

September 8, 2016

How to Use Credentialing and Privileging to Improve Patient Safety

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Learning Objectives

- ▶ Recognize the purposes of credentialing and privileging
- ▶ Delineate how credentialing can identify red flags before a provider practices in a health center
- ▶ Describe how performance reviews and clinical competence assessments performed during renewal of credentials and privileges can identify potential quality and safety concerns
- ▶ Apply principles of credentialing, privileging, and renewal of credentials and privileges to the case scenario

Case Scenario, Recap

- ▶ Dr. Martha Smith is an employed physician at Anytown Health Center
- ▶ Over a six month period after she is hired, several incidents are reported to her supervisor: failure to follow policies, disruptive behavior with colleagues, negative comments about the health center and staff



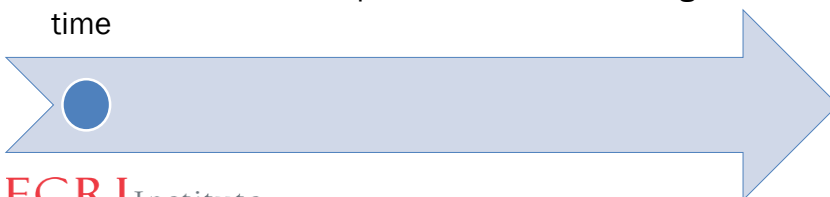
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Case Scenario, Recap

- ▶ Dr. Mary Downs, the medical director, meets informally with Dr. Smith
- ▶ Dr. Smith expresses that she has been having trouble adjusting to new processes and patient appointments are scheduled too close together, leading her to feel rushed and stressed during the day
- ▶ Dr. Smith agrees to work on improving communication with colleagues
- ▶ Dr. Downs offers to help Dr. Smith better manage her time



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Key Questions

- ▶ What role could credentialing/privileging have played in identifying potential issues before Dr. Smith started practicing in Anytown Health Center?
- ▶ What processes help to identify concerns during current clinical practice?
- ▶ We've credentialed, privileged, and reviewed the provider. Where do we go from here?



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What Role Could Credentialing/Privileging Have Played in Identifying Potential Issues before Dr. Smith Started Practicing in Anytown Health Center?



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What Is Credentialing?

- ▶ The process of verifying that a licensed/certified healthcare practitioner is currently qualified to practice in his/her profession



What Is Credentialing? (cont.)

- ▶ The “paper” pieces
 - Training
 - Education
 - Certifications
 - Licensure
 - Drug Enforcement Administration (DEA) number
 - Health record
 - Immunizations
 - National Practitioner Data Bank (NPDB)



Purposes of Credentialing

- ▶ Helps identify potentially troublesome providers before they start practicing in the health center or free clinic
- ▶ Confirms a practitioner's eligibility to provide clinical services and competency for clinical privileges, for the purposes of:
 - Ensuring quality of care
 - Supporting patient safety
 - Satisfying reimbursement requirements
 - Satisfying regulatory requirements, such as HRSA requirements (Policy Information Notice [PIN] 2001-16 and PIN 2002-22)

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What Is Privileging?

- ▶ Assessment of providers' education, training, and developed skills that contribute to the provision of patient care within the health center's scope of practice



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Criteria for Privileging

- ▶ Current licensure or certification, as appropriate, verified with the primary source
- ▶ Specific relevant training, verified with the primary source
- ▶ Evidence of physical ability to perform the requested privilege

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Criteria for Privileging

- ▶ Peer or faculty recommendation, including written information regarding medical and clinical judgment, technical and clinical skills, interpersonal skills, communication skills, and professionalism
- ▶ Review of the practitioner's performance within the health center (for recredentialing and renewal of privileges)
- ▶ For certified healthcare practitioners, privileging is completed during the orientation process via a supervisory evaluation based on job description

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Red Flags

- ▶ Malpractice history
- ▶ Reference raises concern
- ▶ Gaps of time in practice
- ▶ Resignation from a professional practice
- ▶ Criminal convictions
- ▶ Gaps/reduction in liability insurance
- ▶ Disciplinary action by a healthcare organization
- ▶ Adverse action or sanction by licensing board
- ▶ Ineligibility to participate in Medicare/Medicaid
- ▶ Negative media attention



Professional Reference Concern

	Yes	No
Does the practitioner demonstrate current clinical competence and provide appropriate care to patients?	x	
Does the practitioner demonstrate good diagnostic capabilities and good technical skills in the performance of invasive procedures, if applicable?	x	
Does the practitioner demonstrate effective communication skills with patients, families, and others involved in their care?		x
To the best of your knowledge, does the practitioner have the appropriate mental and physical health to perform patient care duties?	x	
Have you observed or been informed of any physical or behavioral condition, including alcohol or drug dependence, related to this applicant that has or reasonably may affect his or her ability to perform professional duties?		x
Does the practitioner maintain timely documentation of history and physical exams, progress notes, operative notes, narrative summaries, etc.?		x

Background Checks

- ▶ Criminal background check
- ▶ DEA verification
 - <https://www.deadiversion.usdoj.gov>
- ▶ List of excluded individuals (Office of Inspector General [OIG])
 - <http://oig.hhs.gov/exclusions>
- ▶ National Practitioner Data Bank
 - <http://www.npdb-hipdb.hrsa.gov>



NPDB NATIONAL PRACTITIONER DATA BANK

Should You Hire a Provider with Red Flags?

- ▶ It depends
 - Require full written explanation of any identified red flags
 - Take all concerns seriously (even those communicated informally)
- ▶ Health center may have requirements for employment (e.g., individual cannot be excluded from Medicare/Medicaid)



What Processes Help to Identify Concerns during Current Clinical Practice?



Renewal of Credentials and Privileges

- ▶ Renew on a regular basis (e.g., every two years)
- ▶ Review the provider's application for renewal
- ▶ Review data on the provider including:
 - Clinical competence
 - Quality review data
 - Job evaluation
 - Peer review results
- ▶ Forward recommendations to the board of directors/individual designated by the board
- ❖ **Remember:** Collect performance data on an ongoing basis, not just every two years

How Can We Evaluate Provider Performance?

- ▶ **Clinical competence assessments** involve asking peers and supervisors about job performance and verifying that the provider has necessary training and skills to perform job functions
- ▶ **Quality reviews** are conducted on a regular basis (e.g., quarterly) and include review of charts and complaints and direct observation to ensure the provider is improving the quality of services (e.g., appropriate documentation, appropriate treatment)

How Can We Evaluate Provider Performance? (cont.)

- ▶ **Job evaluations** look at how the provider is managing in the clinical setting and whether the person is fulfilling his or her job responsibilities
- ▶ **Peer review** is a specific, formal, targeted process that evaluates the quality and performance of healthcare ordered or provided by a licensed independent practitioner. Peer review may be conducted in response to an incident

Why Should We Review Provider Performance?

- ▶ Provides performance feedback to providers for learning and improvement
- ▶ Ensures that providers are practicing within their scope of services
- ▶ Serves as part of the health center's overall quality improvement process
- ▶ Informs the board of the impact of provider performance review on quality improvement and patient safety
- ▶ Helps providers improve (not intended as a disciplinary process)

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A Framework for Quality and Clinical Competence Reviews

- ▶ Qualifications, duties, training of reviewers
- ▶ Identifying criteria for review
- ▶ Conducting timely review
- ▶ Documentation/confidentiality
- ▶ Providing timely feedback to practitioners and the board

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Quality and Clinical Competence Reviews

- ▶ Determine who will review the provider
- ▶ Determine issues for review
- ▶ Determine how the review will be conducted (e.g., direct observation, medical record review)
- ▶ Use a standardized tool (e.g., peer review checklist)
- ▶ Report results to the provider and administration
- ▶ Document findings

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A Framework for Quality and Clinical Competence Reviews

- ▶ Criteria for immediate referral
 - Investigation of adverse event/patient safety incident
 - Identification of system/process weakness during audit
- ▶ Periodic roll-up of data, data analysis
- ▶ Audits/monitoring



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Who Will Review the Provider?

- ▶ A peer should have education, training, experience, licensure, certification, clinical privileges, or scope of practice comparable to the practitioner under review
- ▶ What if you don't have a peer on staff?
 - Develop an agreement with another health center that has a provider with education, training, and experience similar to the provider under review
 - Seek assistance from your primary care association or a health-center-controlled network
 - Contract with a URAC-accredited medical review organization

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What Issues Will Be Reviewed?

- ▶ Diagnostic testing
- ▶ Diagnosis
- ▶ Clinical judgment
- ▶ Technique/skills
- ▶ Communication with other providers
- ▶ Treatment plan
- ▶ Follow-up
- ▶ Policy compliance
- ▶ Documentation (e.g., legibility, use of electronic health record [EHR], completion)
- ▶ Supervision

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Where Can I Find a Standardized Tool?

Peer Review Checklist

Instructions: Complete this checklist when conducting medical record review or direct observation of a licensed independent practitioner. Please see below for the key for scores A, B, and C.

+

Score A: Care provided at a level expected of an experienced and competent practitioner managing the patient's care within the practitioner's scope of practice and in a similar manner as the practitioner.

Score B: Care provided at a level expected of an experienced and competent practitioner managing the patient's care within the practitioner's scope of practice, and whose care might differ somewhat from the care provided, but within accepted standards.

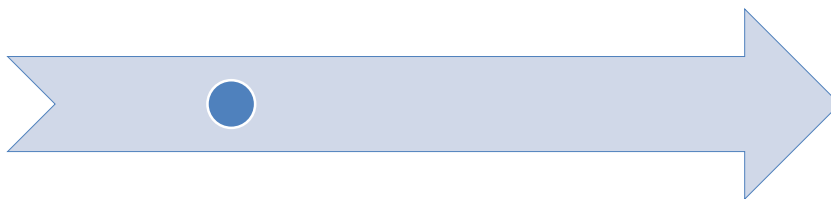
Score C: Care that differs from what an experienced and competent practitioner, managing the patient's care within the practitioner's scope of practice, would have provided with reference to clinical/professional guidelines, peer reviewed literature, standards of care, and/or compliance with health center policy.

SCORE the following issues	A	B	C	Comments
Assessment/diagnosis				
History/physical examination				
Technique/skills (if observed)				

See peer review resources in the Credentialing Toolkit on the Clinical Risk Management website

Case Scenario (cont.)

- ▶ Dr. Smith is due for renewal of credentials and privileges
- ▶ Dr. Mary Downs, the medical director, reviews Dr. Smith
 - Observes Dr. Smith during patient visits
 - Interviews colleagues
 - Reviews medical records



Let's Look at the Review of Dr. Smith ...

Who conducts review: Dr. Mary Downs (medical director, primary care physician)

How is review conducted: Direct observation, review of medical records, interviews with colleagues

What issues are reviewed: Assessment/diagnosis, history/physical examination, technique/skills, communication, patient education, treatment plan, consultation/referral, follow-up, documentation, compliance with health center policies and procedures, supervision

Tool used: Peer review checklist

Sample Rating/Scoring

Score A: Care provided at a level expected of a competent practitioner managing the patient's care within the practitioner's scope of practice, in a similar manner as the practitioner.

Score B: Care provided at a level expected of a competent practitioner managing the patient's care within the practitioner's scope of practice, whose care might differ somewhat from the care provided, but within accepted standards.

Score C: Care that differs from what a competent practitioner managing the patient's care within the practitioner's scope of practice would have provided, with reference to clinical/professional guidelines, standards of care, or compliance with health center policy, for example.

Review of Dr. Smith

SCORE the following issues	A	B	C	Comments
Assessment/diagnosis	X			
History/physical examination	X			
Technique/skills (if observed)	X			
Communication with other providers/patient		X		Three patients and two staff members have complained about Dr. Smith's communication over the past 60 days (e.g., she snapped at colleagues, she spoke negatively about colleagues in the presence of patients). No specific issues noted from observation and medical record review.

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Review of Dr. Smith

SCORE the following issues	A	B	C	Comments
Patient education			x	On several occasions, the reviewer observed that Dr. Smith did not assess the patient's level of understanding or ask the patient to repeat back the information (per facility policy). Medical record review indicates confirmation of patient education is missing in several records.
Treatment plan <ul style="list-style-type: none"> • Plan is prioritized by chief complaint, history, physical examination • Appropriate diagnostic tests are ordered and addressed • Appropriate <u>medications</u> are ordered • Appropriate non-pharmacologic treatments are identified 	x			
Consultation/Referral	x			
Follow-up		x		During the 2 nd quarter, 2 charts did not document follow up of test results with the patient.

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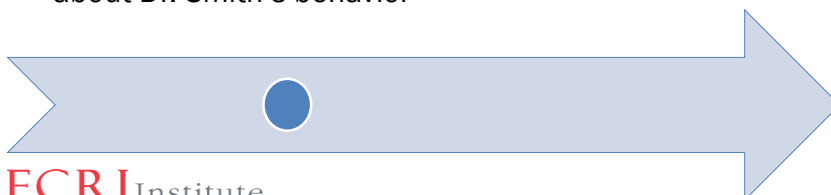
Review of Dr. Smith

SCORE the following issues	A	B	C	Comments
Documentation <ul style="list-style-type: none"> • Legibility/ use of EHR • Completion • Dates and signatures • States healthcare goals and outcomes 		x		Chart audits in 1 st and 2 nd quarter indicate that use of EHR is satisfactory, dates and signatures included on all entries. Dr. Smith does not document when she overrides alerts. Dr. Smith has trouble completing documentation on time, and entries were late in about 1 in 4 cases.
Compliance with health center policy and procedures			x	This is a problem area for Dr. Smith. Incidents noted include: <ul style="list-style-type: none"> • Dr. Smith has showed up late for clinic sessions without notifying the health center prior to being late • Dr. Smith missed mandatory staff training on our EHR updates • Dr. Smith missed mandatory staff communication workshop
Adverse event/Adverse outcome/Near miss Briefly describe:				None identified during the review period

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Case Scenario (cont.)

- ▶ Findings from the review indicate that Dr. Smith:
 - Arrived late for clinic sessions
 - Did not complete all documentation on time
 - Continued to ask receptionists to bypass policies and schedule sick patients at certain times
 - Missed several staff training sessions, including mandatory training on Anytown Health Center’s recently updated EHR
- ▶ In addition, staff and patients have submitted complaints about Dr. Smith’s behavior



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We've Credentialed, Privileged, and Reviewed the Provider. Where Do We Go from Here?



Important to Remember

- ▶ Provider evaluations are learning processes, not disciplinary ones
- ▶ However, safety and quality issues identified should be acted on immediately:
 - Dr. Smith's failure to follow policies
 - Dr. Smith's failure to follow-up on test results
 - Dr. Smith's failure to attend mandatory trainings
 - Continued complaints about Dr. Smith's professionalism and behavior
- ▶ In some cases, disciplinary action may be necessary

Following Health Center Policies

- ▶ Investigate factors that may contribute to Dr. Smith's behavior:
 - What are working conditions like?
 - Could she be stressed by lack of time or resources?
 - Is further education about policies needed?
 - Do other providers/staff bypass policies? Is a revision in policies needed?

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Mandatory Training

- ▶ Was training offered at convenient times and on more than one occasion?
- ▶ Were all staff informed about the importance of attending training and that attendance was mandatory?
- ▶ What is the health center's protocol for providers and staff who miss mandatory training?

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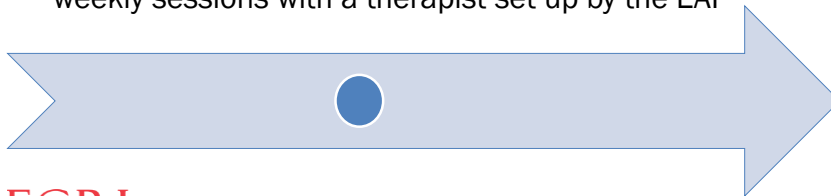
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Handling and Investigating Complaints about a Provider

- ▶ Investigate promptly and take appropriate actions
- ▶ Don't put the issue aside for reprivileging
- ▶ Thoroughly investigate patient complaints of inappropriate behavior by a provider
- ▶ Create and document policies and procedures for addressing inappropriate provider behavior
- ▶ Conduct background checks on all employees as part of the hiring process
- ▶ Follow up with the patient to address any concerns or answer questions

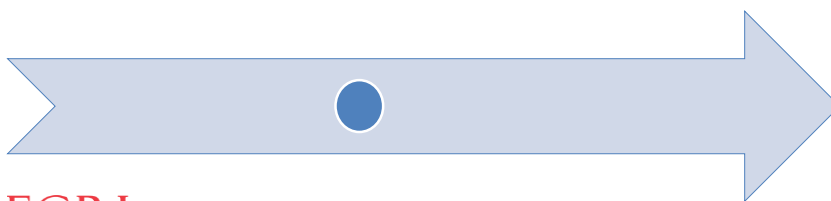
Case Scenario (cont.)

- ▶ As a result of the findings, Dr. Downs schedules another meeting with Dr. Smith
- ▶ Because of the continued complaints regarding Dr. Smith's professionalism and demeanor, Dr. Downs suggests that Dr. Smith seek assistance through the health center's employee assistance program (EAP)
- ▶ Dr. Smith continues to see patients while attending weekly sessions with a therapist set up by the EAP



Case Scenario (cont.)

- ▶ Dr. Downs also assigns a peer mentor to Dr. Smith as a support and guide
- ▶ Dr Downs continues to monitor Dr Smith's performance and schedules regular follow-up meetings



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Questions?

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For any specific questions related to HRSA FTCA credentialing and privileging requirements, please refer to the HRSA/BPHC policy related documents, including PIN 2002-22.

Thank You

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