

The Role of The Physician In Improving Nursing Home Quality

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Questions For Discussion:

- What should residents and families expect from their physician in the nursing facility?
- What is the role of the Medical Director?
- What is the role of a Nurse Practitioner or a Physician's Assistant?
- How can any of these individuals improve nursing home quality?

What should Residents and families expect from their physician in the nursing facility?

What should Residents and families expect from their physician in the nursing facility?

- Availability
- Competency
- Frequency of visits- admission, routine, sick visits
- Role/responsibilities
 - Care oversight
 - Orders
 - Communication: what's going on? What's expected to happen? Why?
 - Advocacy

Changing Nursing Facility Environment

- Greater proportion of patients are sick (acutely ill) upon admission
- Come straight from hospital, just as sick as yesterday
- Greater complexity, acuity of medical and nursing care needs
- More and more patients admitted to nursing facility will stay for 3 months or less
- Changing expectations of physicians, facility, others as a result

Physicians and Others In Nursing Homes

- Minimal, if any training in geriatric medicine incl. drug prescribing in older patients among overwhelming majority of practitioners
- Minimal, if any exposure to LTC sites during training
- Highly variable experience, involvement among practitioners working in LTC sites
- Federal Regulations affect what doctors, others do in nursing facilities but not in any other site for same patient, same episode of illness
 - E.g. antipsychotic drugs, 'unnecessary' drugs, required visits even if patient not 'sick' or asking to be seen

What is the role of the Medical Director?

- Who are they and what do they do?
 - Licensed physicians who serve an administrative function
 - Usually function as attending physicians as well
 - Physician Medical Director a Regulatory Requirement (OBRA87)
 - Roles/responsibilities developed by regulation, profession over time (AMDA)

What is the role of the Medical Director?

- Role/responsibilities By regulation:
 - Assure availability of physician services
 - Be involved in development, implementation of policies/procedures
 - Quality oversight role, serve on quality committee
- Training
 - MD or DO degree
 - Additional training and CMD Certification by AMDA (professional society)
 - Additional training not mandatory in most states
 - Certification is not required in any state

Practitioner or a Physician's
Assistant?

Practitioner or a Physician's Assistant?

- Role similar but not identical to physician role
- Training, tradition differences
- State by state laws affect NP/PA role (e.g. prescribing narcotics)
- Every patient has an attending physician who is ultimately responsible for the NP/PA
 - Collaborative practice arrangement with supervising physician
- Comprehensive admission assessment, some periodic visits can only be performed by physician

improve nursing home quality?

Nursing Home Quality

- What is it and who decides?
- Quality in eye of beholder
- CMS Quality Measures/Quality Indicators

CMS Quality Measures/Quality Indicators

- Data is self-reported
- From MDS
- Most are measures of poor quality rather than good quality
- Available to consumers on internet “Nursing Home Compare” site on www.medicare.gov
- Forms basis of annual ‘survey’
- Data reported back(delay) to facility monthly (CASPER report) with comparison to other facilities in state, nationally (averages)
- Percentile ranks given. 75%ile (‘worst’ 1/4th of facilities) flags - surveyor scrutiny required

CMS QM/QI

- Short stay measures are related to:
 - Self-reported moderate to severe pain
 - Provision of flu vaccine
 - Provision of pneumococcal vaccine
 - Antipsychotic Drugs

Long stay measures are related to:

- Provision of flu vaccine
- Self-reported moderate to severe pain
- Provision of pneumococcal vaccine
- High risk residents with pressure ulcers
- Utilization of physical restraints
- Falls with major injury
- Depressive symptoms

Long stay measures are related to:

- Urinary tract infection
- Catheter inserted and left in bladder
- Low risk residents who lose Bowel/Bladder control
- Excessive weight loss
- Increase in need for help with ADL's
- Antipsychotic drugs (in pts. Without schizophrenia/Tourettes)

How can doctors/other practitioners affect NH quality?

- Directly through acts/omissions
 - Timely, appropriate eval, treatment
 - Appropriate prescribing/discontinuation of unnecessary medications
 - Advocacy for patient/family needs and preferences
- Care plan development and oversight
 - Monitoring of care provided by others
- Quality oversight at facility level (QM/QI)
 - Involvement in meetings, committees
 - Policies and procedures/systems of care
 - Direct observation
- Education

Barriers to Quality Improvement for Doctors/Others

- Lack of availability/competing demands/roles within facility/absence from facility
- Education/training in quality management/systems thinking
- Lack of training/experience working in interprofessional teams
- Willingness/ability of facility to integrate physician as part of team
- Lack of quality program/infrastructure within facility
- Attitudes