Physicians Are Essential to Post-Acute and Long-Term Care Success

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Disclosures

Member, Editorial board, Merck Manual

Board member, Wish of a Lifetime Foundation Board member, Foundation for Health and Aging President, board member, California Association of Long-Term Care Medicine

I readily admit my *bias* towards promoting healthy aging and combatting ageism wherever I see it!

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What is Your Greatest Concern About PDPM?

1. Marketing/Admissions bringing in residents with complexity and acuity that staff is not adequately prepared for.
2. Getting Attending physicians to accurately diagnose incoming residents.
3. Inadequate rehabilitation resources due to cuts.
4. No concerns, everything is fine.

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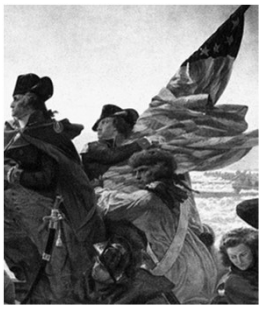
We're In a Revolution!

- PDPM is the most disruptive change in PALTC in many years
- PALTC patient population is the most complex in history
- Geriatricians and CMD's have expertise
- Medical Directors *supposedly* are the clinical leaders in PALTC
- We *can* impact both quality and cost of care!



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Certified Medical Director (CMD) Question

1. Having/being a certified medical director is of significant value.
2. Having/being a certified medical director is of some value.
3. Having/being a certified medical director is of little value.
4. No opinion.

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CMDs impact SNF's Quality Measures

- Medical Directors are *supposed* to be the clinical leaders
- Rowland, et al study on quality
- Is CMD a proxy for an engaged medical director?
  - Interdisciplinary engagement
  - Staff education
  - Willingness to step up!

ORIGINAL STUDIES

Impact of Medical Director on Nursing Home Quality

Frederick N. Rowland, PhD, MD, CMD, Mick Cowles, BA, MS, Craig Dickstein

Objective: This study tests the research hypothesis that certified medical directors are able to use their training, education, and knowledge to positively influence quality of care in US nursing homes.

Design: F-tag numbers were identified within the State Operations Manual that reflect dimensions of quality thought to be impacted by the medical director. A weighting system was developed based on the "scope and severity" level at which the nursing homes were cited for these specific tag numbers. Then homes led by certified medical directors were compared with homes led by medical directors not known to be certified.

Data/participants: Data were obtained from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting database for nursing homes. Homes with a certified medical director (547) were identified from the database of the American

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Results: The st
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versus 1.0037
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higher quality)
were added to
of a certified
15% improven

Conclusions:
directors is a
in US nursing
431–435)

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QAPI Question

1. I feel very confident in both the value of QAPI and my ability to lead/be part of a QAPI team/process.
2. I feel somewhat confident in both the value of QAPI and my ability to lead/be part of a QAPI team/process.
3. I have a solid understanding of QAPI, but doubt it's value.
4. I have a limited understanding of QAPI, but doubt it's value.

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The QAPI Opportunity

- Clarify needs vs. wants with Administrator and DON
- Requires rapport with the Administrator and DON
- Realistic expectations based on your number of hours and FMV
- Devote time into having full knowledge of the QAPI Process
- Know your strengths and weakness relevant to your role in the QAPI Process

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The 5 Elements of QAPI and the Role of the Medical Director

- Design and Scope
- Governance & Leadership
- Feedback, Systems, Data and Monitoring
- Performance Improvement Projects
- Systemic Analysis and Systemic Actions

QAPI
Quality Assurance & Performance Improve

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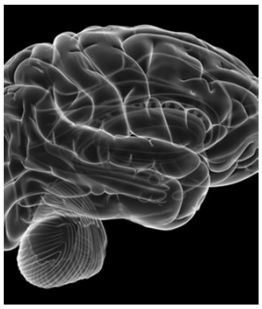
Taking a Function and Tasks Approach

FUNCTION: Refers to the major domains of an action within the 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: Refers to special activities that are undertaken to carry out the functions



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Design & Scope: Medical Director's Tasks and Function

• TASKS	• FUNCTION
• Offer input on the development of QAPI plan • Educate staff how to improve clinical outcome, quality of life, safety and resident autonomy & choice	• Ensure QAPI goals are met • Observe facility practices to promote safety, resident autonomy & person centered care

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Governance and Leadership: Medical Director Tasks and Function

• TASKS	• FUNCTION
• Ongoing discussion with the Administrator and DON to encourage staff engagement in the QAPI process • Interact with staff and solicit feedback or ideas. Suggest participation in the QAPI process • REVOLUTIONARY TASK: ENGAGE THE GOVERNING BODY!	• Promote the culture of quality improvement and safety • Foster teamwork and staff engagement in the QAPI process • Act in the Capacity of Clinical Leader of Facility!

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Feedback Systems, Data and Monitoring: Medical Director tasks and function

• TASKS	• FUNCTION
• Learn and get acquainted with facility Quality Measures, Satisfaction Survey data or Accidents and Incidents • Interview staff and residents and suggest ideas to improve overall data outcomes • ASSURE THAT GOVERNING BODY HAS THIS INFORMATION AS WELL!	• Provide physician's point of view based on data information available for review • Offer Medical Director's perspective on performance targets and or goals. • Support systemic changes necessary to improve quality

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Process Improvement Projects (PIPs): Medical Director tasks and function

• TASKS	• FUNCTION
• Know the PIP task force/s currently in place at the facility • Interview some members of the PIP task force members and gather their feedback • Share knowledge on ways to maintain staff engagement • ASSURE THAT GOVERNING BODY IS TRACKING PIP'S	• Offer insight and or direction to PIP task force to meet their goal • Reinforce the value of PIP and its impact to improve clinical outcomes and quality of care

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Systematic Analysis and Systemic Actions: Medical Director function and tasks

• TASKS	• FUNCTION
• Collaborate with the Administrator and DON on Systems improvement or enhancement • REPORT RESULTS TO GOVERNING BODY	• Support a culture that avoids the blaming approach but instead focusing on systems and processes improvement • Encourage Critical Thinking • Promote RCA & Brainstorming approach to problem solving • SUPPORT A GERIATRICS APPROACH TO CARE

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Physician Leadership can Impact Staff Morale, Quality, and Clinical Results

- You ARE the clinical leader in a SNF
- You ARE still respected by most staff
- You TOOK AN OATH to "do no harm"
- You MUST take the opportunity to engage in QAPI
- You MUST "close the loop" with the Governing Body!

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Physician Leadership Question

1. The Medical Director is the Clinical Leader of the facility.
2. The Director of Nursing is the Clinical Leader of the facility.
3. The Administrator is the Clinical Leader of the facility.
4. Someone else is the Clinical Leader of the facility.
5. No one is the Clinical Leader of the facility.

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Geriatrician's Stop Unnecessary Medications

- Historical lack of evidence based literature for most medication used in older adults
- Literature beginning to evolve
- Overtreatment of subclinical hypothyroidism
- Treatment of asymptomatic bacteriuria ("It's not always a UTI")
- Unnecessary use of antipsychotics
- Little value for sliding scale insulin in LTC setting

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The Art of Developing a Positive Relationship with Facility Leadership and Staff

- Challenging in today's PALTC environment
- Conflicting factors
  - Admissions (Marketing)
  - Regulatory
  - Ego
- Need to "manage" facility leadership and staff
- Need to promote your ROI

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How to Integrate High Quality Person Centered Care with Revenue Production

- Reduce Part A Pharmaceutical costs
- Readmission reduction
- Antipsychotic medication reduction efforts
- Antibiotic stewardship
- Input on complex admissions
- Clinical input on QAPI projects
- We're now running a hospital, we have to act like it!

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Medical Directors

1. Don't need to document every hour of their work each month.
2. Are primarily responsible for bringing new admissions to a facility.
3. Should spend at least 10 hours a month doing medical director related work.
4. Should not be paid more than $200/hour.

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Medical Director Contracts and Payroll Based Journal (PBJ)

- Administrative time of medical director is now counted
- Compensated clinical time of medical director is not
- Onsite and offsite time is counted
- Should be tied back to facility payroll, invoices, or a **contract stipulating hours**
- Document what you do!
- Is facility documenting accurately in PBJ?

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Clinical Leadership

- Physicians generally are respected, but earn it, don't expect it.
- Medical Director can set the "tone" for entire facility
- Lead by example in recognizing value of front-line staff
- Assure LTC and geriatric competencies

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Educating Staff

- Staff often drives care with requests to "treat" behaviors
- Educated staff gives attending physicians the opportunity to not have to prescribe unnecessary medication
- Allows physicians to become part of the team and ability to collaborate on non-pharmacologic approaches

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Having a medical director as fully engaged member of the facility leadership team is:

1. A great idea, but will never happen.
2. Is ideal, but unlikely, for many reasons.
3. Is critically important, and we must work to make it happen.
4. Is unnecessary.

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Physician Leaders Can Still Make a Difference!

- Opportunity for physician to physician communication
- Can ***influence*** attending physicians
- Represents facility in the ***community***
- Valuable go-between with hospitals and health plans
- Knowledgeable and respected input into ***survey*** process

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Questions

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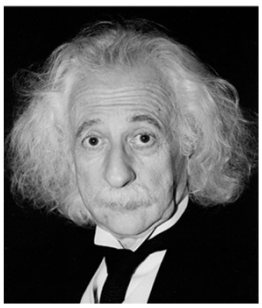

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