



Expediting the Credentialing Approval Process

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Presented by

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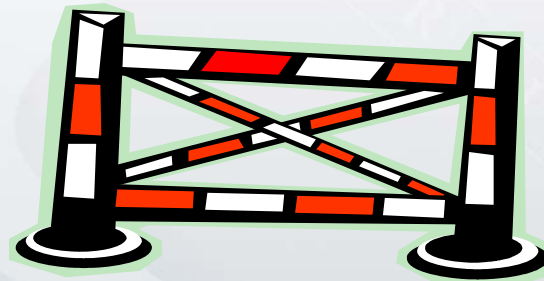
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Objective of this Session

- Learn what methods can be used to accelerate credentialing evaluation and decision-making, while considering the legal implications of doing so.

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Obstacles to Speeding up Credentialing Evaluation and Decision Making



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Obstacles

- Fear that change may impact the integrity of the current process
- Fear that change may have an adverse impact on compliance with accreditation and legal requirements
- Unwillingness to change – more comfortable maintaining “status quo”
 - » Medical Staff Office
 - » Medical Staff Organization
- Lack of time to implement new processes
- Current bylaws and/or policies and procedures don't permit any flexibility and would be difficult to amend
- Current credentialing processes are paper-based
- No data about how much time the current evaluation process takes

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Goals of Excellent Credentialing

- Select the physicians who will best support the organization in this era of health care reform
- Avoid appointing practitioners who have “problems” such as behavior issues, etc., who will be difficult to deal with later
- Protect patients by ensuring that practitioners are currently competent to exercise the privileges granted
- Protect the assets and reputation of the organization
- Provide for documentation that supports the credentialing and privileging decisions made
- Meet accreditation, licensing and other legal requirements

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ESTABLISHING PROCEDURES THAT ENSURE EXCELLENT DECISIONS

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What Components are Essential?

- Support from a high-functioning Medical Staff Office/Credentialing Department
- Department Chairs who understand and objectively carry out their roles and responsibilities
- Knowledgeable (and multi-disciplinary) Credentials Committee
- Criteria-based credentialing and privileging
- Policies and procedures that address all components of the credentialing and privileging process – for example
 - » Waiver of criteria
 - » Adding new procedures; using new technology
- Educated governing body that understands its responsibility for making credentialing and privileging decisions – and holds the medical staff accountable for their responsibility in credentialing and privileging

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What Components are Needed to Streamline?

- Technology available to help expedite the evaluation and decision-making process
- Willingness on the part of medical staff leadership (and the support individuals from the medical staff office/credentialing department) to consider new processes – for example:
 - » Review of files in advance of Credentials Committee meetings (instead of at the meeting)
 - » Credentials Committee meetings where the files are presented electronically
 - » Credentials Committee only deals with problem files at meeting – those that are not problems are dealt with outside of meetings

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Methods Used to “Expedite” the Credentialing Decision-Making Process

- Accelerate (sometimes referred to as “Fast-Tracking)
- Expedite
- Temporary Privileges Pending Completion of the Decision-Making Process

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Accelerated Credentialing

- Accelerated evaluation and decision-making may be used when an applicant for initial appointment/privileges or for reappointment meets the criteria included in written policies and procedures.
- (See sample policy and procedure)

Expedited Credentialing

- “Expedited credentialing” is terminology used by the Joint Commission to describe how the Board – not the medical staff – expedites the credentialing decision for initial appointments, reappointments and requests for clinical privileges (see MS.06.01.11 – 2014 Joint Commission CAMH). The standards allow the Board to expedite the credentialing decision for applications that meet pre-determined criteria.
- The Board may delegate the authority to make decisions related to appointments, reappointments, privileges, etc., to a committee which has at least two voting members of the Board.

Expedited Credentialing Criteria (Per The Joint Commission)

- File must be complete
- MEC makes an affirmative recommendation (no adverse recommendation and no limitations)
- No current challenges to licensure or registration
- No involuntary termination of membership at another hospital
- No involuntary limitation, reduction, denial or loss of or clinical privileges at another hospital
- No unusual pattern of professional liability resulting in final judgment(s) against the applicant
- Although these criteria are not required and can vary on a case-by-case basis, they are strongly recommended
- Additional criteria can be considered at the discretion of the organization (see sample policy and procedure)

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Temporary Privileges

- Temporary privileges may be granted (per Joint Commission standards – MS.06.01.13) 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.
 - » “Applicant for new privileges” includes an individual applying for clinical privileges at the hospital for the first time; an individual currently holding clinical privileges who is requesting one or more additional privileges; and an individual who is in the reappointment/reprivileging process and is requesting one or more additional privileges.
- Time limit is 120 days

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Temporary Privileges, cont.

- Temporary privileges for applicants for new privileges may be granted while awaiting review and approval by the organized medical staff upon verification of the following:
 - » 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

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Which Method is Preferred? Accelerated, Expedited, or Temporary Privileges?

- We prefer a combination of accelerated and expedited over temporary privileges.
 - » Easier to track dates of activation of membership and privileges – the board acts on both issues simultaneously.
 - » No need to enter temporary privileges (and an expiration date) into eDelineate and then to come back and enter a new expiration date after board action.

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Preparation of the Credentials File

- Obtaining Information:
 - » File should include relevant information collected from all internal sources, i.e., peer review, quality, risk management and from external sources, i.e., responses to questionnaires and other inquiries sent to third parties, and then thoroughly reviewed.

Preparation of the Credentials File

- Performing quality control
 - » All required information verified in accordance with policies/procedures?
 - » Follow-up completed?
 - » Evidence that privileging criteria met?
 - » File summary prepared?
 - » Red flags identified?
 - » File identified for accelerated credentialing?
- Notification to department chair that file is ready for review
 - » Can you track the amount of time that it takes chairs to review assigned files?



Interview of New Applicants

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Should New Applicants Always be Interviewed?

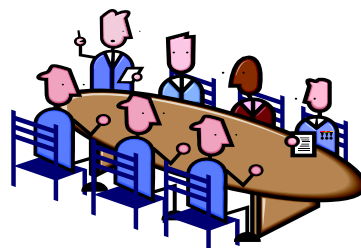
- If yes, by whom?
 - » Department Chair or Department Committee
 - » Credentials Committee
 - » ??
- Is there more than one interview? Should there be?
- Are interviews “in person” or can they be handled via the telephone or teleconference?
- Who makes arrangements for the interview?
- Is there specific information that is gathered during the interview?
- Is what was learned during the interview documented?
- What about interviews of potential employed practitioners? Can the information obtained be used in the credentialing process?
- Is an interview really necessary if the applicant qualifies for fast track/expedited review?

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Obtaining Excellent Department Chair Recommendations

- Preparation of a recommendation form in order to capture excellent documentation
- Orientation of department chairs related to their responsibility for review of files and making privileging recommendations
- Is it essential to incorporate the six general competencies into the evaluation and decision-making process?
- Basis of recommendations – particularly if adverse – should be thoroughly documented

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Maximizing Credentials Committee Meetings

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Composition of Credentials Committee

- Representatives from each Department who are not also Department Chairs or Service Chiefs
- Should consider adding an Advanced Practice Nurse if these practitioners are granted clinical privileges
- Add additional expertise to the committee as necessary when considering adding new types of practitioners or new privileges

Spend Committee Time Wisely

- Meetings should be balanced between making credentialing recommendations and making recommendations on policy issues
- Does the committee have primary oversight of privileging (development of forms, criteria, privileging disputes)?
 - » Provide sufficient time/mechanisms for this oversight if privileging development is included as a committee function

Spend Committee Time Wisely

The only way to find the time for work that doesn't relate specifically to credentialing and privileging recommendations is to

- Have extra meetings (not a very appealing option)
- Structure committee activities so that only issues that warrant discussion are addressed by the full committee
- Consider "accelerated credentialing" policy/procedure to focus attention on problem files
- Perform routine work outside of committee meetings
- Consider use of "subcommittees"
- Delegate to another committee when appropriate

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Spend Committee Time Wisely

- Credentials Committee meeting time should not be spent "auditing" files to check for presence of routine information



- If at the start of each Credentials Committee meeting, each member has a stack of files to review, there is a problem with how the committee is organized to do its work

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Streamline Committee Meetings by Elimination of Paper

Paperless Credentials Committee meetings are a reality for some organizations – is your organization ready for this step?

- If not – WHY NOT?
- Methods
 - » Providing access to agendas, and other materials that need to be reviewed prior to meeting time on secure website
 - » Implement the Administrative Review Module that will facilitate electronic review of files prior to meetings
 - » Use of LCD at meeting to focus committee attention on relevant issues

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Provide for Committee Support

- The role of Medical Staff Support Services cannot be overemphasized
 - » Coordination and implementation of processes
 - » Preparation for review of complete files with information from all relevant sources
 - » Red-flagging for review of pertinent issues
 - » Researching privileging criteria, policies and procedures, new credentialing and privileging developments
 - » Resource available at committee meetings

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Indicators of an Effective Credentials Committee

- The committee doesn't conduct meaningless interviews
- The committee is proactive and stays current on requirements, regulations, etc.
- Good decisions are made
- The committee routinely analyzes its effectiveness
- The committee is able to demonstrate its effectiveness to the MEC and Board through regular reporting
- Meetings don't get bogged down in minutia
- The committee stays focused on current competency
- The committee is not overwhelmed with paper
- The committee utilizes available resources and requests support when needed
- The committee carefully scrutinizes requests for exceptions or deviations from stated credentialing/privileging criteria

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The Credentialing Process is in Trouble When...

- If you want to know the status of a file, someone has to find the file
- If you are a Department Chair or Credentials Committee member...
 - » There is so much paper that you just go to wherever there is a red flag or a sticky note
 - » You don't know what is on a physician profile, why it got on the profile, what it means or how you are supposed to react to it
 - » You must sign your name (and date it) multiple places in each file
 - » The Department Chair's recommendations are simply "rubber-stamped"

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The Credentialing Process is in Trouble When...

- The Credentials Committee agenda isn't completed until hours/minutes prior to the meeting
- Applicants show up for Credentials Committee meetings to be interviewed and no one on the committee can ask them anything specific or relevant because their file hasn't been reviewed yet
 - » "...tell us about your background...."
- Credentials Committee meetings are entirely devoted to file review
- The process has a physician-protective focus rather than a patient-protective focus

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The Credentialing Process is in Trouble When...

Credentials Files
Look Like This!



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Q&A

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