

## HMDCB Eligibility Criteria and Content Blueprint

Gail Austin Cooney, MD FAAHPM

The Hospice Medical Director Certification Board (HMDCB) has reached three major milestones this quarter: releasing eligibility requirements, a content blueprint, and a new website, [www.hmdcb.org](http://www.hmdcb.org), where you can easily find the fruits of our first two accomplishments.

I want to start with the HMDCB mission, because it is the driving force behind all of the Board's actions and decisions, **"To relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice medical directors."**

HMDCB emphasizes that this certification examination is designed for physicians who have 2 years of experience as hospice medical directors or physicians who provide hospice care. After thoughtful consideration, the HMDCB Board of Directors approved the following eligibility requirements.

### Eligibility Requirements

All eligible applicants must (a) hold an unrestricted license to practice medicine in the United States or Canada, (b) conform to the HMDCB code of conduct, and (c) demonstrate a minimum of 400 hours of hospice-related work over the past 5 years. In addition to these general requirements, candidates must meet one of three pathways to eligibility:

- practice pathway: 2 years of work experience in the hospice setting
- certification pathway: current, valid board certification in Hospice and Palliative Medicine through the American Board of Hospice and Palliative Medicine (ABHPM), the American Board of Medical Specialists (ABMS), or the American Osteopathic Association (AOA)
- training pathway: successful completion of a 12-month clinical hospice and palliative medicine training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA.

### Content Blueprint

Brian Murphy, MD MBA FAAHPM, led the Job Analysis Advisory Committee that developed the content blueprint based on the survey responses of more than 600 hospice physicians from across the United States who represented the diversity of our field. The content blueprint reflects the activities that these physicians described as important parts of their hospice work and responsibility. "We were able to forge a true outline of the duties of

hospice physicians today, understanding that 'hospice physician' is a generic term representing all hospice physicians: team physicians, associate medical directors, and chief medical officers," stated Murphy. To ensure a diverse representation of survey respondents, demographic questions asked of the respondents included: role within the hospice, board specialty and certifications held, employer tax status, work location (**Figure 1**), and average daily census (**Figure 2**). Additional details of the survey can be found at [hmdcb.org](http://hmdcb.org) under Exam Development but the highlights of the five major competency domains, along with the percentage of questions from each of the areas, appear in the content headings below.

### 1. Patient and Family Care (17%)

This area includes many activities that are required by the Hospice Medicare Benefit Conditions of Participation, such as overseeing and managing interdisciplinary team meetings and providing around-the-clock physician services when the primary attending physician is not available. It also includes many psychosocial responsibilities to the patient and family. Examples include recognizing social problems and helping to resolve conflicts caused by family dynamics or coping mechanisms.

### 2. Medical Knowledge (26%)

Direct patient care and medical decision making are important to the role of the hospice medical director. This area includes assessing and managing all aspects of total pain and other distressing physical symptoms, along with management of life-threatening conditions in adults and children, prognostication, and issues of drug abuse and addiction.

### 3. Medical Leadership and Communication (21%)

This area includes education to all providers—hospice staff, hospice physicians, community healthcare

providers, and referring physicians—as well as education to the general community. Other covered topics are conflict resolution, effective styles of leadership and communication, and supervision of other practitioners.

### 4. Professionalism (10%)

Professionalism includes practicing self-care, coordinating care with other healthcare providers, and demonstrating a commitment to life-long learning.

### 5. Systems-Based Practice (25%)

This area encompasses a myriad topics, including ethics and legal issues, hospice regulatory compliance, participation in reviews by outside agencies, and leading quality improvement activities.

### HMDCB Website

HMDCB launched its website, [hmdcb.org](http://hmdcb.org), in April 2013 to share information on the development of the certification program with various audiences. Potential candidates will find information on the examination and location of the testing centers. Hospice organizations will learn the advantages of employing a certified hospice medical director and the value that competent physicians can bring to a team. FAQs cover a wide range of areas. I

think you'll find it useful and easy to navigate. We'll continue to add updates on the development of the program as they become available.

### Next Adventures

HMDCB is now engaged in writing questions that accurately reflect the content blueprint, and an Examination Committee has been appointed to work with our testing company, Applied Measurement Professionals, to create a valid and reliable test. We expect to open registration for the initial examination in late fall.

I hope that you are as excited as the HMDCB Board of Directors is to add this new measure of expertise to our growing field. As a physician who practices hospice medicine almost exclusively, I know the importance of strong, capable, and informed physician leadership in ensuring that our patients and families receive the best care possible. Nothing is more important. 🍷

*Gail Austin Cooney, MD FAAHPM, currently serves as the HMDCB president. Dr. Cooney has been a hospice medical director for more than 15 years in Palm Beach, FL, and is a past president of AAHPM. She can be reached at [gcooney@hpb.com](mailto:gcooney@hpb.com).*

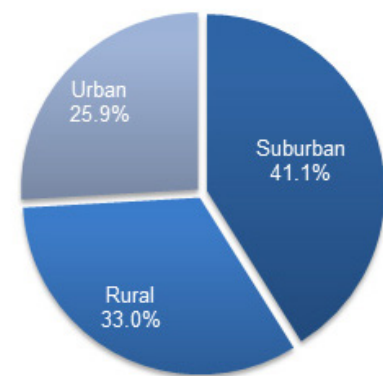


Figure 1. Which best describes your work location?

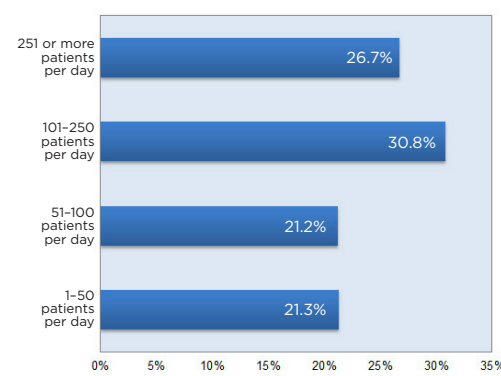


Figure 2. What is the average daily census of your hospice program?

## Palliative Medicine Opportunity

**Geisinger Health System (GHS) is seeking an ABHPM-certified Palliative Medicine physician to join the well-established and expanding Department of Palliative Medicine at Geisinger Medical Center (GMC), located in Danville, Pa.**

### About the Position:

- Join 2 other full-time palliative medicine physicians, 2 nurse practitioners and an established ACGME-accredited palliative medicine fellowship program
- Help provide inpatient and outpatient care for more than 1,400 consults per year
- Work closely with all clinical services in our health system and help educate other healthcare providers
- Participate in future program expansion, including system-wide outreach
- Opportunities exist to develop special interests and research in the field of palliative medicine

**Geisinger Health System (GHS)** serves nearly 3 million people in Northeastern and Central Pennsylvania and has been nationally recognized for innovative practices and quality care. A mature electronic health record connects a comprehensive network of 4 hospitals, 43 community practice sites and more than 900 Geisinger primary and specialty care physicians.

Discover for yourself why Geisinger has been nationally recognized as a visionary model of integrated healthcare.

For more information, please visit [Join-Geisinger.org](http://Join-Geisinger.org) or contact: **Lori Surak, Department of Professional Staffing, at 1-800-845-7112 or [ljsurak@geisinger.edu](mailto:ljsurak@geisinger.edu).**

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