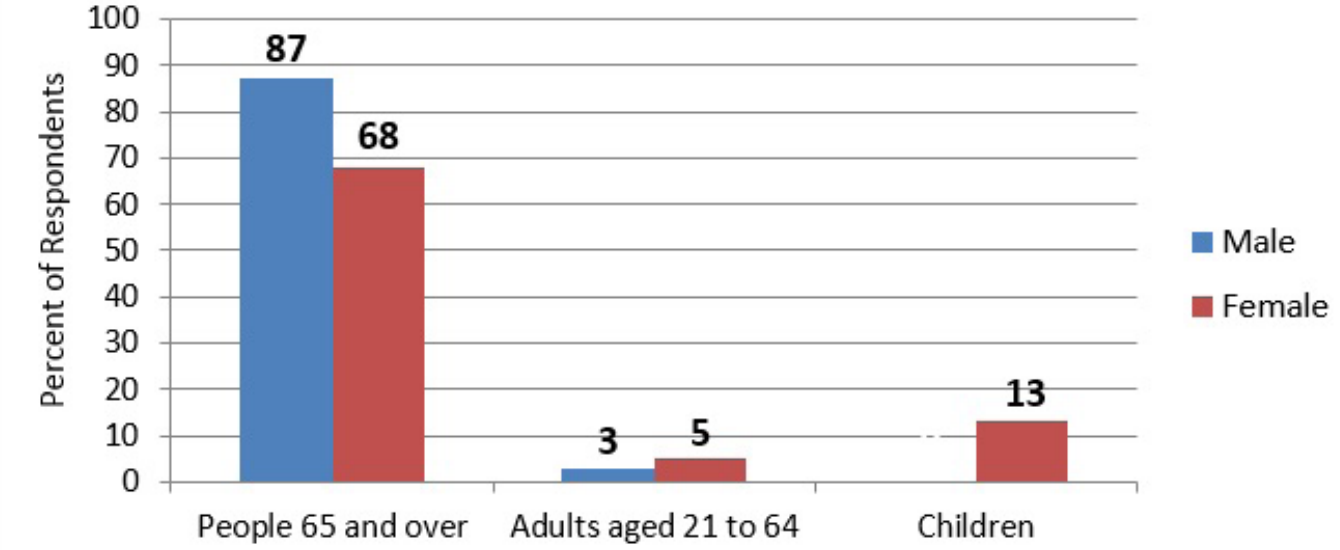
Exhibit 3: Patient Care Setting

Considering the practice where you provide the MOST hospice and palliative care service, which best describes the practice type?	Frequency	Percent
Hospital: working directly as employee of hospital	55	48
Hospital-affiliated practice owned wholly or in part by a hospital/foundation	23	20
(All hospital practice types)[3]	(78)	(68)
Hospice	10	9
Single specialty group practice	6	5
Medical school	4	3
Multispecialty group practice	4	3
Other	4	3
Veterans Affairs setting	3	3
HMO/managed care organization (MCO)	2	2
I am not providing any hospice or palliative care services	2	2
Nursing home/long-term care facility	1	1
Solo practice	1	1
Total	**115**	**100**

Most new HPM physicians will spend more than 50% of their time caring for people older than 65 years, 9% will provide services primarily to children, and 5% will provide services primarily to adults between the ages of 21 and 64 years. Interestingly, only female HPM physicians will focus a majority of their time on children (**Exhibit 4** [Exhibit 23]).

3 This line is the sum of the two lines above and so does not contribute to totals.

Exhibit 4: Age of Patients Respondents Expect to Serve in Their Practice

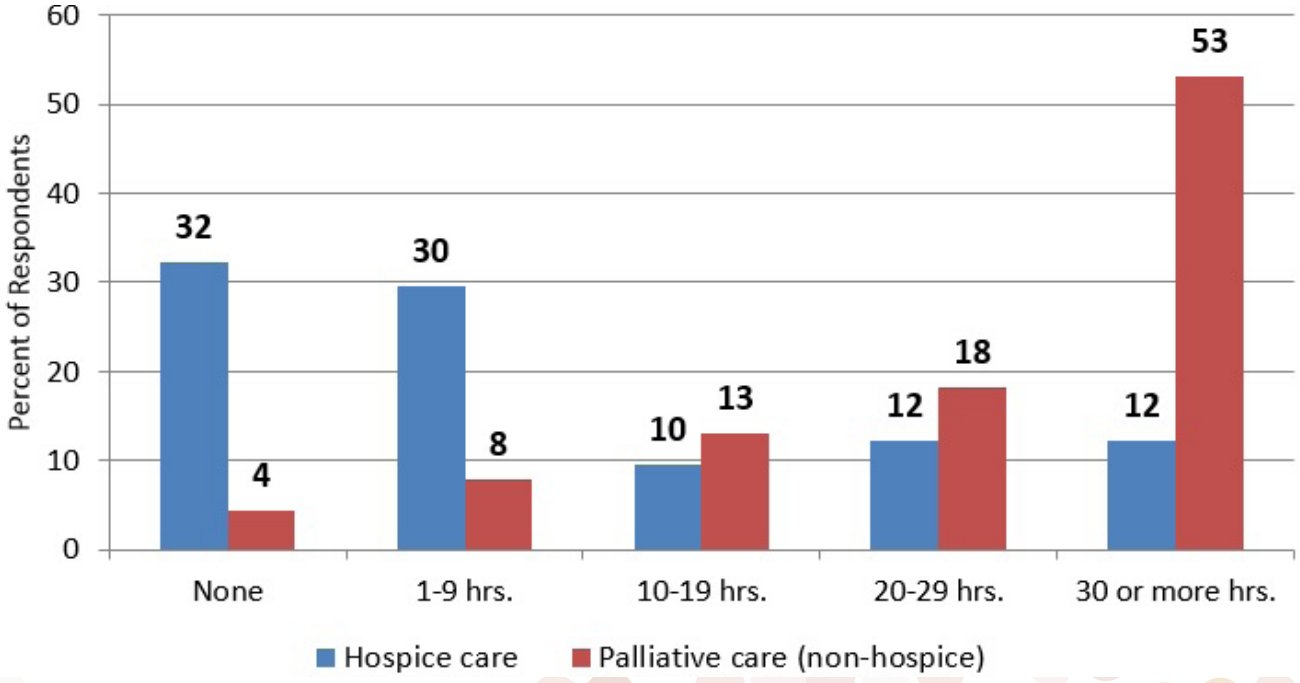


Comparing Physicians Going Primarily into Hospice and Those Going into Palliative Care

Fellows reported the number of hours they were spending (or expected to spend) in hospice or palliative care practice (**Exhibit 5** [Exhibit 27]). This makes it possible to assess differences between those whose work was mainly in hospice care and those who were mainly delivering palliative care.

- Of the 115 physicians who reported their weekly hours in patient care activities, 82 (71%) indicated they were spending more than 20 hours per week in palliative medicine, while 28 fellows (24%, compared with 13% in 2015) reported having 20 hours or more in hospice care. However, included in both figures are 15 respondents (13%) who reported spending more than 20 hours per week both in palliative medicine and in hospice care. Twenty (17%) were not spending more than 20 hours per week in either hospice or palliative care.

Exhibit 5: Percent of Respondents by Hours in Hospice and Palliative Care



- As indicated in **Exhibit 6** [Exhibit 28], 13 of 49 internal medicine physicians and 8 of 29 family medicine physicians indicated they were providing 20 hours or more of care per week in hospice (alone and with 20 hours or more of palliative care), but only 1 of 9 geriatricians and 1 of 9 emergency medicine physicians reported providing more than 20 hours per week in hospice.

Exhibit 6: Hours Spent in Palliative Care and Hospice by Last Specialty

Last specialty prior to HPM fellowship	Fellows with indicated number of weekly hours in patient care (percentages are by row)				
	20+ palliative care	*20+ hospice*	*Both 20+*	*Neither*	*Total*
Emergency medicine	6 (66.7%)	0 (0%)	1 (11.1%)	2 (22.2%)	**9 (100%)**
Family medicine	18 (62.1%)	5 (17.2%)	3 (10.3%)	3 (10.3%)	**29 (100%)**
Geriatrics	5 (55.6%)	0 (0%)	1 (11.1%)	3 (33.3%)	**9 (100%)**
Internal medicine	26 (53.1%)	5 (10.2%)	8 (16.3%)	10 (20.4%)	**49 (100%)**
Obstetrics and gynecology	0 (0%)	1 (50%)	0 (0%)	1 (50%)	**2 (100%)**
Pediatrics	4 (66.7%)	1 (16.7%)	0 (0%)	1 (16.7%)	**6 (100%)**
Pediatric subspecialty	1 (25%)	1 (25%)	2 (50%)	0 (0%)	**4 (100%)**
Physical medicine and rehabilitation	2 (100%)	0 (0%)	0 (0%)	0 (0%)	**2 (100%)**
Psychiatry and neurology	1 (100%)	0 (0%)	0 (0%)	0 (0%)	**1 (100%)**
Surgery	1 (100%)	0 (0%)	0 (0%)	0 (0%)	**1 (100%)**
Other	3 (100%)	0 (0%)	0 (0%)	0 (0%)	**3 (100%)**
Total	**67 (58.3%)**	**13 (11.3%)**	**15 (13%)**	**20 (17.4%)**	**115 (100%)**

Average Income

- The average (mean) income for HPM physicians working full time (calculated using the midpoint of the income ranges used in the survey) was $204,500.
- The mean income for the physicians working hospitals was $204,500, and for physicians working primarily for hospice it was $182,000 (**Exhibit 7** [Exhibit 32]).
- Family medicine physicians were making the highest mean income ($212,500) followed closely by emergency medicine physicians ($211,500). Pediatrics and pediatric subspecialists trailed far behind at $158,500 and $177,500 (**Exhibit 8** [Exhibit 38]).

Exhibit 7: Expected Average Income by Practice Description

Demographic of principal practice setting	Mean income	Frequency (percentage) of respondents
Hospital-affiliated practice or employee	$204,500	70 (72%)
Non-hospital solo or group practice	$201,500	9 (9%)
Hospice	$182,000	7 (7%)
Other	$217,500	11 (11%)
Total	**$204,500**	**97 (100%)**

Exhibit 8: Expected Average Income by Last Specialty before HPM Fellowship

Last specialty before HPM fellowship	2016 mean income	2016 frequency (percentage) of respondents
Internal medicine	$203,500	40 (40%)
Family medicine	$212,500	24 (24%)
Other	$191,500	9 (9%)
Emergency medicine	$211,250	8 (8%)
Geriatrics	$205,000	8 (8%)
Pediatrics	$158,500	6 (6%)
Pediatric subspecialty	$177,500	4 (4%)
Total	**$204,394**	**99 (100%)**

- Men had a higher average income than women ($222,500 vs $197,000); this may be explained in part by the low incomes for pediatric HPM physicians, who were all female. International medical school graduates (IMGs) had a higher average income than US medical school graduates ($218,000 vs $201,500); those in the West had the highest average income at $217,000 while the Northeast region had the lowest at $192,000.

Job Market Experience

- Most fellows were able to find a satisfactory position without difficulty. However, 30 (29%) reported difficulty. This was higher than the 19% who indicated difficulty in 2015.
- The most cited reason for having a difficult time finding a satisfactory position was lack of jobs/practice opportunities in desired locations (21 of the 30 respondents); the second most commonly cited reason was the "undesirable mix of clinical activities" cited by 13 of the 30.
- The responses to the question of whether respondents had to change plans due to limited practice opportunities were similar: 20% reported they had to change their plans compared with 19% in 2015.
- The local job market (within 50 miles of the fellowship program) is somewhat limited: 35% of the respondents reported "no jobs," "very few jobs," or "few jobs" close to their fellowship; however, this was an improvement from 47% in 2015. The national job market again appears much better. Only 12% reported "no jobs," "very few jobs," or "few jobs," and 59% said there were many jobs in the national market (**Exhibit 9** [Exhibit 44]).

Exhibit 9: Job Market Perceptions

Job Market	Local			National		
Job availability	*2016 Frequency*	*2016 Percent*	*2015 Percent*	*2016 Frequency*	*2016 Percent*	*2015 Percent*
No jobs	2	2.0	2.6	0	0.0	0.0
Very few jobs	14	14.0	21.3	5	5.0	2.6
Few jobs	19	19.0	22.7	7	7.0	6.6
Some jobs	35	35.0	40.0	29	29.0	30.3
Many jobs	30	30.0	13.3	59	59.0	57.9
Totals	**100**	**100.0**	**100.0**	**100**	**100.0**	**100.0**

- Respondents were asked about their perception of the types of positions that were more or less available based on their job search. Respondents were given a list of settings developed from the most common responses to the 2015 survey. The more available positions (comparing responses citing many jobs to responses citing no or few jobs) were palliative care hospital positions, geriatric positions, hospice medical directorships, adult positions, and other hospice positions. The least available positions were palliative care non-hospital positions, pediatric positions, and academic positions. Some of the variation may reflect the region or setting of the respondent, but the differences between "many jobs" and "no jobs" or "few jobs" are large for many types of positions. (Percentages are based on the number of people who gave an answer to each question as shown in **Exhibit 10** [Exhibit 45]).

Exhibit 10: Positions More or Less Available

Type of Position	Many jobs *Percent*	No or few jobs *Percent*
Palliative care hospital positions (n = 104)	37.5	11.5
Geriatric positions (n = 101)	35.6	8.9
Hospice medical directorships (n = 103)	33	16.5
Adult positions (n = 101)	31.7	9.9
Other hospice positions (n = 104)	26.9	15.4
Academic (n = 103)	14.6	28.2
Palliative care non-hospital positions (n = 102)	10.8	43.2
Pediatric positions (n = 98)	2	32.7
Other (n = 46)	0	10.9

Would They Recommend the Specialty of HPM?

- Almost all respondents (126 of the 128 fellows who answered this question; 98.4%) said they would recommend the specialty to others, an almost identical result to 2015. In total, 93 of the 136 fellows (68%) provided a written response to this question, often at length, and were overwhelmingly positive in recommending the specialty to others.
- The written responses fell into four main categories: the fellowship provided them with a new and valuable skill set (especially in regard to communicating with patients) and a new outlook on medical care; the work is personally satisfying, fulfilling, and important; HPM is a growing field with likely future practice opportunities; and the level of compensation is "decent" with a healthy job market.

A Profile of New Hospice and Palliative Medicine Physicians

Results from the Survey of Hospice and Palliative Medicine Fellows Who Completed Training in 2015

By

George Washington University Health Workforce Institute
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In Collaboration with
American Academy of Hospice and Palliative Medicine

July 2016

Executive Summary

The specialty of Hospice and Palliative Medicine (HPM) is growing rapidly in response to rising demand and need, along with the formal recognition of the specialty by the American Board of Medical Specialties (ABMS) and the American Council for Graduate Medical Education (ACGME) in 2006 and the American Osteopathic Association in 2007. The number of fellows training in HPM in ACGME–accredited programs has grown from 120 fellows in the 2009–2010 academic year to 243 for 2014–2015[1] and an estimated 297 for 2015–2016.[2] To better understand current and future supply and demand and to inform decisions regarding how much more growth would be advisable, the George Washington University Health Workforce Institute (GWHWI), in collaboration with the American Academy of Hospice and Palliative Medicine (AAHPM), undertook a survey of the physicians who trained in the specialty in 2014–2015. The survey was designed to provide information about who is going into HPM, where they are going after training, and their experience in the job market.

In October and November 2015 GWHWI surveyed physicians who had recently finished their fellowship. AAHPM provided GWHWI with e-mail addresses of 195 of the estimated 243 fellow from 2014–2015. One hundred twelve of the 195 responded, for a 58% response rate. Based on the similarity of demographic and educational characteristics of the respondents to the characteristics of all 243 HPM fellows as reported to ACGME, the respondents appear closely representative of all 2014–2015 HPM fellows (**Exhibit 1** [Exhibit 1[3]]).

1 ACGME Data Resource Book, Academic Year 2014–2015

2 AAHPM Internal Documents

3 Exhibit numbers in brackets reflect exhibit numbers as they appear in the full report.

Exhibit 1. Comparison of 2014–2015 Fellows Survey Respondents with ACGME Data[4]

	GW Survey Respondents	All ACGME HPM Fellows
Fellows	112	243
Mean age	37.9	37.1
% Male	37.4%	37.6%
% Female	62.6%	62.4%
% International medical school graduate	22.5%	25.1%
% African American	5.8%	6.8%
% Hispanic	6.7%	6.3%
Osteopathic physicians (DOs; % of all fellows)	10.8%	14.4%

Key Findings

- A majority of responding HPM physicians came from primary care specialties (36% from internal medicine; 18% from family medicine), 12% came from geriatrics, about 11% from pediatrics, and 10% from emergency medicine; several other specialties are also represented (**Exhibit 2** [Exhibit 14]).
- New HPM physicians can be divided into three groups: those going directly into fellowship training from a prior residency or fellowship program in another specialty (60%); those with 1 to 4 years of practice experience prior to the fellowship (19%); and those with 5 or more years of experience (21%).
- The presence of these subgroups of experienced physicians is a notable feature of this class of HPM graduates but one that appears to vary by prior specialty. For example, although most HPM fellows enter training right after other graduate medical education (GME), almost all physicians coming from the specialties of emergency medicine and anesthesiology had 5 or more years of prior medical practice experience (Exhibit 2).

Exhibit 2. Last Specialty Prior to Fellowship by Years of Experience

Last Specialty Prior to Fellowship	*Total*	*Percent*	Years of experience before fellowship		
			None	*1 to 4 Years*	*5 or More Years*
Anesthesiology	2	1.8	0	0	2
Emergency medicine	11	9.9	1	0	10
Family medicine	20	18.0	12	6	2
Geriatrics	13	11.7	9	4	0
Internal medicine	40	36.0	30	5	5
Pediatrics	12	10.8	6	5	1
Pediatric subspecialties	4	3.6	3	0	1
Physical medicine and rehabilitation	2	1.8	2	0	0
Other	7	6.3	3	2	2
Totals	**111**	**100**	**66**	**22**	**23**

4 ACGME Data Resource Book, Academic Year 2014-2015

- Of the 45 physicians with practice experience prior to their HPM fellowship, 14 (13% of total respondents) indicated they had been providing HPM services prior to their fellowship.
- Of those with prior practice experience, the most common practice setting was hospitals, either employed directly or through affiliation (50%); the second most common setting was single-specialty group practice (22%).

Post-Training Activities

- Regarding their current or forthcoming practice, 26% of the fellows were in academic clinical roles (many of which involve patient care services); 39% said their principal clinical activity was exclusively in either palliative medicine or hospice care; 20% were in a mix of palliative/hospice care and non-HPM care; and only 4% were in patient care that did not involve palliative or hospice care (**Exhibit 3** [Exhibit 16]). Five percent were undertaking further training.

Exhibit 3. Activity After Completion of Current Training Program

What best describes your principal activity now that you have completed your HPM fellowship program?	Frequency	Percent
Patient Care—Exclusively Palliative Medicine/Hospice	42	38.9
Academic Clinician-Educator	28	25.9
Patient Care—Mixed Palliative Medicine/Hospice and Non-HPM	22	20.4
Additional Subspecialty Training or Fellowship	5	4.6
Patient Care—Exclusively Non-HPM	4	3.7
Undecided/Don't Know Yet	3	2.8
Other	4	3.7
Total	**108**	**100**

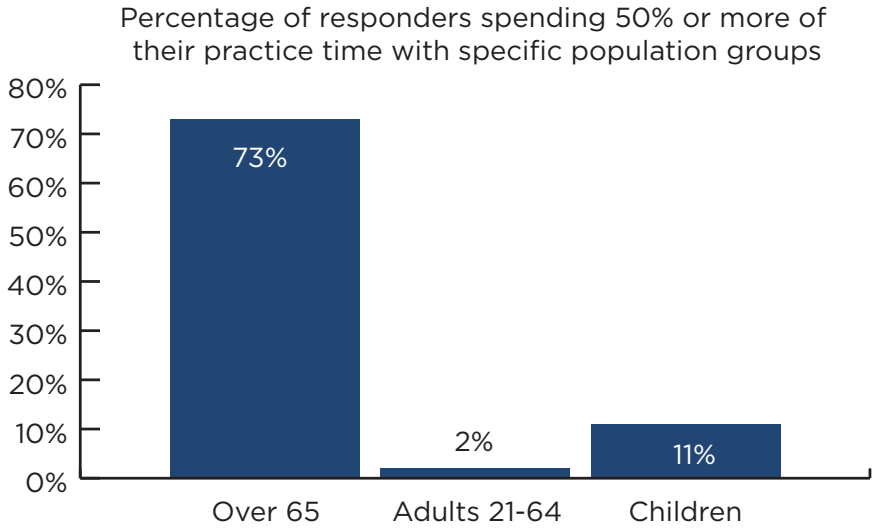
- Most of the new HPM physicians (65%) are working in hospitals, hospital-affiliated practices, or academic medical centers. Only 9 of 95 respondents were working for hospice as their primary practice (**Exhibit 4** [Exhibit 20]).

Exhibit 4. Patient Care Setting

Considering the practice where you provide the MOST hospice and palliative care service, which best describes the practice type?	Frequency	Percent
Hospital, Working Directly as Employee	43	45.3
Hospital-Affiliated Practice	14	14.7
Hospice	9	9.5
Veterans Affairs Setting	6	6.3
Multispecialty Group Practice	5	5.3
Faculty Practice Plan	5	5.3
Single-Specialty Group Practice	1	1.1
HMO/Managed Care Organization (MCO)	1	1.1
Medical School	1	1.1
Community Health Center	1	1.1
Other	9	9.5
Totals	**95**	**100**

- Most new HPM physicians (73%) will be spending the majority of their time caring for people older than 65 years, 11% will be providing services primarily to children, and 2% will be providing services primarily to adults between 21 and 64 years old (**Exhibit 5** [Exhibit 22]).

Exhibit 5. Age of Patients Respondents Expect to Serve

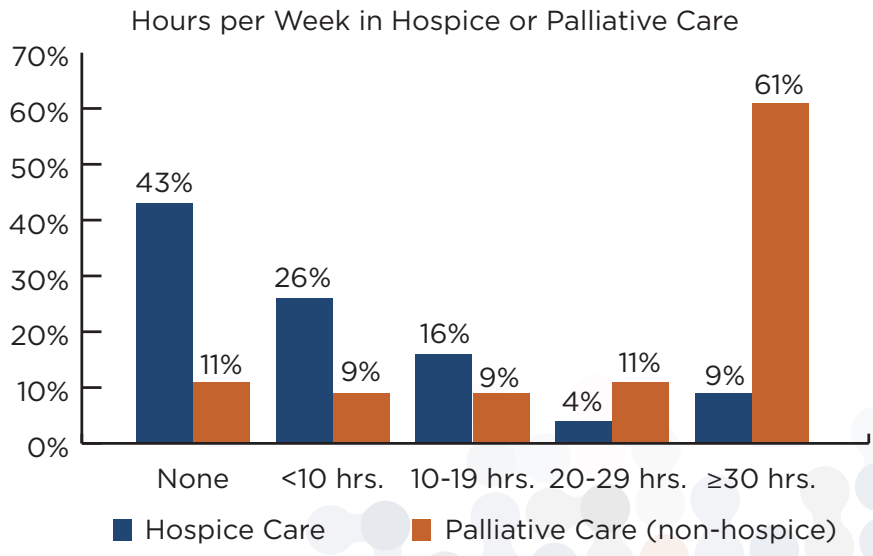


Comparing Physicians Going Primarily into Hospice and Those Going into Palliative Care

Fellows reported the number of hours they were spending (or expected to spend) in hospice or palliative care practice. This makes it possible to assess differences between those whose work was mainly in hospice care and those who were mainly delivering palliative care.

- Of the 93 respondents who reported their hours providing HPM (including those listing their principal activity as academic clinician-educator), 65 (72%) reported spending 20 or more hours providing palliative care, and only 11 (13%) were devoting 20 or more hours per week to hospice care (**Exhibits 6 and 7** [Exhibits 24 and 25]). Thirty-nine (42%) indicated they would be spending some time, but less than 20 hours per week, on hospice care.

Exhibit 6. Percent of Respondents by Hours in Hospice and Palliative Care



- These two groups of fellows differed in three main characteristics: fellows working mainly in palliative care were more likely to be 40 years or younger, to have taken their earliest GME in family medicine or pediatrics (not significant), and to have had fewer than 5 years of practice experience prior to their HPM fellowship.
- In contrast, fellows delivering mainly hospice care were more likely to be older than 40 years, to have taken their earliest GME in emergency medicine (not significant), and to have had 5 or more years of medical experience prior to beginning their HPM fellowship.
- As indicated in Exhibit 7, 4 of 32 internal medicine (IM) physicians indicated they were providing 20 hours or more of care per week in hospice while only 1 of 19 family physicians and 1 of 11 pediatricians reported going into hospice for more than 20 hours per week. Of note, 2 of 2 anesthesiologists and 2 of 9 emergency medicine physicians reported working in hospice more than 20 hours per week.

Exhibit 7. Last Specialty Prior to HPM Fellowship

Last specialty prior to HPM Fellowship	Fellows with Indicated Number of Weekly Hours in Patient Care			
	20+ Palliative Care	*20+ Hospice*	*Neither*	*Total*
Anesthesiology	0	2	0	2
Emergency medicine	3	2	4	9
Family medicine	15	1	3	19
Geriatrics	9	0	3	12
Internal medicine	24	4	4	32
Pediatrics	8	1	2	11
Physical medicine and rehabilitation	2	0	0	2
Other	4	1	1	6
Total	**65**	**11**	**17**	**93**

Average Income

- The median expected income range was from $175,000 to $199,999; the second most cited range was $200,000 to $224,999. The average (mean) income calculated using the midpoint of the income ranges used in the survey was $183,000.[5]
- The average income for those primarily providing hospice services and those primarily providing palliative care services was equal at $185,000. However, the average income for physicians working for hospice was $195,800, even better than those working for hospitals (directly or through an affiliation relationship), which was $189,000.
- Men had a higher average income than women ($192,000 versus $178,000). US medical school graduates had a higher average income than international medical school graduates ($185,000 versus $173,000). Respondents from the Midwest had the highest average income at $202,000, while those from the southern region had the lowest at $167,000.

Job Market Experience

- Most fellows were able to find a satisfactory position without difficulty. However, 15 (19%) reported difficulty. Respondents graduating in the Northeast region generally reported an easier time finding a job. Only 1 respondent out of 16 from the Northeast region reported difficulty finding a

5 Average incomes reported here are not adjusted for hours worked.

position, compared with 14 out of 60 from other regions. However, the difference was not statistically significant.

- The most cited reason for having a difficult time finding a satisfactory position was lack of jobs/practice opportunities in desired locations (11 of the 15 respondents); the second most commonly cited reason was "Undesirable mix of clinical activities," cited by 8 of the 15.
- The responses to a question about whether respondents had to change plans due to limited practice opportunities were similar. Nineteen percent reported they had to change their plans. None of the 16 respondents from the Northeast region reported having to change plans, compared with 19% in the Midwest, 21% in the West, and 35% in the South. The difference between the Northeast region and all other regions was statistically significant.
- The local job market (within 50 miles of the fellowship program) is limited: 47% of the respondents reported "no jobs," "very few jobs," or "few jobs" close to their fellowship program location. The national job market appears better—only 9% reported "no jobs", "very few jobs", or "few jobs" regarding the national market.
- Based on comments in response to an open-ended question about the types of jobs more and less available, it appears that there are many jobs in hospice, including medical director—19 respondents cited hospice positions as being more available, and only 2 said less available. On the other hand, 8 respondents said jobs were less available for pediatric HPM physicians, and only 1 said they were more available.

Would They Recommend the Specialty of Hospice and Palliative Medicine?

- The responses to this open-ended question indicate that fellows are very highly satisfied with the specialty: 105 of 107 respondents would recommend the specialty. The two who would not had reservations that the specialty was appropriate only for certain people—either those who had extensive medical experience or those who were not pursuing pediatric specialization. In total, 70 of the 112 fellows (63%) took the time to provide an optional written response to this question, often at length, and an overwhelming number would recommend the specialty to others.
- The written responses fell into four main categories:
  - The fellowship provided them with a new and valuable skill set (especially regarding communicating with patients) and a new outlook on medical care.
  - The work is personally satisfying, fulfilling, and important.
  - HPM is a growing field with likely future practice opportunities.
  - The level of compensation is "decent" with a healthy job market.

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

BOARD FACESHEET:
Recertification Renewal Percentages

Attachments

N/A

Background

To help inform the discussion, staff benchmarked recertification renewal rates from related healthcare certification boards including certification boards at Association Management Center (AMC), the American Board of Nursing Specialties (ABNS), the American Board of Internal Medicine (ABIM) subspecialty in Geriatrics, Hospice and Palliative Certification Center (HPCC, formally HPNA), and the American Board of Post-Acute and Long-Term Care Medicine (ABPLM) offering the CMD.

Certification Organization	**Recertification Rate**
AMC – 3 nursing organizations	62% (Average)
ABNS (15 advanced programs reporting)	70% (Average)
ABIM Geriatric subspecialty	72% (Average rate 1990 – 2006)
HPCC: APRN HPCC: RN HPCC: Pediatric RN	77% 45% 50%
ABIM HPM subspecialty (fall 2018)	Anticipate data available 2nd Qtr 2019
ABPLM	70%

Other data that may be beneficial includes:
59 of the 306 2014 certificants have started/completed HMDCB's Professional Development Tool, a requirement of recertification.

222 of the 306 physicians certified in 2014 were also HPM Certified through ABMS or AOA

Action

Midyear, the Board will need to confirm a budget estimate of 2014 certificants that we believe will recertify with HMDCB to prepare the budget for 2020. Dr. Murphy asks the Board to begin those discussions and determine any additional information necessary to confirm a budget estimate of recertification applicants for 2020.

BOARD FACESHEET:
Examination Committee Update

Timeline and Goals/Accomplishments

INITIAL CERTIFICATION

2018

Exam Committee in-person meeting for 2018 was held at our testing partners headquarters in Kansas City, MO. Sally Weir arrived early to PSI to attend a client review meeting with new account manager Holly Broxterman and psychometrician Chris Traynor.

December EC In-person Meeting at PSI (Kansas City, MO)

- Seven returning and one new EC member (Jennifer Blechman, Bend, Oregon)
- Finalize 2019 examination form including 150 questions and 30 pre-test items which includes
    i. 1/3 brand new items written by 2018 item writers
    ii. 1/3 well performing items from 2018 examination
    iii. 1/3 well performing items from 2016 & 2017 examinations
- Reviewed 75 additional items to build item bank

2019

February: EC Review of Examination

- EC members will connect via phone with PSI to discuss final version of 2018 examination form after virtual review
    - 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 23 - June 14, 2019: 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/July: HMDCB Board of Directors Call

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

CONTINUING CERTIFICATION PROGRAM

June - August: Application Cycle for Recertification Examination

July: Develop Recertification Examination

- PSI will utilize the 2019 initial certification form and create a recertification test form of 100-scored items (no pretest sets) matching the content and statistical specifications (percentage of items per domain and cognitive levels).
- Exam Committee Chair and incoming Chair will conduct a review to ensure no changes in practice/laws/rules between the two examinations.

Late September – Late October: Recertification Testing Window

Fall 2019: 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 continues to note changes in a tracking document for when funding becomes available to pursue a formal practice analysis.

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

BOARD FACESHEET: HMDCB Tagline

Attachments

N/A

Background

During the Board's October in-person meeting, a discussion took place around the development of a tagline that would be used in conjunction with HMDCB's logo. As a reminder, the tagline is intended to help clarify that the organization certifies hospice physicians as well as hospice medical directors. With the recent Medicare change in the definition of a hospice medical director, there was agreement that this clarification would be helpful to more broadly showcase HMDCB's intended audience.

The Board reviewed several taglines from other organizations and agreed on their preferred option which Sally Weir has since shared with the attorney for review. The top option of the Board from discussion at the October meeting is:

Hospice Physician Excellence. Quality Patient Care.

The attorney noted there is some risk for HMDCB using "excellence" in this tagline. During his recent visit to HMDCB headquarters, President Brian Murphy reviewed the attorney's opinion, other taglines used by related organizations which include "excellence" and recommends moving forward with the preferred option.

Action

Staff and Brian Murphy recommend the Board approve the tagline, "*Hospice Physician Excellence. Quality Patient Care."*

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

Nominating Committee 2019

Based on the Nominating Committee policy, the Past President will serve as chair 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. The remaining Committee members will be recommended by the President and approved by a majority of the Board.

The Board is asked to approve the appointment of the 2019 Nominating Committee as recommended by the President:

Members

Chair: John Manfredonia, DO FACOFP FAAHPM HMDC; *Immediate Past President*
Beryl Bills; *Public Member*
Kimberly Bower, MD FAAHPM HMDC
Tanya Stewart, MD FAAHPM HMDC

Purpose

The charge to the Nominating Committee is to 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.

Scope and Timeline of Committee Work

- The committee will participate in 1-2 conference calls beginning February 2019 with the goal of presenting a slate to the Board of Directors in April 2019.
- Materials will be provided in advance of each meeting which will require brief review and comment.

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

January 4, 2019

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

Dear Dr. Schonwetter:

Enclosed please find the November 2018 financial statements for HMDCB. All forecasted amounts represent 12 months of activity and are based upon actual results beginning January 1, 2018 through November 30, 2018 and forecasted results for the remainder of the year. Forecast is determined based on the approved budget and adjusted for trends/known changes.

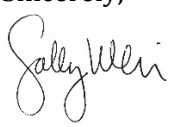
At the close of November 2018, the total fund balance is $61,857 with current year operations reflecting an excess of $26,723.

Highlights of the November financial results include:

- The statement shows total net assets are forecasted to be $32,250 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 just under budget by $1,300 with 196 paid applications.
- Exhibit costs are anticipated to exceed budget. Adjustments have been made to consulting to offset the variance in exhibits.
- The 3rd installment of the Kindred Hospice Foundation grant was received. The funds will be used to support the *Next Steps in Raising Awareness and Re-certification* project. Included in the budget are expenses associated with developing and implementing continuing certification activities.
- 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,



Sally Weir, CAE
Executive Director

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

Twelve Month Financial Summary

	FORECAST (as of November)	ACTUAL		
	2018	2017	2016	2015
Revenue - Operating	363,715	297,784	292,371	345,930
Applications	223,700	216,100	226,800	264,600
Commission/Royalty				
Grants	140,000	80,715	65,157	81,125
Exhibits				
Registrations				
Sponsorship				
Other revenue	15	969	414	205
Expense - Operating	354,188	329,179	301,642	317,323
Operating Net Excess (Deficit)	9,527	(31,395)	(9,271)	28,607
Investment Earnings				
Net Excess (Deficit)	9,527	(31,395)	(9,271)	28,607

Metrics	
# of Certifications	196
# Months Operating Expense in Net Assets, Unrestricted	1.1
Net Assets, Unrestricted	$32,250

$22,723	$54,118	$63,389

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, 2018

	2018			2017	2016
	ACTUAL	BUDGET	Actual vs. Budget Variance	ACTUAL	ACTUAL
Revenue - Operating	**323,715**	**325,000**	**(1,285)**	**297,340**	**227,214**
Applications	223,700	225,000	(1,300)	216,100	226,800
Commission Revenue	-	-	-	495	369
Grants	100,000	100,000	-	80,715	-
Pledges & Donations	-	-	-	-	-
Registrations	-	-	-	-	-
Royalty Revenue	-	-	-	-	-
Sponsorship	-	-	-	-	-
Other Revenue	15	-	15	30	45
Expense	**296,992**	**315,341**	**(18,349)**	**277,230**	**257,959**
Operating Net Excess (Deficit)	**26,723**	**9,659**	**17,064**	**20,110**	**(30,745)**
Investment Earnings	**-**	**-**	**-**	**-**	**-**
Net Excess (Deficit)	**26,723**	**9,659**	**17,064**	**20,110**	**(30,745)**

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	363,715	354,188	9,527	365,000	364,125	876	(1,285)	(9,936)	8,651
Certification	223,715	85,572	138,143	225,000	119,710	105,290	(1,285)	(34,138)	32,853
NON REVENUE GENERATING	40,000	165,924	(125,924)	40,000	144,415	(104,415)	-	21,510	(21,510)
General	40,000	141,034	(101,034)	40,000	112,615	(72,615)	-	28,420	(28,420)
Governance	-	24,890	(24,890)	-	31,800	(31,800)	-	(6,910)	6,910

Comments

Hospice Medical Director Certification Board
TWELVE MONTH PROGRAM SUMMARY
Prior Years

	ACTUAL								
	2017			2016			2015		
	Revenue	Expense	Net Excess / (Deficit)	Revenue	Expense	Net Excess / (Deficit)	Revenue	Expense	Net Excess / (Deficit)
ALL PROGRAMS	297,784	329,179	(31,395)	292,371	301,642	(9,272)	345,930	317,323	28,607
Certification	216,574	160,739	55,835	227,214	130,033	97,181	264,630	139,734	124,896
NON REVENUE GENERATING	81,210	168,440	(87,230)	65,157	171,609	(106,452)	81,300	177,589	(96,289)
General	81,210	145,534	(64,324)	65,157	141,887	(76,730)	81,125	125,697	(44,572)
Governance	-	22,906	(22,906)	-	29,722	(29,722)	175	51,891	(51,716)

Comments

Hospice Medical Director Certification Board
BALANCE SHEET SUMMARY
For the For the Month Ending October 31, 2018

	2018		2017	
	November Balance	Change Year to Date	Dec Balance	November Balance
Assets	**61,857**	**(28,512)**	**90,369**	**84,835**
Cash and Investment	33,522	(48,930)	82,452	79,068
Checking	33,522	(48,930)	82,452	79,068
Accounts Receivable	25,000	24,571	429	-
Other Assets	3,335	(4,153)	7,488	5,767
Prepaid Expenses	3,335	(4,153)	7,488	5,767
Liabilities and Deferred Revenue	**12,412**	**(55,235)**	**67,647**	**10,608**
Accounts Payable	12,412	(30,749)	43,161	10,608
Net Assets (Reserves)	**49,446**	**26,723**	**22,722**	**74,227**
Fund Balance - Beginning	22,722	(31,395)	54,117	54,117
Fund Balance- Current	26,723	58,119	(31,395)	20,110
Liabilities and Net Assets	**61,857**	**(28,512)**	**90,369**	**84,835**

Hospice Medical Director Certification Board
ALL PROGRAMS FORECAST DETAIL

	FORECAST	BUDGET	Forecast vs. Budget Variance
Revenue-Operating	363,715	365,000	(1,285)
Applications / Workshops	223,700	225,000	(1,300)
Grants	140,000	140,000	-
Other	15	-	15
Expense-Operating	354,188	364,079	(7,936)
Administration Fee	167,911	172,800	(4,889)
Certification Processing Fees	4,993	4,400	593
Audit Fees	3,000	2,700	300
Bank & Credit Card Processing Fee	6,409	8,400	(1,991)
Consulting / Professional Fees	80,558	81,520	(963)
Dues & Subscriptions	1,687	1,310	377
Duplicating	2,816	2,870	(54)
Exhibits	5,920	4,250	1,670
Hotel	9,866	11,900	(2,034)
Insurance	4,655	4,800	(146)
Internet / Website	20,975	20,827	148
Legal Fees	-	4,500	(4,500)
Miscellaneous	837	450	387
Postage / Shipping	6,624	7,100	(476)
Printing	3,735	4,450	(715)
Promotion	1,955	2,000	(45)
Meeting Expense	710	700	10
Publication Pre-Press	13,209	11,700	1,509
Supplies	1,617	1,104	513
Telephone / Fax	4,494	4,734	(240)
Travel - Staff	6,002	5,610	392
Travel - Volunteers	6,217	6,000	217
Operating Net Excess / (Deficit)	9,527	921	6,651
Net Excess / (Deficit)	9,527	921	6,651

Comments

Exhibit: exhibit costs are anticpated to exceed budget; adjustments have been made to consulting expenses to offset the variance .

Hospice Medical Director Certification

Grant Proposal

Submitted on: December 18, 2018

Hospice Medical Director Certification Board
EIN Number: 45-5204240
Website: www.hmdcb.org
Street Address: 8735 W Higgins Road, Suite 300
City State Zip: Chicago, IL 60631
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Contents

A. Organizational Information

Summary of Organization

Mission

The mission of the Hospice Medical Director Certification Board (HMDCB) is to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians.

HMDCB serves as an independent, not-for-profit, 501c6 certifying body to administer and evaluate a certification program. The certification is intended for hospice physicians who currently serve or intend to serve as hospice medical directors (HMD).

History

HMDCB was established as a call-to-action to address both the shortage of trained hospice physicians and, importantly, the need to better define and demonstrate the role, responsibilities, and competencies of those who function as the HMD. This underscores the key role hospice physicians and HMDs play in integrating clinical care with the administrative responsibilities to ensure quality and consistency of the hospice program. HMDCB certification serves as a verification of the mastery of a minimum level of competence in the skills and knowledge required by the hospice physician.

Annual Budget

HMDCB's 2018 annual operating budget was $364,123.

Goals and Accomplishments

<u>Certification Program</u>

Since 2012, HMDCB has created and maintained a certification program in line with industry standards and promoted awareness throughout the industry. The certification is recognized by accrediting bodies such as Community Health Accreditation Partner (CHAP) and The Joint Commission.

<u>Certificants</u>

Since the launch in 2014, 1159 practitioners have applied for the certificate with 82% having achieved the certification. Based on cumulative data, the following characteristics can be highlighted about our applicants regarding where they work, size of the hospice agency, and part-time vs. full time employees.

Hospice Location:

- 29% employed by hospice in an Urban area (over 1 million population served)
- 43% employed by hospice in a Suburban area (250,000 to 1 million population served)
- 28% employed by hospice in a Rural area (under 250,000 population served)

Size of Hospice Agency:

- 38% employed by hospice with less than 50 average daily census (ADC)
- 22% employed by hospice with ADC between 51-100
- 20% employed by hospice with ADC between 101-250
- 10% employed by hospice with ADC between 251-500
- 10% employed by hospice with ADC over 500

Hours per week in Hospice Role:

- 32% working 40+ hours per week
- 19% working 21-39 hours per week
- 25% working 9-20 hours per week
- 17% working 5-8 hours per week
- 7% working 1-4 hours per week

Continuing Certification Program

HMDCB has developed a continuing certification program (CCP) designed to support and further advance the knowledge of certified hospice physicians. Certification is valid for six (6) years. Therefore, the first cohort of certificants who were certified in 2014 and want to maintain their certification must complete the requirements of the CCP by 2020.

Supporting Elements

In addition, HMDCB has developed certification supporting elements that include:

- Certified HMDC® Directory
- HMDCB's Candidate Handbook, a guide to certification outlining process, policies and three certification eligibility pathways
- Media toolkit to help state and national organizations promote HMDCB by providing Social Media posts, relevant articles, and promotional materials
- Partnerships to promote awareness
    - National Hospice and Palliative Care Organization (NHPCO) creates awareness in their publications *Newsline* and *Newsbrief* and HMDCB exhibits at the NHPCO Leadership & Advocacy Conference (2013-2018)
    - American Academy of Hospice and Palliative Medicine (AAHPM) promotes the certification in AAHPM's *Quarterly* Newsletter and HMDCB exhibits at the AAHPM/HPNA Annual Assembly (2013-2018)

Business Administration

The HMDCB has contracted with Association Management Center (AMC) to run back office support of the organization. Through this contractual relationship, HMDCB can rely on AMC's effective governance and financial management for nonprofit entities, support staff including the Executive Director, Operations Manager and Coordinator and other administrative staff. HMDCB Board of Directors have full responsibility and accountability of all actions and financial decisions and provides operational oversight of activities carried out by contracted staff.

B. Executive Summary

The overarching goal is to improve end-of-life care by increasing the number of qualified hospice physicians serving the growing hospice community and to increase the awareness of the credential to stakeholders including care facility administration in order to better serve hospice patients.

The HMDCB seeks $75,000 in funding to continue to provide and promote a meaningful, relevant physician certification for the field of hospice care. Funding will support:

1. Implementation of a national practice standards survey to establish a current and relevant definition of the role of the hospice physician
2. Activities to promote awareness and value of the initial certification and CCP programs to help increase the number of qualified hospice physicians

Demonstrated outcomes of the funding by the end of the grant period

The activities described in this proposal will result in an increase in the number of new applicants, 60% of current certificants will apply for the continuing certification program, and we will have the results of a national practice standards survey to shape future activities and exam forms.

C. Description

Statement of Need

HMDCB is committed to providing access to high-quality care for individuals receiving hospice care. We do this by filling a gap of knowledge and accountability in the system of care by ensuring that hospice physicians and HMDs have recognized knowledge and skills.

The number of individuals receiving hospice care continues to grow.[1] According to the National Hospice and Palliative Care Organization (NHPCO), an estimated 1.43 million patients received

[1] NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, Apr. 2018.

hospice care in 2016. Approximately 4,382 Medicare certified hospices were in operation at this time.

The role of the hospice physician has evolved along with the increase in the number of people receiving care, the higher acuity of that care and the number of agencies in existence. This has created an increased need for physicians who are not only clinically trained but experts in navigating the complex regulatory environment. HMDCB provides a unique pathway for certification that does not require a one-year, full-time fellowship required by other certification entities. The testing and requirements allow for mid-career physicians with some experience to develop and demonstrate their skill and knowledge specific to the role of hospice physician, thus increasing the opportunity for certification.

Program Components

2018 Project Highlights

The two planned activities will further the impact of work previously funded by Kindred Hospice Foundation. In 2017, Kindred Hospice Foundation generously awarded HMDCB a $100,000, one-year grant which supported expanded marketing efforts to promote awareness, value and impact of the certification program to the hospice community and the development of the Continuing Certification Program (CCP). These activities are essential to the goal of increasing the number of qualified hospice physicians and HMDs to serve the growing hospice community.

Over the past year, we engaged in activities for the CCP program that included a self-assessment tool and detailed test specifications and development of the application and initial test form necessary for the examination. These activities are on track to be completed by December 2018. Our efforts around awareness and promotion of the CCP have been instrumental in announcing the new program and its value for physicians seeking to maintain their certification and stay abreast of current practice in hospice care amidst ever-changing regulatory and administration conditions. (See Appendix A – Grant Interim Report for details).

2019 PROJECT DETAILS

Establish a Current and Relevant Definition of the Practice

In 2012, HMDCB conducted its first national practice analysis study, a workforce survey which established the competencies necessary to practice as a HMD outlined in the content blueprint, upon which all examination forms are based. Certification industry standards state a practice analysis should be conducted every 4-5 years to stay relevant to the profession. With this funding, HMDCB plans to conduct a national practice analysis study. The results will be used to update the content blueprint.[2] This survey will also help to identify any changes related to quality improvement activities that are part of the quality payment program outlined in the

[2] Hospice Medical Director Certification Board. 2013. HMDCB.org: About the Exam. Accessed Nov. 2018. http://hmdcb.org/about-the-exam/default/content-blueprint.html.

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The survey will help to identify the role and key knowledge needs of the hospice physician in quality improvement to support activities that lead to higher quality of care enhancing hospice's ability to meet requirements of value based reimbursement payment models.

The results will not only drive the content of HMDCB's exam but also educational content created by other organizations that provide initial and continuing hospice and palliative medicine education. Upon request, if funded, HMDCB will make available the de-identified data to Kindred Hospice Foundation. An executive level summary of results will be made available on the HMDCB website.

Continue to Promote Awareness and Value of the Certification Program

Continued identification of market: As indicated in HMDCB's 2017 proposal, nowhere does there exist a database of hospice physicians and HMDs in the United States as most function in this role part-time and are identified by their primary role as primary care or specialty physicians. In 2018, HMDCB made progress in expanding their foundational list of contacts. As with all contact lists, we need to not only maintain, but to grow an inclusive, robust list that reflects all stakeholders in the hospice community. The target audience includes hospice physicians and HMDs, as well as, CEOs and executive leaders at hospice agencies.

The planned tactics include data-mining for contact information of physicians and CEOs at hospice agencies and purchasing mailing lists. This continued work will help with the goal to increase market penetration and the number of qualified hospice physicians and HMDs.

Awareness campaign**:** HMDCB will continue to communicate to the now expanded list of physician/HMD audience, as well as other primary audiences: hospice administrators and CEOs. Additionally, with the CCP program now established, HMDCB will conduct an assertive communication plan targeted towards current certified hospice physicians reinforcing the value of maintaining certification and staying abreast of medical knowledge and regulations in hospice and palliative medicine. Communication materials will be developed and delivered using various communication vehicles including email communications, mailed brochures, newsletters, videos and social media.

HMDCB will continue to partner with state and national organizations, specifically exhibiting at relevant conferences such as The Society for Post-Acute and Long-Term Care Medicine (AMDA), American Academy of Hospice and Palliative Medicine (AAHPM), and the National Hospice and Palliative Care Organization (NHPCO). In 2018, HMDCB exhibited at AMDA for the first time, expanding reach to a new audience. Building on the success of 2018, we plan to return to AMDA's 2019 Conference with expanded efforts to advocate the value of certification and impact on the quality of care.

Work Plan

If funded, the following activities and deliverables are planned for the next 12 months

Practice Analysis

- Establish and convene a committee of subject-matter-experts to guide process. The committee will meet once in person and approximately two times via telephone conference.
- Create, conduct and analyze national survey
- Update content blueprint based on results of the survey
- Publication of the executive summary of the results will be promoted along with the updated content blueprint
- Project timeline is estimated at 4-5 months

Identification of Market

- Identify and purchase mailing lists
- Data mine internet and other available vehicles for hospice physicians and administrator's contact information
- Integrate contacts into a useable database which will be used to track communications, segment lists, and analysis. The database will be matched with certificant records for long-term tracking.
- Add 1,000 new contacts to the database

Awareness Campaign

- Develop personalized promotional materials to reach newly identified candidates and CEOs for initial certification
- Collaborate with state and national organizations to message potential certificants and CEOs
- Build upon our initial exhibit visibility by returning to AMDA – The Society for Post-Acute and Long-Term Care Medicine for a second year
- Promote and market value of the CCP program to existing certificants

Target Populations and Impact

This project will impact the hospice community and patients they serve by setting benchmarks and qualifications for hospice physicians and HMDs who must be highly trained in quality of care and navigating the health care regulations.

Based on NHPCO's 2017 Edition of *Facts & Figures: Hospice Care in America*[3], there were 4382 Medicare certified hospice programs in 2016 (includes primary locations only). The mean average daily census (ADC) was 63 patients with 64.1% of hospices serving 1-50 patients per day; 30.2% of hospices serving 50-199 patients per day; 4.8% of hospices serving 200-500 patients per day and .9% of hospices serving more than 500 patients per day. A reasonable estimate would be that there are 8,244 hospice physicians working in hospices within the US.

Projected Benefits or Numbers of People to be Impacted

It is HMDCB's aim that through further investment in developing and maintaining certified hospice physicians, that patients in hospice care settings will receive the highest levels of care, benefiting both their immediate well-being and the well-being of their families.

Furthermore, we believe that a qualified hospice physician, with a recognized credential will make a positive impact through effective and knowledgeable leadership on the entire care team. Each individual who is re-certified will continue that positive impact on the estimated 1.43 million patients receiving hospice care.

Plans for Educational Outreach in the Community and Beyond

As a part of the awareness component detailed above, HMDCB will be engaging hospice physicians and HMDs, directors, health care administrators, CEOs, and other professionals within the hospice care community. The outreach will include exhibiting at relevant conferences, distributing communication and promotional materials to hospice professionals, and collaborating with both state and national organizations to reach individuals and organizations where they naturally operate.

Logistics and Challenges

HMDCB is fortunate to have had the financial support of AAHPM to launch and sustain HMDCB to this point. HMDCB continues to benefit from the support of AAHPM in generating awareness of the certification to their membership and other stakeholders.

At this juncture, the biggest challenge is funding to develop and implement a long-term, renewal certification program and maintain relevancy of current examination materials. Certification fees and annual support from AAHPM cover most basic operations, however, as the program is relatively young, we seek further investment to grow the number of physicians participating, announce and launch a relevant CCP program providing a secondary revenue source, and promote the value to administrators and others who are invested in high quality hospice care.

[3] NHPCO Facts and Figures: Hospice Care in America, Alexandria, VA: National Hospice and Palliative Care Organization, Apr. 2018.

We are appreciative of AAHPM as a long term supporter, we seek to diverse our funding resources and wean from AAHPM so they can use their funding for other important work to improve access to high quality hospice care.

Evaluating the Effectiveness of the Program

Tactics	Results/Impact
• Research, data-mining, and list purchase to increase number of contacts • Exhibit at three industry events • Assertive communication campaign to current certificants eligible for re-certification	• Increase the number of new physicians and CEOs on mailing list by 15% • Increase number of new applicants by 10% • 60% of current certificants will re-certify • Increase traffic to website by 10%
• Complete and analyze national practice standards survey	• Results will help shape future exam items/forms • Executive Report will be made available to hospice community

Budget Justification and Additional Funding Sources

Personnel ($7,500**; %**10 of overall budget). Funding will cover project personnel costs for three staff -- Sally Weir, Executive Director, Bruce Hammond, Senior Account Officer, and Kelly Collins, Project Coordinator. HMDCB has contracted with Association Management Center (AMC) for back office support including staff. These costs reflect management fees and include all salary and fringe benefits.

National Practice Standards Survey ($43,500; 58% of overall budget). Costs will be used for the development and execution of the practice analysis survey ($33,500) and travel and lodging to convene subject-matter-experts ($10,000) for an in-person meeting to develop survey.

Awareness Campaign and Marketing ($24,000; 32% of overall budget). Market research/data mining ($5,000) requires manual internet searches to increase the number of new contacts. Marketing and outreach costs ($9,100) include design, creation, printing and postage for marketing materials and the purchase of mailing lists. Activities include exhibit fees for relevant events ($5,500) and staff travel and lodging costs to events ($4,400).

Current funding sources include exam fees and a grant from AAHPM. In 2019, we plan to seek additional grants.

D. Acknowledgment / Recognition

Kindred Hospice Foundation will be recognized for their contribution through the HMDCB website, press release, newsletter and articles in the AAHPM *Quarterly* and NHPCO *Newsline*.

E. Organizational Documentation – Attachments

☒ Copy - most recent audited financial statement & most recent IRS Form 990 federal tax return

☒ Copy - organization's current IRS determination letter for 501(c)(3) status

☐ If fiscally sponsored project, IRS determination letter of sponsor & copy of sponsorship agreement - *Not applicable*

☒ Current W-9 form

☐ Annual report (if available) – *Not Available*

☒ Names of the executive officers & members of the board of directors of the requesting organization

☒ Financial information of the organization – Line item project or program budget

Additional attachments:

☒ Letter of Support

☒ Examples of marketing materials.

BOARD FACESHEET:
Exhibiting Activities Spring 2019

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

WHEN: Thursday, March 7 – Sunday, March 10, 2019
WHAT: **AMDA Annual Conference**
WHERE: Booth #511 at the Hyatt Regency Atlanta, GA
ACTIVITIES WILL INCLUDE: This is the second year HMDCB will be exhibiting at AMDA. Dr. Tom Caprio, HMDCB Exam Committee Chair will be in attendance and will help promote the certification at the exhibit booth.

WHEN: Wednesday, March 13 – Saturday, March 16, 2019
WHAT: **The Annual Assembly presented by AAHPM and HPNA**
WHERE: Booth #222 at the Hyatt Regency Orlando, FL
ACTIVITIES WILL INCLUDE: In addition to exhibiting, HMDCB will again meet for a Board gathering (time and date to be determined); distribute brochures at the Hospice Medical Director Update and Exam Prep Preconference; and attend the AAHPM Leadership Reception (all Board members invited).
In addition, Sally Weir and Dr. Murphy have been invited to the AAHPM Board Generative Session on Workforce followed by the AAHPM Board Dinner.

WHEN: Monday, April 15 – Wednesday, April 17, 2019
WHAT: **NHPCO Hospice and Palliative Care Leadership and Advocacy Conference**
WHERE: Marriott Wardman Park Hotel, Washington DC
ACTIVITIES WILL INCLUDE: HMDCB will attend the Physician NCHPP section meeting and set up several informal meetings with state organizations, NHPCO communications staff, and Cordt Kassner to promote the certification programs. Dr. Murphy will be in attendance and will help promote the certification at the exhibit booth.

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