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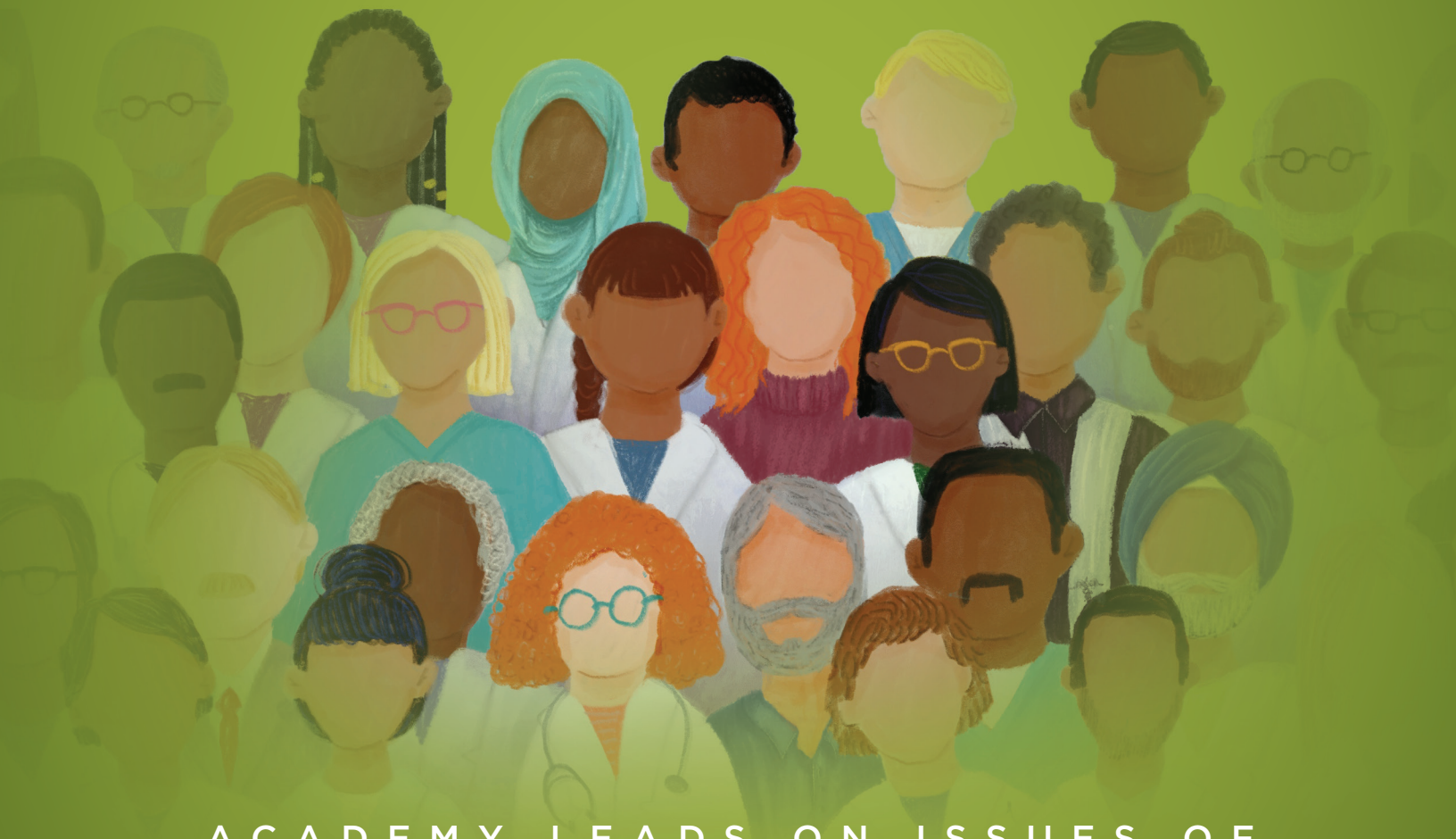

ACADEMY LEADS ON ISSUES OF

ACCESSIBLE, EQUITABLE, HIGH-QUALITY CARE FOR PATIENTS WITH SERIOUS ILLNESS

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Send address changes, administrative correspondence, or letters to the editor to AAHPM by mail to 8735 W. Higgins Road, Suite 300, Chicago, IL, 60631-2738; phone 847.375.4712; fax 847.375.6475; or email info@aahpm.org. *AAHPM Quarterly* is published by the American Academy of Hospice and Palliative Medicine (AAHPM). Advertising is accepted. Contact Mickey Martin at mmartin@connect2amc.com.

MEET AAHPM PRESIDENT

HOLLY YANG, MD HMDC FACP FAAHPM

Dr. Yang in front of El Capitan at Yosemite National Park

What led you to the specialty of hospice and palliative medicine?

I was in medical school when my grandmother, Shue-In Yang, enrolled in hospice with amyotrophic lateral sclerosis. No doctor ever came to the house, but we received excellent care from the team, especially her social worker and home health aide. The week she died, I was scheduled to shadow the palliative consult service at Northwestern, and I followed Charles von Gunten for an afternoon. That experience led me to a subinternship in palliative care, where I witnessed what an inpatient palliative care team (Cameron Muir, Judith Paice, and others) could do. The consult nurse Barbara was the first person to encourage me to lead a family meeting with the presence of a supportive team. During residency I received a James Green Family fellowship grant for a 1-month rotation at Massachusetts General Hospital, where I met the palliative care team led by Andy Billings and had the good fortune to have Nicholas Christakis as an attending. He was the first person to compliment me on my use of silence. It blew my mind at the time to be praised for the absence of words.

I attended my first Annual Assembly of Hospice and Palliative Care as an internal medicine resident in 2004. It was the first time I found my people, saw the national community, and thought I could make a living doing this work (at the time, it wasn't very developed in many areas of the United States). I remember feeling surprised at how welcoming everyone was, that I could hold a lunch conversation with important people in the field, and that they took the time to be interested in a trainee. I went to presentations from incredible clinician educators—like Bob Arnold, David Weissman, Susan LeGrand, and Charles von Gunten—and I knew I wanted to do a fellowship. Later, I trained at San Diego Hospice and the Institute for Palliative Medicine (SDHIPM), which formed the foundation of my career. The field of hospice and palliative medicine (HPM) fulfilled the reasons I wanted to become a doctor in the first place: to help people experiencing illness, to get to know them and their families, and to be part of a truly meaningful service.

Which aspects of providing hospice and palliative care do you find most rewarding?

I find providing patient and family care and teaching future clinicians are most rewarding. I am always grateful for and honored by the trust that people with serious illness place in me and my interprofessional teammates, that they allow us to care for them at some of the most difficult moments in their lives. I learn from each one of them, whether it's something about medicine, people, health care, my colleagues, or myself. I love my patients and, even if I only meet them for one day, I hope I have helped them feel better, respected, and cared for. I also love teaching, and one of my joys is coleading an HPM fellowship program in San Diego, CA, that is shared between Scripps Health and the University of California, San Diego. Working with physician and interprofessional trainees keeps me sharp, keeps me humble, and constantly makes me think. It is a gift to watch people grow, to create space to allow for the dissolution of some of the hidden curriculum in healthcare training that can make us less of who we really are, and to see trainees discover their professions and themselves in a new way.

Dr. Yang and her husband, Joe Runnion, on Crystal Pier in San Diego

How did your background prepare you to become president of AAHPM?

Early in life, I learned many leadership skills as a Girl Scout, camp counselor, and coleader of a troop. Later, I took on a variety of leadership roles in my undergraduate and medical training and in my clinical work. I am thankful to have been part of the second cohort of the AAHPM LEAD program right out of fellowship, which was transformational. I got involved early in AAHPM as a member of the Professionals in Training special interest group (SIG) (now the Early Career SIG) and helped coedit board review products. At SDHIPM, I had the opportunity to teach international clinicians, which provided me with a broader perspective than our US context. Later on at AAHPM, I served on education and workforce committees, including most recently the Curricular Milestones/Entrustable Professional Activities (EPA) Workgroup, which helped define what we teach to our fellows and what skills and knowledge they should have at the end of their training. In each role, I learned about our field and AAHPM as an organization, and I gained colleagues and friends. Clinically, I have practiced in hospice, home-based palliative care, clinic-based palliative care, and inpatient palliative care, which has helped me to be aware of the needs of different patient and clinician populations.

I am honored to have served two terms on AAHPM's Board of Directors, as board liaison to the Hospice Medical Director Certification Board, and as secretary before being elected to the president-elect role. Outside of AAHPM, I have been active in organized medicine to understand some of the challenges in health care in our country more fully and to learn how to be a better advocate for patients and clinicians. I served as the 150th president of the San Diego County Medical Society during the height of the pandemic in 2020 and 2021. I was on the Board of Trustees of the California Medical Association and am currently the chair of their Governance Technical Advisory Committee. I also am a delegate from California to the American Medical Association (AMA) House of Delegates, which helps inform national healthcare policy.

In each stage of my leadership at AAHPM, our community has grounded me, encouraged me, provided friendship and mentorship, and stoked my continued enthusiasm in moving our field forward for the benefit of patients and their families.

What would you like to see AAHPM focus on during your term?

My goal is to continue the excellent work of our organization while helping us reconnect and find renewed joy in each other and our field given all we have been through with the ongoing COVID-19 pandemic. We finally have started to come back together in person, and I look forward to welcoming an entire group of new and early career clinicians to our in-person educational offerings while keeping the wonderful flexibility of our growing virtual offerings and AAHPM Learn platform. I am excited about the diversity, equity, and inclusion work that we are weaving into all aspects of our organization, including our Next Gen Scholars for Equity in Hospice and Palliative Medicine program. I also am thrilled to refresh our International Physician Scholarship program and look forward to both learning from and sharing with our global HPM community.

Because of all the changes in our healthcare system and world, AAHPM is pursuing strategic planning a year earlier than scheduled, in the fall of 2023, so that we ensure we are well positioned to help our field lead in the provision of high-quality, accessible hospice care; community-based palliative care; and hospital-based and academic palliative care. We must focus on helping our HPM workforce to grow and thrive; supporting our diverse research community and work in healthcare quality; continuing to provide excellent educational resources; exploring the intersection

of HPM with technology and innovation; and advocating on behalf of people with serious illness and their families, our medical specialty, and our interprofessional community. I am excited to continue to partner with all of you in our important work together this year as we set our sights on our future.

What can be done to help others—physicians and medical professionals, patients and family, lawmakers, and the media—become more aware of hospice and palliative care?

Each of us has a voice and can raise awareness to provide accurate information about hospice and palliative care. In an era of great mistrust and misinformation, our expert voice is needed now more than ever. Whether it is talking to a neighbor or friend, providing skilled and compassionate consultation to our colleagues, speaking with media, or interacting in our professional role with government representatives, each of these actions has a ripple effect. I always have felt it is important that I do each of these things with intention and grounded in the values and good work of our community. My hope is to create better understanding so that people can see the breadth of the incredible work we do together and to make sure that those with serious illness and their families can get the care they need according to their values.

I want to thank the AAHPM physicians who joined or renewed their membership in the AMA this year. Because of you, we maintained our presence in the AMA House of Delegates, ensuring our patients' voices are heard as the AMA continues to evolve and influence national healthcare policy. All AAHPM members can do something to help others become more aware of HPM, whether it is taking 5 minutes to respond to an advocacy alert advancing the Palliative Care and Hospice Education and Training Act, talking to a community group about hospice and palliative care, or getting more involved at AAHPM to support our collective work. I'm excited to see our impact as a community as we grow and evolve.

When you have free moments outside of your demanding positions and your commitment to AAHPM, where can we find you?

I love spending time with my family and friends, and I am most often with my husband and our pets (a cat, a hound, and three bantam chickens). I enjoy attempting to grow vegetables in my garden, learning and being creative, and catching a wave. I also love to travel and enjoy visiting our national parks. I was thrilled to resume international travel and had so much fun seeing many of you in Montréal!

Tell us about those who have influenced your work.

I have lucked into and sought out incredible mentors who have encouraged me and helped me find opportunities to grow.

The interprofessional faculty at SDHIPM had an important role in raising me into the physician I am today. Special gratitude to Laurel Herbst, Charles von Gunten, Frank Ferris, Charles Lewis, Julie Prazich, and Jay Thomas for showing me many different facets of how an HPM physician can live in the world, such as through evidence-based clinical care, advocacy, education, international collaboration, spiritual and existential care, art and humanities, and research.

I am indebted to VitalTalk founders Tony Back, Bob Arnold, and James Tulsky; to educators Kelly Edwards and Deb Navedo; and to the Harvard Macy Institute faculty who have taught me so much about teaching. Along with Tony Back, I need to thank Joan Halifax, Cynda Rushton, and all of Upaya's Being with Dying faculty, who have kept me connected to why I do this work and allowed me to find a space that holds both compassion and equanimity despite the suffering we encounter each day.

Throughout my career, many dear friends and peer mentors have been my constant companions, including Suzana Makowski, Gary Buckholz, Christian Sinclair, Gordon Wood, and Elise Carey; their counsel and love have kept me in a state of growth.

There are many others who have walked with me and helped my professional development, and I am incredibly grateful for each of you in our interprofessional AAHPM community.

Finally, and maybe most importantly, is my family, especially my grandmother, who helped me understand what it is to care and be cared for and how to live life and even find joy when facing serious illness and death.

What else would you like AAHPM members to know about you?

I am deeply grateful to our hospice and palliative care community, and I cannot wait to see what we create together in the future! ●

AAHPM President Holly Yang, MD HMDC FACP FAAHPM

Education

BA (1997), Biology, Northwestern University

MD (2001), Feinberg School of Medicine, Northwestern University

MS-HPEd (2011), Massachusetts General Hospital Institute of Health Professions

Specialties

Internal medicine

Hospice and palliative medicine

Years in Hospice and Palliative Medicine

18

Current Affiliations

Scripps Health

University of California San Diego School of Medicine

AAHPM Activities

2003-present	Member
2009-2012	Member, Clinical Education Committee
2012-2013	Chair, Clinical Education Committee
2012-2013	Member, Education and Training Strategic Coordinating Committee
2013	Member, Innovative Fellowship Models Group
2013-2019	Director at Large, Board of Directors
2014-2017	Chair, Workforce Committee
2014-2018	Member, Workforce and Leadership Development Strategic Coordinating Committee
2014-2019	Member, Curricular Milestones/ EPA Workgroup
2017-2018	Chair, Workforce Advisory Group
2017-2018	Member (Board Member Presidential Appointee), Nominating Committee
2019-2021	Secretary
2019-2021	Chair, Governance Committee
2020-2023	Cochair, Assessment Workgroup
2022-2023	President-Elect

Awards

2010	Southern California Cancer Pain Initiative Award for Excellence in Pain Management
2011	Fellow of the American Academy of Hospice and Palliative Medicine (FAAHPM)
2012-2016, 2019, 2021-2022	San Diego's Physicians of Exceptional Excellence—"Top Doctors" in Hospice and Palliative Medicine
2013	Fellow of the American College of Physicians (FACP)
2014	AAHPM Inspiring Hospice and Palliative Medicine Leader Under 40
2021	AAHPM Gerald H. Holman Distinguished Service Award (member of the AAHPM Curricular Milestones/EPA Workgroup)
2021	Joint Members Resolution #109 of the California Legislature, commendation for "completion of her outstanding tenure as 150th President of the San Diego County Medical Society…" by Senator Brian W. Jones on behalf of himself, President Pro Tempore of the California State Senate Toni G. Atkins, Senators Patricia C. Bates and Ben Hueso, and Assembly members Tasha Boerner Horvath, Lorena S. Gonzalez, Brian Maienschein, Randy Voepel, Marie Waldron, and Christopher M. Ward
2022	Presidential Citation, San Diego County Medical Society
2022	Outstanding Teacher on a Specialty Service, Department of Palliative Care, Scripps Mercy Hospital Department of Graduate Medical Education 2021-2022
2022	Trailblazer Award, American College of Physicians California Southern III Region

CLINICAL PEARLS

BALANCING COMFORT AND COMMUNICATION AT THE END OF LIFE

Kevin Dieter, MD HMDC FAAHPM

The way in which care is given can touch the most hidden places.
—Dame Cicely Saunders

In the 1992 paper entitled "Palliative Medicine—Just Another Specialty?" Dr. Michael Kearney eloquently addressed the concern that our specialty would lose sight of the "compassionate loving care" foundation developed by Dame Cicely Saunders in the hospice model of care. He also cautioned that the prevailing medical model of care would lead to a specialty of "symptomatologists." [1] Underpinning his concern was the understanding that the pain and suffering of a dying person is not simply a set of symptoms to be managed medically but holds the potential for healing and transformation. He felt a focus on pharmacologically "curing the suffering" excludes the equally important role he described as requiring "midwifery skills." He advocated for a specialty that involved a dual commitment, honing and using clinical skills and enabling patients and families to explore the possibility of healing embedded in their illness experience. Using the metaphor of palliative care physician as shaman, Dr. Kearney encouraged physicians to use their own woundedness to help heal others, themselves, and, in some respects, Western medicine generally.

Preserving the opportunity for communication and balancing appropriate medication usage continues to be a legitimate concern for physicians who are called to provide care and comfort to those who are dying. The potent sedating medications, the expectations of family and loved ones, and the time constraints and clinical pressures facing hospice and palliative care physicians are just several of the competing factors that influence management of a dying person's myriad of symptoms. However, if we are to become midwives of the dying process, it is imperative that we realize the most important factor in guiding our plan of care is the patient. The unique person whose bedside we are privileged to be called to needs us to be genuinely present and committed to providing the best death possible for that patient, in their own way and on their own terms.

Medical training and education provide us with a limited number of tools to allow us to serve our patients in this way. We must find ways to shed our white coat and yet use our medications and clinical acumen, forged with mystery, awe, and wonder. Fortunately, the wisdom we need can be found outside the walls of Western medicine, and it is easily accessible and can be profoundly effective. The following concepts can serve as a foundation to assemble one's tool kit.

- **We cannot enter this relationship with our own agenda.** We cannot assume that we understand what this person wants as death approaches. We need to ask—ask questions to understand, not to fix. The simple question "are you at peace?" can open that door of dialogue. Ask this question early: "If it will require medications that cause sedation in order to relieve your pain, is that what you want?" We cannot assume that a morphine infusion is what everyone wants; some choose to die "with their eyes wide open."
- **Entering the room of a dying patient is entering sacred space.** Pause at the doorway, and learn to be present with a few deep breaths. Be mindful that dying is an active process, with much of what is happening not knowable to the clinical eye. Let the patient sleep if they are comfortable. Protect this space.
- **Dying is a spiritual process with a medical and physical component.** Symbolic language, communicating with deceased loved ones, and choosing the moment of death is how human beings have died since the beginning of time. Mystery, awe, and wonder abound. After all, they are more in control of what happens in that room than we are.
- **Learn to sit with suffering.** We are not taught to help our patient live through their suffering; we are taught to squelch it with medication in an attempt to fix it. Much suffering cannot be fixed. Realizing that suffering can be transformed into healing can be transformative for the patient and clinician.

- **Educate, support, and shepherd family and loved ones.** Many families have not been around a dying loved one. They do not know what death looks, smells, or sounds like. Find a way to explain the balance between medicine and comfort and the balance between the medical and spiritual aspects of the dying process. Validate their grief and honor the life of their loved one.
- **Care for yourself.** Seek out and develop a reliable self-care practice. The concept of "exquisite empathy" is one to consider.[2]

In the end, our simple presence—just showing up—may be more powerful than any drug we can prescribe. WE are the medicine. ●

References

1. Kearney M. Palliative medicine—just another specialty? *Palliat Med.* 1992;6(1):39-46.
2. Kearney MK, Weininger RB, Vachon MLS, Harrison RL, Mount BM. Self-care of physicians caring for patients at the end of life: "being connected…a key to my survival." *JAMA*. 2009;301(11)1155-1164.

Kevin Dieter, MD HMDC FAAHPM, is an associate medical director at the Hospice of the Western Reserve in Cleveland, OH, and an associate clinical professor of family medicine at Northeast Ohio Medical University.

ART OF CARING

A MILK CHOCOLATE PROPHECY

Amanda Dean, MSPC BSN RN CPON CHPPN

I don't believe in coincidences.

Call it God, the Divine, the Universe, what have you.

Are explanations always possible? Hardly. And I won't venture to figure out the unfigureoutable.

I will, however, take these little "signs" when they appear.

I remember being so nervous and unsure (and probably eating my feelings in chocolate, if we're honest). It was my first day in my new role…as a different kind of nurse.

I spent almost 20 years developing my skills, becoming an expert in IV starts and chemotherapy treatments. I was an expert in ways "to fix."

And now, I don't do any of those things. Most days I wonder if I'm doing the right thing, saying the right thing. Most days I feel like a professional hand-holder instead of a registered nurse.

Which is why this little chocolate wrapper was also my little piece of prophecy.

Nurses Week is upon us, and I thought about how it takes all of us. The ones on the front lines and the ones behind the scenes. The nurses who take care of us when we're asleep and when we're awake. The school nurses and the nurse educators. The ones who usher souls into this world and the ones who usher them out. The nurses who use their hands to restart tired hearts and the nurses who (like myself) offer ones to hold.

We all have our place. And it matters to someone.

Editor's Note: *Nurses Week is May 6-12 annually.* ●

Amanda is a self-professed wonderer, wanderer, and sometimes writer. She's a registered nurse and holds a master's degree in palliative care from the University of Maryland, Baltimore. A native Texan, Amanda now lives and works on the coast of Virginia. You can find her most weekends at the beach or getting lost in an antique store.

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ACADEMY LEADS ON ISSUES OF

ACCESSIBLE, EQUITABLE, HIGH-QUALITY CARE FOR PATIENTS WITH SERIOUS ILLNESS

LARRY BERESFORD

When, in a moment of national racial reckoning, AAHPM was invited to join 30 other members of the Council of Medical Specialty Societies (CMSS) for ACGME Equity Matters, a learning collaborative hosted by the Accreditation Council for Graduate Medical Education (ACGME), it sent Kimberly Curseen, MD FAAHPM, as one of its representatives.

ACGME Equity Matters was organized as a collective project of education, mutual learning, and process improvement in the areas of diversity, equity, inclusion (DEI) and anti-racism. Dr. Curseen, an AAHPM board member and the director of outpatient supportive care for Emory Healthcare and of the Winship Cancer Institute Palliative Care Program in Atlanta, GA, participated in its 18-month journey to create more diverse and inclusive environments for medical trainees.

"Although the Academy wants to be inclusive for our patients, we also want to make sure the workforce, particularly physicians and advanced practice providers, can be as diverse as the patients we serve," Dr. Curseen explained.

Participating societies were encouraged to put their learning into a capstone project to advance these goals within their organizations. Dr. Curseen brought the Academy an idea for a "Next Gen" scholarship and sponsorship program aimed at encouraging interest in hospice and palliative medicine (HPM) as a career choice for minoritized medical residents. Its initial focus was on those from historically Black colleges and universities practicing in residency fields that could lead to an HPM fellowship.

The Academy's Next Gen Scholars for Equity in Hospice and Palliative Medicine program will pair eight chosen residents with palliative medicine thought leaders who will give them intensive mentorship and sponsorship over a 2-year period. Scholars and sponsors commit to monthly calls, quarterly group Zoom meetings, two in-person visits, and attendance at the 2024 Annual Assembly of Hospice and Palliative Care. Scholars will be encouraged to complete a personal research project, which they can share at the Assembly, as they learn how to advance professionally in this field.

According to Dr. Curseen, the capstone project is the culmination of the Academy's participation in a larger movement to address historic—and current—inequities in health care and medical education, reflecting its engagement with these issues. The aim for subsequent years is to build on first-year learnings and expand to other underrepresented communities and allied professions.

"The Academy pulled together a diverse working group with influential people in the field who were all enthusiastic to participate.

Our board supported funding travel expenses for the scholars and sponsors," Dr. Curseen said. "Support from Academy leadership and membership has been tremendous."

The deadline for scholars and sponsors to apply is June 30. Interested candidates can apply on the AAHPM website's **Next Gen Scholars for Equity in Hospice and Palliative Medicine page** (link) or may contact AAHPM Workforce Initiatives Manager Laura Witt, MS-HSM, at **lwitt@aahpm.org**.

ANALYZING HOW WE'RE DOING

The Academy also wanted to hear from its members on how it is doing in terms of integrating a culture of DEI into its programming, so AAHPM fielded a survey and conducted focus groups. A final report was shared with all members in August 2022. In 2023, AAHPM is creating a DEI plan that will inform AAHPM's strategic plan. Going forward, AAHPM will be reaching out and building relationships with historically Black colleges and universities in support of the Next Gen Scholars program. With support from the board, AAHPM's commitment to DEI is a core organizational value. The Academy hired a DEI and membership engagement manager, Linda Sterling, who has been a strong advocate in moving this agenda forward.

AAHPM also incorporated DEI themes into abstract submissions to the Annual Assembly, as it did for its State of the Science in Hospice and Palliative Care research meeting that was held for the first time in February 2022. That meeting sparked a meaningful discussion around anti-racist, antibias approaches to research, Dr. Curseen explained.

AAHPM's affiliated *Journal of Pain and Symptom Management* (see page 13) is engaging in similar efforts. A diversity committee of the AAHPM Board of Directors has been intimately involved in all these projects and in keeping an ear to the membership's concerns. In other areas, such as public policy, the Academy strives to use its influence and positive reputation to advocate for advancing the field of hospice and palliative care and the ability of professionals to do a better job of providing that care.

AN IMPORTANT CONVERSATION

"I see that we're having this important discussion with researchers, with Academy members, and with other organizations, and we're putting the organization's capital behind it," Dr. Curseen said. But this effort starts with attracting more diverse professionals to the field.

"The Gen Next Scholars is a great example," she added. "But it only exists because people are dedicated to it. We've done the groundwork with our members, with the idea of growing it and moving beyond the pilot to make it more inclusive. We looked closely at ourselves and we're doing the necessary work to act on this information."

Dr. Curseen said the importance of the pallative care community engaging with issues of inclusivity was borne out by her own experience. "The only reason I am part of this conversation now is because another Academy member working in academia took time to befriend me. Instead of just telling me, 'This is what you need to do to get involved in this field,' she took an interest in actually sponsoring me, supporting me in tangible ways that introduced me to the field and opened doors that otherwise would not have been available to me," she explained. That is an experience many doctors have enjoyed through the support of sponsors. "Somebody has to show you how it's done."

Her mentor, Shaida Talebreza Brandon, MD AGSF FAAHPM, is professor of geriatric medicine at The University of Utah and a member of AAHPM's Board of Directors. "I had wandered into a geriatrics special interest group meeting at an Annual Assembly all those years ago, not knowing anyone and feeling very much like an imposter," Dr. Curseen recalled. "She just grabbed me, introduced herself, and said, 'Kim, you should get involved in the Academy.' The next thing I knew, I was involved."

WHAT THE ACADEMY DOES TO ADVANCE THE FIELD

"Within the broad field of healthcare associations, what differentiates us from other hospice and palliative care organizations at the national level is that we are the only one that functions as a medical specialty society," said Joe Rotella, MD, AAHPM's chief medical officer and another participant in ACGME Equity Matters. "We have close working relationships with ACGME, the American Medical Association (AMA), and the cosponsoring and qualifying boards for certification in our specialty. We belong to CMSS and collaborate with other important medical organizations," he said.

"We learn so much from each other, and we've formed long-term relationships with our partners," Dr. Rotella explained. "We will follow up on our commitments to advance health equity together."

Members may not be aware of how much the Academy does to advance the cause of high-quality hospice and palliative care, or its unique role as the only medical society that speaks exclusively for physicians and allied professionals specializing in hospice and palliative care and in engagement with the larger medical community.

Chad Kollas, MD, medical director of supportive and palliative care at Orlando Health Cancer Institute in Orlando, FL, represents the Academy at the AMA's House of Delegates, sometimes speaking in an official capacity for the Academy and other times expressing his personal opinions while sharing Academy guidelines and policy statements.

"When it comes to pain care and palliative care, we take more of a leadership role," Dr. Kollas said. "I testified at the September meeting of the Federation of State Medical Boards and presented Academy policies with regard to pain care and access for patients who are underserved. The Academy has a been a leader in trying to make sure patients continue to have access to needed pain medications, and to influence federal policy in this area," he said.

"Because we're a recognized stakeholder, we get to lead with the positions we take. We're often the ones they ask regarding pain care. Within the AMA, we're the go-to group on palliative care," Dr. Kollas further explained. "The Academy is known as a voice for access to pain medications and the need for balance as a guiding principle. We're looking for balanced opioid policy."

When the Centers for Disease Control and Prevention issued its 2022 updated guidelines on managing pain, it included new qualifying language aimed at helping prescribers to understand that pain care needs to be individualized to each patient, with no hard dosing limits. "This was viewed as a softening of previously hard language in the new guidelines, and we believe what we said was impactful in encouraging that approach," Dr. Kollas said.

OTHER PUBLIC POLICY INITIATIVES

The Academy is known for its diligent advocacy for the Palliative Care and Hospice Education and Training Act (PCHETA), a bill repeatedly introduced in Congress to enhance the hospice and palliative care workforce. It also is involved in a number of discussions about updating the Medicare hospice benefit, both to better serve a serious illness population that has changed dramatically over the four decades since its inception and to eliminate fraud, waste, and abuse, such as the practices highlighted in an article copublished by the *The New Yorker* and ProPublica in November 2022: "How Hospice Became a For-Profit Hustle." In response to the article, Tara Friedman, MD FAAHPM, president of AAHPM at the time, submitted a **letter to the editor** of *The New Yorker* on behalf of AAHPM, condemning the fraud presented in the article and acknowledging the need for change.

AAHPM has participated in listening sessions convened by the US Department of Health and Human Services Office of the Inspector General, a roundtable discussion in Congress hosted by Rep. Earl Blumenauer (D-OR), and a technical expert panel of the Quality, Safety, and Oversight Group at the Centers for Medicare & Medicaid Services.

"People in the late stages of serious illness and their families need and deserve the services a good hospice provides," Dr. Rotella said. "The diversion of these scarce resources through waste, fraud, and abuse is totally unacceptable. We can and must do better, and that starts with a renewed commitment to our mission, values, and guiding principles. We must improve the integrity, safety, and quality of hospice care while taking care neither to limit access for those who need it nor to overburden good programs with ineffective audits and more."

According to Dr. Rotella, the government instead should focus its scrutiny on bad performers to make sure patients aren't being exploited. "But an effective solution to complex issues is never as simple as it seems," he explained. "Some solutions will take years to implement before they can bear fruit. We want what's best for people living with serious illness and to elevate and support the professionals committed to helping them. Let them continue to do their good work while we address these concerns. The Academy is engaging with these issues at every level."

Academy member Edward Martin, MD, section chief of palliative medicine at Brown University in Providence, RI, and a long-time hospice medical director, has represented the Academy and its Hospice Medical Council at some of

these meetings. "*The New Yorker* article went off like a bomb—these storefront hospices with no legitimate business interest looking to get a hospice license and sell it. There has been tremendous growth in the numbers of hospices in certain parts of the country," he said.

"I'm glad we were asked to be at the table. Hopefully, we will have a large voice in these conversations, including for the new special focus program for low-performing hospices," Dr. Martin said. "I'm glad the Academy's leadership has stepped forward on these important issues."

For Rep. Blumenauer, a long-time supporter of hospice, the *New Yorker* article was cause for concern, Dr. Martin reported. "When we sat with him at the roundtable, he asked for **recommendations** to improve quality and program integrity and for possible changes in the hospice benefit—proposals which we finalized for him in January."

INCLUSIVENESS AT THE JOURNAL

The Academy's *Journal of Pain and Symptom Management* (*JPSM*) also has been trying to enhance diversity and call out implicit bias, explained editor in chief David J. Casarett, MD MA, professor of medicine at the Duke University School of Medicine in Durham, NC. In June 2021, *JPSM* began requesting that authors report their basic demographic data, such as gender, ethnicity, geographic location, and race.

"We issued a request for applications for an academic partner to help analyze these results and selected the University of Colorado to look at our self-reported data and to publishing decisions we made for evidence of implicit bias. We committed in advance to publishing their report with an accompanying editorial," Dr. Casarett said.

"From my perspective, it's a combination of things we are doing. Next step is to try to understand the differences. We need to do more than just say our acceptance rate is different based on demographic differences. If we find discrepancies, that's an invitation to dig deeper."

The journal also issued a call for stories on population-based approaches to palliative care, asking researchers to look at the field in new and different ways. "How do you provide core elements of palliative care to everyone in the community?" Controversies in Palliative Care is a new series in the journal that began in January 2023 to enlist authors on both sides of clinical issues about which there is legitimate disagreement on what is the best approach.

The journal also appointed an associate editor for diversity and inclusion, Vyjeyanthi Periyakoil, MD, professor of medicine at Stanford University in California. Tammie Quest, MD, of Emory University has started a series of race roundtables to air aspects of diversity and inclusion, with the discussion transcribed and edited for publication in the journal.

A PASSION FOR QUALITY CARE

"I just think highlighting the Academy's self-examination on these issues is important," Dr. Curseen said. "We're not as big as some medical societies. But to take a part of our budget and dedicate it to diversity, to hire a consultant who spent time with our members, and then to release their results to members—that shows real commitment. It's something for us to be proud of."

The Academy is the dedicated home for physicians in hospice and palliative medicine and for the field of hospice and palliative care, said Holly Yang, MD, AAHPM board president and a hospice and palliative medicine physician at Scripps Health in San Diego, CA. "We're working hard to move hospice and palliative care forward—[by] training and growing our workforce, mentoring incoming leaders, expanding our evidence base, and advocating for policies that matter—so that seriously ill patients and families can get appropriate palliative care and hospice services. Our North Star is ensuring access to high-quality hospice and palliative care for those who need it," Dr. Yang said.

"I'm incredibly proud of our focus and intentionality, how we listen to our diverse membership and gain from their wisdom," she said. "It's important that there is a specialist level of hospice and palliative medicine and that we're teaching palliative care skills to other physicians and clinicians at the same time."

Dr. Yang also hopes to see the Academy continue to exercise its leadership on hospice quality, including supporting clinicians in getting patients the care they need. "I think solutions will take time and real thoughtfulness, and it won't be our organization alone. There's not one fix to the issues that are impacting hospice care, but we have a passion for making things better." ●

Larry Beresford is a medical journalist in Oakland, CA, with a strong interest in hospice and palliative care.

PATHWAYS TO PALLIATIVE CARE

DR. JUSTIN SANDERS: FROM THE WORLD OF ART TO PALLIATIVE MEDICINE

Marcin Chwistek, MD FAAHPM

It was a cold Friday morning, one day before Christmas Eve in 2022, when I connected with Dr. Justin Sanders via Zoom. Dr. Sanders is the Kappy and Eric M. Flanders Chair in Palliative Care Medicine at McGill University in Montréal, Canada, where he lives with his wife, Caroline, and their children, Cecily and Willem. Dr. Sanders heads the division of palliative care within the department of family medicine and serves as the director of research for palliative care at McGill. He also is the chair of the McGill International Palliative Care Congress, which takes place in Montréal biannually.

We spoke for more than an hour about his inspiring path to and within palliative medicine, focusing on the relationships that have shaped him.

For Dr. Sanders, the event that started his journey was the death of his lifelong friend Melissa, who died in her early 20s from ovarian cancer. They had known each other since childhood. One warm autumn, while a student at Haverford College, he received a call from his mother that Melissa was not doing well and was unlikely to survive the night. He flew to California and arrived in time to see Melissa in her home; he stayed for the next several hours at her bedside. The following day, while it became clear Melissa was nearing her death, he stayed with her in the room, holding her hand and talking to her until she died.

"It was really evident that something had shifted in the air quality of the room, that something was different," he said, describing the morning. "In the moment after she died, I remember feeling this sort of strange sense of elation that I couldn't quite figure out. I felt that I participated in something really powerful."

He also noted how ill-prepared Melissa's parents were for what happened. "I saw the need for palliative care before I knew what it was," he said.

The experience was, without a doubt, transformational and helped him navigate the year and a half that followed. It initiated a journey from the steps of Haverford College, through India and an experience at Mother Teresa's hospice, to an art gallery in London (he has a degree in art history), and finally delivered him to the steps of Larner College of Medicine at the University of Vermont—as luck would have it, just across the border from Montréal.

Dr. Sanders with Dr. Balfour Mount

"And I remember sitting in medical school the first day, and I remember two things about it. One, I remember feeling like, wow, this is the best decision I ever made. And the second, when other students asked what kind of doctor I would be, I really had no idea."

Fortunately for Dr. Sanders, the first mentor he was assigned to was Dr. Allan Ramsay, a family medicine doctor in Vermont who also practiced palliative care.

"When I saw what he did, it just was so obvious to me that that's what I wanted to do," he said. "I just knew that I wanted to be a palliative care physician and that I wanted to train in family medicine because I thought it would give me the best family systems perspective."

During the summer of his third year of medical school, Dr. Sanders also spent time with Dr. Bernard Lapointe in Montréal. They would become friends and collaborators.

As he approached the end of medical school, he was accepted into a family medicine residency at the Montefiore Medical Center but decided to defer for a year to spend time in the United Kingdom with his girlfriend, Caroline, whom he had met while traveling in Southeast Asia after graduating from college. “I applied for a Fulbright scholarship to go to the UK to do a master’s degree in medical anthropology to study barriers to hospice utilization among South Asian Muslims in East London.” To his delight, he received the scholarship. “I could go be with this woman I loved and not put my career on hold, and I can be learning and growing all at the same time.”

The year turned out to be remarkably successful. Dr. Sanders, now engaged, returned to the United States to start his residency in New York.

His years in New York further shaped his thinking about serious illness. He thought training in medical anthropology prepared him well to care for people from diverse communities. But what he quickly realized during his first years of residency was how deeply racism and poverty affected people’s health. Following his residency training, Dr. Sanders was accepted into a palliative medicine fellowship at Massachusetts General Hospital in Boston. He delayed it for a year and worked as a hospitalist in western Massachusetts. Many of his patients there were also plagued by chronic illness but all were, on average, 30 years older than those in New York. The experience further solidified his commitment to addressing systemic issues in health care.

During his fellowship, Dr. Sanders got to work with **Dr. Susan Block**, a founding director of the department of psychosocial oncology and palliative care at Dana-Farber. Under her mentorship, he started working as a

Dr. Sanders pauses for a picture with his wife and two children during an evening out bowling.

Dr. Sanders enjoys an ice cream break with his children.

research fellow for Ariadne Labs (founded by Dr. Atul Gawande).

It was eight productive years. "I learned about serious illness communication from a research side and learned how to teach from Susan, one of the most gifted educators in, I think, all of medicine."

There were other mentors along his path. Some of them he met serendipitously, like Dr. James Tulsky, whom he was sitting next to on a plane from New Orleans, flying back from AAHPM's Annual Assembly in 2013 and who would later become his boss and mentor at Dana-Farber Cancer Institute. Others—Drs. Diane Meyer, Randy Curtis, Jean Kutner, and Betty Farrell—he met through the Cambia Sojourns Scholarship Program, to which he was accepted in 2016.

In 2020, it was Dr. Lapointe, his long-time friend and collaborator since his third year of medical school, who called him to say he was about to retire and wanted to put Dr. Sanders's name forward for the job as chair of the palliative care medicine program at McGill University, a role he has held since October 2021. Having recognized the incredible history of palliative medicine at McGill, the first to offer hospital-based palliative care, Dr. Sanders hopes to help McGill's palliative care program develop a modern identity so that its current and future contributions are as well recognized as those in its past.

He spends his days leading palliative medicine research projects and seeing patients at the Royal Victoria Hospital and clinics. He is also a mentor to a new generation of medical students, residents, and postdoctoral fellows. He is busy planning the next International Congress of Palliative Care that will take place in 2024.

When I asked Dr. Sanders about his life in Montréal, he replied, "I love this city. It has so many things that I love and that I am passionate about. For example, food! And I love music. Montréal is a very vibrant city. It's full of life. In the winter, I can walk 5 minutes and be in two parks that have groomed cross-country ski trails, and there's ice skating in every park. There's a really wonderful public infrastructure for life that's very supportive of families and that I really appreciate."

At the end of our conversation, we circled back to the value and role of relationships that define our private and professional lives.

"What I often say to trainees and my colleagues is that we're all just trying to make our way through in life. And when we're really lucky, we have the opportunity to look back and allow our brains to make some sense of this experience in this journey and to find common themes and threads that carry us through. And that's what we're hoping to do for the people we care for. We hope to give them the opportunity to be able to look back and make sense of what's happened to them and what's happening to them now." ●

If there is someone with an interesting story who should be featured in this column, email Cory Ingram, incoming editor in chief of AAHPM Quarterly, *at* Ingram.Cory@mayo.edu *or Eric Goodlev, incoming associate editor in chief, at* Eric.Goodlev@jefferson.edu.

ROADBLOCKS

WE'RE REMODELING! STAY TUNED

On behalf of the *AAHPM Quarterly* Editorial Board, we're thrilled to introduce a new direction for this column, previously entitled "Let's Think About It Again." Over the last several years, we've used this space to highlight topics—both clinical and operational—that present challenges to hospice and palliative care (HAPC) clinicians. We are thankful to contributors who have highlighted the nuanced issues that stem from HAPC practice, advocacy, and research.

Our intention for this column is to continue to spark ongoing discussion of hot-button issues among our membership, with the goal of moving the field forward. The editorial board has recognized a need to pivot to allow for a fuller exploration of the nuance behind each topic; particularly, we want to highlight various vantage points and approaches to common challenges that we face in hospice and palliative care.

As of 2023, we are rebranding this column with the title "Roadblocks," and we will run our inaugural piece in the summer 2023 edition of *Quarterly*. Like its predecessor, each column will use a clinical case to focus on a specific scenario faced by HAPC teams; we will solicit the perspective of two or more interdisciplinary team members to comment on the specific regulatory, operational, ethical, or clinical "stuck points" highlighted in the case, opening doors for follow-up discussion and debate on *AAHPM Connect*. No author will take sides; instead, all authors will be asked to lean into the grey areas to move our collective knowledge base forward.

We want to hear from you! If you are interested in suggesting a topic or contributing to a future Roadblocks column—or if you have written a piece that you think might be a good fit for this column—please reach out to us! Email Cory Ingram, incoming editor in chief of *AAHPM Quarterly*, at **Ingram.Cory@mayo.edu** or Eric Goodlev, incoming associate editor in chief, at **Eric.Goodlev@jefferson.edu**, or start a post on **Connect**. ●

DEI LAB

THE WORDS WE CHOOSE

Terry Altilio, LCSW APHSW-C, and Anne Kelemen, LICSW APHSW-C

During a family meeting in the ICU, a family member asks, "Why do the doctors keep saying we can make him comfortable? He looks comfortable to me." These are common words that mean one thing to the clinicians but may only add to the confusion of families who see a patient lying still in bed with a breathing tube in their throat, chest moving up and down, and their vital signs all stable. The patient *does* look comfortable, almost peaceful, as the ventilator keeps their body alive even as the doctors predict that the multiple complications after a cardiac surgery foretell an expected death. Yet, this messaging of "comfortable" may not only cause confusion but also imply that clinicians did not care about comfort before—that it only becomes a priority when someone is dying.

Clinician use of palliative care jargon may cause a disconnect when the intention and goal is to join together as patients and families journey through serious illness. Palliative care specialists and social workers may know, on our better days, that comfort care means end of life and involves deciding what medical interventions might continue and what might change as care is tailored to the needs, values, and beliefs of unique patients and families. Often, as this process of care at end of life is more clearly explained to family, they reflect, simply, "Oh, well why didn't someone just say that, instead of 'comfortable'?"

The above example is only one clinical scenario that highlights the importance of language and word choice. The authors have worked together since 2017 to build and disseminate a focused presentation related to language and word choice in palliative practice with the goal of enhancing attention to the words we choose. Over the past 2 years, we have noticed attention to word choice, both spoken and written, intensify following the advent of OpenNotes and concerns about the impact of our written words on patients, families, and outcomes. In addition, inequities in COVID-19 deaths and the biases long recognized in the management of pain in women and Black patients have spurred advocacy and encouraged research on the relationship between word choice in conversation and documentation and the transmission of bias.

Over the past decades, as palliative care has grown and advocated for integration into primary health care, the specialty has evolved with a unique jargon. While communication skills have been taught for decades, palliative care professionals also need to interrogate the foundational element of word choice that infuses health care and links not only to outcomes and relationships but also to inequities and judgments that impact those outcomes. Moving beyond the obvious messaging in "failed treatment" and "noncompliant," we are challenged to consider the judgment and bias reflected in phrasing such as "the patient claimed" or "refused" or "they do not look like they are in so much pain."

DEI LAB
LEARNING • ACHIEVING • BELONGING

Table 1 includes a sampling of the remote and recent literature that focuses on the impacts of spoken and written communication. It includes *Advancing Health Equity: Guide on Language, Narrative and Concepts*, a foundational work from the Center for Health Equity of the American Medical Association. While this guide has provoked both praise and criticism, it raises the critical importance of the intention behind our words and validates their power and potential in healthcare conversations to enhance care and mitigate inequity. Ironically, the sampling of publications includes an article published in *AAHPM Quarterly* a decade ago—a time that was absent of the demands implicit in the era of OpenNotes and the linking of language to inequities.

Palliative care is a specialty that has affirmed the importance of communication skills. Broadening the scope of this teaching will mean that topics such as "delivering bad news" would include attention to the possibility that the phrase itself

has implications for both the speaker and the listener. It costs nothing to our healthcare system to attend to language and focus on word choice that informs the shared experience of clinicians, patients, and families, across professions and cultures, and has the potential to mitigate inequities and unintended consequences. ●

Terry Altilio is a palliative social worker who practiced in acute care settings for over three decades. She teaches, writes, and is an editor of the Oxford Textbook of Palliative Social Work *and* Palliative Care: A Guide for Health Social Workers.

Anne Kelemen is the director of psychosocial/spiritual care for the section of palliative care at MedStar Washington Hospital Center in Washington, DC, where she conducts patient care, teaches, and participates in a variety of research activities. In addition to her direct practice work, Anne is an assistant professor of medicine at Georgetown University Medical Center.

Table 1. Sampling of Literature Regarding Impact of Communication (Organized Chronologically)

Article	Summary
Sun M, Oliwa T, Peek ME, Tung EL. Negative patient descriptors: documenting racial bias in the electronic health record. *Health Aff* (Millwood). 2022;41(2):203-211. doi:10.1377/hlthaff.2021.01423	Analysis of electronic health records to see if the use of negative patient descriptors varied by race or ethnicity
American Medical Association and Association of American Medical Colleges. *Advancing health equity: a guide on language, narrative and concepts*. https://ama-assn.org/equity-guide. Published 2021. Accessed March 3, 2023.	This guide is divided into three parts: health equity language, why narratives matter, and a glossary of key terms. Includes resources and tools.
Beach MC, Saha S, Park J, et al. Testimonial injustice: linguistic bias in the medical records of Black patients and women. *J Gen Intern Med*. 2021;36(6):1708-1714. doi:10.1007/s11606-021-06682-z	Content analysis of clinic notes to evaluate and identify linguistic disbelief of patients in medical records
Fernández L, Fossa A, Dong Z, et al. Words matter: what do patients find judgmental or offensive in outpatient notes? *J Gen Intern Med*. 2021;36(9):2571-2578. doi:10.1007/s11606-020-06432-7	Patients who read their outpatient notes responded to a survey, identifying language and descriptors that were judgmental and/or offensive.
Park J, Saha S, Chee B, Taylor J, Beach MC. Physician use of stigmatizing language in patient medical records. *JAMA Netw Open*. 2021;4(7):e2117052. doi:10.1001/jamanetworkopen.2021.17052	Reviewed encounter notes in the electronic health record to identify negative and positive language used by clinicians
Goddu AP, O'Conor KJ, Lanzkron S, et al. Do words matter? Stigmatizing language and the transmission of bias in the medical record [published correction appears in *J Gen Intern Med*. 2019 Jan;34(1):164]. *J Gen Intern Med*. 2018;33(5):685-691. doi:10.1007/s11606-017-4289-2	Randomized study of two sample chart notes. One chart note with stigmatizing language and one with neutral language describing a hypothetic patient with sickle cell disease was given to residents and medical students to read and respond to a survey.
Kelemen AM, Groninger H. Ambiguity in end-of-life care terminology—what do we mean by "comfort care?" *JAMA Intern Med*. 2018;178(11):1442-1443. doi:10.1001/jamainternmed.2018.4291	Narrative reflection on the confusion around the term *comfort care*
Newton BJ, Southall JL, Raphael JH, Ashford RL, LeMarchand K. A narrative review of the impact of disbelief in chronic pain. *Pain Manag Nurs*. 2013;14(3):161-171. doi:10.1016/j.pmn.2010.09.001	This narrative review explores the wider social context in which individuals with chronic pain may experience disbelief in their report of pain.
Altilio T, Lyon Leimena M, Li Y. Attention and intention: an invitation to reflect on language. *AAHPM Quarterly*. 2013;14(4):14-17.	An early invitation to reflect on the evolving parlance infusing the specialty of palliative care
Pantilat SZ. Communicating with seriously ill patients: better words to say. *JAMA*. 2009;301(12):1279-1281. doi:10.1001/jama.2009.396	An early article highlights the importance of what clinicians say and how they say it.

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AAHPM POINTS OF PROGRESS

Membership and Communities Committee Update

Expand and Enhance Engagement

Lindsay Ragsdale, MD FAAHPM, Chair

As of December 31, 2022, AAHPM has 5,547 members, which is a 1.4% increase for this calendar year.

The COVID-19 pandemic demanded immediate innovation and speed in adapting to a virtual environment. In response to the crisis, AAHPM moved to virtual educational offerings and increased virtual interactions with members. To recruit, engage, and ultimately retain members in 2023, AAHPM must continue to transform the in-person and virtual experience, increase our professional development opportunities, and develop new products to assist members and enhance practice and quality care delivery.

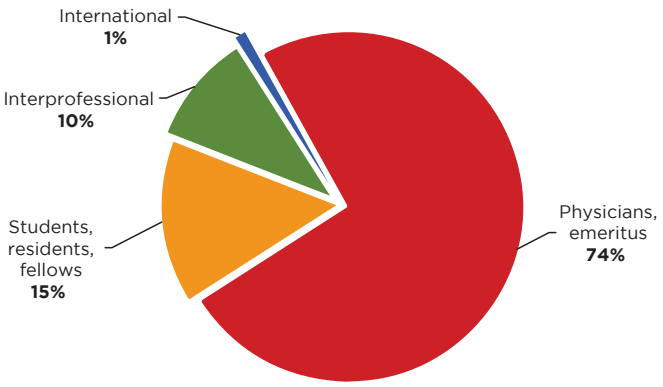
Throughout 2022, the Academy engaged members with regular communications, increased outreach to recruit and engage interdisciplinary members, and involved key volunteer leaders to plan for increased recruitment of students, residents, and fellows over the next 2 years. AAHPM will launch a comprehensive member needs assessment in 2023, with plans to use collected data to refine member benefits and set a benchmark engagement score to guide our work.

AAHPM's retention rate is 84%, which is above the national average of 80%, as outlined by the Marketing General Incorporated's 2021 Membership Marketing Benchmarking Report.

The Communities Committee evaluated and worked with special interest group and forum leaders to reimagine community meetings for Assembly 2023. The committee continues to evaluate standing communities and their development and to plan professional development activities for our dedicated community leaders.

AAHPM Connect is an active online platform for members to share articles, post presentations, and participate in discussions. In 2022's fourth quarter, there were nearly 200 discussion posts, 136 replies to discussion threads, and over 109 unique contributors to the open forum. To join a community, add it to your demographic profile by going to your member profile page. Learn more at connect.aahpm.org.

AAHPM Member Type, 2022



The Diversity, Equity, and Inclusion (DEI) Committee continues to inform the Academy's DEI work, and it planned several opportunities for Annual Assembly, including a 4 hour preconference session focused on anti-racism and allyship, a DEI reception where attendees were invited to break fast with our Muslim colleagues for Ramadan, and a designated space for prayer and reflection in observance of Ramadan.

In the first quarter of 2023, the DEI Committee synthesized the learnings and voices that were heard through our survey and focus group work. The goal is to update the DEI strategic plan in 2023 and submit an implementation plan to the AAHPM Board of Directors based on research by and discussions with the subcommittee, DEI committee, and senior staff. (We also will share the results from the DEI assessment conducted by the Exeter Group last year with AAHPM members).

New Equity Scholars Program Is Coming!

In June 2023, AAHPM will launch the inaugural Next Gen Scholars for Equity in Hospice and Palliative Medicine program. The program will sponsor postgraduate medical residents interested in hospice and palliative medicine (HPM) from underrepresented communities in the profession's workforce and leadership, who will be essential as our professional community works together toward centering the needs of those currently marginalized in HPM. During 2023's first quarter, staff focused on developing promotional materials to help with outreach to historically Black colleges and universities and any other institutions that could assist with promoting the program and recruiting scholars. There is a volunteer work group led by Dr. Kim Curseen, chair, that is providing guidance on the program and managing the selection and matching process.

Workforce and Career Development Committee Update

Build and Sustain a Diverse Workforce

Bethany Snider, MD HMDC FAAHPM, Chair

AAHPM is seeking ways to grow and expand the leaders in its field. The Leadership Committee is working with the strategic coordinating committees to assess and reimagine the future of AAHPM leadership training. By reviewing the evaluations from Ascend, it will develop a plan to improve accessibility to these trainings that focus on cultivating leaders in the field and that will benefit the future of HPM.

Teams and fellowship programs are seeking ways to advance DEI in daily practice and training. The Fellowship Training Committee is collaborating with the DEI Committee to develop ways to identify and share replicable educational tools and strategies that can be used to improve DEI in fellowship programs. Work is progressing on an article to highlight strategies to advance DEI in interdisciplinary training.

The AAHPM Assessments Work Group hosted the Assessment in HPM Fellowship Training workshop at Annual Assembly. They created tool kits for fellowship programs on faculty development and shared mental models for fellow assessment.

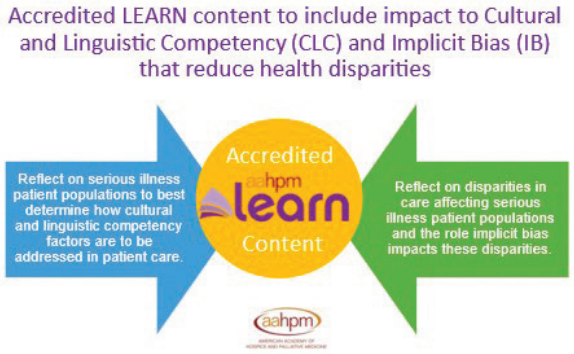
We are proud to share that out of the 458 positions in the National Resident Matching Program, 390 were filled. AAHPM worked with the institutions that had open positions to assist in filling these spots for the upcoming academic year.

Education and Learning Committee Update

Engage, Develop, and Sustain Expertise

Lynn O'Neill, Chair

AAHPM is committed to providing high-quality learning experiences to build and sustain competence within the hospice and palliative care workforce. The 2023 AAHPM Learn activities are designed with input from members, councils, communities, committees, and work groups related to advancing interprofessional continuing development. Activities include live webinars, in-person courses, on-demand content, and micro-learning flights of just-in-time learning bursts. The focus for 2023 continues to be AAHPM's commitment to DEI.



AAHPM offers more than 50 accredited education activities in AAHPM Learn, with new activities being added monthly. In 2022, AAHPM supported over 41,000 activity engagements by learners across all hospice and palliative care disciplines and settings. Go to learn.aahpm.org.

The Collaborative for REMS Education (CO*RE) received funding from the Risk Evaluation and Mitigation Strategy program companies for 2023. AAHPM received a grant to host a live webinar on April 27, 2023, offered at no charge to learners: "Pain Management and Opioids: Balancing Risks and Benefits."

Quality and Research Committee Update

Promote Quality of Care, Research, and Translation of Evidence into Practice

Rebecca Aslakson, MD PHD FAAHPM, Chair

One of AAHPM's new patient-reported measures, **feeling heard and understood**, is receiving support from the Measure Applications Partnership for use in the Centers for Medicare & Medicaid Services (CMS) Quality Reporting Programs, particularly the Merit-Based Incentive Payment System. For guidance on measure implementation and quality improvement, see AAHPM's free **Implementation Guide**.

A blog post by Quality Committee member Emma Jones, MD FAAP FAAHPM, and former Quality Committee chair Rachel Thienprayoon, MD MSCS FAAP FAAHPM, was published on AAHPM's website. The blog recounts the success of implementing the "feeling heard and understood" measure in the Pediatric Palliative Improvement Network.

The free webinar "**Elevating Patient and Caregiver Voices: Implementing New Patient-Reported Experience Measures**" is available in AAHPM Learn.

If you intend to implement one or both measures ("feeling heard and understood" and "receiving desired help for pain"), please complete **this short 5-minute survey** to tell us more about how you intend to use the measures. We will follow up with you over the next 12–24 months to learn more about your experience with implementation.

Health Policy and Advocacy Committee Update

Advance Health Policy and Advocacy

Kyle P. Edmonds, MD FAAHPM, Chair

Legislative

As lawmakers drafted an omnibus spending bill, AAHPM joined letters to Congress to

- oppose cuts to Medicare **physician payment** and the **hospice aggregate cap**
- request increased funding for **medical research** and **health professions education**
- urge inclusion of the **Palliative Care and Hospice Education and Training Act**.

Regulatory

AAHPM submitted recommendations for **promoting efficiency and equity** within CMS programs.

Key Meetings

AAHPM was represented at the American Medical Association (AMA):

House of Delegates 2022 Interim Meeting

The Academy's delegates caucused with other specialties, including in the AAHPM-led Pain and Palliative Medicine Section Council, and offered testimony to inform AMA policy making on issues related to serious illness and health equity.

Substance Use and Pain Care Task Force

Representatives met with the director of the Office of National Drug Control Policy and considered future efforts to address stigma, inequities, and harm reduction; improve education; and monitor the updated "Centers for Disease Control and Prevention Clinical Practice Guideline for Prescribing Opioids for Pain" for misapplication.

Development Update

The Academy had its biggest #GivingTuesday success ever in 2022, with 50 AAHPM members generously donating over $40,000 to support programs that provide resources to medical professionals in the field of hospice and palliative care.

HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD

HMDCB UPDATE

Initial Application Is Open

Attention, hospice physicians! The 2023 initial application is now open through June 1, 2023! Join the Hospice Medical Director Certification Board (HMDCB) community this year by earning your hospice medical director certification (HMDC) credential.

Late Application Window ($1,400):
May 2–June 1, 2023

Exam Window:
May 1–October 2, 2023

To review the eligibility requirements and apply online, visit HMDCB.org/apply.

NEW! Employer Discounts

HMDCB is excited to announce that discounts are now available for organizations that want to certify multiple physicians during the 2023 initial cycle. Discounts are available for the application, study guide, and advertisement and sponsorship opportunities. You can learn more by visiting HMDCB.org/employer-discounts or emailing gparisi@hmdcb.org.

HMDCB Community Events

All certificants are invited to attend the 2023 HMDCB community events. Coffee Chats take place every other month and the For HMDCs, By HMDCs webinars take place quarterly. We also encourage you to consider attending the Hospice Physician Compliance Conference and Hospice Physician Documentation Clinic, hosted by our partner Weatherbee Resources. To learn more about these events and register, visit HMDCB.org/community.

Continuing Certification Changes

The HMDCB board has decided to make several changes to HMDCB's Continuing Certification Program (CCP) to provide increased value for certificants and encourage ongoing learning. Starting in 2024, the CCP will transition from a high-stakes recertification exam to a longitudinal assessment model. To learn more and submit questions about the new program, visit www.HMDCB.org/ccp.

Contact HMDCB

HMDCB staff are happy to answer your questions or assist you with completing your application or registering for an event. Contact HMDCB staff at info@hmdcb.org or 847.375.6740.

AAHPM PARTNER UPDATE

PCQC HOSTS INAUGURAL QUALITY MATTERS CONFERENCE

On December 8-9, 2022, the Palliative Care Quality Collaborative (PCQC) hosted its inaugural virtual Quality Matters Conference to promote best practices and training for providing the highest quality palliative care to patients with serious illness and their loved ones. PCQC proudly welcomed over 230 attendees to participate in a rich discussion about quality-based care.

The Quality Matters Conference was a novel event that brought together thought leaders from the field to share best practices, opportunities, and innovations that support high-quality palliative care. PCQC welcomed all members of the field to learn about quality standards and improvement skills using expert lecture, peer networking, and participant workshop formats. Regardless of experience in quality, participants received actionable insights to implement during clinical consultations and to promote a culture of quality within their programs.

During the first day of Quality Matters Conference 2022, Tammie E. Quest, MD FAAHPM, conducted an impactful keynote address, providing a comprehensive overview of why quality matters and how varying perspectives shape the way we view quality. Throughout the remainder of the day, distinguished presenters further reflected on the state of palliative care and areas of opportunity in quality through the use of PCQC registry data. In addition, attendees enjoyed a discussion on best practices managing opioid complexity in individuals with serious illness as well as two panel discussions that highlighted the role of patient-reported outcomes and the role of quality metrics across the continuum of advanced illness.

On the second day of the conference, Arif Kamal, MD MBA MHS FACP FASCO FAAHPM, gave the keynote address and provided his top 10 quality improvement pearls for palliative care teams to implement and avoid. For the remainder of the day, attendees were led through a series of topics for programs to recognize when considering quality-based care. These topics included policy changes; the importance of diversity, equity, and inclusion in quality-based care; and the basics of quality improvement. The conference concluded with a panel discussion with various stakeholders of interdisciplinary palliative care teams to provide perspective on the challenges and opportunities in collecting quality data.

PCQC would like to thank the attendees, sponsors, presenters, and partnership organizations for helping to make Quality Matters Conference 2022 a success!

AAHPM NEWS

CONGRATULATIONS, 2023-2024 AAHPM BOARD OF DIRECTORS

The newly elected board of directors began their terms following the 2023 Annual Assembly held in Montréal, Canada, March 22-25, 2023.

President

Holly Yang
MD MSHPEd HMDC FACP FAAHPM

President-Elect

Vicki Jackson
MD MPH FAAHPM

Treasurer

Arif Kamal
MD MBA MHS FASCO FAAHPM

Secretary

Donna S. Zhukovsky
MD FACP FAAHPM

Physician Directors at Large

Rachelle Bernacki
MD MS FAAHPM

Laura J. Morrison
MD FACP FAAHPM

Interprofessional Directors at Large

Dio Kavalieratos
PhD FAAHPM

Mary Lynn McPherson
PharmD MA MDE BCPS FAAHPM

These members and officers will join the following previously elected board members, whose terms continue in 2023:

Past President

Tara Friedman
MD FAAHPM

Chief Medical Officer, Ex-Officio Board Member

Joe Rotella
MD MBA HMDC FAAHPM

Directors at Large

Michael Barnett
MD MS FACP FAAP FAAHPM

Gary Buckholz
MD HMDC FAAHPM

Elise C. Carey
MD FACP FAAHPM

Kimberly Curseen
MD FAAHPM

Sandra Gomez
MD FAAHPM

Stacie Levine
MD FAAHPM

Dana Lustbader
MD FAAHPM

Alvin Reaves III
MD FACP FAAHPM

Shaida Talebreza
MD HMDC AGSF FAAHPM

Elisha Waldman
MD FAAHPM

AAHPM NEWS

AAHPM RECOGNIZES LEADERS IN HOSPICE AND PALLIATIVE MEDICINE WITH AWARDS

Congratulations to our 2023 award recipients, who were honored at the 2023 Annual Assembly in Montréal, Canada. Thank you for your hard work and dedication to the field!

Joan M. Teno, MD MS

Brown University School of Public Health

Lifetime Achievement Award

For her outstanding contributions and significant publications that have helped shape the future of the field

Patrick White,
MD PhD HMDC FACP FAAHPM

Washington University School of Medicine and Barnes Jewish Community Hospice

Josefina B. Magno Distinguished Hospice Physician Award

For providing high-quality services and innovative programs as a hospice physician and demonstrating exemplary dedication to the practice of palliative medicine in a hospice setting

Ramona Rhodes, MD MPH MSCS

Central Arkansas Veterans Healthcare System and University of Arkansas for Medical Sciences

Richard Payne Outstanding Achievement in Diversity, Equity, and Inclusion Award

For her strong commitment to improving care for diverse, vulnerable, and underrepresented populations

John Mondanaro,
PhD LCAT MT-BC CCLS

Icahn School of Medicine at Mount Sinai Hospital

Humanities Award

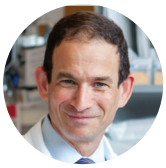
For advancing the relationship between humanities and palliative care and improving end-of-life care through community and professional education

Amy Kelley, MD MSHS FAAHPM

National Institute on Aging at the National Institutes of Health

Award for Excellence in Scientific Research in Palliative Care

For her many meaningful and exemplary contributions to the field of hospice and palliative care research



Steven Pantilat, MD FACP FAAHPM

University of California, San Francisco

Award for Excellence in Education and Training

For his significant contributions to educating the next generation of leaders

Erica Kaye, MD MPH FAAHPM

St. Jude Children's Research Hospital

Early Career Investigator Award

For her work as a researcher leading and making contributions to a scientific foundation for practice and research early in her career

Presidential Citations

These recipients have made significant contributions to the field of hospice and palliative medicine and were recognized with Presidential Citations.

The Bogetz Family

In appreciation for their dedication to educating the field on the intersection of mental illness and palliative care, and in a tribute to Alyssa L. Bogetz, their generous Educational Fund to Integrate Care for Patients with Mental Illness into Hospice and Palliative Medicine will ensure educational offerings addressing the psychological and psychiatric issues related to serious illness.

Vivek Murthy, MD MBA

As the Nation's Doctor—the 21st Surgeon General of the United States—Dr. Vivek Murthy has focused much of his work, research, and public platform on how the nation can recover from the COVID-19 pandemic. Dr. Murthy also has used the United States Public Health Service as a platform to elevate the discussion on the country's mental health crisis. He often has purported that combatting loneliness through social connections is as vital to our health as food or water. He has spoken about youth mental health and highlighted the increasingly rampant burnout among healthcare workers. Dr. Murthy outlined workplaces' foundational role in promoting the health and well-being of workers and the communities they serve. Most recently, he released "The US Surgeon General's Framework for Workplace Mental Health and Well-Being."

Balfour Mount, MD OC OQ

Dr. Mount, a Canadian surgeon, is widely considered the father of palliative care in North America. The founding director of the Royal Victoria Hospital Palliative Care Service, Palliative Care McGill, and the McGill Programs in Integrated Whole Person Care, he has been instrumental in building palliative care services in Canada. Dr. Mount is the Eric M. Flanders Emeritus Professor of Palliative Care at McGill University. In 1985, he was made a Member of the Order of Canada in recognition of his extraordinary work in caring for the seriously ill.

CONGRATULATIONS, 2022 FELLOWS OF AAHPM

One of the highest honors the Academy can bestow on an AAHPM member is recognition as a Fellow of the American Academy of Hospice and Palliative Medicine (FAAHPM). We celebrate the 67 professionals who earned the FAAHPM designation in 2022 by demonstrating significant commitment to the field of hospice and palliative medicine.

Rabia S. Atayee, PharmD FAAHPM
James Donald Atkisson, MD HMDC FACP FAAHPM
Ana Berlin, MD MPH FACS FAAHPM
Katharine E. Brock, MD MS FAAHPM
Sandra L. Pedraza Cardozo, MD FAAFP FAAHPM
Desi R. Carozza, MD FAAHPM
Elaine Chen, MD FCCP FAAHPM
Duc Minh Chung, MD MBA FAAHPM
Kelly Conright, MD CMD FAAHPM
Neha J. Darrah, MD FAAHPM
Jennifer L. Derrick, MD HMDC FACEP FAAHPM
Maie H. El-Sourady, MD MS FAAHPM
Abilene A. Enriquez MD FAAHPM
Jeanette G. Ferrer, DO FAAHPM
Niharika Ganta, MD MPH FAAHPM
Jessica Garcia, DO FAAFP FAAHPM
Bob Gramling, MD DSc FAAHPM
Jonathan B. Gully, MD FAAHPM
Meghan Haas, DO FACOI FAAHPM
Ali Haider, MD FAAHPM
Joseph Hines, MD MBA HMDC FAAFP FAAHPM
Danielle N. Ingram, MD FAAHPM
Agron Ismaili,
MD MBA CMD DABPM FACP FASAM FAAHPM
Abi Katz, DO MS HMDC FAAHPM
Dio Kavalieratos, PhD FAAHPM
Anne L. Kinderman, MD FAAHPM
Justin Kullgren, PharmD FAAHPM
Ying Li, MD FAAHPM
Lauren Nicole Loftis, MD FAAHPM
Amanda K. Lorenz, MD FAAHPM
Tony Makdisi, MD CHCQM FACP FAAHPM
Sonia Malhotra, MD MS FAAP FAAHPM
Jeffrey Marsh, MD MS FACP FCCP FAAHPM
Mark J. Marshall, DO MA FACP FHM FAAHPM
Emily Jean Martin, MD MS FAAHPM
Ambereen K. Mehta, MD MPH FAAHPM
Heather Mikes, DO FAAHPM
Naila Sarwat Mirza, MD HMDC DiplABOM FAAHPM
Juan-Carlos Monguilod, MD HMDC FAAHPM
Dominic A. Moore, MD FAAP FAAHPM
Terrance P. Murphy, MD FAAP FAAHPM
Michelle C. Owens, DO FAAHPM
Isabella Park, DO HEC-C FAAHPM
Kenneth L. Pettit, DO HMDC FAAHPM
Anson Pham, MD HMDC FACP FAAHPM
Joel N. Phillips, DO FAAHPM
Lisa M. Podgurski, MD MS FAAHPM
Alva Rose Roche-Green, MD FAAP FACP FAAHPM
Ana Amelia Sanchez, MD HMDC FAAHPM
Rebecca Sands, DO FAAHPM
Neville B. Sarkari, MD MBA FACP FAAHPM
D'Anna Saul, MD SFHM FAAHPM
Marcella Scaccia, MD FAAHPM
Brenda Schiltz, MD MS MA FAAP FAAHPM
Erica R. Schockett, MD FAAHPM
Maurice C. Scott Jr., MD FAAHPM
Milagros D. Silva, MD FAAHPM
Kira A. Skavinski, DO FAAHPM
Jennifer M. Snaman, MD MS FAAHPM
Dillon J. Stein, DO FAAHPM
Ky Stoltzfus, MD FACP FAAHPM
Kimberson Tanco, MD FAAHPM
Lynda Tang, DO FAAHPM
Lauren Templeton, DO HMDC FAAHPM
Nadia Tremonti, MD FAAHPM
Gary Vaughn, MD FAAFP FAAHPM
Michelle Walter, DO FAAHPM

AAHPM NEWS

ANNOUNCING AAHPM'S NEWEST *JPSM* ASSOCIATE EDITORS

Congratulations to the new associate editors of the *Journal of Pain and Symptom Management* (*JPSM*). These individuals will be responsible for their defined content areas, including clinical, nursing, and psychosocial. We welcome you to the *JPSM* Editorial Board!

- **Solomon Liao,** MD, Senior Associate Editor
- **Elizabeth Loggers,** MD PhD FAAHPM, Clinical Associate Editor
- **William E. Rosa,** PhD MBE ACHPN FAANP FAAN, Nursing Associate Editor
- **Daniel Shalev,** MD, Psychosocial Associate Editor

These newly appointed editors will work closely with the current editor in chief and associate editors in leading *JPSM*:

- **David J. Casarett,** MD MA FAAHPM, Editor in Chief
- **David Newcombe,** Managing Editor
- **José Mena,** Executive Publisher, Elsevier
- **David Hui,** MD MS MSc FAAHPM, Senior Editor
- **Vyjeyanthi S. Periyakoil,** MD, Diversity and Inclusion Associate Co-Editor
- **Tammie E. Quest,** MD, Diversity and Inclusion Associate Co-Editor
- **Amy A. Case,** MD FAAHPM, Education Associate Editor
- **Ronit Elk,** PhD, Global Associate Editor
- **Christina Puchalski,** MD, Humanities Editor
- **Christy DiFrances Remein,** PhD MA, Humanities Editor
- **Charles Sasser,** MD, Humanities Editor
- **Marcin Chwistek,** MD FAAHPM, Integrative Medicine Associate Editor
- **Elisha D. Waldman,** MD FAAHPM, Pediatrics Associate Editor
- **Christian T. Sinclair,** MD FAAHPM, Social Media Editor
- **Laura Hanson,** MD MPH, Methodological Reviews Associate Co-Editor
- **Tamara Somers,** PhD, Methodological Reviews Associate Co-Editor

AAHPM NEWS

TOP CITED ARTICLES IN *JPSM* IN 2022, PUBLISHED IN 2022

The *Journal of Pain and Symptom Management*, the official journal of AAHPM, includes the latest clinical research and best practices related to the relief of illness burden among patients afflicted with serious or life-threatening illnesses and serves an interdisciplinary audience of professionals. As an AAHPM member, you receive the journal in print and can access it at **jpsmjournal.com**.

The top 10 most-cited articles of those published in 2022 are as follows:

1. Cross Country Comparison of Expert Assessments of the Quality of Death and Dying 2021
2. Palliative Care Professionals' Inner Life: Exploring the Relationships Among Awareness, Self-Care, and Compassion Satisfaction and Fatigue, Burnout, and Coping With Death
3. Pediatric Palliative Care Parents' Distress, Financial Difficulty, and Child Symptoms
4. Optimizing the Global Nursing Workforce to Ensure Universal Palliative Care Access and Alleviate Serious Health-Related Suffering Worldwide
5. Pain Prevalence During Cancer Treatment: A Systematic Review and Meta-Analysis
6. Natural Language Processing to Identify Advance Care Planning Documentation in a Multisite Pragmatic Clinical Trial
7. Bibliometric Network Analysis on Rapid-Onset Opioids for Breakthrough Cancer Pain Treatment
8. Physicians' Opinion and Practice With the Continuous Use of Sedatives in the Last Days of Life
9. Transitioning to Remote Recruitment and Intervention: A Tale of Two Palliative Care Research Studies Enrolling Underserved Populations During COVID-19
10. Psychological and Non-Pharmacologic Treatments for Pain in Cancer Patients: A Systematic Review and Meta-Analysis

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