MANAGING PHYSICIANS A SPECIAL SKILL

JEFFREY N. NICHOLS, MD, CMD
NOVEMBER 19, 2015

Dr. Nichols has no conflicts of interest related to this presentation

NOT TRADITIONAL MANAGEMENT

EMPLOYEES
Paid by facility
Set schedules
Clear lines of authority
Work on-site
Ladder of discipline
Required and compensated orientation and in-services

• PHYSICIANS
  • Paid by 3rd party
  • Create own schedules
  • Report to ?
  • Expected to respond to phone/fax/e-mail
  • Minimal orientation
  • Voluntary updates
  • Difficult to discipline
RISK MANAGEMENT AND HR ARE QUICK TO EMPHASIZE THAT PHYSICIANS ARE NEITHER EMPLOYEES NOR AGENTS OF THE FACILITY

OTHER DIFFERENCES

- EMPLOYEES
  - Typically work one facility
  - Facility organizes coverage
  - Expected to follow policies and procedures
  - Create and submit MDS
  - Plan and arrange admissions and discharges

- PHYSICIANS
  - Typically work at many sites
  - Organize own coverage
  - Expected to use best clinical judgment
  - Diagnoses and orders control reimbursement
  - Do admissions and discharges

THE PARADOX

Facilities are responsible for the actions of attending physicians and required to follow doctor’s orders, even when they violate State and CMS recommendations or regulations.
OTHER ISSUES

- Nursing is the largest department with the most clinical hours in skilled NURSING facility.
- DON or nursing supervisors usually "in charge" when administrator is absent
- Doctors are trained to lead and give "orders"
- Residents and families think the doctors are in charge
- Control issues may undermine IDT

WHAT IS TO BE DONE?

INITIAL STEPS

- Clarify Expectations of Physicians
- Job Orientation
- Clarify Expectations of Medical Director
- Provide needed support
Clarify Expectations

• Not a wish list, but the basic requirements
• Frequency and timing of visits
• Required documentation
• Signing and Co-signing orders
• Role in the facility
• Coverage and availability
• Regulatory requirements (see Guidelines for Attending Physicians at www.hanys.org/etta/attending or NYSDOH).
• AMDA roles and responsibilities of the Attending Physician

Job Orientation

• Policies and Procedures
• Table of Orientation
• Available Diets/Diet Manual
• Drug regimen review procedures
• Chart organization/EHR
• Fire Safety/Infection Control/Resident Rights
• Care Planning
• MDS (including use as a resource)
• Ancillary services
• Rehabilitation

Clarify Expectations of Medical Director

• Relationship to Medical Staff–Credentialing, Privileging, Supervising, etc.
• Facility Policies
• Hours – physical and electronic availability
• See ETTA guidelines or AMDA documents
Provide Needed Support

- Appropriate and timely notifications
- KNOW IT ALL BEFORE YOU CALL
- Pre-filled documents for signature when appropriate
- Required information for billing third parties including codes
- Organized medical data to support clinical decision-making
- Preferred communication times and bunched calls.
- Communication books

NEXT STEPS

- Provide feedback
- Consider organized medical staff
- Communicate changes and updates
- Whenever possible, provide comparative data

Provide feedback

Doctors wish to be high performers
Don't wait for a list of complaints
Match feedback to expectation
Organized medical staff

- Meetings allow improved communication
- Does not require "officers" etc. or dues although these are possible
- Allows docs to meet senior administrators/DON
- Allows doctors to complain rather than act out.

Communicate changes and updates

- New Regulations
- New leadership
- New policies
- New programs

Comparative Data

- Doctors tend to be competitive
- Physician practice adjusts to facility practice
- May be easier to collect if physician panels are geographic
- Allows the identification of "physician champions" for desired practices.