



Standardization of Privilege Forms Across a Health System. You Can Do It!

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Speaker

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So Why Did You Pick This Session?



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How Evolved Is Your Health System?

- Past experience is important
- Have you already implemented shared services in Medical Records? IT? Others?



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Impetus for Change

- Physicians may have multiple affiliations – duplication of effort
- Chaotic processing between hospitals and managed care - example
- Inconsistent privileging criteria applied to determine clinical competence

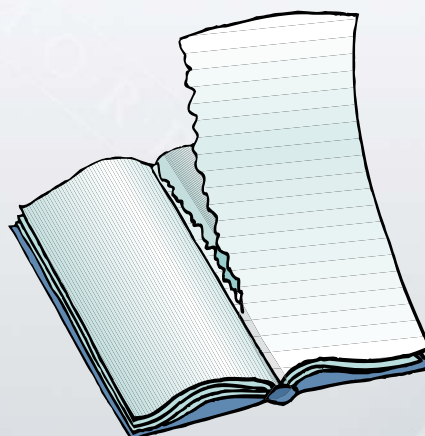


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Is It Possible To Get Everyone On The Same Page?

YES! It can be done but you have to use a thoughtful approach.....



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Build Your Case



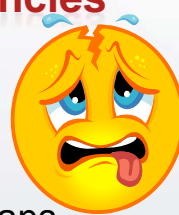
- Take a hard look at what is working and what is not working
- Identify opportunities for improvement
- Evaluate whether standardized privileges would improve the performance of the organization

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You Will Likely Identify Deficiencies

- You may discover that your current program does not meet prevailing standards
- You may discover that you have physicians providing services that they do not have privileges to provide or have not adequately addressed some areas.
- This is what you are fixing by initiating this project
- You are doing the right thing!
- Don't "flip out"!



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What's Next?

- Build the Problem Statement
 - » If stakeholders don't comprehend the end state they won't want to get on board
 - » Make the case regarding why this is in the best interest of the organization as well as the individual stakeholders



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Introduction of the Concept to the Organization(s)



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The Role of the Concept Document

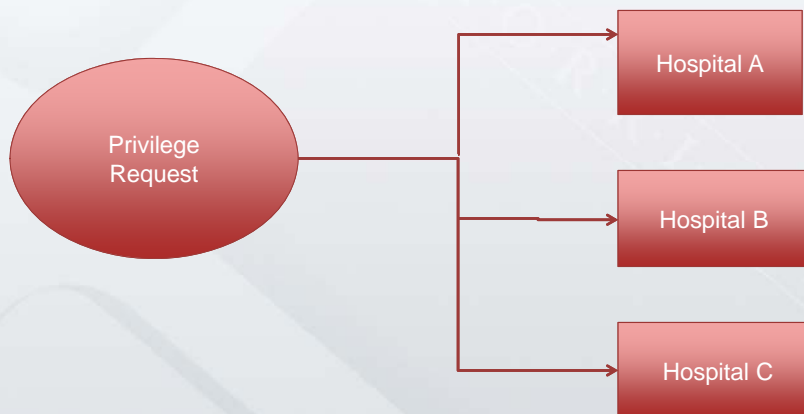


- High level outline of the vision
- Describe the end state
- Overview the anticipated project structure and experience
- Obtain authorization to proceed

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Make Sure Technology Set Up Supports Your Privilege Form Design AND Process



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Start From Scratch or Obtain Pre-Fab Content?



- Tweak what you have?
- Migrate to a different model?
- Where can you get Pre-Fab content?

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Consider the Following in Designing Your New/Revised Approach

What privileging format will you use?

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Privileging Design Considerations

Options:

- Laundry lists
- Categories
- Groupings (core, bundles, primary/clusters)
- Combinations

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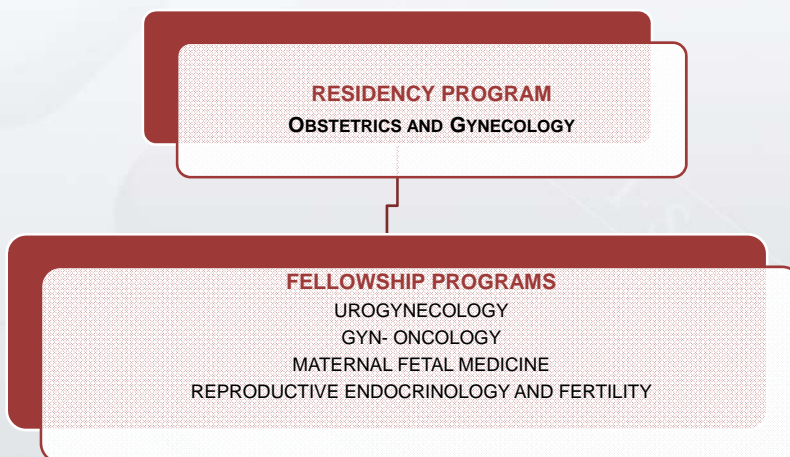
Review of Selected Specialty

Obstetrics and Gynecology

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First Consider How Formal Training Programs Are Organized



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Special Procedures Clusters

- Identify where there are privileges that require special training or certification that not all individuals in the basic specialty may possess.
- Set those items apart as special procedure privileges
- Group or cluster them whenever possible



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Now You Have A Basis For Forming The Basic Clustered Privileges For the Privilege Form



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Let's Look at an Example

A Great Example of
How Clustered Privilege
Delineation Works in a
Health System
Environment!

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Project Structure



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Project Manager

- The project will be much easier to manage if it is expeditiously completed
- Resources allocated to the project will influence the time frame required to complete the project
- A dedicated project manager versus a “part time” project management approach
- Set expectations



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Specific Tips for Management of the Project



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Inventory What Specialties Practice at Your Organization

- List what you have now
- Assess whether there are “holes” in coverage with regard to specialties and locations
- Confirm with operations management that you have privileges that cover all services provided by the organization



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Sample Inventory

PRIVILEGE DELINEATION SPECIALTY GRID

Item #	Specialties (include all specialties within a delineation)	Specialty Representative(s)	Additional Comments
1	Allergy and Immunology		
2	Anesthesiology • Pain Medicine		Pain Medicine is also included on the PM&R delineation (see #__)
3	Cardiovascular Disease • Clinical Cardiac Electrophysiology • Interventional Cardiology		
4	Colon and Rectal Surgery		
5	Critical Care Medicine		
6	Dermatology • Dermatopathology		Dermatopathology is also on the Pathology delineation (see #__)
7	Emergency Medicine		
8	Endocrinology, Diabetes and Metabolism		

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Use Project Management Tools

- Inventory List
- [Form Status Grid](#)
- [Conversion Map](#)
- [Sample Transition Letter](#)



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Privileging Design Considerations

Setting-specific privileges

- Special care units (critical care medicine form)
- Inpatient/outpatient care
- SNFs
- Sub-Acute

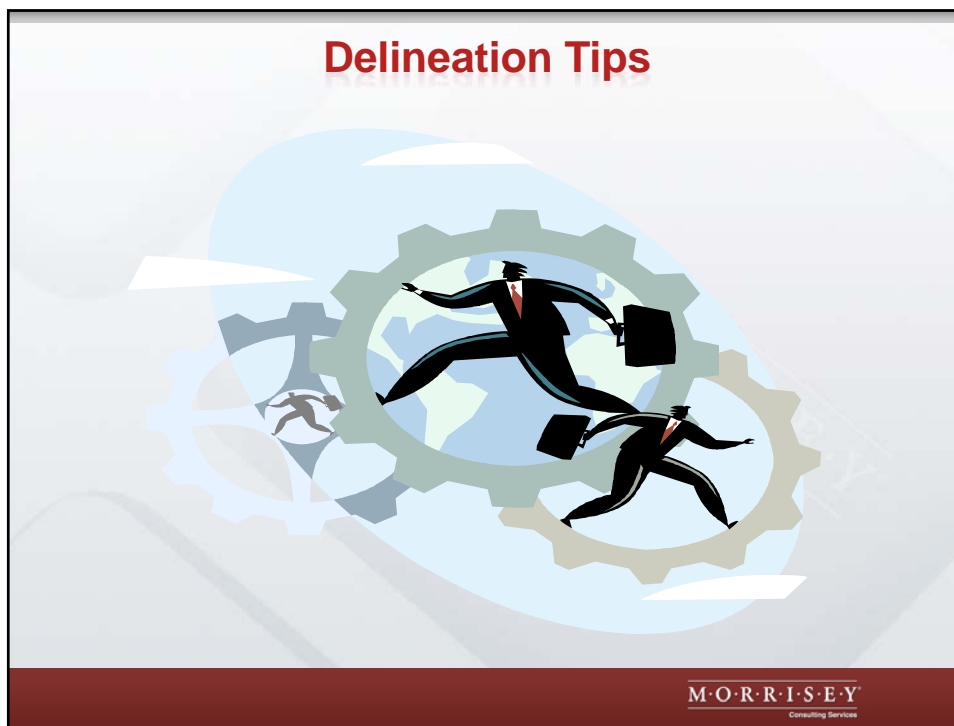
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Privileging Design Considerations

- **Are these separate forms? Do they rise to the level of privileging in your organization?**
 - » Geriatrics
 - » Sports Medicine
 - » Hospice and palliative care
 - » Hospitalists
 - » Admitting privileges vs. management privileges

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Delineation of Training Requirements: Types of Training Experiences

- Accredited residency or fellowship
- Non-accredited fellowships
- Didactic coursework with human subjects experience
- Didactic coursework including lab experience
- Didactic coursework without lab experience
- On the Job Training (OJT)

Nuances of Residency or Fellowship Training

- Level 1, 2 or 3 training
 - Level 1: Observation or “Familiarity”
 - Level 2: Performance on human subjects; competence to perform independently
 - Level 3: Performance of a high number of cases; typically required to be a lab or program director; characterized as an “expert”
- Check the ACGME requirement for a given specialty
- Sometimes articulated in “White Papers”

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Delineating Criteria for Non-Accredited Residency/Fellowship Training

- Is “equivalence” with accredited training required?
- Case logs and program director references?
- If Board Certification is eventually required the easiest route may be for the applicant to obtain a letter from the board stating that they qualify to sit for the exam



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Evaluation of Didactic Training

- If there was no lab or human subjects experience then a preceptorship will be required unless the application of the acquired knowledge has no associated technical skill.
- Simulation or lab experience may suffice in specific circumstances.
- Human subjects experience is required when there are specific technical skills that must be mastered or when the patient's response to treatment may require modification of technique or approach.

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Manufacturer Designated Training

- If a device is involved you may find guidance from the [manufacturer](#) and/or a specialty organization or the evolving community standard
- If there is no guidance available you will need to meet internally and develop criteria based upon peer consensus

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Criteria for Verification of Training

- Verification of training that occurred more than 5 years ago may not be helpful
- If applicant completed training prior to the existence of specific fellowships then evaluation of “ongoing clinical practice may be more relevant



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Strategies for Delineating Clinical Activity Requirements

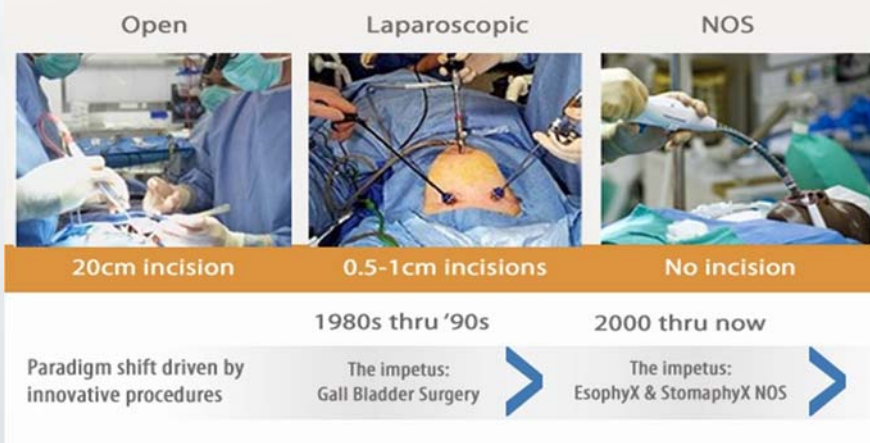
- Specific numeric criteria is not required
- National/community standards
- Delineating criteria when program accreditation/certification is expected
- Evidenced based criteria vs. peer consensus
- “Evidence of ongoing clinical practice reflective of the scope and complexity of privileges requested”

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Periodic Update of Privilege Forms Will Be Required

Example: A Natural Progression in Surgical Approach



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Coming Attractions

- Constant innovation in the industry will challenge us to periodically revisit our privilege forms to make sure that they remain current
- Use a structured approach to future form modification



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What Are Your Thoughts?



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