AMDA POSITIONS AND POLICIES

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The Policies of the American Medical Directors Association: Series Introduction

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Every year at their annual symposium, members of the American Medical Directors Association (AMDA) meet to finalize the previous year’s work on policy and positions they feel will best serve the frail persons they care for. AMDA, the professional organization of physicians who practice in the long-term care continuum, do so through their various committees and House of Delegates, representing the grass roots opinions of its members. The Policy Compendium, available at amda.com, reflects the combined thoughts and concerns of the organization throughout the years.

Such policies serve not only as internal statements but also as declarations of position on key issues to others involved in long-term care. AMDA feels the most important and timely policies should be published to let our stand be emphatically known and to allow them to be entered into the medical literature for reference as the social, cultural, and medical issues of long-term care evolve.

The following article presents an official stance by AMDA, preceded by an introduction discussing its origin and importance.

The Roles and Responsibilities of the Nursing Home Medical Director

American Medical Directors Association

The functions actually performed by nursing home medical directors have historically been highly variable. This is due in good part to lack of precise guidance and expectations. The original functions defined by the Center for Medicare and Medicaid Services (CMS) were nonspecific, noting only that medical directors were responsible for implementation of resident care policies and coordination of medical care. This vague definition of duties has inevitably led to multiple problems. Many medical directors are little more than referral sources to keep occupancy rates high. Some are well intended but have little direction or support, and stumble through their job haphazardly. Well-intended directors concerned over legitimate resident care problems may lose their jobs if their advice is viewed as counter to the status quo or particular administrative concerns. Most have little authority to keep attending physicians accountable for appropriate resident care.

The fact is that well-prepared medical directors have unparalleled training to see the big picture. They have the best ability to sort out multiple and simultaneous clinical problems, address complex situations, and evaluate benefits and risks of courses of action. They alone can set pertinent clinical standards, review physician performance, and provide feedback and accountability. They have the scientific knowledge needed to make quality assurance a complete process. They are the medical standard bearer for long-term care, and no matter how it is defined, care for frail elders cannot begin to function without medical oversight and responsibility.

The cry for changes in long-term care is clear, whether it be attempts at culture change or promoting assisted living. All too often these efforts do not consider a geriatric medical component, mistakenly confusing therapeutic health care with intrusion into other aspects of quality of life. Medical directors can be the missing key to making needed substantial change a reality by advocating for essential and necessary geriatric clinical supervision in any care setting.

Realizing the inadequacies of then current federal standards on medical direction, members of the American Medical Directors Association (AMDA) first ratified a delineation of medical director duties in 1991, and revised and reinforced them to their current status in 2003. These expectations are strongly reflected in the new CMS revised interpretive guidelines for Tag F501, Medical Director. Essentially all components of this resolution are embedded in it.

AMDA has recognized for more than a decade that requiring a strong medical director presence, with defined duties and accountability, will make a nursing facility a better place to live. CMS has also come to this conclusion recently. Only time will tell when general acceptance of this philosophy by other stakeholders in long-term care will occur.