

**Physician Involvement in the Interdisciplinary
Care Process(With Pressure Ulcer Example)**

Iris Boettcher, MD, CMD
President, MiMDA (Michigan Society for Post-Acute and Long-
Term Care Medicine)

Stacy Reeve, BSN, RN
Healthcare Surveyor, BCHS

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1

APPLICABLE FEDERAL REGULATIONS

Stacy Reeve, BSN, RN
Healthcare Surveyor
Bureau of Community & Health Services
Licensing and Regulatory Affairs, State of Michigan

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2

Objective:

Recognize long-term care regulations in care
planning for prevention and development of
pressure ulcer/injury

Regulations:

F655 Baseline Care Plan
F656 Develop/Implement Comprehensive Care Plan
F657 Care Plan Timing and Revision
F686 Treatment and Services to Prevent/Heal Pressure Ulcers

3

F655 Baseline Care Plan

- The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.
- The baseline care plan must be developed within 48 hours of a resident's admission.
- The facility must provide the resident and their representative with a summary of the baseline care plan.

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4

F655 Baseline Care Plan

- Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—
 - Initial goals based on admission orders.
 - **Physician orders.**
 - Dietary orders.
 - Therapy services.
 - Social services.
 - PASARR recommendation, if applicable.

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F656 Development/Implement Comprehensive Care Plan

The facility must develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment.

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6

F657 Care Plan Timing and Revision

A comprehensive care plan must be—

- Developed within 7 days after completion of the comprehensive assessment.
- Prepared by an interdisciplinary team (IDT), that includes but is not limited to—
 - **The attending physician.**
 - A registered nurse with responsibility for the resident.
 - A nurse aide with responsibility for the resident.
 - A member of food and nutrition services staff.

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7

F657 Care Plan Timing and Revision

- Participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
- Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

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8

F686 Treatment/Services to Prevent/Heal Pressure Ulcers

Based on the comprehensive assessment of a resident, the facility must ensure that—

- A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and
- A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

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9

Pressure Ulcer/Injury Critical Element Pathway Cont.


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Pressure Ulcer/Injury Critical Element Pathway Cont.

- If the resident refused or resists staff interventions, determine if the care plan reflects efforts to find alternatives to address the needs identified in the assessment.
- Has the physician-ordered treatment been evaluated for effectiveness, modified, or changed as appropriate and/or as needed? Was the IDT team involved?

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The Medical Director Role with the Interdisciplinary Team

Iris F Boettcher MD CMD
 President – MiMDA State Chapter
 Division Chief of Geriatrics and Home based Primary Care – Spectrum Health
 Joint Provider Survey Training April 19 , 2022

13

Session Objectives

- Understand how AMDA/MiMDA can serve as a resource to SNF facilities in Michigan
- Understand how your Medical Director and Attending Providers can be more engaged in your interdisciplinary team.
- Understand how a specific example of pressure ulcer care can be incorporated and then "spread" to other care planning needs.

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Getting to know one another – What is your role in LTC?

- A. NH Administrator
- B. DON
- C. Medical Director
- D. Social Services
- E. Infection Prevention
- F. Surveyor
- G. Other

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In your SNF's, what is the patient mix?

- A. SAR only
- B. A mixture of SAR and LTC
- C. LTC only

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16

16

For your facilities what is the provider mix in the facility?

- A. Physician only
- B. Physician with limited APP assistance
- C. APP with physician assistance

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17

17

What methods do you use for documentation and orders?

- A. Paper only
- B. Paper orders and facility EHR clinical documentation
- C. Paper orders and group practice EHR for clinical documentation
- D. Paper orders and facility EHR for clinical documentation
- E. Facility EHR orders and clinical documentation
- F. Combination of above depending on the facility

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18

18

NHA – please rate your relationship with your Medical Director

- A. Great – I can connect whenever I want for issues with good response
- B. Good- I know how to reach and connect with an acceptable timeframe depending on the need
- C. OK – not always sure, but can connect in an urgent situation
- D. Not good – not responsive
- E. What? I have a Medical Director?

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19

DON – please rate your relationship with your Medical Director

- A. Great – I can connect whenever I want for issues with good response
- B. Good- I know how to reach and connect with an acceptable timeframe depending on the need
- C. OK – not always sure, but can connect in an urgent situation
- D. Not good – not responsive
- E. What? I have a Medical Director?

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NHA/DON – Is your Medical Director a CMD?

- A. Yes
- B. No
- C. I have no idea what CMD means

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21

SURVEY STAFF

Medical Directors are:

- A. Always accessible and helpful to me during a survey
- B. Occasionally accessible and helpful to me during a survey
- C. Are never accessible to me during a survey

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Summary of Polling

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Context for IFB – yours truly

- Spectrum Health - Division of Geriatrics & Home- Based Primary Care
- Providers
 - 7 Physicians
 - 19 APPs
- 24 facilities in West Michigan
 - Continuing Care Retirement Communities
 - Assisted Living Facilities
 - Skilled Nursing Facilities

Effective Physician Collaborations: Before, During and after a Pandemic

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Division Pillars of Care – we go to our patients



25

Service Area

- Our Division goes to people
- HBPC in 13 counties
- Geriatrics in 8 counties



26

AMDA – The Society for Post Acute and Long-Term Medicine (PALTC)

- The only medical specialty society representing the community of over 50,000 practitioners working in post-acute and long-term care (PALTC) settings.
- The Society has 5,500 members
- The Society has two affiliate organizations.
 - The American Board of Post-Acute and Long-Term Care Medicine (ABPLM)
 - The Foundation for Post-Acute and Long-Term Care Medicine

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27

AMDA – The Society for PALTC - paltc.org

- 1977 - Chartered as American Medical Directors Association (AMDA)
- Fulfill role of physician medical director under federal mandate in 1975
- 1988 -Public Policy emphasis due to OBRA'87
- 2014- changed name: AMDA – The Society for Post-Acute and Long-Term Care Medicine

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28

AMDA – The Society for PALTC paltc.org

Dedicated to the delivery of quality post-acute and long-term care medicine by promoting:

- Education
- Advocacy
- Clinical Practice
- Professional development

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29

AMDA – The Society for PALTC: Education

Competencies Curriculum for PALTC Medicine

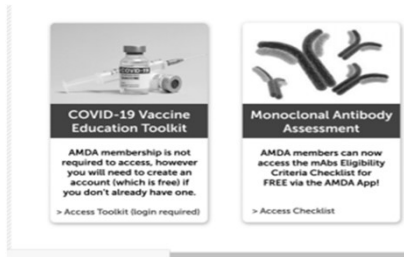
Curriculum Domains:

- Domain 1: Foundation (Ethics, Communication, and Professionalism)
- Domain 2: Medical Care Delivery Process
- Domain 3: Systems
- Domain 4: Medical Knowledge
- Domain 5: Personal Professional Development in Post-Acute and Long-Term Care

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30

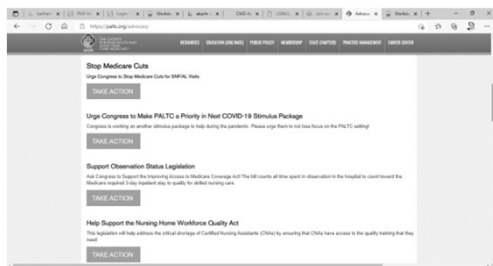
AMDA – The Society for PALTC: Education



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31

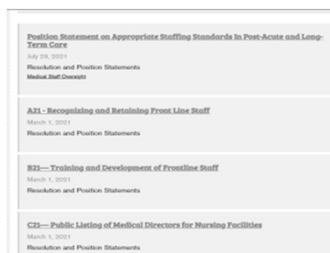
AMDA – The Society for PALTC: Advocacy



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32

AMDA – The Society for PALTC: Advocacy – Position Papers



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AMDA – The Society for PALTC: Advocacy – White Papers



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AMDA – The Society for PALTC: Advocacy – Covid-19



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AMDA – The Society for PALTC: Clinical Practice

ASSISTED LIVING SERIES	
Medication Management Part I: Manual - Operations Level	Medication Management Part II: Manual for Caregivers
CLINICAL PRACTICE GUIDELINES (CPGs)	
Acute Change of Condition	Health Maintenance
Altered Nutritional Status	Heart Failure
Anemia	Osteoporosis and Fracture Prevention
COPD Management CPG	Pain Management
Dehydration and Fluid Maintenance	Parkinson's Disease
Dementia	Pressure Ulcers & Other Wounds
Depression	Sleep Disorders
Diabetes Management CPG	Stroke Management and Prevention
Falls and Fall Risk	Transitions of Care
Gastrointestinal Disorders	Urinary Incontinence

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AMDA – The Society for PALTC Professional Development

- Categories
 - Clinical Medicine
 - Innovation in PALTC
 - Interdisciplinary Team (IDT)
 - Leadership and Professional Development
 - Medical Direction
 - Payment and Reimbursement
 - Practice Management
 - Research
- Formats
 - Annual Conference
 - Archived Webinars
 - Live Webinars
 - Podcasts
 - On-Demand/Self Study
 - Products/Resources
 - Virtual Symposium

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37

The American Board Care Medicine (ABPLM) of Post-Acute and Long-Term

Criteria to for Certified Medical Director (CMD):

- Licensed physician
- AND
- Meet **Clinical** criteria
 - Complete AMDA/PALTC Core Curriculum
- AND
- Meet CME requirements through several tracks
- AND
- Meet **Management** criteria
 - 75 hours of CME related
 - 2 years experience as Medical Director or Associate Medical Director in SNF
 - Verification required

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The American Board of Post-Acute and Long-Term Care Medicine (ABPLM)

- CMD
- Recertification
 - Every 6 years
- Verify through approved ABPLM activities
 - Clinical experience in PALTC
 - Management experience in PALTC
 - Continued engagement as medical director in PALTC

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39

The American Board of Post-Acute and Long-Term Care Medicine (ABPLM)Cont.

- Value to your facility/organization
 - AMDA – The Society for PALTC membership resources
 - Impact of Medical Director Certification on Nursing Home Quality of Care Frederick N. Rowland PhD, MD, CMD, Mick Cowles BA, MS, Craig Dickstein BA, MS, and Paul R. Katz MD, CMD Journal of the American Medical Directors Association, 2009-07-01, Volume 10, Issue 6, Pages 431-435, Copyright © 2009 American Medical Directors Association

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The Foundation for Post-Acute and Long-Term Care Medicine

- Futures Program
- Quality Improvement Grants in PALTC
- Awards and Recognition in PALTC

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41

MiMDA-The MI Society for Post-Acute and Long-Term Care Medicine

- State Chapter of AMDA- the Society for PALTC
 - Membership represents about one quarter of SNF medical directors in MI
- Activities
 - Annual Education Conference
 - Monthly newsletter
 - Advocacy activities
 - MDHHS
 - Futures support
 - Research support

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42

CMS - Medical Director Responsibilities

- F841
- §483.70(h) Medical director.
- §483.70(h)(1) The facility must designate a physician to serve as medical director.
- §483.70(h)(2) The medical director is responsible for—
 - i. implementation of resident care policies; and
 - ii. The coordination of medical care in the facility.
- DEFINITIONS §483.70(h)
- “Medical director” means a physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to implement and evaluate resident care policies that reflect current *professional* standards of practice.

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CMS - Medical Director Responsibilities-Cont.

- “Physician/practitioner” (*physician assistant, nurse practitioner, clinical nurse specialist*) means the *individual* who has responsibility for the medical care of a resident.
- “Current *professional standards of practice*” refers to approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbooks, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies.
- “Resident care policies” refers to the facility’s overall goals, directives, and governing statements that direct the delivery of care and services to residents consistent with current *professional* standards of practice.

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44

CMS - Medical Director Responsibilities

- Range of Engagement
- Adm/DON/Med Dir interactions
 - True triad
 - Scheduled meetings vs ad hoc

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45

Role of Medical Director in IDT

- CMS does not specify role in IDT
- Wide range of involvement
- Wide range of possibilities

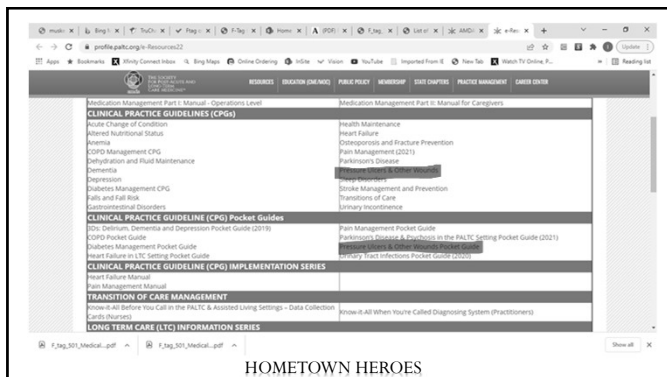
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46

Specific Example of Medical Director in IDT: Wound Care

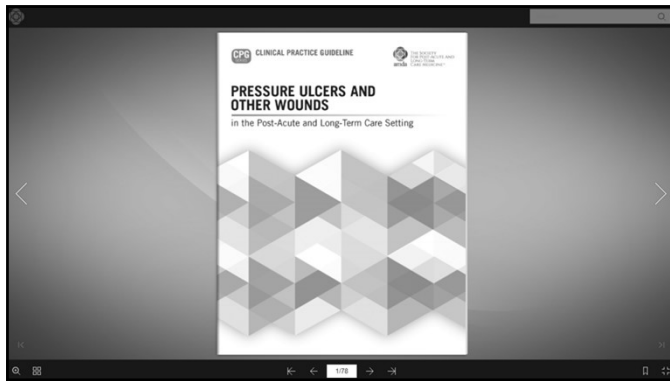
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47



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48



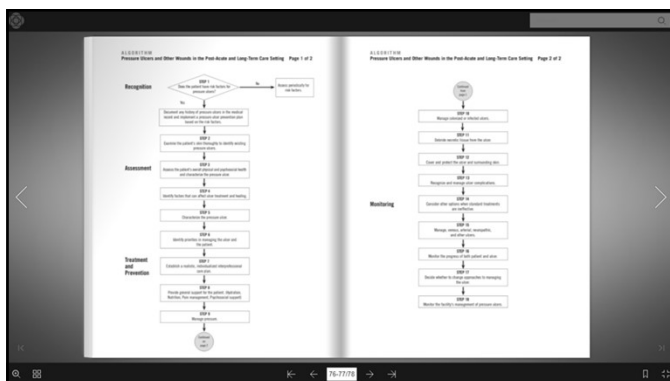
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CPGs Organization

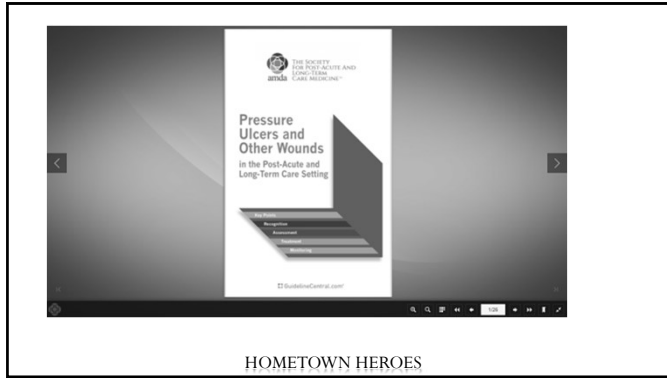
- Definitions
- Introduction
- Recognition
- Assessment
- Prevention and Treatment
- Monitoring
- Summary Recommendations
- References
- Glossary
- Algorithm

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50



51



52

Medical Director in IDT Wound Care

- Sets policy with Quality Committee
- Assists in implementation
- Monitors Outcomes (CMS Quality Reports)
- Recommends changes

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53

Case Discussion

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54

Questions?

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