



F841, §483.70(h) Medical Director

- The facility must designate a physician to serve as Medical Director. §483.70(h)
- The Medical Director is responsible for—
 - Implementation of resident care policies; and
 - The coordination of medical care in the facility.

VALUE OF AN ENGAGED AND
COMPETENT MEDICAL
DIRECTOR

ORIGINAL STUDIES

Impact of Medical Director Certification on Nursing Home Quality of Care

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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

average score) for each home, and the homes with certified medical directors compared with the other homes in the database. Regression analysis was then used to attempt to identify the most important contributors to measured quality score differences between the homes.

Results: The standardized quality score of facilities with certified medical directors (n = 547) was 0.8958 versus 1.0037 for facilities without certified medical directors (n = 15,230) (lower number represents higher quality). When nursing facility characteristics were added to the regression equation, the presence of a certified medical director accounted for up to 15% improvement in quality.

Conclusions: The presence of certified medical directors is an independent predictor of quality in US nursing homes. (J Am Med Dir Assoc 2009; 10: 431-435)

ABPLM Medical Director Certification, Step 1

- Completion of a U.S. ACGME or AOA accredited post-graduate training program...and U.S. state licensure to practice medicine
- Current, unrestricted, state license as an MD or DO in the U.S
- Spend a minimum of 8 hours each month in service as a medical director in a post-acute and long-term care setting
- Completion of “AMDA’s Core Curriculum on Medical Direction in Long Term Care” (or its equivalent) within five (5) years
- Demonstrated current professional integrity, competence, training, and experience and moral character.

Step 2, Option 1

- Two (2) years of clinical practice in post-acute and long-term care within the past five (5) years AND • Current ABMS or AOA Certification in a Primary Specialty WITH EITHER
- Completion of an ACGME or AOA accredited fellowship in geriatrics or other relevant clinical program completed
- within the preceding five (5) years of application (e.g. pediatric, psychiatric, MR/DD)
- OR
- ABMS Certificate of Added Qualifications in Geriatric Medicine or other equivalent certification (e.g., hospice, home care)

Step 2, Option 2

- Three (3) years of clinical practice in post-acute and long-term care within the past five (5) years AND
- Current ABMS or AOA Certification in a Primary Specialty AND
 - Sixty (60) hours of *AMA PRA Category 1 Credits™*, AAFP-approved, or AOA-approved credits in Clinical Medicine relating to post-acute and long-term care in the preceding three (3) years. A minimum of 12 of these credits must come from live course-work. Up to 48 of these credits can come from self study activities.

Step 2, Option 3

- Four (4) years of clinical practice in post-acute and long-term care within the past five (5) years AND
- Seventy-five (75) hours of *AMA PRA Category 1 Credits*, AAFP-approved, or AOA-approved credits in Clinical Medicine relating to post-acute and long-term care in the preceding three (3) years of application A minimum of 15 of these credits must come from live course-work. Up to 60 of these credits can come from self study activities

Step 3, Option 1

- Two (2) years post-fellowship, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a post-acute and long-term care facility/setting AND
- Completion of a fellowship in geriatric medicine within the past five (5) years

Step 3, Option 2

- Three (3) years, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a post-acute and long-term care facility/setting AND
- 14 hours of approved CMD Management courses within five (5) years of application.

Step 3, Option 3

- Four (4) years, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a post-acute and long-term care facility/setting AND
- Completion of an Individualized Education Program (IEP) in post-acute and long-term care Medical Management equivalent to the Core Curriculum for a minimum of seventy-five (75) contact hours within five (5) years of application. A written plan for the IEP must be submitted and approved by the ABPLM Board of Directors prior to completion of the program and submission of the application (all IEP coursework must be reviewed and approved by the ABPLM Board of Directors)

AB 749: Medical Director Certification

A SNF medical director must, within 5 years of initial hire, be certified by the American Board of Post-Acute and Long-Term Care Medicine, or an equivalent organization as determined by the department, as a Certified Medical Director.

A medical director already employed by SNF as of January 1, 2022, shall have until January 1, 2027, to become a Certified Medical Director.

Reporting Requirements

SNF shall submit the following information on the medical director:

- An HS 215A form or its successor form.
- A résumé.
- Whether medical director is certified as a Certified Medical Director according to the requirements established by the American Board of Post-Acute and Long-Term Care Medicine or an equivalent organization as determined by the department.
- If the medical director is not yet certified, the expected date of certification.

SNF shall notify department of any changes within 10 calendar days

All SNFs shall report to the department the name and certification status of the facility's medical director no later than June 30, 2022.



Medical director responsibilities must include their participation in:

- Administrative decisions including recommending, developing and **approving facility policies related to resident care**. Resident care includes the resident's physical, mental and psychosocial well-being;
- Issues related to the coordination of medical care identified through the **facility's quality assessment and assurance committee** and other activities related to the coordination of care;
- **Organizing and coordinating physician services** and services provided by other professionals as they relate to resident care;
- Participate in the **Quality Assurance Performance Improvement (QAPI)** committee



Responsibilities should include,
but are not limited to:

- Ensuring the **appropriateness and quality of medical care** and medically related care;
- Assisting in the development of **educational programs for facility staff** and other professionals (e.g., in-services on topics of identified need);
- Working with the facility's clinical team to provide **surveillance and develop policies to prevent the potential infection of residents**;
- Cooperating with facility staff to establish policies for assuring that the **rights of individuals** (residents, staff members, and community members) are respected;
- **Supporting and promoting person-directed care** such as the formation of advance directives, end-of-life care, and provisions that enhance resident decision-making, including choices regarding medical care options;



If a deficiency has been identified regarding a resident's care

- Medical Director *should have had* knowledge of a problem with care, or physician services, or lack of resident care policies and practices that meet current professional standards of practice
- ***If there is a clear facility issue and they did not bring their Medical Director into the loop, this is problematic—** facilities need to solicit and implement Medical Director input into identified clinical problems.

E-prescribing Interpretations of AB 2789

The bill requires healthcare practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions

Requires pharmacies to have the capability to receive those transmissions.

Requires those healthcare practitioners to issue prescriptions as an electronic data transmission prescription, unless specified exceptions are met by January 1, 2022

E-prescribing Interpretations of AB 2789

Does not require the pharmacy to verify that a written, oral, or faxed prescription satisfy the specified exemptions.

Pharmacies receiving electronic data transmission prescriptions are required to immediately notify the prescriber if the electronic data transmission prescription fails, is incomplete, or is otherwise not appropriately received.

The pharmacy is also required to transfer or forward the prescription to another pharmacy at the request of the patient, as specified.