Standardization: What, Why and How (Best Practices)

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Introductions

**Advocate Health Care**
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**Scripps Health**
Margaret Palmer, MSA, CPCS, CPMSM, FACHE
Director, Scripps Credentialing

**Morrisey Associates, Inc.**
Ellen Chappe, Data Conversion Manager
Scripps Awards of Excellence

Scripps Health
- 5 acute care hospital facilities
- 22 Clinics
- 2 Ambulatory Surgery Centers
- 1 IPA and 1 Health Plan
- 1 Hospice
- 2 Residency/Fellowship programs

- 3640+ Clinical service practitioners
  - 3140 – Physicians
  - 500 – Allied Health

- 500 Initial applications annually
- 1800 Reappointments annually
- 5000+ expirables annually
Credentialing, Privileging, Health Plan & Enrollment Teams

Credentialing/Privileging (goal: timely practitioner credentialing)
• One Director
• One Manager
• Six Credentialing Specialists
• One Credentialing Coordinator
• One Credentialing Data Quality Analyst

Internal Health Plan and Enrollment handled by Billing Office (goal: successful billing)

5 Medical Staff Administrative Offices

All the above teams work concurrently for practitioner on-boarding in an integrated and complex credentialing & billing environment.

Also a part of the team:
Information Services – Project Management and Sr. Data Analyst

• 11 Hospitals (4 Surgery Centers)
  » 7500 practitioners
  » 800 allied health professionals

• 11 PHOs and 3 Medical Groups
  » 4,245 physicians
  » 255 allied health professionals

• CPI – Center for Practitioner Information
  » Management team
  » Lead coordinators, credentials coordinators
  » Data analysts
Areas of Standardization – What to standardize and Who is responsible

- Use of fields/tables/data in MSOW and Apogee
- Application forms (addendums can be region/state specific, but recommend that there be a required core data set)
- Practitioners required to be credentialed
- What is verified, how, when
- Management of expirables
- Reappointment dates – recommend at least regionally, but would be optimal to do system-wide
- Corporate contracts for verification items such as AMA/AOA profiles, NPDB Continuous Query, background check (if applicable)

Scripps Health – How we went about standardization

- Use of fields/tables/data – “Work arounds” in MSO didn’t translate so smoothly in MSOW. i.e., Office Designations
- One application: all organizations, regardless if physicians or allied health.
- What is verified, how, when – Joint Commission, NCQA, AAAHC, CMS
- Expirables – Biggest area of clean up was Medical Boards and Specialty Boards for web crawls to work
Scripps Health – How we went about standardization

- Reappointment dates – We have been synching for a number of years but focused on tightening the health plan into 2 years v. 3 years

- Corporate contracts for verification items we took baby steps – identify which are web crawls (Licensure) and which are internet grabbers (AMA)

Scripps Standardization cont.'

- Help Desk support – create a positive relationship

- Application support at site level – IS Project Manager, Sr. Data Base Analyst, Superusers

- Responsibility for table maintenance/security set up: Restricted to Administrators and CDQA ONLY

- Data Entry Conventions – had good ones prior but opportunity to improve

- Data Conversion- Entire system already on MSO
Responsibility - ALL USERS!

- Monitor data entry to ensure that the data remains clean – CDQA specific data audits
- Reporting issues – who in the organization is delegated – Super Users and Administrators
- Auditing to ensure all agreed organizational standards are being met – this was part of our previous MSO management so we had a process

Scripps – Who is responsible?

- Policy concerning reappointment and the execution of a CVO if needed
- Standardization for bringing reappointment data in line (this would include standardizing next reappoint dates across facilities)
  - Scripps – all facilities have the same reappointment date and it’s a constant dance of synching
  - The CVO always has a 23 month reappt cycle regardless of what a facility might have
  - To bring in “outliers” if they are 6-9 months difference we synch

General Standardization of reappointment (possible CVO)
General Standardization of Reappointment

» Advocate – the journey from facility-specific reappointment cycles to physician-centric reappointment cycle
» All facilities and PHOs on a 2-year cycle
» CPI (CVO) launches and receives reappointment applications
» Synchronization of new practitioners into existing schedule
» Site vigilance and collaboration re: dates

Advocate Health Care’s approach to standardization

• Use of fields/tables/data in MSOW: Database Conventions Resource Manual

• Facilities Status screen conventions consistent with site medical staff structure and bylaws

• Application form: State of Illinois mandated application with Advocate supplemental form
  » Cross-walk reference created for AHPs
Advocate Health Care’s approach to standardization

- What is verified, how, when: Credential to the highest standard
- Management of expirables: web crawls, site accountabilities
- Sites enter data only at Facility level
- At the CPI, ability to add to or modify most tables is restricted to select few

Making the data fit the Policy – looking at key areas

- Record Status and Medical Staff Categories
- Departments and Sections
- Degrees & Certification acronyms (i.e., FACEP)
- Status from and thru dates
- Expertise
- Board Specialties
Promote Consistency from the Beginning…

Candidate Entry

- Candidate entry request
  - Site includes *applicable* license verification
  - Practitioner name entered from verification
  - Scripps: Board Certification verified as it is a requirement to qualify
  - Advocate: Board certification part of candidate screening process

- Benefits
  - Prevents duplicate entry
  - Ensures correct degree
  - Matches state databases for ongoing monitoring

Promote Consistency from the Beginning…

Application

- State of Illinois standard application
  - Mandatory fields
  - Date formats

- Initial application and reappointment application bundles
  - Global forms – consent & release, system policies
  - Site-specific forms – alternate coverage, bylaws, department rules and regs, low volume competency assessment

- Benefits
  - Lessens incomplete application submissions
  - Consistent with database conventions
Promote Consistency from the Beginning…
MSOW Database Conventions

- Resource provided at orientation
- Covers all areas
- Examples
  » Facility screen – status:
    • Advocate: Initially Candidate, then Applicant, then according to site-specific status
    • Scripps: Applicant, Applicant CCS, Applicant Facility, then according to ____________
  » Contact screen – address:
    • Full street address; no abbreviations

MSOW Database Conventions…

Scanned documents and responses
- Document or response
- Expiration dates, reappointment dates in image screen Comments
- Facility specific i.e., collaborative or supervisory agreements for allied health
- Facility acronym for applications, audit reports

Yellow flag and red flag guidelines
MSOW Database Conventions…

- **Specialties**: primary on top
- **Office**: Primary office, secondary, billing, mailing.
- **Insurance**: Current 1st with priors following in order.
- **Work history**: Current 1st, then in chronological order

Credentials
CREDENTIALS SCREEN

- Fields to be completed
  (TAKE NOTE - DO NOT ADD NEW FACILITIES TO MSOW TABLE)
- ENTER IN ORDER OF MEDICAL SCHOOL – INTERNSHIP – RESIDENCY – FELLOWSHIP
- DOCUMENT TYPE - (SELECT FROM DROP DOWN AS APPLICABLE)
- NOTE: (PHYSICIAN ASSISTSANTS - USE DOCUMENT TYPE “GRADUATE EDUCATION”)
- (APN - USE DOCUMENT TYPE “GRADUATE EDUCATION”)
- (RN – USE DOCUMENT TYPE “PROFESSIONAL EDUCATION”)
- UNIVERSITY - (SELECT FROM DROP DOWN OR ADD NEW IF APPLICABLE)
- ATTENTION – (AS APPLICABLE ENTER; PROGRAM DIRECTOR’S NAME, OFFICE OF THE REGISTRAR OR GRADUATE MEDICAL EDUCATION)
- SPECIALTY - (ENTER FOR ALL EDUCATION TYPE(S) EXCEPT MEDICAL SCHOOL)
- FROM DATE
- THRU DATE (IF STILL IN PROGRAM ENTER ANTICIPATED COMPLETION DATE IN COMMENT FIELD)
- GAP FROM & THRU DATES - SHOULD AUTO POPULATE, IF NOT FILL IN DATES
- GRAD YEAR - (ENTER FOR MEDICAL SCHOOL ONLY)
- DEGREE
- COMMENT (ENTER ANTICIPATED COMPLETION DATE)
- PROGRAM COMPLETED - (MARK FOR MEDICAL SCHOOL ONLY)

MSOW Database Conventions...

Sequencing of data

- **Credentials:** Medical School, Internship, Residency, Fellowship in chronological order. Professional Education followed by Graduate Education.

- **ID numbers:** IL license, ILCS, DEA, and then NPI, any other states grouped together, historical on the bottom.

- **Hospitals:** Primary Advocate on top, any other Advocate facilities following. Next - other current hospitals with priors following chronological order.
Consider the downstream effect

- Report generation
- Integration with Apogee – managed care
- Administrative Review Module implementation
- Direct data feeds, i.e., Doctor Directory
- HL7 interface with other systems
- Analytics
The Reappointment Cycle Puzzle

Situation:
» 7000 practitioners
» Ten (now 11) hospital sites, three medical groups, four surgicenters, 10 PHOs - each with own reappointment date

Background:
» About 22% of practitioners at more than one facility
» Sense of eternal reappointment

Reappointment…

- Assessment:
  » Practitioner dissatisfaction
  » Re-work for everyone
  » Impact on workflow
  » Paper nightmare
  » Consider synchronization possibilities
  »
Reappointment…

Recommendation:
Physician-centric reappointment
Go-live with the 9/30/2011 cycle

<table>
<thead>
<tr>
<th>Next reappointment date</th>
<th>Birth Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2011</td>
<td>Oct, Nov, Dec</td>
</tr>
<tr>
<td>3/31/2012</td>
<td>Jan, Feb, Mar</td>
</tr>
<tr>
<td>9/30/2012</td>
<td>Apr, May, Jun</td>
</tr>
<tr>
<td>3/31/2013</td>
<td>Jul, Aug, Sep</td>
</tr>
</tbody>
</table>

What makes a successful multi-conversion/Standardization

- Leadership – have key personnel on the corporate level as well as at the organization in place for all discussions pertaining to Policy and Data Clean-up: *Scripps* already has policies in place, minor revisions

- Having the corporate policy concerning data well defined with a buy-in from all organizations that will utilize the database: *Scripps* had buy-in as we’ve been doing this in MSO for years BUT buy-in for work flow, documents and privileging items were/are a challenge

- Once Policy is in place having a steering committee to answer questions and make decisions when there is a request to adding new data to the database. *Scripps*...I am it
What makes a successful multi-conversion/Standardization

- Each additional conversion needs to be merged in one at a time to reduce the possibility of duplication of data. Ellen, help me here.

- Communication between the corporation and each facility being brought into MSOW
  - Tuesday update meetings with all facilities
  - Monthly “refreshers and troubleshooting” are offered by my team
  - Monthly report goes to the Governing Board regarding the status of the project

- Time – an important element for success. THIS CANNOT BE EMPHASIZED ENOUGH!
  - Time to meet to formulate policy and conversion rules
  - Complete the mapping tools
  - Data validation - looking at a percentage of different types of practitioners
    - Is the data in its proper location (Re-purposed fields from the legacy – verify the proper placement in MSOW)
    - Is the data correct

Scripps Lessons learned during conversion

- [Notes from Scripps on successful and unsuccessful conversion processes]
Reasons for a staggered conversion approach – reducing duplicate data

- By standardizing each database as it is merged into the existing MSOW system will allow the entity to match their data to standards already applied in MSOW
- Cross practitioners (practitioners that exist in database to be merged and MSOW) are identified and rules for conversion (which data should rule) are established

Merging in a Newly Acquired Hospital’s Data
The Process

- Pre-project orientation; relationship-building
- Kick-off
- Establish timeline
- Develop business rules for standardization
  - If / then – Populate / do not populate
  - Identify cross practitioners
    - Resolve mismatches in name, DOB, SSN
    - Whose data prevails? = business rules

The Process

- Mapping tools
  - Original organization clean-up
  - New site standardization

- Other considerations
  - User-defined fields
  - Customizations
  - Documents / responses, images
  - Privileges
Mapping tools...Discovery

- Allow a LOT of time and be focused
- Request reports and work closely with data converter at Morrisey
- Identify specialties already in existence that may need attention
- Linked records may prevent some clean up

Mapping tools...Discovery

- Surprise! Duplicates and variations
- Larger tables may need additional refinement later
- Inability to view data due to legal constraints of merger
- Resources to assist in clean-up
  - A. M. Best Company- insurances
  - ABMS, AOA, ACGME – specialties, credentials
  - AHA, American Hospital Directory – hospitals
Testing Tips

- Use existing audit tools
- Run your routine reports
- Address issues promptly
- Identify related concerns
- Visually scan data each time you access a record

Elements for Success

- Patience
- Remember to also focus on the infrequent items (committees)
- Never too soon to assess your current data
- Educate, educate, educate
- Review your policies to ensure they reflect the process
- Train new associates
  - Schedule close to final merge/Go-Live date
  - 1:1 computer time
  - Continued support after merge
  - Celebrate, celebrate, celebrate
Lessons Learned

- Don’t do it all yourself – assign items to team members to “own”
- Respond quickly to users issues after Go Live
- Take the time to troubleshoot before calling the help desk
- Don’t panic when issues identified!
- Be aware of timeline; respect deadlines

Practices to Keep Data Clean

- Learn to love auditing
- Assign common reports to each member of the team to run, audit and send
  - Responsible
  - Accountable
  - Perspective of data to receiver
  - Educational
- Audit every initial application
- Incorporate audit outcomes in performance reviews
- Restrict table maintenance to a select few
Looking Forward

- Community & Referring practitioners in our database…oh the HORRORS
- HR as an “organization/facility” to manage their RN licenses
- Ever growing list of people wanting “your stuff”
- Explore database capabilities and possibilities
- Achieving the dream! Multi-facility PCCB privilege forms

Questions