HPM Fellowship and Hospice Program Partnerships

A Resource Guide for Aligning and Strengthening Hospice Curriculum for New and Existing Training Programs

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HPM Fellowship Program Interviews

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HPM Fellowship and Hospice Program Partnerships

The Accreditation Council for Graduate Medicine Education (ACGME) requires that all hospice and palliative medicine (HPM) fellowship programs provide fellows a minimum of 2½ months of experience with Medicare-certified hospice(s), Veterans Administration hospice care, or a pediatric palliative care team caring for children with serious illness at home. During this experience, the fellow must perform at least 25 hospice home visits through a Medicare-certified hospice. Integrating a high-quality hospice experience with a well-organized hospice curriculum continues to be a challenge for many HPM fellowship programs, particularly for academic programs that traditionally have minimal or no formal relationship with a hospice program. HPM fellowship programs have an opportunity to build a robust hospice training experience by partnering with local hospice programs. Studies and surveys show that the majority of newly graduating HPM fellows are selecting careers in palliative rather than hospice medicine.[1-3]

Historical Perspective on End-of-Life Education

Along with the beginning of the hospice movement in the early 1970s, there was a need for end-of-life care education in medical schools. Early national assessments showed minimal to no end-of-life medical curriculum in medical schools.[4-6] Only a handful of medical schools had any formal end-of-life education, which usually included occasional lectures and short courses on death and dying. Often, medical schools and academic centers collaborated with local hospices on teaching and training. Many hospice programs continue to support ongoing academic research and education in end-of-life care, and have played an important role in this curriculum development.[7-9]

Hospice programs across the country have developed hospice rotations and collaborations with medical students and resident physicians-in-training. These programs have showed strong academic leader support, high learner satisfaction, and positive cognitive assessment outcomes and have been an overall effective contribution to multiple training programs.[10-17] Early adopter hospices, some known as "academic hospices," emerged as a place where high-quality patient care, expert education and training, and end-of-life care research were completely integrated into the mission of the hospice program.[18] Given the need for end-of-life care research, the collaboration with hospice was of special interest to academic programs because these relationships could help address some of the unique challenges of studying the hospice population, including building trust with patients and alleviating time restrictions faced by key staff.[19-21] Even with the many barriers and challenges, there are successful partnerships between HPM fellowship programs and hospices.[22-24]

The rapid, exponential growth of hospice programs in the mid-2000s created an abundance of hospice providers in many areas throughout the country. It is not uncommon for HPM fellowship programs in urban centers to have multiple hospices within their immediate geographic region. The growth in hospice programs mostly focused on direct patient care rather than collaborations with education and research at the academic level.

Working Together to Maximize a Quality Learning Experience

Meeting ACGME Requirements

There are varying ways to meet the ACGME HPM fellowship requirements while also maximizing the fellow's time to provide the highest-quality learning experience. The minimum hospice rotation requirement of 2½ months can be divided up in such a way that allows for both designated rotation as well as ongoing patient care. Giving the fellow designated home hospice time during the fellowship year (eg, 2–4 half days/month) following the first rotation enables them to follow patients throughout the course of their disease and eases the workload of hospice physicians*. The fellowship program also may be able to draw on the expertise of the hospice physicians for didactic sessions. Offering more than the minimum required hospice rotations can enhance the training experience, particularly if the fellow is interested in a hospice career track.

Developing High-Quality Hospice Faculty

Because fellows may take additional time from staff and alter the productivity of the hospice physician and other interdisciplinary providers, commitment and support from the highest level of the hospice administration is integral. It is prudent for the HPM fellowship program to set the standard and encourage hospice programs to certify and professionally develop their clinician providers. Developing a faculty development education series for hospice staff (including interdisciplinary team members) will benefit both institutions.

HPM Curriculum, Competencies, and Milestones

Having a designated hospice team member who can work with the program director and program coordinator to determine the specific needs and goals for each rotation is crucial. (Refer to the ACGME Requirements below). Regular meetings with the HPM fellowship and feedback from the hospice program are critical to the success of the partnership. The HPM fellowship program should consider involving the engaged, high-quality hospice as an important contributor to the whole fellowship program.

Hospice Programs Seeking HPM Fellowship Collaborations

Over the years, hospice programs have had difficulty with education outreach, particularly because of time constraints and internal workforce pressure to give direct patient care. Training the highest-quality clinicians for the future is critical in hospice care. With proper planning and collaboration, hospice programs can be an important part of HPM physician training and education.

Outreach to HPM Fellowship Programs

The best way to contact an HPM fellowship program regarding opportunities for collaboration is to contact the program director. Visit the ACGME website to conduct a program search. Typically, the HPM fellowship coordinator can arrange a meeting between your lead hospice physician, hospice chief executive officer, or hospice chief operating officer and the HPM fellowship program director. In addition, you should be prepared to discuss what additional support your hospice program can offer.

Your hospice may have an existing education or clinical service relationship with the academic institution with which the HPM fellowship is affiliated. If your hospice has established an educational program, there already may be multiple learners including residents, fellows, and medical students in its population. Preparations for focused education for HPM fellows is important given their unique educational needs.

Fellowship programs must be accredited by ACGME for graduates to be eligible to take the HPM board examination. ACGME requires that all academic physician training programs follow strict guidelines, policies, and procedures as outlined in common and specialty program requirements. You can compare this to the stringent conditions of participation seen in hospice care. ACGME divides programs into core and subspecialty. The HPM fellowship program is a subspecialty program of one of the following core specialties: anesthesiology, family medicine, internal medicine, pediatrics, psychiatry and neurology, or radiology. New HPM fellowship programs applying for initial ACGME accreditation now must be affiliated with a core residency program in internal medicine, family medicine, or pediatrics. The ACGME Program Requirements for Graduate Medical Education in Hospice and Palliative Medicine (effective July 1, 2020) outline the programmatic expectations for the development and implementation of a successful HPM fellowship program. The fellowship program also can review the ACGME's Frequently Asked Questions: Hospice and Palliative Medicine, which provide details about and can help fellowship programs interpret the requirements.

Steps for Partnership with an HPM Fellowship Sponsoring Institution

- **Program letters of agreement (PLAs)**: For hospice rotations to occur outside of the sponsoring institution, PLAs must be developed to outline the legal and educational responsibilities between the sponsoring institution and the proposed educational site. In most instances, the sponsoring institution (SI) will have a standard PLA template that they will prefer your hospice program use. Contact the HPM fellowship coordinator or the GME office at the SI for more information on the agreement details. Issues to be addressed in the document may include, but are not limited to, reimbursement of the educational activity (for both faculty and fellows), malpractice coverage during the educational activity, HIPAA compliance, Medicare cost report claiming, supervising faculty, and educational goals and objectives. Note that in many institutions, it can take up to 6 months to complete a fully executed PLA.

- **Preparing for fellow onboarding**: Fellows need to participate as integral members of the hospice interdisciplinary team and experience the unique role of the hospice physician. Sometimes the hospice program will require a short, formal orientation to their organization. Otherwise, onboarding should include giving fellows access to the electronic health record (EHR) and having them complete administrative tasks. Preparations should be made for appropriate education and oversight of fellows participating in the hospice physician's administrative tasks, including administering the interdisciplinary team meeting; completing certifications of terminal illness and death; and, as possible, taking call.
- **ACGME requirements:** The ACGME sets strict criteria for evaluations of fellows, faculty, and the program itself. The fellowship program can assist the hospice program in this process. It is important for the hospice program leadership who are involved in hospice fellowship rotations to review and understand ACGME criteria.

    - **Fellow evaluation**
      Per the HPM fellowship program requirements (effective July 1, 2020), there must be formative and summative evaluations performed throughout the fellowship year.
        - The **formative evaluation** process requires the following:
            - objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on specialty-specific milestones
            - multiple evaluators (eg, faculty, peers, patients, self, and other professional staff)
            - documentation of discussion of the semiannual evaluation of performance, with feedback, for each fellow.
        - The **summative evaluation** process requires the following:
            - use of specialty-specific milestones to ensure the fellow is able to practice core professional activities without supervision
            - documentation of the fellow's performance throughout their education and verification that the fellow has demonstrated sufficient competence to enter practice without direct supervision
            - documentation, which is included in the fellow's permanent record and maintained by the institution, that is accessible for review by the fellow in accordance with institutional policy.
                - **HPM Curricular Milestones (CMs), Entrustable Professional Activities (EPAs), and Reporting Milestones (RMs)**
                  In the late 2000s, ACGME created the Next Accreditation System, which shifted the emphasis of training toward competency-based education. In response, AAHPM created workgroups to define HPM-specific CMs, EPAs, and RMs. Like the HPM Core Competencies, these can be used in various ways to inform curricula, help with trainee assessment, and design faculty development.

- HPM CMs provide detailed teaching elements of fellowship training programs. Although not required by ACGME, CMs are offered as a means to provide curricular structure and guidance to educators.
- HPM EPAs list a set of essential activities all HPM physicians should be able to perform. EPAs reflect a "job description" for HPM physicians. Specific essential activities in the EPA list are important in hospice care.
- Hospice and Palliative Medicine Reporting Milestones (effective July 1, 2019) provide a reporting structure for fellowship programs to describe the progress of individual fellows to ACGME. The HPM fellowship program will report these milestones into the Accreditation Data System up to twice a year.
- Supplemental Guide: Hospice and Palliative Medicine provides additional guidance and examples for the HPM milestones. As the program develops a shared mental model of the milestones, consider creating an individualized guide. (A supplemental guide template is available.)

- **Clinical Competency Committee (CCC):** A CCC must be created by the HPM fellowship program to review the fellows' performance, oversee their development, and make decisions about their progress and areas for improvement. This includes the preparation and submission of specialty-specific milestones to ACGME. Hospice physicians should be prepared to participate in the CCC to offer their unique perspective on the fellows, covering such issues as team collaboration in various settings, documentation timeliness, etc.
- **Understanding the ACGME requirements:** Understanding the requirements will be helpful when formally discussing the need for rotations and education for the HPM fellowship program. It is best to approach the HPM fellowship program by asking what is needed within their training structure. Needs of an HPM fellowship program may include

    - hospice rotations including general inpatient, home, and long-term care
    - hospice education and didactics
    - hospice on-call or weekend experiences
    - continuity of care and transition of care experiences
    - experiences with hospice physician responsibilities
    - experience in working within a hospice interdisciplinary team
    - end-of-life care procedures such as palliative sedation.

Educating HPM Fellows

The HPM fellow must be actively involved in the administrative and clinical responsibilities of a hospice physician; therefore, the HPM fellow will be more integrated into your hospice operations than other learners in typical shadowing roles.

Assess the strengths of your hospice team members and designate a "champion" who is enthusiastic about teaching and working with an HPM fellowship program. Having a designated team member who can work with the HPM fellowship program director and coordinator to determine the specific needs and goals for each rotation is critical to a successful partnership. Also important is designating capable staff to work closely with the fellow. Expectations for the fellow should be addressed during their orientation to the hospice prior to starting a hospice rotation. The fellow's adherence to and completion of these expectations can be evaluated during a meeting with the fellow at the end of the rotation to discuss their experience. Having hospice team members who worked alongside the fellow participate in 360-degree evaluations of the fellow (refer to the Toolkit for a sample evaluation) can be valuable to both the fellow and the HPM fellowship program.

- **Collaborate on teaching**: Didactic training sessions can be offered in a virtual format, lessening travel time for fellows and attendings. Teaching by hospice interdisciplinary team members also can be incorporated into the fellow education schedule.
- **Integral involvement of fellows**: To ensure the best possible educational experience, fellows should be integrated into the functioning of the hospice interdisciplinary team. This includes, but is not limited to, giving fellows access to the EHR and longitudinal patient assignments and having fellows conduct joint home visits with physicians and other disciplines on the hospice interdisciplinary team, participate in interdisciplinary team meetings, and complete regulatory paperwork and death certificates.
- **Faculty development**: Faculty development should be provided not just to physicians but also staff from all disciplines who will interact with fellows. Topics for education should include providing and receiving feedback, how to evaluate an HPM fellow, effective virtual/telephonic collaboration, etc. Refer to the Toolkit for sample faculty development resources.
- **Feedback and rotation evaluation:** Giving feedback and rotation evaluations is an important element of an effective training and learning experience, and should be done by all interdisciplinary team members. Refer to the Toolkit for sample evaluations.

As the fellow advances in training, your hospice can offer them more opportunities for hospice on call; precepting other hospice learners; and attending committee meetings, such as for ethics and quality. Networking with your hospice leadership, including the hospice medical director* and hospice administrators, also can provide valuable learning experiences.

HPM Fellowships Seeking to Develop Hospice Educational Partnerships

HPM Fellowship Programs Outreach to Hospice Programs

It is important to develop an overall assessment of hospice program quality as you consider partnerships because this can affect, directly or indirectly, the HPM fellow's experience when rotating in the hospice program. Developing proper assessments can be researched at Medicare.gov Hospice Compare and Hospice Analytics prior to discussions with the hospice. An engaged and high-quality hospice program should be able to share data that is pertinent to the fellow experience. MedPac and the National Hospice and Palliative Care Organization (NHPCO) also have collected and published national data regarding hospice that may be relevant to fellows. Refer to the Toolkit for a list of sample questions to ask potential partners.

- **Initial steps:** There may be existing hospice relationships within your academic institution, such as through the specialty or subspecialty departments in your medical/nursing schools. Reach out to your department and school administrators to identify which local hospices are interested in education and teaching. Clinical and administrative hospice relationships also may exist within your hospital or academic medical center. These may revolve around transitions of care within the hospital setting, such as contracted Medicare general inpatient level of care beds or hospice liaisons within the hospital setting. If you are unable to identify existing partnerships or relationships within your institution, your next step would be to conduct a scan of the geographic region to determine which local hospices may be potential partners for collaboration.
- After identifying a list of hospice programs to contact, refer to the initial screening questions provided in the Toolkit.

Strengthening HPM Program Hospice Educational Partnerships

To continue to strengthen the fellowship and hospice program partnership, faculty and staff from both programs must be in regular communication to discuss program specifics, such as staffing changes and budget or time constraints. When changes occur that may hinder such training, carefully consider shifting the hospice training experience to a time when there is more hospice program stability or offer a prolonged training period (eg, 2–4 half days throughout the year after the initial home hospice month). Fellow training does take additional time and alters productivity within the hospice. Be sure to obtain full support and commitment from the hospice leadership.

- **Collaborate on teaching**: Didactic training sessions can be offered in a virtual format, lessening travel time for fellows and attendings. Teaching by hospice interdisciplinary team members also should be incorporated into your fellow education schedule.

- **Integral involvement of fellows**: To ensure the best possible educational experience, fellows should be integrated into the functioning of the hospice interdisciplinary team. This includes, but is not limited to, giving fellows access to the EHR and longitudinal patient assignments; having fellows conduct joint home visits with physicians and other disciplines on the hospice interdisciplinary team, participate in interdisciplinary team meetings, and complete regular medical director and hospice physician duties and documentation, including death certificates; and giving fellows experience in hospice pharmacy management and clinical phone management with hospice nurses. The clinical administrative duties of a hospice physician and a hospice medical director are well outlined and discussed in the *Hospice Medical Director Manual, 3rd Edition*. The fellow may benefit from reviewing Chapter 3, "Clinical-Administrative Responsibilities and Clinical Care," and Chapter 5, "Administration and Management," before or during their hospice rotations.
- **Faculty development**: Faculty development should be provided not just to physicians but also staff from all disciplines who will interact with fellows. Topics for education should include providing and receiving feedback, evaluating an HPM fellow, ensuring effective virtual/telephonic collaboration, etc. Refer to the Toolkit for sample faculty development resources.
- **Feedback and rotation evaluation:** Giving feedback and rotation evaluations is an important element of an effective training and learning experience, and should be done by all interdisciplinary team members. Refer to the Toolkit for sample evaluations.

HPM Fellowship Program Director Interviews on Hospice Partnerships

We interviewed leaders from eight HPM fellowship programs with robust collaborations with hospice partners with the goal of providing a framework for implementation. We asked several questions, including about the origins of their program and collaborations with hospice, funding, faculty development, development of hospice-specific curriculum and hospice rotations, and the benefits and challenges for working with a hospice.

Benefits and Challenges of Collaborations

Benefits	Challenges
Provides opportunities for new relationships in competitive healthcare environments/communities	Scheduling complexities when working with outside hospice organization
HPM fellowship programs can be an important influence in moving high-quality hospice care forward in the United States	Burden for hospice organization to volunteer their resources
Robust hospice experiences can increase the likelihood that a fellow might work in a hospice following graduation	Need for non-physician hospice clinician education (eg, RN, social worker, chaplain)

Fellow training experiences can influence how the fellow will collaborate with hospice programs in the future	Lack of understanding by hospice leadership of ACGME requirements
Hospice physicians can become important additional faculty members to the HPM fellowship	Low census in some hospices, especially in pediatric population
Increase HPM fellowship program awareness and reputation	Navigating billing for fellows during hospice rotation
Hospice clinical providers receive high-quality education	Hospice philosophy and service variations among hospices
Many hospices offer outstanding leadership support	Difficulty finding hospice faculty
An increase in varied experiences for the fellow	Regulatory scrutiny for hospices
Fellowship program financial support	High team turnover in hospice organizations

Program PEARLS for Successful Collaboration

- Consider increasing hospice rotations beyond the 2½-month ACGME requirement.
- Continuity of care is best learned by experiencing the full continuum from palliative to hospice care.
- Identify a contact for the fellow and hospice team to promote clear lines of communication.
- Have the fellow rotate through all care environments (eg, patient home, nursing home, hospital) to help them develop an understanding of all levels of hospice care (eg, general inpatient, routine, respite, continuous care).
- Develop a robust, hospice-specific curriculum.
- To ensure the fellow understands a continuum of care model, have them develop competencies that enable them to work more effectively with hospices—particularly in the area of care transitions—during other non-hospice rotations.
- Develop education, mentoring, and leadership training for your faculty.
- Focus systems-based practice education for the fellows around challenges in care transitions (eg, critical thinking around bed management, discharge planning).
- Call, including after hours, is a valuable opportunity for the fellow to learn how to utilize the assessment skills of interdisciplinary team members.
- Pediatric patients are unique in their needs and presentation; the curriculum should include experiences specific to pediatrics and be overseen by hospice team members with pediatric experience. Hospice programs often struggle with supplying an efficient and effective workforce to meet the needs of pediatric patients and their families. It is important for the fellow to develop basic palliative care skills in pediatric palliative and hospice care, even if the fellow anticipates working with adult populations. NHPCO's Standards of Practice for Pediatric Palliative Care and Standards of Practice for Hospice Programs offer a guide to high-quality pediatric care.

Selecting a Hospice Partner

- MedPac and NHPCO have collected and published some national data. Medicare.gov Hospice Compare and Hospice Analytics offer assessments of hospice organizations.
- Diversify the hospice experience by collaborating with more than one hospice to gain perspective on similarities and differences between hospices.
- Seek hospices that are willing to collaborate in funding fellow training positions.
- For sample questions to ask potential partners, refer to the Toolkit.

Background from HPM Fellowship Program Interviews

- **Origins of the program and collaborations with hospice**
  - Collaborations started either by developing new relationships with existing hospice physicians and medical directors or by graduates of the fellowship joining a hospice as a medical director or hospice physician.
  - Two of the programs were started by hospice organizations.
  - Key theme: faculty support from hospice physicians at the origin of the program or having support develop from graduates of the fellowship program.
- **Funding**
  - Funding resources range from the traditional university GME funding sources to a variety of partial and full funding options from other philanthropic and hospice programs.
  - Four of the eight programs receive direct funding for one to two fellow positions per year from a partner hospice.
  - All eight programs receive indirect financial support from the hospice program by way of hospice-employed volunteer faculty.
- **Faculty development**
  - The fellowship programs all offered faculty development for hospice physicians.
  - Five of the eight programs have faculty who already were experienced hospice physicians or medical directors.
  - Key Theme: all eight programs offer faculty development to involved hospice physicians ranging from formal wellness, burnout, and resiliency training to more informal "lunch and learn" programs for the hospice faculty.
- **Hospice-specific curriculum and rotations**
  - All eight programs have developed hospice-specific learning.
  - Three of the eight programs specifically focus on hospice medical director training.
  - Three of the eight programs offer rotations with non-physician hospice administrators to teach unique administrative issues in hospice care.
  - Three of the eight programs offer extra elective rotations in hospice.
  - All eight programs offer hospice-specific rotations for more than the 2½-month hospice requirement

- Three of the eight programs offer more than 6 months of hospice-specific rotations.
- All eight programs have both inpatient hospice and home/nursing home/long-term care hospice, including having the fellows take after-hours call.
- Key Theme: the importance of after-hours call was emphasized because working with the hospice team members at all hours was a critical part of the fellow experience.

Toolkit

The Toolkit is designed to be a resource for hospice medical directors, hospice physicians, HPM fellowship directors, and community hospices looking to establish or academically strengthen their hospice rotations for HPM fellowship programs. You will find samples and resources including

- hospice rotation goals and objectives
- evaluation forms and tips for writing preceptor feedback
- a hospice curriculum/didactic guide
- faculty development curricula
- screening questions to assess potential collaborations
- a financial flow sheet to estimate the cost of a hospice hosting a fellow
- a fellow's guide for home hospice call
- a list of pharmaceuticals that consistently are used in hospices
- hospice case studies
- NHPCO resources.

Benefits of Hospice Educational Partnerships to HPM Fellows

HPM fellowship and hospice program collaborations increase the diversity of care environments and resources experienced by HPM fellows. In addition, they expose HPM fellows to a variety of diverse teams, practice styles, and personalities, which will benefit their future ability to be effective members of HPM teams. A hospice program can offer high-quality clinical rotations and education including

- hospice inpatient unit rotations
  - advanced symptom management experience
  - goals of care conversations and patient/family dynamics
  - treatment of emergencies (eg, hip fractures, malignant bowel obstruction, palliative sedation, acute bleed, etc.)
  - working closely within an interdisciplinary team
  - learning last hours of life care
- outpatient rotations
  - understanding challenges faced in the home

    - opportunity to visit patients with staff from all disciplines
    - understanding symptom management in patients who want to stay home
    - participation on interdisciplinary team enables a new understanding of interdisciplinary team dynamics
    - entrusting care to other team members as a hospice physician
    - learning oversight of clinical management for large groups of patients and their families
- longitudinal care
    - continue to follow patients over the course of the year, gaining a better understanding of disease progression and system process in healthcare delivery
- educational expertise
    - hospice staff (including interdisciplinary team members) should be able to offer didactic sessions, research, and quality improvement training and education.

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*A note on nomenclature when describing doctors working in hospice care:

Throughout this Guide, we use two names for a doctor working in hospice care.

1) Hospice Medical Director: The Medicare Hospice Regulations Conditions of Participation (CoP 42CFR418) section 418.102 state: "The hospice must designate a physician to serve as a medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with a hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as a medical director."
Many hospices have multiple employed or contracted physicians doing hospice work. Many hospices also have multiple Medicare hospice licenses, thus sometimes have more than one designated hospice medical director. Not all hospice physicians who work in a hospice are hospice medical directors.

2) Hospice physician: Any physician employed, contracted (or volunteering) with a hospice as a doctor working in hospice care.

As noted above, a hospice organization may have multiple doctors working in hospice care. Both clinical and administrative physician duties for a hospice, may be served by one physician or a combination of physicians, as designated by the hospice. When aligning an HPM fellow with a doctor working in hospice care it is important to understand the roles of the physician working within a hospice organization.

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