




# Credentialing: Details, Details, Details

 *Powering Surgical Performance*



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## Objectives



At the conclusion of this program, the attendee will:

1. Understand the differences between Credentialing, Privileging, and Peer Review
2. Develop steps in the credentialing process that will safeguard the ASC
3. Establish guidelines to ensure that physicians are safe to practice in your ASC

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## Why is Credentialing So Important?



- From 2001 – 2011 nearly 6,000 doctors had clinical privileges restricted or taken away for misconduct
- But 52% — more than 3,000 doctors — were never fined or hit with a license restriction, suspension or revocation by a state medical board.<sup>1</sup>
- In 2012, 6949 adverse action reports were submitted to NPDB<sup>2</sup>
- Impersonators

<sup>2</sup> NPDB 2012 Annual Report, 55

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Do You Know Who This Is?



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Michael Swango, MD



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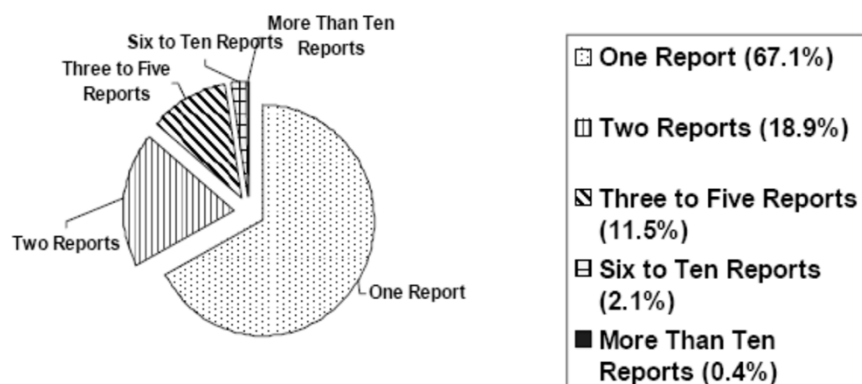
## Michael Swango, MD

- In 2000, pleaded guilty to murdering 3 patients by poisoning them while a hospital physician. He is suspected of administering lethal injections to 35 – 60 patients
- If hospital had done its job, it would have learned:
  - » Medical school wrote warning letter
  - » Numerous deaths occurred during his rounds
  - » Convicted & imprisoned for 2 years for poisoning coworkers
  - » Pled guilty to fraud in applications to government hospitals
  - » Ohio revoked his medical license
  - » Dismissed from programs and rejected by hospitals
- » Featured on *20/20* and *America's Most Wanted*

*Blind Eye: How the Medical Establishment Let a Doctor Get Away with Murder*

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**Figure 2: Percentage of Physicians with Number of Reports in the NPDB (1990-2003)**



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## Terminology



- Credentialing: Establishes requirements and evaluates individual qualifications for entry to medical staff membership
  - » Professional training, experience, and other requirements for membership
  - » Evidence that individual applicant demonstrates current clinical competence

Credentialing may include the privileging process



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## Terminology



**Privileging** determines:

- Diagnostic and treatment procedures a facility is equipped and staffed to support
- Minimum training and experience necessary
- Whether credentials meet requirements and allow for performance of requested procedures



***Never rely solely on hospital's evaluation of candidate***

CPT codes may be used to determine the clinical procedures

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## Terminology



### **Peer Review:**

- » Evaluation of physician's performance by other physicians
- » Includes utilization review, quality management, credentialing and privileging, and reference letters
- » Special confidentiality protection for peer review activity records

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## Terminology



### **• Medical Staff Bylaws**

- Overall framework adopted and maintained by an organization to govern its structure and guide its activities; rules by which the medical staff operates

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## Terminology



- **Primary Source Verification**
- Information obtained DIRECTLY from the originating source.

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## CVO or Do It Yourself?



- **CVO: Credential Verification Organization**
  - » Give MDs the application packet & request for all documentation
  - » Request prompt return
  - » F/U on any/all missing documentation
  - » Send complete packet to CVO
  - » F/U with CVO
  - » Review all info for completeness; red flags
  - » Follow center's approval process as delineated in bylaws

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## Doing It Yourself



- THERE ARE NO ACCEPTABLE SHORTCUTS
- Begin early
- Policies and Procedures MUST be established and approved by the Governing Board prior to commencement of operations
- Keep process clear and simple



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## Steps to Follow: Initial Applications



### 1. Application packet includes:

- » Physician's application
- » Authorization to release information
- » Liability questionnaire
- » Privilege request form appropriate to the specialty
- » Request for staff appointment
- » Information from the National Practitioner's Data Bank (NPDB)



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## Steps to Follow: Initial Applications



### 2. Credentialing file includes:

- » Statistical information
  - Application
  - Liability questionnaire
  - Questionnaire explanations
  - Authorization to release information
  - CV



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## Steps to Follow: Initial Applications



### 2. Credentialing file includes:

#### Specialty information

- AMA profile or primary source verification of education and training
- Board certification verification
- NPDB report



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## Steps to Follow: Initial Applications



### 3. Compile:

#### Verification of:

- Hospital privileges
- Education
- References
- TB testing
- Applicant's attestation to abide by bylaws & follow ASC P & Ps



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## Steps to Follow: Initial Applications



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## Steps to Follow: Initial Applications



### 3. Compile:

#### Verification of:

#### Approvals

- Requested privileges
- Credentials committee
- Request to the medical staff appointment
- Correspondence
- Miscellaneous



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## Steps to Follow: Initial Applications



### 4. Memo ticklers:

- » Spreadsheet tracking expiration dates (i.e., DEA license, malpractice policy, license, etc.)
- » Physicians with expired information cannot schedule cases
- » Computer system can be invaluable



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## Primary-Source Verification



- Original source of information: medical school, residency programs, hospitals, etc.
- If an original document is brought to ASC; make copy and note that the original was seen
- Accreditation organizations require that medical licensure, specific training, experience, and current clinical competence is verified, when feasible, by a primary source



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## Primary-Source Verification



- Current medical licensure verified by letter from the licensing board or
- Computer printout from the board or an internet site maintained by the board or
- Telephone call to the board
- Training & experience verified by obtaining letters directly from the schools or residency programs
- Information from AMA Physician Masterfile

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## Primary-Source Verification



- Current clinical competence:
  - Letter from an authoritative source, such as a hospital
  - Description of actual clinical performance, judgment, skills, techniques, etc.
  - Actual experience
  - References



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## Reviewing the Data



- Education
- Training and Board status
- Experience
- Competence (i.e. peer references, treatment outcomes' data)
- 2 peer references are required – one from a peer; one from an institution (follow ASC's policy)
- State license (may use the internet)
- DEA registration (photocopy OK)



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## Reviewing the Data



- Professional liability coverage
- NPDB report
- Professional liability insurance/actions\*
- Adverse privileges' actions
- DEA - adverse actions
- Criminal convictions
- Health problems (consult ASC's attorney about this)
  - \* Any liability actions must be queried directly with the carrier



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## Reviewing the Data



- Presence of signed release form
- Proof of immunization records (state requirement in some states)
- Privileges requested
  - » ASC's approved procedure list
  - » Peer evaluations: what is really being done & how well?
  - » When there is a negative outcome once, then it happens again.....
  - » Outcomes data



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## ECFMG – Education Commission for Foreign Medical Graduates



- ECFMG must be queried directly
- <http://www.ecfmg.org/certification/verification-of-credentials.html>
- \$55 cost per inquiry
- ASC must apply for organization number
- ECFMG considered primary source for foreign medical school
- Address: P.O. Box 13679, Philadelphia, PA 19101

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## Allied Health Practitioner



- If a state requires someone to be licensed or certified in order to practice, they are considered allied health staff: CRNAs, Physician Assistants, also, private employees of physicians
- Must apply for privileges and credentialing
- Must have malpractice insurance
- Process similar to physicians'

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## Allied Health Practitioner



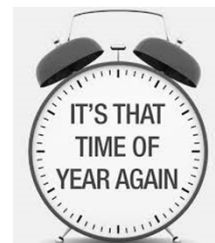
- In some states, the employer must also check for criminal records or OIG sanctions
- May require orientation and competency verification
- Subject to 90-day provisional period with formal periodic review
- Credentials committee makes recommendation to Governing Board for approval

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## Yearly Review



- Professional License Renewal Date
- Current Professional Liability
- Current DEA Registration
- Current State Narcotic License
- Privilege Status – unchanged
- New procedures requested
- Peer Review



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## Reappointment



- AAAHC allows a three (3) year reappointment cycle; Joint Commission maintains a two (2) year cycle
  - » Verify license status
  - » Verify Professional Liability
  - » Verify DEA Registration
  - » Verify Specialty Board status
  - » Review privileges
  - » Results of peer review used as a basis for granting renewed clinical privileges
    - Update NPDB & OIG criteria for reappointment and keep on file for future reference

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## Monitor and Assess Competency



- Meet specialty board requirements
- Proctor on site, review results
- Determine volume to be performed
  - » If MD performs < 10 cases per year, require proof of competency from another facility

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## Monitor and Assess Competency



- Review competency with approved technology (new applications)
- Peer Review
- Chart review, tissue review, medical necessity
- Infection/complication log
  - » Post-op infections, return to OR, unscheduled admission, excess blood loss, neurological deficit, prolonged PACU stay, etc.



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## Monitor and Assess Competency



- Case log
- Peer references
- Reference to positive outcomes in the file



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## Evaluating Physician Performance



- Examine trends; compare to internal and external benchmarks
- Clinical outcomes
- Patient satisfaction surveys
- Occurrence reports
- Patient complaints

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## Resources



### AMA Physician Profile

- » AMA credentialing office: 800-665-2882
- » [www.ama-assn.org](http://www.ama-assn.org)
- » Register your ASC
- » Query needs to be current within 90 days of review for credentialing

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## Resources



### National Practitioner Data Bank (NPDB)

- » <http://www.npdb-hipdb.org>
- » \$2.00 per query
- » Results in < 24 hours
- » "No results": no action needs to be taken
- » If a response is present, review and compare the answers to the liability questionnaire on the application
- » Query needs to be current within 90 days of review for credentialing

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## Additional Resources



- Medical & Osteopathic State Boards:  
[www.aimmembers.org/boarddirectory](http://www.aimmembers.org/boarddirectory)
- Doctor of Osteopathy:  
[www.do-on-line.org](http://www.do-on-line.org)
- Names & addresses of medical schools & teaching hospitals  
[www.aamc.org/medicalschoools.htm](http://www.aamc.org/medicalschoools.htm)

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### In Addition:

- When verifying hospital information, call first, (some charge a fee); many take 3 – 5 weeks to return information
- Keep all expired documents in the physician's file; separate from current information
- When privileges are granted, send a letter of appointment, including the dates for approval and expiration

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### Credentialing Red Flags

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Reported lack of clinical competence</li> <li>• Gaps in work history</li> <li>• Restricted privileges at admitting hospital</li> <li>• Negative proctor report</li> <li>• No response from references</li> <li>• Poor or unfavorable references</li> <li>• Reports of physical or mental impairment, drug abuse</li> </ul> | <ul style="list-style-type: none"> <li>• Inability to work with others</li> <li>• Discrepancies in info submitted</li> <li>• Privileges requested vary from usual requests</li> <li>• More than 5 licenses across the United States</li> <li>• 3 or more malpractice cases in the last 5 years</li> <li>• Unexplained refusal to disclose info</li> </ul> |
|---|---|

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## Credentialing Red Flags



- Failure to meet the minimum number of cases/year requirement
- Cancellation of malpractice insurance
- Incomplete application or questionable answers to questions
- Lack of Board certification
- Skewed payor mix history
- History of criminal activity
- Frequent location changes in short period of time
- Numerous malpractice insurance carriers



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## Temporary Privileges



Reasons for granting may include:

Practitioner needed but no time for full process

Temporary privileges are granted while formal application is processed

- Frowned upon by accreditation organizations
- Verify information in application
- Limit to 60 - 90 days

*Be very cautious and use sparingly*

*Ensure bylaws address and allow these*

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## Approvals



- Temporary – Medical Director
- Active staff – Recommended by credentials committee and approval by Governing Board
- Courtesy\* - Recommended by credentials committee and approval by Governing Board

\* Performs between 1 case per year but no more than 12



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## Pitfalls



- Dates don't match
- Profiles and/or references are received after appointment or not at all
- Board approval not granted



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## Recredentialing Pitfalls

- Appointment expires prior to recredentialing
- Not approved by Board
- Verification updates not obtained
- Peer references aren't current
- Peer review is not reflected as part of recredentialing



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## Privilege Pitfalls

- Privileges don't match ASC's capabilities
- Fluoroscopy wasn't included as a privilege
- Request for supervision of anesthesia was not requested
- No specific approval or denial based on specific privilege requests



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## Privilege Pitfalls



- Credentialing and privileging take time -lots of time
- There are no shortcuts
- Designate one staff member to be responsible for medical staff credentialing
- Keep records ORGANIZED and up-to date
- Document all appointment and credentialing action in Board of Directors' meeting minutes
- Notify MD of Board action, include copy of approved privileges and MD "orientation" information

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## Privilege Pitfalls



- Physician-owners must take active role in the credentialing process by:
    - » Creating a detailed process
    - » Serving on credentialing committee
    - » Using only specified criteria to make decisions regarding granting of privileges
    - » Consulting healthcare attorneys when necessary
- Physicians are becoming reluctant to serve on credentialing committees in fear of retribution from physicians who are denied privileges*

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## Questions and Your Experiences



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To obtain a copy of my free e-Book: *Admin 101: What Every New ASC Administrator Needs to Know*, visit [www.sisfirst.com](http://www.sisfirst.com); click on resources; click on e-Books.

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## References



1. Peter Eisler and Barbara Hansen, *Thousands of doctors practicing despite errors, misconduct. USA TODAY* Online. 7:06 p.m. EDT August 20, 2013

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