

# Five Basic Rules of Credentialing



**Diana El Banna, Pharm D, MPH**  
*Medical Staff Officer  
 American University of Beirut  
 Medical Center*

## Introduction

Credentialing of physicians is defined as the process used to verify the authenticity and appropriateness of the physicians' qualifications and work experience. The field of credentialing has evolved in the past decades. It has been influenced by standards introduced by the Joint Commission International (JCI), real events of negligent credentialing, best practices being introduced by experts in the field of credentialing.

The five basic rules of credentialing explained below will help hospitals or medical centers standardize their processes, meet JCI standards, increase efficiency, minimize risk, close credentialing gaps, and ensure that qualified and competent physicians care for their patients.

### 5 Basic Rules of Credentialing

**Rule 1: Complete Background Check**

**Rule 2: Follow your Bylaws, Policies and Procedures**

**Rule 3: Place the burden on the applicant**

**Rule 4: Do not deny unnecessarily**

**Rule 5: Simplify the process & avoid duplication**

## 1- Performing a thorough Background Check

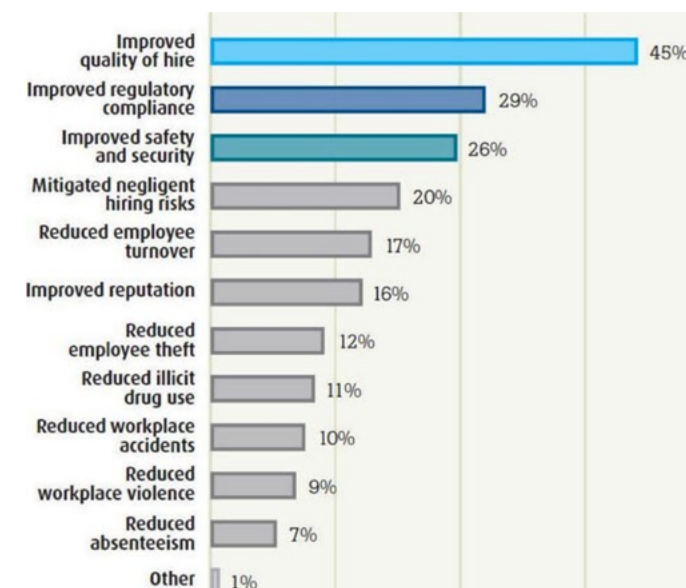
All applications to the medical staff should include a complete background check in the following areas:

- a- Medical School, Residency(s), Fellowship(s) – Primary source verification should be performed for all degrees and training(s).
- b- Previous positions held – Verify all previous positions held by the applicant in other institutions and make sure that he/she has not had any issues there (behavior, investigations, revoked privileges, medical record delinquencies, etc.). This can be deduced from the letter of verification of employment when the word “in good standing” is not present or if negative statements are added. This should be followed up with the institution and further inquiry should be performed.
- c- Licenses - All medical licenses held by the applicant in any country. Any current or pending actions on the license should be disclosed by the applicant in the application form and this should be then verified by appropriate means.
- d- Malpractice insurance – All malpractice insurances held by the applicant should be disclosed in the application form and if he/she has had any malpractice suit filed against him/her along with the outcome of this suit (i.e. current, closed, dismissed, settled, judgment). This information should then be verified with the malpractice insurance company or the lawyer who handled the case.
- e- Peer references – Request peer references from at least two individuals who are familiar with the applicant's clinical work. For fresh graduates with no previous experience references can be requested from the residency program director and/or the fellowship director. In case the applicant is not a recent graduate, a reference letter can be requested from his/her chief of staff or head of division where the applicant was previously employed. Reference letters should be read carefully to ensure that it is positive in every aspect. Any questionable comments should be verified with the individual providing the reference. **Standardize the request for references using a checklist or specific questions that cover the six core competencies developed by the Accreditation**

**Council for Graduate Medical Education (ACGME) to evaluate physicians. They are:**

- i- Patient care
  - ii- Medical knowledge
  - iii- Practice-based learning and improvement
  - iv- Interpersonal and communication skills
  - v- Professionalism
  - vi- System-based practice
- Make sure that all references are kept confidential; the applicant should not have access to them.
- f- Criminal background checks – All applicants should undergo a criminal background check. This is considered a best practice in credentialing. Criminal background checks should not only be performed in Lebanon but also in any other country where the applicant resided.
  - g- Red flags – Common red flags to watch out for in an application to medical staff include:
    - i. Questionable items on a privilege form
    - ii. Moving around a lot
    - iii. Having multiple malpractice insurance carriers
    - iv. Having several malpractice claims
    - v. Not finishing a residency or training program
    - vi. Having several reports involving negative actions on licenses, membership, privileges, sanctions by the federal government, crimes committed except for parking tickets.
    - vii. Gaps in education, training, or work experience, especially unexplained gaps

All red flags should be brought to the attention of the hospital leadership so that an informed decision can be made on the applicant.



**Benefits of performing Background Checks:**

**2- Follow your bylaws and related policies and procedures**

All credentialing process practiced at an institution should be described in the bylaws and detailed further in the policies and procedures related to credentialing. The medical staff bylaws, policies and procedures and the current processes should be synchronized to be similar in all aspects. If it is found that any of these process(es) is (are) different from the bylaws or policies; then the applicable accreditation standards should be checked and the bylaws, policies and procedures should be updated or the process in question should be changed accordingly. If there is any update in the process, the policy (and if applicable the bylaws) should be updated to reflect this change. (2)

It is best practice to follow the 5 Ps developed by The Greely Company which is: “Our policy is to follow our policy; in the absence of a policy our policy is to develop a policy”. (3)

## 3- Place the burden on the applicant

Place the burden on the applicant to provide the healthcare organization with the information required when you are unable to obtain this information after expending significant time and effort. Bylaws and related policies and procedures should clearly spell out that it is the responsibility of the applicant to provide the healthcare organization with this information and that his/her application will be not processed pending receipt of this information.

## 4- Do not deny unnecessarily

Avoid appeals (this is a lengthy and cumbersome process which drains the institution's resources and morale). This can be avoided by following these guidelines:

- a- Create eligibility/threshold criteria for membership and clinical privileges for every specialty/sub-specialty. Prescreen applicants and inform them upfront of these criteria before they apply.
- b- If during the application processing the applicant is found not to meet eligibility criteria, he/she can withdraw the application and there will be no need for the appeal process.
- c- The above also applies for members requesting



additional privileges; check that they meet the eligibility criteria for the requested privilege and verify their competency.

### 5- Simplify the process and avoid duplicative work

One of the famous quotes by Albert Einstein is: “Everything should be made as simple as possible, but no simpler”. Try to simplify your credentialing process to include steps that are necessary to evaluate the qualifications and competency of the physician. Information collected that does not add any value to the process and is not required by applicable accreditation standards should be removed. Check with other departments if there is any duplicated work being done. Inquire as to what information is collected and verified by the department/division/service or human resources department e.g. reference letters may be solicited by the department, criminal background checks are usually performed by the human resources department. Do not request from the physician to submit the same information or form more than once. Information should be shared and utilized where necessary (except for confidential information). E.g. enrolling the physician in the National Social Security Fund (NSSF) requires information that is already submitted in his/her medical

staff application form.

### Conclusion

The above are guiding principles considered to be best practices in credentialing of Medical Staff at healthcare organizations. They have been discussed briefly and they are by no means inclusive of all procedures or processes that should be incorporated to develop and implement them.

Healthcare Leaders and Administrators involved in Medical Staff Services can use these rules to build an efficient, standardized, holistic and streamlined credentialing process that meets accreditation standards in their healthcare organization.

### References

- 1- *Turn your application into a powerful tool Credentialing Resource Center Journal January 2012.*
- 2- *Roberts, Anne; Palmer, Maggie. The Medical Staff Professionals Handbook. HCPro 2011.*
- 3- *Cairns, Carol S.; Pelletier, Sally; Sheff, Richard A. Core privileges for Physicians: A practical approach to developing and implementing criteria-based privileges, fifth edition HCPro 2010*

## Infos

### Cancer du Côlon: Viande Rouge et Charcuterie Augmentent le Risque

Ce n'est pas la première fois qu'une étude fait le lien entre la consommation de charcuterie ou de viande rouge et le cancer colorectal. L'Institut national de la recherche agronomique (Inra) de Toulouse a déjà expliqué que l'association de quatre facteurs, à savoir la coloration de la charcuterie, l'ajout de nitrites, la cuisson et l'oxydation, pouvait provoquer une augmentation significative des lésions précancéreuses au niveau du côlon. Quant à la viande rouge, les chercheurs britanniques ont déjà montré qu'en manger tous les jours augmente le risque de mortalité de 13 %, le risque de maladie cardiovasculaire de 18% et le risque de mortalité par cancer de 10%.

Cancer du côlon : une question de chromosome ?

Mais une nouvelle étude californienne vient préciser pour-

quoi le risque de cancer du côlon augmente lorsqu'on mange régulièrement de la viande ou de la charcuterie. En fait, en mangeant ces aliments, les personnes qui possèdent un variant du chromosome 10 (c'est-à-dire une légère anomalie) auraient un risque accru de développer un cancer colorectal. Pour cette étude, 9 287 patients atteints du cancer du côlon, ainsi que 9 116 personnes saines ont été observés par les chercheurs de l'Ecole de médecine de Californie du Sud. Le cancer colorectal était plus répandu chez les patients porteurs du variant chromosomique. Un variant particulièrement répandu puisqu'il est présent chez une personne sur trois. Mais la bonne nouvelle, c'est que les personnes qui possèdent ce variant réduisent le risque de cancer colorectal lorsqu'ils mangent des fruits, des fibres et des légumes.



## COMMITTED TO EXCELLENCE IN HEALTH CARE

As a health care provider of choice in the region, Mount Lebanon Hospital is committed to improve the health of the communities, serve with the development of new and better models of care.

This commitment is demonstrated through compassion, dedication to quality and provision of outstanding service based on patient and client needs.



**MOUNT LEBANON HOSPITAL**  
GHARIOS MEDICAL CENTER

[MOUNTLEBANONHOSPITAL.COM](http://MOUNTLEBANONHOSPITAL.COM), 05 957000