How to Best Partner with Your Medical Director

Iris Boettcher MD CMD
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Learning Objectives

• Describe the role of the medical director in a skilled nursing facility.
• Compare the responsibilities of the medical director with that of a DON.
• Explain opportunities for collaboration between DONs and medical directors.
Role of the Medical Director in a SNF

- Understand Tag F501 - Medical Director
- Review and discuss the functions of the medical director
- Discuss the related tasks associated with the functions of the medical director

F501-Medical Director

(Rev. 15, Issued: 11-28-05; effective/Implementation: 11-25-05)

§483.75(i) Medical Director

- (1) The facility must designate a physician to serve as medical director.
- (2) The medical director is responsible for —
  - (i) Implementation of resident care policies; and
  - (ii) The coordination of medical care in the facility.

F501-Medical Director

INTENT:
The intent of this requirement is that:
- The facility has a licensed physician who serves as the medical director to coordinate medical care in the facility and provide clinical guidance and oversight regarding the implementation of resident care policies;
- The medical director collaborates with the facility leadership, staff, and other practitioners and consultants to help develop, implement and evaluate resident care policies and procedures that reflect current standards of practice; and
- The medical director helps the facility identify, evaluate, and address/resolve medical and clinical concerns and issues that:
  - Affect resident care, medical care or quality of life; or
  - Are related to the provision of services by physicians and other licensed health care practitioners

NOTE: While many medical directors also serve as attending physicians, the roles and functions of a medical director are separate from those of an attending physician. The medical director's role involves the coordination of facility-wide medical care while the attending physician's role involves primary responsibility for the medical care of individual residents.
• **AMDA – The Society for Post-Acute and Long-Term Care Medicine** is dedicated to excellence in patient care and provides education, advocacy, information and professional development to promote the delivery of quality post-acute and long-term care medicine.

MEDICAL DIRECTOR: ROLE AND RESPONSIBILITIES AS LEADER AND MANAGER

• Based on:
  – F501 and Interpretive Guidelines
  – Institute of Medicine, *Improving the Quality of Long-Term Care*, 2001
Medical Director Roles

1. **Physician Leadership**
   Serves as the physician responsible for the overall care and clinical practice carried out at the facility.

2. **Patient Care-Clinical Leadership**
   Applies clinical and administrative skills to guide the facility in providing care.

3. **Quality of Care**
   Helps the facility develop and manage both quality and safety initiatives, including risk management.

4. **Education, Information, and Communication**
   Provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.

MEDICAL DIRECTOR: ROLE AND RESPONSIBILITIES

**Function 1 – Administrative**
- Participates in administrative decision making and recommends and approves policies and procedures

**Function 2 – Professional Services**
- Organizes and coordinates physician services and services provided by other professionals as they relate to patient care

**Function 3 – Quality Assurance**
- Participates in the process to ensure the appropriateness and quality of medical care and medically related care

**Function 4 – Education**
- Participates in the development and conduct of educational programs.

**Function 5 – Employee Health**
- Participates in the surveillance and promotion in the health safety, and welfare of employees

**Function 6 – Community**
- Helps articulate the long-term care facility’s mission to the community

**Function 7 – Rights of Individuals**
- Participates in establishing policies and procedures for assuring that the rights of individuals (resident, staff members, and community members) are respected

**Function 8 – Social, Regulatory, Political, and Economic Factors**
- Acquires, maintains, and applies knowledge of social, regulatory, political, and economic factors that relate to patient care services

**Function 9 – Person-Directed Care**
- Supports and promotes person-directed care.

All Functions have tasks assigned within each area
Certified Medical Director (CMD) in Post Acute and Long Term Care Medicine

ABPLM CMD

- Since 1991, over 3,500 medical directors certified
- CMDs serve in a variety of settings across the long term care continuum
- Recognizes the dual clinical and managerial roles of the medical director
- Reinforces the leadership role of the medical director in providing quality care
- Provides an indicator of professional competence to long term care providers, government, quality assurance agencies, consumers, and the general public
- A 2009 study found that having an ABPLM CMD contributes positively to a nursing home’s quality of care. Analysis of data showed that quality scores represented a 15% improvement in quality for facilities with CMDs
ABPLM CMD

Certification Requirements

• Step One: Eligibility
• Step Two: Education and Experience in Clinical Medicine (Long Term Care Medicine)
• Step Three: Education and Experience in Medical Direction/Medical Management

AMDA CMD

Certification Requirements

Step One: Eligibility

• Completion of an accredited post-graduate training program,
• Hold a current, unrestricted, state license as an MD or DO and,
• Spend a minimum of 8 hours each month in service as a medical director in a long term care setting.
• Completion of “AMDA’s Core Curriculum on Medical Direction in Long Term Care” (or its equivalent) within five (5) years of application

ABPLM CMD

Certification Requirements

Step Two: Education and Experience in Clinical Medicine

Applicants must complete three (3) of the three options listed below:

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<th>OPTION 1</th>
<th>OPTION 2</th>
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<td>[ ] Most recent Board of Medical Examiners (ABMS) Certification in a specific specialty</td>
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<td>[ ] Completion of an ACC inner or AOA certification program in geriatrics or other relevant field</td>
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<td>[ ] Certification in Geriatric Medicine (AGS) in the last five (5) years</td>
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A valid or certificate (GxM) in Geriatric Medicine (AGS) in the last five (5) years.

Thirty (30) hours of AMDA's core curriculum in clinical medical direction providing three (3) years.

Thirty-five (35) hours of AMDA's core curriculum in clinical medical direction providing three (3) years.

Four full years of clinical practice in long term care.
ABPLM CMD
Certification Requirements

Earn These: Education and Experience in Medical Direction/Medical Management

- Completion of a fellowship
  - Past Five (5) years
- Possession of an appropriate CMD Management \( \geq 14 \) hours within five (5) years of application
- A written statement of the reason and explanation of the application

ABPLM CMD
Recertification Requirements

Certified medical director (CMD) recertification is required every six years.

Requirements include:
- Current CMD credential;
- Possession of a current, unrestricted state medical license;
- Service as a medical director during the past 6 years;
- Clinical education:
  - Option 1
    - Sixty (60) hours from the six (6) years of your current certification period of AMA PRA Category 1 Credits, AAFP-approved, or AOA-approved CME credits in Clinical Medicine. Credits must relate to the population(s) in the post-acute and long-term care setting(s) in which you practice.
  - Option 2
    - Seventy-five (75) Clinical education hours related to the population(s) in your post-acute and long-term care setting(s).
    - Up to 10 hours can be claimed each for teaching, publishing, presenting
- Medical management education
  - completion of 60 hours of Medical Direction/Management education hours, completed within the preceding six (6) years - A minimum of 50% of Medical Direction/Management must come from ABPLM pre-approved CMD credits.

DILBERT by Scott Adams
• Nothing can stop the man with the right mental attitude from achieving his goal; nothing on earth can help the man with the wrong mental attitude.

  Thomas Jefferson

• The road to success is always under construction.

  Lily Tomlin

Medical Director Education and Training

• Is always under construction

• Start
  – Invest
  – Engage
  – Encourage
  – Utilize AMDA resources
    • Clinical Practice Guidelines (CPGs)
    • Others
• Support financially

How to Best Partner with Your Medical Director

Learning Objectives

• Describe the role of the medical director in a skilled nursing facility

• Compare the responsibilities of the DON with that of the medical director

• Explore opportunities for collaboration between DONs and medical directors
Compare the responsibilities of the DON and the Medical Director

- Understand responsibilities that are shared with the DON and the medical director
- Contrast the role of the DON with the role of the medical director
- Discuss situations when the role of DON and medical director may conflict

Shared responsibilities of the DON and the medical director

- Collaboration between:
  - Administrator
  - Director of Nursing
  - Medical Director

Shared Responsibilities between DON and Medical Director

Function 1 – Administrative
- Participates in administrative decision making and recommends and approves policies and procedures

Function 3 – Quality Assurance
- Participates in the process to ensure the appropriateness and quality of medical care and medically related care

Function 4 – Education
- Participates in the development and conduct of educational programs.

Function 5 – Employee Health
- Participates in the surveillance and promotion in the health safety, and welfare of employees
**Shared Responsibilities between DON and Medical Director**

Function 6 – Community
- Helps articulate the long-term care facility’s mission to the community

Function 7 – Rights of Individuals
- Participates in establishing policies and procedures for assuring that the rights of individuals (residents, staff members, and community members) are respected

Function 8 – Social, Regulatory, Political, and Economic Factors
- Acquires, maintains, and applies knowledge of social, regulatory, political, and economic factors that relate to patient care services

Function 9 – Person-Directed Care
- Supports and promotes person-directed care.

**Compare the responsibilities of the DON and the Medical Director**

- Understand responsibilities that are shared with the DON and the medical director
- **Contrast the role of the DON and the medical director**
- Discuss situations when the role of DON and medical director may conflict

**Contrast Role of the DON and the medical director**

Function 1 – Administrative
- Nursing administration vs Facility administration

Function 2 – Professional Services
- Nursing services vs Professional services

Function 3 – Quality Assurance
- Data gathering and reporting vs Review and recommendation

Function 4 – Education
- Nursing vs Interdisciplinary team.

Function 5 – Employee Health
- Nursing vs All employees

Function 8 – Social, Regulatory, Political, and Economic Factors
- Direct oversight of survey readiness vs Consultation and conferring
Contrast Role of the DON and the medical director

- Full time vs Part time
- Single role vs Multiple roles (in community)
- Budget vs None
- Other

Compare the responsibilities of the medical director with that of a DON

- Understand responsibilities that are shared with the DON and the medical director
- Contrast the role of the medical director with the role of DON
- Discuss situations when the role of DON and medical director may conflict

Situations when roles of DON and medical director may conflict

- Discussion of case examples
How to Best Partner with Your Medical Director

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Explore opportunities for collaboration between DONs and Medical Directors

• Understand the difference between interdisciplinary and multi-disciplinary interactions
• Distinguish the difference between collaboration and cooperation
• Illustrate collaboration with specific case studies

Interdisciplinary vs Multi-disciplinary

• Multidisciplinary teams
  — members work sequentially
  — medical record means of communication
  — silo mentality among disciplines
  — No shared decision-making

Interdisciplinary vs Multi-disciplinary

- Interdisciplinary teams
  - work collaboratively
  - regular meetings for evolving plan of care
  - allows for:
    - working for common goals
    - pooling of expertise
    - forum for problem solving
  - Shared decision-making and flexible leadership
    - team identity separate from identities of individual team members.
    - members of the team bring different skills and perspectives
    - respected and integrated into the plan of care


Collaboration vs Cooperation

- Collaboration
  - mutual engagement in a coordinated effort to solve a problem together
  - Working together for a common goal
- Cooperation
  - accomplished by a division of labor among team members
  - each person is responsible for portion of the problem solving

Collaboration vs Conflict

Specific Examples

- Survey
  - Annual
  - Complaint
- Case Example
  - Collaboration
  - Conflict
- Methods for Resolution
Collaboration vs Conflict
Specific Examples

• Resident Rights vs Safety

• Case Example
  – Collaboration
  – Conflict

• Methods for Resolution

Collaboration vs Conflict
Specific Examples

• Advance Care Planning

• Case Example
  – Collaboration
  – Conflict

• Methods for Resolution
Collaboration vs Conflict
Specific Examples

• Infection Control

• Case Example
  – Collaboration
  – Conflict

• Methods for Resolution

Collaboration vs Conflict
Specific Examples

• Other Issue

• Case Example
  – Collaboration
  – Conflict

• Methods for Resolution

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Questions?

Discussion

**Function 1 - Administrative**

- Meets regularly with the administrator, the director of nursing, and other decision makers in the nursing home and provides leadership needed to achieve medical care goals.
- Participates in the development and periodic evaluation of policies and procedures and reviews the policies and procedures manual annually.
- Participates in the activities of quality assurance; pharmacy, infection control, safety and medical care committees.
- Stays informed about factors that affect long term care and incorporates social, medical, and fiscal changes into policies and procedures.
- Participates in surveys and interacts with outside regulatory agencies.
- Negotiates his or her contract and job description, prepares a quarterly report, and defines the medical director’s role in the nursing home.
- Keeps medical staff informed of changes in policies and procedures.
- Understands multi-facility corporate policies and procedures and strategies for effecting and dealing with change.
- Participates in disciplinary actions of the organization when appropriate.

**Function 2 – Professional Services**

- Organizes, coordinates and monitors the activities of the medical staff and ensures that the quality and appropriateness of services meets community standards.
- Develops and periodically reviews by-laws governing physician services.
- Arranges for the availability of qualified consultative staff, maintains involvement in contract negotiations with these professionals, and represents them to the administration.
- Assures coverage for medical emergencies and participates in decisions about the kind of emergency equipment and drug supplies that are to be kept available to meet patient’s needs.
- Assists the administrator in establishing affiliation agreements with other health care institutions and helps promote rapport between the nursing home and regulatory agencies, professional groups, insuring agencies, ambulance and emergency groups, and individual health care services.
- Facilitates the activities of the interdisciplinary team.
- Arranges for the availability of qualified specialists and maintains involvement in contract negotiations with these professionals.
Function 2 – Professional Services

• Assures that medical records systems meet the needs of patients.
• Assures adequate documentation of health care.
• Develops and periodically reviews policies that govern the practice of physician assistants and nurse practitioners in the facility.
• Participates in the development of PRO contracts.
• Develops policies and procedures related to activities of individuals participating in educational activities within the facility (physicians in residency programs, medical students, student nurses).
• Assures that the nursing staff members attend physicians on rounds.
• Makes summary decisions when admissions, orders, and/or transfers are considered inappropriate.
• Conducts regular meetings with outside providers of nursing home services.
• Participates, when necessary, in family meetings and similar activities to assist the facility and/or attending physician to promote optimal resident care.

Function 3 - Quality Assurance

• Participates in the monitoring of care within the facility through a quality assurance program that encourages self-evaluation, anticipates and plans for change and meets regulations.
• Maintains knowledge of state and national standards for nursing home care and ensures that the facility meets the minimal acceptable standards of care.
• Understands basic research methods, utilizes sound research methods when conducting medical care evaluation studies, evaluates and reviews the feasibility and goals of research projects, and fosters a facility-wide attitude that is supportive of research and open to change.
• Monitors physician performance and involves the attending physician in the setting of quality assurance standards.
• Ensures that the quality assurance program addresses issues germane to the quality of patient care.
• Utilizes the quality assurance program to effect changes in policies and procedures.

Function 3 - Quality Assurance

• Establishes with the administration a means for disseminating information gained from the quality assurance program to residents, family members, staff members, attending physicians, and other appropriate personnel.
• Serves as chairman of an institutional committee to review the feasibility and goals of research projects and disseminates research findings.
• Participates in quality review of care within the facility in those specific areas mandated by law (e.g., drug level monitoring, laboratory indicator monitoring).
• Reviews periodically admission, transfers, and discharges of patients.
• Participates in time management studies.
• Solicits private and public funding for research activities.
• Provides medical leadership for research and development activities in long term care.
Function 4 - Education

• Promotes his or her professional development through self-directed and continuing education.
• Participates in the education and training activities of nursing home staff members and identifies and suggests topics for in-service training through observation and evaluation of patient care.
• Participates in the development, organization, and delivery of education programs for residents, resident’s families, board members, and the community at large
• Serves as a resource for information about geriatric medicine and ancillary subjects and shares educational resources (books, periodicals, articles) with other professional staff members.
• Informs attending physicians about changes in policies and procedures and keeps them abreast of changes in state and federal regulations.

Function 4 - Education

• Assists in developing mechanisms for ensuring a regular flow of educational materials to internal and external audiences
• Assures time and access to in-service training for staff
• Encourages institution-sponsored membership in professional organizations for staff
• Encourages special certification of staff members when appropriate.
• Writes articles for in-house publications.
• Promotes education opportunities that exist in the nursing home for students preparing for positions in the health care profession.

Function 5 – Employee Health

• Fosters a sense of self-worth and professionalism among employees
• Participates in a program to monitor, evaluate, and modify activities that might cause injury and illness.
• Participates in the activities of the safety committee.
• Promotes employee wellness programs (e.g. weight reduction, stress reduction, cholesterol reduction, blood pressure reduction, nutrition, exercise).
• Develops a program for an employee experiencing physical, social, or substance abuse that includes intervention and rehabilitation measures and that identifies community resources to assist employees with psychological and social problems.
• Develops and monitors a policy for helping maintain the health and safety of visitors and volunteers
• Monitors patient behavior to prevent employee injury
• Encourages the use of assistive devices by employees
• Monitors community trends in infectious diseases
• Keeps staff members informed of potential hazards to their health and safety.
Function 6 - Community

- Acts as an advocate for the facility, encourages and facilitates community involvement in the activities of the facility, and assists the community in achieving a realistic understanding of the facility’s capabilities and services
- Participates in the activities of the local health care community and seeks out opportunities for integrating other health programs into the services of the facility
- Participates in the activities of geriatric committees and long term care committees of medical organizations and identifies issues and seeks solutions to problems that involve other institutions and programs
- Participates in health care planning in the community and provides leadership in developing creative and innovative cost-effective alternative health care programs for long term care

Function 6 - Community

- Reviews admissions and transfers to evaluate changes in the facility’s resident mix
- Serves as a mentor to physicians in training within the facility
- Participates in health care planning in the community
- Integrates other efficient and effective health programs into the long term care facility (e.g., hospice, AA)
- Applies a system approach to health care
- Represents the facility in the event of “untoward” events.
- Identifies and utilizes local leaders in the community
- Meets regularly with other long-term care professionals in the community

Function 7 – Rights of Individuals

- Establishes policies and procedures for physicians to follow when limiting treatment or withdrawing treatment
- Uses the patients’ bill of rights as a guide to assuring patients’ rights
- Participates in the activities of the institutional biomedical ethics committee and identifies community resources that can assist in resolving ethical and legal issues
- Ensures that the ethical and legal rights of incompetent patients are respected
- Assures the right of patients to self-determination, privacy, and confidentiality
- Establishes a system for identifying and reporting abuse and establishes criteria for identifying potential abuse among both residents and staff members
- Understands and applies legal precedents that relate to patients’ rights
Function 7 – Rights of Individuals

- Facilitates the patients’ choice of physician
- Assures that policies and procedures reflect the intent of the Bill of Rights
- Encourages local, state, and federal agencies to provide ethical guidance, including ombudsman and health department bulletins
- Assures the right of patient self-determination through the use of living wills and durable power of attorney
- Participates, when necessary, in family meetings and similar activities to assist the facility and/or attending physician to assure respect for resident rights by facility staff and family members

Function 8 - Social, Regulatory, Political, and Economic Factors

- Analyzes and evaluates the social, regulatory, political, and economic changes that affect patient care in the long-term care facility
- Acquires an understanding of municipal, county, state and federal regulations related to long-term care and provides feedback to legislators, policy makers, and local decision makers on existing and proposed rules and regulations
- Seeks out information about aging, long-term care, and geriatric medicine and disseminates the relevant information to staff members and residents
- Understands the mechanisms for long-term care reimbursement and establishes relationships with other organizations involved in long-term care to assure that patients’ needs are met in sites across the continuum of care
- Understands the tension that exists between the social responsibility to care for chronically ill and frail elderly and the financial constraints that affect the delivery of care will be better able to ensure the delivery of appropriate care within the constraints of economic and social realities
- Participates in cost containment decisions that affect medical care (e.g., use of formularies, contracts, appropriate use of lab, medication)
- Participates in the facility budget process to assure the availability of resources for medical functions.

Function 9 - Person-Directed Care

- Provides oversight to clinical and administrative staff to help maintain and continuously improve the quality of care (e.g., help develop metrics and periodically analyze processes and results to monitor the success of person-directed approaches)
- Encourages active resident participation in and promotes the incorporation of resident preferences and goals into development of an individualized plan of care
- Helps develop, implement, and review policies and procedures that ensure residents are offered choices that provide comfort and dignity (e.g., choices regarding awakening, sleep, and medication administration times, discussions of risk/benefits regarding medicalized diets, medications and treatments)
- Collaborates with the interdisciplinary team (IDT), the family, and allied services within and outside of the organization to encourage planning, implementing, and evaluating clinical services to maximize resident choice, quality of life, and quality of care
- Educates physicians and other medical professionals on maintaining clinical standards in the context of individualized care
- Collaborates with nursing home leadership to create a person-directed care environment while maintaining standards of care