Credentialing for "Quality"

GETTING PRACTICAL WITH
MEDICAL STAFF
GOVERNANCE, CREDENTIALING & PEER REVIEW

Credentialing for "Quality"

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Overview

- Being Value-Based in a Perfect Storm
- Weathering the Storm
- Components of Success
  - Your Structure
  - Your Leadership
  - Your Processes
  - Your Measures
  - How You Educate

"It is not the strongest of the species that survives, not the most intelligent. It is the one that is most adaptable to change."

- Charles Darwin

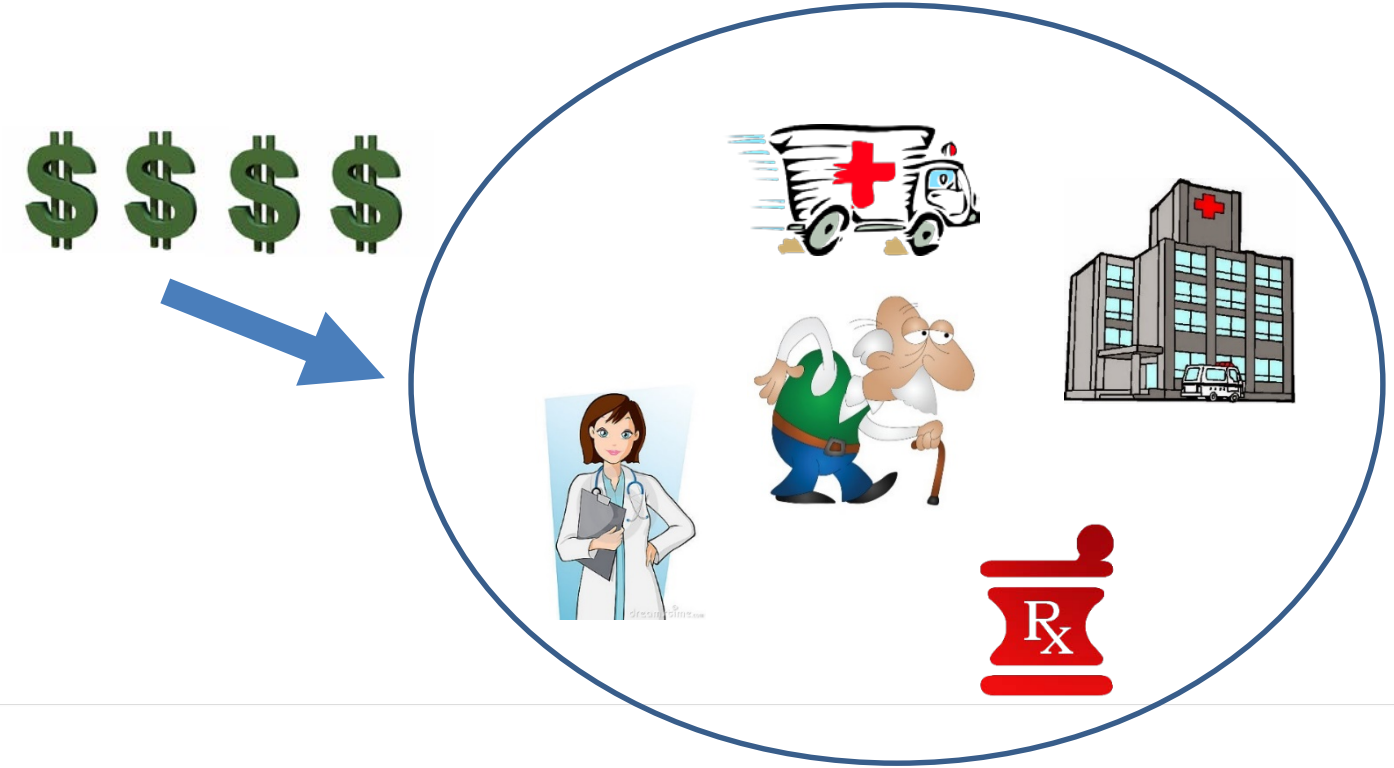
Health Care Today

Image from The Camden Group consulting firm

Our Perfect Storm

- The Pursuit for Quality
- Aging Population
- Skyrocketing Costs
- Medicare Trust Fund Insolvency
- CMS's Quality Initiatives and Quality Strategy
- Health Information Technology and Data Analytics
- Increased Fraud and Abuse Compliance Enforcement
- Market Trends Related to Consumerism, High Deductible Health Plans, Marketing, etc.
- Innovation and Disruption at Every Turn

A Value-Based World



Accountability on the Rise

- Hospital accountability (for provider quality) has expanded beyond malpractice to include compliance and financial
- All Payers are pursing "value":
  - Medicare, Aetna, Anthem, Humana and UnitedHealthcare
  - 50% to 90% quality adjusted or shared savings focused

Payer Value/Quality Landscape

- Accountability for total care
- Financial incentives to coordinate care and reduce costs
- Emphasis on disease management and population health
- Patient-centered care with patient engagement
- Reporting capabilities for evaluating quality and cost measures

The Ask Is a Paradigm Shift

Providers will need to

improve/maintain quality for business purposes,

not just for patient care

Weathering the Storm

Tangible

- Alignment through financial incentives
- The great employment hope
- Cut costs (at all cost)
- Grow and consolidate – seeking economies of scale and market growth
- Delivery model redesign – outpatient shift
- Seek favorable network participation, e.g., ACO/CIN, etc.

Weathering the Storm

Intangible

- Patient and consumer engagement emphasis
- Employee engagement
- **Still lacking** is Medical Staff engagement and meaningful progress with new generation credentialing and privileging

How Do We Get There?

There are few basic ways to attain the goals that VBP is striving to achieve:

1) Pay $$$ for it
2) Providers voluntarily and/or contractually agree, i.e., CIN participation
3) Hope and coincidence that providers agree or land on the best way to deliver and manage care, implement evidenced-based processes, etc.
4) Medical Staffs facilitate it

Components of Success

- Structure
- Leadership
- Process
- Measure
- Educate

A Bit Dramatic, but …

"The traditional medical staff organization has lost its relevancy; it is a dinosaur from a reimbursement and legal system that is being replaced by
a system demanding value and collaboration."

Excerpted from presentation by Arthur Snow, AMA Past President
Pershing Yoakley& Associates, P.C. Medical Staff 2.0: Revolutionizing the Hospital-Physician Relationship

Structure: Medical Staff

- Traditional "community" institution v. business enterprise
  - Independence v. interdisciplinary care
  - Autonomy v. regulatory and administrative demands
  - Contractual solutions focused on service line development, employment, co-management agreements
- Some are experiencing a generational gap
- Medical Staff originally formed to maintain physician independence and oversee clinical quality – reactionary and discipline focused

Structure: Medical Staff

- Current medical staff structural concepts, processes, etc., are a few decades old
- A few truisms:
  - Average performance is not good enough
  - Top performers will subsidize others and become "preferred providers"
  - Administrative burdens will not decrease
- Value-based reimbursement encourages a modernized medical staff that addresses everything from organizational structure to leadership roles to processes

Structure: Medical Staff

- Departments: Focused on collaboration and care delivery
- Committees: Only those required and that fulfill a meaningful role
- Leadership roles: Tactical deployment of limited resources with appropriate training
- Membership: Inclusive and representative of care environment
- Governance processes: Efficient and effective, e.g., quorum, attendance, action flexibility, etc.

Leadership: Development/Training

- Effective physician leadership is critical to organizational and program/new idea success
- Leadership training should be adaptable:
  - Clinical (including population health and similar concepts)
  - Relational (coaching and relationship management skills)
  - State of industry
  - Strategic and business considerations
  - Regulatory considerations
  - Institutional history

Process: Credentialing and Quality

Traditional Approach

- Generally speaking, we tend to focus on basic qualifications and react to problems
  - A broad concept of "standard of care" – not exactly medical malpractice but not what the value-based world is seeking to accomplish

Process: Credentialing

- Traditional credentialing processes and quality review systems are not sufficiently focused/targeted to facilitate quality improvement
- Does your Medical Staff facilitate performance improvement (as opposed to identifying poor performance)?
- Credentialing and quality processes should mirror organization or system strategy

Process: Credentialing

- How do your qualifications and privileging criteria target and further quality, collaboration and coordination goals?
- Do you privilege around what you measure:
  - Care coordination, process compliance and patient-centric activities?
  - MIPS measures, etc.
  - Does your OPPE align with your organization's quality strategy?
- Implement "regulatory quality" into your credentialing and quality processes

Measure: Regulatory Quality?

- Many organizations measure around what's readily available rather than what moves the needle
- So called "regulatory quality" plays an important role in provider and organizational success
  - MIPS measures
  - Core measures
  - Patient satisfaction/HCAPHS
  - NQF never events
  - SCIP measures
  - Specialty specific measures
  - HEDIS measures

Educate: For Alignment

- Is it clear to the Medical Staff what standards and measures are being used?
  - Or is there metric apathy and confusion: employment metrics, quality department metrics, department metrics, OPPE metrics, payer metrics and so on
- Does your Medical Staff understand the difference between traditional views on quality and "regulatory" quality

Educate: For Alignment

- Many Medical Staffs use a "fire and forget" approach to credentialing, privileging, onboarding, OPPE, etc.
- Collaboration assumes understanding
- "Teaching to the test"
- Consider onboarding, education and CME activities focused on:
  - Hospital-focused* regulatory quality
  - Hospital-focused* risk contracting principles
  - Hospital-focused* clinical and business best practices
  - Compliance topics

***For the benefit of Hospital patients, if not, certain Stark exceptions will need to apply**

Practical Takeaways

- Success in the future state of health care will lean heavily on being intentional around payer alignment and provider collaboration
- The Organized Medical Staff is the lone connection between the Hospital and all privileged providers
- The Organized Medical Staff need not be a passive participant
- Being intentional around your Medical Staff structure, leadership development, credentialing processes, provider education and what you measure can yield significant results

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Please visit the Hall Render Blog at http://blogs.hallrender.com for more information on topics related to health care law.

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