Learning Objectives
At the completion of this session, the attendees will be able to:

1. Name the 6 Palliative Medicine Core Competencies based on the ACGME* Outcomes Project
2. Describe ways components of the core competencies can be applied to a 360° evaluation of a hospice medical director
3. Identify the benefits of peer evaluation of the hospice medical director

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Hospice Size

• In 2011, almost 2/3 of hospices had an average daily census of 100 or less

• Smaller hospices may have only one physician working for them, often part-time

Pertinent Medicare CoPs related to Hospice Medical Directors

• Contract between hospice and medical director must specify a specific person [§ 418.102(a)]

• Physician must be a core member of IDT [§ 418.56(a)]

• Medical Director is responsible for the medical component of care delivered by hospice [§ 418.102(d)]

The Problem:

• Hospices with only one physician employee may feel ill-equipped to do an evaluation of physician competency

CoPs (cont’d)

• Medical Director is responsible for initial and ongoing certification of terminal illness for individual patients [§ 418.102 (a), (b), (c), (f)]

• Contracted workers are employees under Medicare CoPs, and all employees are required to have periodic competency evaluations [§ 418.64; 418.114 (c); 418.116]
What’s a Small Hospice To Do?

Case Example: Hospice of Humboldt
- Free-standing; non-profit; founded 1978
- Located in rural northern California
- ADC: 109
- ALOS 70; MLOS 24
- 21% SNF; 32% Residential Care Facility
- Currently no inpatient facility (planned 2015)

Medical Services
- One Medical Director; no other physician support
- Lack of interested and trained palliative physicians in the area
- Needed help with competency evaluation for Medical Director → Consultation with TCG

Developmental Stepwise Approach
- Step 1: Clarify expectations of HOH
- Step 2: Review job description and contract
- Step 3: Propose a developmental approach to 360° evaluation based on Palliative Medicine Core Competencies and HOH specific criteria

Expectations
- Assist HOH in developing a competency assessment of their medical director
- Conduct a peer assessment
  - Consultant interview of medical director
  - Chart review for clinical competency
  - Identify areas for improvement
  - Build on strengths

Review of Job Description
- Highlight areas of importance
- Identify components for possible revision/inclusion
- Base elements of competency evaluation on stated expectations in contract/job description
Developmental Evaluation

Palliative Medicine Core Competencies [based on ACGME* Outcomes Project]
- Patient AND FAMILY care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

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Core Competencies

Patient and Family Care
- Performs accurate initial and ongoing assessment of pain and symptoms
- Constructs and documents appropriate comfort care plans and modifies as necessary to achieve patient comfort
- Initiates consultations as necessary

Core Competencies (cont’d)

Medical Knowledge
- General medical knowledge/chronic disease care
- Understands evidence related to estimating prognosis
- Recognizes & understands steps in dying process
- Understands principles of pharmacologic pain and symptom management
- Understands non-pharmacologic pain and symptom management
- Understands psychosocial & spiritual factors affecting patient care

Core Competencies (cont’d)

Practice-based learning and improvement
- Periodic peer assessment of clinical care to assure adherence to EBP
- Willingness to undergo periodic performance assessment/implements improvements
- Develops clinical pathways for care consistent with guidelines

Core Competencies (cont’d)

Interpersonal and Communication Skills
- Patient and family rapport
- Conducting patient-centered interviewing
- Shared decision-making with patient, family, IDT
- Effective communication with other members of IDT
- Outreach to medical community

Core Competencies (cont’d)

Professionalism
- Respect and compassion for all patients
- Competency in ethical issues related to EOL
- Cultural competency
- Non-discrimination
- Ability to teach staff/trainees
- Upkeep of licensure, registration, board certification
- Involvement in professional organizations

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Core Competencies (cont’d)

Practice-based Learning and Improvement
- Exhibits self-directed learning
- Participates in developing care pathways
- Participates in quality improvement activities
- Demonstrates continuous improvement in palliative care knowledge and skills

System-based Practice
- Understands differing medical delivery systems
- Understands the Medicare Hospice Benefit and CoPs (especially related to determining prognosis and fulfilling requirements of certification)
- Works well with IDT and coordinates care across settings
- Demonstrates understanding of principles of cost-effective care
- Participates in development of organization P&Ps

Framework Development
- Identified core competencies specific to HOH
- Recommended evaluation components for each core competency from among several possibilities

Possible Modes of Evaluation
- Surveys of co-workers (IDT; on-call; admissions; senior management team)
- Patient/family feedback (both formal and informal)
- Referring physician feedback (formal and informal)
- Chart reviews (routine for compliance; peer audit for clinical care)

Possible Modes of Evaluation (cont’d)
- Consultant interview with Medical Director
- Physician billing records (for accuracy and completeness)
- On-call reliability (scheduling and availability)
- HR personnel file complete (licensure etc. current / up-to-date)

Customized Framework
- Parts handled internally by HOH personnel
- Parts handled by consultant
  - Medical director interview
  - Chart audit
  (see handouts)
Components of Internal Evaluation

• Initial physician input into process and involvement in each step
• Revised job description; formed basis of evaluation components

Components of Internal Evaluation

• HOH Executive Director developed 3 Part process:
  • Part 1: Performance per Job Description
    • Medical Director Evaluation Survey for Clinicians (IDG)
    • Family Satisfaction Surveys
    • Various compliance audits of charts
    • Leadership Evaluation Surveys

Components of Internal Evaluation

• Part 2: Self Evaluation by Medical Director
• Part 3: Peer chart reviews
  (see components of consultant evaluation)
Refer to handouts:
  • Medical Director Evaluation Survey for Clinicians
  • Leadership Survey for Department Directors
  • Self Evaluation

Components of Consultant Evaluation

• Interview
• Chart Review
• Summary Report

Components of Consultant Evaluation

(Cont'd)

Interview
• Medical director background/ experience
• Interest in hospice and palliative medicine
• Professional memberships and activities
• Role in CQI activities during previous year
• Medical director professional goals for the upcoming year

Components of Consultant Evaluation

(Cont'd)

Chart Review
• For pain and symptom management
• Prognostication skills
• Evidence of collaboration with IDT
• Evidence of collaboration with referring community
Final consultant report submitted to HOH
Medical Director Annual Evaluation

- Combines:
  - Part 1: Performance per Job Description
  - Part 2: Self-Evaluation
  - Part 3: Peer Chart Review
  - Rating system for each component
  - Summary
  - Joint review by Executive Director and Medical Director

How did it go?

- HOH senior management:
  - Very helpful
  - Felt stuck previously
  - Useful to divide into 2 parts:
    - Review of medical competency by outside peer reviewer
    - Review of other aspects of the job internally

How Did It Go?

- Medical Director
  - Useful feedback
  - Led to changes in consent form
  - Affirmation of job well done

How Did It Go?

- Front-line staff who were asked for input
  - Took it seriously
  - Good participation: most surveys returned
  - Thoughtful feedback

Questions?

Resources

- Hospice and Palliative Medicine Competencies Project: Toolkit of Assessment Methods. AAHPM ©2010

  www.nationalconsensusproject.org/Guidelines_Download2.aspx

Resources (cont’d)

- Measurable Outcomes for Hospice and Palliative Medicine Competencies Version 2.3 9/2009
  www.aahpm.org/pdf/measurableoutcomes2_3.pdf

- ABMS MOC Competencies and Criteria. ABMS©2006-2012

- Hospice Medical Director Certification Board content blueprint for certifying examination www.hmdcb.org/about-the-exam/default/content-blueprint.html