Enhancing the Nursing Home Medical Director Guidelines and Quality Improvement Process
Objectives for Today
Participants Will Be Able to:

• Identify key functions of the *Nursing Home Medical Director and Attending Physician Guidelines*

• Discuss the value of implementation in SNF/relationship with QAPI

• Assess their organization’s strengths and gaps of key functions in the *Guidelines*

• Evaluate their organization’s interest in participation in the Education, Training, and Technical Assistance (ETTA) Project
THE NEED FOR GUIDELINES
What Prompted the Need for Guidelines?

• Less than Optimal Provision of Medical Care
  – Hospitalization for preventable conditions
  – Hospitalization for conditions that could be managed in the SNF
• Why don’t residents get the primary care they need?
• 2010: DOH partnership with NYSMDA to address the issue
• Created an industry-driven work group
Charge to the Work Group

Improve health outcomes and quality of life for nursing home residents by strengthening medical direction and medical care through the provision of written guidance and model policies and procedures for:

• credentialing;
• the role, responsibilities, and accountabilities of medical directors; and
• the role, responsibilities, and accountabilities of attending physicians, nurse practitioners, and physician assistants.
Medical Direction Guidelines

• Based on guidelines previously developed by AMDA
• Adapted to specific NYS requirements and work group members’ concerns
• Content:
  A. Introduction
  B. General Principles
  C. Medical Director Training
  D. Medical Director, Quality Assurance, and Improvement
  E. Survey Considerations
Medical Direction Guidelines, cont.

F. The Assistant or Associate Medical Director
G. Certified Medical Director (CMD)
H. Credentialing

A. Roles, Functions, and Tasks
   a) Roles
   b) Functions and tasks

B. Facility Responsibilities

C. Conclusions
Attending Physician Guidelines

A. Introduction
B. General Facility Responsibilities
C. Physician Training, Qualifications, and Oversight
D. Physician Supervision of Medical Care
   a) Regulatory visits
      i. Physician Responsibilities
      ii. Facility Responsibilities
   b) Acute Illness Visits
      i. Physician Responsibilities
         1. Presence in Facility
      ii. Facility Responsibilities
Attending Physician Guidelines, cont.

E. Initial Patient Care/Care Transitions
F. Discharge and Transfer
G. Physician Notification/Ongoing Coverage
H. Appropriate Care for Residents
I. Appropriate, Timely Medical Orders and Documentation
J. Relationship with Resident and Family
K. Professional Conduct
L. General
M. Non-Physician Providers
A MEDICAL DIRECTOR’S AND LNHA’S PERSPECTIVES
Background
Physician Involvement in Nursing Homes

• “Medical services are relatively unavailable in day-to-day nursing home care”
  (Institute of Medicine 2001: Improving the Quality of Long Term Care)

• Sub-acute has dramatically increased the need without comparable improvement in availability or responsiveness.

• NYS initiatives and competition from assisted living facilities has significantly increased the overall medically complexity of the average long stay residents, again without relative increases in physician presence.
Physician Involvement in Nursing Homes

  - 20% of physicians practice in NH
  - Physicians spend 4% of their time in NH

- Katz and Karuza, 1997 National Physician Study
  - 77% physicians spend no time in NH
  - 14% - 0-2 hours/week
  - 5% - 2-5 hours/week
  - 1.4% - 5-10 hours/week
  - 7% >10 hours/week
  - For those with NH practice Median time - 2 hours/week
Physician Presence and Quality Care

• Katz and Karuza, JAMDA 2006
  The Nursing Home Physician Workforce
  – Potential Linkages Between Physician Practice and Outcomes
    – Physician availability on-site
    – Appropriate use of ancillary services
    – Timely assessment of clinical problems
    – Treatment of acute issues
    – Interaction with care team/medical director
    – Role model for staff
    – Staff educator
    – Medical record completion
    – Integration into nursing home culture
    – Active participation in facility committee work
    – Active in quality improvement program
Problems with Physician Services in Nursing Homes

- Infrequent visits
- Problems with supervision/communication with mid-level practitioners
- Telephone medicine
- Lack of communication with families

(JAGS 1997;45:911, JAGS 1993;41:454)
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Barriers to Physician Presence and Involvement in Nursing Homes

Capri, Katz, and Karuza, JAMDA 2009: Mean Medical Director Ratings of Perceived Barriers to Providing Optimum Visits in the Nursing Home:

- Lack of accessible information 4.74*
- Lack of accurate information 4.68
- Lack of nursing support 4.53
- Lack of clinical support 3.60
- Scheduling 3.26
- Reimbursement 3.13

* The higher the number the more serious the perceived barrier, scale anchored by: 1 not at all; 2 slightly; 3 moderately; 4 quite a bit; 5 very much.
Additional Barriers

• Unclear Expectations of Medical Director - Clinical

• Unclear Expectations of Medical Director - Administrative
Key Positive Notations

• Both physicians and administrators are dissatisfied with current medical services

• Medical directors are also dissatisfied with current levels of services

• Systems problems (susceptible to improvement) are larger than reimbursement issues (beyond our control).
AN ADMINISTRATOR’S PERSPECTIVE
STEPS TO SUCCESS
ETTA and the Guidelines

STEP ONE: Education

• Information and Education
  – Focused on the NH Leadership Team (Admin., DON, Med. Dir.)
  – Webinars and regional education sessions
Step Two: Tool Kit

- Guidelines Self-Assessments
  - Identify Organizational Gaps with Guidelines
- Improvement Action Plan
- Setting Priorities
- Evaluating Outcomes
- Web Resources
ETTA Participation Options

- Independently
  - General education
  - Use of assessment and implementation tools
  - Web site and resource Access

- ETTA Facility
  - Focused education sessions
  - Access to an assigned expert facilitator
  - Guidance with tools
  - Topical “booster” education
  - Data collection and progress tracking
How Does ETTA Fit with QAPI?
BECOMING AN ETTA FACILITY
Implementation

• Purpose of the ETTA grant contract (Education, Training, and Technical Assistance)

• CMS-approved and funded

• Single sourced to Healthcare Educational and Research Fund

• 3 years: 1/1/14-12/31/16

• Sub-contracts

• Evaluation - Separate contractor with DOH
ETTA Facility Experience:

- Structured one-day SNF leadership team education/year
- Self-assessment tools
- Expert facilitator assistance
- Office hours
- Ongoing Webinars for continuing education
- Conference calls to share experiences, successes, and problem solving techniques
- Data collection to track progress: Extended relationship with Evaluation Contractor
Application Process

• Application Project and Package
  – Package details
  – Instructions
  – Application form and Letter of Interest
  – Memorandum of Agreement (MOA)
  – Confidentiality
  – Participant fee
Rollout Across the State
Next Steps . . .

- Assemble Your Team (MD, LNHA, DON)
- Read the Guidelines
- Self Assess
- Evaluate Your Need
- Join the project
- Applications due: April 25
- Start to Work on Your Own
Questions

For more information go to www.hanys.org/etta/
or
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