

# The Medical Director and Leadership

Associate Professor  
Jimmy TEO Boon Wee  
Division of Nephrology  
Department of Medicine  
Yong Loo Lin School of Medicine  
National University of Singapore  
Park Royal Hotel, Singapore  
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## Disclosures

- I consulted for, or was a an advisor for Astellas, Boehringer Ingelheim, MSD, Novartis, Servier for which I may have received honoraria
- Office-holder of the Singapore Society of Nephrology, Singapore Hypertension Society, and Asian-Pacific Society of Hypertension
- My spouse and I hold stock, directly or indirectly, in drug, medical device, clinics, hospitals, and many other companies as part of widely diversified retirement portfolio

## Scope

- The Medical Director and Leadership
  - Introduction on roles and responsibilities
  - Medical Board for group of dialysis centers
  - Organization of Physician Staff
  - Credentialing and Privileges
  - Accepting and enrolling patients
- Desired traits of leaders
- Business Continuity Plan
- Future leadership

## Medical Director Roles and Responsibilities

- Is there a mandate?
- USA: specified in the ESRD Conditions for Coverage and include quality, safety, and educational domains
  - Suggest that to fulfill these responsibilities, the Nephrologist should allocate **25% of his/her total work time** to the medical director
- Malaysia: Person-in-charge, must be nephrologist
- Philippines: Head = Nephrologist
- Singapore: Physician-in-charge, must be nephrologist, 1 year experience in dialysis

The National Haemodialysis Quality Standards 2018. ISBN 978-967-217322-9

Philippines Department of Health. Accreditation Requirements for freestanding dialysis clinics providing hemodialysis  
 Guidelines for private healthcare institutions providing renal dialysis: Regulation 4 of the private hospitals and medical clinics  
 regulations [CAP 248, Rg1] May 2001

## USA

**Table 1. Responsibilities of the Medical Director in the Conditions for Coverage**

- Developing, reviewing, and implementing policies and procedures for patient care
- Ensuring that all policies and procedures relative to patient care and safety are followed by all who treat the patient
- Leading of the quality improvement team
- Chairing the monthly quality assessment and performance improvement (QAPI) meetings
- Reviewing clinical performance metrics including facility-specific reports from oversight agencies
- Participating in facility-targeted ESRD Network activities
- Training and education of facility staff
- Ensuring water quality; reviewing water quality reports
- Developing, implementing, and monitoring adherence to infection control policies and procedures
- Overseeing dialyzer reuse (if applicable)
- Ensuring rights of patients
- Reviewing adverse events and outcomes
- Reviewing and approving involuntary patient discharges

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## Infection Control Issues in the Conditions for Coverage

- Isolation of hepatitis B positive patients
- Contact precautions for skin wounds and fecal incontinence
- Strict hand hygiene
- Environmental cleaning and disinfection of dialysis stations
- One-way flow of supplies and medications
- Routine serologic testing of hepatitis B and C
- Immunization for hepatitis B, influenza, and pneumococcus
- Infection control training of staff and patients
- Infection surveillance (e.g. catheter-related bacteremias)

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## Malaysia

- The person-in-charge (PIC) as defined in the Private Healthcare Facilities And Services Act 1998 means a person possessing such qualification, training and experience as may be prescribed and who shall be responsible for the management and control of the private healthcare facility or service to which a licence or registration relates.
- The PIC is the person held **legally responsible** in the Act to manage, control, maintain and operate the haemodialysis unit and punitive measures may be taken against the PIC who violates the Act.

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## Philippines

- It must be licensed by the Department of Health
- It must be in operation for at least three years prior to accreditation
- **It must have a Certificate of Accreditation of Dialysis Clinic by the Philippine Society of Nephrology**
- It must have an ongoing Quality Assurance Program
- Can be different persons:
  - Head
  - Medical Director
  - Executive Director

Philippines Department of Health. Accreditation Requirements for freestanding dialysis clinics providing hemodialysis  
[https://www.philhealth.gov.ph/circulars/2005/miss/circ20\\_anxs.pdf](https://www.philhealth.gov.ph/circulars/2005/miss/circ20_anxs.pdf)

## Singapore: Responsibilities

- Emergency medical care; contactable at all times
- Holistic care (vascular access)
- Dialysis equipment ultimate responsibility
- Quality assurance program
- Water and dialysate quality
- All other medical equipment
- Deceased donor transplantation
- Guidelines stipulate standards and infection control

Guidelines for private healthcare institutions providing renal dialysis: Regulation 4 of the private hospitals and medical clinics regulations [CAP 248, Rg1] May 2001

## Ultimate responsibility for dialysis care

- The medical director is thus ultimately responsible for all dialysis care

## Leadership

- Not usually a part of nephrology training programs
- Medical Directorship
  - Hospital
  - Clinics
  - Dialysis centers inpatient and outpatient
  - Stand-alone surgical access center
  - Stand-alone diagnostic center
- Not immediately evident that nephrology graduates are aware of the role and responsibilities of Medical Directors
- And what is Leadership?

## Meaning of Leadership

- Old English *lædere* "one who leads, one first or most prominent," agent noun from *lædan* "to guide, conduct"
- The action of leading a group of people or an organization
  - guidance, direction, authority, control, management, superintendence, supervision; organization, government, orchestration, initiative, influence

## Leadership

- Assume responsibility
- Even if it is NOT your business BUT it is related to your business, you must make it your business

## Dialysis Center Medical Directorship

- An effective medical director shapes the culture of the dialysis facility such that patients and staff communicate their concerns regarding suboptimal processes without fear of retribution, and there is a continuous iterative process of quality improvement and safety, which values input from all stakeholders.
- This ultimately decreases the use of shortcuts and work-arounds that may compromise patient safety and quality because policies and procedures make it easiest to do the right thing.

## Desired Characteristics

- Fundamental to this leadership by the medical director are communications skills, staff empowerment, allocation of resources, mentoring, team building, and strategic vision.
- The medical director leads by example and must be present in the dialysis unit for extended periods to send a message of accessibility and commitment.
- Many dialysis medical directors would benefit from leadership training inside or outside their dialysis corporation.

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## Role in the administrative and business operations

- Works closely with the governing body of the dialysis facility. Depending upon the corporate organization, the governing body may include the medical director, the facility administrator, and a regional administrator
- Governing body meets regularly to discuss the clinical care parameters and also the fiscal health of the dialysis unit including any staffing needs or staff performance concerns
- A role in the administrative and business operations of the dialysis unit, which is beyond the scope of the other nephrologists caring for patients in the facility
- With this unique business perspective, the medical director may be involved in considering not only whether interventions are cost-effective but also whether they risk compromising quality of care in the pursuit of fiscal health

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## Manage conflicts of interest

- In joint venture dialysis facilities with shared ownership of the facility with the medical director and potentially other nephrologists, the medical director must not allow his/her personal financial stake to cloud his/her judgment in deciding whether business decisions are in the best interests of patients
- Singapore Medical Council
  - Ethical Code and Ethical Guidelines 2016
    - H3. Financial conflicts of interest
    - H3.1 - Doctors in the business of medicine
    - I1.5 - Advisers, directors and consultants to medical companies

[https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-smc-handbook-on-medical-ethics---\(13sep16\).pdf](https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-smc-handbook-on-medical-ethics---(13sep16).pdf)

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## Key Competencies of Physician Leadership

- Network development and relationship building
- Strategic planning and thinking
- Mentorship and coaching
- Communication
- Team building/conflict resolution
- Awareness of regulatory/legal environment
- Financial planning
- Acumen in the domains of
  - clinical activity/research/education
  - conceptualizing and implementing innovative programs

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## Attributes

- Leadership as situational
  - Directly involved in care
  - Custodian of care processes and microsystems
  - Reflexivity
- Leadership as skill driven
  - Clinical passion and credibility
  - Expert knowledge
  - Courage
- Leadership at value driven
  - Professional identity
  - Positive attitudes toward own profession
- Leadership as vision driven
  - Strategic view
  - Drive
  - Sees improvement opportunities
  - Understands improvement techniques
- Leadership as collective
  - Enabling others to act
  - Advocacy skills
  - Approachable
  - Works well as a team
- Leadership as coproduced
  - Effective communicator
  - Able to influence others to act
  - Interpersonal skills
  - Able to lead a team
- Leadership as exchange relationships
  - Capacity to enlist colleagues
  - Role model
  - Provides support
  - Motivator
  - Empowers others
  - Supports others
- Leadership as boundary spanning
  - Ability to work across teams
  - Systems knowledge

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## Barriers to clinician leadership

- Inadequate incentives
- Poor confidence
- Clinician cynicism
- Inadequate communication
- Poor preparation
- Curriculum deficiencies at undergraduate level in medicine and health professional courses
- Poor interdisciplinary relationships
- Poorly constructed and inadequately funded development programs
- Lack of vision and commitment at the higher levels, perceptions that leadership is not core to a clinical practice role
- Role conflict
- Resistance to change
- Poor teamwork

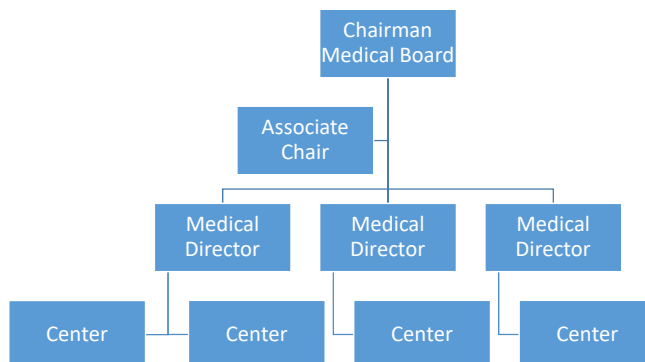
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## Medical Board for group of dialysis centers

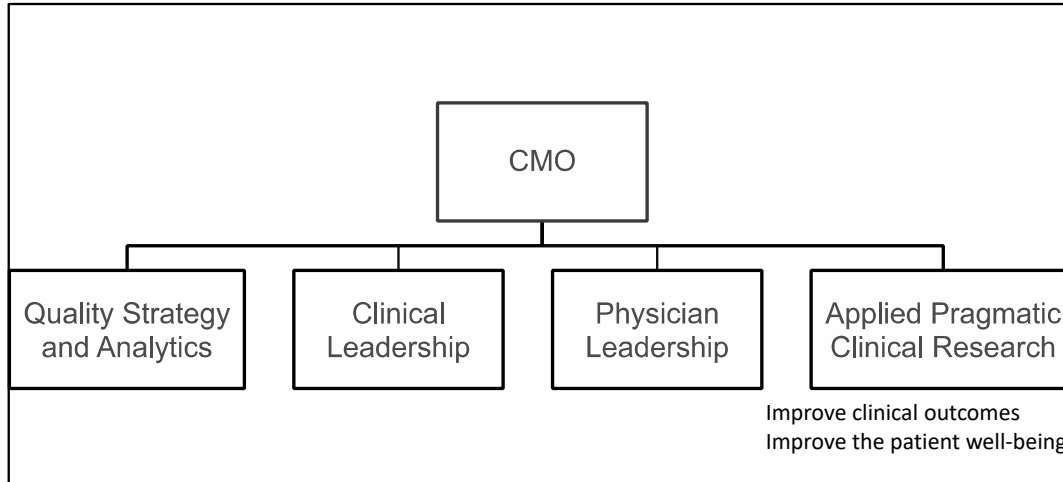
- Medical Advisory Board
- Chief Medical Officer
- Different organizations with slightly varied roles
- Medical Director of all Medical Directors
  - Compare outcomes
  - Standardize practice
  - Reduce costs
  - Clinical surveillance and best practice research

Adv Chronic Kidney Dis. 2018;25(6):485-489 Leading a Dialysis Organization: Role and Responsibilities of the Chief Medical Officer (Nephrologist Leadership in a Dialysis Provider Organization)

## Chairman of Medical Board Chief Medical Officer



## Chief Medical Officer



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## Chief Medical Officer

- There are 3 major responsibilities for the CMO:
- (1) leader of quality outcomes, quality improvement, and clinical initiatives
- (2) chief of staff in charge of medical director orientation, support, and mentoring
- (3) research and clinical development
  - Pragmatic research
    - Improve clinical outcomes
    - Improve the patient experience and well-being

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**CLINICAL SUMMARY**

- The chief medical officer (CMO) of a dialysis provider organization creates and communicates a shared vision for ESRD care delivery.
- The CMO is the leader of all quality improvement efforts in providing dialysis care executed by the operations teams (clinical, technical, and administrative personnel), medical directors, and referring physicians.
- The role of the CMO in a dialysis provider organization is similar to the chief of staff in other health-care settings for referring physicians including medical directors representing the physician voice and supporting nephrologists' needs and contributions.
- The CMO supports the business leaders of the organization in aligning the delivery of the best possible patient care within the financial constraints of the dialysis care delivery system, regardless of whether for-profit or not-for-profit, and independent of size.
- The CMO participates as the clinical leader of his/her organization in the national dialog and communication with policymakers and regulatory agencies regarding medical and clinical issues pertaining to ESRD patient care.

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CMO:  
Population  
Health  
Management

- Design and implementation of a system that provides best care practice to the dialysis population
  - Prevention, prioritization, standardization through policy and procedure sustaining economic viability
  - Oversight for quality improvement to avoid unexplained clinical variability

Practicing  
Nephrologist:  
Patient Care

- Expert in Nephrology
- Patient care
  - Diagnosis, prescription, long term follow-up
- In-patient, outpatient clinic, dialysis care
- Medical Director

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## In practice: Should CMO or CMB be elected?

- Should they be appointed?
- Or elected?
- Pros and cons
- Pre-qualifications
- Lack of guidance from Professional bodies
- No separation of ownership from Professional-decision making
- Confidence of practicing physicians in the group

## Organization of Physician Staff

- Credentialing and Privileges
  - Maintain a system for credentialing physicians for admitting and rounding on patients in dialysis center
- Dialysis center orientation
  - Layout
  - Standard protocols
  - Center staff

## Accepting and enrolling patients

- Design of dialysis program
- Contract of care
- Holistic review of the appropriateness of patient enrolment

## A week in a the life of a Medical Director

- A 25% of time commitment might seem daunting, the visibility of the medical director in the facility one-quarter of the time sends a message to the staff that the medical director is committed to the job, accessible, eager to learn, and eager to help
- Medical director activities that may consume 10 hours per week in the aggregate
  - The letter of the Conditions for Coverage probably takes 3-4 h/wk (meetings, review of data, signing forms, troubleshooting problems, and so forth)
  - Accessibility
    - Being physically present in the facility to demonstrate commitment to quality and safety
    - Talking with all staff, learning their names, understanding their barriers to quality and safety
    - Meeting with medical staff on regular basis to build consensus and identify champions
  - Education
    - Regular participation in teaching of staff (topics not just related to dialysis care so they have context)
    - Review and revision of required educational programs for staff so they are more relevant
  - Leadership
    - Dealing with nephrologists who do not do their jobs (especially interdisciplinary meetings)
    - Dealing with administration to get beyond the bottom line and consider innovative ideas from staff
    - Providing liaison with ESRD Network to promote patient-centered care and quality improvement initiatives
    - Promoting the win-win-win approach to quality and safety (not necessarily the business case)

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## Business and financial training

- Doctors not trained in personal finance and financial literacy
- Unable to advocate for patients and the patient-public
- Enterprise finance and accounts
- Cost-benefit analyses in ESKD program designs
- Leadership to advocating for appropriate reimbursement and avoidance of perverse incentives
- Lack of pro-active stance from Nephrology community
- Development of enterprise mindset

## Future changes?

- Healthcare Services Act
- Loss of control of medical practices due to intrusion of business interests in owning medical practices
- Attempting to render Professional Doctors as employees
- Political considerations
  - Medical care an emotional topic
  - Highly politicized
  - Population unable to accept disparities in care



## Business Continuity Plan(s)

- Not just director of 1 center but need to ensure patients can get access to care in the event of unforeseen disruptions
- Negotiate and reach agreement with 1 or more centers to absorb patient transfer on temporary or permanent basis
- Harmonize practice for patient transfers
- Review and update plans on regular basis
- Regular paper exercise
- Continuous improvements
- Play out scenarios
  - Water disruption
  - Pests
  - Drainage issues
  - Infection control, outbreaks
  - Power
  - Equipment failure

## What nephrologists need to do?

- Strengthen training of trainees and current specialists
- Generic training
  - Medical directorship
  - Leadership training
- Specific training
  - Dialysis center, PD and HD, home dialysis, etc.
  - Vascular access center
  - Diagnostic nephrology center
  - Other specialty clinics in future including immunotherapy and gene therapy

## Professional Self-Regulation and Harmonization

- Singapore-based nephrologist: Call to arms
- Harmonize practices
  - Similar practices but allow for some variation
  - Price in unfunded mandates into usual cost
  - Transparency in professional fees
    - Medical director
    - Rounding nephrologist
- Professional stand on 15 to 25% time for medical directors
  - Hospital-based
  - Stand-alone
  - Average size centers

## Trade-offs and enhancements

- Professional consensus and guidelines, accreditation
  - Who does what and where?
  - Minimum (charity-based, government funded)
  - Standard (general ideal, best care pathway)
  - Advance care (incorporate latest advances, medical evidence for practice)
- Professional accreditation
  - Center capabilities (high dependency, staff ratio, onsite physicians, etc.)
  - Help public and insurers decide on benefit
  - Show value
  - Sustainability

## Advocacy for patient-public

- Philosophical understanding
  - 21<sup>st</sup> century Singapore
  - Make public accept that professional service delivery requires finances
  - Downgrade charity-based care due to over-servicing and market distortions
  - For publicly funded services, to have disinterested stakeholder body make administrative decisions on covered benefits based on budget/finances
  - You reap what you sow

## Make Nephrology Great Again

- Strong Leadership