



**Board of Directors Conference Call  
Thursday, April 18, 2019**

12 pm ET / 11 am CT / 10 am MT / 9 am 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. STRATEGY and PLANNING
  - A. Recertification Weir  
*Action: Approve rate for 2019 budget assumptions*
  
  - B. Proposed HMDCB Outreach Murphy  
*Action: Provide feedback on proposed Conference activities*
  
  - C. AAHPM Board of Directors Murphy  
*Action: Discuss nominations to Board*
  
- III. MANAGEMENT & OPERATIONS
  - A. Board of Directors Slate 2019-2020 Manfredonia  
*Action: Approve the Nominating Committee Recommendation*
  
  - B. Financial Reports Schonwetter  
*Action: Accept FY2018 year-end preliminary financial reports*  
*Action: Accept February 2019 financial reports*
  
  - D. Applicant Demographics Collins  
*Action: Share summary of applicant data*
  
- IV. CONSENT AGENDA Murphy  
(Note: Items on the consent agenda require no specific action by the Board and can be accepted in one motion unless a Board member requests discussion.)
  - A. January 24, 2019 Board Meeting Minutes
  - B. Seasons Hospice Grant Proposal
  
- V. ADJOURNMENT Murphy



**NEXT BOARD MEETING**

July 11, 2019

Board Call

11 am ET / 10 am CT / 9 am MT / 8 am PT

## Attachments

1. Demographic Data: Number of Years HMDCB Certificants have Worked in Hospice and HMDCB Certificants also Certified by ABMS/AOA in subspecialty of HPM

## Background

### ***Benchmarking***

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.

<b>Certification Organization</b>	<b>Recertification Rate</b>
AMC – 3 nursing organizations	62% (Average)
ABNS (15 advanced programs reporting)	70% (Average)
ABIM Geriatric subspecialty	72% (Average rate 1990 – 2006)
HPCC: APRN	77%
HPCC: RN	45%
HPCC: Pediatric RN	50%
*ABMS HPM subspecialty (fall 2018) - ABIM only	63%
ABPLM	70%

*\* Full ABMS report anticipated Summer 2019*

### ***Age of Certificants***

At the January meeting, the Board asked for information HMDCB might have on the age of those currently certified. HMDCB has not collected age but has collected the number of years candidates have worked in hospice. This information is attached.

### ***Additional Data***

Of the 306 physicians certified by HMDCB in 2014:

- 75 have started/completed the Professional Development Tool, a requirement for recertification.
- 179 were 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 in 2020 to prepare the budget. Dr. Murphy asks the Board to continue the January discussion and determine any additional information necessary to confirm a budget estimate of recertification applicants for 2020.

## Recertification Rates Data

### *Years HMDCB Certificants have Spent in Hospice*

Exact Numbers							
Year Certified	2-4 years	5-7 years	8-10 years	11-15 years	16-20 years	21+ years	Total Respondents
2014	8	13	14	19	13	10	77
2015	75	43	23	18	18	13	190
2016	55	34	25	7	4	11	136
2017	74	26	9	25	7	5	146
2018	43	32	15	18	4	7	119
2019	81	35	33	23	7	6	185

Percentage						
Year Certified	2-4 years	5-7 years	8-10 years	11-15 years	16-20 years	21+ years
2014	10%	17%	18%	25%	17%	13%
2015	39%	23%	12%	9%	9%	7%
2016	40%	25%	18%	5%	3%	8%
2017	51%	18%	6%	17%	5%	3%
2018	36%	27%	13%	15%	3%	6%
2019	44%	19%	18%	12%	4%	3%

### *HMDCB Certificants also Certified in HPM subspecialty by ABMS/AOA*

Year Certified	# of certificants selecting Certification Pathway	Total Certificants	Percentage Rate of Certification Pathway
2014	179	306	58.50%
2015	87	191	45.55%
2016	45	143	31.47%
2017	49	151	32.45%
2018	49	147	33.33%

## Attachments

N/A

## Background

To increase and promote physician practice in hospice care, Dr. Murphy and staff are recommending submission of both an abstract and a poster to AAHPM for the 2020 Annual Assembly and both could be considered for other national or state hospice conferences.

The **session** would be framed to support workforce efforts for AAHPM (and/or other national or state meetings), especially as data show less graduating HPM fellows exploring hospice as their primary field. To spur conversation about potential sessions, some thoughts below:

1. Option 1
  - Hospice career pathways for fellows (perhaps sponsored by/in concert with HPM Council or Early Career Professionals - SIG, though neither have been contacted yet).
  - The speaker panel could include a combination of recent HPM fellowship graduates working in hospice; “mid-career” hospice physicians; and seasoned Chief Medical Officer HMDs
  - Topics could include lifestyle, financial, intellectual, clinic, and internal rewards; opportunities to still do research/academic pursuits, benefits HMDs bring to a hospice, rationale for full career in hospice itself
2. Option 2

At the 2017 NHPCO, there was a CEO/CMO session promoting the power of partnership, describing how a strong CMO role in hospice leadership is beneficial to both the individuals and the hospice agency

In anticipation of reaching 1000 certificants later this year, HMDCB can also provide information on this segment of the workforce by sharing significant workforce data by developing a **poster** to submit to AAHPM, “HMDCB at 5 years”. Key volunteers already attending their state hospice and palliative care organization’s conference have also asked for data in recent years and the poster would be an ideal opportunity to create awareness and educate CEOs.

Poster data would include 1) rationale for origins, 2) data from 1st 5 years including number of applications, number certified, total certified, roles, 3) the state map, 4) funding info/financial, 5) reasons HMDCs take exam, 6) future of CCP. This same information could also be expanded into a full article to be submitted to JPSM for publication.

## Action

Dr. Murphy asks for feedback on both opportunities and approval to submit on behalf of HMDCB.



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

**AAHPM Board of Directors nominations are open May 1 to June 3, 2019**

**2019 – 2020 Board of Directors**

**PRESIDENT**

**Joanne Wolfe, MD MPH FAAHPM (2019-2020)**

Dana-Farber Cancer Institute  
Boston, MA

**PRESIDENT-ELECT**

**Rodney O. Tucker, MD MMM FAAHPM (2019-2020)**

UAB Center for Palliative and Supportive Care  
Birmingham, AL

**Position open in 2020**

**TREASURER**

**Tara C. Friedman, MD FAAHPM (2019-2020) (HMDC-eligible)**

Aspire Health  
Philadelphia, PA

**Position open in 2020**

**SECRETARY**

**Holly Yang, MD MSHPEd HMDC FACP FAAHPM (2019-2020)**

Scripps Health Inpatient Providers Medical Group  
San Diego, CA

**Position renewal in 2020**

**PAST PRESIDENT**

**Tammie E. Quest, MD FAAHPM (2019-2020)**

Emory Palliative Care Center  
Atlanta, GA

**DIRECTORS AT LARGE**

**Elise C. Carey, MD (2018-2021)**

Mayo Clinic Rochester  
Rochester, MN

**Vicki Jackson, MD MPH FAAHPM (2018-2021)**

Massachusetts General Hospital  
Boston, MA

**Arif Kamal, MD MBA MHS FAAHPM (2018-2021)**

Duke Cancer Institute  
Durham, NC

**Tammy Kang, MD FAAHPM (2019-2022)**

Texas Children's Hospital  
Houston, TX

**Chad Kollas, MD FACP FCLM FAAHPM (2017-2020)**

UF Health Cancer Center at Orlando Health  
Orlando, FL

**Position open in 2020**

**Dana Lustbader, MD (2019-2022)**

ProHEALTH, New York  
Lake Success, NY

**Thomas Smith, MD FAAHPM (2018-2021)**

Johns Hopkins Medical Institutions  
Baltimore, MD

**Shaida Talebreza, MD HMDC FAAHPM AGSF (2018-2021)**

University of Utah George E. Wahlen, Salt Lake City  
Veterans Affairs Medical Center, Bristol Hospice  
Salt Lake City, UT

**Paul Tatum, MD MSPH CMD AGSF FAAHPM (2018-2021) (HMDC-eligible)**

University of Missouri  
Columbia, MO

**Ruth Thomson, DO MBA HMDC FACOI FAAHPM (2017-2020)**

Jack Byrne Center for Palliative & Hospice Care of  
Dartmouth-Hitchcock Medical Center  
Lebanon, NH

**Position renewal in 2020**

**Eric Widera, MD FAAHPM (2019-2022)**

University of California, San Francisco  
San Francisco, CA

**Donna Zhukovsky, MD FACP FAAHPM (2019-2022)**

MD Anderson Cancer Center  
Houston, TX



## BOARD FACESHEET: Board of Directors Slate

### Attachment

1. David Wensel's CV

### Background

The following represents the recommended slate by the Nominating Committee for the Board of Directors 2019-2020 term. Members of the Nominating Committee included John Manfredonia (chair), Beryl Bills, Kim Bower, and Tanya Stewart.

The following represents the proposed slate and recommendation of the Nominating Committee.

Vice President	Tommie Farrell	(1-year term)
Secretary/Treasurer	Ron Schonwetter	(1-year term)
Member at Large	David Wensel	(3-year term)

These appointments would commence at the conclusion of our fall in-person Board of Directors Meeting.

The individuals continuing on the 2019-2020 Board of Directors are as follows:

President	Brian Murphy	Year 2 of 2-year term
Director at Large	Joelle Vlahakis	Term 1; Year 3 of 3
Public Member	Beryl Bills	Term 1; Year 2 of 2

The Nominating Committee will delay the appointment of the AAHPM Liaison awaiting AAHPM election results in the fall.

### Recommendation

The Nominating Committee recommends the board approve the above proposed slate of directors and officers for the 2019-2020 Board of Directors.



DAVID D. WENSEL DO FAAHPM HMDC  
1013 Biltmore Drive  
Lawrence, KS 66049  
(785) 289-3539  
dwensel@midlandcc.org

**PERSONAL:** Married, 4 Children

**DATE OF BIRTH:** September 16, 1963

**EDUCATION:**

**Hueytown High School**, Hueytown, Alabama  
Graduated May 1981. Advanced Academic Diploma Received

**Bessemer State Technical College**, Bessemer, Alabama  
Attended Classes for National Electrical Code Preparation. Completed Classes in Fall of 1984

**Samford University**, Birmingham, Alabama  
Worked on an Associate Degree in Theology. Completed classes from spring of 1987 to fall of 1988 with G.P.A. of 3.786

**Mercy School of Emergency Medical Services**, Des Moines, Iowa  
From fall of 1989 to fall of 1991, Completed EMT-A, EMT-I, EMT-P, EMS Instructor, BCLS Instructor Trainer, ACLS Instructor, and PHTLS Advanced Instructor Courses

**Windsor Heights Fire Department**, Windsor Heights, Iowa  
Successfully completed a 13-Week Training Program to be State Certified as Fire Fighter I in the winter of 1990. Also trained to Operations Level in Hazardous Materials

**Des Moines Area Community College**, Des Moines, Iowa  
Associate of Science Degree granted December of 1998.

**Creighton University**, Omaha, Nebraska  
Bachelor of Science in Emergency Medical Services Degree granted in May of 1999.  
Graduated Magna cum Laude

**Des Moines University**, Des Moines, Iowa  
Doctor of Osteopathic Medicine class of 2003

**Mercy Family Medicine Residency**, Mason City, Iowa  
Graduated June of 2006  
Family Medicine Physician

**Hospice and Palliative Medicine Fellowship**, Mason City, Iowa  
Graduated June of 2007  
Fellow in Hospice and Palliative Medicine

**Trinity Physician Leadership Academy**  
Advisory Board Washington DC  
2009 to Present

## EMPLOYMENT HISTORY:

9/10-Present           **Midland Care**  
                                  Topeka, Kansas

Employed as Medical Director for Hospice, Palliative Care and Pace

7/07- 8/10           **Mercy Medical Center**  
                                  Mason City, Iowa

Employed as Chief Medical Officer Hospice and Palliative Care of North Iowa.

7/03- 8/10           **Mercy Medical Center**  
                                  Mason City, Iowa

Employed as Family Medicine Physician, working as Physician in the hospital. Also working as ER Physician in Mercy ER, Hancock County ER, and Hamilton County ER. Also working as Pediatric Hospitalist at Mercy Hospital.

9/99- 8/01           **Des Moines University**  
                                  Des Moines, Iowa

Employed as a teaching assistant in Anatomy, Osteopathic Manipulation Therapy, and as BCLS coordinator for the class of 2003.

7/98- 8/99           **Mercy Hospital**  
                                  Des Moines, Iowa (515)  
                                  Becky Olisosky, RN

Employed as weekend OB surgical tech. Responsibilities include setting up all sterile fields, first assist on all deliveries, and first assist on all surgical procedures in the OR to include: C-Sections with and without tubal ligations, D&C's, Cerclage, and twin deliveries.

8/95 – 8/99           **Mercy Airlife**  
                                  Des Moines, Iowa (515) 246-8711  
                                  Laurie Dickinson, Chief Flight Nurse

Employed as PRN paramedic.

8/95- 8/99           **Mercy College of Health Sciences**  
Des Moines, Iowa (515) 247-4097  
Karen Dozler, Program Director

Employed as adjunct faculty. Responsibilities include teaching all levels of emergency medical services.

8/95 – 8/99           **Midwest Ambulance Service**  
Des Moines, Iowa (515) 222-2222

Employed as PRN paramedic. Responsibilities include responding to emergency ambulance calls as a paramedic.

8/92 – 4/96           **Wayne County Hospital**  
Corydon, Iowa (515) 872-2260  
Doug Devore, Director

Employed as PRN paramedic. Responsibilities included responding to emergency ambulance calls, and working in the emergency department as Respiratory Tech and Lab Tech assisting nurses as needed.

8/92-5/94           **Monroe County Hospital**  
Albia, Iowa  
Mike Smith, Director

Employed as PRN paramedic. Responsibilities included responding to emergency ambulance calls and working in the emergency department as Respiratory Tech and Lab Tech, assisting nurses as needed.

8/93 – 8/95           **Mercy College of Health Sciences**  
Des Moines, Iowa (515) 247-4097  
Chris Perrin, Program Director

Employed as Faculty. Responsibilities included the complete coordination of EMT classes. Instructing in all levels of Emergency Medical Services.

11/92 – 11/97       **University of Osteopathic Medicine**  
Des Moines, Iowa (515)271-1528  
Dr. Joan Mahoney

Adjunct Faculty, conducting lab sessions in Patient Assessment, Packaging and Handling of Patients, and Introduction to Emergency Medical equipment.

8/88 - 8/93      **Tesdell Electric**  
Ankeny, Iowa (515) 964-8641  
Ron Tesdell, Owner

Employed as journeyman electrician. Responsibilities include the wiring of commercial and industrial job sites with supervision of all apprentice workers on the job.

2/88 - 7/88      **Metro Electric Company**  
Birmingham, Alabama  
Michael White, Owner (205) 798-7493

Employed as a journeyman electrician. Responsibilities include the wiring of commercial jobs, and supervision of apprentice workers.

2/88 - 7/88      **Woodland Hills Baptist Church**  
Bessemer, Alabama (205) 426-5131

Employed as bi-vocational Youth Minister with the responsibilities of the planning and coordination of all youth affiliated training, functions and trips. Also created an "adopt a grandparent" program for local nursing home residents and began a monthly bible study there.

8/86 - 2/88      **Positive Electric**  
Birmingham, Alabama  
Steve Robinson, Owner (205) 942-1472

Employed as journeyman electrician level, with apprentice workers under my supervision. Responsibilities included the wiring of residential and commercial job sites. Gained experience in the estimating and bidding of jobs.

4/86 - 2/88      **Crossroads Baptist Church**  
Bessemer, Alabama  
Jimmy Bradford, Pastor (205) 425-5811

Associate Pastor in Charge of Outreach. Responsibilities included the development and implementation of an effective outreach program geared to church members, as well as the community. Also worked very closely with the youth director in the planning of youth activities.

12/83 - 8/86      **Adkins Electrical Service**  
Birmingham, Alabama  
Kerry Adkins, Owner (205) 744-0024

Started employment as apprentice electrician. Responsibilities included the wiring of residential and commercial job sites. Before leaving employment with Adkins, I reached the level of journeyman electrician and passed the national journeyman block exam.

## **CERTIFICATIONS:**

**Hospice Medical Director Certification  
by the Hospice Medical Director  
Certification Board  
April 2015**

**Board Certified Hospice and  
Palliative Medicine by the  
American Board of Medical Specialties  
Oct 2008**

**Board Certified Family Medicine  
Physician by the American Board  
Of Medical Specialties  
Nov 2007**

**Certificate of Bioethics  
National Catholic Bioethics  
Center**

**Certificate of Theology  
Creighton University**

**Advanced Life Support Obstetrics  
Provider**

**Newborn Resuscitation Program  
Provider**

**Iowa Department of Public Health  
Emergency Medical Technician  
Paramedic P17-004-26**

**Iowa Department of Public Health  
Emergency Medical Technician  
Instructor T17-001-20**

**National Registry of Emergency  
Medical Technicians  
Paramedic P0844006**

**PreHospital Trauma Life Support  
Advanced Provider Instructor**

**Pediatric Advanced Life Support  
Provider**

**American Heart Association  
Basic Cardiac Life Support  
Instructor Trainer  
American Heart Association  
Advanced Cardiac Life Support  
Advanced Provider Instructor**

**American College of Surgeons  
Advanced Trauma Life Support  
Provider**

**National Association of EMS  
Educators  
970949**

**Journeyman Electrician  
National Block Certification  
R001407JE**

## **MEMBERSHIPS:**

**American Academy of Hospice and Palliative Medicine  
Diplomat Status 2006-2012, Fellow Status 2012-Present**

**American Medical Association**

**American Academy of Family Physicians Diplomat**

**Kansas Medical Society**

**American College of Osteopathic Family Practice Physicians  
Elected to Office of National Representative for local chapter**

**American College of Osteopathic Emergency Physicians  
Elected to Office of Vice President for local chapter**

**Member of Internal Medicine Club, Surgery Club, and Christian Medical and  
Dental Association**

**Iowa Emergency Medical Services  
Association**

**National Association of Emergency  
Medical Technicians**

**Mercy School of Emergency Medical  
Services Alumni Association**

**Beta Delta Psi Chapter of  
Phi Theta Kappa  
International Honor Society**

**Appointments:**

**Coordinator for TPOPP initiative for Topeka and surrounding area  
Center for Practical Bioethics Kansas City**

**Member Kansas Regional Cancer Center Palliative Care initiative**

**Member Examination Committee  
Hospice Medical Director Certification Board**

**Chair of Membership and Communities SCC  
American Academy of Hospice and Palliative Medicine**

**Chair of Communities Committee  
American Academy of Hospice and Palliative Medicine**

**Adjunct Clinical Assistant Professor  
Family Medicine Department  
University of Iowa**

**Chair and Past Chair of Professionals in Training  
Special Interest Group  
American Academy of Hospice and Palliative Medicine**

**Vice President  
Iowa Osteopathic Medical Association  
Board of Directors**

**IOMA Representative  
Iowa Donor Network  
Advisory Board**

**Palliative Care  
Steering Committee  
Trinity Health**

**Medical Ethics Committee  
New Product Review Committee  
Mercy Medical Center  
North Iowa**

**Elected to Leadership Team**  
**2-year term**  
**First Covenant Church**  
**Board of Directors**  
**OK House**  
**North Iowa Area Community College**

## **VOLUNTEER SERVICES:**

**Hospice of Central Iowa, Des Moines, Iowa**

Successfully Completed Eight-Week Training Course to Become Patient Care Provider and Bereavement Counselor.

**Windsor Heights Fire Department, Windsor Heights, Iowa**

Responsible for responding to emergency medical calls and fire calls for the City of Windsor Heights.

**Red Cross, Des Moines, Iowa**

Peer Support for Central Iowa Critical Incident Stress Management Team

## **Notable Achievements:**

National Health Service Corp Scholar 2011 to present

Appointed to Kansas Cancer Partnership/Palliative Care Initiative

Appointed to Transportable Physician Orders for Patient Preferences Task Force

Appointed to Trinity Health Palliative Care Steering Committee

Developed Trinity Health Palliative Care Blog

Developed Trinity Health Educational Webinars and piloted first 2 sessions

Developing Trinity Health Palliative Care daily progress note, and comfort care/ hospice order sets



Awarded Teacher of the Year, June 2008 by residency class of 2008

Awarded Resident Teacher of the Year, June 2006

Awarded Most Compassionate Resident, June 2004

Started Simplecare program at Mercy Family Medicine Residency to provide medical care to the uninsured in North Iowa

Elected Treasurer for Residency Council for State of Iowa, May 2004

Resident Representative for Residency Council for State of Iowa 2003-2006

Assigned to Curriculum Redesign Committee of Des Moines University as class representative in 1999.

Developed and implemented Mentoring program for class of 2004 at Des Moines University.

## **Publications:**

First Author for chapter on Palliative Care  
for end stage cardiac disease

*Palliative Care: Case Based Learning*

*Simplecare*, Iowa Family Physician Spring 2005

*Letter to A Friend*, Iowa Family Physician Fall 2005

*Light, Hope, and Human Kindness: The Evolution  
Of Palliative Medicine at Mercy Medical Center  
North Iowa*, Physicians Practice Nov 2007

*The Safety of Methadone Hydrochloride: Expert Opinion*  
Drug Safety (2008) 7(1)

## Presentations:

American Academy of Hospice & Palliative Medicine Annual National Meeting 2010  
*Career Advice From the Experts*

American Academy of Hospice & Palliative Medicine  
*Invited to Washington DC May 2012*  
*To meet with Senator Roberts and Moran*

*Invited to Washington DC October 2011*  
*To meet with Senator Roberts and Moran*

*Invited to Washington DC October 2009*  
*To meet with Senators Grassley and Harkin*  
*To discuss Palliative Care in Healthcare Reform*

Trinity Health Palliative Care Webinars  
*The Basics of Pain Management*

Mary Greely Medical Center  
Grand Rounds 2008, 2009  
*Hospice and Palliative Medicine*  
*Symptom Management at End-of-Life*  
*Conducting a Family Conference*

Cancer Update 2008  
*Nausea and Vomiting*

Iowa Hospice Organization Yearly Conference  
*Conducting a Family Conference, 2007*  
*Making the Case for Palliative Medicine, 2005*

Hospice of North Iowa Yearly Retreat  
*Becoming a Healing Presence*  
2006

Cancer Update 2007  
*Hospice and Palliative Medicine:*  
A Collaborative Approach

Providence Medical Center Kansas City  
Grand Rounds  
*Terminal Delirium*  
*Nausea and Vomiting*  
2007

Iowa Hospice Organization Yearly Conference  
*Terminal Delirium*  
*Conducting a Family Conference*  
2006, 2007

Resident, Medical Student, and Nursing Education  
*Making the Case for Palliative Medicine*  
*Basics of Pain Management*  
*Advanced Directives*  
*Terminal Delirium*  
*Nausea and Vomiting*  
*Conducting a Family Conference*  
*Delivering Bad News*

Iowa Osteopathic Medical Association  
Midwinter Conference & Spring Conference  
*Advanced Directives*  
*Conducting a Family Conference*  
*Basics of Dementia*  
2005 through 2010

Hospice of Central Iowa  
Hospice & Palliative Care Academy  
*The New COP's and the Medical*  
*Directors Responsibility*  
2009

## REFERENCES:

References provided upon request



February 27, 2019

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

Dear Dr. Schonwetter:

Enclosed please find the preliminary December 2018 financial statements for HMDCB. Please note there may be some minor adjustments base on year end analysis and review.

At the close of December 2018, the total fund balance is \$29,867 with current year operations reflecting an excess of \$7,147.

Highlights of the December financial results include:

- The statement shows total net assets are forecasted to be \$29,870 at year end and the following comments explain the variances.
- Certification revenue ended the year just under budget by \$1,300 with 196 paid applications.
- Exhibit costs exceeded budget. Adjustments have been made to consulting to offset the variance in exhibits.
- The 4<sup>th</sup> and final installment of the Kindred Hospice Foundation grant was received. The funds were used to support the *Next Steps in Raising Awareness and Re-certification* project. Included in the grant cost center are expenses associated with developing and implementing continuing certification activities.
- Legal expenses were not realized in the year.

Phyllis Milz, our Finance Manager, and I welcome any questions you have regarding the December financials.

Sincerely,

A handwritten signature in cursive script that reads "Sally Weir".

Sally Weir, CAE  
Executive Director



## Twelve Month Financial Summary

PRELIMINARY

	FORECAST (as of December)	ACTUAL		
	2018	2017	2016	2015
<b>Revenue - Operating</b>	<b>363,715</b>	<b>297,784</b>	<b>292,371</b>	<b>345,930</b>
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
<b>Expense - Operating</b>	<b>356,568</b>	<b>329,179</b>	<b>301,642</b>	<b>317,323</b>
<b>Operating Net Excess (Deficit)</b>	<b>7,147</b>	<b>(31,395)</b>	<b>(9,271)</b>	<b>28,607</b>
<b>Investment Earnings</b>				
<b>Net Excess (Deficit)</b>	<b>7,147</b>	<b>(31,395)</b>	<b>(9,271)</b>	<b>28,607</b>
<b>Metrics</b>				
# of Certifications	196			
# Months Operating Expense in Net Assets, Unrestricted	1.0			
Net Assets, Unrestricted	\$29,870	\$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 December 31, 2018**

	2018			2017	2016
	ACTUAL	BUDGET	Actual vs. Budget Variance	ACTUAL	ACTUAL
<b>Revenue - Operating</b>	<b>363,715</b>	<b>365,000</b>	<b>(1,285)</b>	<b>297,784</b>	<b>292,371</b>
Applications	223,700	225,000	(1,300)	216,100	226,800
Commission Revenue	-	-	-	924	369
Grants	140,000	140,000	-	80,715	65,157
Pledges & Donations	-	-	-	-	-
Registrations	-	-	-	-	-
Royalty Revenue	-	-	-	-	-
Sponsorship	-	-	-	-	-
Other Revenue	15	-	15	45	45
<b>Expense</b>	<b>356,568</b>	<b>364,125</b>	<b>(7,556)</b>	<b>329,179</b>	<b>301,642</b>
<b>Operating Net Excess (Deficit)</b>	<b>7,147</b>	<b>876</b>	<b>6,271</b>	<b>(31,395)</b>	<b>(9,272)</b>
<b>Investment Earnings</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Excess (Deficit)</b>	<b>7,147</b>	<b>876</b>	<b>6,271</b>	<b>(31,395)</b>	<b>(9,272)</b>

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)
<b>ALL PROGRAMS</b>	363,715	356,568	7,147	365,000	364,125	876	(1,285)	(7,556)	6,271
<b>Certification</b>	223,715	83,523	140,192	225,000	119,710	105,290	(1,285)	(36,187)	34,902
<b>NON REVENUE GENERATING</b>	40,000	172,014	(132,014)	40,000	144,415	(104,415)	-	27,600	(27,600)
<b>General</b>	40,000	146,545	(106,545)	40,000	112,615	(72,615)	-	33,931	(33,931)
<b>Governance</b>	-	25,469	(25,469)	-	31,800	(31,800)	-	(6,331)	6,331

**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)
<b>ALL PROGRAMS</b>	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
<b>NON REVENUE GENERATING</b>	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 December 31, 2018**

	2018		2017
	Dec Balance	Change Year to Date	Dec Balance
<b>Assets</b>	<b>83,857</b>	<b>(6,512)</b>	<b>90,369</b>
Cash and Investment	79,808	(2,644)	82,452
Checking	79,808	(2,644)	82,452
Accounts Receivable	-	(429)	429
Other Assets	4,049	(3,439)	7,488
Prepaid Expenses	4,049	(3,439)	7,488
<b>Liabilities and Deferred Revenue</b>	<b>53,988</b>	<b>(13,659)</b>	<b>67,647</b>
Accounts Payable	53,988	10,827	43,161
<b>Net Assets (Reserves)</b>	<b>29,869</b>	<b>7,147</b>	<b>22,722</b>
Fund Balance - Beginning	22,722	(31,395)	54,117
Fund Balance- Current	7,147	38,542	(31,395)
<b>Liabilities and Net Assets</b>	<b>83,857</b>	<b>(6,512)</b>	<b>90,369</b>

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

	FORECAST	BUDGET	Forecast vs. Budget Variance
<b>Revenue-Operating</b>	<b>363,715</b>	<b>365,000</b>	<b>(1,285)</b>
Applications/Workshops	223,700	225,000	(1,300)
Grants	140,000	140,000	-
Other	15	-	15
<b>Expense-Operating</b>	<b>356,568</b>	<b>363,329</b>	<b>(5,556)</b>
Administration Fee	172,176	172,800	(624)
Certification Processing Fees	4,993	4,400	593
Audit Fees	3,000	2,700	300
Bank & Credit Card Processing Fee	6,464	8,400	(1,936)
Consulting/Professional Fees	80,455	81,520	(1,065)
Dues & Subscriptions	1,687	1,310	377
Duplicating	2,842	2,870	(28)
Exhibits	5,920	4,250	1,670
Hotel	9,043	11,900	(2,857)
Insurance	4,716	4,800	(85)
Internet/Website	21,011	20,827	184
Legal Fees	-	4,500	(4,500)
Miscellaneous	924	450	474
Postage/Shipping	6,626	7,100	(474)
Printing	5,282	4,450	832
Promotion	1,205	2,000	(795)
Meeting Expense	710	700	10
Publication Pre-Press	11,333	11,700	(367)
Supplies	1,620	1,104	516
Telephone/Fax	4,471	4,734	(263)
Travel - Staff	5,593	5,610	(17)
Travel - Volunteers	6,498	6,000	498
<b>Operating Net Excess/(Deficit)</b>	<b>7,147</b>	<b>1,671</b>	<b>4,271</b>
<b>Net Excess/(Deficit)</b>	<b>7,147</b>	<b>1,671</b>	<b>4,271</b>



April 10, 2019

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

Dear Dr. Schonwetter:

Enclosed please find the February 2019 financial statements for HMDCB. All forecasted amounts represent 12 months of activity and are based upon actual results beginning January 1, 2019 through February 28, 2019 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 February 2019, the total fund balance is \$63,491 with current year operations reflecting an excess of \$33,622.

Highlights of the February financial results include:

- The statement shows total net assets are forecasted to be \$52,856 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. The \$22,986 net excess for 2019 is the result of the first installment of the two year, \$200,000 grant from AAHPM. This grant amount was in excess of the \$70,000 requested for 2019, resulting in the positive variance.
- Certification revenue is projected to meet budget with 194 paid applications at this time.

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

Sincerely,

A handwritten signature in cursive script that reads "Sally Weir".

Sally Weir, CAE  
Executive Director



## Twelve Month Financial Summary

	FORECAST (as of February)	ACTUAL		
	2019	2018	2017	2016
<b>Revenue - Operating</b>	<b>343,750</b>	<b>363,715</b>	<b>297,784</b>	<b>292,371</b>
Applications	243,750	223,700	216,100	226,800
Commission/Royalty				
Grants	100,000	140,000	80,715	65,157
Exhibits				
Registrations				
Sponsorship				
Other revenue		15	969	414
<b>Expense - Operating</b>	<b>320,764</b>	<b>356,568</b>	<b>329,179</b>	<b>301,642</b>
<b>Operating Net Excess (Deficit)</b>	<b>22,986</b>	<b>7,147</b>	<b>(31,395)</b>	<b>(9,271)</b>
<b>Investment Earnings</b>				
<b>Net Excess (Deficit)</b>	<b>22,986</b>	<b>7,147</b>	<b>(31,395)</b>	<b>(9,271)</b>
<b>Metrics</b>				
# of Certifications	194			
# Months Operating Expense in Net Assets, Unrestricted	2.0			
Net Assets, Unrestricted	\$52,856	\$29,870	\$22,723	\$54,118

### 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 February 28, 2019**

	2019			2018	2017
	ACTUAL	BUDGET	Actual vs. Budget Variance	ACTUAL	ACTUAL
<b>Revenue - Operating</b>	<b>86,900</b>	<b>105,000</b>	<b>(18,100)</b>	<b>208,900</b>	<b>167,200</b>
<b>Applications</b>	<b>86,900</b>	<b>105,000</b>	<b>(18,100)</b>	<b>108,900</b>	<b>167,200</b>
<b>Commission Revenue</b>	-	-	-	-	-
<b>Grants</b>	-	-	-	<b>100,000</b>	-
<b>Pledges &amp; Donations</b>	-	-	-	-	-
<b>Registrations</b>	-	-	-	-	-
<b>Royalty Revenue</b>	-	-	-	-	-
<b>Sponsorship</b>	-	-	-	-	-
<b>Other Revenue</b>	-	-	-	-	-
<b>Expense</b>	<b>53,278</b>	<b>47,305</b>	<b>5,974</b>	<b>50,015</b>	<b>61,572</b>
<b>Operating Net Excess (Deficit)</b>	<b>33,622</b>	<b>57,696</b>	<b>(24,074)</b>	<b>158,885</b>	<b>105,628</b>
<b>Investment Earnings</b>	-	-	-	-	-
<b>Net Excess (Deficit)</b>	<b>33,622</b>	<b>57,696</b>	<b>(24,074)</b>	<b>158,885</b>	<b>105,628</b>

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)	Expense	Net Excess/( Deficit)
<b>ALL PROGRAMS</b>	343,750	320,764	22,986	343,750	319,857	23,893	907	(907)
<b>Certification</b>	226,250	102,236	124,014	226,250	108,675	117,575	(6,439)	6,439
<b>Recertification</b>	17,500	38,207	(20,707)	17,500	42,300	(24,800)	(4,094)	4,094
<b>NON REVENUE GENERATING</b>	100,000	180,321	(80,321)	100,000	168,882	(68,882)	11,439	(11,439)
<b>General</b>	100,000	151,651	(51,651)	100,000	141,627	(41,627)	10,024	(10,024)
<b>Governance</b>	-	28,670	(28,670)	-	27,255	(27,255)	1,415	(1,415)

**Comments**

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

	ACTUAL								
	2018			2017			2016		
	Revenue	Expense	Net Excess/ (Deficit)	Revenue	Expense	Net Excess/ (Deficit)	Revenue	Expense	Net Excess/ (Deficit)
<b>ALL PROGRAMS</b>	<b>363,715</b>	<b>356,568</b>	<b>7,147</b>	<b>297,784</b>	<b>329,179</b>	<b>(31,395)</b>	<b>292,371</b>	<b>301,642</b>	<b>(9,272)</b>
Certification	223,715	83,523	140,192	216,574	160,739	55,835	227,214	130,033	97,181
<b>NON REVENUE GENERATING</b>	<b>40,000</b>	<b>172,014</b>	<b>(132,014)</b>	<b>81,210</b>	<b>168,440</b>	<b>(87,230)</b>	<b>65,157</b>	<b>171,609</b>	<b>(106,452)</b>
General	40,000	146,545	(106,545)	81,210	145,534	(64,324)	65,157	141,887	(76,730)
Governance	-	25,469	(25,469)	-	22,906	(22,906)	-	29,722	(29,722)

**Comments**

**Hospice Medical Director Certification Board**  
**BALANCE SHEET SUMMARY**  
**For the For the Month Ending February 28, 2019**

	2019		2018	
	Feb Balance	Change Year to Date	Dec Balance	Feb Balance
<b>Assets</b>	<b>103,731</b>	<b>19,874</b>	<b>83,857</b>	<b>199,986</b>
Cash and Investment	103,731	23,923	79,808	149,986
Checking	103,731	23,923	79,808	149,986
Accounts Receivable	-	-	-	50,000
Other Assets	-	(4,049)	4,049	-
Prepaid Expenses	-	(4,049)	4,049	-
<b>Liabilities and Deferred Revenue</b>	<b>40,240</b>	<b>(13,748)</b>	<b>53,988</b>	<b>18,379</b>
Accounts Payable	40,240	(13,748)	53,988	18,379
<b>Net Assets (Reserves)</b>	<b>63,491</b>	<b>33,622</b>	<b>29,869</b>	<b>181,607</b>
Fund Balance - Beginning	29,869	7,147	22,722	22,722
Fund Balance- Current	33,622	26,475	7,147	158,885
<b>Liabilities and Net Assets</b>	<b>103,731</b>	<b>19,874</b>	<b>83,857</b>	<b>199,986</b>



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

	FORECAST	BUDGET	Variance: Forecast vs. Budget
<b>Revenue-Operating</b>	<b>343,750</b>	<b>343,750</b>	<b>-</b>
Applications/Workshops	243,750	243,750	-
Grants	100,000	100,000	-
<b>Expense-Operating</b>	<b>320,764</b>	<b>319,857</b>	<b>907</b>
Administration Fee	174,500	174,500	(0)
Certification Processing Fees	6,600	6,600	-
Technology Fees	27,099	27,100	(1)
Audit Fees	3,200	3,200	-
Bank & Credit Card Processing Fee	8,471	8,370	101
Consulting/Professional Fees	39,600	39,600	-
Dues & Subscriptions	1,310	1,310	-
Duplicating	629	360	269
Exhibits	5,483	5,425	58
Hotel	3,348	3,025	323
Insurance	4,898	4,900	(3)
Internet	959	1,075	(116)
Legal Fees	5,000	5,000	-
Miscellaneous	650	600	50
Postage/Shipping	4,500	4,500	0
Printing	6,325	6,325	-
Promotion	9,496	9,500	(4)
Publication Pre-Press	9,434	9,650	(216)
Supplies	963	1,137	(174)
Telephone/Fax	331	350	(19)
Travel - Staff	4,767	4,430	337
Travel - Volunteers	3,201	2,900	301
<b>Operating Net Excess/(Deficit)</b>	<b>22,986</b>	<b>23,893</b>	<b>(907)</b>
<b>Net Excess/(Deficit)</b>	<b>22,986</b>	<b>23,893</b>	<b>(907)</b>



## BOARD FACESHEET: 2019 Application Cycle Summary

### **Attachments**

1. Applicant Demographics

### **Applications**

As of April 10, 2019, a total of 194 candidates have applied to take the examination to a budget of 200. Of that number, one candidate has used the AMDA Conference coupon to discount their late fee. A total of 6 applicants have paid the late fee of \$1,350. According to trends from previous years, approximately 30 applications are submitted in the last week of the application cycle. The application remains open until Monday, April 22, 2019.

The selection of eligibility pathway remained very similar to previous certification cycles with a slight increase in training pathway applicants increasing from 11 in 2018 to 27 in 2019.

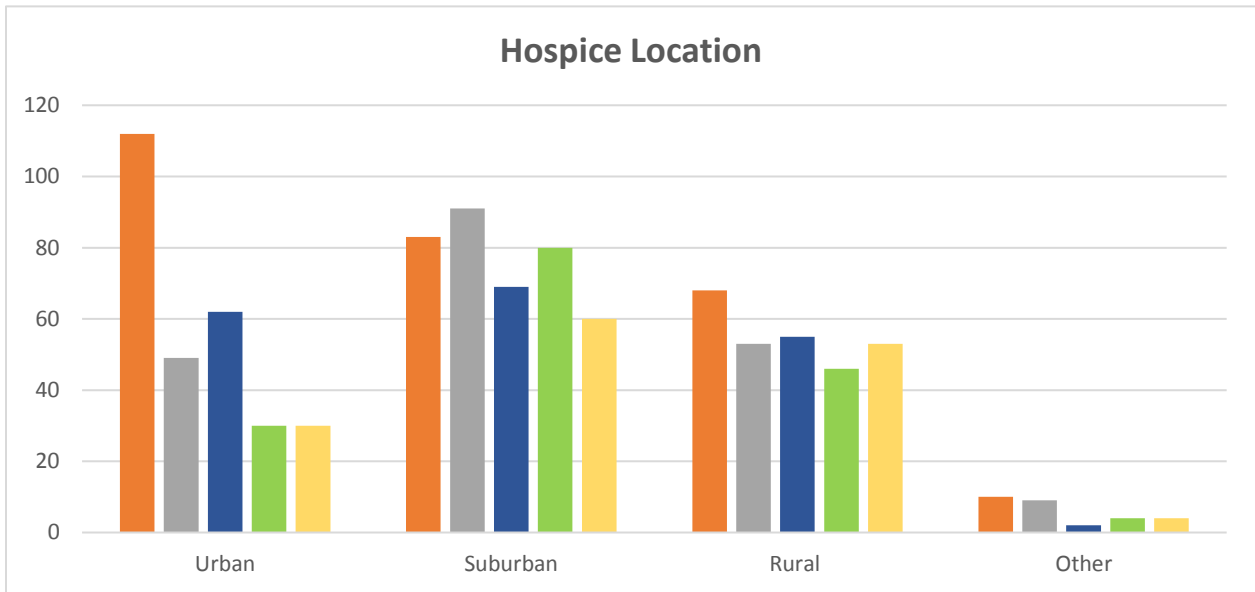
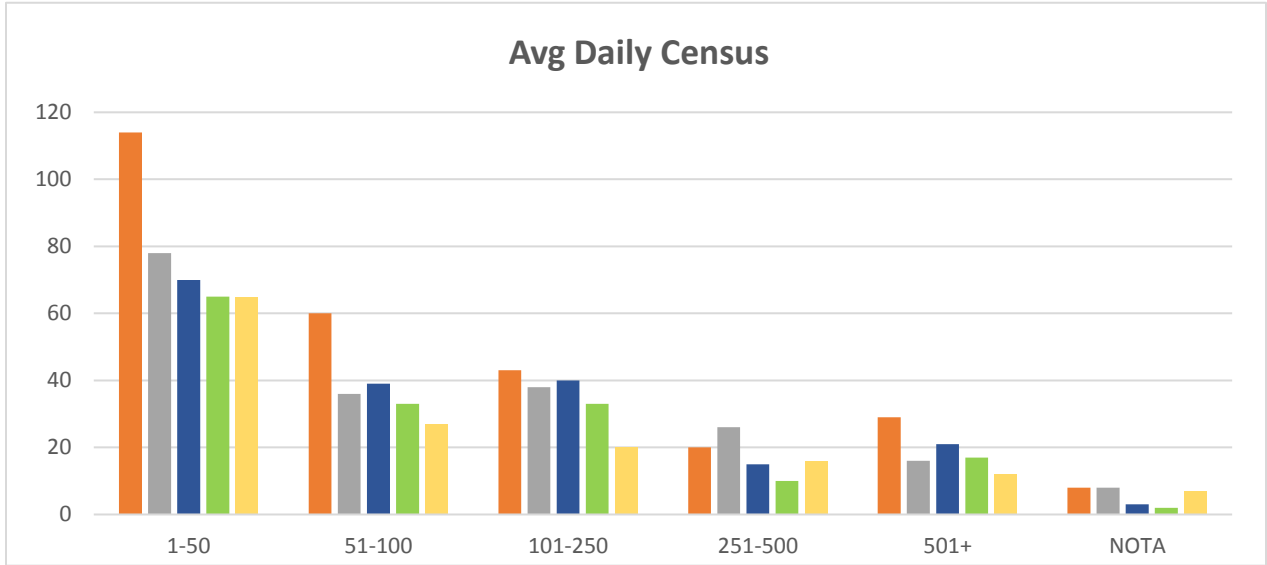
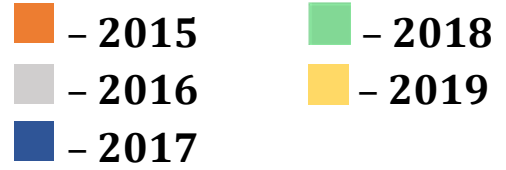
Currently, there are 69 applications pending. In previous years, we have seen 71 incomplete applications in 2018, 58 in 2017, 32 in 2016, 58 in 2015, and 99 in 2014.

### **Audits**

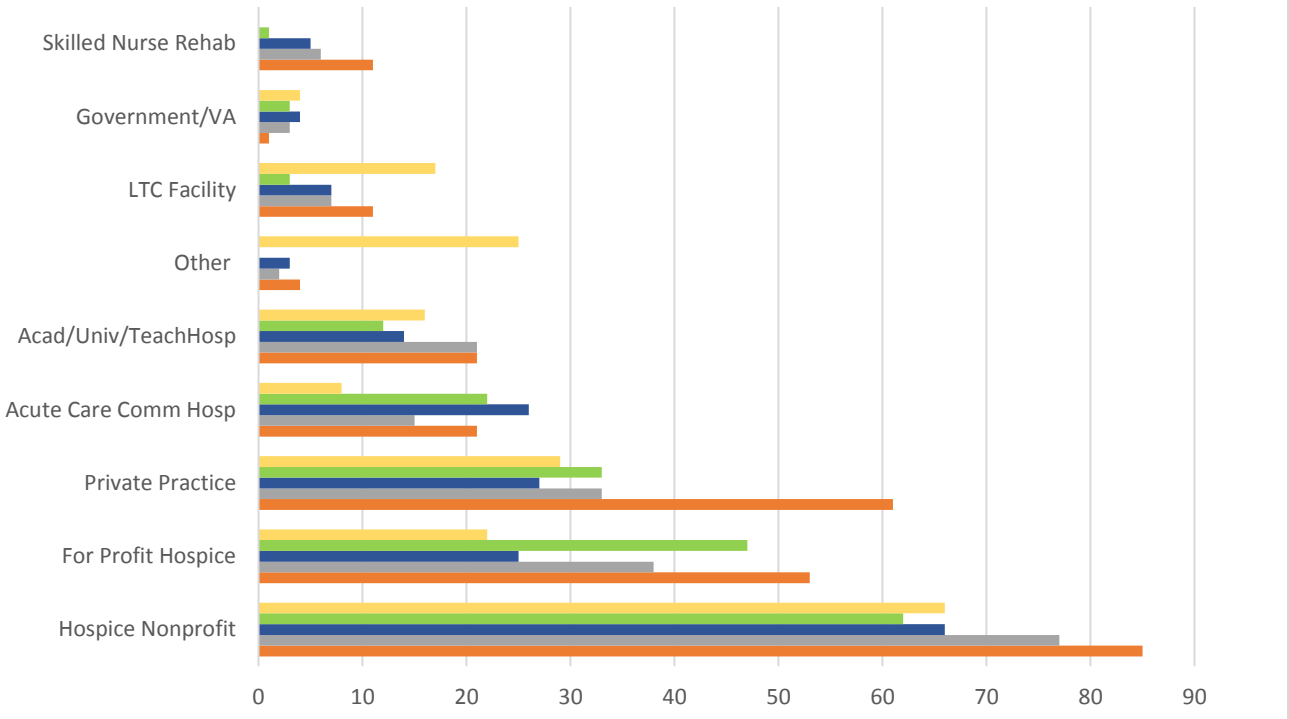
HMDCB audits 10% of all applications received, totaling 19 applications to date. Overall audits have been successful.

Staff also reviews all applications for completeness and accuracy. Those that are not complete were added as discretionary audits. The majority of discretionary audits stem from missing or unsigned attestation forms.

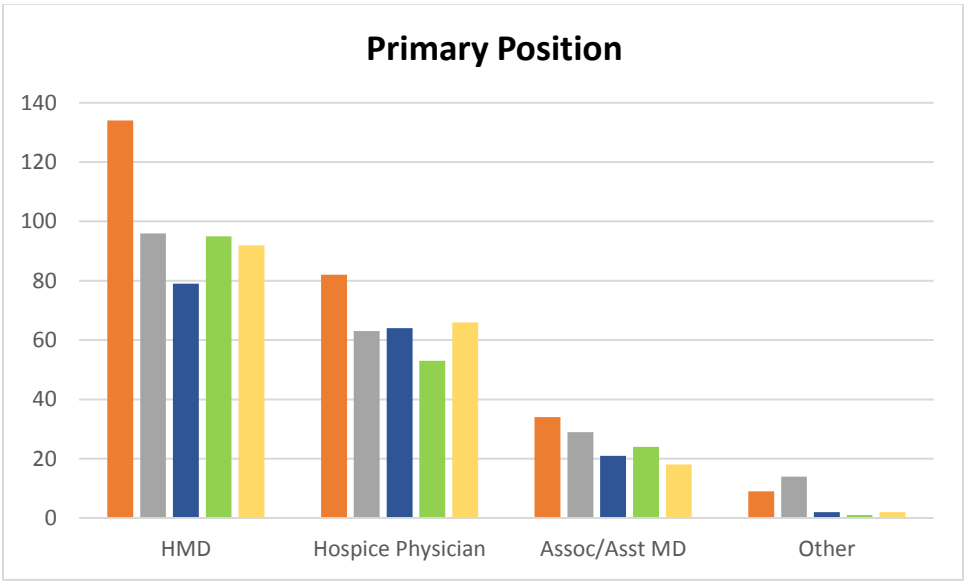
# HMDCB Applicant Demographics 2018 Examination

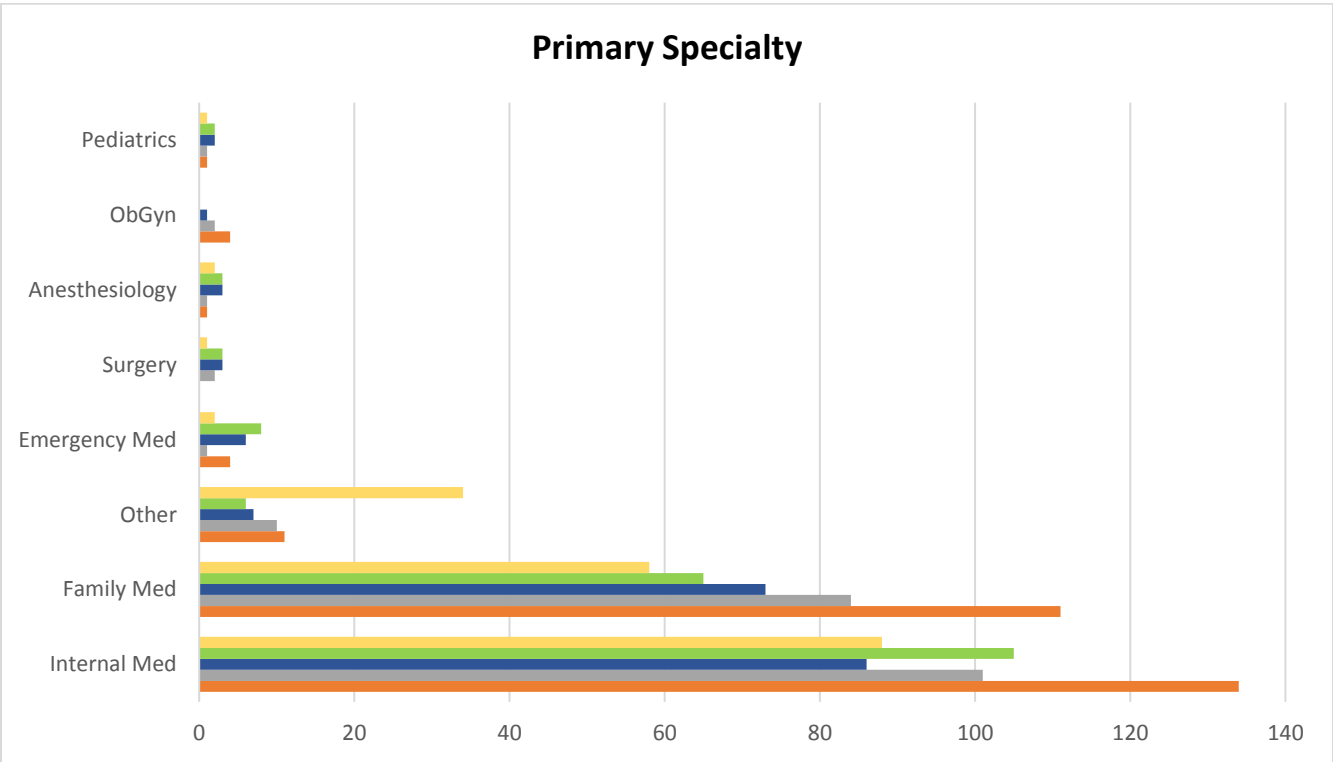
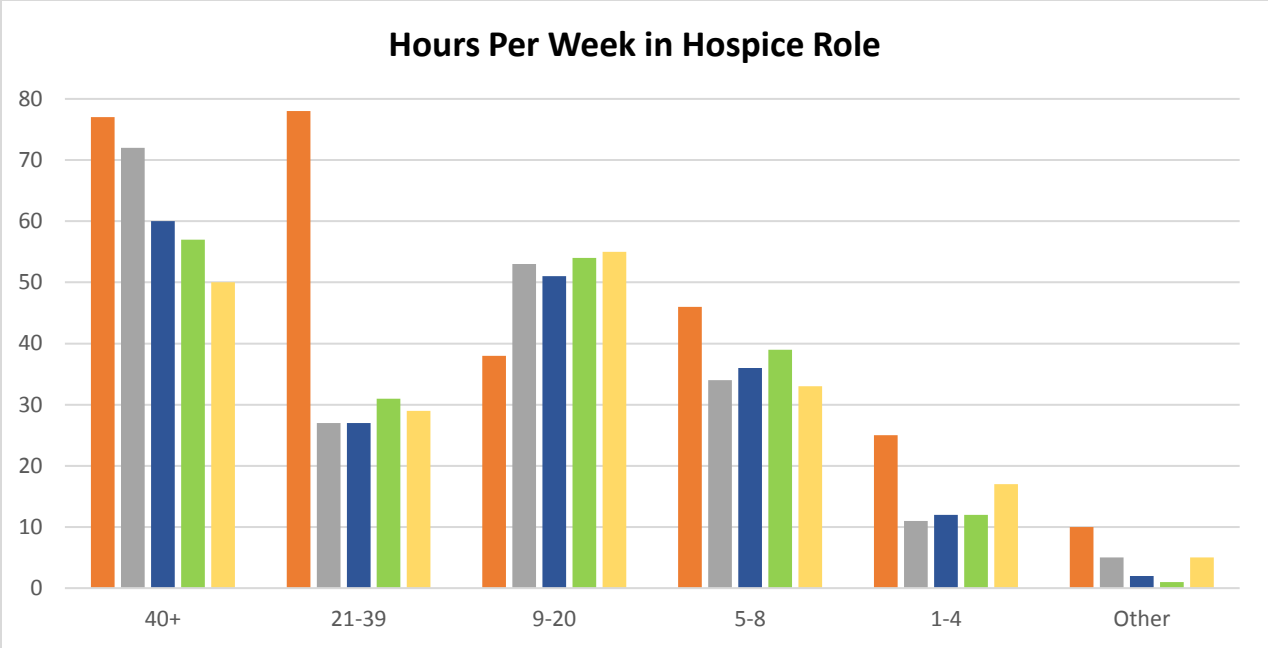


### Primary Work Setting



### Primary Position





**HMDCB Board of Directors  
Meeting Minutes  
January 24, 2019**

**Present:** Brian Murphy, John Manfredonia, Ron Schonwetter, Tommie Farrell, Joelle Vlahakis, Beryl Bills, Holly Yang

**Staff:** Sally Weir, Bruce Hammond, Kelly Collins

Proper notice having been given, Murphy called the meeting to order at 10:01 am CT.

**Minutes**

The minutes from the October 11-12, 2018 Board of Directors meeting were accepted.

**Generative**

*AAHPM Workforce Study*

Yang, as AAHPM's past Workforce Advisory Group chair, provided an overview of the AAHPM's workforce studies focusing on graduating fellows. They looked at the AMA database which documents 5400 hospice and palliative medicine physicians active in-patient care. Admittedly it was an imperfect measure of hospice physicians, but 24% (an increase from 2015) reported spending 'most' of their time in hospice, though many are still doing some hospice. It was also acknowledged that physicians receive less pay in a hospice setting and there are fewer full-time positions available. And finally, HMDCB current certificates report being in hospice 15+ years, so the assumption would be mid-career physicians are more likely to take on these roles.

Hospice job opportunities also vary from state to state for graduating fellows, specifically in California where physicians cannot be employed by healthcare institutions and home-based palliative care is being provided by hospices. Murphy noted the Board should continue to watch emerging trends including the Medicare demonstration project, more hospices doing home-based palliative care, and review eligibility requirements from time to time. Yang noted a qualitative study is now being done by Dale Lupu and George Washington University Health Workforce Institute which may help clarify the current data; to be released this spring.

Weir shared that she and Murphy will attend the AAHPM Board meeting generative session in March about workforce trends.

**Strategy and Planning**

*Recertification*

Murphy discussed the need to identify recertification application rates for the coming year. Murphy reviewed the benchmarked recertification rates of several related organizations, as well as the current involvement of 2014 certificants in completing the Professional Development Tool. The Board noted 70% seemed to be the average rate for physician groups, which seemed high especially for the 2014 certificants who are assumed to be a mix of leaders in the field and the early adopters. The Board discussed influencers that may impact the recertification rate including age and how much time certificants are spending in the hospice setting compared to when they initially certified. The Board encouraged promotion of recertification through peer to peer conversation initiated by influencers in the hospice field. The Board will further discuss during the April Board call when data is provided including age of current certificants, number of ABMS/AOA HPM physicians certified each year and ABMS/AOA HPM physicians who recertified in 2018.

### *2019 Certification Cycle*

Farrell summarized accomplishments from last month's Exam Committee meeting, including the cleaning up of test bank items to make them test-ready and the committee's work to identify enhancements to the content blueprint that can be included in a future practice analysis study. He also reviewed the process of developing the recertification examination, sharing the timeline of the committee's work throughout the remainder of the year. In addition, Farrell noted the rotation of members this summer, including himself, in our continued attempt to stagger committee appointments. The Board thanked Farrell for his dedicated service to the EC.

Collins reported 79 physicians have started the 2019 application process, with 36 having paid. This is tracking similarly to last year at the same time.

### *HMDCB Tagline*

Murphy reminded the Board that at the October Board meeting a new HMDCB tagline was discussed. Hammond shared legal counsel noted some risk with 'excellence'.

**Motion:** *To approve the tagline, "Hospice Physician Excellence. Quality Patient Care." Seconded. Approved.*

### **Management & Operations**

#### *Nominating Committee*

Murphy presented the proposed members of the 2019 Nominating Committee for approval.

**Motion:** *To approve the proposed Nominating Committee members as presented. Seconded. Approved.*

#### *Financial Reports*

Schonwetter reviewed the November 2018 financial reports.

**Motion:** *To accept the November 2018 financial reports. Seconded. Approved.*

#### *Kindred Foundation Grant Update*

Weir shared that after reviewing a letter of intent in December, the Kindred Hospice Foundation invited HMDCB to submit a full grant proposal. Weir plans to follow up with the Foundation's Executive Director in the coming weeks to check on the status and will provide a more detailed update to the Board at the April meeting. The Board asked staff to report back on whether the practice analysis could be completed without Foundation funding.

#### *2019 Exhibit Presence & Activities*

Weir presented the exhibit activities and specific outreach planned for 2019, and encouraged Board members to attend the booth if available at any of the events to help discuss the initial certification program and the Continuing Certification Program.

Meeting adjourned at 10:56 am CT.



Balu Natarajan, MD HMDC  
Chief Medical Officer  
Seasons Hospice & Palliative Care  
6400 Shafer Court  
Rosemont, IL 60018

Dear Dr. Natarajan,

The Hospice Medical Director Certification Board® (HMDCB) seeks a \$40,000 grant to conduct a rigorous national practice analysis study. The workforce survey results will illuminate, define, and document the activities and competencies of hospice medical directors (HMD) and hospice physicians that demonstrate high quality care and are relevant to today's hospice care and patient needs. This activity is important to HMDCB's mission to relieve suffering and improve quality of life by promoting the excellence and professional competency of HMDs and hospice physicians.

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.<sup>1</sup> According to the National Hospice and Palliative Care Organization (NHPCO), an estimated 1.43 million patients received 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.

This growth and change necessitate a relevant and clearly defined scope of the role and responsibilities of the hospice physician. An example of risk with lack of clarity of the role and definition of HMD, is the Centers for Medicare and Medicaid (CMS) requirements on who can certify or recertify patients for terminal illness and eligibility for the Medicare Hospice Benefit.

---

<sup>1</sup> NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, Apr. 2018.



Due to a lack of clarity, some hospices were at risk for various conditional level survey deficiencies related to the role and responsibilities of the hospice physician.

The practice analysis will be an essential step in defining key skills and competencies which will be used to update the current content blueprint, allowing for a relevant exam and certification process to identify qualified individuals to serve the growing hospice workforce need.

## **Organizational Summary**

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 a hospice physician. 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.

HMDCB provides a unique pathway for certification that does not require a one-year, full-time fellowship. The testing and requirements allow for mid-career physicians with some experience to develop and demonstrate their skill and knowledge specific to the hospice physician role, thus increasing the opportunity for certification.

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. In that time, 1241 practitioners have applied for the certification with 82% having achieved the credential. Based on cumulative data, key characteristics can be highlighted about our applicants regarding where they work, size of the hospice agency, and part-time vs. full time employees (see Appendix A).

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
  - In June 2019, launch of a new online application and CME management platform for both initial certification applicants and current certificates participating in the CCP
  - HMDCB's Candidate Handbooks, guides to certification and the CCP outlining process, policies and 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
-

- Exhibits at the AMDA – The Society for Post-Acute and Long-Term Care Medicine Annual Conference to promote the certification to physicians serving in both LTC and hospice settings
- 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)

## **Project Description**

In 2012, HMDCB conducted its first national practice analysis study, a workforce survey which established the competencies necessary to practice as a hospice physician. The defensibility of any credentialing examination lies in the appropriate sampling of critical and important tasks and underlying knowledge, skills and abilities required for performance by competent practitioners. From practice analysis results, a defined body of knowledge is developed. This provides the foundation for ongoing development of certification assessment instruments that are both legally defensible and professionally sound. The competencies are outlined in the content blueprint<sup>2</sup>, 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. In support of that timeline, HMDCB's Examination Committee has also determined changes in practice and regulations that should be reflected in an updated blueprint. With these data in mind, HMDCB plans to conduct another national practice analysis study. The results will be used to update the content blueprint.

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 Seasons Hospice and Palliative Care. An executive level summary of results will be made available on the HMDCB website.

## **Work Plan and Deliverables**

If funded, the following activities and deliverables will be completed within 12 months.

### Practice Analysis

- Establish and convene a committee of subject-matter-experts to guide the process. The committee will meet once in person and additionally two to four times via webinar or telephone conference.

---

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

- Review current content blueprint and collect background information
- Create, conduct and analyze national survey
- Update content blueprint and test specifications based on results of the survey
- Publication of the executive summary of the results will be promoted along with the updated content blueprint

The program budget totals \$40,000 (see Appendix B).

### **Acknowledgment / Recognition**

As part of these activities, HMDCB will acknowledge Seasons Hospice & Palliative Care's support in the HMDCB website, press release announcing the results of the Practice Analysis, advertisement or article in *HMDCB Happenings* (HMDCB's certificant newsletter (948 individuals) and within the article in the *AAHPM Quarterly* (4,400 individuals). In addition, HMDCB would provide the company with the following opportunities for additional visibility:

- One (1) standalone sponsored email to all HMDCB certificants at a mutually agreed upon time
- Change one of the quotes on a highly trafficked section on the HMDCB website to a quote from an HMDCB-certified physician employed by Seasons Hospice and Palliative Care.
- Acknowledgement of the financial support within the email survey for the practice analysis

Attached are metrics on HMDCB's website, electronic newsletter and other correspondence (see Appendix C).

Thank you for this opportunity to share our project with you. Together, we can improve access to and quality of care for individuals who can benefit from hospice care.

Sincerely,



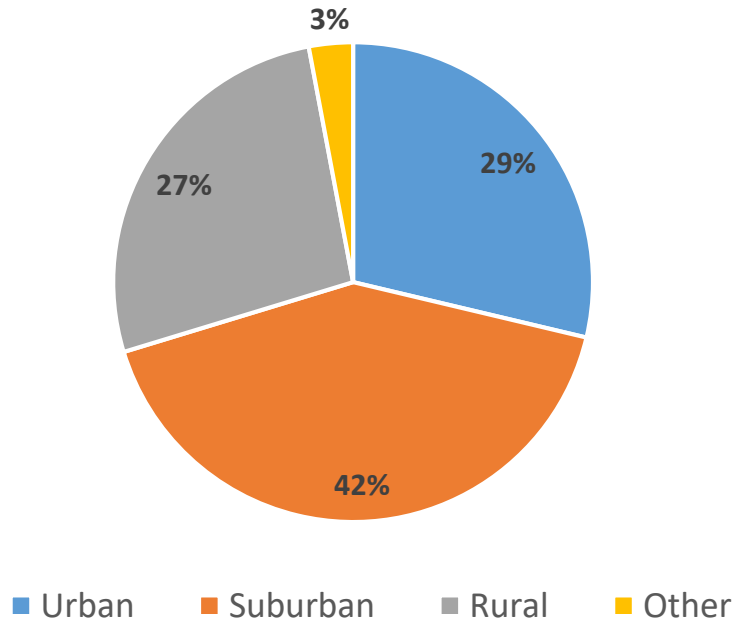
Sally Weir, CAE  
Executive Director



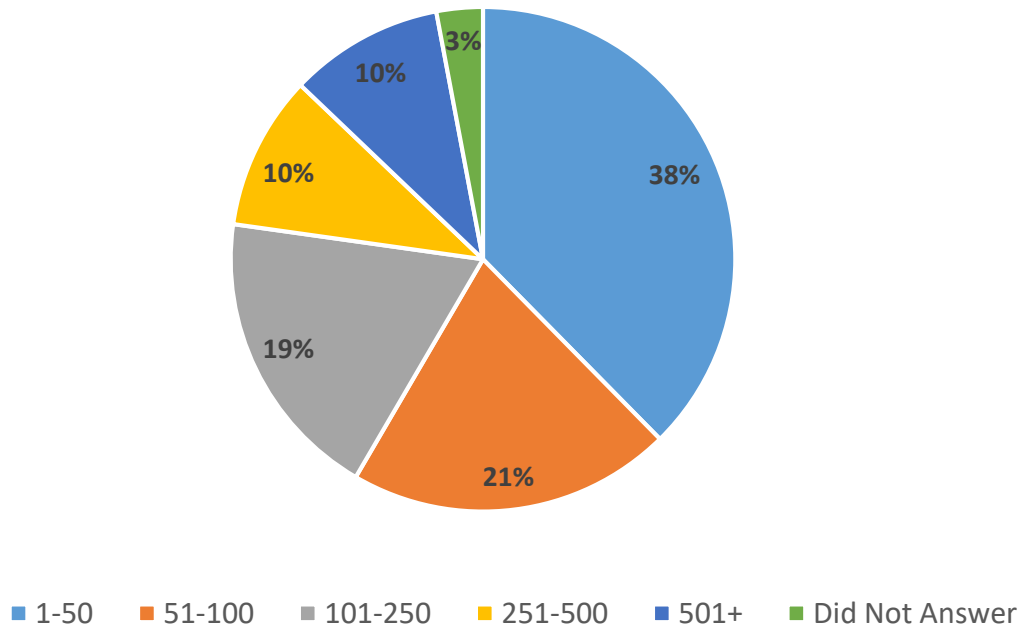
Brian Murphy, MD MBA FAAHPM HMDC  
President

## Appendix A: Applicant Demographics

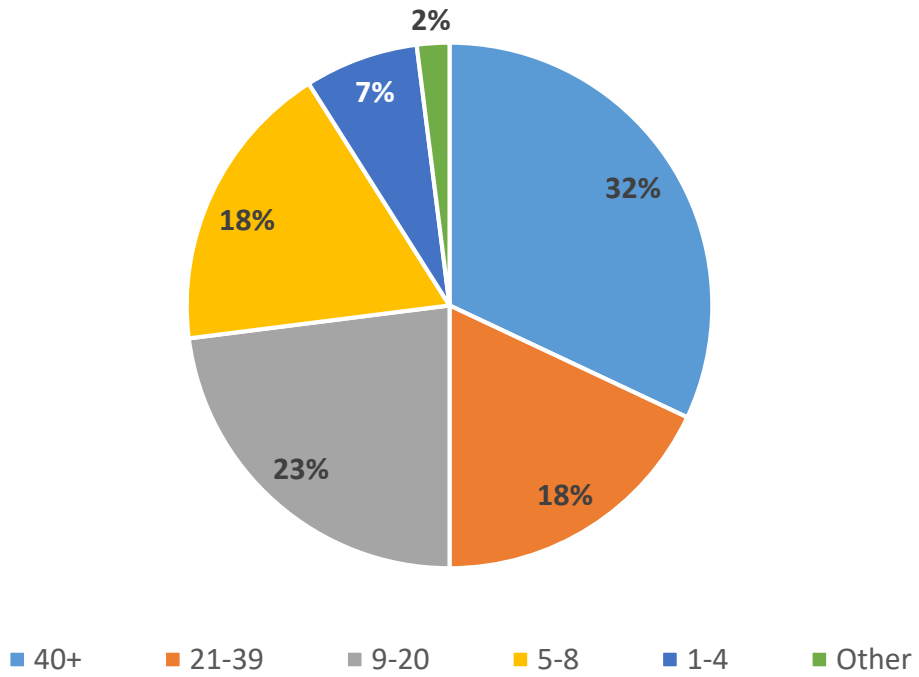
Hospice Location



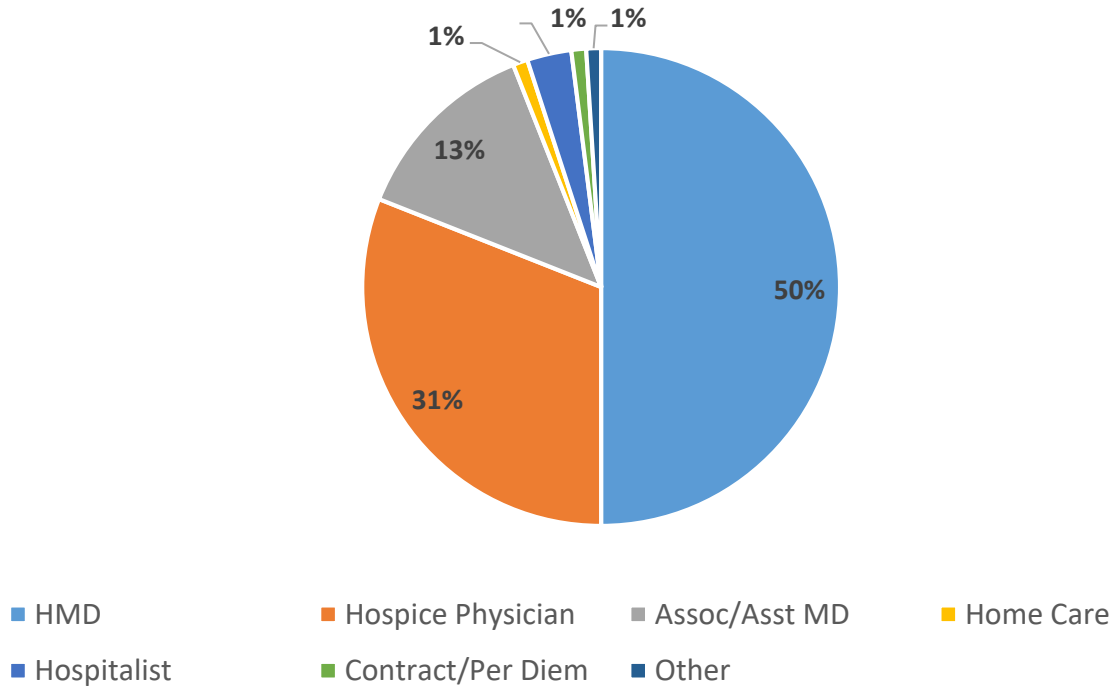
Average Daily Census



Hours Per Week in Hospice Role



Primary Position



## Appendix B: Budget

Revenue		
Grant		\$40,000

Expenses	Cost	Description
<b>National Practice Survey</b>		
Consulting Partners: Testing Vendor	\$33,500	Development and execution of practice analysis; facilitation of SME meeting to establish thresholds for inclusion/change in content domains; prepare final report and revise content blueprint.
In-person meeting	\$6,500	Travel to convene Subject-Matter-Experts
<b>TOTAL EXPENSES</b>	<b>\$40,000</b>	

## Appendix C: Website and Newsletter Metrics

### Communications

HMDCB's ability to reach potential certificants and hospice leaders has been an important part of the organization's marketing plan. Currently, the organization is able to consistently communicate with approximately 2,600 physician prospects and nearly 3,800 CEOs/administrators to share the value of the certification. These contacts have been identified through a strategic data mining process, as well as partnerships with organizations like Hospice Analytics.

In addition, during the 2019 initial certification cycle, HMDCB utilized organizational member lists and publications to get its messages out into the community. These included:

- AAHPM member list (approximately 3,900 physicians)
- AMDA: The Society for Post-Acute and Long-Term Care Conference attendee list (approximately 1,800 physicians)
- *AAHPM Quarterly* newsletter (circulation: 4,400)
- *NHPCO NewsLine* magazine (circulation: 45,000, according to its website)

### HMDCB Happenings

In connection with the Continuing Certification Program, HMDCB has just launched a quarterly certificant newsletter, *HMDCB Happenings*, to more regularly communicate with the currently 948 certificants. In this first two issues, HMDCB averaged a 48% open rate, and a 22% click rate. For the newsletter, this equates to approximately 455 opening the newsletter and 100 of those who clicked through article content. HMDCB will monitor future activities and communicate cumulative metrics.

### Website Data

HMDCB's website has seen increased activity each year. With the launch of recertification, there will be increased frequency in visits from the nearly 950 current certificants to update their profiles and upload their CME throughout the six-year certification cycle. The data during the last two certification cycles is attributed mostly to initial certificants and interested parties as noted below:

	2018	2019
<b>Users</b>	2,506	3,168
<b>Sessions</b>	4,319	5,264
<b>Pageviews</b>	14,316	16,773

<b>Top Pages</b>	<a href="#">Apply</a>	Apply
	<a href="#">Eligibility</a>	Eligibility
	<a href="#">Preparation Resources</a>	Deadlines/Fees
	<a href="#">Deadlines/Fees</a>	Content Blueprint
	<a href="#">Content Blueprint</a>	Preparation Resources

This data shows an increase in users and the amount of sessions shows that people are coming back to the site more than once. Our pageviews have also risen in during the 2019 application cycle, with visitors going to more than three pages per session. This data is moving in a positive direction, and HMDCB will continue to monitor.