National Hospice and Palliative Care Organization

Compliance Tools & Resources

NHPCO
Leading Person-Centered Care

Medicare Hospice Conditions of Participation
Physician

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Summary

Highlights and guidance for implementation

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§ 418.52 Patient rights

Every member of the Interdisciplinary Group (IDG) has a responsibility to ensure the patient rights outlined in this regulation are applied to every patient the same. The coordination of translation services and documentation the patient/representative received notification of the rights is the responsibility of the IDG.

§ 418.54 Initial and comprehensive assessment of the patient

As a member of the IDG, the hospice physician should participate in the development of a comprehensive assessment tool focusing on clinically meaningful information. This could include the selection of symptom assessment scales (and training staff to use them); development of processes for reviewing patient medication profiles (including determination of effectiveness, recognition of side effects, and anticipation of drug interactions); and consistent identification of patients in need of referral for evaluation by other health professionals.

The hospice physician should also participate in the IDG task of assessing the patient's progress towards goals at least every 15 days.

This CoP requires measurement of outcomes. The hospice physician should offer expertise in the selection of data elements clinically relevant for the patient and recognized as valid for the hospice quality assessment and performance improvement program.

§ 418.56 Interdisciplinary Group, care planning, and coordination of services

This CoP affirms the hospice physician is a member of the IDG. Although there are many important elements in this CoP, the hospice physician should be attuned to the requirement the plan of care "include all services necessary for the palliation and management of the terminal illness and related conditions." This includes:

- interventions to manage pain and symptoms;
- measurable outcomes anticipated from implementing and coordinating the plan of care; and,
- drugs and treatment necessary to meet the needs of the patient.

The hospice physician should be knowledgeable about available interventions and medications, the expected palliative benefits in the hospice population, and the likely ability to meet the needs of an individual patient. The physician should also help the team define and measure meaningful outcomes to assess effectiveness of these interventions and medications. In this way the hospice physician serves as a resource to the IDG and an advocate for the patient.

§ 418.58 Quality assessment and performance improvement

This CoP requires hospices to "develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program." The hospice physician should participate in the selection of indicators related to "improved palliative outcomes" and the "effectiveness and safety of service." Again, indicators should be valid and meaningful.

§ 418.60 Infection control

Per this CoP, education to patient/family and other members of the hospice team is a one of the three required components of the standard and nurses should be actively involved in any infection control program in the organization. Hospice physicians may also participate in the organization's infection control program and quality assessment/performance improvement activities related to infections control. All hospice staff should have ongoing education in a clear, concise format regarding the infection control program and impact on all staff and caregivers.

§ 418.64 Core services

This CoP reaffirms that the hospice physician is "responsible for the palliation and management of the terminal illness and conditions related to the terminal illness." Thus, the hospice physician has a responsibility for the plan of care beyond providing medical advice to hospice staff during IDG meetings. The hospice physician also has a responsibility to collaborate with the patient's attending physician as needed to maintain an effective plan of care.

§ 418.100 Organization and administration of services

As a part of the organization, designated hospice services, and the IDG, physicians have the responsibility to optimize the comfort and dignity for a patient and provide care consistent with patient and family needs and goals, with patient needs and goals as priority. In addition to underscoring the need and requirement for physician services be available all day, every day, this CoP notes all staff undergo orientation about the hospice philosophy and individual job duties. The hospice physician must be available to participate in such orientation, and the hospice must orient physicians to the "hospice-specific" elements of their position.

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§ 418.102 Medical director

This CoP, focuses on medical directors and hospice physicians, requires a hospice to designate one physician as medical director. Another hospice physician may be pre-selected as the "physician designee" to fulfill the duties of the medical director as needed. It also reiterates the hospice physician must:

- Have a formal relationship with the hospice (employment or contract);
- Certify and recertify the patient's prognosis taking into account a variety of clinical information; and,
- Be responsible for the medical component of the hospice plan of care.

§ 418.104 Clinical records

The clinical record must contain accurate clinical information about the patient as recorded by hospice staff, the attending physician, the medical director, and any other entities involved with the patient's care. A physician is one of the key documenters in the clinical record and needs to be aware of the requirements in the regulation.

§ 418.106 Drugs and biologicals, medical supplies, and durable medical equipment

To comply with this CoP, hospice physicians can help "ensure that the IDG confers with an individual with education and training in drug management." The hospice physician may be the designated individual and/or may collaborate with the pharmacist member of the IDG. Further information on the qualifications of this individual will be available in the Interpretive Guidelines.

The IDG, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in their home.

The physician must ensure verbal drug orders or electronic transmission are only given to a licensed nurse, nurse practitioner (where appropriate), or pharmacist.

Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:

- Licensed nurse,
- Physician, or
- Other health care professional in accordance with their scope of practice and State law.

§ 418.110 Hospices that provide inpatient care directly

Key points of this condition directly related to patient care are the detailed focus on restraint and seclusion. The hospice physician working in a hospice utilizing restraints and/or seclusion must complete a training program on the use of restraints and consult with hospice staff whenever the use of restraints becomes necessary. Hospice physicians must evaluate patients with restraint and/or seclusion orders at least every 24 hours and should be prepared to evaluate violent or self-destructive patients within 1 hour of ordering restraints or seclusion if other staff is not trained to do so. Hospice physicians should also be prepared to help the hospice determine if restraint and/or seclusion contributed directly or indirectly to a patient's death, thereby making the death an event reportable to CMS.

§ 418.112 Hospices that provide hospice care to residents of a SNF/NF or ICF/MR

A key point in this CoP is the importance of the development of the patient plan of care and coordination of care between the hospice, the patient/family, and the facility. When a hospice patient resides in a facility, hospice remains responsible for "medical direction and management of the patient." The hospice physician should maintain collegial relationships with the medical staff of these facilities in order to help the hospice staff collaborate with these physicians.

§ 418.114 Condition of participation: Personnel qualifications

Licensure

- All professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified, or registered) in accordance with applicable Federal, State, and local laws, and must act only within the scope of their State license, certification, or registration. All personnel qualifications must be kept current at all times.
- Physicians must meet the qualifications and conditions as defined in section 1861(r) of the Act and implemented at § 410.20 of this chapter.

Criminal Background Checks

- All hospice employees who have direct patient contact or access to patient records must have a criminal background check. Hospice contracts must require all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.

What resources do I need to be successful?

- A well-designed comprehensive assessment tool incorporating the required content and facilitates measurement of meaningful clinical outcomes.
- An orientation program that includes hospice physicians.
- Knowledge of the hospice restraint and seclusion policy and successful completion of a training program complying with the CoP.
- Development of collegial relationships with attending physicians in the community and medical directors in facilities.
- State Organizations
- Use other materials developed for physicians featured in the NHPCO Marketplace
- Join the My.NHPCO Physician/Advanced Practice Provider community
- Join at least one of the My.NHPCO list servs to get more information and stay current

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