

Long-Term Care Survey Alert

Survey Management: Jump On The Physician Credentialing Bandwagon

Ensuring physician accountability can improve your care, survey record.

If your facility is having difficulty getting attending physicians to attend to OBRA and best practices, you may need a new plan to fend off F tags under upcoming F501 survey guidance and the new F314 and F315 tags.

One option: Implement a full physician credentialing process and performance reviews that mirror the model that hospitals use to ensure their attending physicians can and do meet the standard of care.

For example, **Calvert Manor Nursing Home**, located about 50 miles outside of Baltimore, vets physicians applying for privileges at the facility in a process that includes a credential check and interview with the medical director. Attendings are asked to sign a practice agreement that's renewed every two years.

"The two-page practice agreement spells out the physician's obligations for making rounds and their clinical responsibilities in terms of assessments and documentation, etc.," explains Calvert's administrator **Ronald Graybeal, NHA**. The facility's policies and procedures back up the practice agreement responsibilities, he adds.

"The medical director has full authority over the attending's privileges and can suspend or terminate them," adds Graybeal. The facility convenes a medical care committee to review the care of a particular attending physician who isn't abiding by the practice agreement.

Iron Out Role Conflict

The facility's medical director also serves as an attending physician - a scenario that can lead to potential role conflict, cautions Graybeal. To address that issue, Calvert set up a mutual peer review system with another facility where the medical directors do chart reviews of each other's work as attending physicians.

Legal heads up: Facilities should differentiate between the roles of the medical director and attending physician if the medical director wears both hats, advises attorney **Ari Markenson** with **Epstein Becker & Green** in New York City.

Examples of medical-director-related activities might include consulting with an attending about his request to use an off-formulary medication, says Markenson. "Seeing a patient when an attending isn't available - as long as the medical director doesn't bill a payer for it - might also be viewed as an administrative function," he adds.

But if the medical director is, for example, a cardiologist who provides a clinical consultation to a patient and bills the carrier for that service, then that's clearly not within the purview of the medical director role, Markenson cautions.

"The facility should also differentiate between the roles for survey-related purposes," advises Markenson. "Make sure surveyors understand that the medical director was acting in an attending role in a certain case, for example, or vice versa."