



RECOGNIZING THE SPECIAL SKILL SET OF THE HOSPICE MEDICAL DIRECTOR

By Larry Beresford



Roles, responsibilities and expectations for hospice medical directors have advanced rapidly in recent years, says John Manfredonia, DO, FACP, FAAHPM, HMDC, Division Vice President and West Regional Medical Director of Kindred At Home and president of the Hospice Medical Director Certification Board® (HMDCB®).

HMDCB was created in 2012 to define, test and recognize the particular skill set developed by experienced hospice medical directors—not just clinically but also operationally and in mastery of the increasingly complex regulatory environment in which hospices must operate. To date, some 650 physicians have passed the voluntary exam to become a certified hospice medical director, demonstrating to their CEOs, their hospice teams, referring physicians and the larger community that they have mastered this skill set and can bring its specialized knowledge to bear on the day-to-day work of hospice care.

As the hospice marketplace evolves under the harsh glare of heightened regulatory scrutiny, the skill set becomes ever more important, Dr. Manfredonia says. Hospice and palliative care have grown in recent years—to a \$16 billion hospice sector under Medicare, with palliative care programs in most U.S. hospitals and, increasingly, in community settings.

At one time, hospices tended to be nurse-driven agencies, with physicians sometimes seeming more like add-ons in volunteer or very part-time roles, he says. The evolution of standards for hospice physicians has taken the better part of the past decade, as the government has advanced a number of specific requirements for the doctor to meet. These include writing a persuasive physician narrative statement to justify the patient's prognosis of six months or less to live; the face-to-face visit for recertifying the patient's continued eligibility for

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third or subsequent benefit periods; and, more recently, the certifying physician's responsibility to determine and document the primary hospice diagnosis and all related diagnoses for the patient.

Failure to meet these requirements could put the hospice in significant financial jeopardy should it experience pre- or post-payment reviews by its Medicare Administrative Contractor or the alphabet soup of other governmental agencies and contractors charged with protecting the integrity of the Medicare program. The doctor is also needed with gray area or borderline patients to document that they really are terminally ill and qualify for hospice.

But understanding the regulatory environment is only part of it, Dr. Manfredonia says. There is also the ability to lead the hospice multidisciplinary team in caring for increasingly complex patients, some who may only spend a few days on service. They require so much more care because of the severity of their disease. Communication skills that traditionally weren't emphasized in medical training are a bigger part of the job. And the physician's role as a leader on the hospice management team also comes to the fore, helping to create the agency's environment of professionalism.

An Experiential Path to Certification

HMDCB was launched, with funding support from the American Academy of Hospice and Palliative Medicine, as an independent non-profit organization to develop and administer a certification exam for hospice medical directors. "The goal for our organization really is the development of benchmarks and expectations for the hospice medical director," Dr. Manfredonia says.

Although many physicians working in hospice and palliative medicine (HPM) have earned sub-specialty HPM board certification through the American Board of Medical Specialties and its constituent subspecialty boards or through the American Osteopathic Association's Bureau of Osteopathic Specialists, the

hospice and palliative medicine board credential now requires completion of a full-year, full-time fellowship in order to qualify.

For hospice medical directors, many of them in mid-career, taking a year off for a fellowship may not be possible, Dr. Manfredonia says. HMDBC provides another pathway to professional credentialing—reflecting a somewhat different but complementary set of skills, competencies and knowledge specific to the hospice medical director.

For physicians, it is a clear statement to their peers of their dedication to this specialty. For patients, it provides assurance of the skills of their hospice providers. It signifies that the medical director is trained and knowledgeable in the latest information about medical treatment in addressing all of the components that contribute to suffering at the end of life.

For the agency, it provides confidence in knowing that the physician has demonstrated the skills and knowledge that are essential to the hospice's success. Certification for the medical director can also distinguish the hospice from its competitors—standing apart based on its commitment to clinical quality and enhancing its credibility in the community. It's a way to recognize and reward the physician's commitment to obtaining these additional skills and credentials.

"How do we make sure that CEOs understand the importance of certification?" poses Judi Lund Person, BA, MPH, CHC, Vice President for Regulatory and Compliance at the National Hospice and Palliative Care Organization. "You can advertise to the community that you have board-certified physicians on your staff. It could also be beneficial in pursuit of accreditation, and the knowledge shared with other clinical staff helps to bring more learning and more skills into the organization," she says.

"It is worth getting more specific training and education in order to succeed with the underlying Medicare regulations, such as judging eligibility using the MACs' local coverage determination (LCD)

policies—and what those are. What are things you would need to document in order to show to someone who is reviewing the chart that this patient truly is eligible for hospice? It's also about clarifying goals of care for the patient and family, and having difficult conversations about them. How do these interactions with patients work in different care settings?"

Getting Ready for Certification

How do hospice doctors get certified? First they have to study for it—they have to do the work if they want to do well on the exam, Dr. Manfredonia says. "This is an experiential pathway toward hospice medical director certification. The distinction is focused toward a specific role and skill set. We provide resources, as do AAHPM and NHPCO. The [AAHPM Medical Director Manual](#) is a very good resource for this." AAHPM's "UNIPAC" self-study series offers nine modules in the principles of hospice and palliative medicine, and "[HMD Prep](#)" is a 75-item multiple-practice test based on the HMDCB exam blueprint.

"It sounds simplistic, but if you want to pass this exam, you need to prepare. As you prepare for the exam, you may identify areas of strength and weakness in your current mix of competencies, areas where you are more or less comfortable and might want to do more in-depth self-study. So preparing for the exam provides motivation to increase your skill set, not just on the medical side but understanding the continuum of care and essential communication skills," Dr. Manfredonia says.

"Then, if you pass, you get that badge, and you can use it for whatever purposes you want to pursue in order to advance your career. It could lead to higher salaries and professional recognition, and it exemplifies your commitment to this specialty of hospice as a true calling." The fourth exam for HMD certification will be offered starting May 19, 2017; visit the [HMDCB website](#).

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