ABODE
CARE PARTNERS

BRIGHTSPRING
HEALTH SERVICES

ENGAGING MEDICAL DIRECTORS FOR MEANINGFUL TEAMWORK

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OBJECTIVES

- Upon completion of this presentation, attendees should be able to:

1. List the regulatory requirements for the medical director role
2. Describe the importance of medical director role in enhancing teamwork in skilled nursing facilities
3. Strategize to operationalize models that promote medical director partnerships in SNFs

Medical Directors in Skilled Nursing Facilities

- 1970: An outbreak of Salmonella in a Maryland nursing home resulting in 34 deaths highlights need for physician presence in SNFs.
- 1973: The American Medical Association published "Guidelines for a Medical Director in a Long-Term Care Facility," which listed 15 functions of a medical director in order to help ensure the adequacy and appropriateness of the medical care provided to the residents.
- 1974: Regulations were approved, which required as a condition of participation that each skilled nursing facility retain a physician to serve as a medical director on at least a part-time basis.
- 1980: The medical director mandate was deleted. The American Medical Association, the American Geriatrics Society, and a relatively new organization called the American Medical Directors Association, along with 34 other national organizations, protested. The medical director mandate was once again restored in federal regulation for skilled nursing facilities.

https://www.hmpgloballearningnetwork.com/site/altc/article/4782

POLL

- My medical director is highly engaged in enhancing quality of care in my facility

1. Yeah, right!
2. Well, somewhat
3. Absolutely

POLL

- The MOST important reason that I am quite happy with my medical director is because, she/he:

1. Is a nice person
2. Takes proactive interest in quality initiatives and outcomes e.g., hospital prevention
3. Provides me whatever I ask e.g., urine testing, prescriptions

POLL

- If I am hiring a new medical director for my facility, the most important attribute I seek is:

1. Has hospital connections
2. Humility
3. Available 24/7
4. Expert with regulatory frameworks
5. Is a super clinician

Medical Director Facts

Myths	Facts
There is a federal requirement for medical directors in all SNFs and AL facilities	All SNFs are required to have medical directors, but not ALs
QAPI can only be quarterly or monthly	Must attend a QAPI meeting, at least quarterly
Facility can set the medical director hourly rate	Must be paid fair-market value
Medical directors can bill medical director time while performing clinical services e.g., seeing patients for care	To prevent Stark violations, for medical directors a contract and description of administrative services is required; clinical services should not be counted
All medical directors are experts at quality improvement	Many medical directors are not well-versed in regulatory aspects and may or ma not be QI experts
Medical directors should be hired based on their ability to refer patients	Hiring medical directors for their referral ability ONLY is critical violation

"Interdisciplinary interventions had a positive impact on resident outcomes in the SNF setting. Participation of the residents' primary physician and/or a pharmacist in the intervention, as well as team communication and coordination, were consistent features of successful interventions."

How can we engage Medical Directors in interprofessional conduct and Quality Improvement?

Nazir, Arif, et al. "Systematic review of interdisciplinary interventions in nursing homes." Journal of the American Medical Directors Association 14.7 (2013): 471-478.

LEAKY FAUCET

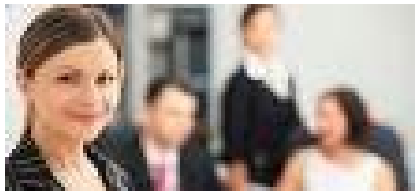
- Your home has a problem
  "Powder room faucet is leaking"
- You need to get it fixed
- You are clueless when it comes to leaky faucets.
- What are the detailed steps for the **BEST** possible outcome?

Fixing the Faucet

- Knowing the exact problem
- Finding the Best plumber
  - Previous experience, Some App, word of mouth, others?
- Explaining the exact job and setting expectations
- Deciding the price
- Reviewing performance and payment

Medical Directors

- Federal regulations specify only two duties:
  - Implementation of resident care policies
  - Coordination of medical care in the facility



Medical Director Role: AMDA Guidelines

- The position of the nursing home Medical Director can be identified in terms of the **Role, Functions, and Tasks** hierarchy.
- Roles: the set of behaviors that an individual within an organization is expected to perform and feels obligated to perform.
- Functions: the major domains of activity within a role.
- Tasks: the specific activities that are undertaken to carry out those functions.

The Nursing Home Medical Director: Leader & Manager | AMDA | The Society for Post-Acute and Long-Term Care Medicine (paltc.org)

Medical Director **Roles**

- AMDA has identified four key roles of the long-term care medical director, as follows:
  - **Role 1—Physician Leadership**
- The medical director serves as the physician responsible for the overall care and clinical practice carried out at the facility.
  - **Role 2—Patient Care-Clinical Leadership**
- The medical director applies clinical and administrative skills to guide the facility in providing care.
  - **Role 3—Quality of Care**
- The medical director helps the facility develop and manage both quality and safety initiatives, including risk management.
  - **Role 4—Education, Information, and Communication**
- The medical director provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.

Medical Director **Functions**

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

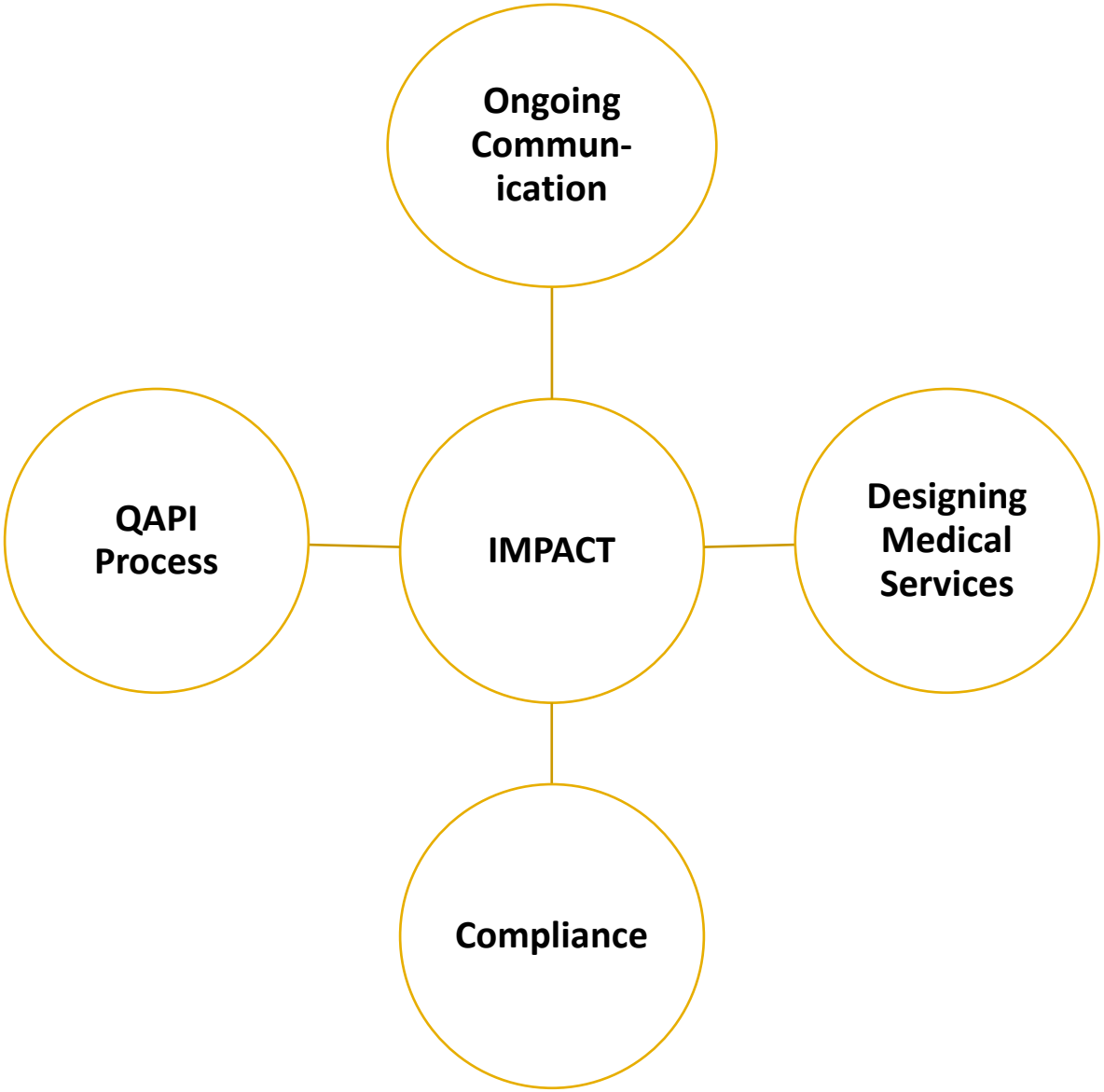
Partnering with the Medical Director

- Understanding facility key needs and challenges
- Seek an “A-Player” (humility, teamwork, clinical expertise, regulatory understanding, QI and solution-oriented)
- “Interview” process with key leaders and the facility staff
- Fair-market value and credentialing
- Onboarding processes (toolkit, training and ongoing communications)

Priority Medical Director Roles

- Quality Assurance meetings
- Utilization and polypharmacy review
- Infection control and antibiotic stewardship
- Chart review for hospital transfers and complex clinical matters
- Survey participation
- Meeting with residents, families, staff, and community liaisons (Ombudsmen, Ethics Committees, Hospitals, etc.)
- Education staff, patients and community

Abode Care Partners Strategy to Impact Performance

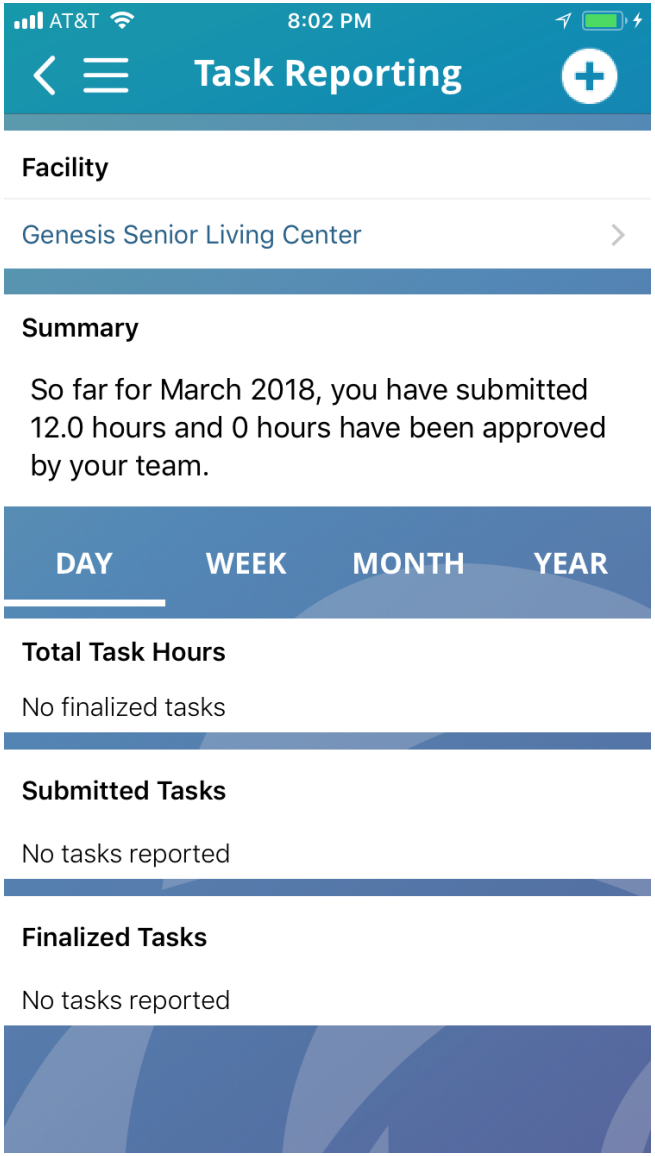


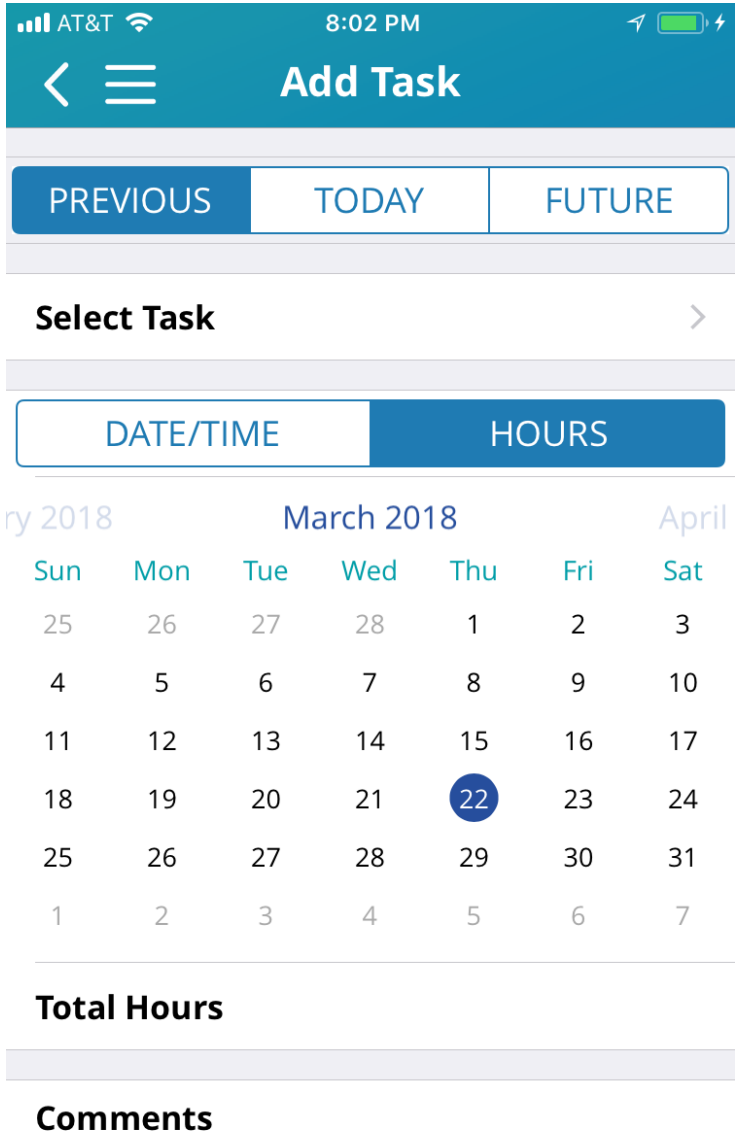
Ongoing Communication with Facility leaders

- Set a cadence
- Agree on agenda
  - Mutual learning
  - Policies and procedures
  - Metrics
  - Strategy
  - Customer service
  - QAPI frameworks

COMPLIANCE

- Assure tightening of compliance to prevent Stark's and Antikickback violations
  - Contract with role clarity
  - Fair Market based hourly rates with reasonable number of hours
  - Clear process to log hours and to keep a record
  - Steer clear from discussions on referring patients
  - Others?
- There is an App for that!
  - Medical director contracts, roles expectations, education, communication, data metrics and feedback


AT&T
8:02 PM
Task Reporting
Facility
Genesis Senior Living Center
Summary
So far for March 2018, you have submitted 12.0 hours and 0 hours have been approved by your team.
DAY
WEEK
MONTH
YEAR
Total Task Hours
No finalized tasks
Submitted Tasks
No tasks reported
Finalized Tasks
No tasks reported


AT&T
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Add Task
PREVIOUS
TODAY
FUTURE
Select Task
DATE/TIME
HOURS
March 2018
Sun Mon Tue Wed Thu Fri Sat
25 26 27 28 1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31
1 2 3 4 5 6 7
Total Hours
Comments

Medical Services Quality

- Quality of other practitioners, attending physicians and consultants
- Call availability
- Telehealth protocols
- Special programs e.g., heart failure program
- Lead a transfer review protocol, ideally weekly

QAPI FRAMEWORKS

- Partnership and regular meetings between medical director and key departmental leaders e.g., Infection Preventionist, social worker, nursing and others
- Include medical director on setting QAPI agenda at least a week before the meeting
- Medical director role in QAPI e.g., updates on new medications, information on any hospital initiatives, other updates e.g., pandemic
- Besides monthly/ quarterly QAPI, how about other learning structures?

MEDICAL DIRECTOR DASHBOARD

Setting Medical Directors for Success by Focusing on 3Cs

COMMUNICATION

COLLABORATION

CARE

A Day at Squeaky Meadows

- 130-bed SNF with >20 short-stay patients
- On a Friday, new patient admitted with Aspirin, Eliquis (apixaban) and Clopidogrel (Plavix)
- Relatively new nurse manager is concerned about anemia (Hgb 8.9 g/dl) and above three agents
- Director of nursing asks to not call the medical director (also the attending physician) “late on Friday” and to leave the recommendation in the folder
- Two weeks later, patient transferred with coffee-ground stools and dyspnea and Hgb of 5.2 g/dl

Root Cause of the Outcome

Among other things:

Poor communication

Lack of collaboration and trust

Care not delivered

Other Examples of Lack of 3Cs at Squeaky Meadows

- Medical director, who mostly relies on the NP, does most work remotely as he is “too busy” (how does this impact teamwork, staff workflows, and outcomes?)
- Agency staff call the physician without formal assessments e.g., SBAR and many patients unnecessarily hospitalized
- Due to high hospitalization rates, medical director devises an intervention that all residents receive extensive labs on admissions that must be faxed to him
- **Medical director on QAPI meeting remarks that “consultant pharmacy recommendations are silly” and declines to accept any after skimming through them**

Case of Silly Consultant Pharmacists' Recommendations

- Facility NP visits twice a week and rarely over the weekend
- NP and consultant pharmacists never meet in-person
- Perception: Practitioner and the medical director are "unimpressed" by "cookie-cutter and silly" pharmacist recommendations
- Reality: A very engaged CP who invests a lot of time, but due to lack of structured communication with the team, resorts to general recommendations

Assessing the "3C" Issues at Squeaky Meadows

- **Communication:**
  - All around lack of communication
- **Care:**
  - Perception that the NP and the medical director do not prioritize important issues and "don't really care"
  - Director of nursing perceived significant burden and perceived that the "system does not care" for nursing homes
- **Collaboration:**
  - Multiple missed opportunities for simplifying, improving care, and promoting teamwork

Price of "3C" Issues Related to Polypharmacy

- Consultant Pharmacist efforts not resulting in impact
- Director of nursing burnout
- Nursing burnout due to polypharmacy
- Costs of medicines
- Multiple medication adverse effects resulting in medication cascades, ED transfers, and hospitalizations
- Others?

"3C" Framework for Polypharmacy Management

- Director of nursing hears about AMDA, the Society of PALTC medicine campaign "Drive to Deprescribe" (D2D)
- Visits the website: D2D Meeting Archives | AMDA | The Society for Post-Acute and Long-Term Care Medicine (paltc.org)
- Reviews materials on implementing medication optimization and deprescribing at a SNF
- Meets with medical director and consultant pharmacist to set a culture of 3Cs

Implementing Medication Optimization & Deprescribing at Squeaky Meadows

- Director of Nursing and medical director review D2D letters for family and other physicians to inform about the renewed focus on medication optimization
- Consultant pharmacist, practitioner, medical director and director of nursing meet and exchange contact information
- All decide on monthly huddle to review polypharmacy-related issues and to address Consultant Pharmacists' recommendations

New Responsibilities to Promote "3Cs" at Squeaky Meadows

Director of Nursing	Consultant Pharmacist	Medical Director and NP
Join AMDA D2D webinars	Join AMDA D2D webinars	Commit to join AMDA D2D webinars
Educate all staff about medication optimization benefits and inform patients and families	Share cell phone number with NP and medical director	Review weekly polypharmacy data from CP and act to deprescribe and optimize when needed
Add new polypharmacy related metrics to the monthly QAPI meetings	Provide data on average number of scheduled medications and Beer's list medications for long-stay residents and provide list of highest utilizers of medications in the facility	Review all CP recommendations via phone call every month and deprescribe and prescribe, where appropriate
Educate all staff on risks of ASA and anticoagulants	Provide list of all residents on Aspirin and an anticoagulant	Discontinue ASA/anticoagulants where appropriate

NEWS

Bake in success with advanced clinicians in place: BrightSpring Health's Arif Nazir, MD

KIMBERLY MARSELAS

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JUNE 26, 2023

SHARE

Bake in success with advanced clinicians in place: BrightSpring Health's Arif Nazir, MD (mcknights.com)

SUMMARY

- Physician partnerships are critical to improving outcomes in post-acute and long-term care settings
- We need to establish formal structures of medical director roles to assure engagement and bringing value
- Focus on communication, collaboration and care can improve medical director partnerships
- Health Systems should establish clear medical director priorities and implement data-driven strategies to implement and to gauge success

QUESTIONS

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