

The Role of the Medical Director in Long Term Care

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WAMD



THE WISCONSIN SOCIETY
FOR POST-ACUTE AND
LONG-TERM CARE
MEDICINE

Topics of the Talk

- Discuss the role of Medical Director
- Discuss more specifically the medical director role in QAPI
- WAMD: the organization and how it helps
- AMDA: resources available to help medical directors
- Engaging the medical director
- CMD: benefits of having a CMD as medical director

Long Term Care

- My personal practice now
- Reflections on long term care
- Nursing home
- Assisted Living

Responsibilities of the Medical Director

- Reviewed, Updated, and Outlined in AMDA White Paper A11 (White Paper on the Nursing Home Medical Director: Leader and Manager)
- Approved as AMDA policy House of Delegates March 2011
- Defines Roles, Functions, and Tasks
- Can find it at AMDA website; or just google (eg AMDA white paper A11 or AMDA white paper leader and manager)

Roles-the set of expected and obligatory actions

- 1. Physician Leadership**-responsibility for overall care and clinical practice carried out by the facility.
- 2. Patient Care/Clinical Leadership**-application of clinical and administrative skills to guide the facility in providing care.
- 3. Quality of Care**-helping facility manage quality, safety, and risk management initiatives.
- 4. Education**-providing information and experience to staff, providers and the community to understand and provide care.

A-11 White Paper AMDA

Functions and Tasks of the Medical Director

Functions – are the major domains of action within a role and are embedded in the overarching roles of the medical director and represent foundations for developing tasks to carry out the roles of the medical director.

Tasks – are the special activities that are undertaken to carry out Functions

Two Types of Tasks

Tier 1 Tasks are essential tasks that all medical directors perform in any LTC facility
and

Tier 2 Tasks vary depending on the situation or setting.

9 Medical Director Functions

1. Administrative 6/2
2. Professional Services 7/9
3. Quality Assurance and Performance Improvement 6/6
4. Education 4/4
5. Employee Health 2/7
6. Community 1/6
7. Rights of Individuals 4/4
8. Social, Political, Economic Factors 2/4
9. Person Directed Care 3/3

Tier 1 Tasks for Function 2 Professional Services

- Task 1 Organizes, co-ordinates, and monitors activities of the medical staff and ensures that quality and service meets community standards.
- Task 2 Helps facility arrange for availability of qualified medical consultative staff and oversees their performance
- Task 3 Assures coverage
- Task 4 Collaborates with DON and other managers to assure the practitioners have good support to manage resident care

Tier 1 Tasks for Professional Services , cont.

- Task 5 Develops and reviews policies that govern and reviews performance, and qualifications of non-physician providers
- Task 6 Guides administration in documenting credentials of facility practitioners
- Task 7 Collaborates with facility to hold practitioner accountable for their performance and practice including corrective action when needed

9 Tier 2 Tasks for Professional Services

There are nine of them covering: develops provider by-laws, rules and regs, helps establish affiliation agreements with other health care organizations, helps support care-related activities of IDT, helps assure that MR system meets needs of patients and practitioners, helps ensure adequacy of documentation, advises on interaction with UR organizations, helps with policies for health care training programs, advises on admission screening and transfer, advises facility regarding family issues

Function: QAPI Tier 1

- Task 1: The medical director participates in monitoring and improving the facility's care through a quality assurance and performance improvement program that encourages self-evaluation, anticipates and plans for change, and meets regulatory requirements.
- Task 2: The medical director applies knowledge of state and national standards for nursing home care to help the facility meet applicable standards of care.

Function: QAPI Tier 1

- Task 3: The medical director monitors physician performance and practice.
- Task 4: The medical director helps ensure that the facility's quality assurance and performance improvement program addresses issues that are germane to the quality of patient care and facility services.

Function: QAPI Tier 1

- Task 5: the medical director helps the facility use the results of its quality assurance and performance improvement program findings, as appropriate, to update and improve its policies, procedures, and practices.
- Task 6: The medical director participates in quality review of care, including (but not limited to) areas covered by regulation (e.g. monitoring medications, laboratory monitoring)

Function: QAPI Tier 2

- Task 7: The medical director helps the facility interpret and disseminate information gained from the QAPI program in a form that is useful to patients, family members, staff members, attending physicians, and others as appropriate.
- Task 8: The medical director helps the facility consider the feasibility and appropriateness of research projects.

Function: QAPI Tier 2

- Task 9: The medical director periodically reviews admission, transfers, and discharges of patients.
- Task 10: The medical director helps the facility identify private and public funding for research activities.
- Task 11: the medical director provides medical leadership for research and development activities in long-term care.

Function : QAPI Tier 2

- Task 12: the medical director includes physician input in identifying and applying quality assurance standards.

Medical Director

- We have briefly reviewed 2 of the 9 functions
- Obviously, involvement in real, meaningful ways is necessary to fulfill those roles.
- Examples
- So how do help medical directors?

WAMD



WAMD: The Wisconsin Society for Post-acute and Long Term Care Medicine

- Wisconsin State Chapter of AMDA since 1988
- Over 100 members
- Annual meeting with CME every fall
- General membership sets WAMD policy
- Liaison to the Wisconsin State Medical Society
- Quarterly Board meeting
- Newsletter to members (6x/year)
- WAMD website

WAMD

- We provide education in medical and regulatory aspects of long-term care and assisted living, and promote quality improvement in our facilities through a multi-disciplinary, team oriented approach. We are dedicated to quality care in Wisconsin extended care facilities, through education, legislative dialogue, and cooperation with other providers.

WAMD: It will be the purpose of this organization:

- To promote quality and compassionate care for patients of all ages in post-acute and long-term care
- To establish better communication among physicians serving as medical directors and other providers.
- To promote better communications between medical directors and (a) other post-acute and long-term care professionals, (b) various long-term care associations, and (c) officials of various government agencies.

WAMD: It will be the purpose of this organization:

- To represent medical directors in defining their roles and equitable compensation.
- To serve as a conduit between AMDA and the WAMD membership.
- To conduct continuing education programs, emphasizing the area of geriatrics and long-term care medicine.

WAMD: It will be the purpose of this organization:

- To promote a better understanding by the public of issues concerning the post-acute and long-term care facilities and residents.
- To support evidence based treatments and best practice policies to manage post-acute and long-term care facilities.

WAMD Board of Directors

- Voting members
- Officers
- 6 Directors; 3 year terms; 2 each year

WAMD: Associate Directors

- 7 associate directors representing: 1) DQA; 2) nurse practitioners; 3) WHCA; 4) Leading Age Wisconsin; 5) Wisconsin Association of county homes; 6) Wisconsin DON council; 7) WNA
- "It is anticipated that these Associate Directors will be designated by their organization and approved by their Board of Directors."

WAMD

- Education
- Collegiality

AMDA

- The Society for Post Acute and Long Term Care Medicine
- paltc.org
- Many resources: educational (e.g. Core Curriculum; webinars, meetings; white papers, other statements; advocacy; etc)
- Clinical Practice Guidelines

CPG's

- Over 100 different guidelines
- Cover a wide variety of clinical topics (current 'full set' of 26 clinical CPG's)
- Other topics such as Transitions of Care, Change of Condition, F tags, EHR, ACO, APM

AMDA annual meeting

- Fabulous
- Education: clinical
- Education: management
- Networking
- Inspirational
- House of Delegates

Requirements for becoming a Medical Director

Active License

CMD Certification

- ABPLM (American Board of Post Acute and Long Term Care Medicine) {previously AMDCP}
- Over 3800 CMDs currently
- 6 year certification
- Experiential model of certification
- Using existing mechanisms such as fellowships, board certification, CME, CMD approved and AMDA sponsored courses in medical direction
- No test or exam

Three Steps to CMD

- I. Eligibility
- II. Education and Clinical Experience
- III. Education and Experience in Medical Direction/Management

Step I Eligibility

- Must be a Medical Director in LTC
- Completed a US ACGME or American Osteopathic Association Post-graduate Training Program or Canadian Royal College of Physicians and Surgeons PGT program
- Unrestricted medical license

Step 2 Education and Experience Option 1

- Boarded in primary care field
- Completion of fellowship in geriatrics, pediatrics, psychiatry in last 5 yrs or ABMS certification of added qualification (CAQ)
- Two year clinical practice in specialty

**Step 2 Edu & Exp
Option 2**

- ABMS Boarded in primary care
- 60 hr. AMA Cat I CME in last 3 yrs
- 3 yr clinical practice in LTC

**Step II Edu & Exp
Option 3**

- Completion of ACGME or AOA PGY 1-3 years in primary care
- 75 hrs AMA Cat I CME in last 3yrs
- At least 4 yrs practice in LTC

Step III

Medical Direction/Medical Management

- Core Curriculum
- 2-5 yrs experience as Medical Director LTC
- Various amounts of additional training in medical direction depending on board specialty, fellowship, or experience.

AMDA Core Curriculum

- Covers 22 critical areas
- On line portion and face to face synthesis weekend
- On line: recorded presentations plus 2 mandatory live Q&A webinars
- Synthesis weekend: lectures, role play, case based discussion, small group breakout sessions
- Course tuition (early bird) \$1995 for on line and \$625 for synthesis weekend
- Dedicated Faculty

Core Curriculum Agenda

- Overview LTC
- Regulatory Environment
- Medical Information Systems
- Employee Health and Safety
- Resident Rights
- Financial Issues
- Medical Staff Oversight
- Ethics
- Quality Management
- Committees

AMDA CMD Curriculum

The medical director provides input to policy, supervises medical staff, reviews and participates in QA, and provides oversight to safety and risk management.

Medical Director is responsible for all levels of resident care through oversight and guidance.

He is a leader who helps define a vision of quality improvement, and operations consultant to address organizational function, and a direct supervisor of the Medical practitioners who provide resident care.

A-11 White Paper AMDA

Curricular Emphasis

Roles-a set of expected and obligatory behaviors.

Functions-major domains of action within a Role,

Tasks-special activities undertaken to carry out those Functions.

Benefits of CMD

- I find this truth to be self-evident

JAMDA July 2009

- "Impact of Medical Director Certification in Nursing Home Quality of Care" Columbia University MD
- 547 LTCs with CMDs
- 15,230 LTCs without CMDs
- 27 F Tags identified that appear to reflect quality directly impacted by the medical director.
- # citations with "scope and severity" compared between the two sets for 3/08-3/09 (Data from CMS Online Survey Certification and Reporting OSCAR database)
- Raw scores standardized to account for the wide state-to-state variation in survey process

Study Concluded

"Having an AMDA certified CMD contributes positively to a nursing Home's quality of care."

The standardized quality score showed a 15% improvement in quality as measured by lower incidence of citation and lower severity of harm weighted scores

So Many Tasks...

There are 35 Tier 1 tasks and 45 Tiers 2 tasks listed in the A-11 AMDA white paper to cover the nine Functions

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Strategies to effectively utilize your Medical Director to improve quality

- Expect your Medical Director to fulfill the roles of medical director as presented
- Interact with Medical Director as a professional with those expectations.
- Acknowledge the fact that all of the tasks will not be possible to fulfill optimally.
- Prioritize what is needed from the Medical Director.
- Assist the Medical Director as needed.

Strategies to Improve Quality of Service

- Give resources needed to fulfill what you are asking of the medical director.
- Have all appropriate data available.
- Do things like writing letters to medical staff that the Medical Director can modify as needed and then sign and send out.

ENGAGE YOUR MEDICAL DIRECTOR

- Define QA projects with input of the Medical Director so that projects are meaningful.
- Daily report (stand up etc) attendance if possible.
- Policy and Procedures: have process to signal to Medical Director what is important to review.
- Incident reports: have process to signal where medical director input is important.

Engage...

- Ask Medical Director to deliver in-service education
- Encourage interaction with all facility staff.
- Support membership in AMDA/WAMD and go to the meetings together
- Encourage CMD certification
- Be tuned in to young physician staff and mentor them toward the next generation of Medical Directors
- If the fit is not satisfactory, fire your Medical Director or get an assistant Medical Director

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WAMD membership

- Physicians, nurse practitioners, physician assistants: \$130
- Associate membership (licensed professionals e.g. nurses, therapists, administrators): \$65
- Facility membership (full membership for medical director and associate memberships for 3 other members of ID team): \$190

WAMD membership

- Illinois example
- Facility memberships are great value
- Download application from WAMD website.

AMDA membership

- Physician: \$342
- NP and PA: \$263
- IDT member: \$151
- \$350 discount for AMDA meeting
- Discount for Core Curriculum
- Free Webinars (\$99 value)
- JAMDA (\$312 value)

Bibliography

“The Nursing Home Medical Director: Leader and Manager” (White Paper A-11) AMDA web-site

“Impact of Medical Director Certification on Nursing Home Quality of Care” Frederick, et. al. July, 2009
