Advanced Concepts in Privileging AHPs

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Speakers

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Today’s discussion...

• What is the difference between “traditional” AHPs and Advanced Practice AHPs?
• Relevant CMS requirements
• Coordinating employment and privileging with Human Resources (for employed practitioners)
• Delineating privileges
• Linking standardized procedures and protocols to privileges
• Additional privileging issues

What is an Advanced Practice AHP?

Are they…

• specified professional personnel?
• mid-level providers?
• dependent practitioners?
• medical associates and/or assistants?
Definitions Are Important

• An Advanced Practice AHP would typically NOT include the following:
  – Physician employed scrub techs
  – Physician employed dental assistants
  – Physician employed RNs

• Don’t use this term:
  – Independent AHP

if the services provided by the AHP are subject to some type of supervision

Determining What Healthcare Professionals Must be Credentialed and/or Privileged

• Don’t make a decision…
  » Based on how a healthcare professional enters the organization

• Do consider…
  » What services the category of healthcare professional will provide (medical level of care?)
CMS Requirements

• Practitioners who provide a “medical level of care” must be credentialed and privileged through the Medical Staff process.
  - Generally applicable to physician assistants and advanced practice registered nurses, but can also include other types of advanced practice AHPs (for example, RN First Assistants).

• What does “medical level of care” mean???
  - Term is not defined by CMS
  - Care provided for which CMS pays physicians
  - Services “traditionally” provided by physicians
    - Defined by state medical board

Medicare Conditions of Participation

The governing body must: §482.12(a)(1)

• Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff;

• Practitioners, both physicians and non-physicians, may be granted privileges to practice at the hospital by the governing body for practice activities authorized within their State scope of practice without being appointed a member of the medical staff.
§482.51(a)(4)

• If the hospital utilizes RN First Assistants, surgical PAs, or other non-MD/DO surgical assistants, the hospital must establish criteria, qualifications and a credentialing process to grant specific privileges to individual practitioners based on each individual practitioner’s compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations. This would include surgical services tasks conducted by these practitioners while under the supervision of an MD/DO.

• When practitioners whose scope of practice for conducting surgical procedures requires the direct supervision of an MD/DO surgeon, the term “supervision” would mean the supervising MD/DO surgeon is present in the same room, working with the same patient.

CMS Definition of Surgery (from Medicare Conditions of Participation for Hospitals – Interpretive Guidelines):

“Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel. Patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (physicians as defined in 482.12(c)(1)) who are working within their scope of practice, hospital privileges, and who meet appropriate professional standards.”
More information from CMS

- If a surgical assistant’s or RNFA’s duties are limited to holding retractors or instruments as directed by the surgeon, applying electrocautery at direction of the surgeon, passing instruments, sponging, suction, and other non-invasive tasks performed at the direction of and under supervision of the surgeon, these tasks do not meet the definition of performing “surgery” and the practitioner would not need to be granted privileges. However, if the assistant will be suturing or cutting tissue (even if done under direction by and under supervision of the surgeon) this would be “structurally altering the human body by the incision or destruction of tissues, meaning it meets the definition of “surgery” and would thus require privileges to be granted.

Source: David W. Eddinger, RN, MPH
Technical Director Hospital Survey and Certification
CMS/CMSC/Survey & Certification Group/Division of Acute Care

More Information from CMS

- Types of Supervision
  - General Supervision means the procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure or provision of the services.
  - Direct Supervision means the physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
  - Personal Supervision means a physician must be in the room during the performance of the procedure.
Joint Commission Requirements

Medical Staff – Credentialing and Privileging Standards

- Those who provide “medical level of care” must use the medical staff process for credentialing and privileging, making all MS standards applicable (including recommendation by the organized medical staff and approval by the governing body, OPPE, and FPPE).
  - APRNs should request privileges only for those responsibilities involving medical level of care and not those responsibilities already allowed under the RN scope of practice
  - APRNs and PAs who provide “medical level of care” must be credentialed and privileged through the Medical Staff standards process
  - APRNs and PAs who do not provide “medical level of care” can utilize the human resources “equivalent” process – HR.01.02.05, EPs 10-15

Source: Standards Booster Pak for FPPE/OPPE – Jan/2011
Deciding What AHPs to Privilege

- CMS
  » AHPs that provide a "medical level of care"
    Usually includes PAs and APRNs
  » RNFAs
  » Psychologists
  » Podiatrists
  » Optometrists
  » ?????

- Method for Privileging
  » Medical Staff process
Deciding What AHPs to Privilege

- **Joint Commission**
  - Any AHP that functions as an LIP
  - PAs (must provide a medical level of care)
  - APRNs (must provide a medical level of care)
  - Other non-LIPs who provide a medical level of care

- **Method(s)**
  - Medical staff privileging process
  - There is no “equivalent” process for practitioners who provide a medical level of care

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Development of Privileges
Considerations Related to Developing Privileges for AP AHPs

• Find out what they do (currently) or what services the organization wants to let them provide (major voyage of discovery!)
  ✓ The decision about what Advanced Practice AHPs will be allowed to do in the hospital setting must not be solely decided by physicians due to anti-trust issues

• Research community standards

• For APRNs - Differentiate between nursing services provided (those services that may be provided by an RN) vs. those services that are comparable with services provided by physicians (“medical acts” as required by CMS)

Important!

✓ Just because an Advanced Practice AHP is licensed by the State to provide a service doesn’t mean that an organization is required to allow the AHP to provide that service. However, there is some evolving case law in some States that is worth keeping an eye on

Remember that physicians are routinely licensed to practice medicine and surgery – it is the hospital that determines specifically what services a physician will be permitted to provide within the hospital based upon
  ✓ Services the hospital provides
  ✓ Established qualifications/criteria based on licensure, education, training, health, current competency, etc.
When Would You Want To Privilege An Activity for an APRN?

- When the activity falls within the practice of medicine as defined by your State Medical Board. A typical statement......to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissue of human beings and to use other methods in the treatment of diseases, injuries, deformities or other physical or mental conditions.

- Whenever a specific duty, task or activity exceeds the scope of nursing practice as defined by the Nursing Practice Act or Board of Registered Nursing.

Considerations Related to Developing Privileges

- The delineation of privileges for an Advanced Practice AHP (PAs and APRNs) – or any healthcare professional granted clinical privileges – must be the source of information for clinical services the Advanced Practice AHP can provide
  - Job descriptions for employed Advanced Practice AHPs should “point” to the privilege delineation
  - The permission to function under standardized procedures or protocols (if present) should be linked to granted privileges
  - Privilege delineations “trump” standardized care arrangements or collaborative agreements with the supervising physician
Why is this Important?

• If someone needs to find out what an Advanced Practice AHP can do, they shouldn’t have to look at multiple documents
  ✓ If we want to find out what a radiologist can do, we look at his/her privilege delineation form – not his/her contract – or his/her job description
  ✓ We look at the contract to develop the privilege delineation form

Where to Find Information for Development of Privileges

• APRNS
  ✓ Start with your Board of Nursing Website
    Example: www.rn.ca.gov

• APRNs include:
  – CNS (Clinical Nurse Specialist)
  – CNM (Certified Nurse Midwife)
  – CRNA (Certified Registered Nurse Anesthetist)
  – NP (Nurse Practitioner)
Where to Find Information for Development of Privileges for PAs

- Look for the website of the State Physician Licensing Board – will usually include PAs or will point to the appropriate website.
- The Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA) provides information. Information on the PANCE is available on the NCCPA's Web site at www.nccpa.net.

Do I Need a Separate Privilege Form for Each Specialty?

- Either a multi-specialty style can be used or a specialty-specific delineation can be used. It will depend upon the variety of specialties found in your organization and other factors.

  - The multi-specialty privilege form (see sample)
  - The specialty-specific privilege form (see sample)
In Summary – Perform Research:

- Find out what services Advanced Practice AHPs are licensed to provide (and any requirements related to provision of those services, such as collaborative agreements, specific identification of supervising physician, standard care arrangements, etc.)
- What qualifications Advanced Practice AHPs must meet in order to provide services from a statutory perspective
- Qualifications that Advanced Practice AHPs must meet in order to be certified
- Find out (when possible) what services Advanced Practice AHPs are qualified/competent to provide because of a specific certification

Determine your organizations “intent” related to Advanced Practice AHPs practice

- What is the scope of services that your organization wants to allow each category of Advanced Practice AHPs to provide

Make sure that the privilege delineation form is the authoritative source for the services Advanced Practice AHPs are permitted to provide

Use essentially same privileging format for Advanced Practice AHPs that is used for LIPs (i.e., don’t use a laundry list for AP AHPS if you use core privileges for LIPs)
Development of Privileges

- Remember that privileges must be criteria-based.
- Many Advanced Practice AHPs provide services only in the outpatient setting. We often find that privileges have not been delineated in these areas.
  - Privileges must be delineated in all areas that are subject to the accreditation process.
  - However, privileges do not have to be “site specific” unless an AP AHP is only permitted to provide services in a specific site (for example, if an NP is permitted to perform an HP, the organization does not need to specify where the HP may be performed).

Privileging Advanced Practice AHPs

- Same process that is used for LIPs applies to Advanced Practice AHPs.
  - Joint Commission credentialing and privileging standards are applicable.
    - Data collected via application form (education, training, history, etc.)
    - What is verified/how should be the same (as applicable) as what is verified for LIPs
      - Peer references
    - Evaluation and decision-making route often varies by the addition of the Interdisciplinary Practice Committee layer.
Coordinating Employment and Privileging

• Many Advanced Practice AHPs are employed by the healthcare organization that must also privilege them
  ✓ Employment and credentialing/privileging processes must be coordinated
  ✓ Privileges cannot be exercised until they have been granted
    • Standards related to temporary privileges are applicable to Advanced Practice AHPs
      - Pending application or urgent patient care/service need
Coordinating Privileging with Employment

**HR File**

» Employment application
» Information related to salary, payroll deductions, etc.
» Job description (recommend that clinical responsibilities be described in the privileging document)

**Credentials File**

» Application
» Delineation of privileges
» Verifications as required for LIPs, including peer references, NPDB report, licensure verification, etc.
» Evaluation(s) of competency

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And Finally…

- Remember that credentialing and privileging of AHPs is a work in process. We can be certain that CMS will continue to refine the requirements related to these issues.
- In the meantime, we should:
  - Apply common sense and be ready to defend our decisions
  - Remember that protecting patients is a primary goal of what we should do
  - We should also protect the reputation of our organizations
Q&A