Hospice Medical Director Development

An Often Overlooked Means to Optimal Hospice Performance

Building Excellence in End-of-Life Care

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Disclosure Statement

Information presented is not a substitute for

Common **S**ense

Presenters:

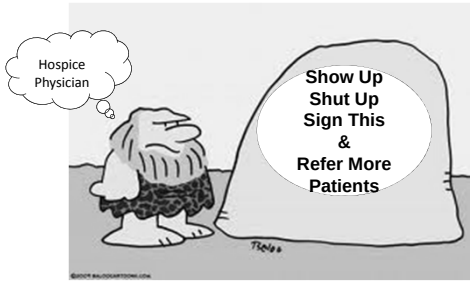
Have a financial relationship with Gentiva Health Services
Have no other relevant disclosures

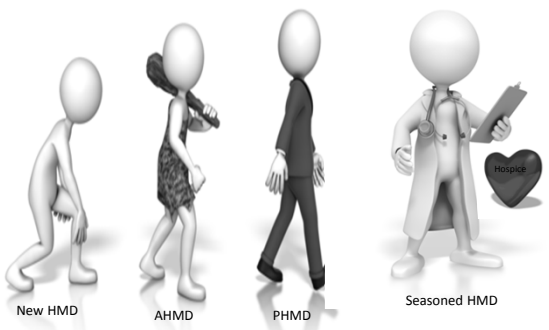
Objectives

- Describe competencies for which hospice medical directors (HMD) can benefit through focused development efforts
- Discuss methods of fostering the development of physicians as they work in an interdisciplinary team setting
- Compare the benefits and challenges involved in working with HMDs with differing training & practice backgrounds

Evolutions of the HMD

"In the Beginning…"





So is Your current program medical director your Ideal Hospice Medical Director?

The Ideal Hospice Medical Director

That punctual, sensitive he or she that arouses, motivates and educates the participants of IDG. Choreographs an effective/efficient IDG in a timely manner while actually reviewing the Plan of Care. Appropriately addresses pain and symptoms while expertly managing medication. Is proactive in attending to the potential needs of the patient and their family. That super-being, that communicates with the attending physician and mentors in the magic of end-of-life care. Yet, is fiscally aware and sure-footed with regard to eligibility, recertification and terminal diagnosis/prognosis determination.

Which physician makes the best HMD?

- Considerations should *not* include:
  - Referral base (compliance issues)
- Considerations include:
  - Specialty background (primary care vs. specialty)
  - HPM experience and training
  - Type of practice (clinic, LTC, hospital, academic)
  - Availability (too much or too little)
  - "Bedside manner" (a.k.a. "the hospice heart"), which is really what matters

BEST

Desired Hospice Medical Director Skill Set

Three Main HMD "Types"

1. Full-time, dedicated, HPM-experienced physician
   - Typically working in a larger hospice environment
2. Part-time, often HPM-experienced physician with own 'primary' practice
   - Typically working with smaller hospices or in conjunction with 'type 1' in larger hospice
3. Part-time, relatively HPM-***in***experienced physician with own principal practice
   - Typically working with smaller hospices

Type 1: Benefits/Detractions

- Full-time, HPM-experienced
  - Understands the specialty of HPM
- Background
  - Midcareer change or Fellowship-trained
  - Pure palliative-care background may have deficits
- Requires a sizable enough hospice to justify
  - Large home-based hospice or dedicated inpatient unit (IPU)
- In relatively short supply
- "Eggs are all in one basket"

Type 2: Benefits/Detractions

- Part-time, HPM-experienced
- Ideal for small- or medium-sized hospices, especially from a hospice-cost standpoint
- Generally working with a single IDG team
- Principal practice may take priority
  - Less time to devote to hospice
  - Less available for teaching / development
  - Less likely to be part of leadership team

Type 3: Benefits/Detractions

- Part-time, HPM-inexperienced
- Relatively less expensive
  - At least in the short term
- Knowledge deficits
  - Requires strong clinical leadership at program to guide / mentor / teach
  - Difficulties of nurses "leading" physicians
- Principal practice takes priority
  - Problems with dedication to hospice
  - Rarely part of leadership team

Speaking of evolution

- Many Type 1 HMDs started as one of the earlier types and evolved/developed

To be Effective They Need to Know

- History of the Organization
  - Vision
  - Mission
  - Commitments
- Their Supervisor
  - Their goals and expectations
  - Their job description
  - Your communication style

Hospice Medical Director (HMD)
"The Basics"

- Program Hospice Medical Director (PHMD)
  - Lead HMD for provider number
  - Same responsibilities as AHMDs
- Associate Hospice Medical Director (AHMD)
  - Patient Visits
  - Face-to-Face Encounters
  - On Call
  - Volunteer

$$E = mc^2$$

- Attending Physician (AOR)
- Consulting Physician

Hospice Medical Director Competencies

Hospice Medical Director Responsibilities

Clinical
- Patient Care Oversight (IDG)
- Direct Patient Care (Professional Visit)

Administrative
- Eligibility
  - Dx Determination Related vs Unrelated
  - Face-to-Face Encounter
  - Physician Narrative
  - Certification
- IDG
- Pharmacy Utilization
- On Call Availability
- Education

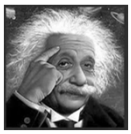
…HMD Responsibilities

1. Responsibility for the medical component of hospice's patient care program (P)
2. Patient Care
   a) Prognostication
   b) Assume role of attending (if requested)
   c) Act as consultant for pain or symptom management
   d) Recommendation: Call Referring Source or Attending about patient care visit

(P) = Program Medical Director

…HMD Responsibilities

3. Engage with inter-disciplinary team in formulating and implementing the plan of care **&**
   Confirming Eligibility



Challenge Assumptions

ENGAGE

…HMD Responsibilities

4. Medication Review
   a) Determine what medications are related to the terminal diagnosis / prognosis
      a) On Admission
      b) During IDG meetings
5. Certification Process
   a) Physician Narrative
      More to be said

…HMD Responsibilities

6. Ensure compliance with all state laws and regulations governing physician licensure (P)
7. Supervision of all hospice physicians (P)
8. Physician On-call Availability(A) & Scheduling (P)
9. Participate in AHMD performance reviews (P)

(P) = Program HMD

…HMD Responsibilities

10. Periodically review (P)
    a) Hospice Physician Narratives
    b) Physician Progress Notes
    c) Physician Billing
    d) AHMD Activities & IDG meetings
    e) Physician Response Times "Call Back"
11. Ethics consults
    a) Skilled negotiator for goals of care
    b) Part of Ethics Committee

(P) = Program HMD

…HMD Responsibilities

12. Participate in:
    a) QAPI
    b) Leadership Meetings (P)

13. Appropriate Documentation
    a) Legible or Dictated
    b) Signed & Dated
    c) Paperwork must be submitted in a timely manner

(P) = Program HMD

Hospice Medical Director Competencies

Physician Narrative ⇨

Physician Narrative

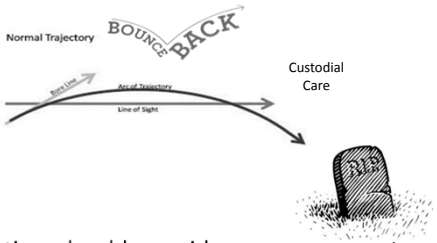
The physician narrative is an integral part of the certification process and has a significant role / responsibility in the financial stability of a program.

The Narrative *must be* supported by the documentation within the patient's medical record

…The Physician Narrative

It's about painting a picture that establishes the terminality of the patient's current condition.

By contrasting their current state of heath with the individuals past state of health will establish a trajectory that communicates a terminal prognosis.



The narrative should provide a sequence of events with measurable parameters that leads the reader to the conclusion, that if this individual continues on their current trajectory, they will probably die within six-months or less.

…The Physician Narrative

Does their Narrative paint a clear picture?

Regular HMD
F2F, Narrative, & Diagnosis-Selection Audits

(Related vs Unrelated)

Ensuring:

- *Timeliness*
- *Legibility*
- *Technical Correctness*
- *Content*

Feedback provided to the HMDs

A Word about Pharmacy Management

Hospice Medical Director's Responsibility

1. Determine if the medication is Related to the Terminal Diagnosis and all related conditions
2. Address Polypharmacy
3. Eliminate non-beneficial medications
4. Suggest cost-effective alternatives
5. Act as good financial stewards of the hospice

Goals for Pharmacy

- Proper related/unrelated determinations
- Manage pharmacy costs
  - Cost per patient per day (CPPD) is appropriate
  - Adherence to preferred drug list
  - Appropriate use of infusions
- Concerns over compounding
- Proper utilization of "comfort kits"

WHAT DOES HOSPICE COVER?

CMS 2014 Final Rule

(August 7, 2013)

"It is our <CMS> general view that hospices are required to provide virtually all the care that is needed by terminally ill patients." "Therefore, unless there is clear evidence that a condition is unrelated to the terminal prognosis, all services would be considered related. It is also the responsibility of the hospice physician to document why a patient's medical needs would be unrelated to the terminal prognosis."

Your HMD should be involved

- Medications that are:
  - Expensive Medications
  - Parenteral infusions / injections
  - Blood Building Products
  - Total Parenteral Nutrition (TPN)
  - Chemotherapy / Radiation Therapy
- HMD decision with IDG input
  - All such treatments must have a physician order

So how does one foster HMD development?

Development Requires:

- Clear expectations
  - Role & Responsibilities
  - Understanding of time commitments & schedule
- Accountability
  - Clear understanding of supervisor
  - Consistent & clear feedback
- Opportunities for growth
  - Educational
  - Organizational
  - Professional

Orientation of New HMDs

- Have a clear process for on-boarding
- Orient to:
  - Entire office
  - Team
  - Processes
  - Schedules
  - "Paperwork"
- Include clinical/regulatory for Type 3 HMDs

HMD Evaluations

- To meet your expectation
  - Define your expectations
  - Describe expected competencies
  - Nurture their development
  - Evaluate their performance
  - Communicate

…HMD Evaluations

- New HMDs
  - At (6) six-months
- Established HMDs
  - At (12) twelve-months
- Use a formal HMD Evaluation Form

HMD Clinical Resources

- Written materials
  - *Primer of Palliative Care* (AAHPM)
  - *Hospice Medical Director Manual* (AAHPM)
  - UNIPAC SERIES (AAHPM)
  - *Hospice and Palliative Care Formulary, USA*
  - *Oxford Textbook of Palliative Medicine*
  - Other texts
- Especially useful for "Type 3" HMDs

Organizational Resources

- American Academy of Hospice & Palliative Medicine
  - Many communities, as well as online resources
  - www.aahpm.org
- National Hospice & Palliative Care Organization
  - Great regulatory & advocacy resources
  - www.nhpco.org
- Center to Advance Palliative Care
  - Primarily non-hospice resources
  - www.capc.org
- All have annual meetings

Online Resources

- EPERC Fast Facts
  - >260 'one pagers' on an HPM topic
  - www.eperc.mce.edu/EPERC
- PalliativeDrugs
  - Online pharmaceutical resources
  - www.palliativedrugs.com
- Many others, including several blogs:
  - PalliMed: www.pallimed.org
  - GeriPal: www.geripal.org
  - JAMA EOL Care Series: http://bit.ly/RjrtLR

Journals

- **American Journal of Hospice and Palliative Medicine**
  - *http://ajh.sagepub.com*
- **European Journal of Palliative Care**
  - *http://www.haywardpublishing.co.uk/ejpc .aspx*
- **Journal of Pain and Symptom Management**
  - *http://www.journals.elsevier.com/journal-of-pain-and-symptom-management/*
- **Journal of Palliative Medicine**
  - *http://www.liebertpub.com/jpm*
- **Palliative Medicine**
  - *http://pmj.sagepub.com/*

Certifying Boards

- American Board of Medical Specialties (ABMS)
  - *www.abms.org*
- American Osteopathic Association Bureau of Osteopathic Specialties
  - *www.osteopathic.org*
- Hospice Medical Director Certification Board (HMDCB)
  - *www.hmdcb.org*

What's the quickest way to get a new HMD engaged?

Ask them to "share their expertise" by giving an educational talk on a topic

HMD Teaching

- "Mini in-service" to staff
  - Start of IDG
  - Use a Fast Fact, journal article, or blog-post
- Formal hospice staff in-services
- Local presentations
  - Hospital Grand Rounds
  - Community presentations
- State / National meetings
  - State hospice meetings
  - Specialty society meetings

Professional HMD Development

- Involvement within organization
  - AHMD → PHMD → Leadership Role
  - Our organization's "Senior HMD" role
- State organizational leadership
  - Presentations
  - Committees / Board of Directors
- AAHPM / NHPCO involvement
  - NHPCO: NCHPP & Committees
  - AAHPM: SIGs & Committees
  - Both have leadership development training

HMD Collegiality

- Recommend scheduled HMD meetings
- Should be agenda driven, run by PHMD
  - Discuss program issues as previously outlined
  - Include educational component (e.g. journal club)
- Provide open forum time for discussion
  - Always discuss current issues / 'hot topics'
  - Someone prepared if no issues arise

Is There a Role in Marketing?

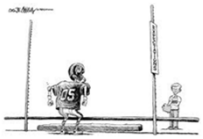
- The best marketing a HMD can do is to see patients and communicate with the attending
- Seeing physicians, administrators, or others as part of a scheduled meeting or education
- Doing community or professional presentations on hospice or end-of-life care
- 'Cold calling' with marketing staff is a poor use of time

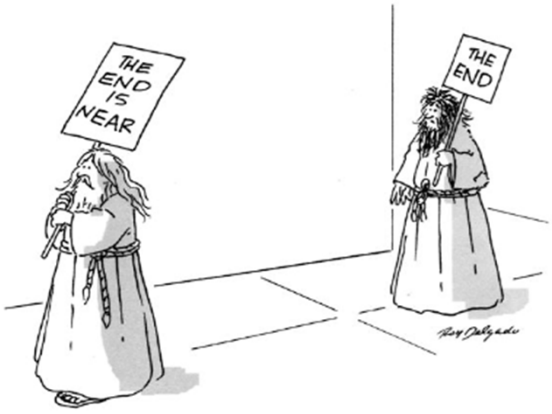
How Much Do You Pay an HMD?

- There is only one answer to this question!
- Fair Market Value in return for services rendered
- Never more than that!

Again: the Basic Expectations

1. Good End-of-Life Patient Care
2. Determine eligibility on admission & recertification
   a) Ability to produce a physician narrative that is:
      i. Legible / Clear / Accurate / Brief
      ii. Provides the rationale and justification for a prognosis of six-months or less
      iii. Supported by the nurses documentation
3. Communicate with the attending and/or referring physician
4. Good pharmacy utilization
5. Support the nurses in the field





In Summary, HMDs Need You to. . .

- Engage Them ⟹ Invest in Them
- Clearly Define Your Expectations
- Hold Them Accountable
  - For Clinical Excellence
  - In IDG ⟹ Punctual & Engaged
  - Scheduled HMD Meetings
  - Successful F2F & Physician Narratives
  - Determination of Related / Unrelated

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(名) 问题, 疑问句, 疑问

Signo de Interrogación

שאלה

Questions ?

preguntar

أ. سؤال, قضية, مسألة, استجواب, نزاع,

Frage

APPENDIX

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Terminology

1. ADC = Average Daily Census
2. ADR = Additional Development Request
3. CFR = Code of Federal Register
4. CMS = Centers for Medicare & Medicaid Services
5. CoP = Conditions of Participation
6. FI = Fiscal Intermediary
7. IDG = Interdisciplinary Group
8. IDT = Interdisciplinary Team
9. LCD = Local Coverage Determination
10. MAC = Medicare Administrative Contractor
11. HMB = Medicare Hospice Benefit
12. HMD = Hospice Medical Director
13. HPM = Hospice & Palliative Medicine
14. MIC = Medicaid Integrity Contractor
15. OIG = Office of Inspector General
16. POC = Plan of Care
17. QAPI = Quality Assessment / Performance Improvement
18. RA = Recovery Auditor (formerly Recovery Audit Contractor)
19. ZPIC = Zone Program Integrity Contractor

Conditions of Participation

- In reviewing the patient's prescribed and over-the-counter medications and any additional substance that could affect drug therapy, the hospice must consider:
  - **Effectiveness**
  - **Side effects**
  - **Interactions**
  - **Duplication**
  - **Lab testing**

Interpretive Guidelines 5418.54 (c)(6)

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References

1. Medicare Hospice Conditions of Participation: Code of Federal Register (CFR) Hospice: Title 42 Volume 2 Part 418
   - http://edocket.access.gpo.gov/2008/pdf/08-1305.pdf
   - Last accessed February 19, 2014
2. Change to the Physician Certification & Recertification Process
   - § 418.22 Federal Register / Vol. 74, No. 150 / Thursday, August 6, 2009 / Rules and Regulations, pages 39398-39399 .
   - http://www.gpo.gov/fdsys/pkg/FR-2009-08-06/pdf/E9-18553.pdf
   - Last accessed February 19, 2014
3. CMS Final Rule on FY2014 Hospice Wage Index
   - http://www.nhpco.org/billing-and-reimbursement/medicare-wage-index)
   - Last accessed February 19, 2014 (must be a member of NHPCO)

References

4. Hospice Program Interpretive Guidance Version 1.1. CMS
   - *http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-19.pdf*
   - Last accessed February 19, 2014.
5. Hospice Conditions of Participation:
   - *http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/xml/CFR-2011-title42-vol3-part418.xml*
   - Last accessed February 19, 2014.
6. Cote TR, Kinzbrunner BM. **The Hospice Medical Director Manual. 2nd Edition**. AAHPM. 2012. "Teaching Strategies"