Compliance and Physician Services in LTC
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F501 §483.75 (i) Medical Director
- Revised Interpretive Guidelines

Credential Verification and Privileges for Physicians in LTC
(i) Medical director. (1) The facility must designate a physician to serve as medical director. (2) The medical director is responsible for-- (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.
Introduction and Outline

- Regulation has not changed
- New interpretive guidelines effective 11-18-05
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization
Components of Interpretive Guidelines

- Intent
- Definitions
- Overview
- Medical Direction
  - Development, implementation and evaluation of resident care policies & procedures
  - Coordination of medical care
Interpretive Guidelines

Intent

- Facility has a licensed physician who serves as medical director to coordinate medical care, and provide clinical guidance.

- Medical director collaborates with facility staff to develop, approve, implement, and evaluate resident care P&Ps.

- Medical director assists facility to identify, evaluate, and address medical and clinical needs.
Interpretive Guidelines

Definitions

- Attending physician
- Current standards of practice
- Medical care
- Medical director
- Resident care policies and procedures
Interpretive Guidelines

Background

- CMS believes that the medical director is an important leadership position in the facility.
- Medical director is a resource to surveyors on
  - Facility clinical practices
  - Resident clinical issues
  - Physician-related issues
Interpretive Guidelines
Provision of a Medical Director

The facility has a physician licensed in that state serving as Medical Director.

Several acceptable arrangements

- Full or part-time employment
- Contractual arrangements
- Other types of agreements
Interpretive Guidelines
Resident Care Policies & Procedures

The Medical Director collaborates with the Administrator, DON, staff and licensed practitioners to:
- Develop
- Approve
- Implement
- Evaluate

Resident care policies and procedures.
Interpretive Guidelines
Development of Resident Care P&Ps

- Review and revision of existing policies and procedures.
- Serving as expert on current standards of practice, and their incorporation into P&Ps.
Interpretive Guidelines
Implementation of Resident Care P&Ps

Implementation

- Medical director should help guide the implementation of the P&Ps.
- Medical director is not expected to solely, directly, or primarily implement the resident care P&Ps.
Interpretive Guidelines
Evaluation of Resident Care P&Ps

- Regular and ongoing review to ensure that current standards of practice are incorporated.
- Function may be incorporated in to work of QA&A Committee.
- Medical Director is not required by Regulation to sign and date policy reviews.
Interpretive Guidelines
Coordination of Medical Care

- Oversight of Physician Services.
- Oversight of Medical Care.
- Liaison between facility and its staff, and the attending physician staff.
Interpretive Guidelines
Coordination of Medical Care

Oversight of Physician Services includes:

- Ensure that every resident has an attending physician.
- Evaluating care provided by all physicians.
- Addressing issues related to medical care.
- Address issues raised in QA&A Committee.
- Oversight of care provided by consultants and other health care professionals for quality of care.
- When the medical director is the attending physician...
Interpretive Guidelines
Coordination of Medical Care

Liaison Role includes:

- Address facility concerns with attending physician and consultant physician staff.
- Address physician concerns with facility performance and quality of care.
- Promote communication between and among health care providers.
Interpretive Guidelines
Coordination of Medical Care

Touch points for Medical Director

- Provision of information.
- Identification of educational needs.
- Aides facility in obtaining services of physicians, consultants and other providers.
- Evaluation of medical care services.
- Ascertainment of physician feedback.
Investigative Protocol

Objectives

- Determine: has the facility designated a licensed physician to serve as the medical director?
- Determine: Does the Medical Director, in collaboration with the facility, coordinate medical care and the implementation of resident care policies?
Investigative Protocol

To Be Used When:

- Facility does not appear to have a licensed physician serving as Medical Director.
- Concerns are noted regarding noncompliance in resident care.
- Facility has failed to appropriately involve Medical Director in:
  - Development, implementation...of resident care policies.
  - Coordination of medical care or oversight of physician services.
Investigative Protocol
Provision of a Medical Director

- Determine whether facility has a medical director.
- Determine whether medical director is available.
- Interview leadership about medical director’s roles and functions.
- Interview medical director about his/her roles and functions, and about support he/she receives from the facility.
Determination of Compliance

The facility is in compliance if:

- There is a designated medical director, who is a licensed physician in that state; and
- The medical director is performing the roles and functions of the position; and
- The medical director participates in the development, review and implementation of resident care policies; and
- The medical director assists the facility in the coordination of medical care and services.
Determination of Compliance

Paths to Noncompliance

- No medical director designated, or not a licensed physician.
- Facility failed to involve medical director.
- Medical director is not fulfilling role or functions.
Determination of Compliance
Noncompliance at other tags

To cite noncompliance for F501 when noncompliance is identified for another tag, survey team must demonstrate an association between the identified deficiency and failure of the medical director.
Physician Credentialing

Credential Verification and Clinical Privileges for Physicians in LTC
Physician Credentialing

Purpose

- To ensure that all active physicians have the appropriate licensure, education, training, insurance and references to provide specified medical services.
Physician Credentialing in LTC

History.

- Modeled on processes used in hospitals and health plans.
- Not required by regulation.
- Only external requirement is JCAHO.
- Long history of poor compliance.
Physician Credentialing

Purpose

- To develop a set of processes and tools which allow the Medical Director to better perform the functions related to oversight of medical care, as described in 42 CFR 483.75 (i)
Physician Credentialing

Scope

- Minimally:
  - Attending Physician/Physician of Record
  - Physicians in Training

- Possibly:
  - Services provided off premises
  - Specialists and consultants
Physician Credentialing

Scope

Possibly:

- Nurse practitioners
- Physicians assistants
- Dentists
- Podiatrists
- Optometrists
- Others
Responsibility
- Facility Administrator and Medical Director, or
- Corporate function.

Frequency
- Every 2 years.
Physician Credentialing

Procedures

- Primary Source Verification, or
- Delegated.
- Locally performed, or
- Centralized, or
- Outsourced.
Physician Credentialing
The Application

- Personal Identification
- Disclosure of past difficulties
- Licensure
- Education
- Credentials
- Work history
- Professional liability and legal actions
Physician Credentialing
The Application

- Peer references
- Applicants consent and release
- Request for privileges
- Agreement to abide by:
  - Policies and procedures
  - Code of conduct
  - Others
Physician Credentialing
The Application: Data Elements

**Demographic**
- Name
- Address(s)
- Date of birth
- Social Security number
- ECFMG number
- Provider number
- Citizenship
Physician Credentialing
The Application: Data Elements

Practice information

- Current, pending or previous successful disciplinary actions, or investigations regarding licensure.
- Sanctioned by any federal or state program.
- Suspension, revocation or limitation of privileges or staff membership.
- Felony conviction.
Physician Credentialing
The Application: Data Elements

*Licensure*
- All current and past licenses
- Certifications and registrations (DEA, controlled substances).

*Education*
- College, graduate school, medical school.
- Internships, residencies, fellowships.
- Teaching appointments.
Physician Credentialing
The Application: Data Elements

- Professional work history.
- Board certifications or eligibility.
- Professional liability data:
  - Current carrier, and evidence of coverage.
  - Loss or restriction of coverage.
  - Judgments and settlements.
    - Describe circumstances.
Physician Credentialing
Data Sources

- AMA Physician Profile
  - Education and training.
  - Board Certification.
  - Current Licensure.
  - DEA and BNDD registrations.
  - Medicare/Medicaid sanctions.
Physician Credentialing
Data Sources

Fraud and Abuse Central Information System (FACIS).

- The FACIS database provides information about disciplined and sanctioned activity from over 700 federal and state agencies, and includes over 225,000 adverse records of debarred, excluded or sanctioned healthcare employees, professionals and vendors. Complies with DHHS and GSA guidelines.
Physician Credentialing

Data Sources

- National Practitioner Data Bank.
  - Provides information on all judgments and settlements in malpractice lawsuits, and all loss, limitation or restrictions of privileges by any hospital. Reporting is mandatory.

- OIG and GSA exclusion lists.
Physician Credentialing

Process

- Application.
  - Completed and signed.
- Databases checked.
- Reports printed, file assembled.
- File reviewed
  - By Medical Executive Committee - equivalent
Physician Credentialing Process

Additional information requested:

- Clinical details regarding malpractice claims.
- Circumstances surrounding license/privilege actions.
- Status of pending actions.
Physician Credentialing

Process

- Disposition recommended by MEC-equivalent.
- File is then reviewed by Medical Director, who adds context of past quality of care at facility, other local health care sites.
- Final disposition by the Administrator or Governing Body.
Physician Credentialing

Process

- Specific Criteria.
- Temporary Privileges.
- Delineation of status or disposition.
- Appeals.
- Renewal.
Physician Credentialing Process

Related issues:

- Organized Medical Staff.
- Open or closed staff.
- Governing Body.
- Business concerns.