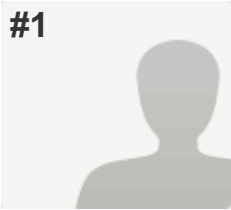


#1



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Thursday, September 03, 2015 3:49:41 PM

Last Modified: Thursday, September 03, 2015 3:58:09 PM

Time Spent: 00:08:28

IP Address: 157.142.237.254

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Chittur A. Sivaram MD
Subspecialty Society	American College of Cardiology
Email Address	chittur-sivaram@ouhsc.edu

Q2: Does your society currently monitor compliance with the rules of the Match? No

Q3: If monitored, what are your observations?

We have not sensed or observed any ongoing issues with the Match process or compliance/participation in the Match based on discussions within the PD group. Our fellowship training programs are well subscribed and all the positions fill at the time of match. ACC has always strongly supported the Match process. We do not have any written policies on participation in the Match entirely due to the fact that training positions are filled through the Match and all the stakeholders (fellowship applicants and training programs) are happy with the current process.

Q4: Did your society run into Match problems and how did you deal with them?

We do not have any issues with the Match process as it stands today.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

None observed, reported or discussed to the best of our knowledge.

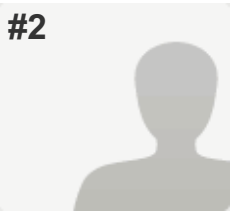
Q6: Has your society considered what aspects of the Match you would like to see changed?

None. We are happy with the Match process. When the timing of interviews and Match were changed a few years ago, we adapted to it despite the lack of uniform support for the change from the CV Fellowship PDs.

Q7: Other information you would like to provide.

NA

#2

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Saturday, September 05, 2015 6:37:04 PM**Last Modified:** Saturday, September 05, 2015 6:37:48 PM**Time Spent:** 00:00:44**IP Address:** 73.137.67.27

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

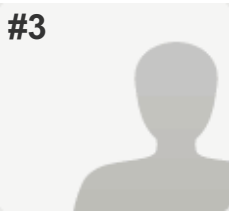
Name	David Schulman
Subspecialty Society	American College of Chest Physicians
Email Address	daschul@emory.edu

Q2: Does your society currently monitor compliance with the rules of the Match?

No

Q3: If monitored, what are your observations?*Respondent skipped this question***Q4: Did your society run into Match problems and how did you deal with them?***Respondent skipped this question***Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.***Respondent skipped this question***Q6: Has your society considered what aspects of the Match you would like to see changed?***Respondent skipped this question***Q7: Other information you would like to provide.***Respondent skipped this question*

#3

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Monday, September 07, 2015 8:34:08 AM**Last Modified:** Monday, September 07, 2015 8:57:27 AM**Time Spent:** 00:23:18**IP Address:** 66.75.63.217

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Elaine Muchmore
Subspecialty Society	ASH
Email Address	emuchmore@ucsd.edu

Q2: Does your society currently monitor compliance with the rules of the Match? Yes

Q3: If monitored, what are your observations?

Since institution of the IM fellowship match, both Hematology and Oncology (most programs are combined) have been compliant with match rules.

Q4: Did your society run into Match problems and how did you deal with them?

No real problems. Most programs do not have separate tracks for research pathway residents, so fluctuations in posted allocations appear to be due in large part to making accommodations for those residents.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

Before the match was instituted, there was inordinate pressure for residents to make decisions about offers from programs lower on their rank lists. This practice largely disappeared after match was instituted. At this point it does not appear that "shenanigans" are common.

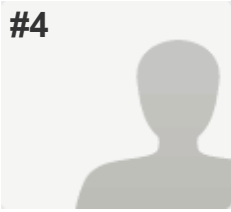
Q6: Has your society considered what aspects of the Match you would like to see changed?

There continues to be comment about the July 1 "opening" for applications, because this is a busy time of year, especially for residency PDs. Pushing the start date back to June 1 would, I think, be welcome, and relieve some of the pressure to complete interviews during the 6-week period between September 1-October 15. There has also been concern that there is insufficient time between the first week in December and July 1 to resolve visa/family/license issues. If fellowship start date is changed slightly, this issue may disappear?

Q7: Other information you would like to provide.

For Hematology/Oncology, I think it would be very difficult to institute an "all in" policy, because of the large number of research pathway fellows.

#4



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, September 16, 2015 1:36:23 PM

Last Modified: Wednesday, September 16, 2015 1:42:07 PM

Time Spent: 00:05:43

IP Address: 152.79.24.40

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Helen Chew, MD
Subspecialty Society	Medical Oncology
Email Address	hkchew@ucdavis.edu

Q2: Does your society currently monitor compliance with the rules of the Match?

No

Q3: If monitored, what are your observations?

Respondent skipped this question

Q4: Did your society run into Match problems and how did you deal with them?

None that the society is aware of. The Match has been a standing agenda item at our annual program directors' meeting for many years and no concerning issues have been raised.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

None that the society is aware of.

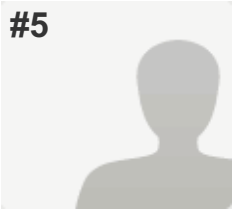
Q6: Has your society considered what aspects of the Match you would like to see changed?

ASCO supports the match. The society feels that the current Match works well and allows flexibility among programs. ASCO doesn't advocate for any significant changes.

Q7: Other information you would like to provide.

Respondent skipped this question

#5



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Monday, September 21, 2015 10:43:07 AM

Last Modified: Monday, September 21, 2015 10:48:03 AM

Time Spent: 00:04:56

IP Address: 198.133.139.165

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Kathy Bull-Henry, MD
Subspecialty Society	ACG
Email Address	KPB3@GUNET.GEORGETOWN.EDU

Q2: Does your society currently monitor compliance with the rules of the Match? No

Q3: If monitored, what are your observations? *Respondent skipped this question*

Q4: Did your society run into Match problems and how did you deal with them?

No.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

No

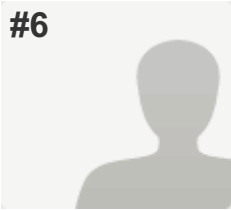
Q6: Has your society considered what aspects of the Match you would like to see changed?

No.

Q7: Other information you would like to provide.

The All-In policy would be problematic for programs who have more approved fellow slots than funding for approved fellows slots. For example- approved for 6 fellow slots but only have funding for 3 fellow slots.

#6

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, September 22, 2015 8:40:15 AM**Last Modified:** Tuesday, September 22, 2015 9:06:07 AM**Time Spent:** 00:25:52**IP Address:** 216.21.56.250

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Becky Roberts
Subspecialty Society	American Academy of Sleep Medicine
Email Address	broberts@aasmnet.org

Q2: Does your society currently monitor compliance with the rules of the Match? Yes

Q3: If monitored, what are your observations?

Our monitoring is currently limited to a past review of the match, what institutions participated and how many slots they filled within the match. We also look at details on how many candidates ended up without a match. Our observations have been that some of our programs do not fill within the match or only fill a portion within the match. Many of these programs register for the match, but do not end up filling through the match. One program in particular fills all of their slots outside of the match before the match even begins. We also know that even though all of our slots aren't being filled, there are a small number of applicants who go unmatched.

Q4: Did your society run into Match problems and how did you deal with them?

Some of the programs that fill outside of the match are large programs - one is so large that it has 10% of the slots. The majority of our program directors feel that participating in the Match is what is most fair for fellows, the programs and the field. They struggle with what can be done to encourage programs who are not participating or filling all of their slots in the match to do so. To deal with this, the AASM Board of Directors has voted to impose sanctions that will impact institutions whose programs do not fill all of their slots within the match. These include not funding grants through our foundations, not funding participation in some of our educational events and charging a fee to participate in our in-service training program. Additionally, we have elected to move forward with the All-in Policy for the 2016 match. Conversely, programs who do participate with all slots in the match can participate in the in-service training exam for free.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

The "shenanigans" we have observed all relate to participation in the match as described above.

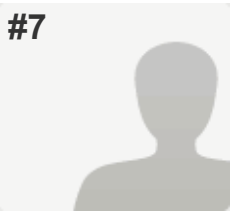
Q6: Has your society considered what aspects of the Match you would like to see changed?

Our conversations related to the Match have focused on participation to this point. As a subspecialty, it would be nice to be able to have NRMP's assistance with an official scramble following the Match.

Q7: Other information you would like to provide.

As a one-year fellowship program, we struggle with what can be done to entice people to take an extra year out of their lives while also increasing their debt. We have had numerous conversations about this on an organization level and are certain that other subspecialties are having the same conversations. We'd be interested in discussing potential opportunities in collaborating to make one-year fellowships more attractive.

#7

**COMPLETE****Collector:** Web Link 1 ([Web Link](#))**Started:** Tuesday, September 22, 2015 2:52:43 PM**Last Modified:** Tuesday, September 22, 2015 3:32:14 PM**Time Spent:** 00:39:31**IP Address:** 152.132.8.198

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name

Steve Barczy

Subspecialty Society

American Geriatrics Society; Association of Directors of Geriatric Academic Programs

Email Address

steven.barczy@va.gov; lsbarczy@gmail.com

Q2: Does your society currently monitor compliance with the rules of the Match?

Yes

Q3: If monitored, what are your observations?

We are entering year 3 of the match for our subspecialty. There has been incomplete engagement and "buy-in" of fellowship programs (70-85% participation). Our national society has communicated the message that our goal and expectations are that geriatric programs should be "all-in"- all programs and all positions within each program. We have conducted surveys of all ACGME-accredited programs within our discipline to understand the motives for and against participation in the match and which programs are not following match regulations and which programs may be involved in match irregularities or recruitment outside of the match. This process has been labor intensive and gradually most programs are entering due to various created incentives and potential negative consequences imposed by our society.

Q4: Did your society run into Match problems and how did you deal with them?

Yes. Programs not involved in the NRMP match actively recruited individuals outside of the match before the match, and certain programs dropped out of the match after interviewing individuals in the match then offering them positions outside of the match. We are trying to maintain the stance of all-in and individually work with programs that have not committed to the match and explore what it would take to assist those programs in overcoming local/ institutional or political barriers from entering the match. We are also making the process transparent, reporting program participation (or lack of participation) on our society web-page and allowing participating programs to use the branding of our national society. Furthermore, we are asking all participating programs to share with candidates that they support the position to be all positions- all in, and feel this decision is the best for the applicants, and that those individuals should be critical of programs that have elected to not take this stance. Lastly, we have created a program directors toolbox with many resources (eval tools, learning materials, blueprints for CCC/ PEC activities etc) that are available ONLY to programs that participate in the match.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

As above. Our discipline has more positions available than applicants who want to enter geriatric medicine fellowships. This has been an issue for years and some opportunistic programs have used the match as a way to not participate and offer "guaranteed" positions before the match ever occurs to those who feel the need to know have a position as soon as possible. This includes those with J1 visa issues. We also have seen programs enter the match, interview applicants enrolled in NRMP match, then drop out of the match and entice those individuals enrolled in the match to drop out and join their programs with guaranteed positions early. This has been particularly apparent in metropolitan areas with higher densities of training programs.

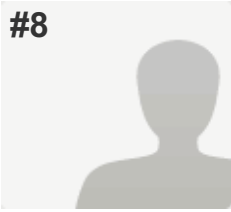
Q6: Has your society considered what aspects of the Match you would like to see changed?

We would love to have NRMP or another parent society such as AAIM make the statements that all programs need to participate in the match and possibly police this action, or assist our society in policing this action. This might include establishing penalties to the program that disregard match rules or manipulate the system, and possibly holding the overarching institution/ DIO more accountable for these inappropriate behaviors. Guidance would also be helpful regarding ways that other subspecialties motivate such programs to play by the rules.

Q7: Other information you would like to provide.

I look forward to the discussions that will occur at this summit and hope that some consensus can be achieved similar to the approaches that have governed the core residencies in the past. The need for advocacy for the applicants by fair recruitment practices and the benefits of a well coordinated match are no less valid for residents applying for fellowships as they are for medical students entering their initial residency training. We should maintain a similar stance and set of policies for engagement in the NRMP match across all subspecialty disciplines with some flexibility for deciding upon exceptions that may be driven by the specific subspecialties circumstances.

#8



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Tuesday, September 29, 2015 2:19:43 PM

Last Modified: Tuesday, September 29, 2015 2:23:24 PM

Time Spent: 00:03:40

IP Address: 205.142.197.68

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Amal Assa'ad
Subspecialty Society	American Academy of Allergy Asthma and Immunology
Email Address	amal.assa'ad@cchmc.org

Q2: Does your society currently monitor compliance with the rules of the Match? Yes

Q3: If monitored, what are your observations?

Monitoring relies on word of mouth and programs reporting a suspicious activity from another program or a candidate

Q4: Did your society run into Match problems and how did you deal with them?

We have created a code of conduct document

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

the issue of programs who would like candidates who are on a research track

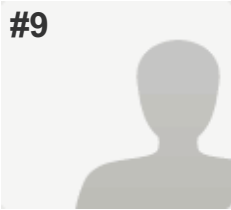
Q6: Has your society considered what aspects of the Match you would like to see changed?

more flexibility that allows candidates on a research track the ability to apply to various programs and not just their own institution

Q7: Other information you would like to provide.

the programs that have training grants remain uncomfortable with the match

#9



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, September 30, 2015 9:21:31 AM

Last Modified: Wednesday, September 30, 2015 9:26:04 AM

Time Spent: 00:04:33

IP Address: 38.70.19.66

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Ailene Cantelmi
Subspecialty Society	Association of Program Directors in Endocrinology and Metabolism (APDEM)
Email Address	APDEM@endocrine.org

Q2: Does your society currently monitor compliance with the rules of the Match? No

Q3: If monitored, what are your observations? *Respondent skipped this question*

Q4: Did your society run into Match problems and how did you deal with them?

Anecdotally, there is a sense that there isn't a fair use of the spots being filled outside of the Match. APDEM has surveyed members to gather feedback on the "All-In" proposal and has discussed with members at its annual meeting.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

The sense is that the current system allows room for unprofessional and, at times, unethical behavior on the part of both programs and applicants. Examples include: Parties being thrown to "woo" potential applicants. Applicants lying to programs to secure a spot but then Matching with another program. Programs embellishing features of their program to attract top applicants.

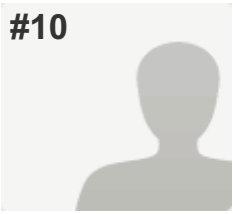
Q6: Has your society considered what aspects of the Match you would like to see changed?

A majority of members support the all-in proposal but feel that there should be pathways for exceptions with clear guidelines. These exceptions would be for spots reserved for research, med/pediatric, endocrinology/geriatric programs. A majority of members felt that APDEM should not serve in a monitoring role for Match requirements.

Q7: Other information you would like to provide.

We hope that the system can be set up to benefit trainees, be reasonable for programs, while maintaining everyone's integrity, morality, and professionalism.

#10



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, September 30, 2015 9:39:09 AM

Last Modified: Wednesday, September 30, 2015 9:41:20 AM

Time Spent: 00:02:10

IP Address: 128.104.211.177

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Kevin McKown, MD
Subspecialty Society	American College of Rheumatology
Email Address	km4@medicine.wisc.edu

Q2: Does your society currently monitor compliance with the rules of the Match? No

Q3: If monitored, what are your observations? *Respondent skipped this question*

Q4: Did your society run into Match problems and how did you deal with them?

No.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

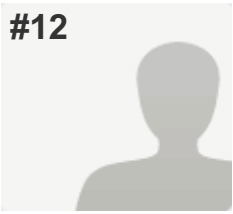
N/A

Q6: Has your society considered what aspects of the Match you would like to see changed?

No

Q7: Other information you would like to provide. *Respondent skipped this question*

#12



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, September 30, 2015 1:01:26 PM

Last Modified: Wednesday, September 30, 2015 1:02:21 PM

Time Spent: 00:00:55

IP Address: 162.252.228.5

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Antoinette Spevetz
Subspecialty Society	SCCM
Email Address	spevetz-antoinette@cooperhealth.edu

Q2: Does your society currently monitor compliance with the rules of the Match? No

Q3: If monitored, what are your observations? *Respondent skipped this question*

Q4: Did your society run into Match problems and how did you deal with them?

Not in the match

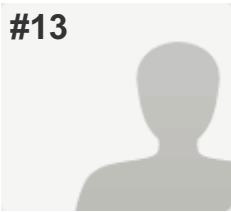
Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match. *Respondent skipped this question*

Q6: Has your society considered what aspects of the Match you would like to see changed?

? to participate

Q7: Other information you would like to provide. *Respondent skipped this question*

#13



COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, September 30, 2015 1:41:51 PM

Last Modified: Wednesday, September 30, 2015 1:44:08 PM

Time Spent: 00:02:16

IP Address: 75.103.232.34

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Karen Kayoumi
Subspecialty Society	American Society of Hematology
Email Address	kkayoumi@hematology.org

Q2: Does your society currently monitor compliance with the rules of the Match? Yes

Q3: If monitored, what are your observations?

We have very loosely monitored over the years and found that generally programs are in compliance

Q4: Did your society run into Match problems and how did you deal with them?

No problems

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

No "shenanigans" noted

Q6: Has your society considered what aspects of the Match you would like to see changed?

Hematology is happy with the current Match structure. There are no aspects we'd like to change and ASH DOES NOT support the all-in policy.

Q7: Other information you would like to provide.

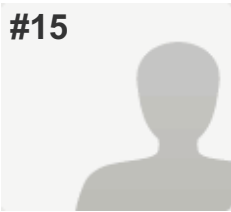
Again, ASH does not support adoption of an all-in policy.

Q7: Other information you would like to provide.

One piece of data the APCCMPD feels would be important to understand is the number of PCCM programs (and positions) that have been granted a permanent complement increase to accept straight CCM fellows for a CCM curricular pathway within a combined PCCM program. These positions within in PCCM programs are commonly taken outside of the MATCH.

While the ACGME regularly receives requests for increases in complement that reference the creation of a CCM pathway within an existing PCCM program, they do not have a mechanism in place to provide the exact number of permanent increase requests that have been submitted solely for this purpose. There is no field in ADS that captures this particular piece of information.

#15



COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, October 01, 2015 3:53:46 PM
Last Modified: Thursday, October 01, 2015 3:56:25 PM
Time Spent: 00:02:39
IP Address: 132.183.13.11

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Aidan Long
Subspecialty Society	American Academy of Allergy Asthma and Immunology
Email Address	aalong@mgh.harvard.edu

Q2: Does your society currently monitor compliance with the rules of the Match? Yes

Q3: If monitored, what are your observations?

Generally very good compliance with 2-3 questionable events each year

Q4: Did your society run into Match problems and how did you deal with them?

By sending friendly "reminder" letters with requests for explanations to programs where non-compliance appears to be a possibility

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.

withdrawn positions after entering NRMP with candidates turning up at competing programs subsequently

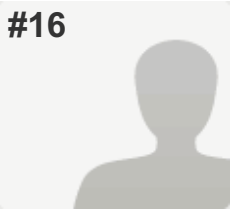
Q6: Has your society considered what aspects of the Match you would like to see changed?

Not as a group

Q7: Other information you would like to provide.

Respondent skipped this question

#16

**COMPLETE***Answers Entered Manually***Collector:** Web Link - Manual Entry 1 (Web Link)**Started:** Friday, October 02, 2015 9:26:59 AM**Last Modified:** Friday, October 02, 2015 9:27:34 AM**Time Spent:** 00:00:34**IP Address:** 162.221.172.2

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Oren Fix, MD
Subspecialty Society	American Association for the Study of Liver Diseases
Email Address	Oren.Fix@Swedish.org

Q2: Does your society currently monitor compliance with the rules of the Match?

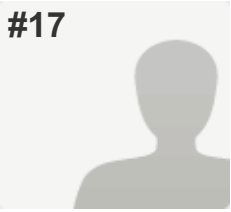
No

Q3: If monitored, what are your observations?*Respondent skipped this question***Q4: Did your society run into Match problems and how did you deal with them?**

Transplant hepatology does not participate in a match and never has.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.*Respondent skipped this question***Q6: Has your society considered what aspects of the Match you would like to see changed?***Respondent skipped this question***Q7: Other information you would like to provide.***Respondent skipped this question*

#17

**COMPLETE***Answers Entered Manually***Collector:** Web Link - Manual Entry 1 (Web Link)**Started:** Friday, October 02, 2015 9:27:37 AM**Last Modified:** Friday, October 02, 2015 9:28:14 AM**Time Spent:** 00:00:37**IP Address:** 162.221.172.2

PAGE 1: October 11, 2015 in Atlanta, GA

Q1: Address

Name	Dawn Levreau
Subspecialty Society	American Academy of Hospice and Palliative Medicine
Email Address	dlevreau@aahpm.org

Q2: Does your society currently monitor compliance with the rules of the Match?

No

Q3: If monitored, what are your observations?*Respondent skipped this question***Q4: Did your society run into Match problems and how did you deal with them?**

Unfortunately, we are unable to provide answers to questions 1-4 below due to this being our first Match experience.

Q5: List the Match "shenanigans" your society has observed in your specialty - before, during, and after the Match.*Respondent skipped this question***Q6: Has your society considered what aspects of the Match you would like to see changed?***Respondent skipped this question***Q7: Other information you would like to provide.**

We would like to share our response sent to NRMP when they requested our feedback on the criteria for participation in the Specialties Matching Service, how subspecialties are assigned to a Match, and voluntary implementation of an All In Policy. We thought this information could be added to your "other" request.



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

January 7, 2015

Mona M. Signer
President and Chief Executive Officer
National Resident Matching Program
2121 K Street NW, Ste 1000
Washington, DC 20037

By email: msigner@nrmp.org

Dear Ms. Signer,

In response to your request for feedback on the criteria for participation in the Specialties Matching Service, how subspecialties are assigned to a Match, and voluntary implementation of an All In Policy, we engaged members of the AAHPM Academic Palliative Medicine Committee to deliberate on these issues. We appreciate the opportunity to provide feedback to the NRMP Board of Directors.

- Currently, programs participating in the Specialties Matching Service must meet one of the following criteria: 1) be ACGME-accredited; 2) be affiliated with an ACGME-accredited program in the core discipline, or 3) lead to certification or have oversight from an ABMS-recognized board. The NRMP also accepts accreditation by the American Board of Obstetrics & Gynecology. Should other criteria or accrediting bodies be acceptable for SMS participation? If so, what other criteria should be considered?

AAHPM Response:

At this time AAHPM does not have any recommendations for additional criteria.

- Currently, the NRMP assigns a new subspecialty to its own Match if the programs recruit from multiple core disciplines. Should a subspecialty be allowed to join a Match in which the other programs recruit solely from a single core discipline?

AAHPM Response:

Yes, subspecialties that recruit from multiple primary specialties should be allowed but not required to join a Match in which other programs recruit solely from a single core discipline. While hospice and palliative medicine is new to the NRMP, we currently prefer our own Match.

- Should the NRMP allow SMS Match sponsors to voluntarily implement an All In Policy? Must an All In Policy apply to all subspecialties in a multi-specialty Match? If an All In Policy is implemented, should it be monitored by the Match sponsor or NRMP?

AAHPM Response:

Clearly NRMP is beneficial to applicants and programs. However, AAHPM believes that an “all in” mandate is not in the best interest of many subspecialties including hospice and palliative medicine. AAHPM believes allowing some flexibility for individual programs is important. Sponsors should not have the ability to mandate an “all in” policy. If sponsors are allowed to mandate an “all in” policy, the policy should not apply to all subspecialties in a multi-specialty match. If an “all in” policy is implemented, it should be monitored by the Match sponsor rather than the NRMP.

Since the subspecialty of hospice and palliative medicine is very new to the NRMP, we would be happy to discuss any of the above issues further to better understand the full context of the issues at hand and potentially clarify our responses.

Thank you again for the opportunity to provide feedback on these important issues. Please contact me with any questions at dlevreau@aahpm.org or 847-375-6408.

Sincerely,



Dawn M. Levreau
Director, Workforce and Leadership Development
American Academy of Hospice and Palliative Medicine