

Role of the Medical Director in the Critical Access Behavioral Health Agency

FARO

April 27, 2010

Medical Director Requirements

- Psychiatrist licensed in NC
 - Board Eligible
 - Board Certified
- MD or DO certified by ABAM or ASAM licensed in NC
- Exception Criteria
 - MD in Family Practice, Internal Medicine, Pediatrics
 - Current 2 years experience with population served
 - Additional training or prior experience will be considered

- CABHAs serving more than 750 consumers require a full time medical director
 - If serving more than 750 consumers at a site different than the main site, a full time lead physician who functions under the direction of the Medical Director is required
- CABHAs serving 750 or fewer consumers require a half time medical director

Role of the Medical Director

- Clinical oversight and direct service- 40/60
- Shared responsibility with clinical team
- Programmatic oversight- promising practices and EBP as models of care
- Direct review of complex cases, and critical incidents
- Dynamic tension between clinical and administrative components of program

Clinical Oversight and Direct Service

- Provide direct service 60% of time
 - Assessments
 - Medication management
 - Treatment models
- Administrative service 40% of time
 - Program development
 - Coordination with primary care
 - Linkages within medical community

Shared Responsibility with Clinical Team

- Clinical Director
- Quality Management/Training Director
- Lead Physicians
- Lead Clinicians
- Mutual respect and shared responsibility for clinical program implementation and outcomes

Programmatic Oversight

- Review models of care for population served
- Identify best practice models, and promising practices to be implemented
- Develop linkages with primary care (CCNC, FQHC)
- Awareness of range of services available in community- alternate enhanced services and crisis services
- Develop local relationships- hospitals, ED, providers

Review of Complex Cases, and Critical Incidents

- Develop criteria for the identification and review of complex clinical cases in proactive fashion
- Available to staff for clinical consultation on specific cases
- Identify and review critical incidents, sentinel events to learn how to improve services from experiences

Crisis Services

- Know local resources and potential gaps
 - STR at the LME
 - Walk-in clinics
 - Mobile Crisis Team
 - NC START team
 - Inpatient/Respite availability
 - Facility based Crisis programs- IVC capability
 - Community hospital beds
 - State facility

Link to Primary Care

- Identify CCNC network/networks
 - Meet medical director
- Identify FQHC in area
 - Meet medical director
- Consider primary care screening tools as part of behavioral health intake process
- Embrace integrated model of care

Data Management

- Identify resources for available data on your population served
 - LME
 - CCNC network
 - Pharmacy Home through CCNC
 - NC TOPPS
 - Controlled Substances Reporting System- must enroll

Medication Reviews

- Medication reviews of population
- Simplify med regime with generics and simple dosing when possible
- Identify outlier practices within your system
- Monitor quality of care (polypharmacy, multiple antipsychotics, metabolic syndrome)

Dynamic Tension

- Administrative and financial balanced with clinical needs
- Need to openly discuss early and often for successful program

Thank You

QUESTIONS ?