

# The Roles and Functions of Medical Directors in Nursing Homes

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## ABSTRACT

The medical director is an important member of the healthcare team in a nursing home, and is responsible for overall coordination of care and for implementation of policies related to care of the residents in a nursing home. The residents in nursing homes are frail, medically complex, and have multiple disabilities. The medical director has an important leadership role in assisting nursing home administration in providing quality care that is consistent with current standards of care. This article provides an overview of roles and functions of the medical director, and suggests ways the medical director can be instrumental in achieving excellent care in today's nursing facilities.

**KEYWORDS:** Medical Directors, Nursing homes, Quality of care

## INTRODUCTION

Nursing Homes are an important site for individuals who cannot manage without substantial help to live and receive healthcare. In 1974, Medicare required skilled nursing facilities it certified, to have a medical director. The Omnibus Budget Reconciliation Act of 1987 (OBRA-1987)<sup>1</sup> extended this requirement to all nursing homes. Services medical directors provide to fulfill their obligations vary widely. Medical directors may remain relatively uninvolved or be highly involved in working closely with the facility administration to deliver high quality care to the residents. Similarly, the administration of a nursing home may employ a medical director just to fulfill the Centers for Medicare and Medicaid Services (CMS) requirement for a medical director, or to use as a referral source for maintaining high occupancy in their facility. On the other hand, the Administrator and Director of Nursing may involve and fully embrace the skills the medical director has to offer and utilize that expertise in improving many aspects of the residents' care quality.

According to CMS, medical directors are responsible for implementing resident care policies and coordinating medical care of all the residents in the nursing homes. In the early 1990s, CMS developed interpretative guidelines for the medical director's role: "to ensure that the facility provides appropriate care as required; monitors and implements

resident care policies; provides oversight and supervision of physician services and the medical care of residents; plays a significant role in overseeing the overall clinical care of residents to ensure to the extent possible that care is adequate; evaluates situations as they arise and takes appropriate steps to try to correct the root cause, if possible; consults with the resident and his or her physician concerning care and treatment, if necessary; and ensures the support of essential medical consultants as needed." These guidelines are broad and vague.

The 2000 report by the Institute of Medicine (IOM), "Improving the Quality of Long Term Care,"<sup>2</sup> urged that medical directors be given more authority and be held more accountable for medical services in nursing homes. In order to delineate the role and responsibilities of medical directors, the American Medical Directors Association (AMDA), the society for post-acute and long-term care medicine, has periodically revised and updated its policy statement. In its latest white paper in 2011, AMDA identified roles and functions for medical directors.<sup>3</sup>

## ROLES OF MEDICAL DIRECTOR

There are four major roles of the medical director outlined by AMDA:

### Physician Leadership

The medical director should be a role model, and is responsible for the overall clinical care of the residents in the facility. The medical director provides guidance for appropriate physician credentialing, coverage, and performance expectations.

### Patient Care-Clinical Leadership

The medical director should apply clinical and administrative knowledge to guide the facility in providing high quality care. The medical director should have a panel of residents under his/her care, and should set an example in seeing new admissions and follow-up visits in a timely manner. The medical director should be available to administration and other providers to answer any clinical questions on a particular resident. The medical director should assist in the development of specific clinical practices in the facility and ensure that they are resident-centered standard of practice.

### Quality of Care

The medical director should help the facility develop quality improvement projects. The medical director should assist the facility in providing a safe and caring environment and advise the administration on risk management.

### Education, Information, and Communication

The medical director should educate and provide information to the facility staff, and practitioners which helps in improving the care of residents. The medical director should act as a liaison with the community and assist in establishing appropriate relationships with other health care organization.

## FUNCTIONS OF MEDICAL DIRECTORS:

There are nine functions for medical directors, as stipulated by AMDA:

### Administrative

The medical director should participate in developing and approving patient care-related policies and procedures. The medical director should meet periodically with the Administrator and Director of Nursing (DON) and discuss patient care issues.

Each facility is surveyed by state and/or federal surveyors once a year, or earlier if there are any complaints. The surveyors usually come unannounced. The medical director should be notified when the surveyors survey the facility. The medical director should make every attempt to go to the facility and introduce him/herself to the surveyors and answer any questions while the surveyors are on-site. During or after the survey, the medical director can help surveyors in clarifying any clinical questions. The medical director should try to attend the exit survey and should help the administration in resolving or correcting any citations in the correction plan.

### Professional Services

Each facility should have a credentialing policy for the medical staff that includes physicians, mid-level practitioners and consultants. The medical director plays a lead role in developing this policy. The medical director ensures physician performance in the following activities:

- providing appropriate medical care to the residents
- performing timely admissions
- documenting care
- making scheduled and as-needed visits
- providing medical coverage 24/7

The medical director is responsible for covering the attending physician when the latter is unavailable. The medical director becomes the attending physician by default when

no other physician is willing to accept the new admission. The medical director may take over the care of another physician's patient under the following circumstances:

- request by resident/family; or,
- to address any concern in quality of care.

### Quality Assurance and Performance Improvement (QAPI)

Each facility is required to have a quarterly QAPI meeting, including the attendance of the medical director. The medical director can guide the committee about projects to improve quality of care. It is recommended that QAPI meetings be held monthly rather than quarterly, and all department heads should have a quality improvement project related to their discipline. Medical directors should maintain written records and e-mails documenting their relevant activities. There should be an agenda item in QAPI meetings regarding comments from the medical director. Activities conducted as part of the QAPI should be labeled as such, so they remain protected from discovery by the surveyors. This protection is intended to allow for more frank discussion to support the QAPI activities and overall a better care environment.

### Rights of Individuals

The facility is required to have policies in place for ensuring that the rights of residents are respected. The medical director can help the administration in developing these policies, for example, by identifying and reporting abuse, or honoring a resident's choice for a particular attending on staff.

### Person-Directed Care

The medical director should play a lead role in promoting person-directed care. Residents and their families should be actively involved in decision-making about treatment options. Residents should be offered choices; for example, regarding waking up and timing of medications administration. Residents should be treated with respect and dignity.

### Education

The medical director should participate in educating the nursing staff as well as physicians and mid-level practitioners. The medical director can play a pivotal role in providing clinical leadership regarding current standards of care in attaining optimal residents' outcomes in the facility.

### Employee Health

The medical director should participate in the development of policies for promoting employee health. The medical director is not expected to substitute for employees' primary care physicians. The medical director should approve policies that cover employee immunization programs, and address diagnosis and treatment of infectious illnesses that could be transmitted to residents or other employees.

## Community

The medical director should act as a spokesperson and advocate for the facility in the community. Nursing homes often have an undeserved poor reputation. The medical director can play a role in educating colleagues, public and hospital administration officials about the nursing home structure and its importance in our health care system.

## Social, Regulatory, Political, and Economic Factors

The medical director should have knowledge of social, regulatory, political, and economic factors that may have an impact on patient care. The medical director should have knowledge of important federal and state regulations, such as the responsibilities of attending physicians, the medical director, and pharmacy services.

There is wide variation in the involvement of medical directors in their facilities. In 2003, the Office of Inspector General released a report on a survey of medical directors in nursing homes. In this survey, 62% of responding medical directors reported visiting the facility once a week or less. Seventy percent reported that 1-10% of their overall medical practice is devoted to their medical director role. Eighty-six percent spend 8 hours or less per week at their facility.<sup>4</sup>

According to the IOM report<sup>2</sup>, medical directors are accountable for the overall quality of care in nursing homes, but have little authority within the facilities (e.g., hiring and firing staff, setting administrative policies), and little authority over the attending physicians. The report recommended that in order to improve the quality of care in nursing homes, facilities should give greater authority and responsibility to their medical directors.

In order to better define the medical director's role and expectations, CMS updated the guidelines for the medical director (F-Tag 501).<sup>5</sup> The facility will be cited for F-501 if there are deficiencies in quality of care; e.g., if the nursing home staff are not proactive in preventing and treating pressure ulcers. In some states, if the facility is cited F-501, the division of facility regulations may inform the physician licensure board of the respective state. In order to show their active involvement, medical directors should keep logs of their activities in the form of notes, e-mails, letters or minutes of the QAPI meetings.

The American Medical Directors Association offers a certification program for medical directors (CMD). Medical directors may improve their medical direction skills by attending the core curriculum for this certification program. In one study done in US nursing homes, the presence of certified medical directors in the nursing facilities was an independent predictor of good quality of care.<sup>6</sup>

Nursing homes are an important part of health care system in United States. Despite the limitations in their authority, the medical director can play an important role in helping the facility to provide good quality of care to the residents.

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## References

1. Public Law 100-203 passed by Congress on December 22, 1987.
2. Institute of Medicine, Division of Health Care Services, Committee on Improving the Quality in Long-Term Care. Improving the Quality of Long-Term Care. (Washington, D.C.:National Academy Press, 2001), 139, 140.
3. The Nursing Home Medical Director: Leader and Manager (AMDA White paper A11), March 2011. <http://www.amda.com/governance/whitepapers/A11.cfm>. Accessed on August 8, 2014.
4. <http://oig.hhs.gov/oei/reports/oei-06-99-00300.pdf> accessed on August 23, 2014.
5. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R15SOMA.pdf>. Accessed on September 28, 2014.
6. Rowland FN, Cowles M, Dickstein C, Katz PR. Impact of Medical Director Certification on Nursing Home Quality of Care. *J Am Med Dir Asso*, 2009;10:431-435.

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## Disclosures

None

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