Medical Staff Credentialing:
Addressing Common Challenges

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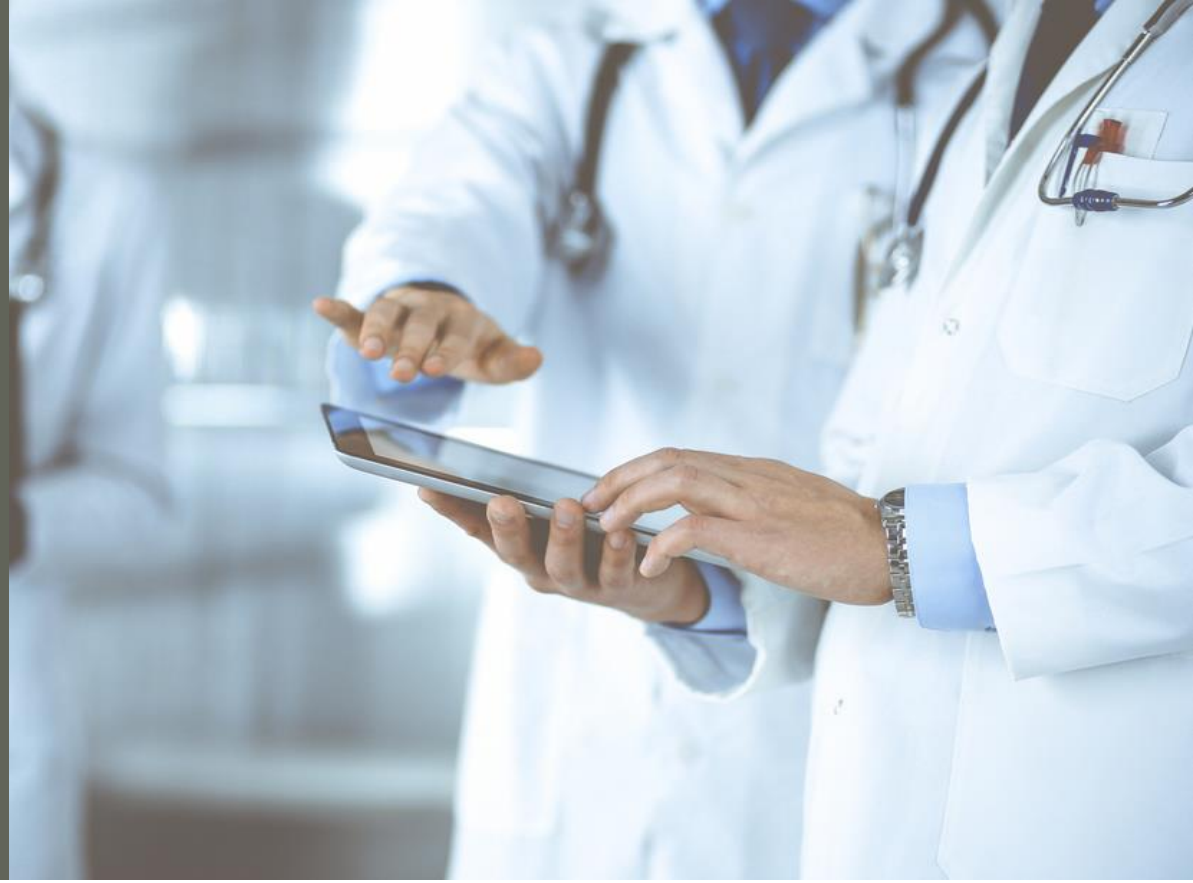

Presented by

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Agenda

- Credentialing and Privileging as a Cornerstone
- Common Credentialing Challenges
  - Managing low/no volume providers
  - Credentialing Inquiries
  - The Dynamics of Employed/Contracted Providers
  - Across care settings/related entities

Credentialing and Privileging as a Cornerstone

Credentialing and Privileging

- Many of our successes and challenges in healthcare start and end with credentialing and privileging – starting with quality tends to lead to quality
- Hospitals are required to engage in various processes that are intended to ensure/further the quality of patient care
- These processes largely focus on:
  - Credentialing and Privileging
  - Quality Assurance and Performance Improvement Oversight Activities
  - Corrective Action or other interventions
- We tend to pursue these activities first for regulatory and accreditation compliance then for risk management followed quality of care/patient safety

Credentialing and Privileging cont.

- Credentialing and privileging related challenges are numerous and reoccurring:
  - Membership v. privileges
  - Expedited process
  - Qualifications
  - FPPE/OPPE
  - Clinical activity requirements
  - Attribution
  - Advanced Practice Professionals (Non-physicians)
  - Telemedicine competence assessments
  - And the list goes on…

Managing Low/No Volume Providers

Managing No/Low Volume Providers

- Current clinical competence and reassessment of performance within the hospital are required for appointment/reappointment/renewal
- Recognized correlation between current competency and clinical activity
- Clinical activity is integral to FPPE/OPPE
- Issues and approaches different for initial versus reappointment/renewal and specific circumstances
- What's the objective?

Managing No/Low Volume Providers

- **Initial Scenarios**
  - Looking for a residency program? Is reentry/reassessment appropriate?
  - Is the privilege delineation all or nothing?
  - Are Refer and Follow or similar privileges most appropriate?
  - Accepting data from other facilities? Scope and content of reference?
  - Structure of FPPE/use of proctoring/detailed clinical evaluation are key
- **Reappointment/Renewal**
  - Active elsewhere or office-based?
  - Are continuing privileges or the same privileges appropriate?
  - Do you have a patient contacts or clinical volume requirement?
  - Accepting data from other facilities? Scope and content of reference are key
  - Is your OPPE reliable for this issue or is an FPPE appropriate?

Credentialing Inquiries

Credentialing Inquiries

- The challenges are real:
  - Human nature, fear of being sued, perceived benefit of a pain free resolution
  - uncertainty over what and how disclose, dissonance over moral duty…
- Generally **no duty** to disclose – but a **clear duty** to not misrepresent
- The value of name, rank and serial number?
- If you do respond to an affiliation or privilege verification, make sure it is accurate? Affiliation confirmation or clinical evaluation?
- Release or no release? Also consider your bylaws, application/attestation, and state law

Employed/Contracted Providers

Employed/Contracted Providers

- Medical Staff process and Human Resources processes are both (potentially) appropriate mechanisms to address clinical competency and/or professional conduct questions or concerns
- Identify employment or contract status early in the process and (if applicable):
  - Who is the employer?
  - What is the nature of the concern?
  - Has the concern been previously addressed? How?
  - What processes are implicated?
  - What are the advantages/disadvantages of each pathway?
  - Whether (if implicated) peer review information can be shared?
- Main takeaway: critical not to confuse/commingle pathways

Medical Staff Processes

- Medical Staff Bylaws:
  - Medical Staff Processes for Credentialing
  - Medical Staff Processes for Corrective Action (including provisions for summary suspension or restriction)
- Peer Review/Focused Professional Practice Evaluation ("FPPE") Policy
- Professional Conduct/Disruptive Behavior Policy
- Practitioner Health Policy

Human Resource Processes

- Employment Agreement:
  - Effective date and termination provisions (with/without cause)
  - "Cure" provision
  - "Non-compete" provision
  - Application to membership/clinical privileges
- Employee Handbook and Employee Code of Conduct (or similar)
- Impairment related policies
- Other policies applicable to reported concern

Potential Advantages of **Medical Staff** Process

- Peer Review Immunity
  - If you have engaged in legitimate "peer review" activity
  - If done appropriately and pursuant to Medical Staff Bylaws/Process
- Peer Review Confidentiality
  - As determined by applicable state law
  - Understand the nature and obligations associated with this "privileg e"
- Limited "judicial review"
- Often better situated to handle complex clinical concerns
- Often better situated to address system-wide improvement

Potential Advantages of **Employment** Process

- Can function more efficiently (often less operational cost)
  - No multi-tiered process
  - No “Fair Hearing” or “Appeals” Process
- Fewer reporting obligations
- May be better equipped to navigate ADA/impairment concerns

Key Considerations

- What are the long-term goals/objectives?
  - Is or can the relationship continue?
  - If a concern is identified, how likely is it that the concern can be resolved?
- Is medical staff membership and clinical privileges tied to employment or contract?
- Is summary/precautionary action appropriate?
- What is the subject matter?
  - Complex clinical matter.
  - More straightforward conduct concern?
  - Impairment?
- Can information be freely shared between MS and HR processes?

Across Care Settings/Related Entities

Across Care Settings/Related Entities

- Location and/or Entity are the key considerations
  - Does the Medical Staff have "jurisdiction"?
    - Is the care site provider-based?
  - How is the entity or care site affiliated?
    - Hospital owned and operated or distinct entity?
- Hospital and Affiliated Entities, such as employing subsidiaries are distinct and separate
  - Can you share or disclose otherwise privileged information to an affiliate entity under state law?
- Medical Staffs can condition membership and privileges on affiliated care site activity – how will depend on whether the care site is owned and integrated

Questions?

Contact Us

For more information on these topics visit hallrender.com.

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