Credentialing, Privileging, and Peer Review: Are the Rules Different for Employed Physicians?

Session Code: WE01
Time: 8:30 a.m. – 10:00 a.m.
Total CE Credits: 1.5
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Susan Lapenta & Phil Zarone
Horty, Springer & Mattern
October 8, 2014

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Mark Knight, MD
Recruiting a Hospitalist Case Study

Credentialing Take Home Tips
Adopt higher eligibility criteria for appointment and employment.

Objective Eligibility Criteria
- Never had license revoked in any state and never excluded from Medicare
- Never had privileges denied or revoked at any “health care facility”
- Never resigned appointment or relinquished privileges during an investigation or in exchange for not conducting an investigation

Employment standards can be higher – but never lower than appointment criteria!
Tip
Make sure recruiters and search firms know (and use) threshold criteria for appointment.

Tip
Align recruitment and credentialing processes.

Tip
Adopt Information Sharing Agreement or Policy.
Information-Sharing — Key Elements
• Confidentiality statement
• All applicants sign authorization
• Track state peer review law

Information-Sharing — Key Elements
• Define what information gets shared and when

Information-Sharing — Key Elements
• Appoint head of affiliated group as a member of Peer Review Committee
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Tip
Get meaningful peer evaluations.

The sky is the limit.

Consider whether references are qualified to comment on applicant’s skill.
Application is incomplete unless all reference evaluations are received.

Remember: If you don’t ask, they won’t tell.
Use the telephone.

Document responses from telephone calls.

When You Are Called...

- Remember HCQIA
- Immune from liability unless you knowingly provide false information
- State law protections
- Answer accurately and factually
If — Adverse Peer Review Actions

Then — No Response UNLESS

Specific Release

Tip
Interview every applicant.

The continuing saga...
Dr. Mark Knight
Leadership Council

Yes, if there is an Information Sharing Agreement or Policy.
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Peer Review Committee

Peer Review Continuum

Other Options for PIP
- Reduce patient load
- Round by noon
- Proctor
- Outside review
- Competency Assessment Program
Credentialing, Privileging and Peer Review

Be Specific about Implementation Issues

- When does it start and stop?
- Who approves?
- Who pays?
- Feedback from consultant
- Reports back to Peer Review Committee to close the loop

Contract termination isn’t always an “easy” way out.

- Discrimination
- Retaliation
- State law

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Think ahead to future inquiries:
• What will MMG say?
• What will Hospital say?

Provide enough information to put the next hospital on notice of issues.

How long do we keep trying progressive performance improvement steps?
Thank you.

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