Principles for Medical Director Clinical Review

The new Maryland regulations (COMAR 10.07.02.10) concerning nursing home physicians, require that the Medical Director be responsible for the overall coordination, execution and monitoring of physician services. That responsibility includes overseeing the quality of care being provided by physicians and other providers in the facility.

The survey of Medical Directors conducted by Office of Health Care Quality surveyors over the past year, since the adoption of the regulations, shows that a majority of Maryland facilities do not have a mechanism in place to review the Medical Director who is providing patient services in a facility. This is a major oversight, especially when the Medical Director is a major provider of direct patient services.

OHCQ has been asked by several nursing facilities to provide advice on how medical director oversight can be accomplished by a facility where a Medical Director is caring for patients personally. The principles listed below are suggestions. They should not be interpreted as regulation. However, they do provide OHCQ views on how oversight can be done. The decision on how the oversight will actually be done rests with each facility.

1. There should be a regular review of the Medical Director’s practice where the Medical Director acts as an attending physician for patients within the facility.

2. A QA nurse may screen a Medical Director’s patient records, using physician-approved criteria; but there must be physician oversight of the clinical review of the Medical Director as well as the other attending physicians.

3. The physician acting as reviewer of the Medical Director’s clinical work must disclose any possible conflict of interest (partnership, financial interest or coverage interest with the Medical Director) to the facility QI committee.

3. Physicians who are employed by the Medical Director, who are members of the private practice to which the Medical Director belongs, and/or who have a financial interest in the practice represent an inherent potential conflict of interest.

If the nursing home has chosen to permit the Medical Director’s residents to be reviewed by a physician who falls within these criteria, surveyors are instructed to pay special attention to the validity of the review and refer any areas of questionable physician judgment on the part of the reviewer to OHCQ physicians for further evaluation.
4. The review of the Medical Director should utilize the same criteria as has been established for other physicians in the facility by the facility’s QI process.

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