Successful Credentialing:
Eight Ways to Enhance your Credentialing
Does this sound familiar? Your Physician Recruiter gave you the “all clear” to begin the credentialing process for that brilliant neurosurgeon your hospital wants to bring on board. Using your credentialing software you were able to fax or email the peer reference and hospital affiliation requests that same day – but six weeks have passed, and you haven’t received all the responses back, despite second and third requests.

Or how does this scenario sound? Your hospital hired a cardiologist several years ago and someone on the credentialing team handled the file. Unfortunately, a number of patients are now complaining about the quality of care they received. Some may have actually been harmed, and your hospital is facing a lawsuit. Now the risk manager has received a subpoena for all records pertaining to the cardiologist. It is up to you to gather those records, including the credentials file and the minutes of the pertinent Credentials and Executive Committee meetings.

Credentialing is the mechanism that determines which healthcare practitioners will work with your organization to care for your patients. A good credentialing process can ensure that excellent, qualified caregivers are granted specific privileges… and that incompetent practitioners are turned away and never get the opportunity to harm a patient.

From the outside looking in, credentialing appears to be primarily an operational or administrative process. It’s not. Credentialers must apply training, skill, judgment, professionalism, and resourcefulness. Credentialing is the end-result of a multitude of factors and successful credentialing teams have adopted some or all of the following credentialing strategies:

1. First things first, know your medical staff bylaws, rules and regulations, and policies, as well as the hospital accreditation standards pertaining to the credentialing process – and then follow them consistently.

   Design your departmental credentialing policies, procedures, and checklists to ensure compliance with your governing documents and accreditation standards, as well as with known best practices within the industry. These documents form the foundation of your organization’s credentialing process. Failure to follow your own bylaws and rules and regulations regarding credentialing can make the hospital liable for negligent credentialing cases, as well as subject to adverse privileging decision lawsuits.

   “The very first thing new staff members should be required to do is to read and become familiar with the governing and accreditation documents,” says credentialing veteran Linda Van Winkle. “Have these documents easily accessible to them … at their fingertips. Any question that comes in regarding your credentialing process can be answered by ‘Let me see what the bylaws (policies) say.’” Van Winkle also recommends that you have these documents with you at Medical Staff organization meetings as medical staff members will look to you and your staff to be knowledgeable and able to answer questions that arise during meetings regarding bylaws or The Joint Commission standards.

TRAINING TIP:
When introducing your new credentialing policy to staff, give them the reasons why they should follow it. Primarily, it’s about assuring safe patient care. But explain that following the processes defined in the medical staff bylaws and rules & regulations can prevent claims of negligent credentialing as well as ensure your hospital’s continued accreditation status.
2. Communicate and spread the word! Credentialing is a focused activity and generally involves reviewing documents and using a computer most of the day, working toward the goal of completing the verification process and handing off an application to the appropriate reviewing person or body. If not careful, that becomes an insular activity and staff can become set in their ways of doing things. There should be continuous education and sharing of ideas within the credentialing team. Credentialing is an ever-evolving industry; review your processes on a regular basis. Hold monthly meetings to share credentialing news, obtain input from the team and from physician leaders as to ways to “think outside the box”, share issues and concerns, review new standards, present educational topics. Have staff members who attend seminars come back and present several “Aha!” points they learned. Gather the team together for lunch and listen to a webinar. Subscribe to and share industry e-newsletters.

3. Network with other MSPs outside your organization. Stay informed. Join an email group of your credentialing colleagues. Participate in social media groups on LinkedIn or Facebook. Sign up for Google alerts for keywords such as “credentialing”, “privileging”. Encourage your credentialing staff to join organizations such as the National Association of Medical Staff Services (NAMSS) and to participate in the state chapter activities. They do a great job of keeping members up to date on best practices. Case in point: At the recent NAMSS annual conference, one session offered: Common Credentialing/Privileging Mistakes that Healthcare Leaders Make - Case Studies and Lessons Learned. “Networking is a good way to learn how other MSPs are successfully credentialing doctors,” says Van Winkle. “There are so many things to learn at conferences—you don’t have to reinvent the wheel.”

TIP:
Consider conducting an annual orientation program for your Credentials Committee and Medical Executive Committee members. Enlist your experienced MSLs to help with the presentations. Cover topics such as: Your Role as a Committee Member; The Credentialing Process; OPPE/FPPE/Peer Review; The Medical Staff Bylaws; Joint Commission Hot Button Standards; How to Run an Effective Meeting; etc. Invite your administrative leaders to attend. Not only will Medical Staff leaders benefit from this orientation, your hospital administrative leaders and your credentialing team will stay up-to-date on topics related to credentialing, and it will create a bond to facilitate working together in the coming year.

4. Keep your Medical Staff leaders in the know, too. It’s crucial that your medical staff leaders (MSLs) are up to date on credentialing standards. After all, MSLs are responsible for recommending new applicants as well as reappointment applicants to the governing body, and for FPPE and OPPE and peer review as well. New medical staff leaders come into their roles as department chiefs or committee chairmen without formal training in medical staff organizational functions, if any. Encourage new leaders to attend educational conferences. Invite MSLs to your internal departmental meetings when appropriate. And include them on your email list for newsletters.
5. Didn’t get the results you needed regarding that application? Follow up! For example, if the references submitted by the applicant are not responding or providing enough details, reach out to medical staff leaders at prior hospitals and office practices if you believe you need more information. Also, remember that your physician leaders are a great resource. For example, if you’re having difficulty getting a peer reference to respond, have your MSL make a phone call to that peer reference. Perhaps there is something that peer reference is not comfortable putting in writing but will be willing to discuss with your MSL. Or, if your applicant receives scores of “Average” regarding competencies by a peer reference, enlist your MSL to make a phone call to that peer reference to get more information. Document everything that’s said—the data will help you defend your decision if you opt to not bring that applicant on board.

6. Pay attention to alarm bells. You are an analyst, a detective, a gatekeeper, a psychic! “All joking aside, as you gain experience in credentialing, you will develop a sixth sense about an applicant,” says Van Winkle. You will scrutinize everything the applicant says and doesn’t say on the application and you will verify all information submitted on and with the application. And, you should make further inquiries if you see the following information about an applicant:

   - Resignation from a medical staff
   - Reports of problems in an applicant’s professional practice
   - Past or pending state licensing board, medical staff organization, or professional society investigative proceedings
   - Unexplained or unaccounted for time gaps
   - No response to a reference inquiry from an applicant’s past affiliation
   - Disciplinary actions by medical staff organizations, hospitals, state medical boards, or professional societies
   - Any claims or investigations of fraud, abuse and/or misconduct from professional review organizations, third-party payers, or government entities
   - Little or no verified coverage from a professional liability insurance policy
   - Inconsistencies or discrepancies on the application
   - Failure to list on the application every state in which licensure was held
   - Jury verdicts and settlements for professional liability claims (which should still be individually reviewed)
   - Inability to maintain a medical practice within the facility’s service jurisdiction for any amount of time

   DOCUMENTATION TIP:
   NAMSS recommends you collect the following 13 pieces of information to fully vet an applicant:

1. Proof of identity
2. Education and training
3. Military service
4. Professional licensure
5. DEA Registration and State DPS and CDS Certifications
6. Board certification
7. Affiliation and work history
8. Criminal background disclosure
9. Sanctions disclosure
10. Health status
11. National Practitioner Data Bank (provides healthcare-specific information on state and federal criminal convictions and civil judgments, as well as malpractice history and hospital sanctions)
12. Malpractice insurance
13. Professional references
7. **Red flag anything on the application that is concerning to you.** Create a chronology of everything on that application and highlight any adverse information so that it creates a visual portrayal of that applicant’s history. Bring your concerns to the attention of the MSL. Learn to be assertive when presenting your concerns to medical staff and hospital leaders. There will be times when you are feeling pressure to expedite an application. Don’t let that pressure keep you from gathering the information needed in order for your Medical Staff organization and board to make an informed decision about granting privileges.

8. **Don’t wait ... automate ... with online, mobile technology.** Turn credentialing obstacles into opportunities! New technologies incorporate credentialing best practices and streamline your peer referencing and hospital affiliation processes. Across the industry, the average time it takes to receive completed peer referencing feedback and hospital affiliation verifications is 4-5 weeks. New online solutions significantly reduce this turnaround time to a matter of days, as well as ensure that the respondents complete every question legibly the first time. Those that are mobile-ready allow peer references to respond to your questionnaires at any time of the day from anywhere in the world. As soon as the reference form is completed and electronically signed, it can then be instantly on your screen, and linked to the applicant’s record. The online process eliminates the need to wait for faxed or scanned documents that then have to be input or re-uploaded.

**SOFTWARE TIPS:**
When automating credentialing, make sure your vendor can cite real-world case studies in which healthcare organizations using its system pared credentialing time and minimized risk. Automating means your turnaround time should shrink to 4-5 days versus 4-5 weeks.

Some other things to consider:
- Look for a flexible solution with a standard industry “best practice forms” or customizable forms to match your processes
- Is the solution completely online? Including e-signature, so you don’t have to print and re-upload the document

**Take control of your credentialing process**
SkillSurvey Credential OnDemand™ delivers streamlined digital credentialing that helps skilled practitioners impact patient care faster. An automated, online solution that can be tailored to fit your organization’s needs and bylaws expedites the credentialing process while maintaining high standards of quality and growing revenue.

Prospective providers enjoy a simple and smooth experience with an anywhere, anytime online application. Peers complete and return reference from any device, typically within less than five days. Flexible response options for hospital to hospital communications speed the process of privileging requests and affiliation verifications. Medical staff services ensure a robust process and proactively prevent unnecessary delays with a system that spots obstacles and a dashboard view that raises red flags.

Deployed to automated paper-dependent processes or supplement existing systems, SkillSurvey Credential OnDemand™ enhances confidence in credentialing while growing revenues and saving time and money. Explore how you can speed up your credentialing process and get your healthcare providers on board faster with Credential OnDemand. Visit SkillSurvey at www.skillsurvey.com, and on Facebook, LinkedIn, and Twitter.

References:
1. Source: The Ideal Credentialing Standards: Best Practice Criteria and Protocol for Hospitals, NAMSS, February 2014