

Credentialing and Effective Peer Review

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1

Objectives

1. Be able to compare credentialing and peer review with human resource functions
2. Be able to describe a thorough credentialing process
3. Be able to use peer review to assess quality of care given by a credentialed provider

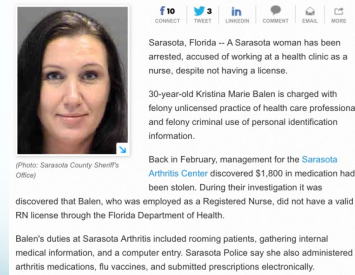
2

Conflicts of Interest

- Surveyor for Accreditation Association for Ambulatory Health Care

3

From the headlines



10 News Staff, WTSP 1:05 p.m.
EDT March 9, 2015

4

From the News

1. How did this happen?
2. Didn't someone look at her license?
3. What about her previous jobs?
4. Did she get any training?
5. What if she posed as a physician??



5

Credentialing

- This is what an organization does to verify that someone who is hired is who they say
- Usually physicians, dentists, podiatrists
- But also physician assistants, nurse practitioners, CRNAs, private scrubs, laser operators, lithotripsy operators, etc.
- Also verifies training and certifications

6

Credentialing

- Familiar process of providing:
 - School
 - Residency
 - State license and DEA
 - Office locations
 - Contact information
 - Malpractice information
 - Disclaimers
 - Litigations
 - Limitations from other institutions
 - Statement that you are not impaired

7

Credentialing

- Most is verified by primary or secondary sources
 - AMA website for training
 - States for individual license*
 - OIG for CMS infractions*
 - Department of Justice*
 - National Practitioner Data Base*

- On-line makes it easy
- Services can perform this for you

* Needs updating

8

Credentialing

- Always need to get a letters of reference from *peers*
- New standards dictate that a picture is included in the application
- Lastly, a committee or person needs to:
 - Evaluate application
 - Make a recommendation
 - Move it on to the ultimate governing body

9

Credentialing



- Governing body needs to have evidence of discussion
- Need to send a letter of notification (according to time frame set forth in bylaws) that includes what was approved or not
- Allow for appeals for negative decisions

10

Credentialing

- Who does this apply to?

EVERYBODY YOU DON'T PAY THAT WORKS AT THE FACILITY!!

11

Credentialing

Special circumstances:

- Solo practitioners
- Contractual services
- Employed physicians
- Temporary providers



12

Credentialing

- Is this a 1-time event?

NO!!

- CMS says cycle length cannot exceed 3 years
- Most hospitals do 2 years, smaller groups do 3
- Still need to monitor for expirations, lawsuits, etc.

13

More from the Headlines...

A USA TODAY investigation shows that thousands of doctors who have been banned by hospitals or other medical facilities aren't punished by the state medical boards that license doctors.



(Photo: Robert Deutsch, USA TODAY)

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Dr. Gregory Phillips was a familiar figure when he appeared before the Texas Medical Board in 2011 on charges that he'd wrongly prescribed the painkillers that killed Jennifer Chaney.

The family practitioner already had faced an array of sanctions for mismanaging medications — and for abusing drugs himself. Over a decade, board members had fined him thousands of dollars, restricted his prescription powers, and placed his medical license on probation with special monitoring of his practice.

They also let him keep practicing medicine.

STORY HIGHLIGHTS

- Hundreds of doctors with multiple malpractice claims still have their licenses
- Weak oversight by state medical boards has been a concern for decades

P. Eisler and B Hansen, USA Today Aug 20, 2013

14

Privileging

- Now that you have decided who can be present at your facility and on your medical or allied staff, you need to decide what they can do
- Like a job description, but may be a core privilege or list of items
- Either must be approved by the governing body to even be offered in the first place
- Individuals are then specifically evaluated to be granted the privilege

15

Privileging

- **Core privileges** are a general statement of what someone completing training should be able to do:
 - Procedures
 - History and physical
 - Give local anesthesia
 - Read images
- Then there are special privileges or ones needing additional training
- **Traditional privileges** are more of a laundry list
 - Should list each procedure
 - List can include "special" procedures as they may be limited from those without training
 - Should have a point on form to indicate what is requested and what is approved by committee/board

16

Privileging



- Occurs as part of credential and re-credential process
- May be additional if new privileges are sought outside of typical cycle
- Carries with it the stamp of approval from the board
- Things not approved need to be described and given opportunity to appeal

17

Tomorrow....

You are working with your least favorite nurse, Dan. He never reads the preference cards and is always having to run for necessary equipment. He texts on his phone while in the OR and misses requests by the surgeon so you usually have to adjust the bovie, just to keep things moving. He arrives at 7:15 for his 7:30 start and always has an excuse. Since you teach the ACLS class for your center, you also know he is the last person you would want coding you if something happened!

If only *something* can be done....

18

Human Resources

- It is called an annual employee review:
 - Evaluates employees according to their job descriptions and facility's mission statement
 - Seeks peer and superior's evaluations
 - Lists accomplishments
 - Summarizes incident reports and disciplinary actions
- Ultimately determines wages
- Should feed into an improvement cycle, as well

19

Then the next day.....

You have a 7:30 ACL repair. You did the block in pre-op and the room has been ready since 7 am. It is now almost 8 am and the surgeon, as per usual, is not there. You roll your eyes as you refill your coffee mug. Thinking that the day will be unpleasant as you have to deal with the surgeon yelling at the staff and breaking the arthroscopes, again. He also was noted to have his third infection in the last 3 months on a patient the last time he was at your center.

If only *something* could be done.....

20

Peer Review

Definition: evaluation of scientific, academic, or professional work by others working in the **same field**.

- Evaluation--you actually have to look at what they are doing
- Professional work--separates from personality, but can include quality reports, results, *outcomes* and communication
- Same field or same specialty is great, but same level of training is what is expected

21

Peer Review

Peer Review

- Duties in bylaws and mission and 6 elements of care
- Peer evaluations
- Meeting goals set forth
- Quality metrics
- May be triggered by an event or "focused"

Human Resources

- Compare to job description and mission
- Peer evaluations
- Accomplishments
- Incident reports/discipline

22

Peer Review

- Each center needs to decide the who, what, when of peer review
- Who gets it?
 - Anyone you credential
- What do you look at?
 - Depends on the job performed
- How often is it done?
 - Center dependent, but quarterly is a good guide

23

Peer Review

Suggestions for What:

- Chart review
- OUTCOMES
- Incident review
- Quality measures (ABX, temp on arrival to PACU)
- Satisfaction
- Case observation
- 360° review

24

Peer Review

Then what?

- Annual or quarterly summary to provider
- Usually goes to MEC for discussion as needed
- Define opportunities for improvement
- Results must go into the Re-Credentialing process
- Use as a competitive way to improve all care provided

25

Peer Review Tips

- Keep it relevant
- Keep it do-able
- Make sure it is thorough enough to give a meaningful assessment
- Scan your facility for individuals you may not have considered
- Consider a peer review committee that is made up of individuals you need to review

26

Conclusions

- Credentialing is a process developed to protect your business and your patients
- Peer review can be a useful tool to drive quality and outcomes
- Both are continuous processes that need constant attention and reporting to governing bodies

27