Policy: TX-011	**Effective Date:**	1/1/06
Topic: Core Services-Physician Services/Medical Director	**Date(s) Revised:**	04/2016
Applicable Service(s): Hospice	**Page:**	Page 1 of 8

Policy:

The hospice medical director, physician employees, and contracted physician(s), in conjunction with the patient's attending physician are responsible for the medical component of the patient care and treatment. In addition to palliation and management of the terminal illness and related conditions, the physician members of the hospice care team must address the basic medical needs of the patient if the needs are not being met by the attending or patient designated physician. If the attending physician is unavailable, the medical director, contracted physicians, and/or hospice physician employee is responsible for meeting the medical needs of the patient. The hospice will have an alternative physician(s) available when the medical director is not available to meet the medical needs of the patient. All physician employees and those under contract must function under the supervision of the hospice medical director.

Operational Guidelines:

The Hospice Medical Director shall:

1. Shall be a physician (MD or DO) licensed to practice in the state to prescribe pharmaceuticals and medical treatments. He/she must be knowledgeable about the psychosocial and medical aspects of hospice care.
2. Act as a medical resource for other members of the hospice care team.
3. Act as a role model and provide consultation for attending physicians
4. Be an employee or work under arrangement.
5. Be responsible for the direction and quality of the medical component of the care provided to patients by the hospice care team, by assuring that there will be coverage in the medical director's absence 24 hours a day.
6. Assist in the development and review of policies and procedures for delivering services to the patients and their family units.
7. Participate in the interdisciplinary plan of care reviews every 15 days, interdisciplinary group meetings and the development of the plan of care for each patient.
8. Review and sign and date the initial plan of care, plan of care updates in a timely manner, as designated by state law
9. Assists with the development of policies and procedures for clinical care, emergency care and medical research
10. Participates in Performance Improvement activities as appropriate
11. Review the clinical information for each patient and provide written certification that the patient's life expectancy is 6 months or less if the illness runs its normal course.
12. Review the patient's clinical information for each patient prior to each certification period and recertifies that the patient's prognosis continues to be 6 months or less if the disease runs it's normal course.
    a. Includes a brief narrative explanation of the clinical findings that supports a life expectancy of six months or less as part of the certification and recertification
    b. Performs a face-to-face encounter with any Medicare patient prior to the beginning of the benefit period but no more than 30 days before recertification into the third and each following benefit period
13. Assists in the continuing education program
14. Act as a liaison in the community

State Specific Requirements

Alabama:
420-5-17.14 Physician Services.
(1) Patients in need of health care which can be met by the hospice are admitted to the hospice only upon the recommendation of, and remain under the care of, a physician. Each patient or sponsor designates a physician.
(2) There is made available prior to or at the time of admission patient information which includes current medical findings, diagnoses, and orders from the physician for the immediate care of the patient. A summary of prior treatments are made available at the time of admission or within 48 hours thereafter. The following provisions are applicable:

(a) If orders are from a physician other than the attending physician, they shall be communicated to the attending physician and verification of such shall be entered into the medical record by the nurse who took the orders from the physician

(b) Physician's verbal orders for drugs, treatments, diets, etc., (e.g., oral orders, telephone orders, recopied orders, standing orders) are reduced to writing on the physicians' order sheet by a licensed nurse, physician, or pharmacist. They are dated and signed by the person receiving or transcribing the order. Such orders are dated and signed by the attending physician at the time of the next visit, but in no case longer than 30 days after dating and recording the order.

(c) The attending physician shall designate an alternate physician to attend the patient in his/her absence.

(d) The hospice has written procedures, available at the nurses' station that provides for having a physician available to furnish necessary medical care in case of emergency.

(3) Documentation of emergencies, accidents and injuries.
All the hospices shall have policies and procedures established relative to documentation of emergencies, accidents and injuries to patients and staff.

(a) Sufficient information shall be documented in the medical record and/or on the accident and incident record to reflect facts about the incident, injuries, actions taken, and physician contacted. Dated and signed entries in the medical record and/or the incident and accident record shall be made by the physician and other appropriate hospice staff.

(b) The manager and appropriate staff shall be provided written reports of accidents and injuries.

(c) These reports shall serve the medical director and other appropriate staff as a basis for a written recommendation for corrective action.

Colorado:
6 CCR 1011-1 Chapter 21
6.8 Medical Director: The hospice shall designate a physician who shall act as medical director. The physician shall be a doctor of medicine or osteopathy who is an employee, or is under contract with the hospice, and has a current license in good standing to practice in the State of Colorado.
6.9 The medical director or physician designee shall be a member of the interdisciplinary group and be responsible for the medical component of the hospice's patient care program including, but not limited to, the following:
(A) Reviewing appropriate clinical material from the referring physician to validate the prognosis as anticipated by the patient's attending physician or nurse practitioner;
(B) Assisting in developing and medically validating the interdisciplinary plan of care for each patient/family with the coordination of the patient's attending physician or nurse practitioner;
(C) Rendering, as necessary, or supervising active medical care of the patient and maintaining a record of such care;

(D) Maintaining a regular schedule of participation in pertinent components of the hospice patient care program;
(E) Being readily available to the hospice program personally or naming a qualified physician designee;
(F) Acting as a consultant to and maintaining liaison with the attending physician or nurse practitioner and other members of the interdisciplinary group;
(G) Helping to develop and review patient/family care policies and procedures;
(H) Serving on appropriate committees;
(I) Reporting issues regarding the delivery of medical care; and
(J) Approving written protocols for symptom control such as pain or nausea

Connecticut:
19-13-D66 Definitions (aa) "Physician" means a doctor of medicine or osteopathy licensed either in Connecticut or in a state which borders Connecticut;
19-13-D72 (K) An agency offering a hospice program shall employ a medical director.

(i) A hospice program medical director shall have a minimum of five years of clinical experience in the practice of medicine or osteopathy.
(ii) The medical director shall be knowledgeable about the psychosocial, spiritual, and medical aspects of hospice care;
(iii) The medical director's responsibilities shall include, but not be limited to:
I. Development and periodic review of the medical policies of the hospice program;
II. Consultation with attending physicians regarding pain and symptom control and medical management as appropriate;
III. Participation in the development of the plan of care for each patient admitted to the hospice;
IV. Serving as a resource for the hospice interdisciplinary team;
V. Acting as a liaison to physicians in the community;
VI. Assuring continuity and coordination of all medical services.

(L) Medical care and direction shall be provided by the patient's attending physician or the hospice medical director. Orders to administer medications shall be written and signed by the patient's attending physician or the hospice medical director.

Georgia:

GA 290-9-43-.17 (2)Have at least one year documented experience as a member of a hospice or palliative care team or in another setting caring for terminally ill patients.

GA 290-9-43-.17 (2) (b) Have admission privileges at one or more hospitals serving patients in the hospice's geographical area.

GA 290-9-43-.17 (2) (c) Review the clinical material of the patient's attending physician that documents basic disease process, prescribed medicines, assessment of patient's health at time of entry and the drug regimen

GA 290-9-43-.17 (2) (f) Ensure that each patient receives a face-to-face assessment, by either the medical director or the patient's attending physician, or is measured by a generally accepted life-expectancy predictability scale for continued admission eligibility at least every six months, as documented by a written certification from the medical director or the patient's attending physician that includes:

- The statement that the individual's medical prognosis is for a life expectancy of six months of less if the terminal illness runs its natural course

- The specific current clinical finding and other documentation supporting a life expectancy of six months or less if the terminal illness takes its natural course

GA 290-9-43-.17 (2) (f) Serve on appropriate committees and report regularly to the hospice administrator regarding the quality and appropriateness of medical care.

Illinois:

77 Ill. Admin. Code 280.2000(b)(4) The hospice medical director must assume overall responsibility for the medical component of the hospice program at all locations.

280.2070 (b) The medical director shall have overall responsibility for medical direction of the patient care component of the hospice program and shall consult and cooperate with the patient's attending physician. (Section 8(d) of the Act)

(c) Duties of the medical director shall include but not be limited to:

(1) Reviewing the clinical material of the referring physician to document basic disease process; the drug regimen; and assessment of the patient's health and prognosis at time of admission.

(2) Performing an admission history and physical for each patient who has no other physician.

(3) Assisting in developing the plan of care for each patient/family with the coordination of the patient's attending physician.

(4) Attending and actively participating in patient/family care conferences, when requested to do so by the hospice care team coordinator.

(5) Reviewing the active medical care and palliative care in patients' homes, and in any inpatient setting in which the hospice has provided patient services.

(6) Maintaining a regular schedule of participation in all components of the hospice care program; and maintaining 24-hour, seven days a week coverage of and ready availability to the hospice program through himself/herself or his/her hospice physician's designee.

(7) Acting as a consultant to patient's attending physicians and other members of the hospice care team; helping to develop and review patient/family care policies and procedures; and serving on the hospice care team.

(8) Maintaining liaison with the attending physician. The attending physician is encouraged to provide primary care to his/her patient even though the patient also receives hospice care.

(9) Approving written guidelines for symptom control, i.e., pain, nausea, vomiting, or other symptoms.

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(3) Assisting in developing the plan of care for each patient/family with the coordination of the patient's attending physician.
(4) Attending and actively participating in patient/family care conferences, when requested to do so by the hospice care team coordinator.
(5) Reviewing the active medical care and palliative care in patients' homes, and in any inpatient setting in which the hospice has provided patient services.
(6) Maintaining a regular schedule of participation in all components of the hospice care program; and maintaining 24-hour, seven days a week coverage of and ready availability to the hospice program through himself/herself or his/her hospice physician's designee.

(7) Acting as a consultant to patient's attending physicians and other members of the hospice care team; helping to develop and review patient/family care policies and procedures; and serving on the hospice care team.
(8) Maintaining liaison with the attending physician. The attending physician is encouraged to provide primary care to his/her patient even though the patient also receives hospice care.

(9) Approving written guidelines for symptom control, i.e., pain, nausea, vomiting, or other symptoms.

Massachusetts:

105 CMR 141.204 (2) The duties of the medical director shall include but need not be limited to:

(a) Designating another physician to serve as Medical Director in his/her absence.
(b) Consulting and cooperating with the physician or team maintaining the primary responsibility for the patient care pursuant to 105 CMR 141.204(C)(3).
(c) Reviewing clinical material of referring physician to document: basic disease process; the drug regimen; and assessment of patient's health and prognosis at time of admission.
(d) Performing an admission history and physical for each patient who has no other physician.
(e) Maintaining liaison with the patient's attending physician, physician-physician assistant team or physician-nurse practitioner team and encouraging patient's attending physician to provide primary care to his/her patient in collaboration with the interdisciplinary team.
(f) Assisting in developing the plan of care for each patient/family with the coordination of the patient's physician, physician-physician assistant team or physician-nurse practitioner team.
(g) Attending and actively participating in interdisciplinary team meetings.
(h) Reviewing the medical care provided in patients' homes, and in inpatient and outpatient health care facilities.
(i) Maintaining 24 hour, seven days a week medical coverage when attending physicians or physicians designated to act in the attending physician's absence are unavailable.
(j) Acting as a consultant to patient's physician and members of the interdisciplinary team; helping to develop and review patient/family care policies and procedures; serving on the interdisciplinary care team; and reporting to the administrator regarding medical care delivered to the hospice patient.
(k) Participating in establishing written programmatic guidelines for symptom control (*e.g.*, pain, nausea, vomiting, or other symptoms.)

(3) A hospice must ensure that each patient has a physician, or a team, composed of a physician and either a physician assistant or a nurse practitioner, who maintains the primary responsibility for the patient's medical care. This physician may be the patient's attending physician or may be a physician, including the medical director, selected by the hospice.
(4) Each patient's medical record shall clearly indicate the name of the physician or the members of the

physician-physician assistant team or physician-nurse practitioner team who maintain the primary responsibility for the patient's medical care

Mississippi:

109.02 (c). The duties of the medical director shall include but not be limited to: Review, revise and document the plan at intervals specified in the plan, but no less than every 14 calendar days;
113.09 A physician, currently and legally authorized to practice medicine in the State, and knowledgeable about the medical and psychosocial aspects of hospice care. The Medical Director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients.
NOTE: The Medical Director or Physician Designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the Medical Director or physician designee.

2. Responsibilities:

d. Participate in the review and update of the POC for each patient at a minimum of every 14 calendar days, unless the plan of care has been reviewed/updated by the attending physician who is not also the Medical Director or Physician Designee. These reviews must be documented.
e. Document the patient's progress toward the outcomes specified in the plan of care.
f. Serve as a medical resource for the hospice interdisciplinary group and as a liaison to physicians in the community;
g. Develop and coordinate procedures for the provision of emergency care;
h. Provide a system to assure continuing education for hospice medical staff as needed

Missouri:

19 CSR 30-35.010 20. Medical director—a person licensed in this state or a bordering state as a doctor of medicine or osteopathy who assumes overall responsibility for the medical component of the hospice's patient care program.

New Hampshire:

He-P 823.15 (k) The medical director shall be responsible for:

(1) The overall medical component of the hospice plan of care;
(2) Participating on the interdisciplinary patient care team;
(3) Determining, in consultation with the Interdisciplinary team, that an individual is appropriate for hospice care services; and
(4) Consultative physician visits for hospice and palliative care patients as requested by physicians.

Rhode Island:

17.1.2 In addition to palliation and management of terminal illness and related conditions, staff physician(s) and/or certified registered nurse practitioner(s) of the hospice program including the physician member(s) and/or the certified registered nurse practitioner member(s) of the interdisciplinary group shall also meet the general medical needs of the patients to the extent that these needs are not met by the attending physician and/or the certified registered nurse practitioner.
18.6 The overall responsibility for the medical component of patient care shall be under the direction of a physician, qualified by training and experience in hospice care, who shall also be responsible for no less than the following:

a) coordination of medical care provided by the hospice program;
b) ensuring and maintaining quality standards of professional practice;
c) implementation of patient care policies;

d) the achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient/family care outcomes;
e) ensuring completion of health care worker screening and immunization requirements as contained in reference 7 herein.
f) the certification of terminally ill patients admitted to the hospice program;
g) participation as a member of the interdisciplinary team, in the development, implementation and assessment of patient/family plan of care; and
h) consulting with attending physicians and/or certified registered nurse practitioner member regarding patient care plans.

18.6.1 Upon appointment, the name of the medical director shall be submitted to the Department. Each time a new medical director is appointed, the name of said physician shall be reported promptly to the Department. The medical director's Rhode Island medical license number, medical office address, telephone number, emergency telephone number, hospital affiliation and other credentialing information shall be maintained on file by the hospice program and updated as needed.

Tennessee:

1200-08-27-.06 Basic Agency Functions

(c) Physician Services. In addition to palliation and management of terminal illness and related conditions, physician employees of the hospice service program, including the physician member(s) of the interdisciplinary group, must also meet the general medical needs of the patients to the extent these needs are not met by the attending physician.

Texas:

TX Chapter 97, Subchapter D, Rule §97.403 (p) In addition to palliation and management of terminal illness and related conditions, hospice physicians, including physician member(s) of the interdisciplinary team, must meet the general medical needs of the clients to the extent that these needs are not met by the attending physician. The hospice physician may meet these requirements either by directly providing the services or through coordination with the attending physician. If the attending physician is unavailable, the hospice physician is responsible for the care of the client.

Virginia:

12VAC5-391-330. Medical direction.

A. There shall be a medical director, who shall be a physician licensed by the Virginia Board of Medicine, responsible for the overall direction and management of the medical component of care. The individual shall have training and experience in the psychological and medical needs of the terminally ill.

B. The medical director shall have admitting privileges at one or more hospitals and nursing facilities that provide inpatient service to the hospice program's patients.

C. The duties and responsibilities of the medical director shall include at least the following:

1. Consulting with attending physicians regarding pain and symptom management;
2. Reviewing patient eligibility for hospice services according to the law and the hospice program's admission policies;
3. Acting as a medical resource to the IDG;
4. Coordinating with attending physicians to assure a continuum of medical care in cases of emergency or in the event the attending physician is unable to retain responsibility for the patient's care;
5. Acting as medical liaison with physicians in the community; and
6. Determining, in consultation with the patient's physician, when a patient can no longer remain at home and should be moved to a congregate living facility of the patient's choosing.