

**Becker's ASC Conference 2010
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**Medical Director 101:
What it Takes
to be a Great Medical Director**

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Medical Director Job Description

- **Mission of the ASC**
- Team: Medical Director, Executive Director and Clinical Director
- Sponsored by Board of Managers - oversee operations of ASC peri-operative services to optimize:
 - ❖ quality
 - ❖ surgeon access,
 - ❖ support services,
 - ❖ peri-operative efficiency

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Medical Director Job Description

➤ **Duties and Responsibilities**

Overview:

- ❖ Full-time contracted position sponsored and financially supported by the administration of the ASC
 - # days at center
- ❖ Actively supports the mission and objectives of the Center as set by the Board of Managers.

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Medical Director Job Description

➤ Strategic Planning and Operational Leadership:

- ❖ Active (non-voting) member of Board of Managers - attends all meetings
- ❖ Collaborates with Board of Managers in developing and implementing strategic peri-operative services goals and objectives.

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Medical Director Job Description

➤ Duties and Responsibilities

- ❖ Collaborates with Clinical Director to ensure that all areas of peri-operative services function optimally.
- ❖ Collaborates with Clinical Director in the development of policies and guidelines relating to surgeon assess, operating room management and surgical scheduling.

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Medical Director Job Description

➤ Strategic Planning and Operational Leadership:

- ❖ Works with Clinical Director to implement appropriate peri-op services improvement relating to:
 - Management of daily OR activity
 - Pro-active schedule management such as block scheduling
 - Improved surgeon access with optimized utilization
- ❖ Schedules appropriate anesthesia provider coverage

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Medical Director Job Description

➤ Quality Assurance and Improvement

- ❖ Address patient care issues and clinical issues involving ASC
- ❖ Collaborates with Clinical Director to maintain the safety and quality for patients and staff as mandated by regulatory agencies.
- ❖ Acts as Chair of quarterly meetings
 - Medical Executive Committee
 - Medical Quality Improvement Committee (QAPI)
 - organizes and chairs regular meetings of the Medical Staff.

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Medical Director Job Description

➤ Quality Assurance and Improvement

- ❖ Reports to Board of Managers on quarterly Meetings of the Medical Executive Committee and the Medical Quality Improvement Committee, as well as ongoing quality improvement/Loop projects.
- ❖ Establishes policies that impact the quality of care, in collaboration with the Board of Managers, the Executive Director, Clinical Director and other management team members.

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Medical Director Job Description

➤ Accreditation/Licensure Compliance

- ❖ With Ed and CD, assures that the facility's adherence to standards relating to quality of care, medical records, pharmaceutical services, and that other clinical contract services etc. are met
 - ❖ Remains familiar with the standards for compliance – licensure, Medicare, accreditation
 - ❖ Periodically reviews the facility's policies and procedures.
- Facilitates change, as standards of care change

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Medical Director Job Description

➤ Cost Containment, Financial and Data Management

- ❖ Works actively to achieve the financial performance objectives of the Board of Managers.
- ❖ Assists the Executive Director and Board of Managers in managing operating and capital budgets.

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Medical Director Job Description

➤ Cost Containment, Financial and Data Management

- ❖ Assists in designing and implementing utilization and cost management strategies.
- ❖ Participates in appropriate utilization and efficiency improvement activities.
- ❖ Provides support to the Executive Director and Clinical Director in growing volume at ASC.

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Medical Director Job Description

➤ Credentialing and Privileging

- ❖ Reviews all provider applications to determine whether delineation of privileges is in accordance with the training
- ❖ Grants temporary privileges
- ❖ Chairperson for the Medical Executive Committee, including credentialing, utilization review, and peer review

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Medical Director Job Description

➤ Credentialing and Privileging

- ❖ Intervenes where a physician requests to schedule a procedure not within his/her purview/credentials
- ❖ Responsible for developing policies and procedures related to credentialing and privileging which are compliant with all appropriate regulatory agencies - Bylaws

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Medical Director Job Description

➤ Marketing and Physician Relations

- ❖ Markets the Center to potential surgeons /physicians.
- ❖ Works actively to promote positive relations with other clinical departments and the Medical Staff at large.
- ❖ Serves at the discretion of the Board of Managers as a conflict resolution resource between and among surgeons, anesthesiologists, and staff.

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Medical Director Job Description

➤ Marketing and Physician Relations

- ❖ Serves as primary medical liaison for ASC between the Medical Staff and the Board of Managers.
- ❖ Insures awareness of policies and guidelines impacting surgical operations at ASC.
- ❖ Insures provider compliance with the centers policies and procedures as adopted by the Board of Managers.

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Medical Director Job Description

➤ Qualifications

- ❖ **Education, Training and Licensure**
 - ❑ Graduate of an accredited four-year (U.S.) medical school or its equivalent.
 - ❑ Board Certified
 - ❑ Current valid and unlimited YOUR State License to practice medicine
 - ❑ Current valid and unlimited DEA License

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Medical Director Job Description

➤ Personal Characteristics

- ❖ Good interpersonal skills in communication, negotiation, and conflict resolution.
- ❖ Diplomatic and demonstrates ability to get along with medical colleagues.
- ❖ Maintains the highest standards of clinical practice.
- ❖ Willing to teach and provide educational programs

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Medical Director Job Description

➤ Personal Characteristics

- ❖ Demonstrated fiscal responsibility in operations management.
- ❖ Understands and can articulate a positive attitude and an appropriate service delivery model which corresponds to an increasingly managed care environment.
- ❖ Visionary

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Medical Director Job Description

➤ Performance Review and Reappointment

❖ Review

- ❑ Formal performance review conducted annually by the Executive and Clinical Directors and Board of Managers
- ❑ Specific objectives for performance measurement and outcomes
- ❑ Review and feedback meetings held at least twice annually with management team
- ❑ Summary of this review will be placed in the Medical Director contract file

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Medical Director Job Description

➤ Appointment/Termination process

- ❖ ASC Board of Managers, after consultation with the ED and CD, will make the Medical Director appointment/termination decisions.
- ❖ The Medical Director will serve a 2 year ...subject to removal at any time by the Board of Managers.

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Credentialing & Privileging Overview

- Definitions
- Process for:
 - ❖ Credentialing
 - ❖ Privileging
 - ❖ Peer Review
- Case Study



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Definitions

- Credentialing – 3 phase process
 - ❖ establish minimum education, training, experience and other criteria required
 - ❖ establish a process to review, assess and validate the education, training, experience, and other criteria (competence) against the minimum requirements
 - ❖ carry out the process

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Credentialing

- Applies to all healthcare professionals
 - ❖ Physicians
 - ❖ Allied Health Professionals:
 - ❑ DPM
 - ❑ DDS
 - ❑ all support personnel who assist the physicians and are not employees – RNFA, PA, NP, CST

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Credentialing

- Primary Source Credentialing
 - ❖ documented verification by a source that issued a credential
 - ❖ by phone, fax, mail, or electronically
 - ❖ Examples:
 - ❑ AMA Physician Master File
 - ❑ Dental Schools
 - ❑ Podiatry Schools
 - ❑ State licensing agencies

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Credentialing

- Secondary Source Credentialing:
 - ❖ documented verification by obtaining a verification report from an entity that has performed primary source verification
 - ❖ Examples:
 - ❑ AOA Master File
 - ❑ American Assoc of Nurse Anesthetists (AANA)
 - ❑ Specialty Boards
 - ❑ American Nurses Credentialing Center

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Privileging

- Purpose: to determine the procedures a provider is qualified and approved to perform in this practice setting

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Privileging

- Process – 3 phase:
 - ❖ approved procedure list – all procedure that are offered to patients
 - ❖ determine the qualifications an applicant must possess to obtain each privilege
 - ❖ establish a process for evaluating a candidate's qualifications to assure their qualifications match what is required for the privilege

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Privileging

- Evaluation – non-arbitrary manner:
 - ❖ approve requested privilege's)
 - ❖ approve a modification of the requested privilege's)
 - ❖ deny the requested privilege's)

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Privileging

- core privileging:
 - ❖ identifies a set of core privileges to treat a broad scope of care for those that meet a defined threshold (ie board certified orthopedics)
 - special privileges must be listed separately, such as moderate sedation monitoring or radiology image interpretation
 - ❖ laundry list privileges – list the specific procedures that may be requested by specialty

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Peer Review The Greatest Challenge



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Peer Review

- Required for initial and ongoing credentialing and privileging
- Must involve peers with qualifications to make judgments about clinical competence (physician by physician)
 - ❖ ideally same specialty
 - ❖ at least 2 physicians involved
 - ❖ outside peer review when small organization



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Peer Review

Important Documents

- ByLaws
- Rules & Regulations of the Medical Staff
- Fair Hearing Plan



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Peer Review

- Benchmarking:
 - ❖ systematic comparison of products, departments, or providers (outcomes)
 - ❖ to identify best practices for the purpose of continuous quality improvement
 - ❖ financial – hours per case, days in AR, case cost analysis
 - ❖ clinical – infection rate, turnover time, antibiotic timing, recovery time to discharge

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Peer Review



- Retrospective Study
 - ❖ MR review of physicians or nursing
- Concurrent Study–
 - ❖ monitoring of events or outcomes
 - ❖ Ex. patient extubated and airway patent without assistance on arrival to PACU
- Adverse Events or Near Miss Events
 - ❖ Occurrence reports_{DOM} / Quality Monitors

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Peer Review - Examples

- Scheduled Peer review – Center defined
- Performance measure that falls outside of expected range
 - ❖ infection rate
 - ❖ transfers to hospital
 - ❖ scope cases that convert to open
 - ❖ return to OR from PACU
 - ❖ ER visit or admission within 24 hrs
- Adverse patient outcome investigation

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Physician Peer Review File

- file is confidential
- stored separate from credentials file
- keep secure in locked files
- privileged under State statutes
- access to the file is logged – signature and purpose of access (the log is not confidential)
- review of the file must take place in the presence of authorized persons

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Physician Peer Review File

- file contains:
 - ❖ peer review - scheduled
 - ❖ NPDB reports (adverse)
 - ❖ occurrence reports – adverse patient outcome
 - ❖ other peer review - documents that may be created as part of the QI Program

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Physician Peer Review File

- Reviewed only for:
 - ❖ appointment & reappointment
 - ❖ credentialing & privileging
 - ❖ investigation of practitioner
 - ❖ licensure, certification or accreditation activities



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Physician Peer Review File

- File accessible only to authorized persons:
 - ❖ practitioner
 - ❖ Medical / Executive Director
 - ❖ members of Board of Managers
 - ❖ member of committee appointed to investigate or take corrective action



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Physician Peer Review File

- Practitioner may request a copy of the file contents – documented in log
- Practitioner's attorney request to review - granted only in the presence of the practitioner
- Requests from other attorneys will be denied.
 - ❖ immediately notify practitioner attorney of request



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Peer Review – Real Life! Case Study (time permitting)



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Peer Review – Real Life

- Do the Right Thing!!
- Document accurately and completely
- Know your organizations Medical Staff Bylaws and Rules & Regs.... including the Fair Hearing Plan
- A strong, involved Medical Director (or lead physician) is critical to success
- Consult your attorney when appropriate



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Physician Credentials Review

New Appointments Request

SMILEY JONES DDS
Initial credentialing completed
All appropriate forms present, Privileges are approved
To the Board of Managers for approval

Re-appointments

MICKY MOUSE, MD
All appropriate forms present, privileges are approved
To the Board of Managers for approval

DONALD DUCK MD
All appropriate forms present, privileges are approved
To the Board of Managers for approval

New privilege requests:

Nissen Funduplication
GENERAL SURGEON, MD
Privileges are appropriate
Referred to the Board of Managers for approval

Vaginal and Total Abdominal Hysterectomy
GYN DOC, MD
Privileges are appropriate
Referred to the Board of Managers for approval

Supervision of Extended Recovery
SLEEPY DOC, MD
Privileges are appropriate
Referred to the Board of Managers for approval

Resignations (Summary of 2009)
FORMER DOC, MD

**Health Practitioners/Advanced Practice Providers
Credentials Review**

New Appointments
No new appointments

Re-appointments
EDWARD FOOTE DPM
All appropriate forms present, privileges are approved
To the Board of Managers for approval

Reviews of Clinical Assistants
None

Resignations
None

Suspensions
None

Chart Audit Report (Peer Review)
Chart Audit
Performed as ongoing peer review

1. We still have issues with dating H+P day of surgery
2. We still have issues with PACU sign-out
3. We will place educational posters and work on the PACU process

Medical Quality Improvement Committee Report

1. Minutes reviewed
2. Two patient complaints referred for discussion
 - a. Patient complained of IV sticks,
Care appropriate, physician informed
 - b. Patient family complaint regarding discharge
Care appropriate, physician informed

New Business and Open Discussion
Dr Moizze will be resigning from the committee

Meeting adjourned at 1830
Minutes approved by: _____ Date: 3/23/2010

GREAT DOC, MD
Medical Director

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Thank You!



Questions?

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Bibliography

1. AAAHC Accreditation Handbook for Ambulatory Health Care 2010

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