

PHYSICIAN

POLICY:

The Physician is responsible for the primary and long term medical needs of the participants of the PACE Southeast Michigan (SEMI). The medical evaluation of participants includes a detailed history, physical exam, record review of past medical history, the ordering of diagnostic studies, and the evaluation, synthesis and documentation of the results. As a member of the Interdisciplinary Team (IDT), the physician provides medical leadership and supervision to the team, oversight of the Nurse Practitioner (NP), and planning for the health care needs of the participants of PACE SEMI.

SECTION I:

SPECIFIC DUTIES AND FUNCTIONS:

1. The physician performs a complete medical evaluation upon the Initial Intake Assessment and upon routine Re-Evaluation Assessments, including: a detailed history, physical exam, record review of past medical history, the ordering of diagnostic studies, and the evaluation, synthesis and documentation of the results.
2. The PACE SEMI physician provides oversight of the NP in the health care setting through the following:
 - a. In collaboration and consultation with the PACE SEMI physician, the NP may diagnose and treat common health problems, which may involve:
 - i. to initiate appropriate diagnostic studies, such as laboratory, x-ray and other specialty procedures;
 - ii. to alter the treatment program in collaboration with the physician;
 - iii. to initiate emergency medical measures in life threatening situations;
 - iv. to monitor for changes in participants with chronic diseases or disorders;
 - v. to transmit to the pharmacist by telephone, in person, or in writing, valid prescriptions, including controlled substances, Schedule 3- Schedule 5 medications, that the supervising physician has delegated the practitioner to prescribe;
 - vi. to follow up with participants in the home to evaluate their status; conferring with a PACE SEMI physician in regard to an actual or suspected status change;
 - b. In collaboration with the Nurse Practitioner (NP), the physician develops protocols as required under the delegation and supervision statutes, including delegating the prescribing of controlled substances. When delegating Schedule 3 to 5 controlled substances, the rules require the supervising physician to:
 - i. establishes a written authorization containing the signatures of both parties to the appropriate pharmacy;
 - ii. record limitations or exceptions to the delegation;
 - iii. document the effective date of the documentation;
 - iv. record any amendments, if any;
 - v. review and update the authorization annually.
 - c. With regard to the diagnosis and treatment of common health problems, the physician provides for the overall clinical supervision of care given by the NP through:
 - i. periodic conferences/meetings with the NP to discuss cases or problems;
 - ii. periodic chart review of routine evaluations and progress notes;
 - iii. review of NP orders;
 - iv. telephone consultation with the NP when not on PACE SEMI premises;
 - v. review of coding and encounter data.
3. The physician works and collaborates with the participant and the family, as well as all members of the MDT in developing the participants' plan of care.

4. The physician assumes all the responsibilities of a staff physician, including:

- a. to obtain health and medical histories;
- b. to perform physical examinations for the PACE SEMI evaluation and re-evaluation process;
- c. to assess for pathological developments and evaluates episodic illnesses;
- d. to consultation with and referral to other physicians including specialists; fosters a positive relationship with peers within the medical community;
- e. to provide and coordinate primary care services needed by the participants, including health promotion and health screening;
- f. the primary, secondary and tertiary education of participants and families;
- g. to coordinate care with other services;
- h. to admit participants to in-patient facilities, including hospitals, nursing homes, and extended care facilities;
- i. to maintain attending/primary responsibility for the management of participants admitted to the nursing home; to confer with the attending physician for in-patient management and discharge planning.
- j. to update the team regularly regarding participant progress while in the hospital; initiates discharge planning with the hospital staff and Interdisciplinary Team, and documents pertinent information in the medical record;
- k. to initiate appropriate diagnostic studies, such as laboratory, x-ray and other specialty procedures for participants;
- l. to respond to participant outcomes and alter the treatment program appropriately;
- m. to institute emergency medical measures in life threatening situations;
- n. to monitor for changes in participants with chronic diseases or disorders;
- o. to transmit orders, verbally, or in writing, which would include, but is not limited to: medications, diagnostic studies, consultation, dietary changes, rehabilitative needs, end of life wishes or Advanced Directives; orders which are a significant change in the plan of care are discussed with the MDT, prior to implementation if this is appropriate;
- p. to discuss the Do Not Resuscitate (DNR) option with the participant and/or family members and completes the appropriate paperwork; DNR orders are written in the medical record and re-written in the orders portion of the electronic medical record at routine re-assessments.
- q. to follow up with participants in the home or in nursing facilities to evaluate their status;
- r. to develop and maintain the treatment program in the nursing home facilities;
- s. to maintain prompt availability for on- site consultation;
- t. to plan to do initial and periodic assessments on all participants;
- u. to communicate changes in participants to team members in a timely manner;
- v. to develop and complete plan of care as needed in a timely manner;
- w. to coordinate 24 hour care as indicated by inter-disciplinary team
- x. to submit timely and accurate documentation in medical record of each of the above as well as other changes in care.
- y. To ensure that assessments will be completed prior to care conference of scheduled participant.

4. The physician participates in medical oversight committees, including but not limited to:

- a. Quality Assessment Performance Improvement;
- b. Utilization Management;
 - i. assists in adopting practice parameters;
 - ii. reviews charts as indicated.
- c. Ethics Committee;

5. The physician participates in clinic meetings and promotes and maintains open communication among staff.

6. The Physician supervises on-site medical services and maintains open communication with the Executive Team for discussion of issues concerning medical and nursing staff.

7. The physician analyzes and reports on patterns of usage as they pertain to quality and costs in the following areas:

- a. Pharmacy;
- b. Consultants;

- c. Hospitalizations;
- d. Laboratory;
- e. Nursing Homes;
- f. Extended Care Facilities;

8. The physician collaborates with the Medical Director at least monthly to discuss program issues and needs.
9. The physician participates in the Data PACE collection of information and maintains accurate records of participant functional status as well as care given.
10. The physician signs, dates and performs all charting/documentation in accordance with all regulatory bodies and PACE SEMI policies and procedures and; the physician may utilize the dictation/transcription service for communication of reviews and updates.
11. The physician participates in the professional development of medical students/residents and other students as indicated on site visits.
12. The physician provides after hours on-call medical assistance on a rotating basis via phone triage to participants as needed.
13. The Physician completes Risk Codes & Super Bills.

**PACE SOUTHEAST MICHIGAN
POLICY AND PROCEDURE MANUAL**

POLICY TITLE: Physician Job Description – CMS Element PRS 24

POLICY NO: 3.09

SECTION TITLE: Employee Job Descriptions

SECTION: 3

ORIGIN DATE: 1999

REVISED DATE: 4/2015

REVIEW DATE: Annual

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SECTION 2:

KNOWLEDGE, SKILLS AND ABILITIES:

1. The physician participates in annual, mandatory training and screening, including but not limited to: infection control, TB testing, safety training, and BLS training.
2. The physician assumes responsibility for self-development through continuing education, utilizing resources within the health care system or elsewhere; the physician promotes professional behavior and growth by serving as a role model within the health team
3. Must be a Medical Doctor or Doctor of Osteopathy, with current Michigan licensure; must have recent experience with geriatrics, and be Board Certified Internal Medicine or Family Practice.
4. Acts only within scope of his/her practice.
5. The ability to establish and maintain interpersonal and interdepartmental relationships.
6. The ability to apply principles of adult learning in planning and implementing educational activities.
7. The ability to lead and direct other licensed and non-professional staff in the delivery of care.
8. The physician reviews current periodical literature relevant to the general practice of medicine as well as information pertaining to the PACE model of care.
9. The physician ensures adherence to departmental and external standards in the provision of quality focused care by attendance at professional meetings/committees and review of national standards of practice; participates in National PACE Association Committees, as appointed.
10. The physician assists with on-site training or teaching programs for staff.
11. One year experience working with a frail or elderly population.
12. Must meet a standardized set of competencies (approval by CMS) before working independently.
13. Must be medically cleared for communicable diseases and have all immunizations up-to-date before engaging in direct participant contact.

SECTION 3:

WORKING CONDITIONS:

1. Working conditions are variable with exposure to communicable diseases, due to patient
2. Driving is required within the PACE SEMI catchment area, with possible exposure to extreme temperatures, including heat and cold.
3. Must have reliable transportation available on a daily basis and must maintain an acceptable driving record.
4. Frequent walking, bending, lifting of forty (40) pounds or more may be needed to perform duties.
5. The primary work site is at the center. May be required to see participants at home, in assisted living, and/or nursing home environments.

President/CEO

Date