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August 9, 2019

Mississippi State Board of Medical Licensure  
1867 Crane Ridge Drive Suite 200-B  
Jackson, MS 39216

Dear Mississippi State Board of Medical Licensure:

The Mississippi Academy of Family Physicians represents 1,124 physicians, residents, and medical students across Mississippi. Recently, the Mississippi Board of Medical Licensure created a new rule to establish practice standards for physicians practicing as Hospice Medical Directors. Family Medicine and Primary Care Physicians among others often serve as Hospice Medical Directors; therefore, we have several concerns that we feel need to be addressed as the board moves forward.

Our primary issue is with Rule 15.1(iv), tying a physician's prescriptive authority to one's live discharge rate. The Centers for Medicare and Medicaid Services (CMS) acknowledges, "Live discharge from hospice can be appropriate, and the circumstances that lead to these events can be complex and are influenced by a range of factors including patient and family preference." Live discharge rates are statistically significantly higher in the African American community. Tying a physician's ability to prescribe medications to a live discharge rate will disproportionately impact those serving the African American community. This provision would also penalize newer physicians to hospice. For example, a new medical director could have one of his first four patients change hospice providers, which would most likely put that physician's live discharge rate above 20 percent.

While the Mississippi Academy of Family Physicians appreciates and understands the concern with live discharge rate, this is something currently being addressed by CMS at the federal level. Currently, CMS is developing a risk-adjusted measure of hospice transition to identify hospices that have notably higher rates of live discharges when compared to their peers. CMS is the federal authority for hospice patients, providers, and treatments. Additionally, there are several questions that need to be addressed if this section of the rule moves forward: (1) Who will provide the live discharge rate to the physician and/or the Board; (2) What period of time is a live discharge rate considered for these purposes...the entire time as medical

*MISSION: Supporting Family Medicine physicians as they improve the health of all Mississippians.*

director, the last 6 months, the last 90 days; (3) At the point that the live discharge rate reaches 20 percent, are all physician-patient relationships (past and future) then deemed improper?

Further, we would like clarity regarding the unprofessional conduct statement in the proposed new rule. What does active recruitment mean? Is this also known as a referral? If a referral is considered active recruitment, this would limit medical directors who actively treat patients from discussing hospice with a terminally ill patient for fear of committing unprofessional conduct.

The Mississippi Academy of Family Physicians and family physician hospice providers previously offered solutions to address the live discharge rate issue. This included a minimum CME requirement, or a requirement of a CME course specialized in addressing acute medical crises and evaluating patient's suitability at the time of hospice enrollment.

To summarize, live discharges are a separate issue from opioid prescribing and the establishment of the physician-patient relationship and should be treated as such. We appreciate your taking our concerns into consideration when discussing the changes.

Sincerely,

A handwritten signature in cursive script that reads "William M. Grantham MD". The signature is written in black ink and is positioned above the typed name.

William M. Grantham, MD  
President