January 2010 Vol. 19, No. 1

Briefings on

Credentialing

The monthly newsletter for medical services professionals

What's the harm in disclosing privilege lists?

Nothing, as long as disclosures follow policies and medical staff culture

As medical staffs continue to look for new ways to verify a practitioner's current competency, the latest trend in medical staff services departments is to request a list of the practitioner's privileges previously held. If you are the medical staff on the receiving end of such a request, it is important to respond to that request in a manner that adheres to policies and respects the medical staff culture.

On one side of the spectrum, your medical staff may have a transparent culture and share practitioners' privileges with the public via a hospital Web site. On the other side, your medical staff may be more traditional and not readily disclose that information even when it is requested by another medical staff during the credentialing process.

No matter where your medical staff falls on this spectrum, it is important when developing a policy to ensure that medical staff members understand its details and implications and that the policy respects your medical staff's culture.

A new question to answer

"It's only been in the last year or so that [requesting medical staffs] started asking for lists of all privileges practitioners have held," says **Mary Brooks, CPCS,** medical staff coordinator at San Jacinto Methodist Hospital in Baytown, TX, about incoming requests from outside institutions.

San Jacinto Methodist Hospital informs the requesting medical staff that it cannot release that information without first obtaining a signed release from the practitioner.

"They're not used to having what they consider confidential information released," Brooks says about the medical staff members. Even after a practitioner signs a general release, Brooks will specifically ask the practitioner about releasing privileging information. "To err on the safe side, we ask physicians to be sure that they really intended for us to send [the requesting medical staff] copies of all of the privileges they have ever been granted here," she says.

Tip: If your medical staff decides to add new information to its release form, make sure medical staff members are fully aware of the addition. Although practitioners have a responsibility to read all medical staff documents thoroughly, medical staff services departments can help highlight important information to improve working relations.

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Privilege lists

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Most medical staffs have experience processing releases during the credentialing process and generally adapt well to new information on the release. Brooks says the requesting hospitals she's worked with have had no problems following San Jacinto's policy of practitioners signing releases that specifically allow a list of their privileges to be given out.

Cautious policies shield against lawsuits

Medical staff policies that require practitioners to sign releases before they disclose information to a requesting hospital are designed to protect an institution against lawsuits. But in the case of disclosing a practitioner's list of privileges, on what grounds could the practitioner sue the disclosing hospital?

A practitioner could claim that the information provided by the disclosing hospital prevented him or her from gaining privileges at the requesting hospital, says **Dwight W. Scott Jr., Esq.,** an attorney in the healthcare section of McGlinchey Stafford, PLLC, in Houston. For example, if the disclosing hospital releases information stating that the practitioner holds privileges A, B, and C, and the practitioner is applying for privileges A, B, C, and D, the requesting hospital may deny the request for privilege D.

"The practitioner's going to be upset at both facilities because he was denied that privilege," says Scott, and that anger could lead to a lawsuit.

Tip: If you receive an application from a practitioner requesting privileges that he or she did not hold at a previous hospital, don't deny the request based on that fact alone. Instead, ask the practitioner questions such as the following:

- Did your last organization have the resources to grant those privileges?
- Did you ever hold those privileges? If so, when was the last time you exercised them?
- Can you describe the training you've received to practice those privileges?
- Are you willing to undergo competency assessments and additional training if necessary before receiving those privileges?

Another legal precaution that medical staffs must consider is to receive or give out releases that are specific, not general, says Scott. "If you're the hospital that's receiving the request for information, make sure that the release you get is specific to you, is signed by the practitioner, and he understands that he requested you provide this information," he says. (For more legal tips, see the sidebar on p. 3.)

Credentialing wisdom

As the disclosing medical staff facility, Brooks says she has never had a practitioner sign a release allowing San Jacinto Methodist Hospital to disclose information and then ask to withdraw that release. However, she has experienced the reverse. "I've had physicians that we

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were trying to get information on withdraw their release [from the other hospital] and ask the other hospital not to respond to us," she says.

If a similar situation happens to you, it could be a sign that something negative happened at the other hospital that the practitioner doesn't want you to find out about. Whatever the reason for the nondisclosure, the practitioner still has the responsibility to prove competence. If he or she takes steps to block competency assessments, it is unlikely you will be able to process the application for credentialing with such information missing.

It is not uncommon for MSPs to encounter applications who question a medical staff's process, even if there is nothing unusual in that process or it closely follows Joint Commission (formerly JCAHO) standards. In these situations, it is important for MSPs to stand by their medical staff's policies and not bend the rules for pushy applicants.

When Brooks encounters these types of practitioners, her response to them is clear and firm. She says, "This is our policy if you want to be on our medical staff. If you want, I can give you our chief medical officer's phone number, and you can discuss your concerns with him."

That's not to say that MSPs shouldn't accommodate applicants and medical staff members when necessary. However, there is a difference between making reasonable accommodations, such as developing disclosure policies with an eye on medical staff culture, and continually making exceptions to standard procedures.

A pushy practitioner is a credentialing red flag. It could be a signal that he or she doesn't want the medical staff to discover certain information through its verification work. "When you've done this enough, you learn to read between the lines; you get a feel for the physician," says Brooks. "If they're really pushing you, there could be something they're trying to keep buried." ■

Legal advice for safe disclosures

Once your medical staff has decided it wants to disclose information about a practitioner, the next step is deciding how to disclose that information. There are several options to consider, says **Dwight W. Scott Jr., Esq.,** an attorney in the healthcare section of McGlinchey Stafford, PLLC, in Houston. "While it is difficult to ensure unequivocal protection in every situation, there are steps that can be taken to increase the likelihood of having your asserted claims of immunity upheld. The Health Care Quaility and Improvement Act of 1986, the federal law that provides immunity for peer review activities, allows for committee-to-committee discussions," Scott says.

Therefore, the appropriate committee (i.e., credentials, peer review, or medical executive) or its designee at the requesting medical staff can arrange a meeting with its counterpart at the disclosing medical staff. This way, exchanged information can be protected under the peer review umbrella.

Another option for the requesting medical staff is to designate an individual committee member from the disclosing hospital as an adjunct or consulting member of the requesting hospital's committee. Again, this would increase protection of discussions under the peer review umbrella. However, medical staffs must consult relevant state laws to determine the legal boundaries of such an arrangement, including rules regarding shared information if a person consults one committee while working on another committee.

Finally, Scott says, medical staffs can consider the option of combining multiple disclosure techniques for maximum legal protection. "Even in cases where we have signed, executed releases from the practitioner, we still go through the steps of doing a signed administrative agreement between Hospital 1 and Hospital 2 just to provide an extra layer of protection," he says.

Using this technique, a medical staff would obtain a practitioner's signed release that permits it to disclose specific information and a signed agreement with the other medical staff that arranges for committee-to-committee disclosures. Although these additional releases and meetings may add hours to the credentialing process, they can avoid weeks of potential legal battles if information is improperly disclosed.

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Sample credentialing release form

The following is a sample release form that the disclosing facility (Old Hospital) would have the practitioner sign before releasing information to the requesting facility (New Hospital). The form can be modified as desired to fit the needs of your organization. Keep in mind that it is best practice to have medical staff legal counsel review all releases before they are implemented.

Dear practitioner,

Old Hospital has received a request from New Hospital for the information listed at the bottom of this form. For Old Hospital to release this information, you must check the boxes of the information you want us to release and sign and date the bottom of the form. Then detach the bottom portion of the form and mail it to:

Old Hospital
Attn: Medical Staff Services Department
123 Oak Street
City, State 12345

If you have any questions, you may contact the medical staff service department by e-mail at *MSSD@oldhospital.org* or by phone at 555/555-1234, and we will direct your questions to the appropriate individual.

Sincerely,
Jane Doe
Director of medical staff services
Old Hospital

- -

❏ Affiliation dates
❏ Medical staff membership category
❏ List of last privileges held
❏ FPPE assessments
❏ OPPE assessments
❏ Peer review information

I allow Old Hospital to release the information checked above to New Hospital.
Practitioner signature: ______________ Date: ___________________

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Integrate, don't separate

Manage satellite clinics as part of the hospital

Core privilege forms easily adapt to satellite locations

Satellite clinics. Outpatient clinics. Freestanding clinics. Regardless of what you call these hospital-owned facilities, satellite clinics have a growing presence on the healthcare landscape. As such, it's important for medical staffs to develop sound policies on credentialing and privileging providers that work there.

Even if practitioners only hold privileges at the satellite clinic and not the main hospital, the medical staff services department (MSSD) must credential them according to accreditation standards. Additionally, if practitioners hold privileges at both locations, clarify at which facility these privileges will be exercised on the privilege form.

The rise of multisite facilities

If your facility doesn't already have satellite clinics, it may in the coming years. Patient interest in such services helped spark the growth of retail clinics in diverse locations, such as grocery stores and pharmacies.

On the hospital side, administrators are also taking an interest because small clinics prove to be a wise business investment.

"It's more cost effective to provide patient care in those clinic-type settings then it is to do it in the [emergency room (ER)]," says **Kathy Matzka, CPMSM, CPCS,** a medical staff consultant from Lebanon, IL.

From the patient's perspective, a visit to one of these clinics may require a less expensive copay than a visit to the ER. From the hospital's point of view, when patients visit these clinics, they free up resources at the main facility, allowing practitioners there to focus on more urgent patient needs.

However, that's not to say that these satellite clinics deal exclusively with ER-type services. They can provide for a variety of specialized care, from OB/GYN services to geriatric services.

Credentialing with an eye on privileges

Medical staffs must credential the practitioners who work at satellite clinics as though the clinic is organizationally and functionally part of the hospital. An easy way to tell whether a clinic is part of the hospital is to look up its Medicare billing number. If the hospital's number matches the clinic's number, the two sites are part of the same system.

The advantage of two or more facilities being part of the same organization is that they will likely share credentialing policies; accrediting organizations, such as The Joint Commission (formerly JCAHO), will also survey them at the same time.

However, just because the medical staff credentials the satellite clinic's practitioners doesn't mean it has to give them privileges at the main hospital.

"That's where people get into trouble because they don't separate clinical privileges from credentialing," says Matzka. "You've got to separate the two, and you've got to think just because they don't have hospital privileges does not mean that they don't have to credential the doctor."

Don't ignore medical staff membership

Just as medical staffs should pay attention to privileges for dual facilities, also note the medical staff membership status of practitioners at remote facilities. Although medical staff membership is separate from clinical privileges, linking the two together can result in a medical staff with greater dedication to the organization.

"I don't like the idea of providing access to your hospital without requiring [practitioners] also take on responsibilities that go along with medical staff membership," says Matzka. "I don't think we should let them off the hook and give them a free pass. They need to be integrated into hospital organization."

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Satellite clinics

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If medical staffs do not grant medical staff membership to satellite clinic practitioners, the organization runs the risk of the following:

- Isolating satellite practitioners from their in-hospital peers
- Decreasing the number of eligible peer review committee members
- Limiting the type of feedback these practitioners can contribute at regular medical staff meetings

Therefore, include clinic-based practitioners in medical staff membership as a means of promoting integration and teamwork.

It is also important to consider the role practitioners play in your organization's system-based practice. As one of The Joint Commission's six general competencies adapted from the Accreditation Council for Graduate Medical Education, system-based practice requires practitioners to develop an awareness of the larger health system. Practitioners must use the resources in this system to provide excellent patient care. Medical staffs can help facilitate a system-based practice by granting medical staff membership and hospital-based privileges to the practitioners who do most of their work in the satellite clinics and vice versa.

Nevertheless, these privileges must not be just for show. If practitioners based at the clinics do not exercise their hospital privileges enough to maintain competency, the practitioners can no longer hold these privileges, nor can they hold them if the locations lack the resources to support the privileges.

Although multilocation privileges may improve system-based practice, it is ultimately the responsibility of the medical staff to decide what privilege arrangement will provide the best patient care.

Hospital clinics similar to retail clinics

Retail clinics share similarities to hospital-owned satellite clinics. Because of this, it's helpful to know the different types of retail clinics. They are as follows:

- **Health systems-affiliated.** These clinics are typically located in areas away from the main hospital, such as in grocery stores and on corporate campuses.
- **Subsidiary model.** Clinics in this model are typically operated by the corporation in which they are located. An example of a subsidiary clinic is Minute-Clinic, owned by the pharmacy chain CVS.
- **Independent.** These clinics are managed by independent operators and are not affiliated with health systems or pharmacy/retail chains. An example of an independent retail clinic is RediClinic, which rents space from Wal-Mart, among others.

Core privileging

It is a best practice for organizations to specify the location where practitioners will practice privileges directly on the privileging form. This is a relatively easy technique to implement on core privilege forms, according to several MSPs who use core privileges. (Turn to p. 8 to see a sample core privilege form designed for use at multiple locations.)

Katie Berg, CPCS, medical staff coordinator at Henry Ford Macomb Hospitals in Clinton, MI, credentials and privileges practitioners to work at multiple satellite clinics. These clinics include:

- Ten family medicine clinics
- Four urgent care facilities
- One occupational medicine clinic
- Seven OB/GYN clinics
- Two pediatric medicine clinics
- Two orthopedic surgery clinics
- One primary care clinic (combined family medicine and OB/GYN)
- One internal medicine clinic
- Four specialty clinics (oncology, neurology, rheumatology and plastic surgery)

Some of the practitioners who primarily work at the clinics also have hospital-based privileges. "At the top of

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the form, the physician would designate which clinic he or she would be working, by checking a box," Berg says.

Henry Ford Macomb Hospitals do not maintain separate documents that outline all the possible privileges practitioners can exercise at each location because the privilege forms provide adequate explanations.

"We've had state surveyors review the forms during surveys and and they were fine with it," says Berg. "We haven't had any negative feedback from a survey perspective."

Mary Buck, CPMSM, CPCS, manager of medical staff services at Palomar Medical Center in Escondido, CA, also credentials and privileges practitioners to practice at multiple locations. Buck's organization does not use the term "satellite clinic" for these off-site facilities, which include:

- Two wound care and hyperbaric clinics
- Two express care clinics
- Two skilled nursing facilities

Practitioners at the wound care clinics exercise privileges that are specific to those locations. Therefore, only practitioners at those clinics can fill out those privilege forms; practitioners working only at the hospital cannot exercise those privileges because the hospital doesn't have the resources to support the privileges. Buck is in the process of converting the medical staff privilege lists to core privileges and believes the new forms will streamline the process for applicants. "It's actually going to be easier because it's clearer what the requirements are," she says. "It's spelled out more clearly where they're at, what they can do there, and the criteria to permit them to do that."

Buck has received positive feedback from the practitioners who have seen the new forms, despite their initial dismay at using a longer privileging form.

"They're a little overwhelmed because we've gone from one page to five pages, but once you explain the concept of how the qualifications, privileging criteria, and monitoring requirements are contained in this one document, as opposed to having to refer to separate documents ... they're fine with it," she says.

As Buck's practitioners grow accustomed to a new privilege form, other medical staffs across the country are getting used to the concept of expanded medical facilities in place of a single hospital.

"I think we are going to be seeing a lot more of these types of issues [about] clinics that are away from the hospital campus," says Matzka. "We need to make sure that we continue to fully integrate these practitioners into the hospital organization."

As MSPs know, integration starts with the credentialing process. ■

Building community with satellite clinic and hospital practitioners

Extending medical staff membership to practitioners who primarily work at satellite clinic locations is one way to ensure that those practitioners work as a unit with their hospital-based peers. But it's not the only way.

Below are some tips medical staffs can use to build camaraderie between the two groups. Remember that building relationships today can pave the way for smooth working conditions in the future.

- Make medical staff meeting attendance mandatory, at least for some meetings. This guarantees that practitioners from multiple locations will gather in a central place to discuss issues that will affect all of them.
- Hold social events or departmental meetings at clinic locations. Some clinics may not have appropriate meeting space, but if they do, explore this option. It will help convince satellite practitioners, who typically travel to the hospital for meetings, to attend, and it will give hospital-based practitioners a clearer picture of the off-site facilities.
- Include news updates from the clinic in monthly medical staff newsletters. Additionally, if the newsletter features a practitioner of the month or highlights the cutting-edge work of a particular team, include a photo along with the article. This will help the hospital-based practitioners get to know the satellite practitioners better.

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Sample physical medicine and rehabilitation core privilege form

The following sample form is an example of how medical staffs can customize core privilege forms to reflect multiple clinical settings. Note the check boxes under each section where the applicant can request privileges and indicate the settings in which they will be practiced.

Core privileges

Requested for:

❏ Main Hospital
❏ Satellite Clinic A
❏ Satellite Clinic B

Admit, evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages with physical impairments or disabilities involving neuromuscular, neurologic, cardiovascular, or musculoskeletal disorders. Physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan or prescription for treatment that may include the use of physical agents or other interventions and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. (May provide care to patients in the intensive care setting in conformance with unit policies.) Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. (The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.)

Qualifications for spinal cord injury medicine

To be eligible to apply for core privileges in spinal cord injury medicine, the initial applicant must meet the following criteria:

➤ Successful completion of an ACGME- or AOA-accredited residency in physical medicine and rehabilitation followed by a 12-month fellowship program in spinal cord injury medicine **and/or**
➤ Current subspecialty certification or active participation in the examination process (with achievement of certification within [n] years) leading to subspecialty certification in spinal cord injury medicine by the American Board of Physical Medicine and Rehabilitation.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least [n] patients during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

Reappointment requirements: To be eligible to renew core privileges in spinal cord injury medicine, the applicant must meet the following maintenance-of-privilege criteria:

➤ Current demonstrated competence and an adequate volume of experience ([n] patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes
➤ Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

Spinal cord injury medicine core privileges

Requested for:

❏ Main Hospital
❏ Satellite Clinic A
❏ Satellite Clinic B

Evaluate, diagnose, treat, provide consultation for, and manage patients of all ages with traumatic spinal cord injury or dysfunction and nontraumatic myelopathies, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the lifetime of the patient. (May provide care to patients in the intensive care setting in conformance with unit policies.) Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. (The core privileges in this specialty include the procedures on the attached procedure list and such other

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procedures that are extensions of the same techniques and skills.)

Special noncore privileges (see specific criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.

Administration of sedation and analgesia

Requested for:

❏ Main Hospital
❏ Satellite Clinic A
❏ Satellite Clinic B

See hospital policy for sedation and analgesia by nonanesthesiologists.

Core procedure list

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather reflective of the types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date. Please check the box next to the list indicating which facility you are requesting to practice these privileges in.

Physical medicine and rehabilitation

Requested for:

❏ Main Hospital
❏ Satellite Clinic A
❏ Satellite Clinic B

1. Anesthetic and/or motor blocks
2. Arthrocentesis and joint injection
3. Disability evaluations
4. Ergonomic evaluations
5. Fitness-for-duty evaluations
6. Independent medical evaluations
7. Joint manipulation/mobilization
8. Perform history and physical exam
9. Routine nonprocedural medical care
10. Injections, including joint, ligament, neurolysis, nerve block, soft tissue, and trigger point
11. Venipuncture

Performance and interpretation of:

12. Electromyography
13. Ergometric studies
14. Gait studies
15. Muscle/muscle motor point biopsies
16. Perform history and physical exam
17. Small, intermediate, or major joint arthrogram
18. Work physiology testing, treadmill, spirometry, radiographs, audiograms, pulmonary function tests (baseline) for respirator-only interpretation

Spinal cord injury medicine

Requested for:

❏ Main Hospital
❏ Satellite Clinic A
❏ Satellite Clinic B

1. Perform history and physical exam
2. (List applicable procedures)

Source: Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-Based Privileges, Fourth Edition, *by Wendy Crimp, RN, BSN, MBA, CPHQ; Sally J. Pelletier, CPMSM, CPCS; Vicki L. Searcy, CPMSM; and Mark Smith, MD, MBA, FACS. HCPro, Inc., 2007.*

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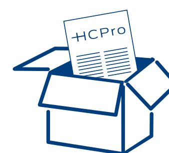

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The last word by Becky Cochran, CPMSM, CPCS

Training and proctoring advance practice professionals

Recently, I was in a seminar where there was a lively discussion about advance practice professionals (APP). The discussion focused on medical staffs granting APPs privileges or scopes of practice and APPs receiving training at a nonteaching facility. Medical staffs should determine the criteria for APP privileges prior to accepting applications so you don't have to cross that bridge at the last minute.

APPs must come into your facility with the training that demonstrates competency for their requested privileges. Unless you are a recognized training facility, you should only provide them continuing education as needed not basic education they should have previously received. You may proctor to determine competency, which focused professional practice evaluations require.

Here is an excerpt from a clinical nurese practitioner (CNP) privilege from my own organization:

Required qualifications

- RN
- Successful completion of a formal program designed for the education and preparation of nurse practitioners as providers of primary healthcare. This program must be offered through an accredited institution of higher education or through the armed services. If the applicant is initially licensed by the Board of Nursing after January 1, 2001, the program must be at the master's level or higher.
- Be currently licensed as required by the state.
- Provide evidence of successful accomplishment of national certification as a nurse practitioner.
- Maintain current basic life support certification.
- Provide proof of malpractice insurance specific to San Juan Regional Medical Center.
- Be employed by a supervising physician who:
  - Is a member in good standing of the active staff at San Juan Regional Medical Center
  - Agrees to maintain ultimate responsibility for directing the course of the patient's medical treatment
  - Provides alternate(s) for monitoring/consultation when not immediately available

Required previous experience

At least 12 months of clinical experience within the CNP area of specialization in the preceding two years. You may request the privileges as specified below if you meet the minimum threshold criteria. This core scope represents the cognitive skills and procedures, which are normally taught in nurse practitioner programs. To request privileges, applicants may be requested to demonstrate current and ongoing abilities and competency through the minimum activity as specified.

Editor's note: Cochran is the director of medical staff services at San Juan Regional Medical Center in Farmington, NM. She also serves as an expert witness in medical staff cases and was appointed by Gov. Bill Richardson to serve as a public member to the New Mexico Medical Board. ■

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