



MMMJUA Newsletter

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THE ROLE OF THE MEDICAL DIRECTOR IN LONG-TERM CARE

Introduction

During the last year, many long term care facility administrators have revisited the roles and functions performed by their medical directors. This has led to revisions of contractual relationships and expectations that, in some cases, had not been modified for years. These revisions have been initiated predominantly in response to the recently enacted CMS F-501 regulations. Essentially, CMS now places greater emphasis on the role of the medical director. Revised interpretative guidelines for surveyors have been released that defines a more detailed and clearer description for medical director's roles and functions. CMS has not changed the regulation. Rather, the agency has clarified and raised expectations of the medical director's role as an essential component of a facility system that supports its resident's healthcare needs.

MMMJUA has noticed that some, but not all long term care facility administrators are aware of these changes and their ramifications. This article is written with the objective of enhancing awareness of the medical director's role under F-501.

What has Changed?

Historically, the medical director has played an important but largely unstructured role in the long term care setting. According to the American Medical Director's Association (AMDA), most medical directors are part-time employees of the facility. In fact, 84% of medical directors work part-time. At the same time, 87% also serve as attending physicians. Nearly 60% have a private practice outside of their long term care responsibilities.

CMS has observed that a significant proportion of the long term care resident population has become increasingly frail and medically complex, requiring the provision of a greater intensity of medical care. An increasing need for psychosocial and mental health support has also been noted. In short, there is recognition that the long term care resident requires greater medical attention, direction and oversight than received previously. As such, CMS has called for the medical director to assume a more prominent leadership role to

help the facility ensure the provision of an increased level of care.

CMS' Intentions: Elevate the Role and Expectations of the Medical Director¹

CMS' Interpretative Guidelines¹ require the facility to have a medical director who provides leadership for the facilities provision of quality care. Two primary functions of a medical director are to implement resident care policies and coordinate medical care.

Implementation of Policies

Resident care policies include admissions, transfers, and discharges; infection control; use of restraints; physician privileges and practices; and responsibilities of nonphysician health-care workers (e.g., nursing, rehabilitation therapies, dietary services in resident care, emergency care, and resident assessment/ care planning).

Further, a medical director should oversee policies related to accidents and incidents; ancillary services such as laboratory, radiology, and pharmacy; use of medications; use and release of clinical information; and overall quality of care.

The "Coordination" Role

To ensure that the care policies are implemented, the "coordination role" was clarified to mean that the medical director is responsible for helping the facility ensure the provision of appropriate care. This involves active participation when implementing resident care policies and providing oversight and supervision of physician services and the medical care of residents.

Key functions and responsibilities of the medical director in carrying out medical care coordination include:

- Assisting the facility in providing appropriate and timely care
- Ensuring that residents have primary attending and backup physician coverage
- Ensuring that medical care provided to residents is consistent with standards of practice
- Reviewing and evaluating care provided to residents
- Ensuring primary attending and backup coverage
- Establishing a process to review medical provider credentials
- Guiding attending physicians as to expectations of their performance



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- Reviewing resident cases as indicated
- Developing a process to review basic physician and healthcare practitioner credentials (licensure and pertinent background)
- Address and resolve concerns and issues between the physicians, healthcare practitioners and facility staff
- Resolve issues related to continuity of care and transfer of medical information between the facility and other care settings.

What the Survey Team Looks For

The CMS Investigative Protocols guide surveyors in determining whether the medical director--in collaboration with the facility--coordinates medical care and implementation of resident care policies. Surveyors have been instructed to interview the medical director about his/her input into a variety of clinical issues to ascertain:

- Scope of the services provided
- Capacity to care for residents with complex or special care needs
- Appropriateness of clinical care
- Means for assessment, care planning, treatment implementation and monitoring of care
- Method for review and revision of facility policies/procedures to ensure they conform to current standards of practice. Timely notification to physicians of changes in facility policies
- Involvement in quality assurance activities.

CMS further advises surveyors to consider the following areas for medical director involvement to include:

- Facilitation of feedback to physicians and other healthcare practitioners
- Reviewing individual resident cases as requested or as indicated
- Reviewing consultative recommendations
- Discussing and intervening (as appropriate) with a healthcare practitioner about medical care that is inconsistent with applicable current standards of care
- Assuring that a system exists to monitor performance of the healthcare practitioners
- Guiding physicians regarding specific performance expectations
- Informing the facility of practitioner informational needs
- Assuring that physicians visit residents, provide medical orders and review the residents medical condition as required

- Responding when informed that staff is having difficulty obtaining needed consultations or other medical services
- Assuring that physicians are informed of expectations and facility policies

F-501 Compliance and other F-tag Deficiencies

The 501 F-tag has far reaching implications from a CMS deficiency perspective. At first glance, one might conclude that identification of a quality of care deficiency at another Tag will typically trigger a review of F-501 (the Tag on medical direction). From a regulatory aspect, surveyors are advised not to make an automatic linkage between other F-tags and F501. Citations will be limited to the specific quality of care problem, unless there is a clear lack of presence of a functioning medical director.

Sample Medical Director Position Statement

Many long term care facilities have not established a position description for the medical director position. Doing so will, however, enable the facility to structure the position to precisely meet its need to provide quality resident care while maintain compliance with CMS F-tag 501. The American Medical Director Association has published a statement that provides detailed guidance in developing such a statement. This statement, which can be fashioned into a checklist and used by the long term care facility to ensure the medical director role, is of sufficient scope is reproduced below.

Roles and Responsibilities of the Medical Director in the Nursing Home²

This AMDA policy is congruent with current regulatory requirements and related guidance, to ensure a current and full definition of the medical director's roles and responsibilities.

Role and Responsibilities

It is AMDA's view that the roles and responsibilities of the medical director in the nursing home can be divided into four areas: physician leadership, patient care-clinical leadership, quality of care, and education.



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Physician Leadership

- Help the facility ensure that patients have appropriate physician coverage and ensure the provision of physician and health care practitioner services; and
- Help the facility develop a process for reviewing physician and health care practitioner credentials;
- Provide specific guidance for physician performance expectations;
- Help the facility ensure that a system is in place for monitoring the performance of health care practitioners; and
- Facilitate feedback to physicians and other health care practitioners on performance and practices.

Patient Care - Clinical Leadership

- Participate in administrative decision-making and the development of policies and procedures related to patient care;
- Help develop, approve, and implement specific clinical practices for the facility to incorporate into its care-related policies and procedures, including areas required by laws and regulations;
- Develop procedures and guidance for facility staff regarding contacting practitioners, including information gathering and presentation, change in condition assessment, and when to contact the medical director;
- Review, consider and/or act upon consultant recommendations, as appropriate, that affect the facility's resident care policies and procedures or the care of an individual resident
- Review, respond to and participate in federal, state, local and other external surveys and inspections; and
- Help review policies and procedures regarding the adequate protection of patients' rights, advance care planning, and other ethical issues.

Quality of Care

- Help the facility establish systems and methods for reviewing the quality and appropriateness of clinical care and other health-related services and provide appropriate feedback; and
- Participate in the facility's quality improvement process;
- Advise on infection control issues and approve specific infection control policies to be incorporated into facility policies and procedures;

- Help the facility provide a safe and caring environment;
- Help promote employee health and safety; and
- Assist in the development and implementation of employee health policies and programs.

Education, Information, and Communication

- Promote a learning culture within the facility by educating, informing, and communicating;
- Provide information to help the facility provide care consistent with current standards of practice (defined as "approaches to care, procedures, techniques and treatments that are based on research and /or expert consensus and that are contained in current manuals textbooks and or publications, or that are accepted, adopted or promulgated by recognized organizations or national bodies.")
- Help the facility develop medical information and communication systems with staff, patients, and families and others;
- Represent the facility to the professional and lay community on medical and patient care issues;
- Maintain knowledge of the changing social, regulatory, political, and economic factors that affect medical and health services of long term care patients; and
- Help establish appropriate relationships with other health care organizations.

¹CMS Manual System, Pub, 100-07 State Operations Provider Certification, Medical Director Guidance: Summary of Changes: Appendix PP, Tag F 501, Center for Medicare & Medicaid Services, Department of Health & Human Services, November 25, 2005.

²The Role and Responsibilities of the Medical Director in the Nursing Home, Position Statement A03. Available at www.amda.com/governance/resolutions/a03.cfm.



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MMMJUA PROVIDES EDUCATIONAL MATERIALS TO INSUREDS

Last January, in an effort to assist the risk management efforts of our insured's, MMMJUA provided complimentary in-service lesson modules. Three separate programs were sent to insured organizations that care for the elderly or disabled. The three subjects covered are the Management and Prevention of:

1. Falls,
2. Pressure Ulcers, and
3. Wanderers/Eloperments.

Each packet contains "ready-to-use" materials that enable your staff to conduct group training sessions on each of these important subjects. Individuals can also use the modules for "self-study" if that is more appropriate at your facility. A lesson takes approximately one hour to complete.

These modules have been found to be excellent by those MMMJUA facilities that have used them. Some facilities have not yet used the modules. We urge those organizations that have not used the modules to do so. They provide an excellent means to educate staff to risks that continue to be problematic.

Should you have questions regarding the training, please contact Mr. Jay Schaffer at MMMJUA (1-800-806-7015). Thank you.

Question? Comments? Concerns?

The Missouri Medical Malpractice Joint Underwriting Association (MMMJUA) welcomes your comments, feedback, and thoughts. Please contact us with requests for future article topics or general information about the MMMJUA program. Or please visit our web page at mmmjua.com for additional information.

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