

GETTING PRACTICAL WITH **MEDICAL STAFF**

GOVERNANCE, CREDENTIALING & PEER REVIEW

Medical Staff Bylaws

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Medical Staff Bylaws

The Good, the Bad and the Ugly

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Overview

- The Bylaws "Enigma"
- Medical Staff Bylaws as a Tool
- Sources of Guidance
- Review Priorities
- Approaching a Bylaws Review
- Select Areas of Emphasis



Resident Bylaws "Expert"

- Who scored in the top 10% of the USMLE step 1 block for bylaws drafting and governance?
- Do you have officer or committee orientation about your bylaws?
- Anyone read the entire contents of your current bylaws?



Not One Size Fits All

- Your Medical Staff Bylaws are a **tool**
- You have flexibility → "This is the way we've always done it!"
- Goal is to facilitate effective and efficient self-governance of an organized medical staff with a clear purpose:
 - Quality of care rendered within the facility
- Assume Bylaws are an enforceable contract between the organization and its practitioners



Sources of Guidance

- Medicare Conditions of Participation
- Accreditation standards (TJC, HFAP, DNV, etc.)
- State hospital/ASC licensing laws
- State professional licensing laws
- HCQIA
- Federal and state case law



Bylaws Components

- What are your "Medical Staff Bylaws?"
- Governance, Organization, Credentials, Non-Physician Manuals?
- Policies, Procedures, Rules and Regulations



Review Priorities

- Legally and accrediting standard compliant
- Processes and standards consistent with your current processes
- Administrative simplification
- Recognized best practices
- Avoid ambiguity, redundancy and inconsistencies
- Attention to detail
- **Objective:** Effective self-governance that serves all interested parties well



Approaching a Bylaws Review

- Choose your bylaws team/committee wisely
- Know your process
- Outline and communicate goals
- Should reflect the strategy and market in which the Hospital/ASC and practitioners operate
- Part of a health system?
 - For integrated delivery systems, consistency is key



Areas of Emphasis:

- Definitions – strike a balance between ambiguity and over-defining
- Individual References
 - Applicant, Appointee, Physician, Provider, Practitioner, AHP, APP, Doctor, etc.?
- Qualifications:
 - Unrestricted v. unlimited license
 - Medical school
 - Criminal conviction v. criminal charge
 - Waiver v. alternative criteria



Areas of Emphasis: Credentialing

- Qualifications v. Responsibilities (be objective where possible)
- Call coverage – a duty of membership or responsibility for clinical privileges?
- Membership v. Clinical Privileges
 - Appointment, membership, privileges, etc. – to which are you referring?
- Medical Staff Categories
 - Understand the "citizenship" differences
- Provisional
 - No longer needed unless used to address "ramp up" period



Areas of Emphasis: Governance

- Qualifications v. Responsibilities
- Call coverage – a duty of membership or responsibility for clinical privileges?
- Membership v. Clinical Privileges
 - Appointment, membership, privileges, etc. – to which are you referring?
- Medical Staff Categories
 - Understand the "citizenship" differences
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Areas of Emphasis: Governance

- Adapt governance structure to community and practice patters
- Simplify committees
- Simplify manner of acting: quorums and meeting format
- "Contract" for flexibility and deference
- Absolute immunity
- Information sharing



Areas of Emphasis: Corrective Action

- Administrative v. Summary Suspension
- Precautionary v. Summary Suspension
- Broad misunderstandings or misapplication of legal standards associated with 14 days, 30 days, etc.
- Review v. Investigate
- When do investigations begin?



Areas of Emphasis: General

- Substantial compliance
- "Contract" for flexibility and deference
- Absolute immunity
- Information sharing



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for more information on topics related to health care law.

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