



# Medical Staff Credentialing/Privileging Strategies

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# What is Credentialing?

## NAMSS

Process of obtaining, verifying and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare entity



# What is Credentialing?

## Joint Commission

“the collection, verification, and assessment of information regarding three critical parameters, current licensure; education and relevant training; and experience, ability, and current competence to perform the requested privilege(s)”

# Why Credentialing and Privileging are Important

- Patient protection
- Risk management and liability considerations – aka “negligent credentialing”
- Accreditation/Regulatory requirements



# What is Privileging?

## Joint Commission

Privileging – the process whereby a specific scope and content of a patient care services (that is clinical privileges) are authorized for a healthcare practitioner by a health care organization, based on an evaluation of the individuals credentials and performance.

# The Two Tiers of the Credentialing and Privileging Process



# Tier One

Verification of primary credentials and competence



Completed application submitted



Primary credentials verified



Core competency evaluation completed



FPPE conducted if applicant lacks documented evidence of competence

# Tier Two

Delineation of privileges, appointment & reappointment using evidenced based methodologies



Credentials committee reviews application



Committee recommends either grant or deny requested privileges



Governing body approves or denies



OPPE/FPPE Data collected applied to reappointment process

# Credentialing Process for Hospitals

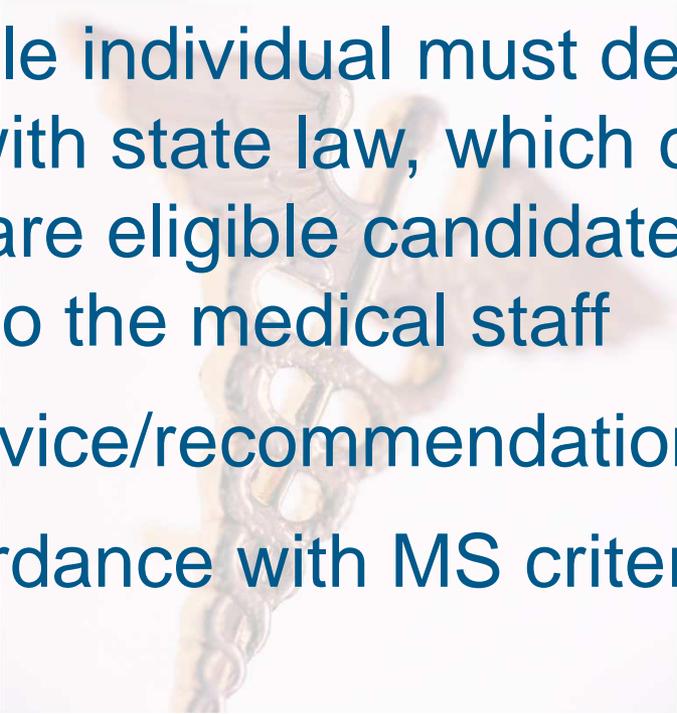
- Established in:
  - Bylaws
  - Rules & Regulations
  - Policies & Procedures



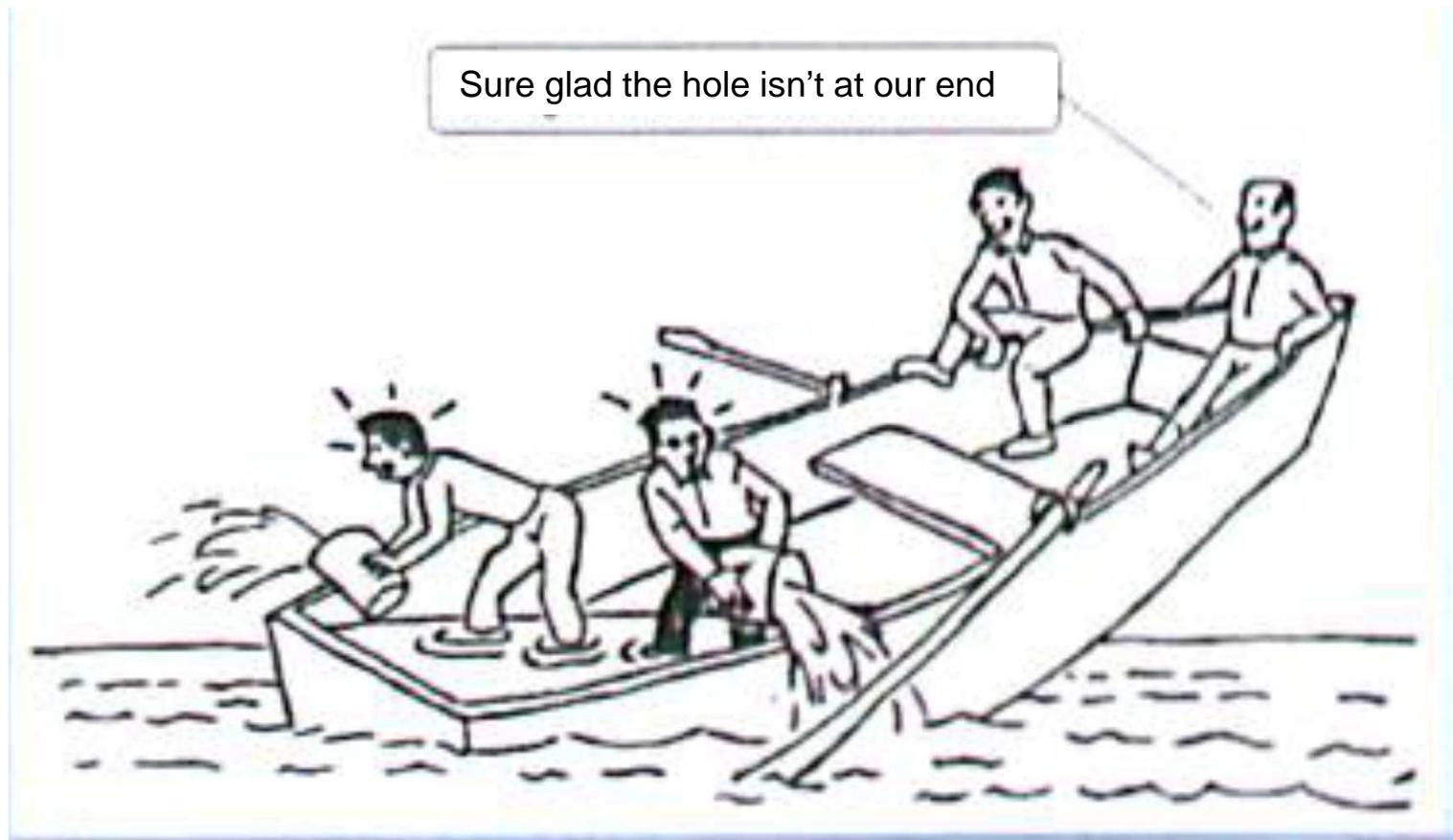
# Medicare Interpretive Guidelines

## Standard §485.627(a):

### Governing Body/Responsible Individual

- GB/responsible individual must determine, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff
  - Must have advice/recommendation of the MS
  - Done in accordance with MS criteria
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# Who's responsibility is it?



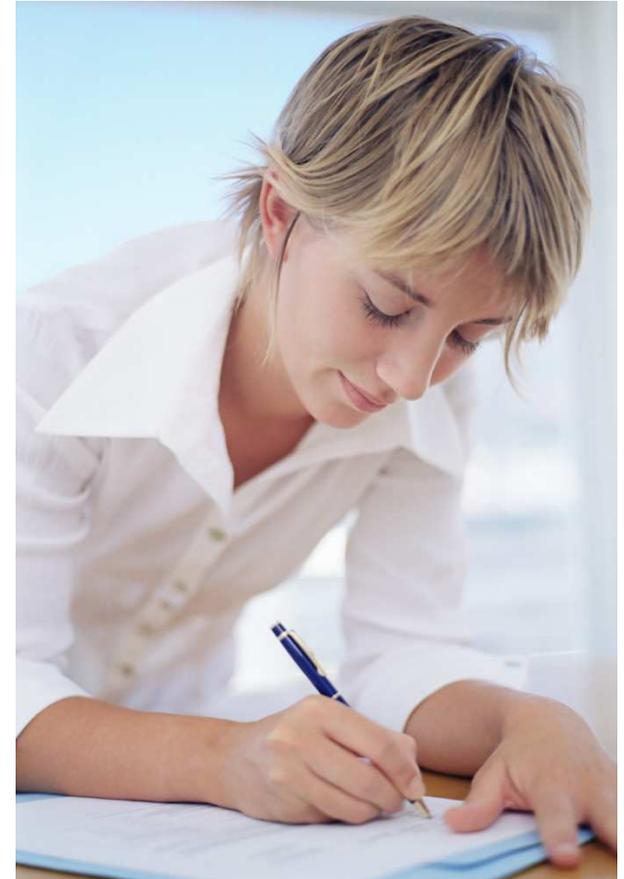
# Medicare Conditions of Participation (CoP)

- CoPs require criteria for determining privileges and for applying the criteria:
  - Individual character
  - Individual competence
  - Individual training
  - Individual experience
  - Individual judgment



# Review of Application

- Each question should be answered legibly
- Application should be signed and dated
- No unexplained time gaps from the date of completion of medical or professional school to the date of the application



# Applying Criteria for Membership and Privileges

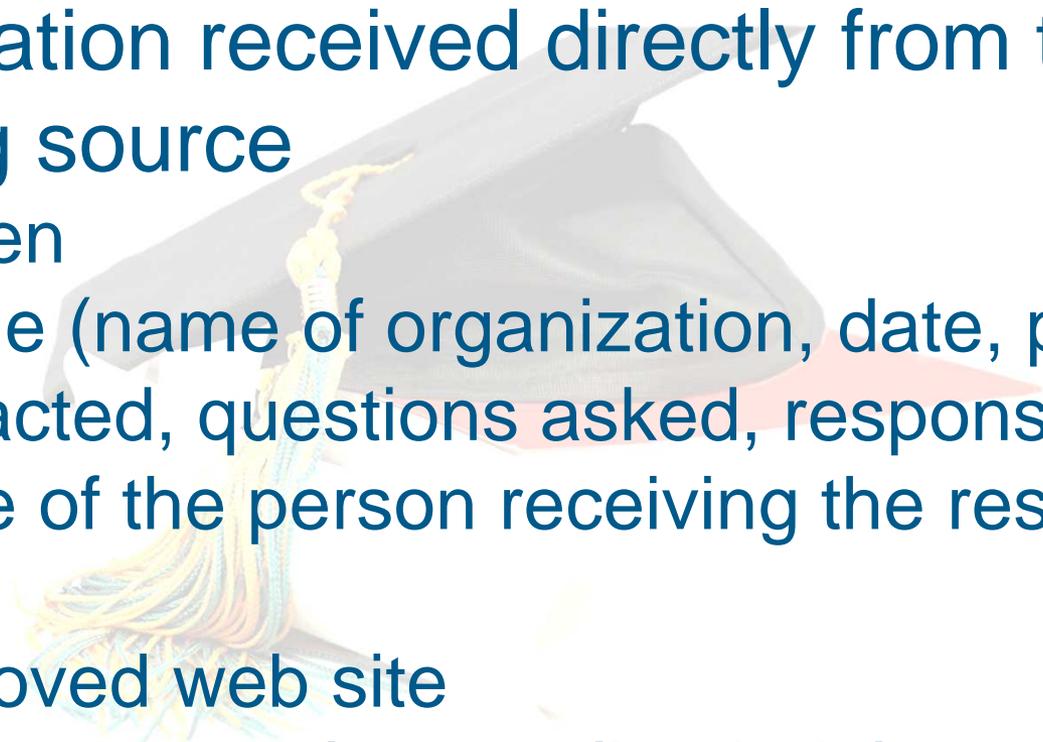
- Criteria for granting/denying privileges must be consistently applied



# Examples of Internal Criteria for Membership or Privileges

- Board certification
- Geographic location of office
- Residence within prescribed distance
- Amount of liability insurance
- Need for the specialty
- Number of procedures performed

# Primary Source Verification

- Information received directly from the issuing source
    - Written
    - Phone (name of organization, date, person contacted, questions asked, response, the name of the person receiving the response)
    - Fax
    - Approved web site
    - Can be internal, centralized, delegated
- 

# Designated Equivalent Sources

Agencies determined to maintain specific item(s) of credential information identical to the information at the primary source. Primary source may designate another organization as its agent in providing information to verify credentials. This other organization is then considered a designated equivalent.



# RED FLAGS

- Loss of licensure or narcotics registration
- Loss of appointment or privileges at another healthcare organization
- Frequent moves (excluding military)
- A history of professional liability insurance judgments or settlements
- Information on the application that differs from information received from respondents
- Negative responses from references
- Unexplained gaps



# Clinical Privileges

- Granted by governing body
- Specific patient care services
- Well defined limits
- Based on experience and history.



# History/Background

- Only admitting privileges were granted and only to physicians
- Fewer treatment options were available so most practitioners could competently perform them
- In the 1950's, the laundry list approach evolved
- Many physicians had not completed residencies, so skills varied
- As technology advanced, hospitals began establishing lists of all procedures that could be conceivably performed

# Privileges – Today

- Privileges are granted within area of practice
- They are not a right
- Applicant must prove qualifications through documentation of training and/or experience



# Special Privileges

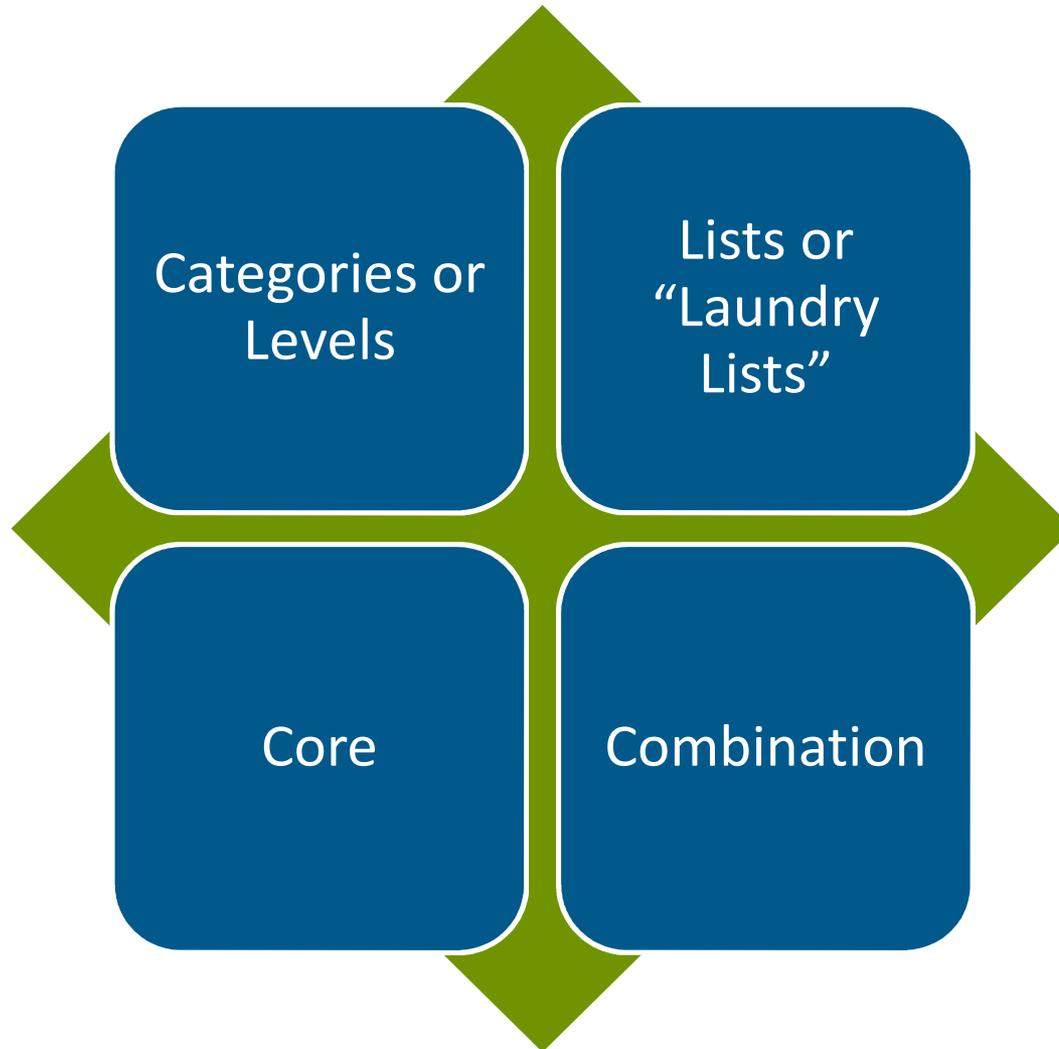
- Require additional skills/training
- May differ depending on when technology was developed
- Contractual considerations



# TJC Privileging Standards

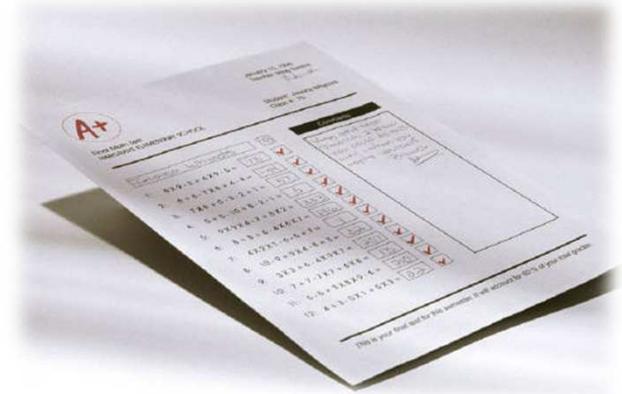
- Process to determine if there is sufficient clinical performance information in order to make a decision to grant, limit, or deny privileges
- Data from other facilities, *if available*
- Decision to grant or deny privileges is an objective, evidence-based process
  - Evidence-based = guidelines scientifically developed based on current literature and are consensus driven

# Privileging Systems



# Focused Professional Practice Evaluation

A period of FPPE is implemented for all initially requested privileges when issues affecting the provision of safe, high quality patient care are identified. FPPE is consistently implemented in accordance with the criteria and requirements defined by the medical staff.



# FPPE

- The issue
- Start date
- Means of identifying and documenting the issue
- Periodic reporting as the review progresses
- Interventions taken during the review to correct problematic issues
- Completion date or endpoints of the review
- Final analysis
- Mechanism for reporting results to the PI Committee



# Ongoing Professional Practice Evaluation

- Used in the decision to maintain/revise/revoke initial or renewal of privileges and includes:
  - Clearly defined process that facilitates evaluation of each practitioner's professional practice
  - Type of data to be collected is determined by individual departments and approved by the medical staff
  - Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s)

# Temporary Privileges

- Under certain circumstances, temporary clinical privileges may be granted for a limited period of time:
  - Fulfill an important patient care, treatment or service need
  - Applicant with complete application raising no concerns awaiting review and approval of the MEC and governing body



# Temporary Privileges, cont.

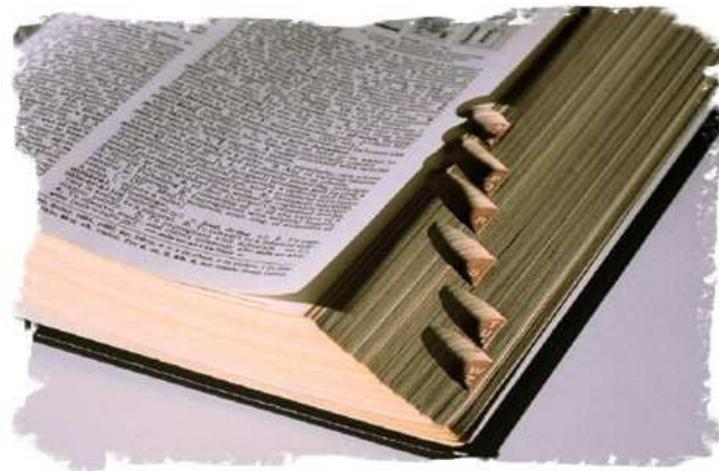
- Limited to 120 days for new applicants
- Specific limitation of days for important patient care need not addressed – time limited and spelled out in bylaws
- Granted by CEO or designee
- Recommended by MS president or designee
- Requires current licensure/competence

s	m	t	w	th	f	s	s	m	t	w	th	f	s	s	m	t	w	th	f	s
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30						29	30						29	30					

# Issues in Negligent Credentialing

## Negligence

Conduct that is culpable because it falls short of what a reasonable person would do to protect another individual from a foreseeable risk of harm



# Theories off Liability

- Respondeat Superior
- Employee negligent = hospital liable
- Apparent or ostensible agency
- Hospital-based physician appears to be employee
- Corporate negligence
- Hospital board granted privileges to unqualified physician or other practitioner



# Frigo v. Silver Cross Hospital and Medical Center, No. 1-05-1240 (Ill. App. July 26, 2007)

- Patient alleged podiatrist's negligence in performing a bunionectomy on an ulcerated foot resulted in osteomyelitis and amputation
- Podiatrist granted "Level II" surgical privileges to perform these procedures without meeting bylaws requirement which changed – not grandfathered
- Needed 30 – did 6 – none at Silver Cross

# Frigo v. Silver Cross Hospital and Medical Center, No. 1-05-1240 (Ill. App. July 26, 2007), cont.

- Court held bylaws credentialing requirements created an internal standard of care against which the hospital's decision to grant privileges could be measured
- Medical Studies Act barred the introduction of evidence about what the credentials committee reviewed
- Jury verdict against Silver Cross \$7,775,668.02
- Podiatrist settled for \$900,000.00

# Johnson v. Misericordia Community Hospital, 97 Wis.2d 521 (1980)

- Dr. Salinsky's medical staff application contained false and missing information
- There was evidence that the hospital - upon exercising reasonable due diligence - could have easily found out about the surgeon's past
- Hospital has a duty "to exercise due care in the selection of its medical staff"

# Larson v. WaseMiller, 738 N.W. 2d.300 (Minn. 2007)

- Initial medical malpractice claim asserted against two physicians who performed gastric bypass surgery
- Plaintiff alleged that the hospital should have investigated prior medical malpractice claims
- Vicarious liability – duty to exercise reasonable care

# Strategies for Effective Credentialing

## ID the Red Flags

No response to a reference request

History of disciplinary actions

Resignation from a medical staff

Past of pending investigation – state licensing board, professional organization

Medicare/Medicaid misconduct

Failure to maintain a practice within service area

Lack of verified medical malpractice coverage

Failure to maintain a practice within service area

Jury verdicts, settlements within past 5 years

# Strategies for Effective Credentialing, cont.

- Document initial findings regarding competence
  - Safe quality care
  - Demonstrate and apply knowledge
  - Interpersonal and communication skills
  - Exhibit professional behaviors
  - ACGME-ABMS joint toolbox of assessment methods
  - [www.acgme.org/outcome/assess/toolbox.asp](http://www.acgme.org/outcome/assess/toolbox.asp)

# Strategies for Effective Credentialing, cont.

- Implement a consistent evidenced based evaluation program
  - Morbidity and mortality data
  - Patient complaints
  - Adverse occurrence trends
  - Case review results
  - Peer review recommendations
  - Grandfathering in the bylaws
  - Core privileging



# Strategies for Effective Credentialing, cont.

- Collect performance data
  - OPPE
  - Involvement in adverse/sentinel events
  - Appropriateness of procedures
  - Test and procedure requests
  - Length of stay patterns
  - Use of blood and blood components
  - Drug usage
  - Autopsy findings



# Strategies for Effective Credentialing, cont.

- Establish and Enforce Parameters
  - FPPE
  - Upon initial request for a privilege or
    - Sentinel events
    - Complaints
    - Rising infections rates

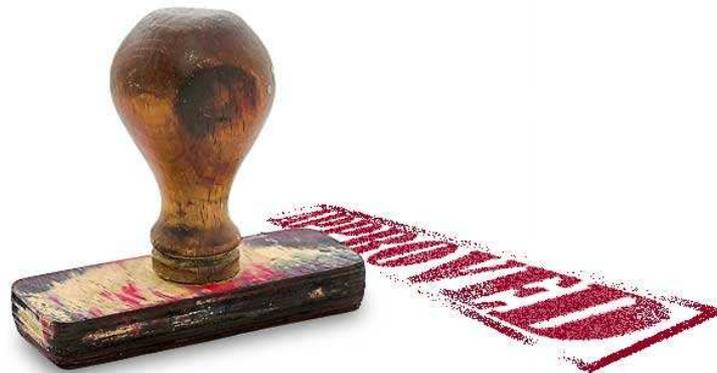


# Strategies for Effective Credentialing, cont.

- Establish and Enforce Parameters, cont.
  - Notable decrease in admits/procedures over time
  - Returns to surgery
  - Repeat admits for the same issue
  - Patterns of unnecessary diagnostic tests/treatments
  - Chronic failure to follow approved clinical practice guidelines

# Strategies for Effective Credentialing, cont.

- Provision of adequate resources
  - Risks and benefits of procedure
  - New equipment
  - Appropriate procedures for patient and facility
  - Evidence of approved privilege granted



# Strategies for Effective Credentialing, cont.

- Understand the limits of Peer Review Immunity
- Ensure leadership oversight of the process



Let me introduce you to our medical Staff Coordinator. I'm sure she can arrange your temporary privileges for tomorrow.

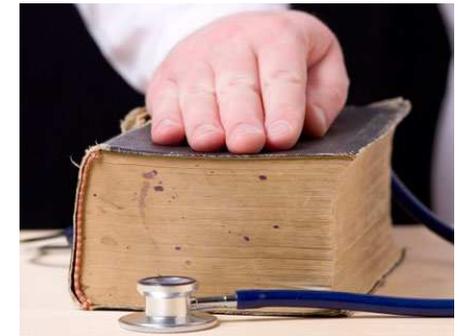
# What are the shortcomings of the Laundry List

- No predefined criteria
- Focused on procedures
- Not inclusive
- Tedious administrative time required
- “see previous”



# Attestations

- Applicant ATTESTS that the information provided on the application and associated documents is true, correct, and complete to the best of his or her knowledge
- Applicant ATTTESTS that he or she has requested only those privileges that she or she is qualified to perform



## Attestations, cont.

- Applicant ATTESTS that he or she agrees to be bound by the bylaws, rules, regulations, and policies and procedures of the organization
- Applicant ATTESTS that he or she agrees to notify the organization within a specified amount of time of any material change to the information provided on the application

# Acknowledgements

- Applicant ACKNOWLEDGES that acceptance of the application by any entity does not constitute a contractual agreement of employment, membership or granting of privileges
- Applicant ACKNOWLEDGES that as a member he or she is required and pledges to provide continuous care for his or her patients.

## Acknowledgements, cont.

- Applicant ACKNOWLEDGES that the burden of producing requested documentation to support their application for initial and ongoing membership is the responsibility of the applicant
- Applicant ACKNOWLEDGES that misstatements or omissions from the application may constitute cause for denial or revocation of membership or appointment
- Applicant consents and authorizes the entity to procure a consumer report

# Release Forms

- Applicant authorizes and releases from liability the organization, its employees, representatives, and affiliates, when gathering, obtaining, and exchanging documents, records, another information pertaining to his or her application
- Applicant authorizes any third parties (including but not limited to individuals, agencies, medical groups, corporations, companies, employers, hospitals, health plans, licensing agencies, insurance companies, and medial societies) to release information concerning his or her qualifications, credentials, clinical competence, quality assurance data, character, physical or mental health condition, behavior, ethics, claims history, or any other matter reasonably having a bearing on his or her qualifications. Applicant releases above entities or third parties for his or her acts performed in good faith and without malice

# ACPE 2006 Survey Patient Trust and Safety

- Is there a doctor in your community that you would avoid because you think he or she makes medical mistakes?

	Yes	No	Don't Know
Patient Responses	20%	78%	2%
Physician Responses	77%	23%	



**For more information, contact  
RM&PSI at (888) 466-4272 or  
[rmpsi@coverys.com](mailto:rmpsi@coverys.com)**