

5 Ways to Expedite Credentialing of New Physicians at Medical Centers



Diana El Banna,
BS Pharmacy, MPH
Medical Staff Officer
AUB Medical Center



Dr Abdul Ghani Kibbi
Professor and Chair
Department of Dermatology
Director of Faculty Affairs
Faculty of Medicine
Deputy Chief of Staff for
Medical Staff Affairs
AUB Medical Center

Introduction

Credentialing of Medical Staff has become an essential ingredient for standards of clinical practice in medical centers. Although it has been around for quiet sometime; yet until recently, its mechanisms/processes have remained basic and simple. With the rapid evolution and advancement in healthcare delivery in the last decade and the increased awareness of patients regarding the quality and safety of care rendered, healthcare organizations are under increased pressure to provide the best patient care by recruiting physicians who are highly qualified and competent in any specialty.

Accreditation agencies have also mounted their focus on credentialing of medical staff and their standards and requirements have increased in complexity. These added requirements have placed an additional strain on organizations to comply with the new standards and, at the same time, apply policies and procedures to function efficiently and to expedite the recruitment and credentialing

process for new physicians.

Any delay in credentialing has a significant negative impact on clinical and business outcomes. Patients will potentially be deprived of the physicians' services, who in turn with the healthcare organization, will lose financially due to their inability to practice and bill for patient services.

Described below are 5 tracks that will allow organizations to speed up credentialing of new physicians and permit them to meet their obligations, goals, strategic plans, regulatory and financial requirements.

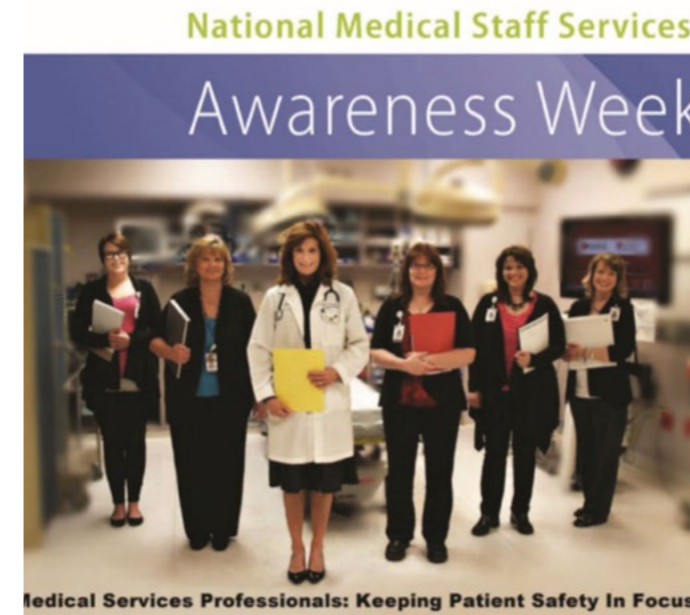
1. Allocate a multitude of resources to perform functions in-house.

Being a complex task, credentialing is composed of different sequential steps and requirements before a physician is allowed to practice independently within his/her approved privileges in a healthcare organization.

Allocation of extensive resources including trained and/or experienced administrators in medical staff affairs (referred to as Medical Staff Professionals or MSPs), governance and corresponding accreditation standards are indispensable to achieve proper and appropriate credentialing and privileging of physicians.

The establishment of a department/office capable of handling all aspects of credentialing is preferable in order to facilitate, expedite and respond to applicant physicians, inform him/her of the required documents, and ensure future follow-up and updates on their privileges.

According to a survey conducted in the US, around a quarter of responding health care organizations have contracted additional employees to their medical staff services department during the past year in order to meet the increased demand on credentialing and privileging of physicians. Additionally, the survey also revealed that 1-4



full time MSPs is required to credential and re-credential 100-400 medical staff; [1].

Setting up an electronic application template for high volume credentialing will accelerate the application process and minimize delays as well as streamline the review and approval process.

2. Outsourcing the credentialing process

In cases where the healthcare organization is short on their in-house resources, and to avoid placing continuous pressure on MSPs, then credentialing may be outsourced to other **institutions who have expertise in these functions or to certain specialized companies referred to as Credentials Verification Organizations. (CVOs)**. This alternative will permit the in-house MSPs to devote their time to other areas of credentialing and privileging.

However, several factors should be addressed before outsourcing credentialing, these are:

- Critical reviews of the process of credentialing by the healthcare organization at the contracted institution or CVO to make sure that it meets their requirements and needs.
- Cost estimations to account for when budgeting for these functions.
- Turnaround times to safeguard efficient and timely response.
- Check past/ present clients who may serve as references

to ensure that the contracted service complies with the standard.

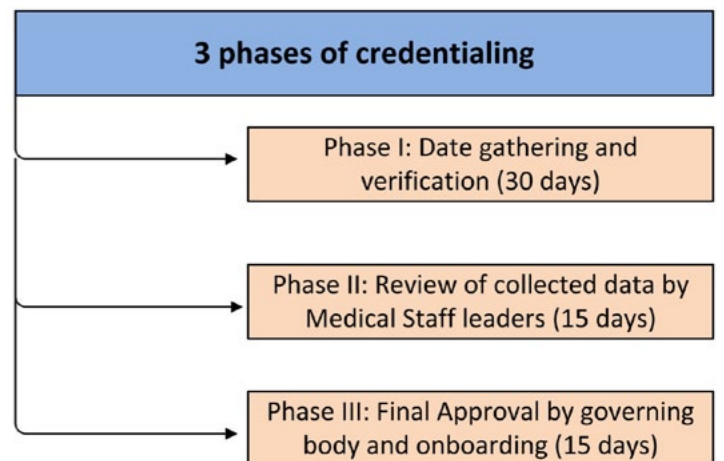
- Clear contractual agreement documenting all the services agreed upon and the processes referenced as policies and procedures.

3. Expedited credentialing process for "Clean Applications"

A clean application is one that has met all the requirements i.e. complete documents, primary source verifications (the process of verifying all credentials of a physician directly from the source), recommendations, and eligibility criteria and is only pending review by the credentialing committee and the Medical Board.

These "Clean" applications may be approved through an expedited process in which the credentialing committee chair recommends approval to the governing body (such as the Medical Board or Medical Committee) without due process discussions in the credentialing and privileging committee.

The alternative to further expedite this process is to hold a joint meeting of the department chair or chief of service, chairperson of the credentialing committee and the chairperson of the governing body where these applications are presented, discussed and approved in one "shop stop". Consequently, the turnaround time is minimized, the physician is onboard and clinically active and revenue generating to the healthcare organization during a period not exceeding 60 days.



4. Review of all applications before the credentialing committee meeting

All applications, presented to the credentialing committee, should be reviewed by its Chairperson before its scheduled meeting. This track allows categorization of the applications into three types.

- a. Clean applications – as stated above, these straight forward applications are presented for information without open discussion
- b. Applications with issues: These applications are complete yet they contain issues or red flags which has surfaced during the credentialing screening process by the MSP and require discussion
- c. Incomplete applications: these applications are tabled and will be presented to the credentialing committee when all requirements have been met.

Such a strategy will improve the management of the credentialing committee meeting and will accelerate the approval process of new physicians in the organization.

5. Checklists

Checklists were first implemented to lower infection rates associated with central line insertion.[2] Since then,

Infos

Solution Naturelle Contre la Rage de Dents

Douleur, hypersensibilité, difficulté à s'alimenter ou à s'exprimer, la rage de dents est l'un des maux physiques les plus aigus. En attendant le rendez-vous chez le professionnel de santé, il existe une solution naturelle efficace pour soulager la douleur sans avoir recours aux médicaments: l'argile.

L'Argile Soulage la Rage de Dents

Rouge, blanche, verte, marron, l'argile est utilisée en cosmétique et en thérapeutique.

Venue tout droit de la terre, l'argile a des bienfaits qui soignent l'organisme par voie interne et externe, comme les troubles digestifs, les brûlures sur la peau etc...

Antiseptique, anti-inflammatoire et cicatrisante, l'argile possède de nombreuses vertus surtout lors de douleurs dentaires. En cas de rage de dents, vous pouvez préparer un cataplasme d'argile.

checklists have been invoked in many areas of medical practice including credentialing of physicians in order to facilitate communication, improve efficiency and deliver best practices.

Checklists aid new physicians to procure documents/information/requirements which should be procured to process his/her application in a reasonable timeframe. At the same time, these checklists provide MSPs with a transparent window of opportunity to systematically track missing documents, communicate this information more accurately, standardize the process and make it consistent and protective to the organization both legally and financially.

Summary

In conclusion, credentialing of physicians has become one of the corner stone functions of healthcare organizations. Even though it has become complex, yet if done systematically as illustrated above, then assuredly clinical operations become aligned with the standards of accreditation.

References

- 1. MSP salary survey 2015, Medical Staff Briefing August 2015
- 2. Peter Pronovost profile https://en.wikipedia.org/wiki/Peter_Pronovost

LEVOFLOX MÉDIS 500
Levofloxacin 5 mg/ml

AIM RIGHT

- PROVEN EFFICACY
- WELL TOLERATED
- SIMPLE DOSAGE : 1 TO 2 DOSES / DAY
 - Simple IV Perfusion
 - Duration > 60 min
- RECOMMENDED BY **ansm**
ANSM Agence nationale de la sécurité du médicament (AFSSAPS)

1 BOTTLE / BOX

Bir Hassan, Al safarat street, Al Rabie bldg, Grd floor Beirut - Lebanon / P.O. Box : 5017-Ghebeiry
Tel : 00961 1 843105 / Fax : 00961 1 838394 - Email: Medis.Lebanon@hotmail.com

TEICO MÉDIS
Teicoplanin

EFFECTIVE BY NATURE

- High tissue concentration
- Wide range of indications
- Well tolerated
- Consolidated dosage,
Loading dose : 6mg/Kg every 12 hours for 1 to 4 days
Maintenance treatment : 6mg/Kg per day
- Dosages : 200 & 400 mg
- Easy to use :
Shortens hospitalization period⁽⁶⁾

IV & IM pathways

(6) F. Baïson & al. Traitement des infections otite-otitides par la teicoplanine. Med & Mal inf. 925-976

Immeuble Médis - Angle Rue du Lac de Tanganyika et Passage Lac de Neusiedl - 1053 - Les Berges du Lac - TUNIS - Tunisie
Tel : (216) 71 962 620 / 71 106 200 - Fax : (216) 71 963 740 - E-mail : marketing.ventes@medis.com.tn - Site web : www.medis.com.tn