

Medical Staff Credentialing Process Overview for North Carolina Association Healthcare Quality

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Objectives

- The role of credentialing and privileging in the healthcare environment and its effect on the delivery of safe, quality patient care.
- The impact of the accreditation standards required in the credentialing process.
- The importance of key components of best practice credentialing processes for initial appointment, clinical privileging, temporary privileges, reappointment, and performance monitoring (OPPE and FPPE).
- The “red flags” found in the credentialing process.
- The role of the quality professionals in the credentialing process.

What is Credentialing?

- Defined as the process of assessing and validating the qualifications of a practitioner to provide health care services.
- Extensive process of gathering information that serves as the foundation upon which to base decisions to appoint.
- Ensures that all patients receive quality care by competent and qualified practitioners.

Purpose of Credentialing

The primary purpose of credentialing is to protect our patients .



Purpose of Credentialing

- The most important principal that guides the credentialing process is that we must ensure that any doubts about a practitioner's qualifications and/or competency must be resolved in favor of patient safety.
- *"Credentialing has no other master than the patient."*
- *"In God We Trust . . .
all others we must credential."*

Credentialing Requirements

- Ensure high-quality patient care by protecting the public from incompetent practitioners
- Must satisfy regulatory requirements
- Must follow all Federal & State laws
- Must minimize the hospital's legal risk

Current State of Affairs for Credentialing

- Highly regulated
- Burdensome
- Confusing
- Too much paperwork
- Takes too long for processing
- Complex

It continues to be a necessary process . . .

7

Dennis Roark - Impersonator

- Dennis Roark claimed to have graduated from Rush University Medical College in Chicago, completed post-doctoral research at Wayne State University, and worked as clinical assistant at both St. Mary's Hospital in Ohio and Northwest General Hospital in Detroit.
- He used faked credentials, applied for and received a medical license from the state of Michigan.
- He was accepted into three different surgical residency programs -- two in Ohio and one in Michigan. He left or was asked to leave each of them.
- From 1994 until his arrest in 1998, Dennis Roark practiced as a physician in Madison Heights Community Hospital in Michigan.
- During the time between his first residency and his arrest (some twelve years), Mr. Roark treated more than 1,000 patients and performed, or assisted in more than 300 surgical procedures ranging from heart transplants to amputations.
- How could this man, who never even completed an undergraduate degree, fool so many people into accepting him as a doctor?



Michael Swango, MD – Murderer

- October, 2000 – Swango is a [physician](#) and [surgeon](#), who fatally poisoned at least thirty (and possibly many more) of his patients and colleagues.
- He was sentenced to life imprisonment without the possibility of [parole](#), and is currently serving that sentence in prison.
- “Blind Eye”

Peter Normann, MD - Murderer



On October 15, 2008, the former "doctor", Peter J. Normann, was indicted by a grand jury on two counts of second degree murder and one count of manslaughter.

Alleged barbaric acts in his Anthem, Arizona clinic. The deaths of three patients occurred between December 2006 and July 2007. Family members of two of Normann's deceased patients had filed lawsuits. But Normann was nowhere to be found and rumor has it he skipped the country and now resides in Germany.

Regulatory Requirements

- CMS - Centers for Medicare & Medicaid Services
- TJC - The Joint Commission
- HFAP - Healthcare Facilities Accreditation Program
- DNV Healthcare - Det Norske Veritas
- NCQA - National Commission Quality Assurance
- AAAHC - Accreditation Association for Ambulatory Health Care
- URAC - Utilization Review Accreditation Commission

11

Types of Providers Who Must Be Credentialed by the Medical Staff

Medical Staff

- Physicians
- Dentists / Oral Surgeons
- Podiatrists
- Locums / contractors

Advanced Practice Allied Health Staff

- Nurse Practitioners
- Physician Assistants
- Nurse Anesthetists
- Nurse Midwives
- Chiropractors
- Psychologists
- Optometrists

Other Providers Who Are Subject to a Credentialing Process

- **Non-hospital employees** who come into the hospital with their physician employer, i.e.
 - Rounding Nurses
 - Surgical Assistants
 - Dental Assistants
 - Research Coordinators

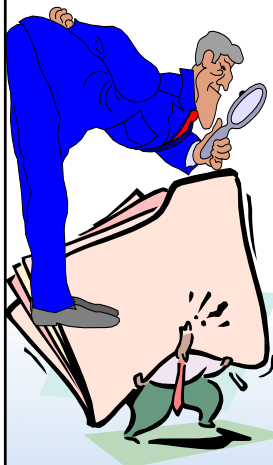
The Application Packet

- √ Application form
- √ Specialty specific clinical privilege form(s)
- √ Requested Documents:

<ul style="list-style-type: none"> • Consent & Authorization • Current curriculum vitae • Staff status form • Medicare attestation statement • Confidentiality agreement • Immunizations • EMTALA agreement • Background screening authorization form • Photo 	<ul style="list-style-type: none"> • Copies of licenses, DEA, diplomas, board certifications • CME certificates • Driver's license / government issued photo identification card • Claims history • Malpractice coverage • DD-214
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Credentialing Verification Process



- Must obtain “primary source” verification of the applicant’s entire practice history.

Primary source: the credentialing staff must contact the original source of the credential

- Must obtain written documentation directly from the primary source verifying the information
- Verification can be obtained on-line if the website is deemed as “primary source”
- May be documented telephone verification obtained directly from the primary source
- Can not accept anything generated or handled by the applicant
- Can not accept copies of certificates / diplomas as verification

Credentialing Verification Process



- Professional education & training
 - medical, dental, podiatric school
 - undergraduate / graduate for AHP’s
 - internship / residency / fellowship
- Current and previous affiliations
 - hospital / clinic / work history
- Professional peer references
 - clinical competency
- Professional State licenses - all ever held
- DEA
- Board certification

Credentialing Verification Process



- Sanction/ disciplinary actions
 - Federation State Medical Board (FSMB)
 - OIG / GSA
- Malpractice insurance certificate
- Malpractice claims history (past 10 years)
- National Practitioner Databank query
- Explanation of time gaps
- Criminal background report
 - Criminal convictions
 - Sex offender registry
 - SSN validation
 - DMV (DWI, status of driver's license)

Critical Credentialing Processes

- Do not process an incomplete application - no exceptions!!
- We are accountable for the information gathered
 - Undiscovered information should have been known which could impact a decision to appoint.
 - Information was known, but leaders ignored the information – leads to wrong decisions
- Must use all sources to obtain required information – must be creative in finding ways to seek out the truth
- Must know how to read between the lines and know how and when to obtain appropriate follow-up

18

Evaluation Forms

- Design evaluation forms to determine if the applicant has had any corrective or remedial action such as:
 - reprimand, probation, voluntary relinquishment of privileges, withdrawal of applications, monitoring, proctoring, mandatory consultations with and without prior approval, reductions in privileges, concurrent review of cases, administrative suspensions, adverse licensure decisions, adverse employment decisions, transfers or resignations, etc.
- Must evaluate the applicant in the ACGME six core competency categories:
 - Patient care, Medical/Clinical knowledge, Practice-based learning and improvement, Interpersonal and communication skills, Professionalism, Systems-based practice
- Need to also confirm identity of the applicant
- Need to assess health status – their ability to perform privileges requested

19

RED FLAGS

- ◀ Inconsistencies in information
- ◀ Time gaps in practice history
- ◀ Peer references & affiliation references with negative or questionable content
- ◀ Lost privileges or appointments at other hospitals
- ◀ Frequent moves from hospital to hospital
- ◀ Lost, denied, revoked, or suspended licenses
- ◀ More than the normal amount of time to finish residency
- ◀ Changing residency programs more than once
- ◀ Excessive litigation for specialty or practice history
- ◀ Frequent relocations



Credentialing Process Checklist

Provider Checklists Items – Initial Application			
Application requested			
Application sent			
Application received – signature <60d old			
All pages received and readable			
Photo Received			
CV Received			
DOP received and completed			
Consent received and signed			
Application Fee paid if applicable			
Application ready to process			
Confirmed start date			
App sent to NMG/Risk/HR			
Target Release Date			
Intake/Outtake Coordinator Responsible			
All questions/explanations answered/f-u items needed			
Time gaps explained > 30 days			
Applicant Google'd			
Additional privileges requested			
Procedure log/evidence of criteria			
EMTALA received			
Medicare statement rec'd/ signature date			
Confidentiality Agreement received			
PPD documentation received			
Hep B titer or declination rec'd			
Primary License verified			
All other state licenses verified			
FSMB Queried			
DEA certificate received			
DEA verified			
Current malpractice ins received			
Current malpractice ins. verified			
Malpractice history verified			
Board certification certs. received			
Board certification verified			
AMA/AOA profile retrieved			
NPDB queried/enrolled in PDS			
OIG verified			
GSA verified			
NPI Number obtained/verified			
Criminal Background Form received			
Criminal Background check retrieved			
Adverse Information			
ECFMG verified			
Undergraduate degree verified (AHP)			
Professional school verified			
Internship verified			
Residency verified			
Fellowship verified			
Professional training (AHP)			
Current hospital affiliation verified			
Prior hospital affiliation verified			
All work history verified			
All peer references received			
File sent for manager review			
Manager/ Director review			
Department Chair review			
Credentials Committee			
Manager/ Director review			
Department Chair review			
Credentials Committee			
Medical Executive Committee			
Board of Trustees			
Appointment letter sent			
Orientation			

21

Key Bylaw and Application Provisions

- The applicant has the burden of producing any and all information necessary to process the application.
- If the applicant fails to provide the information, it should result in an automatic withdrawal of application , decision not to process, or denial.
- Applicant should not be entitled to a hearing under this situation.

22

The Review Process

After the application is deemed complete, the file is sent to the Department Chair for review.

- The Department Chair can interview the applicant, if desired.
- The Chair needs to do a thorough review of the file.
- The Department Chairman the provides a report to the Credentials Committee regarding the applicant's appointment to the medical staff and the clinical privileges the applicant has requested.



The Recommendation & Action

Department Chair



Credentials Committee



Medical Executive Committee



Board of Trustees



Any one of these bodies may request additional information, and/or recommend approval or denial

What happens if the applicant is not recommended for approval?

- More documentation may be required of the applicant.
- If application is denied, practitioner may appeal via the Fair Hearing Process before the Board takes final action.
- If the applicant is informed that application will most likely will be denied, they will usually withdraw - not a reportable event to the NPDB.
- It is best practice to keep the applicant off staff rather than approving someone who may harm patients.



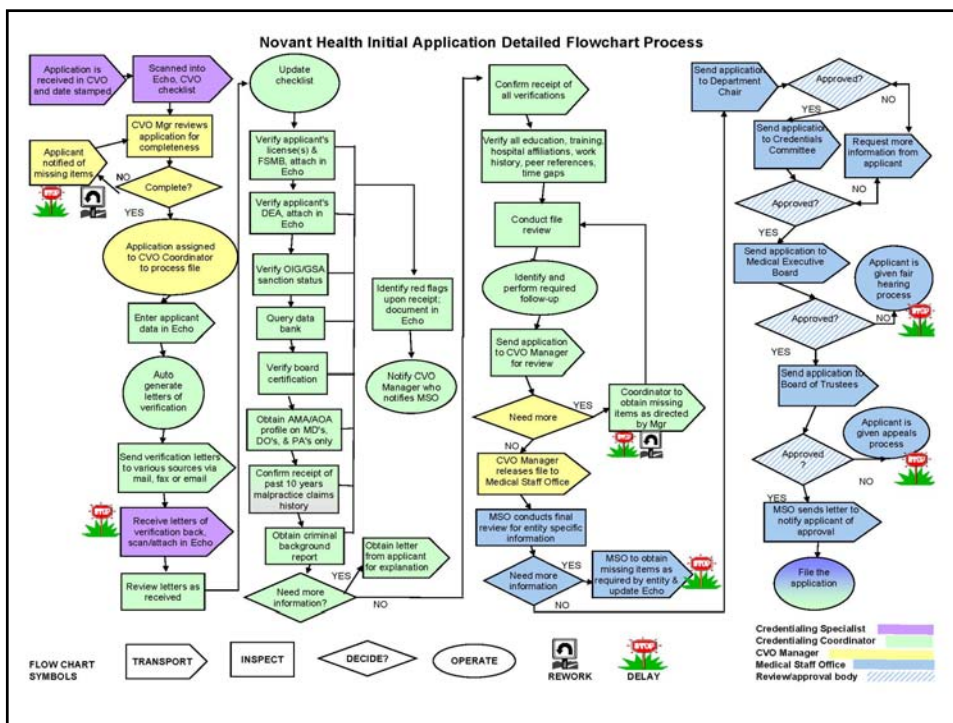
Temporary Privileges

- **MS.06.01.13** There are two circumstances in which temporary privileges may be granted. . .
- Must not be used routinely
- Can not exceed 120 days
- Must be granted by the by the chief executive officer or authorized designee
- Must be granted on the recommendation of the medical staff president or authorized designee.

Temporary Privileges

- When temporary privileges are granted to meet an important care need, the organized medical staff verifies current licensure and current competence.
- When an applicant for new privileges with a complete application that raises no concerns is awaiting review and approval by the medical staff executive committee and the governing body.
 - Current licensure
 - Relevant training or experience
 - Current competence
 - Ability to perform the privileges requested
 - Other criteria required by the medical staff bylaws
 - A query and evaluation of the National Practitioner Data Bank (NPDB) information
 - A complete application
 - No current or previously successful challenge to licensure or registration
 - No subsection to involuntary termination of medical staff membership at another organization
 - No subsection to involuntary limitation, reduction, denial, or loss of clinical privileges

27



Performance Monitoring

TJC MS.08.01.01 - The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

1. There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.
2. The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.
3. The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).

29

Focused Professional Practice Evaluation (FPPE)

- Focused assessment of physician competency for two specific reasons:
 - The period of review for initially requested privileges (whether for a new practitioner or a practitioner requesting new privileges).
 - The period of review directed at a practitioner who has exceeded a threshold in the OPPE analysis

30

Ongoing Professional Practice Evaluation (OPPE)

Measurement of physician performance data to assess competency and approve privileges on an on-going basis to allow them to take steps to improve performance on a timely basis. Must be more frequent than annual. (have stated q 9 months is acceptable)

- » Patient care
- » Medical/Clinical knowledge
- » Practice-based learning and improvement
- » Interpersonal and communication skills
- » Professionalism
- » Systems-based practice

31

Reappointment Application Process

- Must be performed within a 2 year cycle
- Can be performed based on initial appointment date, specialty, department or other defined cycle
- Applications must be sent early enough to ensure process is completed and acted on by the Board of Trustees prior to expiration of current term
- Must include a review of clinical privileges

Reappointment Requirements

- Primary source verification is obtained by for :
 - Current competency / peer references
 - Current hospital affiliations
 - National practitioner databank
 - Sanction checks
 - Claims history
 - License / DEA / Board certification
- Gather evidence that privilege criteria has been satisfied
- Gather performance profile data

Recommendation for On-going Monitoring

- The NPDB “Continuous Query” Disclosure Service
- Provides automatic & immediate notification of:
 - licensure actions
 - malpractice actions
 - OIG sanctions

Role of Quality Professionals in Credentialing Process


- Ensure that a solid peer review / monitoring process is in place to demonstrate current competency of medical and allied health providers.
- Ensure data metrics are chosen that can be easily retrieved.
- Ensure that the OPPE / FPPE reviews are conducted timely.
- Function as an advocate for the patient – partner with the medical staff leadership to ensure appropriate actions are taken if there are concerns that the practitioner may be incompetent.
- Partner with the Medical Staff Services professionals to ensure high quality practitioner performance data is available to support the credentialing process.

35

Questions



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Thank you!!!