

So, what exactly is the role of your RHC Medical Director?

Do you know? Do they know?

Rural Health Clinics live and die by 42 CFR §491, the federal regulation governing the Conditions of Certification. The role and responsibilities of the RHC medical director is often a confusing compliance issue. The confusion most often stems from the differences between federal and state regulations especially when state regulations for supervision or collaboration do not align with the federal regulations for the medical director. Typically, the role of the RHC medical director is broader in scope than the state regulations since each RHC must have one physician who is responsible for overseeing the medical direction of the entire clinic. Let's look at what the CFR says.

Medical Directorship: 42 CFR §491.7 (Organizational Structure) requires that the name and address of the individual responsible for medical directorship of the rural health clinic be disclosed. This means that one individual physician must be identified as being responsible for the medical management of the RHC. Being a medical director is more expansive in scope than being an NP/PA's supervising physician. This should be explained to the proposed medical director prior to their engagement. Ideally, an agreement should be executed between the doctor and the RHC to make sure that the responsibilities are clearly understood by all parties. Some states require that the medical director's medical license be displayed. If this is not a requirement in your state, the medical director can be disclosed in your written policies or elsewhere.

RHC Medical Staff: 42 CFR §491.8 (Staffing and Staffing Responsibilities) requires that the RHC must have at least one physician who is identified as being part of the clinic's medical staff. If the medical director is the only physician affiliated with the RHC, they must also to periodically be able to order and to provide patient care services. In other words, the medical director actively participates with the other providers in the provision of services in some demonstratable way.

Policy Development and Review: 42 CFR §491.8 (Staffing and Staffing Responsibilities) also requires that the RHC physicians participate in the development, execution and periodic review of the RHC's policies. The periodic review of policies by the medical director is also a requirement of 42 CFR §491.9 under the *Patient Care Policies* section and 42 CFR §491.11 (Program Evaluation). The policy development and review requirements are an essential part of the medical director's role.

Review of NP/PA Charts: 42 CFR §491.8 and §491.11 also require that the physician is responsible for periodically reviewing RHC medical records in conjunction with NP/PA to determine if the medical management policies are being followed and to provide medical direction. A summary of the reviewed records and selected open and closed records can be included in the program evaluation to demonstrate compliance.

Program Evaluation: §491.11 requires that the medical director actively participate in the biennial program evaluation processes. This included the periodic review of RHC written policies and evidence of the required physician review of NP/PA charts. As part of the RHC staff, the physician is also responsible for considering the evaluation findings and direct the clinic on corrective actions.

When it's all spelled out from the Conditions for Certification, it's a little clearer--Isn't it? Fulfilling the RHC Medical Director requirements and responsibilities is challenging for both independent and provider-based clinics, big or small. Please make sure that key stakeholders understand these requirements. Save yourself a condition level deficiency.