



Assistant Medical Director/House Staff NP/PA Model Advantages to SNFs

MCR Part A & MCR Part D PHARMACY MANAGEMENT

- Poly-pharmacy (QI) Management
- Regulatory Compliance (Rx reduction: GDR)
- Aligned with Beers Criteria
- Review all meds and diagnoses prior to admission orders being written
- Formulary Management & Prior Authorizations
- Review monthly pharmacy bill with NHA
- Support non-pharmaceutical interventions by nursing, therapy, activities, etc.
- Review and discuss current journal articles (Ex: C diff and PPIs)

UNNECESSARY RE-HOSPITALIZATION MANAGEMENT

- Improves Medicare Part A Average Length of Stay (ALOS)
- Take first call from nursing and attempt to safely treat in place
- Train nursing in change of condition assessments
- Conduct skills training for nursing
- Participate in family conferences regarding DNR, etc.

INTAKE MANAGEMENT

- Marketing for higher acuity patients since NP full time at facility

STAFF DEVELOPMENT

- Train nursing in physical assessment and chronic disease management

RISK MANAGEMENT / REGULATORY COMPLIANCE

- Quantity of time in facility is important (minimum 8 hours/day x 5 days/week)
- Immediate bedside response to changes in condition
- Familiar with patient, family, nurses
- High quality documentation with QI focus (medically)
- Risk Management through AMDA CPGs, communication with families and staff, etc.

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