

ASC Medical Directors & Leaders Virtual Summit
Saturday, January 22, 2022

Role of Medical Director in ASCs

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• I have no conflicts of interest

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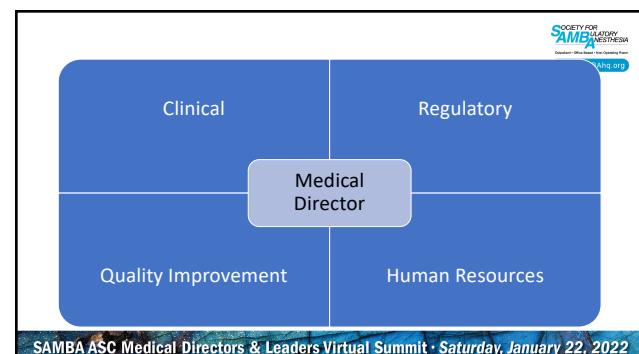
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Objectives

- 1. Define the role of the Medical Director
- 2. Enumerate ways in which a Medical Director can enhance patient safety
- 3. Describe the medicolegal aspects of being a Medical Director

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Clinical

- Scheduling
- Patient selection and screening
- Guidelines and best practices
- Infection control
- Patient safety

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Regulatory

- Preparing for surveys/site visits
- Policy review and updates
- Protocol development
- Annual review of policies and procedures
- Maintaining compliance
- Pharmacy
- Laboratory

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Surprise Medical Billing



- Good Faith Estimate
- Independent dispute resolution (IDR) process
- Patient-provider dispute resolution process
- Expanded rights to external review

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Good Faith Estimate



- Prominently displayed
- Provided to patients upon request
- Includes charges for the primary service
- Also includes charges for services provided by other facilities or providers.
- Within one business day after scheduling when the primary item or service is scheduled at least three business days in advance or no later than three business days after scheduling when the primary item or service is scheduled at least 10 business days in advance; or
- Within three business days after an uninsured or self-pay consumer who has not yet scheduled requests a good faith estimate.

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IDR process



- If the total billed charge(s) for a particular provider or facility is at least \$400 higher than the combined good faith estimates of charges for that provider or facility.
- Within 120 calendar days of receiving the bill.
- Reviewed by a Selected Dispute Resolution (SDR) entity contracted with HHS

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Quality Improvement



- Initiate QI projects
- Culture of safety
- Training and education of staff
- Conduct patient safety/infection control/QI meetings
- Reporting

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Maintaining a Culture of Safety



- Conduct Patient Safety Leadership rounds
- Create a Reporting System
- Designate Patient Safety Officers
- Reenact Real Adverse Events from Your Hospital
- Train with simulated adverse events
- Involve Patients in Safety Initiatives
- Relay Safety Reports at Shift Changes
- Appoint a Safety Champion for Every Unit
- Create an Adverse Event Response Team

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Human Resources



- Credentialing
- Privileging
- Staff competence evaluation and feedback
- Peer review
- Liaising and communication

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Medical Director Arrangements: Fraud Alert

- The payments do not reflect fair market value for the medical director services to be performed
- The payments took into account the physicians' volume or value of referrals
- The physicians did not actually provide the services called for under the agreements.

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Medical Director Agreement: Safe Harbor

- Agreement is set out in writing and signed by the parties.
- Agreement covers all services provided to the Center for the term of the agreement and specifies the services to be provided by the Medical Director.
- For periodic or part-time services, the agreement specifies exactly the schedule of such services, their precise length, and the exact charge.
- The term of the agreement is for not less than one year.
- The aggregate compensation is set in advance, is consistent with fair market value in arms-length transactions and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs.
- The services performed under the agreement do not involve the counselling or promotion of a business arrangement or other activity that violates any State or Federal law.
- The aggregate services contracted for do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the services.

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Vignettes

- While you are reviewing infection reports for the quarter you notice that all infections are from the same surgeon.
- A high volume urology surgeon at your ASC arrives 40 minutes late consistently on his OR days.
- While reviewing patient satisfaction surveys you notice a trend of patients complaining about long wait times for their procedure.
- A surgeon refuses to comply with the time-out process at your center.

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Maintain neutrality

- Conflict is not bad
- Conflict is not good
- Conflict just "is what it is"
- Conflict is inevitable in any relationship or set of relationships
- Learn to embrace conflict in order to use it constructively

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EASY: to engage

- Elicit information –“Tell me more”, “Go on.”
- Ask questions –“What led you to that conclusion?”, “How do you feel about that now?”
- State the obvious –“Let me see if I have this right. You are saying . . .”
- You may be wrong in your interpretation –What seems obvious to you may not be the intended message.

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Providing feedback

- Ask open ended questions
- Avoid asking why
- Remain solution focused
- It's not about being "right" –it's about behavioral change
- Be willing to negotiate

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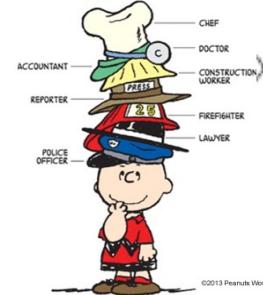
Expect the Distracting D's"

- Denial
- Dismissal
- Defensiveness
- Diminishment
- Disengagement



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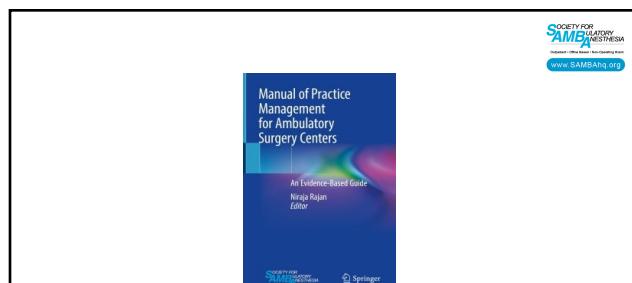
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