

MEDICAL DIRECTOR REQUIREMENTS

For years, Medicare regulations have required medical directors in skilled nursing facilities to be responsible for the implementation of resident care policies, as well as the coordination of medical care in the facility. However, until recently, there has been little guidance on how these duties should be performed.

That changed with the revision of F501, which became effective November 2005. Through this revision, CMS has defined a clearer and more detailed description for a medical director's role and function and the facility's responsibility in assuring that quality of care is delivered to residents.

Under the revised F501, the facility and medical director should clearly identify how the medical director will function and the expectations of his or her active involvement, including the following:

- Collaborating with the facility as it develops policies and protocols that guide clinical decision-making by practitioners based in and out of the facility.
- Helping the facility incorporate current standards of practice into residents care policies and procedures/guidelines.
- Providing input into development, review and approval of resident care policies.
- Guiding, approving and helping to oversee implementation of resident care policies such as admission policies and care practices that address residents' needs; availability, qualifications and clinical functions of staff necessary to meet residents' care needs; and provision of physician services.

The regulation also mandates the coordination of medical care as a key function and responsibility of the medical director. It includes:

- Helping the facility obtain and maintain timely and appropriate medical care.
- Assuring that medical care supports residents' health care needs, is consistent with current standards of practice, and helps the facility meet regulatory requirements.
- Reviewing and evaluating aspects of physician care and practitioners services.
- Helping the facility identify, evaluate, and address health care issues related to the quality of care and quality of life.
- Addressing issues related to coordination of medical care or other care issues that the facility's quality assessment and assurance committee or quality assurance program identify as needing follow up. These include activities such as the following:
 - Ensuring primary attending and backup physician coverage.

- Developing a process to review medical practitioner credentials.
- Addressing and resolving concerns and issues between physicians, health care practitioners and facility staff.
- Guiding physicians regarding specific expectations of their performance.
- Reviewing individual resident cases as requested or indicated.

To uncover any compliance problems, facilities should expect surveyors to interview key staff members; speak to the medical director about his or her understanding and performance of the job; and review a nursing home's policies and procedures. Specifically, surveyors may investigate whether the medical director has input into development and revision of policies and determining how the facility involves the medical director in monitoring physician service delivery, developing policies and procedures to ensure the proper supervision of delegated tasks, timely notification to physicians of changes in facility policies, and medical director involvement in quality assurance activities.

The American Medical Directors Association offers the following tips for facilities that want to ensure compliance with the revised F501 tag:

1. Select a physician medical director based on availability, interest, identification of responsibilities required by law, regulations and recommendations by professional associations.
2. Develop a job description by the administrator and the medical director working together that is based on the facility's needs and the desired or required medical director functions.
3. Establish a plan to guide the medical director's activities that involves clarifications of relationships between the facility and its medical director and physicians, identification of how the medical director will define physician responsibilities, and determination of the medical director's quality assurance activities.

The final revisions to the medical director F501 tag are available on the CMS website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter05-29.pdf>.

(10.28.11)
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